

CHS REHAB SERVICE STUDENT MANUAL

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POLICY AND PROCEDURE

TITLE: Clinical Student Placement	POLICY NUMBER: HR-083-OTH	PAGE # 1 of 2
RESPONSIBLE DEPARTMENT: Human Resources	POLICY LEVEL: CHS	EFFECTIVE DATE: 2/28/20
PREPARED BY: Steven Marks	APPROVED BY: Michael J. Moley Operational Policy Council 6/24/15	
This document is not intended to create, nor is it to be construed to constitute a contract between CHS and any of its Associates for either employment or the provision of any benefit. This policy supersedes any policy previous to this policy for any CHS organizations and any descriptions of such policies in any handbook of such organization. Personnel failing to comply with this policy may be subject to disciplinary action up to and including termination.		

PURPOSE:

To provide a uniform policy and procedure in contract administration, risk management coordination, and administration for clinical student placement activities within Catholic Health (CH).

APPLIES TO:

This policy applies to all areas/departments where students have clinical experiences (Excludes Medical Students).

POLICY:

All student contracts will be centrally reviewed by Clinical Education and Legal Services as needed. All contracts will be maintained by the legal department to ensure compliance with regulatory and contractual guidelines to include health requirements.

PROCEDURE:

1. The programs that require a license will need NYS approval for the clinical experience. Schools located outside the State of New York must contact the NYS Office of Professions for approval for the clinical experience. Once approval has been obtained, the school must send verification to Clinical Education that the clinical experience has been approved.
2. All educational institutions placing students within CH will have a valid affiliation agreement in place and current liability insurance, meeting CH liability requirements. All affiliation agreements must be submitted to the Clinical Education Department. Clinical Education will send the agreement to Legal for review, as needed. Clinical Education will notify the school of agreement status.
3. School/University coordinators will coordinate placements with the Clinical Education Department, who will then forward to the specific CH departmental leaders as appropriate.
4. All students must have a designated preceptor or clinical instructor. This may be a school faculty member. Associates may serve as preceptors with faculty oversight.
5. Clinical instructors and students will receive orientation to the practice site via the Student Education Manual. Documentation of this orientation will be recorded on form HRF 29. The school will keep the document in the student's file until she/he graduates from the program. Instructor license and/or certification will be kept on file as appropriate. Further orientation may be provided based on need.
6. All students' behavioral and/or disciplinary actions will be immediately reported by the area/department manager or Coordinator for Onboarding to the Vice President, Clinical Education for follow-up in accordance with the contract.
7. All students must meet the health requirements of Catholic Health including flu immunizations.
8. All schools must complete the on-line request for clinical placement along with the faculty information sheet and the clinical rotation spreadsheet.

ORINATION DATE: 12/01/2001								
REPLACES (If applicable): NA								
	Date/ Initials							
REVIEWED:	4/09/09 MJM	7/8/10 MF	6/06/11 MF	7/02/12 MF	6/06/13 MF	5/28/14 EJT/AS	6/18/15 EJT	6/17/16 EJT
REVISED:	4/9/09 MKV	7/8/10 DS			6/06/13 DS	5/20/14 DS		5/17/16 DS
REVIEWED:	5/26/17 MJM	4/20/18 LC	3/15/19 LC	2/20/20 LC				
REVISED:	5/26/17 DS	4/20/18 DS	3/15/19 DS					
CSC/OPC APPROVALS: 6/29/16, 4/25/18, 3/27/19, 2/26/20								
REFERENCES:								



**Catholic Health
Allied Health Student
Orientation Documentation Form HRF 29**

Instructor/Student Name _____ Date _____

CH Facility _____

Educational Institution: _____

I have reviewed/read the Allied Health Student Educational Manual. I understand that I/My students are accountable for the information contained there in.

Printed Name _____

Signature _____

Confidentiality Statement

As a student within Catholic Health, I have been informed about my duties and responsibilities toward the confidential nature of patient information.

I understand that any discussion about a patient will be kept to the normal course of business and may not be discussed anywhere outside my Department at any time.

I further understand that I am subject to immediate dismissal without notice for the unauthorized possession, use, copying or reading of hospital records, or **disclosure of confidential information to unauthorized persons**, or the misuse and/or release of any information systems security code to unauthorized persons.

I have read all of the above and fully understand it.

Printed Name

Signature

Date

TITLE: Dress and Appearance Guidelines	POLICY NUMBER: HR-018-PC	PAGE # 1 of 3
RESPONSIBLE DEPARTMENT: Human Resources	POLICY LEVEL: Catholic Health	EFFECTIVE DATE: 11/27/19
PREPARED BY: Debra Sciandra	APPROVED BY: Michael J. Moley Operational Policy Council 10/13/15	MSMH: 6/14/16

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PURPOSE:

Catholic Health (CH) is committed to presenting a professional business appearance to both internal and external customers. The purpose of this policy is to provide a common standard of dress for Catholic Health associates that ensures proper appearance and safety. Depending on the department or unit in which an associate works, uniforms may be required by that department or unit. Where uniforms are not required, the guidelines are intended to provide a reasonable range of choice within an acceptable overall standard. It is the responsibility of each individual to give careful consideration when determining appropriate attire.

Catholic Health's definition of appropriate attire is based on the following concepts:

- 1.) Catholic Health's image reflects the pride its associates take in their work.
- 2.) Customers draw conclusions about the quality of CH services based on what they see.
- 3.) CH associates want to create an image of quality services from the first moment a customer has contact with a CH entity.

APPLIES TO: All associates of Catholic Health, including contractors, vendors, students and volunteers.

POLICY:
Uniforms and Work Attire

- 1.) CH identification badges must be worn at all times while at work. The badge must be worn above the waist, so it is visible and easy to read by others. The badge must include the associate's name and job title.
- 2.) The wearing of adornments such as pins, patches, buttons, jewelry, body jewelry, body paint, visible tattoos, etc. is prohibited if such adornment:
 - Would be unsafe or create a safety hazard; or
 - Contains any vulgarity, or any message that is sexually suggestive, or would constitute harassment based on any legally protected characteristic (e.g., race, age, national origin, etc.); or
 - Contains a threat; or
 - Creates a stressful environment for patients, visitors or employees.

Pins, patches, buttons and other items attached to clothing should be limited to no more than a total of four at any one time. This applies also to articles worn on the ID Badge. Garments with written statements or symbols are prohibited throughout the facility unless specified as part of the department's dress or uniform guidelines.

- 3.) Appropriate footwear is to be worn. Shoes are to be clean and in good repair. Sandals and flip flops are prohibited. Clinical patient care givers must wear socks or hosiery of some type.
- 4.) All clothing/uniforms must be neat, clean, in good repair, and properly fitted and selected for the type of work performed. The style of clothing must not be unduly revealing. Proper undergarments are to be worn. **The following are considered to be casual attire inappropriate to the work setting:** denim (unless required by the nature of the work being performed), sloppy or disheveled clothing, t-shirts, printed

clothing of any kind (with the exception of Catholic Health issued printed clothing), spandex, leggings, hooded sweatshirts, and shorts. Clothing must be worn in appropriate lengths and sizes. Bare midriffs, tight clothing, sheer or other overly-revealing clothing are unacceptable.

- 5.) Hats, caps or other head coverings are prohibited unless required for performance of job duties, religious or medical reasons, as communicated by department leadership.
- 6.) Proper personal hygiene and grooming must be consistently maintained. Makeup, cologne, and perfume must not be distracting. Fingernails should be clean and well groomed.

Unless you are working in an office with no patient /food contact, you may not wear artificial nails. Wearing of artificial nails is prohibited for those that work in patient care areas (regardless if the associate has direct patient care) and any other area identified that would impact the standards set by Infection Control as it increases the chance that harmful bacteria will be transmitted to patients and cause infection, even after handwashing. Artificial nails include, but are not limited to, binding tips, wrapping, tapes, sculptured and acrylics. Natural nails shall not extend ¼ inch from the fingertip.

Nail polish and gel nail polish may be worn, but must remain intact. Chipped nail polish should be removed. Exceptions to this include areas where the basic aseptic technique policy applies such as surgical services. (See also Infection Control policy, IC-110)

- 7.) Facilities/departments may establish HR approved specific dress, footwear, hairstyle and related standards within the definition of this policy and in accordance with safety and hygiene standards and Human Resources Department approval. Standards must be appropriate for the job duties and responsibilities and must not discriminate against any individual or group of individuals. Facility and/or department standards will be reviewed with associates by their supervisors.
- 8.) Business casual attire is acceptable attire at all levels of the organizations, unless business reasons dictate otherwise. Jeans/denim may be acceptable for pre-approved events (e.g. on a Friday with a donation to charity) as determined by leadership.
- 9.) Requests for accommodations to Dress & Appearance Guidelines based on religion or disability should be submitted to the Human Resources Department. If an associate is unable to follow this policy due to a medical reason, documentation must be provided to Associate Health for assessment and final approval by HR.
- 10.) Failure to comply with corporate and/or affiliate specific dress code policies may result in corrective action.
- 11.) Any associate failing to comply with this policy may be subject to disciplinary action up to and including termination as identified in Conduct Principles and Corrective Action Policy, HR-011-PC.

Personal Protective Work Attire

Certain areas and circumstances require the use of personal protective work attire and will be provided to associates at the expense of the facility.

Change Time and Laundry

Facility provided uniforms/garments: For associates in specified areas, facility provided garments/uniforms will be provided to associates. The laundering service for these garments is provided by an approved vendor and a clean supply of uniforms will be available for each associate daily. Associates are expected to be changed into their uniforms and be ready to begin work by the start of their scheduled shifts. Associates are expected to change out of the facility uniforms at the end of their shift. Worn uniforms are to be placed in a specified laundry bin located in the department. Worn garments will be laundered at the expense of the facility. Associates are not allowed to take uniforms home for laundering or personal use.

Associate purchased uniforms/garments

Associates who purchase their own uniforms are expected to arrive at work in a uniform that is consistent with uniform and color code for their department. Laundering of these uniforms is the responsibility of and at the financial expense of the associate. Associates will not be compensated for time away from work needed to correct their attire or grooming.

Supervisor's Responsibility

Supervisors have the final responsibility to see that associates that report to them comply with this policy. Professional appearance is subject to review and non-compliance will result in disciplinary action. The supervisor should consult with a representative of Human Resources if there are questions, concerns, serious problems and/or if a misunderstanding arises in complying with this policy.

ORIGINATION DATE: 12/1/2001								
REPLACES (If applicable): N/A								
	Date/ Initials							
REVIEWED:	7/23/03 DS	3/3/06 DS	4/9/09 MJM	7/6/10 MF	7/29/11 MF	7/26/12 MF	6/27/13 MF	6/16/14 EJT
REVISED:	7/23/03 DS		4/9/09 DS	7/6/10 DS	7/29/11 DS		7/8/13 DS	7/16/14 DS
REVIEWED:	10/12/15 EJT	2/28/18 LC	1/18/19 LC	11/15/19 LC				
REVISED:	10/10/15 DS	2/16/18 DS						
CSC/OPC APPROVALS: 2/18/18, 2/13/19 OPC Email, 11/25/19								
REFERENCES: FEDERAL LAW, NYS LAW, JC STANDARD								

WSACTIVELLP:8781018.1

Partners In Rehab & AthletiCare Dress Code

All personnel are to have a neat, well-groomed appearance on the job.

This is required to:

- ❖ provide a competent, professional appearance
- ❖ promote infection control guidelines
- ❖ identify our status to patients/residents, physicians, visitors and other employees.

The following dress code is in effect on the CHS Rehab Facilities.

General Guidelines

- ◆ Hair should be clean and neat during hands-on patient/resident contact. Long hair should be tied back. No unusual hair colors/styles, in keeping with the professional style.
- ◆ Extremes in cosmetics and non-essential jewelry are inappropriate (particularly if involved in patient/resident contact). Body piercing is prohibited except for religious or cultural reasons.
- ◆ Fingernails should be clean and not overly long. Acrylic fingernails are inappropriate if treating patients/residents.
- ◆ All footwear must be clean. If involved in hands-on care, shoes must be closed toe. Hosiery is required for hands-on caregivers (regardless of wearing slacks, pants, skirts, skorts, capri pants, etc.).
- ◆ CHS identification is to be worn at all times in an easily readable position.
- ◆ No T-shirt tops with logos, emblems, etc. are to be worn.
- ◆ No jeans, sweats, spandex, or form-fitting slacks are to be worn.
- ◆ Shorts at knee or mid-knee are appropriate if stockings or tights are worn with a flat shoe. Sneakers and socks cannot be worn with shorts (shorts must be of dress fabric quality, i.e. no khakis).
- ◆ Sleeveless shirts must have a collar. Tank-type sleeveless shirts are inappropriate (unless consistently covered by jacket).
- ◆ Other: 1) Ties for men, per facility.
2) Lab coats, per facility.

*** Be advised that your site may have a specific dress code as well. ***

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POLICY AND PROCEDURE

TITLE: Attendance	RESPONSIBLE DEPARTMENT: Human Resources	POLICY #: HR-003-PC	PAGE
PREPARED BY: Human Resources	SIGNATURE:		

Purpose: The purpose of this policy is to promote exemplary attendance, to communicate clearly and uniformly with employees regarding punctuality and absenteeism, and to balance the needs of employees with the needs of patients, mindful of our mission.

Applies To: Interns of Catholic Health System's Continuing Care Division.

General Statement of Policy:

1. Interns are expected and required to be in regular attendance and be prepared to commence work activities at designated work locations, days and assigned hours. Interns are also expected to remain at work for the entire period excluding rest and meal periods. Late arrival, early departure and other personal absences are disruptive and should be avoided whenever possible. The reason for each absence, tardy, or early departure has no ability to excuse the occurrence. This is a no-fault policy since the Clinical Instructor treats all occurrences the same without determining the significance of each occurrence.
2. The policy of Catholic Health System (CHS) is to make a fair and reasonable allowance for interns' absences, recognizing that a reasonable amount of absence for both bonafide sickness or emergency situations is often beyond the control of the intern. Conversely, CHS and its patients are entitled to a reasonable degree of regularity in the attention of our interns to their responsibilities.

Note: With respect to the exercise of corrective action in regard to NYS disability absences, patterns of absence, or when an employee's overall lost time is sufficient enough to present a question about the employee's continued suitability for employment; corrective action shall be taken.

Corrective action shall only be taken after department manager and supervisory personnel consult with a Human Resources representative. Departmental management shall impress upon the employee the unfair burden that is placed on the Hospital and the employee's co-workers when an employee is involved in periodic extended absences and, that the failure to improve his/her attendance, will result in disciplinary action even if the absences are largely or entirely the result of illness or injury.

DEFINITION OF TERMS:

1. Absence: Failure to report to work as scheduled; working less than one-half of the scheduled work shift.
2. Partial Absence: Late arrival to work or early departure, if not specifically approved by the Unit/Department Head, constitutes an unexcused partial absence.
 - a. Partial absence of greater than 10 minutes - three (3) such occasions are considered equivalent to one (1) unapproved absence.

No Forms

3. Absent from work without notifying supervisor (NO CALL/NO SHOW) – Failing to personally notify the supervisor regarding an inability to report for work as scheduled. Notice should be given as early as possible, however minimum acceptable notice is as follows in the absence of a departmental policy to the contrary: If such notice is not possible due to the scheduled opening time of the department, the employee shall notify the department as soon as the department is open. Where the employee cannot physically make the call, the employee is exempted from providing notice.
 - a. Attendance - Counseling
 - (1) Attendance and punctuality patterns are established early and tend to persist; therefore, new Interns should be oriented concerning their responsibility for regular and timely attendance.
 - (2) Clinical Instructors are encouraged to promptly handle all absenteeism and tardiness problems at their earliest stages. Toward this end it is suggested that, regarding absenteeism and tardiness, a Counseling Session be initiated. Counseling is not a part of the formal corrective action process. Counseling sessions should be informative in nature and used for the following purposes:
 - (a) To bring to the employee's attention that a potential problem exists regarding his/her attendance or punctuality record;
 - (b) To demonstrate an active interest in the employee's health and well being by listening to any problems adversely affecting attendance or punctuality;
 - (c) To let the employee know what is expected of him/her in the future with respect to attendance and punctual attendance;
 - (d) To support any future corrective action, if necessary.
 - (3) Clinical Instructors, liaisons, and the school's ACCE / AFWE have discretion and latitude in deciding when a counseling session is necessary.
 - b. Absenteeism: The following progressive counseling will occur for instances of absenteeism in any clinical rotation.
 - (1) For the first two (2) occurrences, at the discretion of the Clinical instructor and ACCE / AFWE, no action is necessary
 - (2) Third (3rd) occurrence- The intern is required to make up the time during his/her clinical rotation
 - (3) Fourth / Fifth occurrence – The intern will be required to extend the internship by 1 week
 - (4) Sixth Occurrence- The intern will meet with the clinical instructor, clinical liaison and ACCE / AFWE of the academic institution to determine appropriate action to take, up to, and including termination of the clinical experience.
 - (5) An intern absent from work without notifying his/her clinical instructor (NO CALL/ NO SHOW), and without an explanation satisfactory to the organization, will be

required to meet with the Clinical instructor, clinical liaison and ACCE / AFWE of clinical institution.

A second incident of NO CALL/NO SHOW will result in immediate termination.

(6) If an intern is absent from work without notifying his/her clinical instructor for two consecutive scheduled work shifts without an explanation satisfactory to the organization, the intern will be considered to have voluntarily abandoned his/her internship and will be automatically terminated.

Origination/Effective Date: 12/01/01										
	Date	Initial	Date	Initial	Date	Initial	Date	Initial	Date	Initial
Reviewed	3/16/04	PJN								

No Forms



Revised	3/16/04	PJN								
References: Federal Law, NYS Law, JCAHO Standards										

No Forms

ALLIED HEALTH STUDENT CLINICAL AFFILIATION

STUDENT EXPECTATIONS:

Each student will be expected to:

1. At all times, demonstrate professional conduct by being punctual, properly attired and displaying respect for patients, family members and other team members. Each student will be required to read and sign the “confidentiality form” to insure an understanding of responsibility when discussing patient status or other issues.
2. Become familiar with the rehab facility policies, procedures and protocols, including the mission statement, infection control procedures, PI and safety guidelines, incident reporting, etc...
3. Review and be familiar with the Allied Health Student Manual and CHS Rehab Services Student Manual.
4. Take responsibility for professional development by:
 - a) Initiating and maintaining communication with the clinical instructor and other team members.
 - b) Being properly prepared for daily activities, including treatment sessions, progress notes, care plan meetings, family conferences, patient schedules, etc...
 - c) Complete Clinical Performance Instrument (midterm and final).
 - d) Presenting one inservice or one case study to staff during the affiliation (topic/subject to be discussed with clinical instructor).
 - e) Report any issues/concerns related to affiliation to the CI.

EXPECTATIONS OF CLINICAL INSTRUCTOR:

The clinical instructor will be expected to:

1. Provide an appropriate level of guidance and supervision based on discussion with the student of learning style, goals and current level of proficiency.
2. Be available for consultation/feedback with the student on a regular, daily basis and as needed.
3. Facilitate development of clinical skills (specifically, evaluation and treatment of the neurologically impaired patient), problem-solving skills, clinical judgment and oral and written communication skills
4. Maintain communication with the student at all times.
5. Report any issues/concerns related to the affiliation to the supervision/CCCE immediately.
6. Responsible for student orientation completion and maintaining documents on site for no less than 3 years.
7. Complete Clinical Performance Instrument (midterm and final).

TITLE: Community Based Care: Student Affiliations	POLICY NUMBER: CBC-RHB-007	PAGE # 1 of 2
RESPONSIBLE DEPARTMENT: Rehabilitation Services	POLICY LEVEL: CBC Community Based Care/LTC	EFFECTIVE DATE: 9/6/19
PREPARED BY: Susan Keegan Rehab Mgr. Richard Szabala PT	APPROVED BY: Brian Snyder M.D., FACP Medical Director	
<p>This document is not intended to create, nor is it to be construed to constitute a contract between CHS and any of its Associates for either employment or the provision of any benefit. This policy supersedes any policy previous to this policy for any CHS organizations and any descriptions of such policies in any handbook of such organization. Personnel failing to comply with this policy may be subject to disciplinary action up to and including termination.</p>		

PURPOSE: To assure student clinical affiliations are quality experiences that adhere to the Catholic Health System’s guidelines & mission and also promote student development that meets mandatory requirements.

APPLIES TO: All students, clinical instructors, liaisons and others involved in the management and oversight of students.

POLICY: An outline of the student affiliation program established for the therapists in Catholic health System guidelines. Policy is consistent with American Physical Therapy Association (APTA), American Occupational Therapy Association (AOTA), and American Speech-Language-Hearing Association (ASHA) with regard to professional standards, scope and expectations of the clinical experience.

PROCEDURE:

The following protocol will be followed within each department with assignment of students to clinical instructors (OT/PT/ST). The decision to designate a staff member as a Clinical Instructor (CI) will follow guidelines from the colleges and universities, with which the Catholic Health System affiliates. All clinical instructors must take mandatory Clinical Instructor competency class and be employed for 1 year prior to taking an intern. Clinical Instructors must maintain a 4 out 5 rating score (based on prior Clinical Instructor evaluations) to take interns.

A. Orientation - Day 1 – Day 5

1. Introduction to staff.
2. Staff will provide a tour of the facility.
3. Student performs clinical mandatory in-service educational material, if not completed before arriving to rotation.
4. Review department operations, such as record keeping, evaluation procedures, daily progress notes, discharge formats, patient education forms, insurance regulations, scheduling procedures, and charging procedures.
5. Orient to department equipment and location.
6. Review Attendance Policy.
7. Review mandatory attendance of departmental meetings.
8. Complete and sign Confidentiality Statement on Day 1.
9. Complete and sign Orientation Documentation Form HRF 29

B. Clinical Instructor/Supervisor Responsibilities

1. Contact student one week prior to start of affiliation to explain hours of work.
2. Review clinical affiliation guidelines with intern and document.
3. Provide an appropriate level of guidance and supervision based on discussion with the student of learning style, goals and current level of proficiency.
4. Log meetings and student contacts.
5. Schedule weekly meetings and formulate weekly written goals for students when required.

6. Greet new patients/residents and introduce intern/student and offer the option of working with the intern and therapist or only the therapist. Clear statement will be made that the intern will

 Catholic Health	POLICY AND PROCEDURE
TITLE: Student Affiliations	POLICY #: CBC-RHB-007
Page 2 of 2	

remain under direct supervision and the patient/resident may choose not to work with the intern at any time. Document this conversation in the EMR.

7. In the event a problem arises, it will be discussed with the Clinical Instructor, college clinical coordinator and the Clinical Liaison and a meeting will be set with all three parties if warranted.
8. Students/interns will be assigned to perform evaluations, treat individuals and maintain paperwork at the discretion of the supervisor and commensurate with schooling level.
9. Supervisors/clinical instructors will directly observe students utilizing guidelines set by the college, ASHA, AOTA, APTA and the Catholic Health System.
10. Evaluation of progress, feedback and support will be offered on an ongoing basis.
11. Midterm and final evaluation of student's performance will be conducted.
12. CI will be available for consultation/feedback with the student on a regular, daily basis and as needed.

C. Student/Intern Responsibilities

1. At all times, demonstrate professional conduct by being punctual, properly attired and displaying respect for patients, family members and other team members.
2. Each student will be required to read and sign the "confidentiality form" to insure an understanding of responsibility when discussing patient status or other issues.
3. Become familiar with the rehab facility policies, procedures and protocols, including the mission statement, infection control procedures, PI and safety guidelines, incident reporting, etc...
4. Review and be familiar with the Allied Health Student Manual and any policy and procedure binders at each site.
5. Take responsibility for professional development by:
 - a) Initiating and maintaining communication with the clinical instructor and other team members.
 - b) Being properly prepared for daily activities, including treatment sessions, progress notes, care plan meetings, family conferences, patient schedules, etc...
 - c) Complete midterm and final clinical evaluations as required by the college.
 - d) The student will complete any in-service(s) or project(s) as determined by their educational institution. The topic/subject to be discussed with clinical instructor by mid- term evaluation.
 - e) Complete the CI evaluation and return it to clinical liaison on last day of clinical rotation.
 - f) Report any issues/concerns related to affiliation to the CI.

ORIGINATION DATE: 7/2019								
REPLACES (if applicable): NA								
	Date/ Initials							
REVIEWED:								
REVISED:								
CSC/OPC APPROVALS: CSC 8/6/19								
REFERENCES:								

CHS Clinical Instructor Checklist

1. Start a file for each student and keep copies of all of the following information: (copies must be saved for a period of no less than three years)
 2. Contact student before they start to ensure that they know where they are going and what time they are starting on day 1. Make sure they know where to park and that they have a parking pass if needed prior to day 1.
 3. Obtain the following information from the student
 - Signed student orientation/confidentiality form (Student Manual page 5)
 - Copy of flu shot (if in flu season) or have them sign declination and ensure they wear a mask in patient care areas
 - Signed copy of the COVID attestation
 4. Student must review the applicable sections of the student manual as it pertains to their discipline. Please be sure all students review/complete the following:
 - Policy and procedure section (online student manual part I)
 - Department specific orientation checklist (online student manual part II)
 - Discipline specific orientation checklist (online student manual part II)
 - Review Self Learning Packet (online)-Students should do this prior to starting
 - Student/CI expectations checklist (part I)
 - Review COVID section on website.
 5. Mid point evaluations, final evaluations and/or weekly review sheets (PT will be able to complete CPI online)
 6. Student Survey (online student manual part I). Remind student to complete it and email back to the liaison.
 7. Complete the student recruitment rating form and email it back to the liaison. Notify liaison how many hours the student was there for the CBISA.
 8. Link to online student manual, COVID section, and self learning packet:
<http://www.chsbuffalo.org/education/clinical/school/materials>
-

Standards of Behavior

OUR MISSION, VALUES AND PRACTICE

Our Mission

Committed to a common mission, Western New York's Catholic health providers continue the healing ministry of Jesus. Seeking to improve the health of individuals and communities, we provide high quality service that is holistic, compassionate, and respectful of human dignity. Central to this endeavor is the service of persons who are poor and disadvantaged.

Our Values

- √ Reverence for the Dignity of Each Person
 - √ Compassion
- √ Justice for All, Especially Those who are Poor and Disadvantaged
 - √ Excellence

Our Practice

Guided by our Mission and our Values, Values in Practice creates an environment where....

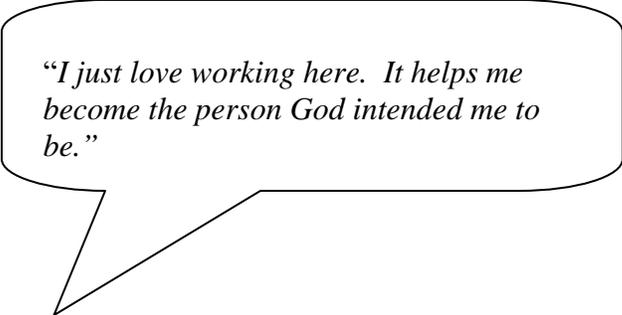
- √ people want to work
- √ clinicians want to practice
- √ people want to receive care

INTRODUCTION

Our Mission proclaims that we “*continue the healing ministry of Jesus.*” It proclaims that “*we provide high quality service that is holistic, compassionate, and respectful of human dignity.*”

Our Core Values determine the quality of care we give to all our patients, residents and visitors, as well as the behaviors we manifest to our co-workers.

Values in Practice enables Catholic Health System physicians, staff, and volunteers to manifest these expected behaviors in our everyday work. Assessment of behaviors is included in the annual Employee Performance Evaluation.



“I just love working here. It helps me become the person God intended me to be.”

The Standards of Behavior Team:

Sister Eileen O’Connor, R.S.M., Mission Integration, Kenmore Mercy Hospital – *Team Leader*
Ken Bodzinski, Information Technology, CHS
Coleen Cook, Information Technology, CHS
Ruth Dickson, Home Care, CHS
Sister Donna Lord, G.N.S.H., Spiritual Care, Kenmore Mercy Hospital
Anna McDonagh, Nursing, Mercy Hospital of Buffalo
Lois McNamara, Nursing, McAuley Residence
Pam Nicastro, Human Resources, Kenmore Mercy Hospital
Lynn Overbeck, Volunteer Services, Kenmore Mercy Hospital and Sisters of Charity Hospital
Janet Overdorf, Food and Nutrition Services, Mercy Hospital of Buffalo
Patty Pokracki, Lab, Sisters of Charity Hospital
Sister Mary Powers, D.C., Spiritual Care, Long Term Care – Sisters of Charity Hospital
Sandi Scaccia, Nursing, St. Joseph Hospital
Veronica Valazza, Nursing, Kenmore Mercy Hospital

OUR FIRST VALUE

Reverence for the Dignity of Each Person

Shows sincere interest in each person; expresses appreciation; apologizes for misunderstandings, inconveniences or mistakes; is widely trusted; adheres to provisions of Patient Bill of Rights.

(from Employee Performance Evaluation)

Attitude

- Maintain positive, helpful, kind behavior toward all.
- Treat each person as if he/she is the most important concern.
- Apologize when someone's expectations have not been met, even when you are not at fault.

Service

- Greet every person you meet in a warm and friendly way.
- Provide as much privacy as the environment allows.
- Be respectful regarding the use of name and choice of care, according to the person's culture and individual needs.



"The entire staff was caring, kind, and treated me with the utmost dignity. Please acknowledge the entire staff and continue to employ such caring and patient caregivers."

Environment

- Create an environment in which all persons feel safe, valued and welcome.
- Take pride in your facility. Keep property and resources clean, neat and safe.
- Report and/or clean up spills immediately.

OUR SECOND VALUE

Compassion

Spends the extra effort to put people at ease; extends hospitality graciously; builds rapport well; brings out the best in people; listens with empathy to understand others' thoughts, feelings and concerns; treats all persons whom we serve, and with whom we work, with respect and compassion; shares wins and successes; shares credit for accomplishments with others.

(from Employee Performance Evaluation)

Attitude

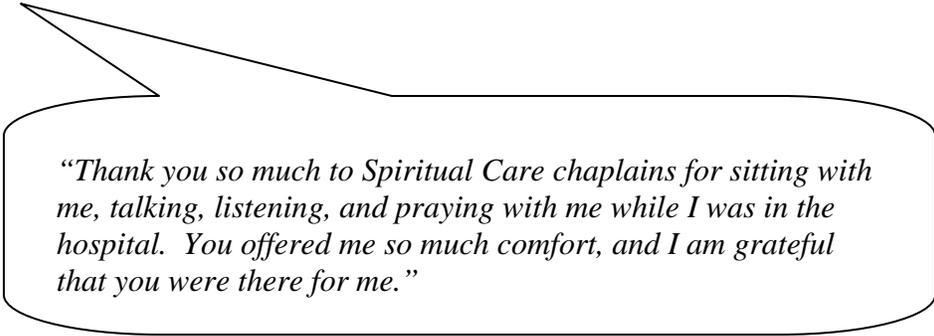
- Embrace others' needs as if they were one's own.
- Listen respectfully and acknowledge people's feelings. When appropriate, offer a solution.
- Notice people going the extra mile. Let them know you appreciate it.

Service

- Take patients and visitors where they need to go.
- Handle patients, visitors and staff with courtesy and gentleness.
- Consider care of the patient's family as much a part of mission as care of the patient.

Environment

- Speak quietly in patient care areas, halls, elevators and stairs.
- Pick up litter.
- Leave the closer parking spaces for patients and visitors.



“Thank you so much to Spiritual Care chaplains for sitting with me, talking, listening, and praying with me while I was in the hospital. You offered me so much comfort, and I am grateful that you were there for me.”

OUR THIRD VALUE

Justice for All, Especially Those Who are Poor and Disadvantaged

Treats others justly and respectfully; respects diversity; recognizes and appreciates the need and the circumstances of persons who are poor; responds with empathy to those less fortunate; is seen as one who cares about and actively takes initiative to conserve the resources of our earth; stands up for what is believed to be right, even in the face of adversity; adheres to provisions of the Patient Bill of Rights.

(from Employee Performance Evaluation)

Attitude

- Show respect for and acceptance of all persons without prejudice.
- Create a supportive environment where people can freely express themselves.
- Behave in a professional, collaborative manner, regardless of personal opinions or feelings.

Service

- Listen carefully to patients; notice when they may be expressing or implying special needs – food, housing, clothing – and make appropriate referrals.
- If unable to answer a question, find ways to get the answer for the person in need.
- Actively participate in service projects and programs which promote the good of the community.

Environment

- Ensure that the work environment meets the needs of all people.
- Treat others justly and respectfully by providing private areas for discussing patient issues and family needs. Never discuss patient or co-worker affairs in common areas such as elevators, hallways, stairs or cafeteria.
- Use equipment and supplies responsibly. Recycle whenever possible.

OUR FOURTH VALUE

Excellence

Grounded in the spiritual roots of our healthcare ministry; supports work/life balance for self and others; seeks opportunities to acquire new skills; is open and direct in providing feedback and suggestions to others; maintains a sense of humor; brings out the best in others; realizes the importance of one's work in contributing to the Mission.

(from Employee Performance Evaluation)

Attitude

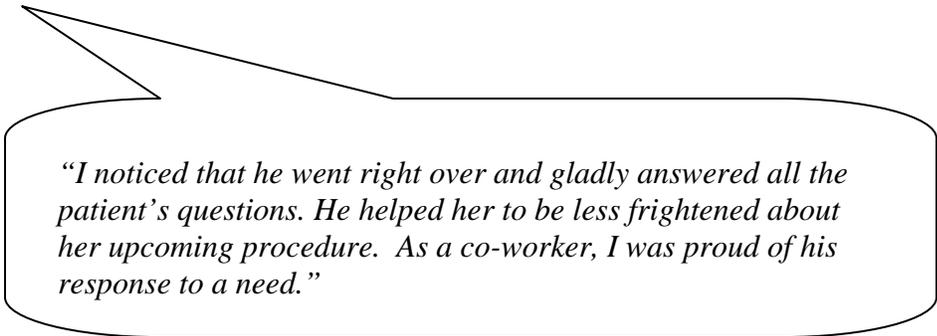
- Foster a climate where patients and employees feel valued and appreciated.
- Commend co-workers for doing things well.
- Speak positively about your facility and the Catholic Health System.

Service

- Do each task, make personal contact, complete each assignment correctly the first time.
- Find ways to acquire new skills. Participate in CHS University programs when possible.
- Do more than is expected. Help the other person. Do not say, "That's not my job."

Environment

- Dress and behave professionally. Keep appearance tidy and clean. Wear ID badge appropriately.
- Use workplace materials in an appropriate manner.
- Share ideas to generate improvement and involvement in the department.



"I noticed that he went right over and gladly answered all the patient's questions. He helped her to be less frightened about her upcoming procedure. As a co-worker, I was proud of his response to a need."

SERVICE

Fundamentals of Service

- **Acknowledge** every patient, resident, visitor, co-worker with a smile and a greeting.
- **Introduce** yourself before offering service. Be sure photo ID is visible.
- **Explain** to the patient or resident the **duration** of the procedure (“Mrs. B., this will take about 25 minutes.”) Or, when appropriate, the **nature** of the procedure (“Mr. G., this is what I am going to do...”)
- **Follow through** regarding questions, concerns or tasks until the need is met.
- **Thank** the patient or resident for choosing this facility.

Key Terms at Key Times

- **Be helpful:** “Is there anything I can do for you? I have time.”
- **Talk with the patient or resident:** “I’m (closing this curtain) ...in order to (provide you with privacy).”
- **Reassure:** “We want you and your family to be at ease while you’re here. Please feel free to ask any questions you may have.”
- **Notice a need:** “Let me help you find your way.”
- **Ask:** “Have we done everything to control your pain?”
“Do you need help getting to the bathroom?”
- **Apologize:** “I’m sorry we did not meet your expectations.”
- **Empathize:** “I can understand that this was an inconvenience for you.”
- **Fix it when possible:** “Let me see what I can do to help you with this.”
- **Follow up:** “I checked on; this is what I found out for you.....”



“The help from home care has been excellent. Staff were caring, compassionate, experienced.”

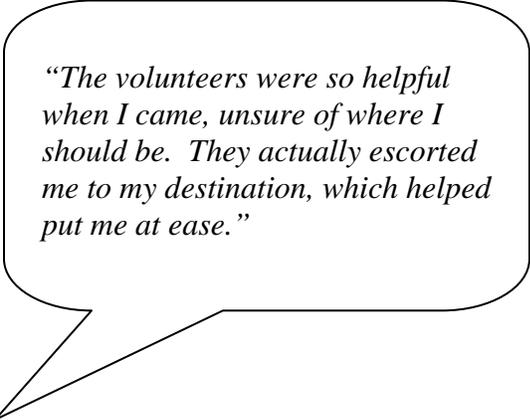
ETIQUETTE

Telephone

- Answer phones within three rings. Use a courteous, friendly tone of voice, identifying yourself and your department. Ask: “How may I help you?”
- Ask permission when placing the caller on hold; apologize for delays. If holding for more than a minute or two, ask the caller if it would be better to leave a message or call back. Thank the caller for holding when you return to the line.
- Assist callers in locating the correct person or department.
- Before hanging up the phone, ask: “Is there anything else I can do for you. I have time.”
- Answer phone messages by the end of the next business day.
- When absent, leave “out of the office” voice mail message.

E-Mail

- Answer e-mails by the end of the next business day.
- When absent, leave “out of office” e-mail message.
- Be specific with e-mails, requesting a response if necessary.



“The volunteers were so helpful when I came, unsure of where I should be. They actually escorted me to my destination, which helped put me at ease.”

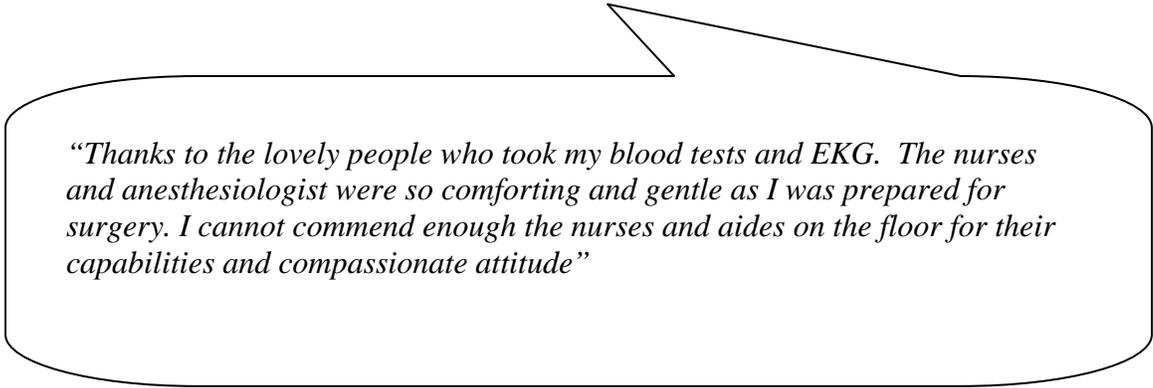
Teamwork

- Support co-workers; avoid gossip and spreading rumors.
- Keep a positive attitude.
- Attempt to resolve conflicts fairly, quickly, and peacefully.
- Welcome new employees and offer help as appropriate.
- Seek opportunities to improve skills needed for the job.
- Be respectful and sensitive to different cultures of co-workers.
- Look for ways to compliment co-workers for a job well done.

BEHAVIOR

On-Stage Behavior: When in the hearing of patients, residents, families, or visitors, staff present a professional, friendly manner, making sure that patients' needs are a priority, and that personal conversations and jokes are reserved for ***Off-Stage*** situations.

- Communicate what is being done to or for the patient or resident.
- Never discuss personal or workplace issues in the presence of patients, residents, families, or visitors.
- Protect patients', residents' and families' privacy and confidentiality.
- When patients or residents need to wait, let them know they are not forgotten. Check back frequently.
- Answer call lights promptly, before the **fifth tone**.
- Before leaving the patient, resident, family or co-worker, ask: "Is there anything else I can do for you? I have time."



"Thanks to the lovely people who took my blood tests and EKG. The nurses and anesthesiologist were so comforting and gentle as I was prepared for surgery. I cannot commend enough the nurses and aides on the floor for their capabilities and compassionate attitude"

Off-Stage Behavior: Conversations can be more relaxed and informal when staff are away from patients, residents, families, visitors or when in meeting rooms, staff rooms, or enjoying celebrations.

SAFETY/RECOVERY

Safety -Stewardship

- Understand safety and disaster codes and how to respond appropriately.
- Report to supervisor any suspicious situations.
- Promptly report faulty equipment.
- Turn off lights and appliances in non-patient areas when not in use – offices, storage areas and meeting rooms.
- Observe designated eating, smoking, and parking areas.
- Follow patient safety goals. Report occurrences in a timely fashion.

Service Recovery

Often, despite our best efforts, patients, residents, families, or co-workers may be dissatisfied with our service. As far as we can, ***we handle complaints or difficulties at once, at the point of service.*** We strive to make every person's experience as pleasant as possible. We follow Service Recovery policies and protocols.

- ***Anticipate*** and correct problems before they become complaints.
- ***Acknowledge*** mistakes when they occur, without placing blame.
- ***Apologize*** for not meeting expectations, even when it is not your fault..

Key Phrases

- √ I'm **SORRY** we did not meet your expectations.
- √ I'm **GLAD** you told me about it.
- √ What can I do to make things **BETTER** for you now?



You are the Catholic Health System

Yours is the voice people hear when you answer the telephone.

Yours are the eyes they look into when they're frightened and lonely.

Yours are the voices people hear when they ride the elevators, when they try to sleep, and when they try to forget their problems.

You are what they hear on their way to their appointments that could affect their destinies and what they hear after they leave those appointments.

Yours are the comments people hear when you think they can't.

Yours is the intelligence and caring that people hope they'll find here.

When you're considerate, so is the Catholic Health System.

When you're helpful, so is the Catholic Health System.

And when you're compassionate and respectful,
so is the Catholic Health System.

Visitors, patients, residents and co-workers will never know
the real you – unless you let them see it.

All they will know is what they see, hear and experience.

And so the Catholic Health System has a stake in your attitude and in the collective
attitude of everyone who works here.

We are all judged by your performance.

All of us are the care you give, the attention you pay, the courtesies you extend.

***Thank you for all you are doing for patients, residents, families,
co-workers, and for the Catholic Health System.***

School Contact / Liaison
Information

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MSM/EA: 298-2249

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Student Affl Co-Chair
209-0752

Rick Szabala
Student Affl Co-Chair
828-2455

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Liaison: Michalina Ryan
FBM 209-0752

PATHWAY FOR PLACING STUDENTS WITHIN THE CATHOLIC HEALTH SYSTEM

1. School contacts the Liaison
2. Liaison checks spreadsheet for availability
3. Liaison contacts therapists (CI)
4. Therapist (CI) decides whether or not he/she wants to take the student
5. Liaison contacts school with CI's name
6. School sends information on student to liaison
7. Liaison sends information on student to the CI
8. Liaison sends welcome packet to student
9. Student contacts CI

IF THE SCHOOL CONTACTS FACILITY/THERAPIST FIRST:

1. School calls/writes the facility or therapist
2. Therapist will call Michalina Ryan (209-0752) or Rick Szabala (828-2455) with information
3. Michalina or Rick contacts the liaison
4. Liaison contacts the school
5. Continue with steps #2-9 above

Partners in Rehab/Athleticare -- STUDENT SURVEY

Thank you for allowing the Catholic Health to help further your education. We would appreciate you taking the time to complete this survey to allow us to be better educators for future students.

Please complete the following questionnaire using the following scale:

- 1= strongly disagree 2 = disagree 3 = neutral 4 = agree 5 = strongly agree

For questions answered with 1, 2, or 3 please document reasons on lines below for your answer.

1. **The CI was accessible to you when needed.**
 1 2 3 4 5
2. **The CI provided clear, open, and concise communication.**
 1 2 3 4 5
3. **The CI taught in an interactive manner that encouraged problem solving.**
 1 2 3 4 5
4. **The CI made the formal evaluation process constructive.**
 1 2 3 4 5
5. **The clinical education site's objectives for this learning experience were clearly communicated.**
 1 2 3 4 5
6. **The CI served as a positive role model to you.**
 1 2 3 4 5
7. **The CI encouraged you to self-assess**
 1 2 3 4 5
8. **The CI integrated their knowledge into student clinical teaching**
 1 2 3 4 5
9. **The CI provided responsibilities that were within your scope of knowledge and skills**
 1 2 3 4 5
10. **Overall, how would you rate this Clinical Affiliation.**
 poor fair good very good excellent

Please provide any additional comments or suggestions on how we could improve our clinical experiences: _____

CATHOLIC HEALTH

Student Rating Form

STUDENT INFORMATION				
Name	Apply to Catholic Health			
School	Interest			
Date of Graduation	Clinical Instructor			
Contact Number	Contact Number			
RATINGS				
	1 = Poor	2 = Fair	3 = Good	4 = Excellent
Attendance/Tardiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>				
Safety Habits/Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>				
Quality of Work/Projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>				
Follows Policies/Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>				
Willingness to Learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>				
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>				
Team Interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>				
Reliability/Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>				
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>				
Response to Constructive Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>				
Patient/Family Interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>				
Evaluation/POC/Interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>				
Clinical Judgment/Reasoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>				
OVERALL RATING				
ADDITIONAL COMMENTS				
Clinical Instructor Signature				Date

CBISA

Basic Information Needed for “Reporter” Entry of Clinical Instructor

Clinical Instructor: <ul style="list-style-type: none">• Enter name	
Discipline of intern: <ul style="list-style-type: none">• PT, PTA, OT, COTA, SLP	
Name of Student	
Name of School	
Dates of Student Rotation	
Number of Weeks	
Number of Hours: <ul style="list-style-type: none">• Student time spent with CI per week	
Facility/Department to Receive Credit	

Basic Information Needed for “Reporter” Entry of Liaison

Liaison Only: <ul style="list-style-type: none">• Enter name	
Number of Students Served: <ul style="list-style-type: none">• Placed or attending presentation	
Title of Presentation to School	
Time Spent on Presentation	
Time Spent on Liaison Duties <ul style="list-style-type: none">• Phone calls, contact with school, paperwork, etc.	
Facility/Department to Receive Credit	

Rehab Certified Specialists

First	Last	Specialty/Certification	Office Location	Contact #
Wound Care Specialist				
Lorri	Chiaromonte	Wound Care	PIR-WS	677-5022
Michael	George	Wound Care	SOCH-SJCampus	891-2703
Sheila	Krieger	CWS, WCC	Home Care CHARTC	706-2373
Barb	Stafford	Wound Care	BMH-ACUTE	828-2529
MDT Certified				
Kristin	Barnard	Cert. MDT McKenzie	MSMH	298-2249
Rich	Duderwick	Cert. MDT McKenzie	PIR-WS	677-5022
Kira	Eimiller	Cert. MDT McKenzie	SOCH-SJCampus	891-2703
John	Lindhurst	Cert. MDT McKenzie	Home Care CHARTC	331-7428
Joseph	Lorenzetti	Cert. MDT McKenzie	PIR-WS	558-5164
David	May	Cert. MDT McKenzie	SOCH-SJCampus	891-2703
Amy	Murdock	Cert. MDT McKenzie	MSMH	298-2249
Melissa	Ramsey	Cert. MDT McKenzie	PIR-EA	828-3700
Ron	Schenk	Cert. MDT McKenzie	PIR-WS	677-5022
Anne	Schukraft	Cert. MDT McKenzie	ATN	447-6037
Edyta	Sullivan	Cert. MDT McKenzie	MACC	828-2455
Courtney	Tso	Cert. MDT McKenzie	MSMH	298-2249
David	West	MDT-Spine	TMR	447-6600
Brian	Wyles	Cert. MDT McKenzie	Home Care CHARTC	706-2373
Orthopedic Specialists				
Michael	Bauer	OCS, OMPT	Home Care CHARTC	706-2373
Pat	Brady	Orthopedics, Spine	SOCH-ACUTE	862-1170
Nancy	Budzinski	OMPT	Home Care CHARTC	706-4463
Jeff	Castigilone	CSCS, Spine	PIR-TR	684-0649
Rich	Duderwick	Orthopedics, Spine	PIR-WS	677-5022
Tara	Gawel	OCS	MACC	828-2455
Kira	Eimiller	OCS	SOCH-SJCampus	891-2703
Jesse	Furlong	OCS	Home Care CHARTC	331-2773
Joe	Lorenzetti	MTC	PIR-WS	558-5164
Ron	Schenk	OCS, Orthopedics, Spine	PIR-WS	677-5022
Rick	Szabala	OCS	MACC	828-2455
David	West	OCS, OMPT	TMR	447-6600
Certified Strength, Sports, and Conditioning				
Diane	Brennan	SCS	SOCH-SJCampus	891-2703
Amputees				
Lorri	Chiaromonte	Cert. MDT	PIR-WS	677-5022
BIG/LOUD (for Parkinsons)				
Connie Jo	Bish-Ziegelhorfer	LSVT Certified	PIR-WS	677-5022
Jordyn	Dolce	LSVT Certified	PIR-WS	677-5022
Rosalie	Herrmann	LSVT Certified	PIR-WS	677-5022
Amy	Johnson	LSVT Certified	OLV	819-5312
Nancy	Lawler	LSVT Certified	SOCH-SJCampus	891-2703
Dave	May	LSVT Certified	SOCH-SJCampus	891-2703
Marie	Packard	LSVT Certified	OLV	819-5312
Kara	Trippi	LSVT Certified	PIR-WS	677-5022
Lymphedma				
Jenna	Parrish	Certified Lymphedema	SOCH	862-1386
Leslie	McKnight	Certified Lymphedema	Home Care CHARTC	598-1530
Lindsey	Schultz	Certified Lymphedema	MSMH	298-2249
Spine Care Team				

Rehab Certified Specialists

First	Last	Specialty/Certification	Office Location	Contact #
Neurodevelopmental Treatment				
Connie Jo	Bish-Ziegelhorfer	NCS, NDT, Vestibular	PIR-WS	677-5022
Andrea	Brockman	NDT	KMH MRU	828-3754
Emily	Madeja	NDT	KMH MRU	828-3754
Sylvia	Wisher	Adult NDT Certified, CAPS	OLV	819-5034
Hand Certified				
Cynthia	Brooks	CHT	Home Care CHARTC	706-2373
Michelle	Knoop	CHT	MACC	828-2455
Donna	Niswander	CHT	ATN	447-6037
Alison	Pyszczyński	CHT	SCL SOCH	862-1694
Lindsey	Schultz	CHT	MSMH	298-2249
Vital Stim				
Tim	Bagovich	Vital Stim Cert	KMH-ACUTE	447-6020
Angela	DeLarco	Vital Stim Cert	SOCH-ACUTE	862-1170
Jennifer	Dellapenta	Vital Stim Cert	FBM	209-0754
Jordyn	Dolce	Vital Stim Cert	PIR-WS	677-5022
Maggie	Edbauer	Vital Stim Cert	Home Care CHARTC	706-2373
Wendy	Giglio	Vital Stim Cert	BMH-ACUTE	828-3541
Juli	Greene	Vital Stim Cert	FBM	209-0754
Sarah	Hilmey	Vital Stim Cert	BMH-ACUTE	828-2893
Melissa	Hogan	Vital Stim Cert	BMH-ACUTE	828-3541
Nancy	Lawler	Vital Stim Cert	SOCH-SJCampus	891-2703
Ashlie	Marcyán	Vital Stim Cert	MSMH	298-2249
Shannon	Niver	Vital Stim Cert	KMH-ACUTE/MRU	828-3541
Erica	O'Neil	Vital Stim Cert	MSMH	298-2249
Renee	Otis	Vital Stim Cert	Home Care CHARTC	706-2373
Sindhu	Stanley	Vital Stim Cert	BMH-ACUTE	828-3541
Kara	Trippi	Vital Stim Cert	PIR-WS	677-5022
TemporoMandibular Disorders				
Joe	Lorenzetti		PIR-WS	558-5164
Ron	Schenk		PIR-WS	677-5022
Women's Health/Pelvic Floor Dysfunction				
Catherine	Kiggins		SOCH Piver Center	862-1170
Racquel	Kurzweg		MSMH	298-2249
Nancy	Ogorek		PIR-WS	677-5022
Craniosacral/Myofascial Release				
Nancy	Ogorek		PIR-WS	677-5022
Other Specialty Areas				
Kristin	Barnard	Vestibular	MSMH	298-2249
Connie Jo	Bish-Ziegelhorfer	NCS, NDT, Vestibular	PIR-WS	677-5022
Colleen	Bondanza	Vestibular	MACC	828-2455
Diane	Brennan	Vestibular	Transit Road	684-0649
Lorri	Chiaromonte	Vestibular, Prosthetics	PIR-WS	677-5022
Lori	Cyrek	Vestibular	SOCH NICU	862-1101
Janet	Finley	Vestibular, Aquatic Therapy	MACC	828-2455
Tara	Gawel	Aquatic Therapy	MACC	828-2455
David	May	Vestibular	SOCH-SJCampus	891-2703
Amy	Murdock	Vestibular	MSMH	298-2249
Alexandra	Polhill	Cert. Dementia Practitioner	Home Care CHARTC	331-8311
Alison	Pyszczyński	Cert. Stroke Rehab Specialist	SCL SOCH	862-1694
Debbie	Quennel-Kavcic	Vestibular	PIR-EA	828-3700
Anne	Schukraft	Vestibular	ATN	447-6037
Christina	VanWyk	Vestibular	SOCH-ACUTE	862-1172

updated Feb 2021

This document is not intended to create, nor is it to be construed to constitute a contract between CHS and any of its employees for either employment or the provision of any benefit. This policy supercedes any and all policies of any CHS organizations and any descriptions of such policies in any handbook of such organization.			
POLICY AND PROCEDURE			
TITLE: Departmental Orientation	RESPONSIBLE DEPARTMENT: Staff Development	POLICY #: HR-013-HO	PAGE#: 1 of 1
PREPARED BY: Human Resources		SIGNATURE:	

PURPOSE: To ensure all employees receive a departmental orientation of sufficient content to prepare them for their specific duties and responsibilities and to meet regulatory requirements.

Applies to: This policy applies to all employees providing service within the Catholic Health System to include agency, employed physicians, and temporary personnel.

GENERAL STATEMENT OF POLICY AND PROCEDURE:

1. All new employees will be oriented to their departments. Orientation will include at a minimum:
 - Organization structure, chain of command and communication
 - Physical layout of department/organization
 - Introduction to key personnel
 - Department specific safety and infection control
 - **Unit specific patient safety competencies**
 - Department specific competencies in accordance with HR policy # HR-063-PC.
2. Department Directors and/or Managers are responsible for the completion of departmental orientation. A record of departmental orientation will be maintained at the departmental level in accordance with HR policy # HR-063-PC.
3. Departmental orientation will be of such a length to meet the individual employee needs, not to exceed the introductory period and in accordance with collective bargaining agreements.
4. Departmental Orientation is evaluated on a continuous basis making adjustments for changes in practice and scopes of services.

Origination/Effective Date: 7/15/02										
	Date	Initial	Date	Initial	Date	Initial	Date	Initial	Date	Initial
Reviewed	10/1/02									
Revised	10/1/02MV									
References: Federal Law, NYS Law, JCAHO Standards										

Required Computer Based Learning (CBL)				
1. Acute Care RN or NA orientation CBL list completed				
2. Acute Care “Clinical (non-nursing) New Hire Required Education” CBL				
3. Accessing your own CH Medical Record CBL				
4. LGBTQ Cultural Competency CBL				
5. Employee Space (Lawson)				
6. Manager Space (Lawson workshop or CBL for supervisors and managers only)				
7. Section 1557 of the Affordable Care Act				
8. Move with Care video (for Move with Care facilities)				
9. Understanding the Community Based Care (CBC) Corporate Integrity Agreement (for CBC, and those who provide services to CBC only)				
10. Emergency Preparedness (CBC)				
Patient Experience				
1. Verbalizes understanding of core values in relationship to standards of behavior and the Pursuing Excellence evaluation measures.				
2. Verbalizes understanding of the Patient Experience and importance of pursuing excellence. Understands how their behavior relates to the overall Patient Experience and success of the organization.				
3. Reviews expectations for professional boundaries with regard to patient care / service.				

Policies and Procedures				
1. Verbalizes understanding of hours of work, holiday commitment, weekend rotation and other department specific items.				
2. Verbalizes understanding and interpretation of staffing schedule and associate's responsibility to obtain their work schedule once it is posted in the department.				
3. Verbalizes understanding and interpretation of how to request and obtain approval for scheduled paid time off (PTO)				
4. Verbalizes understanding of appropriate "Call-in" procedures.				
5. Receives and review the Dree and Personal Appearance Policy including any specific department requirements.				
6. Verbalizes understanding that overtime must be approved by supervisor or manager in advance of working overtime.				
7. Verbalizes understanding of unit routine including breaks/lunch. Including clocking in and out for meal period when leaving the premises – not authorized for breaks, and documentation for no lunch required by the department.				
8. Verbalizes understanding of how to record their time, including clocking in and out, and clocking of PTO.				
9. Verbalizes understanding of: telephone use (including how to answer the telephone) intercoms, pagers, and/or cell phones.				
10. Verbalizes understanding of location of department specific policy and procedure manual/electronic folder.				

11. Verbalizes understanding of security as it relates to personal belongings and site security processes.				
12. Receives and reviews Attendance Policy.				
13. Receives and reviews Conduct Principles and Corrective Action Policy and Fair Treatment Review Policy for associates not covered by the Collective Bargaining Agreement.				
14. Receives and review Timekeeping Policy (HR-087-EMP). Signs and returns Associate Verification Form HR 80 to Humans Resources.				
15. On call and call in while not on call expectations, if applicable.				
Physical Layout of Unit				
1. Introduction to unit personnel.				
2. Introduction to floor plan, patient rooms.				
3. Miscellaneous: location and use of:				
▪ Kitchen/Pantry/Refrigerator				
▪ Ice Machine				
▪ Laundry Disposal				
▪ Linen Room				
▪ Visitor's Lounge				
▪ Conference Room				
▪ Cafeteria and Restrooms				
4. Department Specific:				
▪				

Communications and Access				
1. Contact name and number for communicating with supervisor.				
2. Emergency contact communication expectations, if different.				
3. Systems access – CH Intranet, email, IT ID Badge. Reviews Computer Security and Acceptable Use Policy.				
Safety & Emergency Procedure				
1. Demonstrates proper/safe handling of equipment.				
2. Able to locate fire extinguishers and fire alarms.				
3. Observe Tobacco Free Policy.				
4. Demonstrates knowledge of fire and disaster plans.				
5. Verbalizes procedure for fire response and reporting.				
6. Verbalizes location of Oxygen shut off valves, if applicable.				
7. Maintains safe environment for patients, visitors, associates, volunteers, contractors, and providers.				
8. Verbalizes understanding of emergency shut off procedure(s).				
9. Able to locate code cart.				
10. Verbalizes understating of procedure for calling/reporting a code.				
11. Verbalizes the process of evacuating patients and visitors in the event of an emergency.				
12. Verbalizes understanding the process for reporting safety concerns.				
13. Verbalizes understanding the process for reporting incidents.				
14. Verbalizes processes for submitting a Facilities Work Order.				

15. Verbalizes understanding the process for addressing a violent person.				
16. Verbalizes understanding the process for accessing Safety Data Sheets (SDS).				
17. Verbalizes understanding the process of chemical spill containment and location of containment materials.				
18. Able to located Emergency Code Flip Chart.				
19. Verbalizes where designated meeting point is outside of the building in case of evacuation due to an emergency.				
20. Able to locate Department Meeting Point inside of building.				
21. Verbalizes understanding to follow the posted exit signs if building evacuation is required.				
22. Verbalizes understanding of Mass Casualty response responsibilities.				
23. Able to locate red outlets.				
24. Able to locate Negative Pressure Isolation Room and respirators.				
25. Verbalizes how to report any other concerns to the manager (using 3 step process as outlines in the corporate compliance section of the Associate Guidebook.)				
26.				
27.				

Able to locate department specific equipment (List all appropriate equipment)

1.				
2.				
3.				

Age specific (as applicable)

Received copy of Competency-Based Job Description Orientation/Annual Performance Evaluation Form.				
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Job Specific competencies

Received copy of Competency-Based Job Description Orientation/Annual Performance Evaluation Form.				
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Upon completion, maintain in department file and forward to Human Resources with 90 day evaluation.



**JOB SPECIFIC
ORIENTATION CHECKLIST
PHYSICAL THERAPIST**

Due within 90 days of
start date

Employee sign off

Date

Manager/Supervisor
Signature

Comment Section
Indicate NA, (Not applicable) for all that do not
apply.

Physical Therapist:				
- Understands the role of a PT as a member of the interdisciplinary team				
Documentation:				
Demonstrates ability to accurately convey Information using:				
Initial Evaluation				
- Inpatient				
- MRU				
- Outpatient				
Progress Note				
- Inpatient				
- MRU				
- Outpatient				
Discharge Summary				
Other forms				
- Patient/Family education sheets				
- FIM/IRF PAI Forms				
Miscellaneous				
- Uses appropriate abbreviations				
- Writes legibly				
Demonstrates ability to establish patient driven goals				
- Functional goals				
- Measurable goals				
- Progressive				



**JOB SPECIFIC
ORIENTATION CHECKLIST
PHYSICAL THERAPIST**

Due within 90 days of start date

Employee sign off

Date

Manager/Supervisor
Signature

Comment Section
Indicate NA, (Not applicable) for all that do not apply.

Treatment Plan:				
- Addresses goals and shows treatment progression				
- Demonstrates or describes how to alter treatment based on patients:				
-Psychosocial, development, cultural or age specific needs				
-Medical status				
Billing and Insurance				
- Able to properly fill out charge sheet				
- Demonstrates understanding of insurance regulations				
Initiative				
- Understands Productivity standards				
- Discusses with Supervisor changes in the schedule and work site as needed for pt. care				
Self/Professional Development				
- Participates in Peer Review				
- Understands Continuing Education Policy				
- Has knowledge of Professional Organizations				
Communication				
Demonstrates Professional communication with				
- Intradepartmental co-workers				
- Interdepartmental co-workers				
- Patients				
- Physicians/Nursing				
- Understands when to refer pt. for additional services				
Participates in PIR Employee Orientation				

Upon completion maintain in department file and forward to Human Resources with 90 day evaluation



JOB SPECIFIC
ORIENTATION CHECKLIST
 PHYSICAL THERAPIST ASSISTANT

Due within 90 days of start date

Employee sign off

Date

Manager/Supervisor
Signature

Comment Section
Indicate NA, (Not applicable) for all that do not apply.

Physical Therapist Assistant:				
- Understands the role of a PTA as a member of the interdisciplinary team				
Documentation:				
Demonstrates ability to accurately convey Information using:				
Progress Note				
- Inpatient				
- MRU				
- Outpatient				
Discharge Summary				
Other forms				
- Patient/Family education sheets				
- FIM/IRF PAI Forms				
Miscellaneous				
- Uses appropriate abbreviations				
- Writes legibly				
Demonstrates or describes how to alter treatment based on patients:				
-Psychosocial, development, cultural or age specific needs				
-Medical status				
Billing and Insurance				
- Able to properly fill out charge sheet				
- Demonstrates understanding of insurance regulations				



**JOB SPECIFIC
ORIENTATION CHECKLIST
PHYSICAL THERAPIST ASSISTANT**

Due within 90 days of start date

Employee sign off

Date

Manager/Supervisor
Signature

Comment Section
Indicate NA, (Not applicable) for all that do not apply.

Initiative				
- Understands Productivity standards				
- Discusses with Supervisor changes in the schedule and work site as needed for pt. care				
Self/Professional Development				
- Participates in Peer Review				
- Understands Continuing Education				
- Has knowledge of Professional Organizations				
Communication				
Demonstrates Professional communication with:				
- Intra departmental co-workers				
- Inter departmental co-workers				
- Participates on interdisciplinary teams				
- Patients				
- Physicians/Nursing				
- Understands when to refer patient for additional services				
Participates in PIR Employee Orientation				

**Upon completion maintain in department file and forward to
Human Resources with 90 day evaluation**



**JOB SPECIFIC
ORIENTATION CHECKLIST
OCCUPATIONAL THERAPIST**

Due within 90 days of
start date

Employee sign off

Date

Manager/Supervisor
Signature

Comment Section
Indicate NA, (Not applicable) for all that do not
apply.

Occupational Therapist:				
- Understands the role of a OT as a member of the interdisciplinary team				
Documentation:				
Demonstrates ability to accurately convey Information using:				
Initial Evaluation				
- Inpatient				
- MRU				
- Outpatient				
Progress Note				
- Inpatient				
- MRU				
- Outpatient				
Discharge Summary				
Other forms				
- Patient/Family education sheets				
- FIM/IRF PAI Forms				
Miscellaneous				
- Uses appropriate abbreviations				
- Writes legibly				
Demonstrates ability to establish patient driven goals				
- Functional goals				
- Measurable goals				
- Progressive				



**JOB SPECIFIC
ORIENTATION CHECKLIST
OCCUPATIONAL THERAPIST**

Due within 90 days of start date

Employee sign off

Date

Manager/Supervisor
Signature

Comment Section
Indicate NA, (Not applicable) for all that do not apply.

Treatment Plan				
- Addresses goals and shows treatment progression				
- Demonstrates or describes how to alter treatment based on patients:				
-Psychosocial, development, cultural or age specific needs				
-Medical status				
Billing and Insurance				
- Able to properly fill out charge sheet				
- Demonstrates understanding of insurance regulations				
Initiative				
- Understands Productivity standards				
- Discusses with Supervisor changes in the schedule and work site as needed for pt. care				
Self/Professional Development				
- Participates in Peer Review				
- Understands Continuing Education Policy				
- Has knowledge of Professional Organizations				
Communication				
Demonstrates Professional communication with				
- Intradepartmental co-workers				
- Interdepartmental co-workers				
- Patients				
- Physicians/Nursing				
- Understands when to refer pt. for additional services				
Participates in PIR Employee Orientation				

**Upon completion maintain in department file and forward to
Human Resources with 90 day evaluation**



**JOB SPECIFIC
ORIENTATION CHECKLIST**
CERTIFIED OCCUPATIONAL THERAPY
ASSISTANT

Due within 90 days of
start date

Employee sign off

Date

Manager/Supervisor
Signature

Comment Section
Indicate NA, (Not applicable) for all that do not
apply.

Certified Occupational Therapy Assistant:				
- Understands the role of an COTA as a member of the interdisciplinary team				
Documentation:				
Demonstrates ability to accurately convey Information using:				
Progress Note				
- Inpatient				
- MRU				
- Outpatient				
Discharge Summary				
Other Forms				
- Patient/Family education sheets				
- FIM/IRF PAI Forms				
- Splint Forms				
Miscellaneous				
- Uses appropriate abbreviations				
- Writes legibly				
Demonstrates or describes how to alter treatment based on patients:				
- Psychosocial, development, cultural or age specific needs				
- Medical status				
Billing and Insurance				
- Able to properly fill out charge sheet				
- Demonstrates understanding of insurance regulations				



**JOB SPECIFIC
ORIENTATION CHECKLIST**
CERTIFIED OCCUPATIONAL THERAPY
ASSISTANT

Due within 90 days of
start date

Employee sign off

Date

Manager/Supervisor
Signature

Comment Section
Indicate NA, (Not applicable) for all that do not
apply.

Initiative				
- Understands Productivity standards				
- Discusses with Supervisor changes in the work site as needed for pt. care				
Self/Professional Development				
- Peer Review				
- Continuing Education				
Communication				
Demonstrates professional communication with:				
- Intradepartmental co-workers				
- Interdepartmental co-workers				
- Participates on interdisciplinary teams				
- Patients				
- Physicians/Nursing				
- Understands when to refer patient for additional services				
Participates in PIR Employee Orientation				

**Upon completion maintain in department file and forward to
Human Resources with 90 day evaluation**



JOB SPECIFIC
ORIENTATION CHECKLIST
 SPEECH LANGUAGE PATHOLOGIST

Due within 90 days of start date

Employee sign off

Date

Manager/Supervisor
Signature

Comment Section
Indicate NA, (Not applicable) for all that do not apply.

Speech Language Pathologist:				
- Understands the role of an SLP as a member of the interdisciplinary team				
Documentation:				
Demonstrates ability to accurately convey Information using:				
Initial Evaluation				
- Inpatient				
- MRU				
- Outpatient				
Progress Note				
- Inpatient				
- MRU				
- Outpatient				
Discharge Summary				
Other Forms				
- Patient/Family education sheets				
- FIM/IRF PAI Forms				
Miscellaneous				
- Uses appropriate abbreviations				
- Writes legibly				
Demonstrates ability to establish patient driven goals				
- Functional goals				
- Measurable goals				
- Progressive goals				



**JOB SPECIFIC
ORIENTATION CHECKLIST**
SPEECH LANGUAGE PATHOLOGIST

Due within 90 days of
start date

Employee sign off

Date

Manager/Supervisor
Signature

Comment Section
Indicate NA, (Not applicable) for all that do not
apply.

Treatment Plan:				
- Addresses goals and shows treatment progression				
- Demonstrates or describes how to alter treatment based on patients:				
-Psychosocial, development, cultural or age specific needs				
-Medical status				
Billing and Insurance				
- Able to properly fill out charge sheet				
- Demonstrates understanding of insurance regulations				
Initiative				
- Understands Productivity standards				
- Discusses with Supervisor changes in the schedule and work site as needed for pt. care				
Self/Professional Development				
- Participates in Peer Review				
- Understands Continuing Education Policy				
- Has knowledge of Professional Organizations				
Communication				
Demonstrates professional communication with:				
- Intradepartmental co-workers				
- Interdepartmental co-workers				
- Participates on interdisciplinary teams				
- Patients				
- Physicians/Nursing				
- Understands when to refer pt for additional services				
Participates in PIR Employee Orientation				



JOB SPECIFIC
ORIENTATION CHECKLIST
 SPEECH LANGUAGE PATHOLOGIST

Due within 90 days of start date

Employee sign off

Date

Manager/Supervisor
Signature

Comment Section
Indicate NA, (Not applicable) for all that do not apply.

**Upon completion maintain in department file and forward to
 Human Resources with 90 day evaluation**

STUDENT SCHEDULE FOR OTR STUDENTS

Week 1

Introduction to staff/ Attend Report/Rounding
Tour of facility and departments
Observation of evaluations/treatment in clinic
Review department forms and paperwork/ orientation to resident's charts
Student will list his/her goals for fieldwork and strengths/weaknesses
Student will familiarize with department modalities with assigned therapist
Review chart and collect data for first treatment plan
Perform 1-2 chart reviews
Review facility policies and procedures

Week 2

First treatment plan due
Collect data for second treatment plan
Student will review with therapist medical precautions
Student will complete new evaluation under therapist's supervision
Assist in clinic
Research topic or diagnosis for paper or idea for clinic project
Receive first patient- collect data, plan initial evaluation, evaluate patient, under supervisor's direction, write up evaluation, and complete paperwork
Perform full ADL with resident in AM
Attend family meeting

**caseload 1 patient*

Week 3

Begin preparing for topic presentation/ clinic project
Receive second and third patients
Work with assigned patients
Complete second treatment plan
Choose field trip site if available
Assist in clinic
Present at Rounds/ Report
Review progress note format with therapist and provide input on patient
Observe feeding in dining room
Update closet care plans

** caseload 3 patients*

Week 4

Complete progress notes on assigned patients with therapist's review
Review discharge note format with therapist and complete a discharge summary
(both written and in the computer)
Assist with feeding/ splinting/ positioning evaluations
Review positioning devices, splints, and adaptive feeding equipment
Receive fourth patient
Work with assigned patients
Present at a family meeting

**caseload 4 patients*

Week 5

Observe/Perform Home evaluations if applicable
Meet with supervisor and choose patient for case study assignment
Receive fifth patient
Work with assigned patients
Perform Mini Mental Test

**caseload 5 patients*

Week 6

Observe/ Perform kitchen assessment
Arrange/attend surgery observation if able
Work with assigned patients
Complete mid-term evaluation

**caseload 5-7 patients*

Week 7

Review/ Assist therapist with quarterly/ annual screen
Fabricate splint with therapist
Review Medicare guidelines and RUG scores
Work with assigned patients

**caseload 6-8 patients*

Week 8

Assign fieldwork project

Perform quarterly/annual screens independently
Work with assigned patients

**caseload 7-9 patients*

Week 9

Meet with supervisor to review fieldwork project
Work with assigned patients

**caseload approximately 10 patients*

Week 10

Fieldwork project due and presented to staff
Work with assigned patients

**caseload 10-12 patients*

Week 11

Present In-service
Work with assigned patients

**caseload 10-12 patients*

Week 12

Fill out CI survey and email to liaison
Review final evaluation of student with supervisor
Work with assigned patients

**caseload 10-12 patients*

COTA Level II Fieldwork **Student Objectives**

Week 1

Orientation to facility.
Familiarize self with facility environment and O.T. department procedures.
Review paperwork and orientation to patient charts.
Shadow O.T. staff.
Attend Rounding / Report.
Fill out student's goals strengths and weaknesses.

Week 2

Pick topic for in-service.
Review three charts with minimal guidance, and be able to summarize circumstances efficiently.
Assist with 2-3 sessions with supervisor; write observation notes on all patients observed.
Responsible for choosing activities for one patient according to treatment plan and implement them in a session with a supervisor.
Demonstrate the ability to interpret an initial evaluation, determine problem areas and identify at least one activity appropriate for treatment.
Be able to perform AROM UE (goniometer) and identify problem areas.
Complete ADL assessment with supervisor.
Observe family meeting.

Week 3

Able to complete chart review independently.
Independent with partial ADL assessment.
Observe feeding in dining room.
Complete progress notes with supervision.
Given a treatment plan, set treatment priorities and identify a variety of appropriate treatment activities.
Update closet care plan.
Start presenting in Rounding / Report.
Caseload of 2-4 patients.

Week 4

Complete progress notes with minimal to moderate assistance.
Identify 2-3 activities for any given problem.
Treatment of patients with occasional supervision for treatment planning and implementation.
Complete discharge summary and UDA.

Review of positioning devices and splints / AE.
Participate in family meeting.
Caseload of 4-5 patients.
Complete Midterm with supervisor.

Week 5

Plan and implement treatment program for patients.
Attend a home assessment if applicable; write down observations and problem areas.
Perform mini mental examination.
Midterm evaluation.

Week 6

Independent with ADL assessment and treatment.
Independent with kitchen assessment and treatment.
Complete OT progress notes with occasional need for guidance or minimal assist.
Demonstrate ability to verbally report patient progress comprehensively to supervisor, OTR, team.
Grade activities independently.
Independent with planning, implementing TX.
Caseload of 5-6 patients, independent management of scheduling.

By End of Affiliation

Participate responsibly in OTR / COTA communication supervision / relationship.
Full caseload of 6-8 patients.
Accurately write, on time, all progress notes for patients on his / her caseload in the format style that is consistent with this department.
Satisfactory meet behavioral objectives of fieldwork.
Complete Oral presentation (in-service) for Rehab staff.
Complete and review final evaluation.
Fill out CI survey and mail to liaison.

PT Student Schedule

Week 1

Tour of facility/ departments
Introduction to staff/ attend Rounding/Report
Review student's goals for fieldwork and strengths/ weaknesses
Review facility policies and procedures
Review department forms and paperwork/ orientation to resident's charts
Observe evaluation/ treatments in clinic
Perform 1-2 chart reviews and collect data for first treatment plan

Week 2

First treatment plan due
Collect data for second/ third treatment plan
Assist in clinic
Pick topic and begin research for presentation
Receive first patient- collect history, perform evaluation under CI's direction, write up evaluation, and complete paperwork
Attend family meeting (if applicable)
Observe OT/ ST treatments

Week 3

Receive second and third patients
Complete second and third treatment plan
Perform 1-2 evaluations
Treat assigned patients, assist in clinic
Present at Rounding/ Report
Review progress note format and provide input on patient
Continue research for presentation topic
Review process for updating care plans
Meet with CI for midterm review

Week 4

Complete progress notes on assigned patients with CI direction
Review discharge note format and complete a discharge summary and UDA
Receive 4th and 5th patients
Complete fourth and fifth treatment plan
Perform evaluations
Work with assigned patients
Continue research for presentation topic
Choose patient for case study presentation

Week 5

Complete progress notes on assigned patients
Receive 6th and 7th patients and complete treatment plans
Work with assigned patients
Perform evaluations
Review Medicare guidelines and RUG scores
Review/ Assist therapist with quarterly/ annual screen
Present research topic
Prepare for patient case study presentation

Week 6

Perform quarterly/ annual screens
Work with assigned patients
Fill out CI survey and email to liaison
Review Final evaluation of student with supervisor
Present patient case study

Physical Therapist Assistant Goals & Expectations

Week 1

- Introduction to facility/staff
- Orientation to student manual
- Review policies and procedures
- Student to familiarize self with department equipment/modalities
- Student to set and discuss personal goals, strengths and weaknesses with clinical instructor
- Review ROM/goniometry, MMT, transfer/gait/stair training, body mechanics, THP, WB restrictions, use of AD/AE and guarding techniques
- Observe PT initial evaluation including chart review
- Review current caseload documentation
- Observe/participate in PT treatments
- Review week 1 and set goals for week 2

Week 2

- Discuss possible topics/date for inservice
- Review documentation and billing procedures
- Overview of Medicare guidelines related to SAR/LTC
- Overview of MDS guidelines
- Student to acquire caseload of 1 client per treatment hour and will carry out treatment plan with assistance from CI
- Student, with assist from CI, will be responsible for documentation/billing for clients on students current caseload
- Complete and review midterm evaluation
- Discuss week 2 and set goals for week 3

Week 3

- Set inservice topic and date
- Student to acquire caseload of 2 clients per treatment hour and will carry out treatment plan with supervision from CI
- Student, with supervision from CI, will be responsible for documentation/billing for clients on students current caseload

- Student to demonstrate the ability to progress treatment activities within the plan of care
- Attend family meeting
- Attend Rounding/ Report
- Accompany PT/OT on home assessment for patient on current caseload
- Discuss week 3 and set goals for week 4

Week 4

- Student to acquire CI full caseload and will be responsible for treatments, documentation and billing for each client
- Develop home exercise program (HEP) for clients on current caseload
- Attend Rounding/ Report with participation regarding clients on current caseload
- Present in-service to staff
- Complete and review final evaluation
- Complete CI survey and email to liaison
- Complete site evaluation

SLP Student Schedule

Week 1:

- Tour of facility/departments
- Introduction to staff /attend morning report
- Review externship goals and identify strengths/weaknesses
- Review facility policies/procedures
- Review diet consistencies
- Familiarize with adaptive feeding/swallowing equipment
- Familiarize with testing/therapy materials
- Review department forms/paperwork
- Orientation to patient/resident's charts
- Observe chart reviews, evaluations, treatment planning, treatments
- Attend subacute discharge planning meeting

Week 2:

- Review morning report book and identify red flags
- Attend family care plan meeting and/or observe family education
- Perform 1-2 chart reviews, collect data, evaluations with max assist
- Develop 1-2 treatment plans and perform treatments with max assist
- Documentation/billing with max assist (of 1-2 treatments performed)
- Pick topic for inservice and begin research
- Shadow OT/PT treatments in therapy room
- Shadow OT during feed program

Week 3:

- Present at subacute discharge planning meeting
- Perform 1-2 chart reviews, collect data, evaluations with max-mod assist
- Develop 1-2 treatment plans and perform treatments with max-mod assist
- Documentation/billing with max-mod assist (of 1-2 treatments performed)
- Continue research for inservice topic, with direction as needed
- Review process for care plan updating
- Round dining rooms and identify s/s of aspiration

Week 4:

- Present at subacute discharge planning meeting
- Perform 2-3 chart reviews, collect data, evaluations with mod assist
- Develop 2-3 treatment plans and perform treatments with mod assist
- Documentation/billing with mod assist (of 2-3 treatments performed)
- Round dining rooms and model safe feeding
- Choose patient for case study report
- Review process for MDS updating
- Review Medicare guidelines and RUG scores
- Assist with annual screens

Week 5:

- Review mid-term evaluation of student with supervisor
- Present at subacute discharge planning meeting
- Perform 4-5 chart reviews, collect data, evaluations with mod-min assist
- Develop 4-5 treatment plans and perform treatments with mod-min assist
- Documentation/billing with mod-min assist (of 4-5 treatments performed)

Weeks 6-7:

- Present at subacute discharge planning meeting
- Perform all chart reviews, collect data, evaluations continue with mod-min assist
- Develop all treatment plans and perform treatments continue with mod-min assist
- Documentation/billing continue with mod-min assist (of all treatments performed)
- Review process for UDA updating

Weeks 8-9

- Present at subacute discharge planning meeting
- Perform all chart reviews, collect data, evaluations with min assist
- Develop all treatment plans and perform treatments with min assist
- Documentation/billing with min assist (of all treatments performed)

Week 10:

- Present at subacute discharge planning meeting
- Perform all chart reviews, collect data, evaluations with min-no assist
- Develop all treatment plans and perform treatments with min-no assist
- Documentation/billing with min-no assist (of all treatments performed)
- Present case study/research project
- In-service nursing staff
- Review final evaluation of student with supervisor
- Fill out student survey and mail to liaison

***Additional observations, as schedule permits:**

Modified Barium Swallow study
Vital Stim treatment
PEG tube placement
Dementia Program

PT OUTPATIENT STUDENT SCHEDULE

Week 1

- Tour of facility/departments
- Introduction to staff
- Review department forms and paperwork/orientation to patient's charts
- Review student's goals for internship and review strengths/weaknesses
- Review student manual
- Observe evaluation/treatments in clinic
- Perform 1-2 chart reviews
- Receive first patient – collect history, perform evaluation under CI's direction, write up evaluation, and complete paperwork
- Perform mock evaluations with CI, reviewing upper and lower extremity screen, developing treatment plan
- Review week 1/plan goals for week 2

Week 2

- Review current patient load and develop treatment plans for charts for the week
- Assist with patients in the clinic
- Pick topic and begin research for inservice
- Observe other ancillary sources – OT, imaging
- Perform 3-5 evaluations under CI direction
- Review week 2/plan goals for week 3
- Select two articles for article review

Week 3

- Review current patient load and develop treatment plans for the week
- Perform 3-5 evaluations under CI direction
- Treat assigned patients, assist in clinic
- Continue research for presentation topic
- Meet with CI for midterm review
- Article review, 2 articles
- Review week 3/plan goals week 4
- Caseload should be approaching 1 client/hour by the end of the week

Week 4

Review current patient load and develop treatment plan for week
Complete 30-day progress notes and/or discharge summaries on
assigned patients with CI direction
Perform 3-5 evaluations
Work with assigned patients
Attend staff meeting
Continue research for presentation topic
Choose patient for case study presentation
Article review, 2 articles
Review week4/plan goals week 5

Week 5

Complete progress notes/discharge summaries on assigned patients
Work with assigned patients
Perform evaluations 3-5
Present inservice
Prepare for patient case study presentation
Article review, 2 articles
Review week 5/plan goals for week 6

Week 6

Review current patient load and develop treatment plan for week
Work with assigned patients
Fill out student survey and mail to liaison
Review Final evaluation of student with supervisor
Present patient case study
Make sure all paperwork is up to date and treatment plans updated for
Physical Therapist who takes over the patient load

Energy Conservation Techniques

What is Energy Conservation?

Energy conservation techniques are ways to modify activities to prevent exhaustion. Using these strategies to do the things you *have* to do may help you to have energy left over to do the things you *want* to do.

Principles of Energy Conservation

Avoid rushing

- Preplan your work, and schedule rest periods.
- Spread heavy and light tasks throughout the day.
- Set priorities and eliminate unnecessary tasks.

Avoid unnecessary motion

- Sit instead of standing for any task that may last longer than 5 minutes.
- Avoid holding or lifting heavy objects by sliding or using a wheeled cart.
- Avoid reaching and bending by arranging your work area within normal reach.

Arrange your work center

- Place supplies and equipment at the point of first use.
- Live simply, avoiding unnecessary cluttering of items.
- Use modern labor-saving equipment. For example, use a food processor for chopping or cutting.
- Use good posture to prevent fatigue by keeping your trunk muscles in their best biomechanical position for function.

Use proper working conditions

- Adjust work areas to a proper height.
- Use adequate ventilation.
- Use good lighting.
- Work in a relaxed manner, for example, with music.
- Wear comfortable clothing.

Bathing and Showering

- Gather all necessary items and place them within easy reach at waist level.
- Sit to undress, bathe, dry and dress.
- Use water of moderate (not too hot or too cold) temperature.
- To avoid excessive reaching, use a long-handled sponge to wash your back while sitting on a tub bench.
- To avoid bending from the waist, use the cross-leg method to wash and dry feet.

Dressing

- Gather all necessary items and place them within easy reach.
- Sit in a straight-backed chair to dress.
- Complete above-the-waist dressing first.
- Avoid reaching by choosing front-opening and/or loose-fitting garments. Fasten underclothes in front of the body.
- To avoid bending, use the cross-leg method to put on socks, underwear, trousers and shoes, in that order.
- Dress the weaker side first.
- Pull both underwear and pants to your knees, then stand, pulling both to your waist, and fasten them.
- To avoid bending, gather all soiled clothes while seated.
- Consider using a grabbing device or reacher that allows you to pick up items such as shoes without having to bend over. Or store shoes on a raised shoe rack to avoid straining to pick them up each day.

Cooking & Meal Preparation

- Plan menus in advance.
- Use menus that require short preparation time and little effort, such as frozen or microwaveable foods and ready mixes.
- Plan preparation so that you can save trips around your kitchen and dining area. For example, use a wheeled cart to gather all necessary items (such as meal ingredients or plates and silverware) and transport them to the work area.
- Slide or use a utility cart to transport items to the cooking area or storage (for example, slide pots, don't lift).
- Sit at a table or counter of correct, comfortable height to mix ingredients or chop and slice vegetables.
- After a meal, sit on a high stool at the sink when washing dishes. Use a cart to transport them to the storage area.
- Open lower cupboard doors to allow more leg room at the sink or counter while sitting on a stool.
- Avoid items that require constant stirring and attention.
- Use lightweight dishes, and double-handled pots and pans.
- To eliminate or reduce scrubbing pots and pans, use vegetable spray prior to cooking.
- Look for special tools with built-up handles that make kitchen chores easier.

Cleaning and housework

- For easier bed making, place the bed where both sides are open, not one against the wall. Make one trip only around the bed.
- Use light-weight, long-handled tools
- Use cleaning products that don't require you to scrub.
- Contact public service organizations in your community for help.

Errands

- Consider online or catalog shopping and direct shipping for items such as toys or gifts.
- Plan menus to avoid unnecessary trips to the market.
- Save your activities for the time of day when you feel your best.
- Keep a list of grocery items you need, and then organize the list to correspond with the layout of the store. Use an electric scooter if one is provided by the store.
- Shop at stores where employees will unload your cart and deliver items to your car.
- Put heavier items near the handles of the shopping cart for better leverage.
- Shop by phone or Internet with grocery stores that deliver.
- Organize your schedule by placing the most important tasks at the top of your to-do list and doing those tasks first.
- Don't hesitate to ask friends and neighbors for assistance with errands.

The Work Place

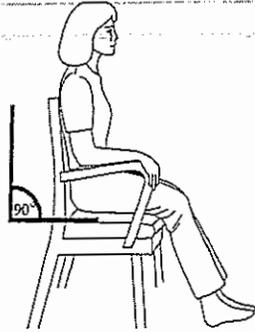
- For desk jobs that involve extended computer use: Use technology designed to save keystrokes and mouse clicks. For example, certain software allows you to control your computer with voice commands, or use means other than your fingers and hands, such as a head mouse.
- Investigate the possibility of telecom-muting or completing your work from home.
- Discuss with your employer in advance the need to redefine your duties or put you in a position with fewer physical demands.
- Use a telephone that allows hands-free usage with a headset or speaker system.
- For better grip on pencils or pens, wrap them in a piece of foam sponge or in multiple rubber bands. Other innovative grips can be found at office supply stores.

Basic Total Hip Replacement Precautions

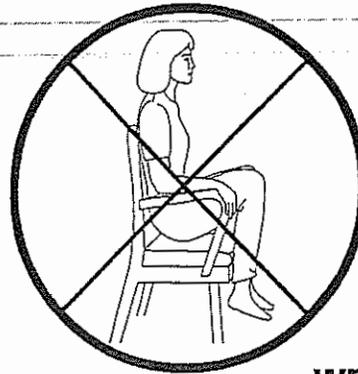
Weight-bearing status: _____

Continue to use the following guidelines until your doctor tells you otherwise.

Avoid bending past 90 degrees.



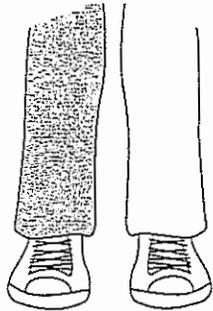
RIGHT



WRONG



Avoid twisting your leg in or out.



RIGHT



WRONG



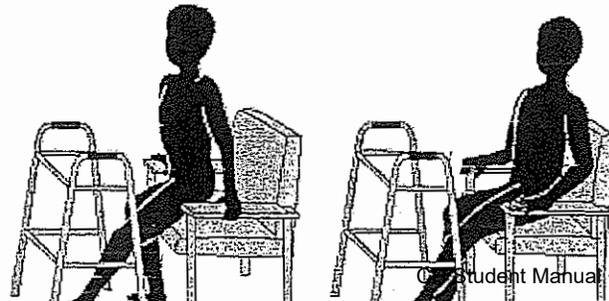
Avoid crossing your legs.



RIGHT



WRONG



Occupational Therapy Total Hip Replacement Helpful Hints

1. Precautions:

- DO NOT bend knee at the hip past 90° angle (right angle). DO NOT bring your knee higher than your hip
- DO NOT cross your legs at the knees or ankle
- DO NOT rotate hips (keep in neutral position)
- Adhere to any weight bearing restrictions as instructed by your physician, therapist or nurse
- DO NOT roll to either side unless directed by your physician

2. Dressing/Bathing:

- DO NOT attempt to perform dressing or bathing activities without adaptive equipment
- Use a Long Handled Reacher to assist with putting on pants and underwear
- Use a Sock Aid to improve independence with putting on socks
- Use a Long Handled Shoehorn to assist with shoes
- Use a Long Handled Bath Sponge to assist with lower body bathing
- Consider Elastic Shoelaces or Velcro Fasteners on footwear or good, solid shoes without ties

3. Standing/Sitting:

- Avoid sitting on surfaces that are below the height of your knees
- Utilize chairs with firmer/higher surfaces and those with armrests
- Avoid lounge recliners and waterbeds until your precautionary period has ended
- Raised seats and cushions are recommended for extra lift



4. Bathtub/Shower:

- Ask your physician when showering is permitted
- Consider a Wall Mounted Grab Bar for support when entering/exiting bath or shower
- Consider a Bath Chair/Bench (preferably with back and no armrests) to improve safety
- Utilize a Hand Held Shower Unit
- Use an Anti-Skid Bath Mat to reduce possibility of slipping

5. Bed Mobility:

- Sleep on your back
- Use towel or sheet around your foot to assist in lifting leg IN or OUT of bed
- Ask your physician if rolling is permitted

6. Toilet:

- Use Raised Toilet Seat (Commode) either at your bedside or over your existing toilet to provide you with extra stability and lift

7. Kitchen:

- **DO NOT** bend or reach for items that are too high or too low - leave items out on counter
- Use Long Handled Reacher to obtain items that are out of reach or ASK for HELP
- Use toaster oven or microwave at table/counter top level
- Avoid carrying items while using walker; utilize a Walker Bag/Basket or Utility Cart/Apron with pockets
- Use the counter top for support and slide items from one location to another
- Consider using a cart with wheels to transport items
- Consider placing a table and chair in your kitchen

8. Car:

- **DO NOT** drive a motor vehicle until cleared by your physician
- Move the car seat all the way back so you have as much room as possible
- Consider using a pillow or cushion on the car seat to give yourself extra lift
- Get **INTO** the car backside first, then swing legs in



Code of Ethics for the Physical Therapist

HOD S06-09-07-12 [Amended HOD S06-00-12-23; HOD 06-91-05-05; HOD 06-87-11-17; HOD 06-81-06-18; HOD 06-78-06-08; HOD 06-78-06-07; HOD 06-77-18-30; HOD 06-77-17-27; Initial HOD 06-73-13-24] [Standard]



Preamble

The Code of Ethics for the Physical Therapist (Code of Ethics) delineates the ethical obligations of all physical therapists as determined by the House of Delegates of the American Physical Therapy Association (APTA). The purposes of this Code of Ethics are to:

1. Define the ethical principles that form the foundation of physical therapist practice in patient/client management, consultation, education, research, and administration.
2. Provide standards of behavior and performance that form the basis of professional accountability to the public.
3. Provide guidance for physical therapists facing ethical challenges, regardless of their professional roles and responsibilities.
4. Educate physical therapists, students, other health care professionals, regulators, and the public regarding the core values, ethical principles, and standards that guide the professional conduct of the physical therapist.
5. Establish the standards by which the American Physical Therapy Association can determine if a physical therapist has engaged in unethical conduct.

No code of ethics is exhaustive nor can it address every situation. Physical therapists are encouraged to seek additional advice or consultation in instances where the guidance of the Code of Ethics may not be definitive.

This Code of Ethics is built upon the five roles of the physical therapist (management of patients/clients, consultation, education, research, and administration), the core values of the profession, and the multiple realms of ethical action (individual, organizational, and societal). Physical therapist practice is guided by a set of seven core values: accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility. Throughout the document the primary core values that support specific principles are indicated in parentheses. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the five roles of the physical therapist. Fundamental to the Code of Ethics is the special obligation of physical therapists to empower, educate, and enable those with impairments, activity limitations, participation restrictions, and disabilities to facilitate greater independence, health, wellness, and enhanced quality of life.

Principles

Principle #1: Physical therapists shall respect the inherent dignity and rights of all individuals.
(Core Values: Compassion, Integrity)

- 1A. Physical therapists shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.
- 1B. Physical therapists shall recognize their personal biases and shall not discriminate against others in physical therapist practice, consultation, education, research, and administration.

Principle #2: Physical therapists shall be trustworthy and compassionate in addressing the rights and needs of patients/clients.
(Core Values: Altruism, Compassion, Professional Duty)

- 2A. Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients/clients over the interests of the physical therapist.
- 2B. Physical therapists shall provide physical therapy services with compassionate and caring behaviors that incorporate the individual and cultural differences of patients/clients.
- 2C. Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapy care or participation in clinical research.

- 2D. Physical therapists shall collaborate with patients/clients to empower them in decisions about their health care.
- 2E. Physical therapists shall protect confidential patient/client information and may disclose confidential information to appropriate authorities only when allowed or as required by law.

Principle #3: Physical therapists shall be accountable for making sound professional judgments.
(Core Values: Excellence, Integrity)

- 3A. Physical therapists shall demonstrate independent and objective professional judgment in the patient's/client's best interest in all practice settings.
- 3B. Physical therapists shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice), practitioner experience, and patient/client values.
- 3C. Physical therapists shall make judgments within their scope of practice and level of expertise and shall communicate with, collaborate with, or refer to peers or other health care professionals when necessary.
- 3D. Physical therapists shall not engage in conflicts of interest that interfere with professional judgment.
- 3E. Physical therapists shall provide appropriate direction of and communication with physical therapist assistants and support personnel.

Principle #4: Physical therapists shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, research participants, other health care providers, employers, payers, and the public.

(Core Value: Integrity)

- 4A. Physical therapists shall provide truthful, accurate, and relevant information and shall not make misleading representations.
- 4B. Physical therapists shall not exploit persons over whom they have supervisory, evaluative or other authority (eg, patients/clients, students, supervisees, research participants, or employees).
- 4C. Physical therapists shall discourage misconduct by health care professionals and report illegal or unethical acts to the relevant authority, when appropriate.
- 4D. Physical therapists shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.
- 4E. Physical therapists shall not engage in any sexual relationship with any of their patients/clients, supervisees, or students.
- 4F. Physical therapists shall not harass anyone verbally, physically, emotionally, or sexually.

Principle #5: Physical therapists shall fulfill their legal and professional obligations.

(Core Values: Professional Duty, Accountability)

- 5A. Physical therapists shall comply with applicable local, state, and federal laws and regulations.
- 5B. Physical therapists shall have primary responsibility for supervision of physical therapist assistants and support personnel.
- 5C. Physical therapists involved in research shall abide by accepted standards governing protection of research participants.
- 5D. Physical therapists shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.
- 5E. Physical therapists who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.
- 5F. Physical therapists shall provide notice and information about alternatives for obtaining care in the event the physical therapist terminates the provider relationship while the patient/client continues to need physical therapy services.

Principle #6: Physical therapists shall enhance their expertise through the lifelong acquisition and refinement of knowledge, skills, abilities, and professional behaviors.

(Core Value: Excellence)

- 6A. Physical therapists shall achieve and maintain professional competence.

6B. Physical therapists shall take responsibility for their professional development based on critical self-assessment and reflection on changes in physical therapist practice, education, health care delivery, and technology.

6C. Physical therapists shall evaluate the strength of evidence and applicability of content presented during professional development activities before integrating the content or techniques into practice.

6D. Physical therapists shall cultivate practice environments that support professional development, lifelong learning, and excellence.

Principle #7: Physical therapists shall promote organizational behaviors and business practices that benefit patients/clients and society.

(Core Values: Integrity, Accountability)

7A. Physical therapists shall promote practice environments that support autonomous and accountable professional judgments.

7B. Physical therapists shall seek remuneration as is deserved and reasonable for physical therapist services.

7C. Physical therapists shall not accept gifts or other considerations that influence or give an appearance of influencing their professional judgment.

7D. Physical therapists shall fully disclose any financial interest they have in products or services that they recommend to patients/clients.

7E. Physical therapists shall be aware of charges and shall ensure that documentation and coding for physical therapy services accurately reflect the nature and extent of the services provided.

7F. Physical therapists shall refrain from employment arrangements, or other arrangements, that prevent physical therapists from fulfilling professional obligations to patients/clients.

Principle #8: Physical therapists shall participate in efforts to meet the health needs of people locally, nationally, or globally.

(Core Value: Social Responsibility)

8A. Physical therapists shall provide pro bono physical therapy services or support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.

8B. Physical therapists shall advocate to reduce health disparities and health care inequities, improve access to health care services, and address the health, wellness, and preventive health care needs of people.

8C. Physical therapists shall be responsible stewards of health care resources and shall avoid overutilization or underutilization of physical therapy services.

8D. Physical therapists shall educate members of the public about the benefits of physical therapy and the unique role of the physical therapist.

OCCUPATIONAL THERAPY CODE OF ETHICS (2005)

PREAMBLE

The American Occupational Therapy Association (AOTA) *Occupational Therapy Code of Ethics* (2005) is a public statement of principles used to promote and maintain high standards of conduct within the profession and is supported by the *Core Values and Attitudes of Occupational Therapy Practice* (AOTA, 1993). Members of AOTA are committed to promoting inclusion, diversity, independence, and safety for all recipients in various stages of life, health, and illness and to empower all beneficiaries of occupational therapy. This commitment extends beyond service recipients to include professional colleagues, students, educators, businesses, and the community.

Fundamental to the mission of the occupational therapy profession is the therapeutic use of everyday life activities (occupations) with individuals or groups for the purpose of participation in roles and situations in home, school, workplace, community, and other settings.

“Occupational therapy addresses the physical, cognitive, psychosocial, sensory and other aspects of performance in a variety of contexts to support engagement in everyday life activities that affect health, well being and quality of life” (*Definition of Occupational Therapy Practice for the AOTA Model Practice Act*, 2004). Occupational therapy personnel have an ethical responsibility first and foremost to recipients of service as well as to society.

The historical foundation of this Code is based on ethical reasoning surrounding practice and professional issues, as well as empathic reflection regarding these interactions with others. This reflection resulted in the establishment of principles that guide ethical action. Ethical action goes beyond rote following of rules or application of principles; rather it is a manifestation of moral character and mindful reflection. It is a commitment to beneficence for the sake of others, to virtuous practice of artistry and science, to genuinely good behaviors, and to noble acts of courage. It is an empathic way of being among others, which is made every day by all occupational therapy personnel.

The AOTA *Occupational Therapy Code of Ethics* (2005) is an aspirational guide to professional conduct when ethical issues surface. Ethical decision making is a process that includes awareness regarding how the outcome will impact occupational therapy clients in all spheres. Applications of Code principles are considered situation-specific and where a conflict exists, occupational therapy personnel will pursue responsible efforts for resolution.

The specific purpose of the AOTA *Occupational Therapy Code of Ethics* (2005) is to:

1. Identify and describe the principles supported by the occupational therapy profession

2. Educate the general public and members regarding established principles to which occupational therapy personnel are accountable
3. Socialize occupational therapy personnel new to the practice to expected standards of conduct
4. Assist occupational therapy personnel in recognition and resolution of ethical dilemmas

The AOTA *Occupational Therapy Code of Ethics (2005)* defines the set principles that apply to occupational therapy personnel at all levels:

Principle 1. Occupational therapy personnel shall demonstrate a concern for the safety and well-being of the recipients of their services. (BENEFICENCE)

Occupational therapy personnel shall:

- A. Provide services in a fair and equitable manner. They shall recognize and appreciate the cultural components of economics, geography, race, ethnicity, religious and political factors, marital status, age, sexual orientation, gender identity, and disability of all recipients of their services.
- B. Strive to ensure that fees are fair and reasonable and commensurate with services performed. When occupational therapy practitioners set fees, they shall set fees considering institutional, local, state, and federal requirements, and with due regard for the service recipient's ability to pay.
- C. Make every effort to advocate for recipients to obtain needed services through available means.
- D. Recognize the responsibility to promote public health and the safety and well-being of individuals, groups, and/or communities.

Principle 2. Occupational therapy personnel shall take measures to ensure a recipient's safety and avoid imposing or inflicting harm. (NONMALEFICENCE)

Occupational therapy personnel shall:

- A. Maintain therapeutic relationships that shall not exploit the recipient of services sexually, physically, emotionally, psychologically, financially, socially, or in any other manner.
- B. Avoid relationships or activities that conflict or interfere with therapeutic professional judgment and objectivity.
- C. Refrain from any undue influences that may compromise provision of service.

- D. Exercise professional judgment and critically analyze directives that could result in potential harm before implementation.
- E. Identify and address personal problems that may adversely impact professional judgment and duties.
- F. Bring concerns regarding impairment of professional skills of a colleague to the attention of the appropriate authority when or if attempts to address concerns are unsuccessful.

Principle 3. Occupational therapy personnel shall respect recipients to assure their rights. (AUTONOMY, CONFIDENTIALITY)

Occupational therapy personnel shall:

- A. Collaborate with recipients, and if they desire, families, significant others, and/or caregivers in setting goals and priorities throughout the intervention process, including full disclosure of the nature, risk, and potential outcomes of any interventions.
- B. Obtain informed consent from participants involved in research activities and ensure that they understand potential risks and outcomes.
- C. Respect the individual's right to refuse professional services or involvement in research or educational activities.
- D. Protect all privileged confidential forms of written, verbal, and electronic communication gained from educational, practice, research, and investigational activities unless otherwise mandated by local, state, or federal regulations.

Principle 4. Occupational therapy personnel shall achieve and continually maintain high standards of competence. (DUTY).

Occupational therapy personnel shall:

- A. Hold the appropriate national, state, or any other requisite credentials for the services they provide.
- B. Conform to AOTA standards of practice, and official documents.
- C. Take responsibility for maintaining and documenting competence in practice, education, and research by participating in professional development and educational activities.

- D. Be competent in all topic areas in which they provide instruction to consumers, peers, and/or students.
- E. Critically examine available evidence so they may perform their duties on the basis of current information.
- F. Protect service recipients by ensuring that duties assumed by or assigned to other occupational therapy personnel match credentials, qualifications, experience, and scope of practice.
- G. Provide appropriate supervision to individuals for whom they have supervisory responsibility in accordance with Association official documents, local, state, and federal or national laws and regulations, and institutional policies and procedures.
- H. Refer to or consult with other service providers whenever such a referral or consultation would be helpful to the care of the recipient of service. The referral or consultation process shall be done in collaboration with the recipient of service.

Principle 5. Occupational therapy personnel shall comply with laws and Association policies guiding the profession of occupational therapy. (PROCEDURAL JUSTICE)
Occupational therapy personnel shall:

- A. Familiarize themselves with and seek to understand and abide by institutional rules, applicable Association policies; local, state, and federal/national/international laws.
- B. Be familiar with revisions in those laws and Association policies that apply to the profession of occupational therapy and shall inform employers, employees, and colleagues of those changes.
- C. Encourage those they supervise in occupational therapy-related activities to adhere to the Code.
- D. Take reasonable steps to ensure employers are aware of occupational therapy's ethical obligations, as set forth in this Code, and of the implications of those obligations for occupational therapy practice, education, and research.
- E. Record and report in an accurate and timely manner all information related to professional activities.

Principle 6. Occupational therapy personnel shall provide accurate information when representing the profession. (VERACITY)

Occupational therapy personnel shall:

- A. Represent their credentials, qualifications, education, experience, training, and competence accurately. This is of particular importance for those to whom occupational therapy personnel provide their services or with whom occupational therapy personnel have a professional relationship.
- B. Disclose any professional, personal, financial, business, or volunteer affiliations that may pose a conflict of interest to those with whom they may establish a professional, contractual, or other working relationship.
- C. Refrain from using or participating in the use of any form of communication that contains false, fraudulent, deceptive, or unfair statements or claims.
- D. Identify and fully disclose to all appropriate persons errors that compromise recipients' safety.
- E. Accept responsibility for their professional actions that reduce the public's trust in occupational therapy services and those that perform those services.

Principle 7. Occupational therapy personnel shall treat colleagues and other professionals with respect, fairness, discretion, and integrity. (FIDELITY)

Occupational therapy personnel shall:

- A. Preserve, respect, and safeguard confidential information about colleagues and staff, unless otherwise mandated by national, state, or local laws.
- B. Accurately represent the qualifications, views, contributions, and findings of colleagues.
- C. Take adequate measures to discourage, prevent, expose, and correct any breaches of the Code and report any breaches of the Code to the appropriate authority.
- D. Avoid conflicts of interest and conflicts of commitment in employment and volunteer roles.
- E. Use conflict resolution and/or alternative dispute resolution resources to resolve organizational and interpersonal conflicts.
- F. Familiarize themselves with established policies and procedures for handling concerns about this Code, including familiarity with national, state, local, district, and territorial procedures for handling ethics complaints. These include policies and procedures created by AOTA, licensing and regulatory bodies, employers, agencies, certification boards, and other organizations having jurisdiction over occupational therapy practice.

Note. This *AOTA Occupational Therapy Code of Ethics* is one of three documents that constitute the *Ethics Standards*. The other two are the *Core Values and Attitudes of Occupational Therapy Practice* (1993) and the *Guidelines to the Occupational Therapy Code of Ethics* (2000).

Glossary

Autonomy—The right of an individual to self-determination. The ability to independently act on one's decisions for their own well-being (Beauchamp & Childress, 2001)

Beneficence—Doing good for others or bringing about good for them. The duty to confer benefits to others

Confidentiality—Not disclosing data or information that should be kept private to prevent harm and to abide by policies, regulations, and laws

Dilemma—A situation in which one moral conviction or right action conflicts with another. It exists because there is no one, clear-cut, right answer

Duty—Actions required of professionals by society or actions that are self-imposed

Ethics—A systematic study of morality (i.e., rules of conduct that are grounded in philosophical principles and theory)

Fidelity—Faithfully fulfilling vows and promises, agreements, and discharging fiduciary responsibilities (Beauchamp & Childress, 2001)

Justice—Three types of justice are

Compensatory—Making reparation for wrongs that have been done

Distributive justice—The act of distributing goods and burdens among members of society

Procedural justice—Assuring that processes are organized in a fair manner and policies or laws are followed

Morality—Personal beliefs regarding values, rules, and principles of what is right or wrong. Morality may be culture-based or culture-driven

Nonmaleficence—Not harming or causing harm to be done to oneself or others the duty to ensure that no harm is done

Veracity—A duty to tell the truth; avoid deception

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Note. This document replaces the 2000 document, *Occupational Therapy Code of Ethics (2000)* (*American Journal of Occupational Therapy*, 54, 614–616).

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Core Values and Attitudes of Occupational Therapy Practice

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for Standards and Ethics Commission - Ruth A. Hansen, PhD, OT,
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Introduction

In 1985, the American Occupational Therapy Association funded the Professional and Technical Role Analysis Study (PATRA). This study had two purposes: to delineate the entry-level practice of OTs and OTAs through a role analysis and to conduct a task inventory of what practitioners actually do. Knowledge, skills, and attitude statements were to be developed to provide a basis for the role analysis. The PATRA study completed the knowledge and skills statements. The Executive Board subsequently charged the Standards and Ethics Commission (SEC) to develop a statement that would describe the attitudes and values that undergird the profession of occupational therapy. The SEC wrote this document for use by AOTA members.

The list of terms used in this statement was originally constructed by the American Association of Colleges of Nursing (AACN) (1986). The PATRA committee analyzed the knowledge statements that the committee had written and selected those terms from the AACN list that best identified the values and attitudes of our profession. This list of terms was then forwarded to SEC by the PATRA Committee to use as the basis for the Core Values and Attitudes paper.

The development of this document is predicated on the assumption that the values of occupational therapy are evident in the official documents of the American Occupational Therapy Association. The official documents that were examined are: (1) "Dictionary Definition of Occupational Therapy" (April 1986), (2) *The Philosophical Base of Occupational Therapy* (AOTA, Resolution C #531-79), (3) *Essentials and Guidelines for an Accredited Educational Program for the Occupational Therapist* (AOTA, 1991a), (4) *Essentials and Guidelines for an Accredited Educational Program for the Occupational Therapy Assistant* (AOTA, 1991b), and (5) *Occupational Therapy Code of Ethics* (AOTA, 1988). It is further assumed that these documents are

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representative of the values and beliefs reflected in other occupational therapy literature.

A **value** is defined as a belief or an ideal to which an individual is committed. Values are an important part of the base or foundation of a profession. Ideally, these values are embraced by all members of the profession and are reflected in the members' interactions with those persons receiving services, colleagues, and the society at large. Values have a central role in a profession, and are developed and reinforced throughout an individual's life as a student and as a professional.

Actions and attitudes reflect the values of the individual. An attitude is the disposition to respond positively or negatively toward an object, person, concept, or situation. Thus, there is an assumption that all professional actions and interactions are rooted in certain core values and beliefs.

Seven Core Concepts

In this document, the **core values and attitudes** of occupational therapy are organized around seven basic concepts--altruism, equality, freedom, justice, dignity, truth, and prudence. How these core values and attitudes are expressed and implemented by occupational therapy practitioners may vary depending upon the environments and situations in which professional activity occurs.

Altruism is the unselfish concern for the welfare of others. This concept is reflected in actions and attitudes of commitment, caring, dedication, responsiveness, and understanding.

Equality requires that all individuals be perceived as having the same fundamental human rights and opportunities. This value is demonstrated by an attitude of fairness and impartiality. We believe that we should respect all individuals, keeping in mind that they may have values, beliefs, or life styles that are different from our own. Equality is practiced in the broad professional arena, but is particularly important in day-to-day interactions with those individuals receiving occupational therapy services.

Freedom allows the individual to exercise choice and to demonstrate independence, initiative, and self-direction. There is a need for all individuals to find a balance between autonomy and societal membership that is reflected in the choice of various patterns of interdependence with the human and nonhuman environment. We believe that individuals are internally and externally motivated toward action in a continuous process of adaptation throughout the life span. Purposeful activity plays a major role in developing and exercising self-direction, initiative, interdependence, and relatedness to the world. Activities verify the individual's ability to adapt, and they establish a satisfying balance between autonomy and societal membership. As professionals, we affirm the freedom of choice for each individual to pursue goals that have personal and social meaning.

Justice places value on the upholding of such moral and legal principles

as fairness, equity, truthfulness, and objectivity. This means we aspire to provide occupational therapy services for all individuals who are in need of these services and that we will maintain a goal-directed and objective relationship with all those served. Practitioners must be knowledgeable about and have respect for the legal rights of individuals receiving occupational therapy services. In addition, the occupational therapy practitioner must understand and abide by the local, state, and federal laws governing professional practice.

Dignity emphasizes the importance of valuing the inherent worth and uniqueness of each person. This value is demonstrated by an attitude of empathy and respect for self and others. We believe that each individual is a unique combination of biologic endowment, sociocultural heritage, and life experiences. We view human beings holistically, respecting the unique interaction of the mind, body, and physical and social environment. We believe that dignity is nurtured and grows from the sense of competence and self-worth that is integrally linked to the person's ability to perform valued and relevant activities. In occupational therapy we emphasize the importance of dignity by helping the individual build on his or her unique attributes and resources.

Truth requires that we be faithful to facts and reality. Truthfulness or veracity is demonstrated by being accountable, honest, forthright, accurate, and authentic in our attitudes and actions. There is an obligation to be truthful with ourselves, those who receive services, colleagues, and society. One way that this is exhibited is through maintaining and upgrading professional competence. This happens, in part, through an unfaltering commitment to inquiry and learning, to self-understanding and to the development of an interpersonal competence.

Prudence is the ability to govern and discipline oneself through the use of reason. To be prudent is to value judiciousness, discretion, vigilance, moderation, care, and circumspection in the management of one's affairs, to temper extremes, make judgments and respond on the basis of intelligent reflection and rational thought.

Summary

Beliefs and values are those intrinsic concepts that underlie the core of the profession and the professional interactions of each practitioner. These values describe the profession's philosophy and provide the basis for defining purpose. The emphasis or priority that is given to each value may change as one's professional career evolves and as the unique characteristics of a situation unfold. This evolution of values is developmental in nature. Although we have basic values that cannot be violated, the degree to which certain values will take priority at a given time is influenced by the specifics situation and the environment in which it occurs. In one instance dignity may be a higher priority than truth; in another prudence may be chosen over freedom. As we process information and make decisions, the weight of the values that we hold may change. The practitioner faces dilemmas because of conflicting values and is required to engage in thoughtful deliberation to determine where the priority lies in a given situation.

The challenge for us all is to know our values, be able to make reasoned choices in situations of conflict, and be able to clearly articulate and defend our choices. At the same time, it is important that all members of the profession be committed to a set of common values. This mutual commitment to a set of beliefs and principles that govern our practice can provide a basis for clarifying expectations between the recipient and the provider of services. Shared values empowers the profession and, in addition, builds trust among ourselves and with others.

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Guidelines to the *Occupational Therapy Code of Ethics*

Professional Behaviors

Principles From Code

1. HONESTY: Professionals must be honest with themselves, must be honest with all whom they come in contact with, and must know their strengths and limitations.

1.1. In education, research, practice, and leadership roles, individuals must be honest in receiving and disseminating information by providing opportunities for informed consent and for discussion of available options.

Veracity

1.2. Occupational therapy practitioners must be certain that informed consent has been obtained prior to the initiation of services, including evaluation. If the service recipient cannot give informed consent, the practitioner must be sure that consent has been obtained from the person who is legally responsible for the service recipient.

Autonomy, Veracity

1.3. Occupational therapy practitioners must be truthful about their individual competencies as well as the competence of those under their supervision. In some cases the therapist may need to refer the client to another professional to assure that the most appropriate services are provided.

Duty, Veracity

1.4. Referrals to other health care specialists shall be based exclusively on the other provider's competence and ability to provide the needed service.

Beneficence

1.5. All documentation must accurately reflect the nature and quantity of services provided.

Veracity

1.6. Occupational therapy practitioners terminate services when they do not meet the needs and goals of the recipient or when services no longer produce a measurable outcome.

Procedural Justice,
Beneficence

1.7. All marketing and advertising must be truthful and carefully presented to avoid misleading the client or the public.

Veracity

1.8. All occupational therapy personnel shall accurately represent their credentials and roles.

Veracity

<p>1.9. Occupational therapy personnel shall not use funds for unintended purposes or misappropriate funds.</p>	<p>Duty, Veracity</p>
<p>2. COMMUNICATION: <i>Communication is important in all aspects of occupational therapy. Individuals must be conscientious and truthful in all facets of written, verbal, and electronic communication.</i></p>	
<p>2.1. Occupational therapy personnel do not make deceptive, fraudulent, or misleading statements about the nature of the services they provide or the outcomes that can be expected.</p>	<p>Veracity</p>
<p>2.2. Professional contracts for occupational therapy services shall explicitly describe the type and duration of services as well as the duties and responsibilities of all involved parties.</p>	<p>Veracity, Procedural Justice</p>
<p>2.3. Documentation for reimbursement purposes shall be done in accordance with applicable laws, guidelines, and regulations.</p>	<p>Veracity, Procedural Justice</p>
<p>2.4. Documentation shall accurately reflect the services delivered and the outcomes. It shall be of the kind and quality that satisfies the scrutiny of peer reviews, legal proceedings, payers, regulatory bodies, and accrediting agencies.</p>	<p>Veracity, Procedural Justice, Duties</p>
<p>2.5. Occupational therapy personnel must be honest in gathering and giving fact-based information regarding job performance and fieldwork performance. Information given shall be timely and truthful, accurate, and respectful of all parties involved.</p>	<p>Veracity, Fidelity</p>
<p>2.6. Documentation for supervisory purposes shall accurately reflect the factual components of the interactions and the expected outcomes.</p>	<p>Veracity</p>
<p>2.7. Occupational therapy personnel must give credit and recognition when using the work of others.</p>	<p>Veracity, Procedural Justice</p>
<p>2.8. Occupational therapy personnel do not fabricate data, falsify information, or plagiarize.</p>	<p>Veracity, Procedural Justice</p>
<p>2.9. Occupational therapy personnel refrain from using biased or derogatory language in written, verbal, and electronic communication about clients, students, research participants, and colleagues.</p>	<p>Nonmaleficence, Fidelity</p>

<p>2.10. Occupational therapy personnel who provide information through oral and written means shall emphasize that ethical and appropriate service delivery for clients cannot be done without proper individualized evaluations and plans of care.</p>	<p>Beneficence</p>
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3. ENSURING THE COMMON GOOD: *Occupational therapy personnel are expected to increase awareness of the profession’s social responsibilities to help ensure the common good.*

<p>3.1. Occupational therapy personnel take steps to make sure that employers are aware of the ethical principles of the profession and occupational therapy personnel’s obligation to adhere to those ethical principles.</p>	<p>Duty</p>
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<p>3.2. Occupational therapy personnel shall be diligent stewards of human, financial, and material resources of their employers. They shall refrain from exploiting these resources for personal gain.</p>	<p>Fidelity</p>
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<p>3.3. Occupational therapy personnel should actively work with their employer to prevent discrimination and unfair labor practices. They should also advocate for employees with disabilities to ensure the provision of reasonable accommodations.</p>	<p>Procedural Justice</p>
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<p>3.4. Occupational therapy personnel should actively participate with their employer in the formulation of policies and procedures. They should do this to ensure that these policies and procedures are legal, in accordance with regulations governing aspects of practice, and consistent with the AOTA <i>Occupational Therapy Code of Ethics</i>.</p>	<p>Procedural Justice</p>
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<p>3.5. Occupational therapy personnel in educational settings are responsible for promoting ethical conduct by students, faculty, and fieldwork colleagues.</p>	<p>Duty, Fidelity</p>
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<p>3.6. Occupational therapy personnel involved in or preparing to be involved in research, including education and policy research, need to obtain all necessary approvals prior to initiating research.</p>	<p>Procedural Justice</p>
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4. COMPETENCE: *Occupational therapy personnel are expected to work within their areas of competence and to pursue opportunities to update, increase, and expand their competence.*

<p>4.1. Occupational therapy personnel developing new areas of competence (skills, techniques, approaches) must engage in appropriate study and training, under appropriate supervision, before incorporating new areas into their practice.</p>	<p>Duty</p>
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<p>4.2. When generally recognized standards do not exist in emerging areas of practice, occupational therapy personnel must take responsible steps to ensure their own competence.</p>	<p>Duty</p>
<p>4.3. Occupational therapy personnel shall develop an understanding and appreciation for different cultures in order to be able to provide culturally competent service. Culturally competent practitioners are aware of how service delivery can be affected by economic, age, ethnic, racial, geographic, gender, gender identity, religious, and political factors, as well as marital status, sexual orientation, and disability.</p>	<p>Beneficence, Duty</p>
<p>4.4. In areas where the ability to communicate with the client is limited (e.g., aphasia, different language, literacy), occupational therapy personnel shall take appropriate steps to facilitate meaningful communication and comprehension.</p>	<p>Autonomy</p>
<p>4.5. Occupational therapy personnel must ensure that skilled occupational therapy interventions or techniques are only performed by qualified persons.</p>	<p>Duty, Beneficence, Nonmaleficence</p>
<p>4.6. Occupational therapy administrators (academic, research, and clinical) are responsible for ensuring the competence and qualifications of personnel in their employment.</p>	<p>Beneficence, Nonmaleficence</p>
<p>5. CONFIDENTIAL AND PROTECTED INFORMATION: <i>Information that is confidential must remain confidential. This information cannot be shared verbally, electronically, or in writing without appropriate consent. Information must be shared on a need-to-know basis only with those having primary responsibilities for decision making.</i></p>	
<p>5.1. All occupational therapy personnel shall respect the confidential nature of information gained in any occupational therapy interaction. The only exceptions are when a practitioner or staff member believes that an individual is in serious, foreseeable, or imminent harm. In this instance, laws and regulations require disclosure to appropriate authorities without consent.</p>	<p>Confidentiality</p>
<p>5.2. Occupational therapy personnel shall respect the clients' and colleagues' right to privacy.</p>	<p>Confidentiality</p>
<p>5.3. Occupational therapy personnel shall maintain the confidentiality of all verbal, written, electronic, augmentative, and non-verbal communications (e.g., HIPAA).</p>	<p>Confidentiality</p>

6. CONFLICT OF INTEREST: *Avoidance of real or perceived conflict of interest is imperative to maintaining the integrity of interactions.*

6.1. Occupational therapy personnel shall be alert to and avoid any action that would interfere with the exercise of impartial professional judgment during the delivery of occupational therapy services.	Nonmaleficence
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6.2. Occupational therapy personnel shall not take advantage of or exploit anyone to further their own personal interests.	Nonmaleficence
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6.3. Gifts and remuneration from individuals, agencies, or companies must be reported in accordance with employer policies as well as state and federal guidelines.	Veracity, Procedural Justice
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6.4. Occupational therapy personnel shall not accept obligations or duties that may compete with or be in conflict with their duties to their employers.	Veracity, Fidelity
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6.5. Occupational therapy personnel shall not use their position or the knowledge gained from their position in such a way that knowingly gives rise to real or perceived conflict of interest between themselves and their employers, other association members or bodies, and/or other organizations.	Veracity, Fidelity
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7. IMPAIRED PRACTITIONER: *Occupational therapy personnel who cannot competently perform their duties after reasonable accommodation are considered to be impaired. The occupational therapy practitioner's basic duty to students, patients, colleagues, and research subjects is to ensure that no harm is done. It is difficult to report a professional colleague who is impaired. The motive for this action must be to provide for the protection and safety of all, including the person who is impaired.*

7.1. Occupational therapy personnel shall be aware of their own personal problems and limitations that may interfere with their ability to perform their job competently. They should know when these problems have the potential for causing harm to clients, colleagues, students, research participants, or others.	Nonmaleficence
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7.2. The individual should seek the appropriate professional help and take steps to remedy personal problems and limitations that interfere with job performance.	Nonmaleficence
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7.3. Occupational therapy personnel who believe that a colleague's impairment interferes with safe and effective practice should,	Nonmaleficence
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when possible, discuss their questions and concerns with the individual and assist their colleague in seeking appropriate help or treatment.

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| <p>7.4. When efforts to assist an impaired colleague fail, the occupational therapy practitioner is responsible for reporting the individual to the appropriate authority (e.g., employer, agency, licensing or regulatory board, certification body, professional organization).</p> | <p>Nonmaleficence</p> |
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8. SEXUAL RELATIONSHIPS: *Sexual relationships that occur during any professional interaction are forms of misconduct.*

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| <p>8.1. Because of potential coercion or harm to former clients, students, or research participants, occupational therapy practitioners are responsible for ensuring that the individual with whom they enter into a romantic/sexual relationship has not been coerced or exploited in any way.</p> | <p>Nonmaleficence</p> |
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| <p>8.2. Sexual relationships with current clients, employees, students, or research participants are not permissible, even if the relationship is consensual.</p> | <p>Nonmaleficence</p> |
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| <p>8.3. Occupational therapy personnel must not sexually harass any persons.</p> | <p>Nonmaleficence</p> |
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| <p>8.4. Occupational therapy personnel have full responsibility to set clear and appropriate boundaries in their professional interactions.</p> | <p>Nonmaleficence</p> |
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9. PAYMENT FOR SERVICES AND OTHER FINANCIAL ARRANGEMENTS: *Occupational therapy personnel shall not guarantee or promise specific outcomes for occupational therapy services. Payment for occupational therapy services shall not be contingent on successful outcomes.*

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| <p>9.1. Occupational therapy personnel shall only collect fees legally. Fees shall be fair and reasonable and commensurate with services delivered.</p> | <p>Procedural Justice</p> |
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| <p>9.2. Occupational therapy personnel do not ordinarily participate in bartering for services because of potential exploitation and conflict of interest. However, such an arrangement may be appropriate if it is not clinically contraindicated, if the relationship is not exploitative, and if bartering is a culturally appropriate custom.</p> | <p>Beneficence</p> |
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| <p>9.3. Occupational therapy practitioners can render pro bono (“for the</p> | <p>Beneficence,</p> |
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<p>good,” free of charge) or reduced fee occupational therapy services for selected individuals only when consistent with guidelines of the business/facility, third-party payer or government agency.</p>	<p>Procedural Justice</p>
<p>9.4. Occupational therapy personnel may engage in volunteer activities to improve access to occupational therapy or by providing individual service and expertise to charitable organizations.</p>	<p>Beneficence</p>
<p>9.5. Occupational therapy personnel who participate in a business arrangement as owner, stockholder, partner, or employee have an obligation to maintain the ethical principles and standards of the profession. They also shall refrain from working for or doing business with organizations that engage in illegal or unethical business practices (e.g., fraudulent billing).</p>	<p>Procedural Justice</p>
<p>10. RESOLVING ETHICAL ISSUES: <i>Occupational therapy personnel should utilize any and all resources available to them to identify and resolve conflicts and/or ethical dilemmas.</i></p>	
<p>10.1. Occupational therapy personnel are obligated to be familiar with the Code and its application to their respective work environments. Occupational therapy practitioners are expected to share the Code with their employer and other employees and colleagues. Lack of familiarity with and knowledge of the Code is not an excuse or a defense against a charge of ethical misconduct.</p>	<p>Duty</p>
<p>10.2. Occupational therapy personnel who are uncertain of whether a specific action would violate the Code have a responsibility to consult with knowledgeable individuals, ethics committees, or other appropriate authorities.</p>	<p>Duty</p>
<p>10.3. When conflicts occur in professional organizations, members must clarify the nature of the conflict and, where possible, seek to resolve the conflict in a way that permits the fullest adherence to the <i>Code</i>.</p>	<p>Fidelity</p>
<p>10.4. Occupational therapy personnel shall attempt to resolve perceived violations of the Code within institutions by utilizing internal resources.</p>	<p>Fidelity</p>
<p>10.5. If the informal resolution is not appropriate or is not effective, the next step is to take action by consultation with or referral to institutional, local, district, territorial, state, or national groups who have jurisdiction over occupational therapy practice.</p>	<p>Fidelity</p>

10.6. Occupational therapy personnel shall cooperate with ethics committee proceedings and comply with resulting requirements. Failure to cooperate is, in itself, an ethical violation. Procedural Justice

10.7. Occupational therapy personnel shall only file formal ethics complaints aimed at protecting the public or promoting professional conduct rather than harming or discrediting a colleague. Fidelity

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AMERICAN
SPEECH-LANGUAGE-
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Code of Ethics

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Preamble

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by speech-language pathologists, audiologists, and speech, language, and hearing scientists. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose.

Every individual who is (a) a member of the American Speech-Language-Hearing Association, whether certified or not, (b) a nonmember holding the Certificate of Clinical Competence from the Association, (c) an applicant for membership or certification, or (d) a Clinical Fellow seeking to fulfill standards for certification shall abide by this Code of Ethics.

Any violation of the spirit and purpose of this Code shall be considered unethical. Failure to specify any particular responsibility or practice in this Code of Ethics shall not be construed as denial of the existence of such responsibilities or practices.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics as they relate to the responsibility to persons served, the public, speech-language pathologists, audiologists, and speech, language, and hearing scientists, and to the conduct of research and scholarly activities.

Principles of Ethics, aspirational and inspirational in nature, form the underlying moral basis for the Code of Ethics. Individuals shall observe these principles as affirmative obligations under all conditions of professional activity.

Rules of Ethics are specific statements of minimally acceptable professional conduct or of prohibitions and are applicable to all individuals.

Principle of Ethics I

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

Rules of Ethics

- A. Individuals shall provide all services competently.
- B. Individuals shall use every resource, including referral when appropriate, to ensure that high-quality service is provided.
- C. Individuals shall not discriminate in the delivery of professional services or the conduct of research and scholarly activities on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.
- D. Individuals shall not misrepresent the credentials of assistants, technicians, support personnel, students, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name and professional credentials of persons providing services.
- E. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, and judgment that are within the scope of their profession to assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.

- F. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services to assistants, technicians, support personnel, or any other persons only if those services are appropriately supervised, realizing that the responsibility for client welfare remains with the certified individual.
- G. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession to students only if those services are appropriately supervised. The responsibility for client welfare remains with the certified individual.
- H. Individuals shall fully inform the persons they serve of the nature and possible effects of services rendered and products dispensed, and they shall inform participants in research about the possible effects of their participation in research conducted.
- I. Individuals shall evaluate the effectiveness of services rendered and of products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.
- J. Individuals shall not guarantee the results of any treatment or procedure, directly or by implication; however, they may make a reasonable statement of prognosis.
- K. Individuals shall not provide clinical services solely by correspondence.
- L. Individuals may practice by telecommunication (e.g., telehealth/e-health), where not prohibited by law.
- M. Individuals shall adequately maintain and appropriately secure records of professional services rendered, research and scholarly activities conducted, and products dispensed, and they shall allow access to these records only when authorized or when required by law.
- N. Individuals shall not reveal, without authorization, any professional or personal information about identified persons served professionally or identified participants involved in research and scholarly activities unless doing so is necessary to protect the welfare of the person or of the community or is otherwise required by law.
- O. Individuals shall not charge for services not rendered, nor shall they misrepresent services rendered, products dispensed, or research and scholarly activities conducted.
- P. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if their participation is voluntary, without coercion, and with their informed consent.
- Q. Individuals whose professional services are adversely affected by substance abuse or other health-related conditions shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.
- R. Individuals shall not discontinue service to those they are serving without providing reasonable notice.

Principle of Ethics II

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

Rules of Ethics

- A. Individuals shall engage in the provision of clinical services only when they hold the appropriate Certificate of Clinical Competence or when they are in the certification process and are supervised by an individual who holds the appropriate Certificate of Clinical Competence.
- B. Individuals shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their level of education, training, and experience.
- C. Individuals shall engage in lifelong learning to maintain and enhance professional competence and performance.
- D. Individuals shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's competence, level of education, training, and experience.
- E. Individuals shall ensure that all equipment used to provide services or to conduct research and scholarly activities is in proper working order and is properly calibrated.

**Principle of Ethics
III**

Individuals shall honor their responsibility to the public by promoting public understanding of the professions, by supporting the development of services designed to fulfill the unmet needs of the public, and by providing accurate information in all communications involving any aspect of the professions, including the dissemination of research findings and scholarly activities, and the promotion, marketing, and advertising of products and services.

Rules of Ethics

- A. Individuals shall not misrepresent their credentials, competence, education, training, experience, or scholarly or research contributions.
- B. Individuals shall not participate in professional activities that constitute a conflict of interest.
- C. Individuals shall refer those served professionally solely on the basis of the interest of those being referred and not on any personal interest, financial or otherwise.
- D. Individuals shall not misrepresent research, diagnostic information, services rendered, results of services rendered, products dispensed, or the effects of products dispensed.
- E. Individuals shall not defraud or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants for services rendered, research conducted, or products dispensed.
- F. Individuals' statements to the public shall provide accurate information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.
- G. Individuals' statements to the public when advertising, announcing, and marketing their professional services; reporting research results; and promoting products shall adhere to professional standards and shall not contain misrepresentations.

Principle of Ethics IV

Individuals shall honor their responsibilities to the professions and their relationships with colleagues, students, and members of other professions and disciplines.

Rules of Ethics

- A. Individuals shall uphold the dignity and autonomy of the professions, maintain harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.
- B. Individuals shall prohibit anyone under their supervision from engaging in any practice that violates the Code of Ethics.
- C. Individuals shall not engage in dishonesty, fraud, deceit, or misrepresentation.
- D. Individuals shall not engage in any form of unlawful harassment, including sexual harassment or power abuse.
- E. Individuals shall not engage in any other form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
- F. Individuals shall not engage in sexual activities with clients, students, or research participants over whom they exercise professional authority or power.
- G. Individuals shall assign credit only to those who have contributed to a publication, presentation, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
- H. Individuals shall reference the source when using other persons' ideas, research, presentations, or products in written, oral, or any other media presentation or summary.
- I. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.
- J. Individuals shall not provide professional services without exercising independent professional judgment, regardless of referral source or prescription.
- K. Individuals shall not discriminate in their relationships with colleagues, students, and members of other professions and disciplines on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.
- L. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation, nor should the Code of Ethics be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.
- M. Individuals who have reason to believe that the Code of Ethics has been violated shall inform the Board of Ethics.
- N. Individuals shall comply fully with the policies of the Board of Ethics in its consideration and adjudication of complaints of violations of the Code of Ethics.



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

Scope of Practice in Speech-Language Pathology

Ad Hoc Committee on the Scope of Practice in Speech-Language Pathology

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About This Document

This scope of practice document is an official policy of the American Speech-Language-Hearing Association (ASHA) defining the breadth of practice within the profession of speech-language pathology. This document was developed by the ASHA Ad Hoc Committee on the Scope of Practice in Speech-Language Pathology. Committee members were Kenn Apel (chair), Theresa E. Bartolotta, Adam A. Brickell, Lynne E. Hewitt, Ann W. Kummer, Luis F. Riquelme, Jennifer B. Watson, Carole Zangari, Brian B. Shulman (vice president for professional practices in speech-language pathology), Lemmietta McNeilly (ex officio), and Diane R. Paul (consultant). This document was approved by the ASHA Legislative Council on September 4, 2007 (LC 09-07).

Introduction

The *Scope of Practice in Speech-Language Pathology* includes a statement of purpose, a framework for research and clinical practice, qualifications of the speech-language pathologist, professional roles and activities, and practice settings. The speech-language pathologist is the professional who engages in clinical services, prevention, advocacy, education, administration, and research in the areas of communication and swallowing across the life span from infancy through geriatrics. Given the diversity of the client population, ASHA policy requires that these activities are conducted in a manner that takes into consideration the impact of culture and linguistic exposure/acquisition and uses the best available evidence for practice to ensure optimal outcomes for persons with communication and/or swallowing disorders or differences.

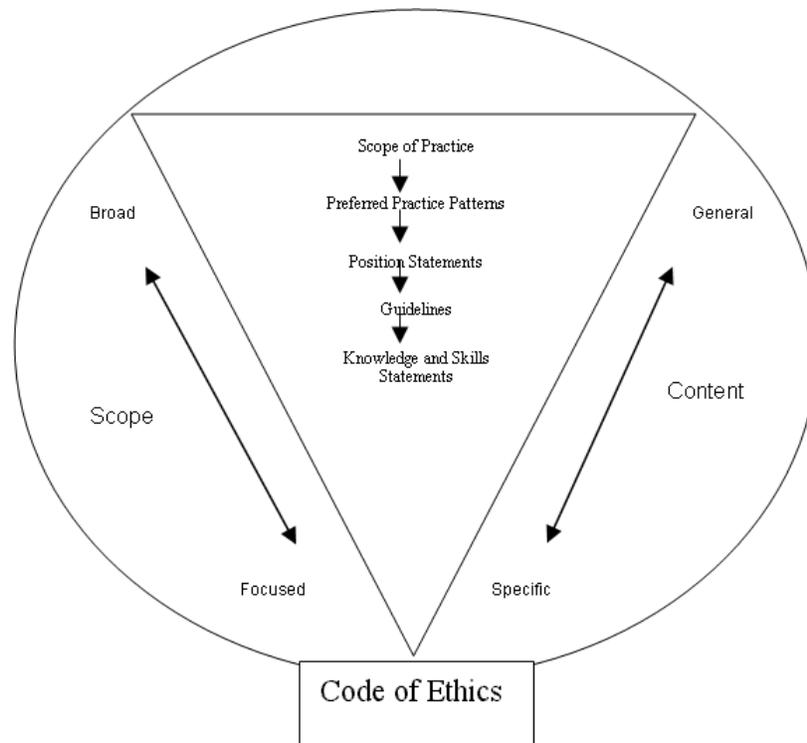
As part of the review process for updating the *Scope of Practice in Speech-Language Pathology*, the committee made changes to the previous scope of practice document that reflected recent advances in knowledge, understanding, and research in the discipline. These changes included acknowledging roles and responsibilities that were not mentioned in previous iterations of the *Scope of Practice* (e.g., funding issues, marketing of services, focus on emergency responsiveness, communication wellness). The revised document also was framed squarely on two guiding principles: evidence-based practice and cultural and linguistic diversity.

Statement of Purpose

The purpose of this document is to define the *Scope of Practice in Speech-Language Pathology* to

1. delineate areas of professional practice for speech-language pathologists;
2. inform others (e.g., health care providers, educators, other professionals, consumers, payers, regulators, members of the general public) about professional services offered by speech-language pathologists as qualified providers;
3. support speech-language pathologists in the provision of high-quality, evidence-based services to individuals with concerns about communication or swallowing;
4. support speech-language pathologists in the conduct of research;
5. provide guidance for educational preparation and professional development of speech-language pathologists.

Figure 1. Conceptual Framework of ASHA Practice Documents



This document describes the breadth of professional practice offered within the profession of speech-language pathology. Levels of education, experience, skill, and proficiency with respect to the roles and activities identified within this scope of practice document vary among individual providers. A speech-language pathologist typically does not practice in all areas of the field. As the ASHA Code of Ethics specifies, individuals may practice only in areas in which they are competent (i.e., individuals' scope of competency), based on their education, training, and experience.

In addition to this scope of practice document, other ASHA documents provide more specific guidance for practice areas. Figure 1 illustrates the relationship between the ASHA Code of Ethics, the *Scope of Practice*, and specific practice documents. As shown, the ASHA Code of Ethics sets forth the fundamental principles and rules considered essential to the preservation of the highest standards of integrity and ethical conduct in the practice of speech-language pathology.

Speech-language pathology is a dynamic and continuously developing profession. As such, listing specific areas within this *Scope of Practice* does not exclude emerging areas of practice. Further, speech-language pathologists may provide additional professional services (e.g., interdisciplinary work in a health care setting, collaborative service delivery in schools, transdisciplinary practice in early intervention settings) that are necessary for the well-being of the individual(s) they

**Framework for
Research and
Clinical Practice**

are serving but are not addressed in this *Scope of Practice*. In such instances, it is both ethically and legally incumbent upon professionals to determine whether they have the knowledge and skills necessary to perform such services.

This scope of practice document does not supersede existing state licensure laws or affect the interpretation or implementation of such laws. It may serve, however, as a model for the development or modification of licensure laws.

The overall objective of speech-language pathology services is to optimize individuals' ability to communicate and swallow, thereby improving quality of life. As the population profile of the United States continues to become increasingly diverse (U.S. Census Bureau, 2005), speech-language pathologists have a responsibility to be knowledgeable about the impact of these changes on clinical services and research needs. Speech-language pathologists are committed to the provision of culturally and linguistically appropriate services and to the consideration of diversity in scientific investigations of human communication and swallowing. For example, one aspect of providing culturally and linguistically appropriate services is to determine whether communication difficulties experienced by English language learners are the result of a communication disorder in the native language or a consequence of learning a new language.

Additionally, an important characteristic of the practice of speech-language pathology is that, to the extent possible, clinical decisions are based on best available evidence. ASHA has defined evidence-based practice in speech-language pathology as an approach in which current, high-quality research evidence is integrated with practitioner expertise and the individual's preferences and values into the process of clinical decision making (ASHA, 2005). A high-quality basic, applied, and efficacy research base in communication sciences and disorders and related fields of study is essential to providing evidence-based clinical practice and quality clinical services. The research base can be enhanced by increased interaction and communication with researchers across the United States and from other countries. As our global society is becoming more connected, integrated, and interdependent, speech-language pathologists have access to an abundant array of resources, information technology, and diverse perspectives and influence (e.g., Lombardo, 1997). Increased national and international interchange of professional knowledge, information, and education in communication sciences and disorders can be a means to strengthen research collaboration and improve clinical services.

The World Health Organization (WHO) has developed a multipurpose health classification system known as the International Classification of Functioning, Disability and Health (ICF; WHO, 2001). The purpose of this classification system is to provide a standard language and framework for the description of functioning and health. The ICF framework is useful in describing the breadth of the role of

the speech-language pathologist in the prevention, assessment, and habilitation/rehabilitation, enhancement, and scientific investigation of communication and swallowing. It consists of two components:

- Health Conditions
 - Body Functions and Structures: These involve the anatomy and physiology of the human body. Relevant examples in speech-language pathology include craniofacial anomaly, vocal fold paralysis, cerebral palsy, stuttering, and language impairment.
 - Activity and Participation: Activity refers to the execution of a task or action. Participation is the involvement in a life situation. Relevant examples in speech-language pathology include difficulties with swallowing safely for independent feeding, participating actively in class, understanding a medical prescription, and accessing the general education curriculum.
- Contextual Factors
 - Environmental Factors: These make up the physical, social, and attitudinal environments in which people live and conduct their lives. Relevant examples in speech-language pathology include the role of the communication partner in augmentative and alternative communication, the influence of classroom acoustics on communication, and the impact of institutional dining environments on individuals' ability to safely maintain nutrition and hydration.
 - Personal Factors: These are the internal influences on an individual's functioning and disability and are not part of the health condition. These factors may include, but are not limited to, age, gender, ethnicity, educational level, social background, and profession. Relevant examples in speech-language pathology might include a person's background or culture that influences his or her reaction to a communication or swallowing disorder.

The framework in speech-language pathology encompasses these health conditions and contextual factors. The health condition component of the ICF can be expressed on a continuum of functioning. On one end of the continuum is intact functioning. At the opposite end of the continuum is completely compromised functioning. The contextual factors interact with each other and with the health conditions and may serve as facilitators or barriers to functioning. Speech-language pathologists may influence contextual factors through education and advocacy efforts at local, state, and national levels. Relevant examples in speech-language pathology include a user of an augmentative communication device needing classroom support services for academic success, or the effects of premorbid literacy level on rehabilitation in an adult post brain injury. Speech-language pathologists work to improve quality of life by reducing impairments of body functions and structures, activity limitations, participation restrictions, and barriers created by contextual factors.

Qualifications

Speech-language pathologists, as defined by ASHA, hold the ASHA Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP), which requires a master's, doctoral, or other recognized postbaccalaureate degree. ASHA-certified speech-language pathologists complete a supervised postgraduate professional experience and pass a national examination as described in the ASHA certification standards. Demonstration of continued professional development is

Professional Roles and Activities

mandated for the maintenance of the CCC-SLP. Where applicable, speech-language pathologists hold other required credentials (e.g., state licensure, teaching certification).

This document defines the scope of practice for the field of speech-language pathology. Each practitioner must evaluate his or her own experiences with preservice education, clinical practice, mentorship and supervision, and continuing professional development. As a whole, these experiences define the scope of competence for each individual. Speech-language pathologists may engage in only those aspects of the profession that are within their scope of competence.

As primary care providers for communication and swallowing disorders, speech-language pathologists are autonomous professionals; that is, their services are not prescribed or supervised by another professional. However, individuals frequently benefit from services that include speech-language pathologist collaborations with other professionals.

Speech-language pathologists serve individuals, families, and groups from diverse linguistic and cultural backgrounds. Services are provided based on applying the best available research evidence, using expert clinical judgments, and considering clients' individual preferences and values. Speech-language pathologists address typical and atypical communication and swallowing in the following areas:

- speech sound production
 - articulation
 - apraxia of speech
 - dysarthria
 - ataxia
 - dyskinesia
- resonance
 - hypernasality
 - hyponasality
 - cul-de-sac resonance
 - mixed resonance
- voice
 - phonation quality
 - pitch
 - loudness
 - respiration
- fluency
 - stuttering
 - cluttering
- language (comprehension and expression)
 - phonology
 - morphology
 - syntax
 - semantics
 - pragmatics (language use, social aspects of communication)
 - literacy (reading, writing, spelling)
 - prelinguistic communication (e.g., joint attention, intentionality, communicative signaling)
 - paralinguistic communication

- cognition
 - attention
 - memory
 - sequencing
 - problem solving
 - executive functioning
- feeding and swallowing
 - oral, pharyngeal, laryngeal, esophageal
 - orofacial myology (including tongue thrust)
 - oral-motor functions

Potential etiologies of communication and swallowing disorders include

- neonatal problems (e.g., prematurity, low birth weight, substance exposure);
- developmental disabilities (e.g., specific language impairment, autism spectrum disorder, dyslexia, learning disabilities, attention deficit disorder);
- auditory problems (e.g., hearing loss or deafness);
- oral anomalies (e.g., cleft lip/palate, dental malocclusion, macroglossia, oral-motor dysfunction);
- respiratory compromise (e.g., bronchopulmonary dysplasia, chronic obstructive pulmonary disease);
- pharyngeal anomalies (e.g., upper airway obstruction, velopharyngeal insufficiency/incompetence);
- laryngeal anomalies (e.g., vocal fold pathology, tracheal stenosis, tracheostomy);
- neurological disease/dysfunction (e.g., traumatic brain injury, cerebral palsy, cerebral vascular accident, dementia, Parkinson's disease, amyotrophic lateral sclerosis);
- psychiatric disorder (e.g., psychosis, schizophrenia);
- genetic disorders (e.g., Down syndrome, fragile X syndrome, Rett syndrome, velocardiofacial syndrome).

The professional roles and activities in speech-language pathology include clinical/educational services (diagnosis, assessment, planning, and treatment), prevention and advocacy, and education, administration, and research.

Clinical Services

Speech-language pathologists provide clinical services that include the following:

- prevention and pre-referral
- screening
- assessment/evaluation
- consultation
- diagnosis
- treatment, intervention, management
- counseling
- collaboration
- documentation
- referral

Examples of these clinical services include

1. using data to guide clinical decision making and determine the effectiveness of services;

2. making service delivery decisions (e.g., admission/eligibility, frequency, duration, location, discharge/dismissal) across the lifespan;
3. determining appropriate context(s) for service delivery (e.g., home, school, telepractice, community);
4. documenting provision of services in accordance with accepted procedures appropriate for the practice setting;
5. collaborating with other professionals (e.g., identifying neonates and infants at risk for hearing loss, participating in palliative care teams, planning lessons with educators, serving on student assistance teams);
6. screening individuals for hearing loss or middle ear pathology using conventional pure-tone air conduction methods (including otoscopic inspection), otoacoustic emissions screening, and/or screening tympanometry;
7. providing intervention and support services for children and adults diagnosed with speech and language disorders;
8. providing intervention and support services for children and adults diagnosed with auditory processing disorders;
9. using instrumentation (e.g., videofluoroscopy, electromyography, nasendoscopy, stroboscopy, endoscopy, nasometry, computer technology) to observe, collect data, and measure parameters of communication and swallowing or other upper aerodigestive functions;
10. counseling individuals, families, coworkers, educators, and other persons in the community regarding acceptance, adaptation, and decision making about communication and swallowing;
11. facilitating the process of obtaining funding for equipment and services related to difficulties with communication and swallowing;
12. serving as case managers, service delivery coordinators, and members of collaborative teams (e.g., individualized family service plan and individualized education program teams, transition planning teams);
13. providing referrals and information to other professionals, agencies, and/or consumer organizations;
14. developing, selecting, and prescribing multimodal augmentative and alternative communication systems, including unaided strategies (e.g., manual signs, gestures) and aided strategies (e.g., speech-generating devices, manual communication boards, picture schedules);
15. providing services to individuals with hearing loss and their families/caregivers (e.g., auditory training for children with cochlear implants and hearing aids; speechreading; speech and language intervention secondary to hearing loss; visual inspection and listening checks of amplification devices for the purpose of troubleshooting, including verification of appropriate battery voltage);
16. addressing behaviors (e.g., perseverative or disruptive actions) and environments (e.g., classroom seating, positioning for swallowing safety or attention, communication opportunities) that affect communication and swallowing;
17. selecting, fitting, and establishing effective use of prosthetic/adaptive devices for communication and swallowing (e.g., tracheoesophageal prostheses, speaking valves, electrolarynges; this service does not include the selection or fitting of sensory devices used by individuals with hearing loss or other auditory perceptual deficits, which falls within the scope of practice of audiologists; ASHA, 2004);

Prevention and Advocacy

18. providing services to modify or enhance communication performance (e.g., accent modification, transgender voice, care and improvement of the professional voice, personal/professional communication effectiveness).

Speech-language pathologists engage in prevention and advocacy activities related to human communication and swallowing. Example activities include

1. improving communication wellness by promoting healthy lifestyle practices that can help prevent communication and swallowing disorders (e.g., cessation of smoking, wearing helmets when bike riding);
2. presenting primary prevention information to individuals and groups known to be at risk for communication disorders and other appropriate groups;
3. providing early identification and early intervention services for communication disorders;
4. advocating for individuals and families through community awareness, health literacy, education, and training programs to promote and facilitate access to full participation in communication, including the elimination of societal, cultural, and linguistic barriers;
5. advising regulatory and legislative agencies on emergency responsiveness to individuals who have communication and swallowing disorders or difficulties;
6. promoting and marketing professional services;
7. advocating at the local, state, and national levels for improved administrative and governmental policies affecting access to services for communication and swallowing;
8. advocating at the local, state, and national levels for funding for research;
9. recruiting potential speech-language pathologists into the profession;
10. participating actively in professional organizations to contribute to best practices in the profession.

Education, Administration, and Research

Speech-language pathologists also serve as educators, administrators, and researchers. Example activities for these roles include

1. educating the public regarding communication and swallowing;
2. educating and providing in-service training to families, caregivers, and other professionals;
3. educating, supervising, and mentoring current and future speech-language pathologists;
4. educating, supervising, and managing speech-language pathology assistants and other support personnel;
5. fostering public awareness of communication and swallowing disorders and their treatment;
6. serving as expert witnesses;
7. administering and managing clinical and academic programs;
8. developing policies, operational procedures, and professional standards;
9. conducting basic and applied/translational research related to communication sciences and disorders, and swallowing.

Practice Settings

Speech-language pathologists provide services in a wide variety of settings, which may include but are not exclusive to

1. public and private schools;

2. early intervention settings, preschools, and day care centers;
3. health care settings (e.g., hospitals, medical rehabilitation facilities, long-term care facilities, home health agencies, clinics, neonatal intensive care units, behavioral/mental health facilities);
4. private practice settings;
5. universities and university clinics;
6. individuals' homes and community residences;
7. supported and competitive employment settings;
8. community, state, and federal agencies and institutions;
9. correctional institutions;
10. research facilities;
11. corporate and industrial settings.

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