**Louisiana State University**

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Department of Communication Sciences and Disorders LSU Speech, Language, Hearing Clinic

**Graduate Handbook**

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***Department of Communication Sciences and Disorders***

# Departmental Mission & Plan

**The University:**

Louisiana State University (LSU) holds a prominent position in American Higher Education and is considered one of the world's finest teaching and research institutions. In 1978, LSU was named a sea-grant college; one of only 25 universities in the country recognized as both a land-and-sea grant institution. In 1987, LSU was designated a Research University I, which puts it in the top 2 percent of the nation's colleges and universities. Only 70 universities, 45 public and 25 private, have this designation. The University campus, located in the southern part of the city of Baton Rouge, is bordered on the west by the Mississippi River.   
  
**Baton Rouge:**

Baton Rouge, the capital city of Louisiana, is the nation's fifth largest port and a major petrochemical, financial, and industrial center with a population of approximately 450,000 in East Baton Rouge according to 2011 census estimates.  Many large live-oak trees are found throughout the city. The mild climate, recreational diversity, natural beauty, and rich cultural legacy make Baton Rouge an attractive place to live. The area's semitropical climate makes outdoor activities popular throughout the year.  Baton Rouge is also approximately 80 miles from New Orleans, a city known for its old world ambience, famous restaurants, and other varied attractions.  
  
**Department Mission:**

The mission is to serve the community by advancing innovative basic and applied research in communication sciences and disorders to build a foundation of knowledge and skills that encourages competent clinical practice for the professional lifetime.

**Department Vision:**

The vision of COMD is to provide international leadership in research, excellence in education and clinical training, and service that advances the field by making effective communication, a human right, accessible and achievable for all.

**Department Overview:**

The Louisiana State University Department of Communication Sciences and Disorders (LSU COMD) is an ASHA accredited program with approximately 300 undergraduate and 60 graduate student majors. In 2017, U.S. News and World Report ranked our department #53 for graduate schools in speech-language pathology. The students, while completing rigorous academic coursework, apply their clinical skills in the areas of evaluation and treatment with persons of all ages who have or are at risk for communication disorders.

The undergraduate curriculum is designed to provide majors with a liberal arts education and to prepare them for entry into graduate programs in communication disorders in the area of either Speech-Language Pathology or Audiology. In the master's program, students are provided with clinical experiences and academic course work to ensure their eligibility for certification and licensure as speech-language pathologists. The doctoral program is geared toward the development of scholarship and research skills to prepare students for traditional academic positions, both in the basic sciences of speech, language, and hearing and in clinical aspects of communication disorders.

As part of its training program, which is accredited in speech-language pathology, the department maintains a clinic for the diagnosis and treatment of communication disorders.

# LSU Speech, Language, Hearing Clinic Overview

LSU Speech, Language, Hearing Clinic has four objectives:

1. Professional training at the bachelors, masters, and doctoral levels for students pursuing degrees in the Department of Communication Sciences with concentration in speech pathology
2. Research regarding the nature, causes and remediation of disorders of speech, language and hearing
3. Provide service to the community in the form of evaluation and remediation of individuals having communicative disorders and in-service training and consultation for professionals and agencies serving those having communicative disorders
4. Providing students with quality academic and clinical training that prepares them to assume professional responsibilities as speech pathologists upon graduation requires that they be trained in a clinical and research setting where exemplary standards and procedures are maintained

The LSU Speech, Language, Hearing Clinic adheres to the highest standards of the highest possible quality of professional services. Both the students and clients will receive the best that our profession can offer.

# Faculty & Staff

|  |
| --- |
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# Course Requirements

# for the Master of Arts Degree in Communication Disorders

Departmental course requirements for a Master of Arts degree in Communication Disorders include a total of **39** **graduate credit hours** divided into **27 hours of specific required courses** (7153, 7280, 7381, 7382, 7384, 7385, 7387, 7480, and a seminar) and **12 hours of electives**.

The required courses are taught once per year and should be taken in the sequence shown in Table 1. Note that only one seminar is required and it may be taken in either the fall or spring of the second year.

Students may choose to either complete a thesis that is orally defended or a written comprehensive examination. As seen in Table 1, students who chose the thesis option enroll for six credit hours of 8000, while non-thesis students enroll in six hours of electives/seminar.

Students may also choose to attempt to achieve the knowledge and skill competencies required for certification as a speech-language pathologist by enrolling for clinical practica. A maximum of 6 credit hours of clinic may be included in the total of 39 hours. However, in order to achieve the knowledge and skill requirements for clinical certification, the student must enroll in clinical practica **each semester**.

Table 1 demonstrates the typical sequences of coursework taken by students pursuing the thesis and non-thesis options. These programs of study include continual enrollment in practicum courses (7683, 7684, 7685). Students who do not wish to become certified in speech-language pathology would substitute six graduate hours approved by the graduate faculty for these practicum hours.

**Students entering graduate school without an undergraduate degree in COMD from either LSU or from another accredited program will typically need to complete a year of ASHA prerequisites prior to beginning courses in Table 1.**

**Students needing 1-4 ASHA prerequisite courses may need to extend the program past the typical 5 semesters.**

|  |  |  |
| --- | --- | --- |
| **Table 1.**  **Course Sequences for the Thesis and Non-thesis Options for Students Seeking Clinical Certification with Required Courses in Bold Print** | | |
|  | Thesis Option | Non-thesis Option |
| Fall I | 7280 Neuroanatomical Bases of Speech and Hearing | 7280 Neuroanatomical Bases of Speech and Hearing |
|  | 7381 Language and Learning Disorders | 7381 Language and Learning Disorders |
|  | 7382 Voice Disorders | 7382 Voice Disorders |
|  | 7683 Graduate Clinical Practicum | 7683 Graduate Clinical Practicum |
|  |  |  |
| Spring I | 7385 Neuropathologies of Speech | 7385 Neuropathologies of Speech |
|  | 7387 Aphasia in Adults | 7387 Aphasia in Adults |
|  | 7480 Measurement and Diagnosis of Communication Disorders | 7480 Measurement and Diagnosis of Communication Disorders |
|  | 7684 Graduate Clinical Practicum | 7684 Graduate Clinical Practicum |
|  |  |  |
| Summer | 7153 Research Design | 7153 Research Design |
|  | 7685 Graduate Clinical Practicum | 7685 Graduate Clinical Practicum |
|  |  |  |
| Fall II | 7384 Early Communicative Intervention | 7384 Early Communicative Intervention |
|  | 7783 Dysphasia | 7783 Dysphasia |
|  | 8000 Thesis Research | Seminar |
|  | 7683 Graduate Clinical Practicum | 7683 Graduate Clinical Practicum |
|  |  |  |
| Spring II | 8000 Thesis Research | Elective  \*Can choose to take a second seminar |
|  | 7684 Graduate Clinical Practicum | 7684 Graduate Clinical Practicum |
|  | Thesis Defense | Comprehensive Examination |

\*Aural Rehabilitation and Fluency classes will be required in graduate school if not completed at the undergraduate level.

## Thesis Option:

Thesis students conduct a research project under the direction of a major professor, report the results in their written thesis, and orally defend their thesis to a committee of three graduate faculty chosen by the student and their major professor. For students who choose the thesis option, the written thesis serves as their general examination for their MA degree. Some (but not all) students elect to focus their research design paper on the topic of their thesis. Students who complete a thesis are not required to complete 3 credits of electives or 3 credits of seminar because their theses counts as 6 credits of coursework. Many thesis students, however, choose to complete 3-6 hours of extra coursework to receive important academic and clinical training.

* Students interested in the thesis option should talk to a graduate faculty member who does research in their area of interest. The current graduate faculty and their research interests are listed in Table 2. Students are encouraged to talk with faculty as soon as possible in their MA program. If a faculty member agrees to the thesis, the faculty member becomes the student’s major professor and academic mentor.
* Together the student and the major professor choose the other members of the committee. LSU requires theses to include, at a minimum, three graduate faculty members. The major professor oversees the student’s conduct of the research project and writing of the thesis in a journal article length document.
* After students complete the literature review and methods of a thesis, they have the option to hold a thesis prospectus, which is attended by their committee. At least two weeks before the prospectus, students give their committee members a copy of their literature review and methods. In the prospectus meeting, students present their literature review and their methods and the committee gives feedback to make the project as strong as possible. Most, if not all, of the COMD faculty require a prospectus even though LSU’s graduate school does not. Often faculty will encourage other students in the department to attend a prospectus to learn about the research process and/or the research topic.
* After the written thesis is completed, LSU requires students to orally defend their work to their committee. LSU requires all oral defenses of theses and dissertations to be open to the public. Often faculty will encourage other students in the department to attend an oral defense to learn about the research process and/or the research topic.
* After the final thesis is approved by the committee, the student submits it to the graduate school in electronic format. The LSU Graduate School’s guidelines for thesis preparation can be downloaded from the graduate school’s web page, under the heading Electronic Theses and Dissertations, ETC Guidelines. The LSU Graduate School’s website is: gradlsu.gs.lsu.edu.

|  |
| --- |
| **Table 2. Graduate Faculty Research Interests** |
| **Assistant Professor Hyunju Chung**   * Phonological development in young children with and without speech sound disorders * Effect of surrounding languages on phonological development of young children (e.g., cross-linguistic or bilingual studies) * Acoustic characterization of speech produced by young children and adults.   **Assistant Professor Geoff Coalson**   * Language-based variables in developmental stuttering across the lifespan, with specific focus on metrical aspects of phonological encoding * Influence of increased cognitive and affective demands on language processes in individuals who stutter * Differences in phonological working memory in individuals who stutter   **Associate Professor Neila Donovan**   * Patient-reported outcome assessment development for adults with acquired cognitive and communication disorders due to neurologic damage (e.g., stroke, traumatic brain injury, or neurodegenerative diseases such as Parkinson’s disease or dementia) * Intervention for cognitive and communicative participation in home, work, community settings for adults with acquired neurologic disorders as described above. * Application of item response theory and computer adaptive testing to produce precise and efficient assessments   **Assistant Professor E. Susan Duncan**   * Biologically-motivated treatment of acquired language disorders * Neuromodulation and neuroimaging   **Assistant Professor Todd Gibson**   * Bilingual language development in individuals with and without language disorders * Development of models of lexical representation and access in bilingual individuals * First language loss in bilingual individuals with typical development * Phonological short term memory and its relationship to language learning   **Assistant Professor Daphne Hartzheim**   * Finding evidence-based interdisciplinary treatment approaches for children with an Autism Spectrum Disorder (ASD) by combining principles of language development and Applied Behavior Analysis (ABA). * Development of training protocols for practitioners working with children with ASD. * Investigating neurological activation patters of children with ASD utilizing functional near-infrared spectroscopy (fNIRS) technology.   **Associate Professor Yunjung Kim**   * Speech intelligibility in adults with dysarthria and in healthy speakers * Acoustic characteristics of motor speech disorders * Cross-language approach to speech disturbances of individuals with Parkinson’s disease   **Associate Professor Melda Kunduk**   * Vocal fold vibratory characteristics in normal and disordered voice investigated with the high speed digital imaging technique * Effects of aging on vocal fold vibratory characteristics * Swallowing disorders in head and neck cancer populations   **Professor Jan Norris**   * Use of visual learning strategies in language intervention * Intervention for children’s language disorders in the context of written language development   **Professor Janna Oetting**   * Vocabulary and grammar acquisition in children developing language typically and in those with various language impairments * Effects of poverty on child language development * Children’s use of Louisiana dialects of English * Prevention services for children with speech and language disorders |

## Non-thesis Option:

Students choosing the non-thesis option must complete 3 credits of electives (these can be seminar or non-seminar courses), 3 credits of seminar, and a comprehensive examination. The purpose of the comprehensive examination is to evaluate the student’s ability to integrate, synthesize, evaluate, and apply information learned across coursework. The comprehensive examine reflects two graduate level papers.

* Research Design Paper – the research design paper is initiated in the Research Design class that students take in their first year of MA study. Typically, the research design paper includes a literature review and a proposed study with research questions and methods. Typically, research design papers are 15-20 pages. They are required to be written in APA format. Following the research design class, students will be given feedback on their paper from the course instructors. Students are required to revise their research design papers using the instructor’s feedback before they turn the paper in as one part of their comprehensive examination.
* Seminar Paper – all non-thesis students are required to take at least one seminar as part of their MA degree. Each seminar in the MA program requires seminar paper. Typically, the seminar papers include a literature review; it may or may not include a proposed study with methods. Typically, seminar papers are 15-20 pages. They are required to be written in APA format, on a topic pre-approved by the course instructor. The Research Design paper MAY NOT be submitted for this requirement. Papers written for other courses MAY NOT be submitted for this requirement.
* If the seminar is taken prior to the semester in which a student graduates, the paper should be revised with instructor feedback. If it is taken during the same semester the student is graduating, the student will turn in a draft of the paper as part of the seminar class (and prior to LSU’s comprehensive exam deadline). In either case, students should turn their seminar paper in as the second part of their comprehensive examination.
* Students can submit the general examination anytime during the semester in which they intend to graduate, with the last possible date of submission being two weeks before LSU’s deadline for comprehensive examinations. LSU’s spring deadline for comprehensive examinations is often during the first or second week of April which means students typically have until the third or fourth week of March to submit their comprehensive examinations.
* To submit a comprehensive examination, students should save or scan their two papers into ONE PDF file. This file is then submitted through an assignment link that is loaded on the COMD Student Moodle page (under the header, Second Year Students). At that time, a committee of faculty will assess the quality of the examination. Examinations may be passed, returned for further revisions, or failed. Students must pass the examination to graduate with an MA in COMD.

**Student Issues Related to ASHA Competencies,**

**MA Required Courses, and Good Standing at LSU**

The department’s goal is for all graduate students to complete their desired degree in a timely manner and to have positive experiences about their academic training. Below are specific guidelines the department follows when students begin to struggle or are struggling academically. The guidelines are categorized into three topics: 1) ASHA competencies, 2) required courses for the MA degree, and 3) good standing at LSU. Following the guidelines, we present LSU’s guidelines for requesting and incomplete in a course, LSU’s requirements for graduation, and LSU’s policy regarding students who have been dropped by the Graduate School.

* The department is best able to help students who **proactively and regularly communicate with the faculty**.
* Any graduate student who earns below a C on a course assignment or exam **should immediately meet with the instructor of the course**. Student-initiated meetings should continue with instructors for any class in which the student is concerned about meeting an ASHA competency, earning below a C in a required course, or maintaining academic good standing.
* Graduate students may also seek assistance from the department’s graduate coordinator, who will encourage the student to learn about **LSU’s guidelines for requesting an incomplete in a course, LSU’s graduate student medical and family leave policy, and LSU’s Student Advocacy and Accountability** office which is part of LSU’s Office of the Dean of Students and can be located at [www.saa.lsu.edu](http://www.saa.lsu.edu).
* **A maximum of six credit hours of course work with a grade of “C” may be counted toward degree requirements**.

Student Does not Earn a C or Better in a Required Course or a U in Research

The department requires students to earn a C or better within required courses.

* If a student earns below a C, s/he will need to retake the course or take an equivalent course if one is available. **Re-enrollment in a course will likely delay a student’s graduation by a year.** Decisions about equivalent courses is determined by a **committee of five** which includes the department chair, department graduate coordinator, first year, second year and/or third year advisor, and the instructor of the course.
* The department follows LSU guidelines for research credits. A student receiving a “U” grade in research will be placed on probation. A student receiving a second “U” in research may be dropped from The Graduate School.

Student’s Cumulative GPA falls below 2.75

The department follows LSU’s Graduate School guidelines which state that graduate students are considered to be in good academic standing (making satisfactory academic progress) if they maintain a **3.00 cumulative grade** point average on all graduate course work taken within the LSU System and a 3.00 semester average on all course work (undergraduate and graduate), and earn a grade of “S” in research.

* The department follows LSU’s guidelines which state that a student whose cumulative LSU average is below **3.00 will be placed on probation**, except that a student whose cumulative average is as low as **2.75 WILL be dropped** from The Graduate School without having a probationary period. For these purposes, a summer term is counted the same as a regular semester.
* A student already on probation whose cumulative average is below 3.00 will be dropped from The Graduate School.
* A student receiving a “U” grade in research will be placed on probation. A student receiving a second “U” in research may be dropped from The Graduate School.

**For graduate students taking 3 courses (9 credits) in their first semester, 2 B grades and 1 C grade will drop a student’s GPA to below a 2.75. Historically, students who have been placed on probation or dismissed have earned a C in their first semester of graduate school.**

**Course 1: B = 3 quality points**

**Course 2: B = 3 quality points**

**Course 3: C = 2 quality points**

**GPA = (3 + 3 + 2) / 3 = 2.67**

LSU Policy for Incompletes in a Course

According to the LSUs Graduate School, an **“I” grade indicates that course performance was satisfactory**, but because of circumstances beyond the student’s control, all requirements were not met. Authorization from the dean of The Graduate School is not required to assign an “I” grade to a graduate student.

* An “I” grade should never be given to enable a student to do additional work to bring up a deficient grade.
* An “I” grade may not be given for a course taken in the semester in which the student graduates if that course is listed on the application for degree or if changing the “I” grade to an “F” would result in the student’s cumulative average being less than 3.00.
* An “I” grade should never be assigned for thesis/dissertation research. “S” (satisfactory) and “U” (unsatisfactory) grades are given for thesis (8000) and dissertation (9000) research courses up to and including the semester the student graduates.
* An “I” grade **is valid only until the final day of classes in the next regular semester** (fall or spring), whether or not the student is enrolled. “I” grades received in the spring semester or the summer term are valid until the end of classes in the fall semester. “I” grades received in the fall semester are valid until the final day of classes in the spring semester. **There will be no extension of time**.
* Responsibility for changing an “I” grade lies both with the student and the faculty member concerned. The faculty member’s failure to submit a “Grade Correction Report” to change the “I” grade by the final day of class for the next regular semester will result in the “I” grade becoming a permanent “F” grade.

Student Requests for Reinstatement when Dropped from the Graduate School

Students who have been dropped from LSU’s Graduate School have the right to request reinstatement, especially when there has been a mitigating situation that has led to poor academic performance. In this case, a student is required to submit the request to LSU’s Graduate School who then forwards the request to the department.

* When a reinstatement request is received by the department, it is considered by a **committee of five** which includes the department chair, department graduate coordinator, the instructor(s) of the course(s) in which the poor grade(s) was earned, and the first year, second year or third year advisor. Typically, the department **does not vote in favor** of reinstatement unless the student has been in regular contact with the instructor(s) of the course(s) and the mitigating situation is significant. **In the department, it is very important for students to regularly communicate with instructors of their courses throughout the semester.**
* Requests for reinstatement, especially after the fall semester, are typically received by the department during the winter break when faculty members are not on campus. When this happens, the department committee may not be able to meet until the start of the spring semester. **If regular communication with course instructors occurs throughout the semester, the department will make every effort to consider requests for reinstatement as quickly as possible (ideally before winter break begins).**

Graduation

The department follows LSU’s guidelines which state that to receive a graduate degree, students must be enrolled for the semester and have at least a 3.00 cumulative average on all graduate course work taken that is applicable to the degree program and on all graduate course work taken while registered in The Graduate School. “S” and “P” grades are not considered in determining whether this minimum level of performance has been achieved. **A maximum of six credit hours of course work with a grade of “C” may be counted toward degree requirements**.

# ASHA Knowledge Standards

The standards for certification as a speech-language pathologist require that the student demonstrate competencies in knowledge of:

* Principles of science
* Basic human communication and swallowing processes
* The characteristics of communication and swallowing disorders
* The etiologies of communication and swallowing disorders
* Principles and methods of:
  + Prevention of communication and swallowing disorders
  + Assessment of communication and swallowing disorders
  + Intervention for of communication and swallowing disorders
* Standards of ethical conduct
* Research processes
* Professional issues

Table 3. Describes how LSU’s required coursework in the BA and MA programs provides the student with opportunities to demonstrate their acquisition of these competencies arranged by the standards.

**Table 3. ASHA Knowledge Standards**

|  |
| --- |
| ***Standard IV A: Knowledge of Principles of Science***  This standard states that the applicant must demonstrate knowledge of the principles of Biological Sciences, Physical Sciences, Mathematics, and Social/Behavioral Sciences. Demonstration of these competencies is taken from a review of a student’s grades in coursework used to fulfill the undergraduate departmental or general education requirements. Coursework from LSU used for this review include the following: *Biological sciences* (Biology 1001 or other course in biological sciences), *Physical Sciences* (Natural science courses in astronomy, chemistry, physical geography, geology, physical science, or physics), *Mathematics* (Mathematics course or advanced placement in mathematics) and *Social/Behavioral sciences* (African and African American Studies, Anthropology, Psychology, and Sociology). |
| ***Standard IV B: Knowledge of Basic Human Communication Processes***  This standard states that an applicant must demonstrate knowledge of basic human communication and swallowing processes, including their biological, neurological, acoustic, psychological, developmental, and linguistic/cultural bases. Opportunities to demonstrate these competencies occur in the tests and other assignments in the following undergraduate coursework: *Biological* (4250 Anatomy and Physiology of Speech and Hearing), *Acoustic* (4153 Acoustics of Speech and Hearing), *Psychological-Developmental-Linguistic/Cultural* (4380 Speech and Language Development). Knowledge of neurological processes is demonstrated in the required graduate course, *7280 Neuroanatomical Bases of Speech and Hearing.* |

**Table 3. Continued**

|  |
| --- |
| ***Standard IV C: Knowledge of Nature of Communication Disorders and Standard IV D: Knowledge of the Principles and Methods of Prevention, Assessment and Intervention for People with Communication and Swallowing Disorders***  These two standards state that the applicant must demonstrate knowledge of the etiologies, characteristics, prevention, assessment, and intervention for speech, language, hearing and swallowing disorders for each of the following types of disorder: Articulation, Fluency, Voice-Resonance-Respiration, Receptive & Expressive Language, Hearing, Swallowing, Cognitive Aspects of Communication, Social Aspects of Communication, and Communication Modalities. Opportunities to demonstrate these competencies occur in the tests and other assignments in the following coursework: *Articulation* (4381, 7385), *Fluency* (4383),*Voice-Resonance- Respiration* (7382), *Receptive/Expressive Language*, (4382, 7381, 7384, 7387), *Hearing* (4190, 4590) *Swallowing* (7385) *Cognitive Aspects of Communication* (7384, 7387), *Social Aspects of Communication* (7384, 7387), and *Communication Modalities* (7384, 7387). |
| ***Standard IV E: Knowledge of Standards of Ethical Conduct***  Students demonstrate knowledge of standards of ethical conduct in coursework (7153) and in the conduct of their practica. |
| ***Standard IV-F: Knowledge of Processes Used in Research and Integration of Research Principles into Evidence-Based Clinical Practica***  Students demonstrate knowledge of processes used in research in 7153. They apply that knowledge in their seminar and the writing of either their thesis or nonthesis comprehensive examination. Integration of research principles into clinical practica is demonstrated in each clinical practicum experience. |
| ***Standard IV-G: Knowledge of Contemporary Professional Issues***  Students demonstrate knowledge of contemporary professional issues such as privacy rights of clients, reimbursement, and multiculturalism in 7153, 7381, 7384 and 7480, and in each clinical practicum experience. |
| ***Standard IV-H: Knowledge of Professional Credentials***  Students demonstrate knowledge of certification, specialty recognition, and licensure in 7153, 7384, and presentations provided by representatives of state agencies, organizations, and licensing boards. |

Certification Requirements in Speech-Language Pathology

Masters students have the option of attempting to demonstrate acquisition of the knowledge and skill competencies required for certification as a speech-language pathologist by the American Speech-Language-Hearing Association. The competencies are demonstrated in course assignments and clinical practica in a program of study that includes 75 semester credit hours, including at least 36 graduate credit hours. A significant portion of these competencies are demonstrated in coursework that is part of the undergraduate curriculum. A listing of the LSU courses used to fulfill this requirement is displayed in Table 4.

**Table 4. LSU Coursework Used to Satisfy the Knowledge and Skill Competencies Required of Speech-Language Pathologists**

|  |  |
| --- | --- |
| **Undergraduate Courses** |  |
|  | hours |
| Biology | 3 |
| Physical Sciences (Chemisty or Physics) | 3 |
| Statistics | 3 |
| Social Behavioral Sciences | 3 |
| 4150 Phonetics | 4 |
| 4153 Acoustics of Speech and Hearing | 3 |
| 4190 Introduction to Audiology | 3 |
| 4250 Anatomy and Physiology of Speech and Hearing | 3 |
| 4380 Development of Spoken Language | 4 |
| 4381 Basic Articulation Disorders | 3 |
| 4382 Basic Language Disorders of Children | 3 |
| 4383 Basic Fluency Disorders | 3 |
| 4590 Auditory Rehabilitation in Children | 3 |
| **Total Undergraduate Hours** | **41** |
|  |  |
| **Graduate Courses** |  |
| 7153 Research Design in Communication Sciences & Disorders | 3 |
| 7280 Neuroanatomical Bases of Speech and Hearing | 3 |
| 7381 Language and Learning Disorders | 3 |
| 7382 Voice Disorders | 3 |
| 7384 Early Communication Intervention | 3 |
| 7385 Neuropathologies of Speech | 3 |
| 7387 Aphasia in Adults | 3 |
| 7480 Measurement and Diagnosis of Communication Disorders | 3 |
| 7xxx Seminar | 3 |
| 7xxx Electives | 6 |
| 7xxx Clinical Practica | 6 |
| **Total Graduate Courses** | **39** |
| **Total Hours** | **80** |

Students with an undergraduate degree in another discipline or from communication sciences and disorders programs at other universities may need to add undergraduate coursework to their graduate programs to ensure that they demonstrate all of the knowledge competencies. A sample plan of study for this category of student can be found in the following table:

**Undergraduate Prerequisites**

1 Biological Science Class

1 Physical Science Class (Chemistry or Physics)

1 Social/Behavioral Sciences Class

1 Statistics Class

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Prerequisite Year For Non-COMD Undergraduate Majors** | | | | | | | | |
| **FALL SEMESTER 1** | | | **SPRING SEMESTER 2** | | | **SUMMER** | | |
| **COURSE** | **TITLE** | **CR** | **COURSE** | **TITLE** | **CR** | **COURSE** | **TITLE** | **CR** |
| **COMD 4150** | **PHONETICS** | **4** | **COMD 4190** | **INTRO. AUDIOLOGY** | **3** |  |  |  |
| **COMD 4250** | **ANATOMY/PHYS.** | **3** | **COMD 4381** | **ARTIC DISORDERS (prereq 4150)** | **3** |  |  |  |
| **COMD 4380** | **LANG. DEVELOPMENT** | **4** | **COMD 4382** | **LANGUAGE DISORDERS (prereq 4380)** | **3** |  |  |  |
| **COMD 4681** | **Observation Class (optional)** | 1 | **COMD 4153** | **ACOUSTICS** | **3** |  |  |  |
|  |  |  | **COMD 4681** | **Observation Class (optional)** | 1 |  |  |  |
| **TOTAL** |  | **11/12** |  |  | **12/13** |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1ST YEAR** | | | | | | | | |
| **FALL SEMESTER** | | | **SPRING SEMESTER** | | | **INTERSESSION/SUMMER** | | |
| **COURSE** | **TITLE** | **CR** | **COURSE** | **TITLE** | **CR** | **COURSE** | **TITLE** | **CR** |
| **COMD 4590** | **AURAL REHAB**  **(prereq 4190)** | 3 | **COMD 7387** | **APHASIA** | **3** | **COMD 7153** | **RESEARCH DESIGN** | **3** |
| **COMD 7280** | **NEUROANATOMY** | **3** | **COMD 7385** | **NEUROPATH SPEECH** | **3** |  |  |  |
| **COMD 7382** | **VOICE DISORDERS** | **3** | **COMD 7480** | **MEASUREMENT DX** | **3** | *COMD 7683* | *Clinic* | *1-6* |
| **COMD 7381** | **LANG & LEARNING** | **3** | **COMD 4383** | **FLUENCY** | **3** |  |  |  |
| *COMD 7683* | *Clinic* | *1-6* |  |  |  |  |  |  |
| **COMD 4383** | **FLUENCY** | **3** | *COMD 7683* | *Clinic* | *1-6* |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2nd YEAR** | | | | | | | | |
| **FALL SEMESTER** | | | **SPRING SEMESTER** | | | **SUMMER SEMESTER** | | |
| **COURSE** | **TITLE** | **CR** | **COURSE** | **TITLE** | **CR** | **COURSE** | **TITLE** | **CR** |
| **COMD 7384** | **EARLY INTERVENTION** | **3** | **COMD 7780** | **SEMINAR OPTION** | **3** |  |  |  |
| **COMD 7780** | **SEMINAR OPTION** | **3** |  | **ELECTIVE/THESIS** | **3** |  |  |  |
|  | **ELECTIVE/THESIS** | **3** |  |  |  |  |  |  |
| *COMD 7683* | *Clinic* | 1-6 | *COMD 7683* | *Clinic* | *1-6* |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

*\*\*\* Seminar option is taken either fall semester or spring semester*

## Knowledge Learner Outcomes:

Students who wish to apply to the American Speech-Language-Hearing Association for certification in speech-language pathology must not only pass the required courses, they must demonstrate competency in all of the learner outcomes required by the courses. Each outcome will be associated with particular measurements of student performance. For example, the course 4381 may utilize one test to measure knowledge of the characteristics and etiologies of articulation disorders (Standard IV: C) and a different test to measure knowledge of the assessment of articulation disorders (Standard IV: D). The student applying for certification must demonstrate competency in both areas. A failure to demonstrate competency indicated by a poor grade in one of the tests would have to be made up regardless of how the two tests may average to create a final grade in the class. Table 5, located below, provides a detailed listing of the knowledge outcomes of each of the required courses in the combined BA and MA programs.

**Table 5. Knowledge Learner Outcomes for Required Courses in the**

**Undergraduate and Graduate Programs**

|  |
| --- |
| **COMD 4150 Phonetics**  1. Understands the nature of English allophonic variation and can use a variety of diacritics in transcription.  2. Recognizes and can transcribe characteristics of non-English speech sound production  3. Understands the nature of phonemes and can make phonemic level transcription  4. Recognize main components of the speech mechanism: airstream processes, phonation processes, articulator processes, and oro-nasal processes  5. Understands a broad range of place and manner features of the human articulatory system  6. Understands the nature of the suprasegmental systems of stress, pitch, and intonation  7. Understands the basic typology of normal co-articulatory features of English phonetics: anticipatory, carry-over, range of process, feature involvement |
| **COMD 4153 Acoustics of Speech and Hearing**  1. Understands acoustic characteristics of different speech sound classes and prosodic features of duration stress intonation and the use of these in human speech perception  2. Understands the physical nature of sound: frequency, amplitude, aperiodic and periodic vibration, addition of sine waves, fundamental frequency, harmonics, resonators, filters, band width, sound pressure, the decibel scale and the source-filter theory of speech production. |
| **COMD 4190 Introduction to Audiology**  1. Understands measurement of acoustic characteristics of sound and hearing  2. Understands anatomy, physiology and neurological characteristics of hearing  3. Understands pure tone audiometry and tympanometry  4. Understands etiology and characteristics of hearing disorders |
| **COMD 4250 Anatomy and Physiology of Speech and Hearing**  1. Describe major types of vascular pathologies affecting communication including pathophysiology, risk factors, prevalence, behavioral effects and medical management  2. Understands the anatomy and physiology of respiration for speech  3. Understands the anatomy and physiology of phonation including regulation of perceived pitch, aspiration, and quality  4. Understands the anatomy and physiology of speech articulation  5. Understands the anatomy and physiology of hearing |
| **COMD 4380 Speech and Language Development in Children**  1. Understand the importance of infant communicative behaviors, the emergence of first words, development of the semantic system, phonological development and how people and the environment affect language development  2. Understand the development and interaction of word order strategies (syntax) and word structure strategies (morphology), how grammatical markers function cohesively across sentence boundaries, identify Brown's grammatical morphemes and stages of acquisition  3. Understand pragmatic development and use of language and the cultural and linguistics differences that exist across social groups.  4. Be able to elicit different types of language samples and critique one's techniques  5. Able to use SALT to analyze a child's speech sample for phonology, morphology, syntax, pragmatics and dialect  6. Demonstrate the ability to transcribe a language sample using the procedures outlined in the SALT manual.  7. Demonstrate ability to write up a 3- to 5-page description of a child's language abilities that includes 6 analyses (intelligibility, MLU, morphology, syntax, pragmatics, dialect) and a determination of language status (typical vs. delayed) |
| **COMD 4381 Basic Articulation Disorders**  1. Understand etiologies of speech sound production disorders  2. Understand characteristics of speech sound production disorders  3. Understand principles of prevention of children's speech sound production disorders  4. Able to analyze 13-18 month old child's speech production  5. Able to transcribe and score standardized test from videotape  6. Able to complete an oral mechanism examination  7. Understand a therapeutic technique applied to speech sound production |
| **COMD 4382 Basic Language Disorders of Children**  1. Understand differences among different disabilities characterized by language disorder, their communication characteristics, and their distinction from cultural language differences  2. Distinguish different philosophies and approaches to intervention including value of classroom, family and other least restrictive settings, the use of alterative communication modes for nonverbal children, and accommodation of children with language and cultural differences |
| 3. Understand the definition and implications of language disorder, basic principles of formal and informal language assessment and their uses and misuses  4. Understand the structure and use of language facilitation techniques: modeling, expansion, extension, explanation, self-talk, parallel talk, binary choice, cloze, relational term, gesture, request revision, reduce question level and phonemic cue |
| **COMD 4383 Basic Fluency Disorders**  1. Describe and explain the disfluencies of an adult and child using components of Norris & Hoffman’s (2002) model.  2. Describe the disfluencies of an adult who stutters during repeated readings using the constructs of Core Behaviors, Secondary Behaviors, and Feelings/Attitudes  3. Describe the relationships among the onset, prevalence, incidence, recovery, and gender ratios in stuttering.  4. Use the data from family studied, twin studies, and adoption studies to make the case that stuttering is inherited.  5. Describe the data suggesting that stuttering is caused by brain structure and function differences  6. What data support the hypotheses that stuttering is caused by sensory processing and sensory-motor control differences?  7. Describe the role of emotion in the cause of stuttering. (pp. 60-66, 79-82)  8. Describe the data supporting the hypothesis that cognitive-language processing contributes to stuttering  9. Describe aspects of a child’s environment contribute to development of stuttering  10. Explain the development of secondary behaviors using learning theory.  11. Describe how the theories proposed by Orton-Travis, Geshwind & Gallaburda, Van Riper, Kent, Neilson & Neilson, and Kolk & Postman include an inherited cause of stuttering  12. Describe the diagnosogenic theory and capacities-demands models proposals for environmental causes of stuttering  13. Describe the components of Guitar’s model of stuttering and how they account for the development of stuttering  14. Contrast the disfluencies that characterize normal speech and those of the child with borderline stuttering  15. Describe the transitions from borderline to beginning to intermediate stuttering  16. Assess the severity of stuttering of an adult who stutters using the SSI  17. Assess the speaking and reading rates of children and adults who stutter  18. Score your own responses to the Modified Erickson Scale of Communication Attitudes and the Locus of Control of Behavior Scale. Label and give two examples of three underlying constructs measured by the Modified Erickson.  19. Analyze interview responses of a parent of a child who stutters using Guitar’s components  20. Analyze parent-child interaction patterns for a preschool child who stutters  21. Analyze child responses to clinician demands for reaction to language pressure and presentation of stuttering  22. Describe the indicators that a preschool child may spontaneously recover from intervention |
| 23. Use data from an adult who stutters interview and speaking tasks to describe the elements of his problem  24. Describe the general goals and procedures employed with people who stutter  25. Describe the parent training Guitar suggests for parents of preschool children who stutter  26. Describe the parent training suggested by the Speech Foundation of America through its pamphlets and videos  27. Describe the stages, goals, and procedures of the Lidcombe approach for treating preschool children who stutter  28. Describe the use of gradual length and complexity and its relationship to language goals  29. Describe Guitar’s speech goals and procedures for school-age child who stutters  30. Describe Guitar’s attitude goals and procedures for the school age child who stutters  31. Describe Guitar’s goals and procedures for parents  32. Describe Guitar’s goals and procedures for teachers  33. Describe Dell’s ways of saying words  34. Describe how and why does Guitar have an adult explore his stuttering  35. Describe how and why does Guitar have an adult reduce his fear of stuttering  36. Describe how Guitar teaches an adult who stutters to control his fluency  37. Describe how and why does Guitar teach an adult to increase approach behaviors  38. Describe the roles of support groups and assistive devices  39. Distinguish the recommended treatments for stuttering from neurogenic stuttering, psychogenic stuttering, and cluttering |
| **COMD 4590 Auditory Rehabilitation in Children**  1. Understand structure of aural habilitation programs, goals and procedures  2. Describe typical speech-language patterns associated with hearing impairment  3. Understand the use of assessment tools for hearing impairment  4. Understands relative audibility of auditory cues for speech and effects of age of onset, degree of loss, and contour and type of hearing loss on speech perception  5. Understands demographics related to parents' choices of modes of communication and approaches to intervention  6. Understands potential effects of hearing loss on speech, language, academic performance, social interactions and vocational opportunities  7. Understands roles of various professionals in assessment of different aspects of performance of children with hearing loss (hearing, speech, language, voice)  8. Understands factors contributing to the appropriateness (age, communication mode, language level, aided hearing loss) of various commercially available speech, language, and hearing assessment tools  9. Understands the role of professionals (audiologists, deaf educators, SLPs, interpreters, otolaryngologists, and social workers) in management of children with hearing loss: initial planning and IEP development  10. Understands the use of visual cues available during speech production and how they can be used to supplement listening |
| 11. Understands guidelines for use of various prosthetic devices (hearing aids, cochlear implants, assistive listening devices) explain their structure and function, and understand pros and cons of use of each  12. Understands theories of auditory perception and development  13. Understands delivery of services in home, clinic, and school settings for all ages of children with hearing loss  14. Understands rationale behind range of approaches to intervention from bilingual-bicultural to pure oralism |
| **COMD 7153 Research Design in Communication Sciences and Disorders**  1. Understand the difference between peer and non-peer reviewed research and demonstrate ability to access peer-reviewed research from a variety of sources  2. Understand the scientific method, differences between rational and empirical inquiry, and the role of theory in research  3. Understand independent and dependent variables and the differences between descriptive and experimental research  4. Evaluate a variety of treatment designs and explain factors that can affect the validity and reliability of treatment studies  5. Understand levels of measurement of human behavior  6. Understand different ways data can be organized and presented within research  7. Understand factors that can affect the quality of measurement (reliability and validity)  8. Understand different ways that data can be analyzed  9. Be able to assess the reliability of a set of coded data  10. Be able to complete three manually generated analyses and interpret one computer-generated analysis of data  11. Understand the sequence of a research article  12. Design a research proposal that includes a literature review and hypotheses/predictions  13. Propose appropriate methods for hypothesis testing  14. Propose methods to ensure that the validity and reliability of the proposed study will be maintained  15. Understand the editorial review process |
| **COMD 7280 Neuroanatomical Bases of Speech and Hearing**  1. Describe neuropathologies in terms of effects on nervous system function, speech, hearing, language, and swallow  2. Identify anatomical structure of the human nervous system, describe major functions, and describe effects of damage on speech, language, hearing, or swallowing  3. Describe the composition, circulation, function, and diagnostic uses of CSF  4. Identify key structures and major functions of the diencephalon including effects of pathology on communication  5. Identify key structures of the somatosensory systems, routes of tracts, and effects of lesions |
| 6. Describe the routes of the central visual and auditory pathways and describe the effects of lesions along various points  7. Describe the route of the pyramidal and extrapyramidal tracts and effects of lesions  8. Identify cranial nerves involved in speech production and swallowing, describe major sensory and motor functions, describe effects of lesions on speech and swallowing  9. Describe major motor and sensory functions of the cerebellum, basal ganglia and brainstem, describe effects of lesions on speech and swallow  10. Identify key arteries supplying blood to brain and spinal cord: identify specific CNS structures supplied by these arteries  11. Identify important components of neurons. Describe key processes involved in neural transmission, including common pathologies  12. Identify important gross anatomical structures of the human nervous system, describe their major functions  13. Describe the effects of damage to important anatomical structures of the nervous system on speech, language, hearing, and swallowing  14. Describe the composition, circulation, function, and diagnostic uses of cerebrospinal fluid  15. Identify important components of nerve cells and their functions  16. Describe key processes involved in neural transmission, including common pathologies (multiple sclerosis, myasthenia gravis, Parkinson's) |
| **COMD 7381 Language and Learning Disorders**  1. Understand developmental spelling, phonological processes, phonemic awareness, and phonics  2. Understand readability, oral language, reading and writing assessment, morphophonemics of spelling, cohesion, dialects and ESL, disorders of school age children, language sampling  3. Understand nature of oral vocabulary development and delays, sight words, word recognition, visual processes, inferential, metaphoric, and decontextualized meaning  4. Understand characteristics of pragmatic language disorders, text cohesion, narrative and expository text structure, integrated curriculum, inclusion  5. Understand nature of central auditory processing disorders  6. Understand nature of cognitive processing deficits in ADHD, CAPD, Dyslexia, and LLD  7. Understand nature of social development and disorders of school age children, social and cultural differences, collaborative consultation and other intervention models  8. Recognize fillers, interjections, mazes, false starts, revision behaviors, long pauses, and other linguistic nonfluencies  9. Recognize qualitative differences in speech rate, prosody, intonation and phrasing characterizing Asperger’s, autism spectrum, and cluttering  10. Know standardized and qualitative choices for assessing, and discrete and holistic intervention methods for spelling, phonemic awareness and phonics. Be aware of the effects of poverty and culture  11. Know choices for assessing and intervention methods for oral and written syntax and morphology, especially using curriculum-based standards and methodology including awareness of cultural differences |
| 12. Know choices for assessing and compare intervention methods for oral and written vocabulary, and higher order meaning of language and cultural differences  13. Recognize social and academic characteristics of pragmatic language disorder, elements of story grammar and formats of expository text structure, cohesive ties, classroom dynamics, how to integrate language across curriculum  14. Know categorization systems for APD disorders and characteristic academic and language behaviors: Examine SCAN, Earobics and other APD materials: discuss possible uses and limitations  15. Compare and contrast disorders for strengths and weaknesses in attention, planning, memory organization, and problem solving  16. Apply categorization systems for social disorders, assessment instruments, classroom management and intervention programs  17. Knowledge of AAC systems and appropriate populations for use  18. Understand the characteristics of linguistic nonfluencies produced by people with learning disabilities and cluttering  19. Understand use of AAC in inclusive classroom settings, use of writing tools for LLD  20. Recognize qualitative differences in speech rate, prosody, intonation and phrasing characterizing Asperger’s, autism spectrum, cluttering  21. Understand syntactic acquisition and delays in play, storybook reading, and contexts of social interaction |
| **COMD 7382 Voice Disorders**  1. Understand physiology and acoustic characteristics of vocal production  2. Understand vocal effects of vocal misuse, abuse, and drugs  3. Understand cause and vocal effects of benign, nervous system, endocrine, and functional disorders  4. Understand characteristics of velopharyngeal insufficiency in nervous system lesions  5. Understand use of case history, instrumental, and noninstrumental components of assessment  6. Understand effects of surgical, pharmacological, prosthetic, and behavioral interventions on vocal and resonance disorders  7. Understand cause, characteristics, and treatment of laryngeal cancer  8. Understand characteristics and use of artificial larynx, esophageal speech, and tracheoesophageal puncture as communication options  9. Understand lifestyle changes associated with laryngectomy |
| **COMD 7384 Early Communicative Intervention**  1. Understand phonological-language basis for articulation disorders and apraxia  2. Understand relationships between linguistic nonfluencies and contextualization of language  3. Understand relationship between phonological development and phonemic awareness  4. Understand voice and resonance characteristics in Autism spectrum disorders, PDD, Asperger’s |
| 5. Understand Morphological development and disorders as described by psycholinguistic theory, dynamic systems theory, and connectionism. Understand development in Brown's stages, Late talkers, language delay and language disorders. Presymbolic to symbolic language  6. Understand oral vocabulary development and delays within semiotic theory, perceptual-language distance, decontextualized meaning  7. Pragmatic disorders as described by social development, theory and stages, Motherese, conversational and narrative discourse, social mediation, Vygotsky  8. Understand relationship between hearing impairment and language delays including CAPD/APD, screening for APD  9. Understand theoretical components of cognitive processing deficits in hearing impaired, language delayed, PDD spectrum, and genetic disorders. Explain in theories of cognitive development by Piaget and Nelson  10. Understand social development and disorders of preschool children, social and cultural differences, family centered, parent training, and other intervention models, theory of mind  11. Understand characteristics of nonverbal populations, AAC philosophy |
| **COMD 7385 Neuropathologies of Speech**  1. To understand normal neuroanatomy and physiology of the central and peripheral nervous system relative to motor function and programming  2. To demonstrate knowledge of the cause and characteristics of swallowing problems in neuromotor disorders  3. To demonstrate knowledge of assessment and management strategies for dysphagia in neuromotor disorders  4. Will be able to differentiate between flaccid, spastic, ataxic, hypokinetic and hyperkinetic dysarthrias  5. To demonstrate knowledge of the effects of each of the dysarthrias on the speech processes of respiration, phonation, resonance, and articulation  6. Will be able to describe the assessment process for the dysarthrias and apraxia  7. Will understand etiology and characteristics of apraxia in children and adults  8. Will understand the intervention options for the dysarthrias and apraxia |
| **COMD 7387 Aphasia in Adults**  1. Describe neuropathologies and their effects on speech, language, cognition, and behavior  2. Describe etiologies with behavioral/clinical characteristics of aphasia  3. Describe, evaluate, and select intervention strategies to treat aphasia and other acquired language disorders  4. Describe etiologies & behavioral/clinical characteristics of Apraxia of Speech  5. Understand etiological types of aphasia and associated symptoms  6. Be able to plan and interpret measurements of aphasia and associated neurogenic disorders  7. Understand structure and interpretation of assessments for acquired neurological disorders |
| **COMD 7480 Measurement and Diagnosis of Communication Disorders**  1. The student will be able to write a diagnostic report using the family-center format of zero to three reports that are often used in LA Early Steps Program.  2. The student will be able to compare and contrast his/her decision making process when selecting from a pool of at least ten different assessment tools used to measure and differentially diagnose child and adult disorders of articulation.  3. The student will be able to compare and contrast his/her decision making process when selecting from a pool of at least ten different assessment tools used to measure and differentially diagnose child and adult disorders of fluency.  4. The student will be able to compare and contrast his/her decision making process when selecting from a pool of at least ten different assessment tools used to measure and differentially diagnose receptive and expressive language disorders in the birth to three age range  5. The student will be able to compare and contrast his/her decision making process when selecting from a pool of at least ten different assessment tools used to measure and differentially diagnose receptive and expressive language disorders across oral and print modalities in the school to young adult age range  6. The student will be able to compare and contrast his/her decision making process when selecting from a pool of at least ten different assessment tools used to measure and differentially diagnose receptive and expressive language disorders across oral and print modalities in individuals with neurological impairment  7. The student will be able to select assessment tools that are appropriate for children who speak nonmainstream dialects of English.  8. Student will demonstrate the ability to select an appropriate intervention to be used to evaluate the client’s responsiveness to intervention.  9. The student will be able to compare and contrast his/her decision making process when selecting from a pool of at least three different assessment tools used to measure and differentially diagnose child and adult oral motor structure and function.  10. The student will be able to use data from a case history, norm-referenced and criterion-referenced tools, audio and/or video to differentially diagnose all disorder categories in a child, aged 2 to 6 years.  11. The student will be able to interpret data from an assessment that measures a client’s responsiveness to intervention as it relates to severity and prognosis.  12. The student will be able to demonstrate the ability to interpret assessment data that take into consideration discrepancies (or the lack of discrepancies) between a client’s deficits in cognition and language.  13. The student will be able to write an effective diagnostic report using a full-narrative format (the LSU format, similar to many reports in private practice).  14. The student will be able to write an effective diagnostic report using an abbreviated medical format (SOAP format, similar to many reports in hospitals/nursing homes).  15. The student will be able to write an effective diagnostic report using an abbreviated educational format (IEP format taken from Louisiana Public School models).  16. Understand ASHA code of ethics |

## ASHA Skill Standards:

Applicants for certification in speech-language pathology must complete 400 hours of clinical experiences in which they demonstrate skill competencies in evaluation, intervention, and personal interaction with people who exhibit the range of communication disorders and represent populations across the lifespan that are culturally and linguistically diverse. The competencies/outcomes are listed in Table 6.

**Table 6. Skill Outcomes**

|  |
| --- |
| ***Evaluation*** |
| 1. Conduct screening and prevention procedures. |
| 2. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals |
| 3. Select and administer appropriate evaluation procedures such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures. |
| 4. Adapt evaluation procedures to meet client needs. |
| 5. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention. |
| 6. Complete administrative and reporting functions necessary to support evaluation. |
| 7. Refer clients/patients for appropriate services |
| ***Intervention*** |
| 1. Develop setting-appropriate intervention plans with measurable and achievable goals that meet client needs, Collaborate with clients/patients and relevant others in the planning process. |
| 2. Implement intervention plans involving clients/patients and relevant others in the intervention process. |
| 3. Select or develop and use appropriate materials and instrumentation for prevention and intervention. |
| 4. Measure and evaluate client or patient performance and progress. |
| 5. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients. |
| 6. Complete administrative and reporting functions necessary to support intervention. |
| 7. Identify and refer clients/patients for services as appropriate. |
| ***Interaction/Personal Qualities*** |
| 1. Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client, family, caregivers, and relevant others. |
| 2. Collaborate with other professionals in case management. |
| 3. Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others. |
| 4. Adhere to the ASHA Code of Ethics and behave professionally. |

Students must demonstrate these specific skill competencies in evaluation, prevention, and intervention for individuals with disorders in the following ASHA Big 9 areas:

Articulation

Fluency

Voice/Resonance

Receptive & Expressive Language

Hearing

Swallowing

Cognitive Aspects of Communication

Social Aspects of Communication

Communicative Modalities

Demonstration of the skill competencies in these areas may occur in coursework assignments, research projects or clinical practica experiences.

Students must also demonstrate skills in oral and written communication that are sufficient for entry into professional practice in their written assignments and oral participation in classes as well as in their participation in clinical practica and clinical report writing.

# Additional Requirements Prior to Entering MA Program

**Completed Online Prior to August Classes:**

* Sexual Harassment and Ethics Training
* Protecting Human Research Participants
* Conflict of Interest Course
* Disclosure of Significant Financial Interests in Investigation

*All of the above online training can be accessed by following the instructions listed in* ***Online Training for All Graduate Students in COMD***

**Completed at Fall Orientation or First Week of Class:**

* HIPAA Training
* Infection Control Training
* Blood Borne Pathogens
* CPR Training Course

**Mandatory Immunizations:** Since you will be in direct contact with a variety of clients, you are required to have the following immunizations. These immunizations are also required prior to most off-campus placements:

* Aplisol-TB Skin test
* Hepatitis-B series

As you are entering a healthcare or educational profession, there are certain public health requirements to which our programs expect you to adhere. All LSU COMD immunizations that are required are also recommended by the Centers for Disease Control and Prevention (CDC). People who are not correctly immunized pose a significant public health risk to their patients, co-workers and themselves. If immunizations and TB tests are not up to date, we cannot guarantee that you will be accepted at medical and/or educational clinical rotation sites. This could impact your timely progression through the program, prevent you from participating in a variety of clinical experiences and ultimately may affect your graduation.

**Mandatory Background Checks**

# Advising and Information Dissemination

The COMD faculty provides students with a continuum of advising and information dissemination experiences throughout the MA program. Much of the advising occurs within group meetings, but students may make an appointment for individual advising at any point in their program of study.

## General Staffing/Orientation Meetings:

First and second year students attend General Staffing Meetings at the beginning of each semester. These meetings are organized into modules. The modules that a particular student attends depend upon their current level of experience and clinical assignments. Below are examples of topics for these meetings. One example of a module is students learn how to monitor progress in attaining KASA course and clinic competencies.

**Topics for the General Staffing/Orientation Modules**

* + Clinical Protocol
  + Undergraduate clinic
  + Off campus protocol, behavior and attitude
  + Hearing Screening Equipment Review
  + Speech Diagnostic meeting
  + HIPAA
  + Infection Control Guidelines
  + Evidence Based Practice
  + CPR Certification

**Supervisory Meetings**

Following a clinical assignment, students meet prior to the beginning of clinic and then weekly with their assigned supervisors. Supervisors individually advise and mentor students based on current knowledge, skill level, and needs regarding that specific clinical experience and client.

Throughout the MA program, electronic messages are sent to students with announcements and information. Announcements include: upcoming meetings and events, deadlines for submitting Practica Requests, end of semester details, and other opportunities in clinic and other information.

**Clinical Education Seminars (CES)**

The Clinical Education Series (CES) was created to enhance clinical skills and foster professional development in our students. It was established for 1st year graduate students and topics include, but not limited to, counseling, billing/coding, ethics, oral mechanism examinations, and community resources. Students are required to attend seminars.

**Research Roundtable Series**

Research presentations by faculty and students.

## First Year Advising:

First year graduate students attend an Orientation meeting when they first enter the program, general staffing meetings with a variety of topics related to clinical practica, and individual meetings with their clinical supervisors. Two mandatory group advising meetings are offered during the first year of studies. The first meeting occurs during fall orientation and the second occurs during mid-term of the fall semester. These advising meetings are conducted as a large group to assure that all students are provided all relevant information, and that all students receive the same information.

**Topics for the First Year Advising Meeting**

* **What is ASHA and how does it serve and protect our profession?**
* **What is KASA and how does it guide professional preparation?**
* **How do we track and monitor each student’s progression through the program?**
* **The LSU plan for completing a master’s degree in speech language pathology**
  + Information available in the MA Handbook
  + The overall scope and sequence of courses, including thesis and non-thesis options (link to handbook page)
  + A semester by semester profile of when courses are offered and which semester classes should be taken if a student is to remain “on track” for graduating at the end of 2 years (link to required courses outline and graphic maps for each semester)
  + How to register for the courses during the first semester of graduate school (link to LSU registration)
  + What to do if you have not met undergraduate prerequisites?
* **What is clinic and how are assignments made?**
  + Scheduling clinical assignments based on preparation and needs
  + Examples of clinical rotations
  + On-campus practica and supervision: purpose and expectations
  + Off-campus practica: opportunities, purpose, and expectations
  + Completing a practica request form
  + Scheduling clinic coursework after schedules are distributed
  + Declining a recommended clinical assignment
  + ASHA Code of Ethics
  + How and when to contact assigned supervisors
* **How to track clinic hours** 
  + What experiences count as clock hours? (link to ASHA certification requirements document)
  + What is the difference between KASA competencies versus 400 clock hours?
  + Keeping track using the Daily Clinical Experience Record (link to this form)
  + How to track hours in AAC, diversity, cognitive, social aspects
  + Summarizing experiences at the end of each semester with appropriate signatures
* **Long-term planning**
  + Discuss Clinical Experience Eligibility Based on Course Prerequisites form
  + Discuss Clinical Experience Sequence and Practica Options form
  + Plan ahead to take advantage of the opportunities available to you
* **What happens if you are not meeting competencies in courses or clinic?**
  + Mentoring plans
  + Probation
  + MA degree without eligibility for clinical certification
* **Who do you make an appointment with if you have additional questions?**

## Second Year Advising:

Students attend a Second Year group advising meeting during the spring of their first year to prepare their schedules for the upcoming summer and fall. In October of the second year, students attend a meeting to prepare them for graduation in the spring.

**Topics of the Second Year Advising Meeting**

* Required courses for the fall and spring semesters of year
* The Seminar Requirement: What it is and what are the choices?
* Elective courses for fall and spring
* Thesis Option: Begin this summer!
* Comprehensive Exam Project
* Begin thinking about the National Praxis Exam
* On-campus clinics which are prerequisite for fall and spring off-campus sites
* Available off-campus opportunities for pediatrics, school-age, and adults

**Preparing for Graduation**

* How to complete and file the paperwork needed for scheduling the comprehensive examination, completing the program of study, and the application for the MA degree
* Final dates for defending thesis, completing comprehensive exam, and dates department must submit results of exams
* Explanation of purpose and procedures for taking the National Praxis Exam in speech-language pathology
* Off-campus opportunities available in the spring
* Requirements for a doctoral degree

In addition to regular advising sessions, in the spring semester of the second year, a representative from the Louisiana Board of Examiners in Speech-Language Pathology and Audiology (LBESPA) brings application packets and explains the difference between ASHA requirements for certification and state licensure, as well as continuing education requirements, rules for working in Louisiana and other states, current professional issues, and professional organizations, such as LSHA and SPALS. The following topics are typically discussed:

**Topics for the Professional Preparation Meeting**

* Clinical Fellowship Year requirements and procedures
* Certificate of Clinical Competence
* State Licensure requirements and procedures
* Writing a resume
* Continuing education requirements
* Considering a doctoral degree

# 

# Scheduling

Students are responsible for scheduling their own coursework to ensure that they can attain their goals. They should pay attention to the graduate school’s posted schedule for each academic year for important dates available at

http://gradschool.lsu.edu/Enrolled%20Students/Calendars/item12021.html

## Class Scheduling:

Students plan the sequence of their courses depending upon their professional goals and undergraduate background. Table 7. shows a two year long course sequence for a student who is seeking certification as a speech-language pathologist and has completed the courses required in LSU’s BA program. This program includes clinic practicum registrations each semester, with a total of 6 of these hours counting as part of the student’s 12 hours of electives.

**Table 7. Class Sequence for Graduate Students With a COMD Undergraduate Background**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Year 1 | | Year 2 | | |
| Fall | Spring | Summer | Fall | Spring |
| 7280 | 7385 | 7153 | 7384 | Elec/Sem |
| 7381 | 7387 | Clinic | Elec/Sem | Clinic |
| 7382 | 7480 |  | Elec |  |
| Clinic | Clinic |  | Clinic |  |

Table 8. demonstrates a three year long course sequence for a student who is seeking certification as a speech-language pathologist but whose undergraduate program was in another discipline. The first year of this program includes eight of the required undergraduate courses. The second year includes two more of the undergraduate courses.

**Table 8. Class Sequence for Graduate Students Without a COMD Undergraduate Background**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Year 1 | | Year 2 | | | Year 3 | | |
| Fall | Spring | Summer | Fall | Spring | Summer | Fall | Spring |
| 4150 | 4153 | Clinic | 7280 | 7385 | 7153 | 7384 | Elec/Sem |
| 4250 | 4190 |  | 7381 | 7387 | Clinic | Elec/Sem | Clinic |
| 4380 | 4381 |  | 7382 | 7480 |  | Elec |  |
|  | 4382 |  | 4490 | 4590 |  | Clinic |  |
|  | 4383 |  | Clinic | Clinic |  |  |  |

It should be noted that all of these courses are only taught once per academic year and many of the courses require courses from prior semesters as prerequisites. Failure to take all of the courses in a semester can significantly prolong a student’s program of study.

## Clinical Practica Scheduling

**Clinical Practica Eligibility**

Students must have successfully achieved knowledge outcomes regarding the characteristics, etiologies, assessment, prevention, and intervention of a particular type of speech/language disorder prior to enrolling in practica with a person exhibiting that disorder, including supervised observation of clinical practice, for a particular type of disorder prior to scheduling a client with that type of disorder. As a result, students at first are scheduled for a limited variety of clients. With each semester, they are eligible to schedule a wider variety of clients. However, there are situations when a student may be enrolled in a class and clinic simultaneously. The following are examples of eligibility, based on the classes in which a student has successfully demonstrated knowledge outcomes.

**Example 1**

Students have successfully demonstrated the competencies in 4381, 4382, and 4190. Therefore they are eligible for clinical assignments involving children’s articulation and language disorders, and our off campus screening clinic.

**Example 2**

Students have completed 4383 and 4590. They are able to add to their schedules clients with needs in fluency and aural habilitation. Students who completed 4751 are eligible for an assignment with the adult aphasia client. Students who are enrolled in 7381 are eligible for school age language-learning intervention assignments.

**Example 3**

Students who have completed 7382 and are therefore eligible for clients with voice and resonance needs.

**Example 4**

Students who have completed the 7385, 7387, and 7480 are eligible to work with individuals with all of the neurogenic disorders. They are also eligible for the diagnostic clinics.

# Clinical Observation

Prior to engaging in clinical practica with a person exhibiting a particular type of disorder, the student must not only have demonstrated the knowledge competencies for that disorder, they must also have completed supervised observation of clinical practice for that disorder. Twenty-five of these hours are counted toward the 425 clinical contact hour requirement.

Supervised clinical observation hours may be obtained in three ways: in classes, observations within the LSU- SLHC clinic, and/or observations at community clinics.

Students may enroll in 4681, a one credit hour class, which meets twice a week for one hour. This class provides opportunities to participate in 20 – 30 hours of supervised observations of clinical practice for a variety of disorders. At the end of the class, the students will be given a record of their observations on the Observation Hour Summary form (also found on the COMD website) that categorizes observation hours by disorder type and clinical procedure type. Students will also receive observation hours within a number of the classes. For example the instructors of 4681, 4682, and 4683 typically provide opportunities to observe clinical practice through observation of videos. The instructors will supply students with an **Observation Hour Summary** form to document their observations.

Students may also arrange to obtain supervised observations of clinical practice by contacting supervisors in the LSU Speech, Language, and Hearing Clinic. The supervisor will arrange a place for the observation to occur and will document the hours observed using the **Daily Clinical Experience Form**. Students who have not obtained observation hours in a particular type of clinical assignment should contact their supervisor for the next semester to arrange observation hours as soon as the assignment is made.

Students may also arrange to obtain supervised observations of clinical practice by making arrangements with an off-campus supervisor. An LSU faculty member will act as liaison to ensure that the off campus person has the appropriate credentials and files the appropriate forms.

# Typical Sequences of Clinical Practica Assignments

The purpose of clinic practica is to provide the students in speech-language pathology with a wide range of clinical experiences under the supervision of ASHA certified professionals. The clinical experience enables students to translate information that is presented theoretically in didactic courses into applied practice within clinical course work.

ASHA places minimum standards on the amount of clinical practica that a student must complete in order to practice professionally. These standards assure that a student has at least one experience with a variety of clinical cases. Programs that are strong clinically assure that students have opportunities to exceed these minimum standards. Since each case is unique and many differences exist, it is important that the student experience more than one client manifesting any etiology during their training program. Therefore, students may receive more than one practica experience for any given disorder/etiology.

Scheduling of clinical practica must also take into account the availability of clients and supervisors on a semester by semester basis. Therefore, all graduate students will not be able to schedule a particular type of experience as soon as they are eligible. Table 9. demonstrates six options of progressions through clinical experiences. Each track through the clinical options will enable the successful student to demonstrate all of the necessary clinical competencies across the range of disorders demanded by the ASHA standards.

**Table 9. Example Rotations Through Clinical Practica**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Grad School**  **First Fall** | **Grad School**  **First Spring** | **Grad School**  **Summer** | **Grad School**  **Second Fall** | **Grad School**  **Second Spring** |
| 1 | AurReh  Aph Individual | Voice  Fluency  LLD | Diag  Child Lang  Artic | Off Camp Adlt  Screening Clinic | Preschool:autism  Off Camp Peds |
| 2 | Fluency  AurReh  TBI | Voice  Child Lang | Artic  Screening Clinic | Diag  Off camp adult  LLD | Preschool:autism  Off Camp Peds |
| 3 | LLD  Preschool  Artic | Fluency  AurReh  Voice | Diagnostic  Off campus Peds | Aph Individual  TBI  Screening clinic | Off campus adults  Child language |

The typical recommendation is for students to enroll in 3 clinics per semester. Each clinic will typically meet for 2-3 hours per week with either 1 or 2 clients during that time slot.

Students are expected to complete practica courses satisfactorily in order to receive University credit and clinical clock hours (C or better). Students who voluntarily do not complete a practicum sequence/experience will not be credited with any clock hours for that particular practicum.

Any student who has not finalized satisfactorily and turned in to the supervisor ALL clinical work for that practicum by the grade deadline will automatically receive a grade of “F” for that practicum regardless of the probable grade discussed in the final evaluative conference, except under extenuating circumstances approved by the supervisor

# Practica Requests

Near the end of each semester, the Coordinator of Clinical Services will ask students to submit requests for practica assignments by the following semester. Students who wish to request practica assignments for the following semester will submit the **Practica Request Form**. All students in the MA program are expected to enroll in clinical practica each semester of graduate school.

Students are responsible for knowing what type of experiences they need to fulfill their ASHA requirements. In addition, they are responsible for seeking a variety of experience in their interest areas.

This request forms ask for information on the courses that have been completed, will be completed, or will be taken during the semester of the requested clinic.

In addition, it requests information regarding the student’s schedule for the following semester and the specialty clinics in which the student is interested. This form will be returned to you with your assignments for the following semester. If a student has not obtained the appropriate clinical observation hours for an assignment, they should contact the supervisor immediately to make arrangements to do so. **Once the student receives this completed form with their clinical assignments it is the student’s responsibility to register for the appropriate clinical course numbers, credit hours, and section numbers prior to the deadline, posted by the Registrar’s Office, in order to avoid a late registration fee.**

## Off-Site Practicum:

Initial clinical experiences will generally be obtained on-campus and under the supervision of LSU faculty. However, once a student has demonstrated clinical competence in basic assessment, treatment, report writing and other necessary skills, the student is eligible for off-campus placements. These opportunities enable students to gain experiences in the community at a variety of sites. The typical student has two off-site placements during their two-year program. It is wise for students to choose to experience both a pediatric site and an adult site. A variety of off-campus sites and specialty clinics are available for student requests. Off-campus sites change each semester, and students are given a list prior to their requests of available sites for that semester. The Coordinator of Clinical Services will be responsible for the coordination of all off-campus practicum. The ASHA certified clinician in each facility will be directly responsible for supervision on site. The Coordinator of Clinical Services will be responsible for site visits, feedback from off-site supervisor, assigning of grade, etc. All policies and procedures stated in this Handbook will apply to off-campus experiences. Students should familiarize themselves with the rules, procedures, and staff of the specific facilities at which they are working or observing.

**Requesting Off-Campus:**

The student must initiate a request for an off-campus experience by submitting a Practicum Request Form during preregistration. This is a request; it does not assure that the student will be assigned the experience. These decisions are based upon the number of students making similar requests and sites available.

The student must have a GPA of “B” or higher to be assigned to an off-site. In addition, the student must have completed the prerequisite course work designated for the off-site practicum.

The student must assure that his/her schedule allows for sufficient time to participate in the off-site practicum. Generally, these practica require a commitment of approximately 10-20 hours per week. Schedules are arranged with the off-site supervisor, the Student Clinician, and the Coordinator of Clinical Services. **Students are expected to follow the off-site’s calendar/holiday schedule.** The student will be expected to meet any additional requirements from the off-site, such as: TB testing, criminal background checks, CPR training, etc.

The student must have transportation to the off-site. Students must sign transportation document.

Once the off site begins the student is **NOT ALLOWED** to drop the off site clinic. This registration does not follow general drop and add rules of courses.

## Examples of Off-Site Facilities Currently Affiliated with LSU COMD

|  |  |  |
| --- | --- | --- |
| **Facility** | **Site Type** | **Focus** |
| Abilities – Helping Kids Succeed | Private practice | Pediatrics   * Artic, language, autism, reading-language |
| Access to Better Communication | Private Practice | Pediatrics   * Artic, language, autism, LLD, fluency |
| Baton Rouge General Medical Center (Mid City and Bluebonnet) | Hospital | Adults   * Neurological, voice, swallowing |
| Baton Rouge General Outpatient Center |  | Pediatrics   * Artic, language, voice, reading-language |
| Baton Rouge Speech and Hearing Foundation | United Way Agency | Pediatrics   * Autism/language groups, ABA therapy |
| Early Steps– Early Intervention | Home-based therapy | Infants and toddlers   * Autism, PDD, CP, language, feeding/swallowing |
| Early Steps – Aural Rehabilitation | Home-based therapy | Infants and toddlers   * Hearing impairments |
| Lane Memorial Hospital, Zachary | Hospital | Adults   * Neurological, dysphagia |
| Scottish Rite |  | Pediatrics   * Developmental disabilities, AAC, artic, language * Tuesday and Thursday mornings only |
| McMains Children’s Developmental Center | Out patient center | Pediatrics   * PDD, CP, Downs Syndrome, language |
| North Oaks Health System (Hammond) |  | Adults   * Dsyphagia, aphasia, apraxia, trach, laryngectomy |
| North Oaks Health System (Hammond) |  | Pediatrics   * Autism, reading/language, voice, artic, lang |
| Neuro Therapy Specialists Inc. |  | Pediatrics |
| Our Lady of the Lake Hospital |  | Adults:   * Aphasia, neuromotor, TBI |
| Our Lady of the Lake Hospital – Voice Clinic |  | Adults:   * Neuro adult, head/neck cancer, dysarthria |
| Promise Hospital | Hospital | Long-term acute care |
| Public Schools (East Baton Rouge, Zachary, Livingston, Ascension) |  | School-aged children   * Language, artic, voice, fluency |
| Women’s Hospital | Hospital | Pediatrics   * Artic, lang, voice, developmental delay |

# Practicum Appeal Process

If a student does not meet the prerequisites for a particular practicum but requests such assignment, an appeal can be made to the Department, via the Coordinator of Clinical Services. Such an appeal should be based on a sound educational reason.

The Appeal Process: A letter stating what is being appealed and the reason/justification for the appeal must be submitted. The letter must be accompanied by a statement of approval or disapproval of the appeal written and signed by the student’s academic advisor. The written appeal must be submitted at least one week before the deadline for submission of Practica Requests for the following semester, the semester for which the appeal is sought.

## Declining a Practicum Assignment:

Completion of the master’s program within a two year period with all of the clinical experiences necessary to demonstrate the full range of competencies typically requires that the student complete three clinical assignments each semester. Students who choose to decline a clinical assignment will be asked to submit the form, **Declining a Class or Clinical Assignment Form**, acknowledging that this choice will likely result in their graduation being delayed. This must be completed prior to the initiation of the practicum. Once practicum has begun, the student is **NOT** allowed to drop clinic, unless there are extenuating health issues.

# Supervisors of Clinical Experience

The major responsibility of Clinic Supervisors is the training, observation and evaluation of student clinicians. Clinic Supervisors are responsible for all matters of clinical procedures, such as assisting the Coordinator of Clinical Services in the scheduling of students and clients, interviewing and counseling parents, evaluations, and planning and carrying out therapy.

ASHA mandates that student clinicians be directly supervised during at least 25% of the therapy sessions they conduct. Diagnostic sessions are mandated to be directly supervised at least 50% of the contact time.

Mid-semester and final conferences are held with each student, at which time the student is informed of his/her current ratings on the appropriate clinician rating form and also informed of his/her grade (**current clinical grading form**). Please check the COMD website and Moodle for copies of the individual rating forms for each separate disorder. Additional student conferences can be requested by the student or the Clinic Supervisor. Specific times during the week are set aside by each supervisor for conferences and are posted where students can sign up for meeting times.

Clinic Supervisors are responsible for the distribution, collection, and care of clinical materials (tape recorders, tests, etc.) and clinical forms used by the students they supervise. All Clinic Supervisors are directly responsible to the Coordinator of Clinical Service

# Student Clinician Responsibility

Students are assigned to the clinic to receive training and experience in interviewing, evaluating, counseling, and providing therapy. Student practicum is assigned according to the caseload of the clinic and the needs of the student clinician.

The student is expected to translate and integrate his academic knowledge with clinical skills and procedures. The Clinical Supervisors may give demonstrations, guide student clinical performance through observations and conferences, and assist him/her in other ways to achieve clinical competence.

The student clinician is directly responsible to his/her Clinical Supervisor(s). It is hoped that the student clinician will not hesitate to use the supervisory staff and other faculty members in his/her quest for knowledge and clinical competence. It is important, however, to remember that final decisions regarding clinical practice with a specific client and student practicum grades lie with the assigned Clinical Supervisor.

**Clock Hour Forms:**

It is the responsibility of the Student Clinician to record and maintain all clinical hours using the **Daily Clinical Experience Form** and CALIPSO. These hours must be signed by each individual supervisor at the semester’s final evaluation meeting.

**Initial and Final Case Summaries:**

Each supervisor will detail instructions for the submission of initial and final case summaries. It is the responsibility of each student to maintain appropriate documents for each client.

# Procedure for Students Displaying Marginal Clinical Performance

Because a clinical supervisor works with small numbers of students during the semester, the provision of clinical opportunities is costly to the department and university. Students who are failing to develop clinical skills at an appropriate rate may be refused future clinical assignments. Please be aware of our policy for Students Displaying Marginal Clinical Competence. It describes the procedures used in such cases.

**Marginal Clinical Competence**

At mid-term of each fall and spring semester each supervisor will individually review all students with the Coordinator of Clinical Services. For summer and ½ semester practicum, this review will be conducted after the 2nd full week of patient contact.

**Step 1:** If a student’s performance is deemed unsatisfactory after this initial review, the student is scheduled for a Clinical Support Plan meeting with all current supervisors and the Coordinator of Clinical Services, to discuss the student’s areas of weakness, areas of strengths, plans to remediate the weaknesses, who will have responsibility for the remediation plans, and a timeline of when the remediation must be complete. All members of the meeting sign the Clinical Support Plan and a copy is placed in the student’s permanent file. NOTE: The student may be asked to drop the clinic if at any time the weaknesses prevent adequate clinical services for that client.

**Step 2:** At the end of the semester, the student, current supervisors and the Coordinator of Clinical Services will meet again to discuss performance since midterm. If areas of weakness have not been remediated, as specified in the Support Plan, the student is placed on Clinical Probation for the start of the next semester and all upcoming supervisors and the department chair are notified and the student’s status is updated in the student’s permanent file.

**Step 3:** At the beginning of the new semester, the student, the current supervisors and the Coordinator of Clinical Services will meet to develop a new Clinical Probation Plan. Copies will be signed by all members and placed in the student’s permanent file.

**Step 4:** At the mid-term staffing, if concerns/weaknesses have not been remediated, the issue is referred to the chair of the department and a committee, consisting of graduate faculty, the Coordinator of Clinical Services, current supervisors is formed. The committee will decide whether the student will:

1. continue on probation with modifications to the remediation plan
2. be counseled to withdraw from the clinical program
3. reduce clinical load, thus extending the program of study
4. be removed immediately from any clinical activity for the semester
5. repeat any clinics

**NOTE:** **At no time in this process may a student be assigned to ANY off campus practicum. In addition, a student on probation or on a Clinical Support Plan will not be scheduled for off campus for the following semester.**

# Procedure for Addressing Student Clinical Concerns

If a student has a concern or question regarding his/her current clinical practicum, those concerns or questions must first be addressed to the student’s current clinical supervisor. It is recommended that the student request an appointment with the supervisor so that sufficient time and attention can be given to the student’s concerns. In the event that the concern is not successfully resolved in this way, the following steps should be followed.

**NOTE: Issues involving alleged harassment do not follow this process and must be reported directly to a department or university administrator.**

1. The attached **Student Concerns Form** is completed by the student and submitted to the department clinic committee. The student must secure the current supervisor’s written response on the form. The student and the current supervisor sign the form.
2. The Department committee may address the concerns at their next regularly scheduled meeting or a special meeting may be called, depending on the urgency of the request. Response to the concern should not take more than 14 days except by mutual agreement of the student, supervisor and committee. The student and the student’s current supervisor will be contacted by phone or in person to answer questions of the committee related to the concern. The student may bring an advocate to assist in answering any questions the committee has. Committee response must be in writing on the form and a committee representative and the student must sign the form. Whether or not the concern is successfully resolved, a copy of the form is given to the chair and the student, and a committee rep is responsible for notifying the supervisor and obtaining his or her signature on the form to ensure that he/she is aware that the concern is resolved or is moving forward.
3. If the concern is not resolved, the student may submit the form to the department chair and make an appointment to meet with him/her to discuss the concerns. The chair investigates and makes a decision within 10 days of meeting with the student/supervisor. The chair will provide a written response on the form and student and chair sign. The chair will notify the faculty member/supervisor of the outcome of the meeting and obtain his/her signature indicating that they have been notified.
4. If the concern is not resolved, the student may follow the Council on Academic Accreditation Procedures for Complaints Against Graduate Education Programs found on the ASHA website. A complaint about any accredited program or program in Candidacy status may be submitted by any student, instructional staff member, speech-language pathologist, audiologist, and/or member of the public.

All complaints must be signed and submitted in writing to the Chair, Council on Academic Accreditation in Audiology and Speech-Language Pathology, American Speech Language-Hearing Association, 10801 Rockville Pike, Rockville, MD 20852. The complaint must clearly describe the specific nature of the complaint and the relationship of the complaint to the accreditation standards, and provide supporting data for the charge. The complainant's burden of proof is a preponderance or greater weight of the evidence. Complaints will not be accepted by email or facsimile.

*The student may terminate the process at any level.*

# Clinical Materials and Equipment

Tests and certain equipment are kept in the Materials Room (56A Hatcher Hall). All tests and equipment should be signed out appropriately just before use and returned immediately after the therapy/diagnosis session, so that others have equal access to such materials. The current **Assessment Tools Document**, found on Moodle, lists all the assessment tools found in the Materials Room. In addition, ALL students enrolled in clinical practicum are required to maintain an **Assessment Tool Log**, which can also be found on Moodle. This log should be initialed by supervisors and a copy of this log will be requested at the termination of each semester. Instructions for completing this form may be found in the **Assessment Log Instructions Document**.

Student clinicians have available the use of general clinic equipment. A current list of equipment available can be found on Moodle. Students must sign out all equipment.

Some toys are available for use and are also kept in the Therapy Gym. While these do not need to be officially signed out, it is important that they too are taken just before the student’s session and returned to the proper place immediately after use so others have access to them

**Unclaimed Personal Materials**: A date to signify the deadline for removal of all personal materials from the clinic area will be given at the end of each semester. Students should remove their personal items for the Clinician’s Workroom and from personal lockers. Any materials remaining after the deadline will become the property of the LSU Speech, Language, Hearing Clinic.

**Viewing Recorded Sessions:** All viewing will be initiated by your Clinical Instructor and will take place in the observation room or in their office. Recordings of clients are not to be taken out of the clinic. Any viewing of recorded sessions other than in the designated clinic area will be a break of client confidentiality and will be subject to penalty.

# Clinical Administrative Procedures

It is the responsibility of the Clinic Secretary to gather all initial vital information, such as name of client, names of parents, address, birth date, school, referral source, and statement of problem. This information is then placed in the temporary or permanent file.

It is the student’s responsibility to ensure that all appropriate documents are completed: Consent Form, Service Agreement, Release of Information, Request for Therapy, Request for Continued Therapy, Case History, etc.

**\*These documents are not to leave the client’s file in the clinic**

**Client Files:**

All therapy and diagnostic clients will have either a temporary file or a permanent file kept in the “working” file cabinet in the Clinic Secretary’s office. These files contain all confidential information such as; evaluations, copies of tests, final case summaries, correspondence, and records of telephone contacts related to the client. These files can be checked out from the Clinic Secretary and reviewed in the Clinic only. **Under NO circumstances are these folders or any information from them to leave the general clinic area!** Students may use files in the Student Workroom, Audiology areas, Materials Room, and therapy rooms.

**All files must be returned to the Clinic Secretary’s office by 4:30p.m. each day!**

There is a late check-out policy and a week-end check out policy in place if students must work on files later than 4:30p.m or on the weekends. The file needs to be checked out separately in the Late Check-out binder, kept in the Clinic Secretary’s office. The student then returns the file to green filing cabinet in Room 56, the Dx. Materials Room. For week-end check out, the student must sign out in the Late Check out binder before 4:30 on Friday and place the folder in the green filing cabinet in Room 56 to have access to it over the week-end.

**Students are NOT allowed to print any reports/treatment plans/SOAP notes, with patient health information, from home or from anywhere outside the clinic. All final reports will be printed in your Clinical Instructor’s office. If students are found to violate this policy this will result in an immediate F in clinic and a loss of all clock hours for that particular client.**

**Clinic Work Folders:**

Initial case summaries, lesson plans, and other information pertinent to the actual working with the client are to be filed in the Clinic Work Folder. A file cabinet is maintained in the workroom where these folders MUST be kept. These folders are not to leave the Clinic. At the end of each semester, those materials in the Clinic Work Folders, which are not placed in the Permanent Clinic file, must be destroyed. **NO CLIENT INDENTIFIYING INFORMATION CAN BE IN THESE FOLDERS.**

# Tracking Your Progress

Our department uses the program CALIPSO to track class and clinical competencies. Each student is required to pay the individual registration fee of approximately $85. This fee will allow you access to your class and clinical profile.

During your first semester you will be registered and trained on CALIPSO.

# Professional Ethics

Everyone involved in any aspect of clinical practice must be thoroughly acquainted with the CODE OF ETHICS of the American Speech-Language-Hearing Association (ASHA). In addition, student clinicians must employ the following ethical and professional behaviors:

1. Keep all client information confidential. Do not revealing any information obtained from or about him/her without his/her express written permission. This includes giving reports to outside agencies or professionals. It also includes discussing clients outside of the therapy room or the Clinic Supervisor’s offices, removing case folders or their contents from the clinic, keeping identifiable therapy files outside clinic, viewing client video tapes outside of the clinic, or in other ways violating the client’s confidentiality. This includes following HIPAA guidelines. Do not discuss/post client information on any social media outlet.
2. Do not write or report things that may discredit professional colleagues or members of allied professions.
3. Do not question the diagnosis of a client except with the appropriate Clinic Supervisor. Doubts or disagreements should never be expressed to the client or other lay persons.
4. Use only diagnostic or therapeutic techniques for which the Student Clinician has received adequate training and supervision and supervisory approval.
5. Do not significantly modifying clinical techniques, goals, or client management without the approval of the Clinic Supervisor.
6. Being absent from any scheduled therapy session without prior notification to and approval by the Clinic Supervisor. All unexcused absences will be reported to the Coordinator of Clinical Services. **The penalty for the first unexcused absence will be loss of all previously earned clinical hours with that client for that semester. The second unexcused absence will result in loss of all previously earned clinical hours for the semester and removal from all clinical duties for that semester. In addition, after the second unexcused absence the student will be placed on Clinical Probation.**
7. Punctuality. Being late to scheduled therapy sessions. Three such occurrences shall be treated as one unexcused absence.
8. Address clinical faculty and staff or student clinicians by their appropriate title (Dr. Mr., Mrs., Ms.) during clinical activities.
9. Appropriate dress.
10. Providing speech, language or hearing services unless this service is under competent supervision and as a part of the training program. A student cannot “perform therapy” with a neighbor’s child, etc.
11. Engaging in practices or actions that might have undesirable effects on the client, other professionals or students, or the training program.

\*Please see **Professional Qualities Rating Form**. Note your letter grade will be dropped should professional and ethical practices be violated.

# Dress Requirements:

* Dress in casual business attire at all times. Polo with Khaki Pants, closed dress shoes
* Hair should be neat and a natural color.
* Not allowed: jeans, shorts, short skirts, revealing necklines/waistlines, or tank tops.
* Do not wear sneakers unless it is the accepted dress (consult Clinical Instructor).
* Wear only simple, tasteful jewelry.
* Remove all body piercings.
* Cover all visible tattoos.

**Dressing for Clinical Responsibilities:** In providing or participating in professional service, clinicians are expected to wear the designated Center identification and to dress in a manner befitting a professional person. This expectation applies to clinical responsibilities both at the Center and at off-campus sites. Dress standards may vary with the off-campus site, so students should inquire about the dress code at the site.

# Infection Control Policy and Procedure

**Infection control** is the conscious management of the clinical environment for purposes of minimizing or eliminating the potential spread of disease (Bankaitis & Kemp, 2004; 2005).

**Standard Precautions** – “Assume that every person is potentially infected or colonized with an organism that could be transmitted in the healthcare setting and apply the following infection control practices during the delivery of healthcare (Rhinehart et al, Center for Disease Control and Prevention (CDC) 2007)”.

**Hand Hygiene**

Perform hand hygiene: 1) before direct contact with patients, 2) after contact with blood, bodily fluids or excretions, mucous membranes, or nonintact skin, 3) after contact with inanimate objects in the immediate vicinity of the patient, and 4) after removing gloves.

Wash hands for at least 15 seconds with non-antimicrobial soap and water or with antimicrobial soap and water if contact with spores is likely to have occurred. The physical action of washing and rinsing hands under such circumstances is recommended because alcohols, chlorhexidine and other antiseptic agents have poor activity against spores.

If an alcohol-based hand sanitizer is used, rub the sanitizer all over hands, especially under fingernails and between fingers, until hands are dry.

**Gloves**

Wear gloves when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, nonintact skin, or potentially contaminated intact skin could occur.

Wear gloves: 1) with fit and durability appropriate to the task, 2) for providing direct patient care and 3) for cleaning the environment or equipment.

Remove gloves after contact with patient and/or the surrounding environment and do not wear the same pair of gloves for the care of more than one patient.

**Respiratory Hygiene/Cough Etiquette**

Educate personnel on the importance of source control measures to contain respiratory secretions to prevent droplet transmission of respiratory pathogens. Instruct persons with symptoms of a respiratory infection to: 1) cover their mouths/noses when coughing and sneezing, 2) use and dispose of tissues and 3) perform hand hygiene after hands have been in contact with respiratory secretions.

**Care of the Environment**

Establish policies and procedures for routine and targeted cleaning of environmental surfaces as indicated by the level of patient contact and the degree of soiling. Clean and disinfect surfaces that are likely to be contaminated, including those that are in close proximity to the patient and frequently-touched surfaces (e.g. door knobs and horizontal surfaces).

In facilities with pediatric patients and waiting areas with child play toys, toys should be cleaned at regular intervals.

* Select toys that can be easily cleaned and disinfected
* Do not permit use of stuffed furry toys
* Clean and disinfect large stationary toys at least weekly or whenever visibly soiled
* If toys are likely to be mouthed, rinse with water after disinfection; alternatively wash in a dishwasher
* When a toy requires cleaning and disinfection, do so immediately OR store in a designated labeled container separate from toys that are clean and ready to use

**Cleaning –** removal of gross contamination from surfaces or objects *without killing germs.*

**Disinfecting –** process in which germs are killed.

**Sterilizing –** killing 100% of vegetative organisms.

**Critical instruments include**: 1) instruments or objects introduced directly into the bloodstream, 2) non-invasive instruments that come in contact with mucous membranes or bodily substances and 3) instruments that can potentially penetrate the skin from use or misuse.

Critical instruments should be cleaned first, and then sterilized. Cold sterilization includes use of glutaraldehyde solutions (2% or higher) or solution with 7.5% hydrogen peroxide.

**Student Training Infection Control Policy and Procedure**

1. Students will be required to pass an online Infection Control Tutorial at the initiation of their first semester in graduate school and provide certification of completion.
2. Students will adhere to all of the policies and procedures outlined in the Infection Control Policy and Procedure Guidelines on Moodle.
3. Students will document daily completion of their infection control procedures in each therapy/diagnostic/audiology testing rooms at the time of use.

**Departmental Policy Regarding Proficiency in English and/or Other Languages of Service Delivery and All other Performance Expectations**

The Department of Communication Sciences and Disorders has established academic standards and minimum essential functions (defined on the following pages) that must be demonstrated by students with or without reasonable accommodations in order to participate in the program and to complete it successfully. Students with conditions that may require accommodations will be referred to the Office of Disability Services for a determination of whether the condition is a disability as defined by applicable laws, and for a determination of what accommodations are reasonable. The determination will specifically take into consideration whether the requested accommodation might jeopardize the safety of clinic clients or the ability of the student to complete the classroom, laboratory, and clinical coursework required for the MA in COMD program. Whenever possible, reasonable accommodations will be provided for students with disabilities to enable them to meet these standards and ensure that they are not denied the benefits of, excluded from participation in, or otherwise subjected to discrimination.

Essential Functions

The faculty of the Department of Communication Sciences and Disorders endeavors to select applicants who have the ability to become highly competent speech language pathologists. Admission and retention decisions are based not only on satisfactory prior and ongoing academic achievement but also on non-academic factors that serve to insure that the candidate can demonstrate the essential functions of the academic and clinical program required for graduation. **Essential functions**, as distinguished from academic standards, refer to those cognitive, physical, and behavioral abilities that are necessary for satisfactory mastery of the curriculum, and the professional attributes required of all students at graduation. Essential functions can be described in relation to six areas: **physical health**, **motor**, **sensory**, **communication**, **intellectual/cognitive** (conceptual, integrative, and quantitative abilities for problem solving and diagnosis), **behavioral/emotional**, and the **professional** aspects of the performance of an SLP professional. Each is described below:

**1. Physical Health -** The student must possess the physical health and stamina needed to carry out the SLP Program. The student must be able to continuously sit or stand for several hours.

**2. Motor Skills -** The student must have sufficient motor function so that he or she can (1) access transportation to all academic settings and clinical affiliations, (2) process relevant academic and clinical information (e.g., take notes during class and during client interviews, type papers and clinic reports, participate in classroom discussions and client counseling sessions, give oral presentations, model the production of speech, etc.), (3) use a computer

keyboard to operate clinical and laboratory equipment, and to (4) execute movements required to provide with acuity, accuracy, facility, complete speech/language and dysphagia evaluations and to provide therapeutic services to clients of all ages and genders across a full range of clinical and educational contexts.

**3. Observation Skills** – Students must have sufficient vision and hearing to observe effectively in classroom, laboratory, and clinical settings. Hearing (aided or unaided) must be functional for the speech frequencies. Students must be able to master information presented in course work through lectures, and recorded audio signals, including subtle discriminations involving individual phonemes, phoneme sequences, words, larger language segments, and suprasegmental features of speech. Vision (aided or unaided) must be sufficient to allow for the processing of written materials, projected video segments, laboratory demonstrations, and demonstrations in the clinical training portion of the program. When performing clinical evaluations and treatments, the student must be able to observe a client sufficiently from varying distances to identify nonverbal communication signals (e.g., body orientation, joint attention, facial expressions, conventional gestures, manual signs, proxemics cues). The student must further be able to read a case history and to perform a visual evaluation of various oral, manual, and cranio-facial structures (i.e., ear, throat, oral cavity, skull, etc.) and functions (e.g., individual oral-motor movements, swallow patterns, articulatory gestures, manual gestures, facial expressions, visual gaze patterns, body postures, etc.). The student must have sufficient sensory capability to perform all required evaluations and treatment protocols using instruments and tools necessary for accurate, efficient, and timely completion of such activities, including the ability to interpret video swallow studies.

**4. Communication Skills –** Consistent with ASHA’s Standard IV-B for Certification in Speech-Language Pathology, the student “must demonstrate communication skills sufficient to achieve effective clinical and professional interaction with clients and relevant others.” For oral communication, students must “demonstrate speech and language skills in English, which, at a minimum are consistent with ASHA's most current position statement on students and professionals who speak English with accents and nonstandard dialects.” For written communication, students must “be able to write and comprehend technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence.“ Information must be communicated in a succinct yet comprehensive manner and in settings in which time available may be limited. These skills require the ability to assess and effectively communicate all relevant information including the significance of nonverbal responses. Also required is the ability to immediately assess incoming information to allow for appropriate, well-focused follow-up inquiry. The student must be capable of responsive, empathic listening to establish rapport in a way that promotes openness on issues of concern and sensitivity to potential cultural differences. He or she must express his or her ideas clearly and demonstrate a willingness and ability to give and receive feedback.

**5. Cognitive Skills –** The student must have the cognitive abilities necessary to master relevant content in basic science and clinical courses at a level deemed appropriate by faculty and professional staff. These skills may be described as the ability to comprehend, memorize, integrate, analyze, synthesize and apply material. He or she must be able to develop the reasoning and decision making skills needed for problem solving appropriate to the practice of speech-language pathology.

**6. Behavioral/Emotional Health –** The student must possess the emotional health required for the full utilization of his or her intellectual abilities, the exercise of good judgment, the ability to manage the use of time, and the prompt completion of all responsibilities attendant to the diagnosis and treatment of communication disorders. In addition, he or she must be able to maintain mature, sensitive, and effective relationships with clients, students, faculty, staff, and other professionals under all conditions including highly stressful situations that may be associated with some clinical contexts. The student must have the emotional stability to function effectively under the typical stresses of clinical settings and to adapt to an environment that may change rapidly without warning and/or in unpredictable ways. The student must know if his or her values, attitudes, beliefs, emotions, and/or experiences affect his or her perceptions and relationships with others. The student must be willing and able to examine and change his or her behavior when it interferes with productive individual or team relationships. The student must possess skills and experience necessary for effective and harmonious relationships in diverse learning and working environments.

**7. Professional Skills –** The student must possess emotional health sufficient to carry out the tasks above, must have good judgment, and must behave in a professional, reliable, mature, and responsible manner. The student must effectively manage the use of time and be able to systematize actions in order to complete professional and technical tasks with realistic constraints. He or she must be adaptable, possessing sufficient flexibility to function in new and stressful environments. He or she must be able to critically evaluate his/her own performance, be forthright about errors, accept constructive criticism, and look for ways to improve academic and clinical performance. The student must show respect for individuals of different age, ethnic background, religion, sexual orientation, and disabilities across the diverse spectrum of communicative disorders. The student must exhibit professional behavior by conforming to appropriate standards of dress, appearance, language, and public behavior. The student must uphold the Code of Ethics of the American Speech-Language and Hearing Association and LSU’s standards of academic honesty. It is expected that the development of essential professional skills will occur over the course of the program with the support of faculty through a combination of modeling, direct instruction, and constructive performance feedback**.**