Position Descriptions
Clinical Education

Department of Communication Sciences and Disorders
Saint Louis University

Prepared by Travis T. Threats, Ph.D., Chair

Clinical Education Principles

This document sets forth the goals and aspirations of the clinical education provided to students in the Department. The Scope of Practice for Speech-Language Pathology (ASHA, 2007) states in its preamble the following:

“These changes included acknowledging roles and responsibilities that were not mentioned in previous iterations of the Scope of Practice (e.g., funding issues, marketing of services, focus on emergency responsiveness, communication wellness). The revised document also was framed squarely on two guiding principles: evidence-based practice and cultural and linguistic diversity.”

Later in this document are the two following quotes:

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

The ICF framework is useful in describing the breadth of the role of the speech-language pathologist in the prevention, assessment, and habilitation/rehabilitation, enhancement, and scientific investigation of communication and swallowing. . . Speech-language pathologists work to improve quality of life by reducing impairments of body functions and structures, activity limitations, participation restrictions, and barriers created by contextual factors.” (ASHA, 2007)

The Scope of Practice thus clearly delineates that evidence based practice, cultural and linguistic diversity, and the use of the International Classification of Functioning, Disability and Health (ICF) are principles and philosophical underpinnings of the field. That is, these principles apply across all populations and all settings for all speech-language pathologists.
In the 2004 Scope of Practice for Audiology, it states:

“The practice of audiology includes both the prevention of and assessment of auditory, vestibular, and related impairments as well as the habilitation/rehabilitation and maintenance of persons with these impairments. The overall goal of the provision of audiology services should be to optimize and enhance the ability of an individual to hear, as well as to communicate in his/her everyday or natural environment. In addition, audiologists provide comprehensive services to individuals with normal hearing who interact with persons with a hearing impairment. The overall goal of audiologic services is to improve the quality of life for all of these individuals.

The World Health Organization (WHO) has developed a multipurpose health classification system known as the International Classification of Functioning, Disability, and Health (ICF) (WHO, 2001). The purpose of this classification system is to provide a standard language and framework for the description of functioning and health. The ICF framework is useful in describing the role of audiologists in the prevention, assessment, and habilitation/rehabilitation of auditory, vestibular, and other related impairments and restrictions or limitations of functioning” (p. 2).

Concerning evidence based practice, the 2004 Scope of Practice in Audiology states the following as part of the professional roles and responsibilities of audiologists:

“Measurement of functional outcomes, consumer satisfaction, efficacy, effectiveness, and efficiency of practices and programs to maintain and improve the quality of audiologic services;

Design and conduct of basic and applied audiologic research to increase the knowledge base, to develop new methods and programs, and to determine the efficacy, effectiveness, and efficiency of assessment and treatment paradigms; disseminate research findings to other professionals and to the public;”

Concerning diversity, this document states:

Audiologists serve diverse populations. The patient/client population includes persons of different race, age, gender, religion, national origin, and sexual orientation. Audiologists' caseloads include individuals from diverse ethnic, cultural, or linguistic backgrounds, and persons with disabilities. Although audiologists are prohibited from discriminating in the provision of professional services based on these factors, in some cases such factors may be relevant to the development of an appropriate treatment plan. These factors may be considered in treatment plans only when firmly grounded in scientific and professional knowledge.

Thus, for both the professions of audiology and speech-language pathology, evidence based practice, the value of cultural diversity and non-discrimination, and the use of the ICF as the framework for practice are three principal tenets.
References

Cardinal ASHA documents


**Evidence based practice articles/books**


Improving the Reporting Quality of Nonrandomized Evaluations of Behavioral and Public Health Interventions: The TREND Statement  

**ICF articles**


Multicultural/Diversity articles


Servant Leadership articles


The Greenleaf Center for Servant Leadership
http://www.greenleaf.org/
Ethics articles/books


ASHA website of Ethics-Related Articles
http://www.asha.org/practice/ethics/ethics-articles.htm

Supervision of student clinicians: Modeling ethical practice for future

