

Problem Solving and Information Exchange: Clinic Directors 101

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Disclosures

- Lesley Stephens is employed by Western Washington University and received conference travel funding from WWU and complimentary conference registration from CAPCSD.
- Patti Johnstone is employed by the University of Tennessee Health Science Center and received conference travel funding from WWU and complimentary conference registration from CAPCSD.

Objectives

- Identify three characteristics of positive mentoring
- Discuss elements of clinical grading rubrics
- Explain methods of measuring clinical faculty productivity

Identify three characteristics of positive mentoring:

- Audience participation

Challenges of positive mentoring:

4th year internship for audiology students:

- Audiologists dropping CCCs and not realizing they cannot supervise
- University hired a firm to perform a Medicare audit; firm identified problem of not knowing what supervisor is doing versus the student
 - reached out to AAA and ASHA
 - AAA responded but ASHA did not
- Solutions: University of Tennessee has a committee

Discuss elements of clinical grading rubrics:

- Audience participation

Discuss elements of clinical grading rubrics:

- Calipso
- Typhon
- Others?
- Essential Functions and Professional Practice Competencies

Elements of grading - continued

- How do you identify those who are struggling?

Examples:

- At midterm, supervisors have to submit a report to the Chair
- Chair sends formal letter to student
- Clinic Director notifies student with remediation plan

Explain methods of measuring clinical faculty productivity:

- Audience participation

Explain methods of measuring clinical faculty productivity:

- Scheduled hours of patient contact a week
- Actual hours of pt contact
- Break rate
- Linked to billing; in-house tracking
- Link productivity to procedures in audiology; fewer charges in SLP

Thank you!

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▲ Developing an “Essential Functions” Rubric

Purposes and Applications for Speech-Language-Hearing Academic Programs

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This article describes the purpose and application of an essential functions rubric for prospective and current students engaged in the study of communication sciences and disorders. Adopted in 2007 by the Council on Academic Programs in Communication Sciences and Disorders (CAPCSD), the essential functions rubric identifies core skills and attributes in five areas: communication, motor, intellectual-cognitive, sensory/observational, and behavioral/social. CAPCSD does not intend the rubric to be prescriptive but rather expects that it will be adapted to reflect the unique mission or circumstances of each academic program. The value of an essential functions rubric for academic programs is the opportunity it provides to educate students about the roles and responsibilities of the disciplines. A rubric also allows academic programs an objective basis for counseling students about professional expectations. Importantly, an essential functions rubric gives both students and programs opportunities to determine what, if any, accommodations might be employed to allow students who are otherwise qualified to help them succeed both academically and clinically. *J Allied Health 2009; 38:242-247.*

NUMEROUS ACADEMIC PROGRAMS have posted lists of communication, behavioral, motor, cognitive, and sensory skills on their websites to explain to prospective students the skills they must either already possess or learn through professional study. These aptitudes and skills are referred to as *essential functions*, *minimum skills*, or *technical requirements*. In this paper, we use the term *essential functions*.¹ The Council on Academic Programs in Communication Sciences and Disorders (CAPCSD) has followed the lead of The Association of American Medical Colleges that requires the faculty to “establish a system for the evaluation of student achievement throughout medical school that employs a variety of measures of knowledge, skills, behaviors, and attitudes” that “students are expected to exhibit as evidence of their achievement.”²

On the one hand, the principle of fairness requires that the professions of audiology and speech-language pathology include all academically qualified individuals in the competitive process for graduate school placements, progress toward graduation, and ultimate credentialing. On the other hand, the professions have an obligation to articulate both academic standards and essential functions so that only individuals demonstrating the stated knowledge and functions enter the professions.³ This issue goes far beyond meeting inclusion policies or being compliant with the Americans with Disabilities Act of 1990: “It’s about being

“[E]ssential functions” . . . [include] acquiring fundamental knowledge; developing communication skills; interpreting data; integrating knowledge to establish clinical judgment; and developing appropriate professional attitudes and behaviors.

— Michael J. Reichgott¹

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faithful to one of our most fundamental obligations: deciding who among the host of eager applicants are best equipped to serve the health care needs of our country.”³

ASHA Practice Policies and Essential Functions

Underpinning the creation of a list of essential functions are the technical documents, practice guidelines, and guiding principles that gird the disciplines of audiology and speech-language pathology. The American Speech-Language-Hearing Association (ASHA)’s practice policy documents⁴ include scope of practice, preferred practice patterns, technical guidelines and reports, position statements, knowledge and skills, quality indicators, and, last but not least, ASHA’s Code of Ethics.⁵ These authoritative documents guide academic programs in articulating educational objectives so that graduates will be qualified to provide evidence-based assessments and treatments, in an ethical manner, within their general and/or specialty scopes of practice. As such, ASHA’s practice policy documents provide guidance to undergraduate and graduate educational programs about which attributes, competencies, and functions are *essential* for future audiologists and speech-language pathologists.

Educational Diversity and Essential Functions

Students in audiology and speech-language pathology are prepared as “undifferentiated graduates,”⁶ i.e., they are prepared as generalists who are able to perform professional duties across all areas of their discipline. The requirements for completion of a graduate degree include both academic and practical assessments across a broad array of knowledge and skills. Examples of these requirements are ASHA’s Knowledge and Skills Assessment⁶ and the Educational Testing Service’s *Praxis* examinations,⁷ two primary means by which students’ qualifications are evaluated.

A well-developed rubric of essential functions allows students to make informed decisions about the possibility of program entry. The same list also allows academic programs to explain why a student is (or is not) suited for graduate or professional work or to curtail academic studies when academic progress goals are not met. Despite the attributes of a rubric of this type, some readers rightfully might be apprehensive about the publication of a predetermined list of essential functions. They may be concerned that reliance on a rubric of essential functions for academic admission or progress inadvertently may discourage or inhibit well-qualified applicants. Nontraditional students (such as individuals with disabilities, those who come from academically or socioeconomically disadvantaged backgrounds, or those who speak English as a second language) are most likely to be affected by the adoption of core competencies and essential functions.⁸⁻¹¹

To counterbalance these concerns, the authors of this article (along with educational, legal and policy scholars) wish to

emphasize that we recognize that a diverse and representative student body in all of the health professions is necessary and desirable, particularly as our society becomes more pluralistic.¹² In *Brown v Board of Education*,¹³ the U.S. Supreme Court (Warren, Chief J.) recognized the importance of education to our democratic society, stating “it is a right which must be made available to all on equal terms” (p494).

In *Keyishian v Board of Regents*, Justice Brennan wrote, “The Nation’s future depends upon leaders trained through wide exposure to that robust exchange of ideas which discovers truth ‘out of a multitude of tongues, [rather] than through any kind of authoritative selection’” (p603, citing *United States v Associated Press*, 52 FSupp. 362, 372).¹⁴ In *Regents of University of California v Bakke*,¹⁵ Justice Powell, with reference to the principle of academic freedom (protected by the First Amendment of the U.S. Constitution), wrote: “the freedom of a university to make its own judgments as to education includes the selection of its student body” (p312).¹⁴

The *Bakke* decision is particularly relevant to the values driving CAPCSD’s development of a rubric of essential functions. The case involved a challenge to the policy at the University of California at Davis that assured admission to a specified number of students from certain minority groups. Allan Bakke, a 35-year-old white man, asserted that he was precluded from admission, despite his qualifications, because consideration of race in the applications process unfairly disadvantaged him. Despite a diversity of opinions within the U.S. Supreme Court, the Court ultimately ordered the university to admit him. The *Bakke* Court articulated an important and resounding view of how *inclusion* of individuals from various experiential, racial, ethnic, socioeconomic, or other backgrounds to the world of academia is advantageous to our society (see also the *Gratz* and *Grutter* cases^{12,17}).

The importance of the *Bakke* decision to our essential functions analysis is that Justice Powell explained how the evaluation of personal and professional attributes *on an individualized basis* promotes the value of “educational pluralism”:

Such qualities could include exceptional personal talents, unique work or service experience, leadership potential, maturity, demonstrated compassion, a history of overcoming disadvantage, ability to communicate with the poor, or other qualifications deemed important. In short, an admissions program operated in this way is flexible enough to consider all pertinent elements of diversity in light of the particular qualifications of each applicant, and to place them on the same footing for consideration, although not necessarily according them the same weight. . . . This kind of program treats each applicant as an individual in the admissions process. (pp 317–318, italics added.)¹⁴

CAPCSD and the Committee on Essential Functions

Cognizant of the various attributes that serve to define *diversity* and respectful of the personal goals and interests of *all*

individuals who desire access to educational and career opportunities, CAPCSD's Committee on Essential Functions embraced the notions expressed by both U.S. Supreme Court decisions and the Institute of Medicine¹² that our professions have an overarching interest in reducing barriers to professional entry, encouraging a diverse and representative student body (and workforce), and preparing competent and student ethical practitioners in pluralistic educational environments. These notions require that every educational program make a good faith effort to be inclusive in its admission and grading practices, to provide opportunities for participation to all qualified students, and, at the same time, to ensure that all graduates have achieved core competencies and essential functions. A core value of an inclusive graduate education program is: treating each applicant or matriculated student as *an individual*. The reciprocal responsibility of each individual applicant, student, or graduate of a professional program is to demonstrate that *he or she is able to achieve the essential functions of the profession*, to the ultimate benefit of patients whom we serve.

The Essential Functions Committee was guided by CAPCSD's Resolution 2006-3¹⁸:

Whereas, clinical intervention requires essential functions in the areas of sensory, motor, cognitive, and interpersonal abilities; and

Whereas, it is important that students contemplating study for entry into the profession understand that they be able to demonstrate these essential functions; and

Whereas, it is desirable that there be uniformity across academic institutions regarding essential functions;

Therefore be it resolved that CAPCSD undertake the development and delineation of the essential functions of speech-language pathologists and audiologists.¹⁸

The CAPCSD resolution recognized that successful clinical preparation of audiologists and speech-pathologists requires a set of essential functions, and that CAPCSD should take responsibility for establishing a nationally recognized list of these functions. CAPCSD's Committee on Essential Functions embarked on its task of creating a consensus document with three guiding principles in mind. First, the essential functions document would be written as a guidance—a framework of objective standards and requirements for programs—not as a prescription. Second, the document would describe essential functions in an objective manner so that criteria would rest on behavioral standards, not on stereotypes. Third, the essential functions document would be amenable to each program's modification to meet its own unique program needs, values, and capacities.

The information gathered by CAPCSD's Committee on Essential Functions was presented at the CAPCSD annual meeting in April 2007.¹⁹⁻²¹ During the conference, the membership was given an opportunity to apply essential functions to hypothetical cases.²² Building upon the essen-

tial functions document provided,²³ the membership made revisions and created a preliminary list for national dissemination. From this list, CAPCSD's Committee on Essential Functions organized, edited, and developed the rubric of essential functions (see Appendix).

Reasonable Accommodations and Essential Functions

With regard to any student with an identified or possible disability, the question of whether the nature or degree of a mental or physical disability or learning difference renders a student unable to attain knowledge, demonstrate communication, motor, cognitive, sensory and behavioral attributes, or to perform essential functions required for graduation is paramount. (See Americans with Disabilities Act of 1990²⁴ and Americans with Disabilities Amendments Act of 2008.²⁵) How much support is allowable? Should a student with a severe hearing impairment be counseled out of the discipline of speech-language pathology because she is unable to hear articulation errors? What should we do about the student with an articulation disorder who is not receptive to speech therapy for herself? Is the inability to sit on the floor with a toddler a reason for rejecting a student from admission? What if a student develops anxiety, depression, or other mental illness during a program of study but is not identified as having a disability? Should a student with a disheveled appearance and sleepiness during class graduate from the program? What if a student is chronically late, withdraws from social interactions, or displays a labile affect? Should students with acceptable grades be disqualified if they have pragmatic communication difficulties, are unable to take multiple perspectives, or have difficulty analyzing, synthesizing, and evaluating complex situations? If educators suspect that a student has a substance abuse problem, a mental illness, or stress-induced anxiety, should we address this using an essential functions checklist or intervene directly and immediately? These are realistic and often difficult questions and must be viewed on a case-by-case basis in the context of disability law, educational goals, and institutional policies.

According to disability law, programs are responsible for modifying the delivery of educational programs to assure that the policy and purposes of reasonable accommodations are met. A reasonable accommodation, whether in higher education or the workplace, is intended to enable individuals with disabilities to enjoy *equal benefits and privileges* of the educational or employment setting.^{24,25} Accommodations must be reasonable in light of each program's stated goals and essential requirements. The purpose of reasonable accommodations is to give *qualified individuals* with disabilities the opportunity to *access* educational programs, to *participate* fully in learning opportunities, and to compete on the *basis of merit*, not to provide any individual an unfair advantage.^{19,24-27} Based on disability statutes, case law, and relevant commentary, Horner²⁰ summarized the responsibilities of academic programs:

- To establish a meaningful curriculum and academic standards;
- To establish technical requirements and distribute them to prospective students;
- To articulate essential functions of the profession(s) and distribute them to matriculated students;
- To establish written academic progress guidelines (and follow them);
- To apply standards and progress criteria to all students, without regard to disability status;
- To counsel students at appropriate intervals, particularly regarding academic and clinical challenges;
- To tailor and revise modifications/recommendations based on reasonableness and suitability for the individual; and
- To give students ample notice of academic progress difficulties and provide reasonable opportunities to remediate.

Although it is the role and responsibility of each academic program to make appropriate modifications for all qualified students, accommodations must be reasonable. Reasonable accommodations are required unless the program or institution can show that they “would fundamentally alter the nature of the good, service, facility, privilege, advantage, or accommodation being offered or would result in an undue burden.”²⁴⁻²⁶ In *Wynne v Tufts University School of Medicine* (1992), the First Circuit Court of Appeals ruled that:

If [an] institution submits undisputed facts demonstrating that the relevant officials within the institution considered alternative means, their feasibility, cost and effect on the academic program, and come to a rationally justifiable conclusion that the available alternatives would result either in lowering academic standards or requiring substantial program alteration, the court could rule as a matter of law that the institution had met its duty of seeking reasonable accommodation.²⁸

Application of an Essential Functions List

There is tension between the desire to include qualified students who represent diverse backgrounds, interests, abilities, and attributes and the obligation to articulate standards in the form of a rubric of essential functions. On the one hand, not defining minimal requirements for entry and program completion allows programs maximum flexibility when admitting students. On the other hand, the absence of essential functions guidelines may mislead students into thinking that they are capable of successfully completing a graduate program and effectively performing in a profession position when in fact they are not. In short, a rubric of essential functions should be reasonable in scope, applicable to all students, and achievable by students with a wide array of aptitudes. A rubric of essential functions should not be so stringent as to discourage or inhibit potential applicants or to prohibit a diverse set of qualified individuals from entering the healthcare work-

force. In keeping with the educational goal of an inclusive, pluralistic learning environment and the legal requirements for reasonable accommodations, the rubric of essential functions in the Appendix is intended to be used to guide, support, and counsel students with learning differences that are likely to affect their graduate study and post-graduate clinical practice.

The use of an essential functions rubric could serve as one means of clarifying the eligibility requirements for program entry and the roles and responsibilities of a professional. It can be used by students for self-evaluation and by advisors for both student and program evaluation. Students who qualify under the law as having a disability, or in some other way find graduate education challenging, may benefit from a list of essential functions because it will help them understand what knowledge and attributes are required in order for them to function effectively as professionals in audiology or speech-language pathology. For students with identified disabilities, an essential functions rubric might help them become proactive on their own behalf in suggesting accommodations. For all students, a checklist can provide a method to address individual challenges and to develop strategies for successful achievement of essential functions.

Finally, academic programs may benefit from a rubric of essential functions because it provides written standards and expectations that can frame their good faith exploration of case-by-case learning goals and remediation strategies when the need arises. Potential solutions include referral of students for psychological counseling, special instruction for multilingual students, intervention for substance abuse rehabilitation, provision of tutoring in specific subjects, referral to the university’s center for teaching and learning for advice about time management and study habits, and creation of tailored remediation strategies.

Summary

In summary, the value of an essential functions rubric for academic programs is the opportunity it provides to educate students about professional roles and responsibilities. A rubric also allows academic programs an objective basis for counseling students about professional expectations. Importantly, a rubric gives both students and programs opportunities to determine what, if any, accommodations might be employed to allow students who are otherwise qualified to help them succeed as students and clinicians. CAPCSD’s Committee on Essential Functions hopes that the essential functions rubric will guide programs as they seek to fulfill their ethical and social obligation to educate and mentor students with a vast array of abilities. This collaborative effort between students and faculty will ultimately enhance the quality of the speech and hearing services we offer and will underscore the value the professions place on diversity on behalf of all patients within our richly diversified nation.

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Appendix

Eligibility Requirements and Essential Functions

Council of Academic Programs in Communication Sciences and Disorders

In order to acquire the knowledge and skills requisite to the practice of speech-language pathology to function in a broad variety of clinical situations, and to render a wide spectrum of patient care, individuals must have skills and attributes in five areas: communication, motor, intellectual-cognitive, sensory-observational, and behavioral-social. These skills enable a student to meet graduate and professional requirements as measured by state licensure and national certification. Many of these skills can be learned and developed during the course of the graduate program through coursework and clinical experience. The starred items (*), however, are skills that are more inherent and should be present when a student begins the program.

COMMUNICATION

A student must possess adequate communication skills to:

- Communicate proficiently in both oral and written English language. (Language proficiency level to be determined by program.)*
- Possess reading and writing skills sufficient to meet curricular and clinical demands.*
- Perceive and demonstrate appropriate nonverbal communication for culture and context.*
- Modify communication style to meet the communication needs of clients, caregivers, and other persons served.*
- Communicate professionally and intelligibly with patients, colleagues, other healthcare professionals and community or professional groups.
- Communicate professionally, effectively, and legibly on patient documentation, reports, and scholarly papers required as a part of coursework and professional practice.
- Convey information accurately with relevance and cultural sensitivity.

MOTOR

A student most posses adequate motor skills to:

- Sustain necessary physical activity level in required classroom and clinical activities.*
- Respond quickly to provide a safe environment for clients in emergency situations including fire, choking, etc.*
- Access transportation to clinical and academic placements.*
- Participate in classroom and clinical activities for the defined workday.*
- Efficiently manipulate testing and treatment environments and materials adhering to evidence-based practice and testing protocols.
- Manipulate patient-utilized equipment (e.g., durable medical equipment to include AAC devices, hearing aids, etc.) in a safe manner.
- Access technology for clinical management (i.e., billing, charting, therapy programs, etc.).

INTELLECTUAL/COGNITIVE

A student must possess adequate intellectual and cognitive skills to:

- Comprehend, retain, integrate, synthesize, infer, evaluate, and apply written and verbal information sufficient to meet curricular and clinical demands.*
- Identify significant findings from history, evaluation, and data to formulate a diagnosis and develop a treatment plan.

- Solve problems, reason, and make sound clinical judgments in patient assessment, diagnostic and therapeutic plan, and implementation.
- Self-evaluate, identify, and communicate the limits of one's own knowledge and skills to appropriate professional level and be able to identify and utilize resources in order to increase knowledge.
- Utilize detailed written and verbal instruction in order to make unique and dependent decisions.

SENSORY/OBSERVATIONAL

A student must possess adequate sensory skills of vision, hearing, touch, and smell to:

- Visually and auditorily identify normal and disordered (fluency, articulation, voice, resonance, respiration characteristics, oral and written language in the areas of semantics, pragmatics, syntax, morphology and phonology, hearing and balance disorders, swallowing, cognition, and social interaction related to communication).
- Identify the need for alternative modalities of communication.
- Visualize and identify anatomic structures.
- Visually identify and discriminate findings on imaging studies.
- Discriminate text, numbers, tables, and graphs associated with diagnostic instruments and tests.
- Recognize when a client's family does or does not understand the clinician's written and or verbal communication.

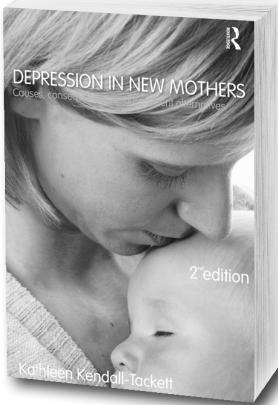
BEHAVIORAL/SOCIAL

A student must possess adequate behavioral and social attributes to:

- Display mature empathetic and effective professional relationships by exhibiting compassion, integrity, and concern for others.*
- Recognize and show respect for individuals with disabilities and for individuals of different ages, genders, race, religions, sexual orientation, and cultural and socioeconomic backgrounds.*
- Conduct oneself in an ethical and legal manner, upholding the ASHA Code of Ethics and university and federal privacy policies.*
- Maintain general good physical and mental health and self care in order not to jeopardize the health and safety of self and others in the academic and clinical setting.*
- Adapt to changing and demanding environments (which includes maintaining both professional demeanor and emotional health).
- Manage the use of time effectively to complete professional and technical tasks within realistic time constraints.
- Accept appropriate suggestions and constructive criticism and respond by modification of behaviors.
- Dress appropriately and professionally.

The essential functions rubric was finalized after the 2006 resolution¹⁸ by the CAPCSD and the Council's 2007 meeting. Users are free to copy, distribute, and adapt this Appendix without permission, provided credit is given to the CAPCSD and this Journal: Horner et al: Developing an "essential functions" rubric. *J Allied Health* 2009; 38(4):242-247.

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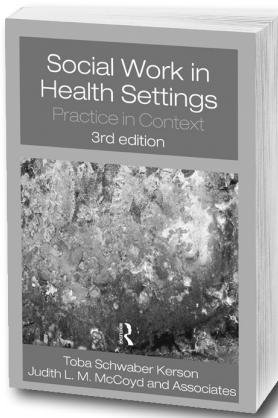
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