

# Clinical Education Policy 505

## Core Functions

Effective Date: March 15, 2024  
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**Policy:** Students must be able to perform these core functions during classroom, laboratory, experiential learning, and programmatic activities (including but not limited to participation in one-on-one interactions, small group discussions and presentations, large-group lectures, and patient/client interaction) in both the academic and clinical settings. The School of Communication Sciences and Disorders identifies the following core functions as fundamental to the curriculum and profession.

### Procedure:

- I. The purpose of this document is to provide guidelines on minimum core functions that must be met, with or without accommodations, to be successful in the program and to enter professional practice.
- II. Communication
  - a. Statements in this section acknowledge that audiologists and speech-language pathologists must communicate in a way that is understood by their clients/patients and others. It is recognized that linguistic, paralinguistic, stylistic, and pragmatic variations are part of every culture, and accent, dialects, idiolects, and communication styles can differ from general American English expectations. Communication may occur in different modalities depending on the joint needs of involved parties and may be supported through various accommodations as deemed reasonable and appropriate to client/patient needs. Some examples of these accommodations include augmentative and alternative communication (AAC) devices, written displays, voice amplification, attendant-supported communication, oral translators, assistive listening devices, sign interpreters, and other non-verbal communication modes.
    - i. Employ oral, written, auditory, and non-verbal communication at a level sufficient to meet academic and clinical competencies
    - ii. Adapt communication style to effectively interact with colleagues, clients, patients, caregivers, and invested parties of diverse backgrounds in various modes such as in person, over the phone, and in electronic format.
- III. Motor
  - a. Statements in this section acknowledge that clinical practice by audiologists and speech-language pathologists involve a variety of tasks that require manipulation of items and environments. It is recognized that this may be accomplished through a variety of means, including, but not limited to, independent motor movement, assistive technology, attendant support, or other accommodations/modifications as deemed reasonable to offer and appropriate to client/patient needs.
    - i. Engage in physical activities at a level required to accurately implement classroom and clinical responsibilities (e.g., manipulating testing and

therapeutic equipment and technology, client/patient equipment, and practice management technology) while retaining the integrity of the process

- ii. Respond in a manner that ensures the safety of clients and others

#### IV. Sensory

- a. Statements in this section acknowledge that audiologists and speech-language pathologists use auditory, visual, tactile, and olfactory information to guide clinical practice. It is recognized that such information may be accessed through a variety of means, including direct sensory perception and /or adaptive strategies. Some examples of these strategies include visual translation displays, text readers, assistive listening devices, and perceptual descriptions by clinical assistants.
  - i. Access sensory information to differentiate functional and disordered auditory, oral, written, and visual communication
  - ii. Access sensory information to correctly differentiate anatomical structures and diagnostic imaging findings
  - iii. Access sensory information to correctly differentiate and discriminate text, numbers, tables, and graphs associated with diagnostic instruments and tests

#### V. Intellectual/Cognitive

- a. Statements in this section acknowledge that audiologists and speech-language pathologists must engage in critical thinking, reasoning, and comprehension and retention of information required in clinical practice. It is recognized that such skills may be fostered through a variety of means, including assistive technology and /or accommodations/modifications as deemed reasonable and appropriate to client/patient needs.
  - i. Retain, analyze, synthesize, evaluate, and apply auditory, written, and oral information at a level sufficient to meet curricular and clinical competencies
  - ii. Employ informed critical thinking and ethical reasoning to formulate a differential diagnosis and create, implement, and adjust evaluation and treatment plans as appropriate for the client/patient's needs
  - iii. Engage in ongoing self-reflection and evaluation of one's existing knowledge and skills
  - iv. Critically examine and apply evidence-based judgment in keeping with best practices for client/patient care

#### VI. Interpersonal

- a. Statements in this section acknowledge that audiologists and speech-language pathologists must interact with a diverse community of individuals in a manner that is safe, ethical, and supportive. It is recognized that personal interaction styles may vary by individuals and cultures and that good clinical practice honors such diversity while meeting this obligation.
  - i. Display compassion, respect, and concern for others during all academic and clinical interactions
  - ii. Adhere to all aspects of relevant professional codes of ethics, privacy, and information management policies

- iii. Take personal responsibility for maintaining physical and mental health at a level that ensures safe, respectful, and successful participation in didactic and clinical activities

## VII. Cultural Responsiveness

- a. Statements in this section acknowledge that audiologists and speech-language pathologists have an obligation to practice in a manner responsive to individuals from different cultures, linguistic communities, social identities, beliefs, values, and worldviews. This includes people representing a variety of abilities, ages, cultures, dialects, disabilities, ethnicities, genders, gender identities or expressions, languages, national/regional origins, races, religions, sexes, sexual orientations, socioeconomic statuses, and lived experiences.
  - i. Engage in ongoing learning about cultures and belief systems different from one's own and the impacts of these on healthcare and educational disparities to foster effective provision of services.
  - ii. Demonstrate the application of culturally responsive evidence-based decisions to guide clinical practice
- I. This document should be considered a living document and therefore reviewed by CAPCSD at regular intervals to ensure that current terminology, practice, and ideas are reflected.
- II. Glossary
  - a. Cultural responsivity involves “understanding and respecting the unique cultural and linguistic differences that clients bring to the clinical interaction” (ASHA, 2017) and includes “incorporating knowledge of and sensitivity to cultural and linguistic differences into clinical and educational practices”.
  - b. Evidence-based practice involves “integrating the best available research with clinical expertise in the context of patient characteristics, culture, and preferences” (Evidence- Based Practice in Psychology, n.d.).
  - c. -American Speech-Language-Hearing Association. (n.d.). Cultural responsiveness [Practice Portal <https://www.asha.org/Practice-Portal/Professional-Issues/Cultural-Responsiveness/>]
  - d. Evidence-Based Practice in Psychology. (n.d.). <https://www.apa.org>. Retrieved March 3, 2023, from <https://www.apa.org/practice/resources/evidence>
- III. Disability Accommodations
  - a. Students who require academic accommodations to fulfill core functions due to a physical, mental or emotional condition or learning challenges are encouraged to contact Disability Resources for Students (DRS) by email at [drs@memphis.edu](mailto:drs@memphis.edu) or by phone at 901-678-2880. DRS, with input from the School, will make a determination of whether the condition is a disability as defined by applicable laws, and for determination of what accommodations are available and reasonable. Whenever possible, reasonable accommodations will be provided for students with disabilities to enable them to meet these standards.
- IV. This policy’s language is derived primarily from: Council of Academic Programs in Communication Sciences and Disorders (2023). A guide for future practitioners in audiology and speech-language pathology: Core functions. <https://www.capcsd.org/academic-and-clinical-resources/>