

> Letter from the President

Start your future now

Nicole "Nikki" Villanueva • President, NSSLHA

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Do you ever find yourself thinking that you're not sure how it happened, but you must have chosen the most challenging major ever?

> Do you ever find yourself thinking that your professors and teachers just need to lay off on all the assignments and reading for a little while, because you deserve a break?

> Do you ever find yourself thinking that it might be completely impossible to fit another clinical assignment into your planner before you run out of space?

If you answered yes to at least one of these questions, if not all of them, welcome to the major of communications sciences.

As students, we are constantly being pushed to strive for more by our advisors, mentors, professors, and supervisors. One reason for this is, as future audiologists and speech-language pathologists, we are faced with the question: "Who among you are our future researchers, professors, clinicians, and leaders?"

The answer to this question is simple: we all are! By placing high demands on us as students, our professors are preparing us to meet our professional responsibilities that will advance the fields of audiology and speech-language pathology.

So how do we begin to tackle this question in our own lives?

As students we have to take the time and figure out exactly what we want our future to look like. Start thinking now about, "Where do I see myself in twenty years?"

- Are you teaching a course on dysphagia at a university?
- Are you researching the impact of electronic stimulation in geriatric populations with swallowing problems?
- Are you finding a new way to increase accuracy of newborn hearing screenings?
- Are you working in a school system with a caseload of 50 students with a wide array of complex and different needs?
- Are you working at your own private practice, which has blossomed into a clinic serving all populations of individuals with hearing impairment?



What is great about this profession is that the possibilities are endless.

Given the rapid expansion of the scope of practice in audiology and speech-language pathology, plus the tremendous growth of technology, you will likely have the ability to provide services in the future that are presently unimaginable.

We also need to enhance the other areas of our professional development that will have an impact not only on our future, but the future of individuals with communication disorders everywhere. It is critical to begin developing strong leadership skills now, by partaking in various opportunities that are present at a local, regional, and even national level.

continues on page 8



> *Mary Dunkle,
NORD, Director of
Community Relations*

The power of

Love

What "NSSLHA Loves" will do for the National Organization for Rare Diseases

Every year NSSLHA's Executive Council selects a national nonprofit organization helping people living with communication disorders and its related illnesses to be the benefactor of fundraising among our 302 chapters, in order to raise awareness of the association's work. The recipient of the 2004–2005 "NSSLHA Loves" campaign is the National Organization of Rare Diseases (NORD).

Cited by *Worth* magazine as one of the 100 best charities in America in 2002 and 2003, NORD provides information, encouragement, and practical assistance to the 25 million Americans affected by one or more of the 6,000 rare diseases. For example:

- More than 100 babies have been helped (or even had their lives saved) by an expandable rib developed through research originally funded by NORD when no other source of funding was available.
- Patients who don't have medical insurance or are under-insured received more than \$38.2 million in free medications in 2003 through NORD programs.
- Families around the world find help and encouragement through contact with each other as a result of NORD's networking services.

What is a rare disease?

The U.S. government defines it as any disease believed to affect fewer than 200,000 Americans. While there are many rare diseases (cystic fibrosis and hemophilia, to name two that have familiar names), there are also many with names most people would not recognize.

There are many rare disorders that affect communication skills, such as Landau-Kleffner syndrome, a neurological disorder of childhood that is characterized by loss of the ability to understand

speech and deterioration of previously acquired speech and language skills.

How NORD does its good work.

NORD tries to make sure patients affected by rare diseases of all types are not forgotten. NSSLHA members raising funds on behalf of NORD may feel confident in knowing that 90 cents of every dollar raised goes directly to programs and services that benefit patients and families. NORD's services include:

INFORMATION. For more than 20 years, NORD has been providing support group referrals and information about rare diseases to patients and families.

Often the first contact people have with NORD is when they have just gotten a diagnosis. For instance, parents of an infant born with a genetic disease may be encouraged by their physician or by genetic counselors at their hospital to contact NORD. In such a case, NORD may be able to help the family network with others with the same disease. It also provides information on rare diseases in patient-friendly language.

NORD's website, www.rarediseases.org, receives more than 110,000 visits per month. Visitors to the site may search a large database of reports on diseases and another large database of patient organizations. Many schools, universities, hospitals, and public libraries subscribe to NORD's databases.

For rare disease patients, getting an

accurate diagnosis can often be a long, frustrating, and expensive process. NORD tries to help by raising awareness of rare diseases among physicians and other medical professionals. To do this, it mails free pamphlets on particular diseases to medical professionals upon request. It also compiled a 900-page, hardcover medical textbook, *The NORD Guide to Rare Disorders*, which was published by Lippincott, Williams & Wilkins in 2003.

NORD staff members go to medical conventions where they speak to physicians, school nurses, genetic counselors, and other medical professionals about rare diseases and the needs of rare-disease patients.

MEDICATION ASSISTANCE PROGRAMS.

NORD has more than 20 medication assistance programs through which it provides free medications for people who do not have insurance or are under-insured. In some cases, NORD is able to provide early access to drugs that are not yet on the market but are the only available treatment for people with life-threatening diseases.

RESEARCH. NORD administers research grant and fellowship programs with money donated for research on specific diseases. This helps encourage research on diseases that might otherwise be forgotten. NORD also helps patients become aware of clinical trials in which they might want to participate.



ADVOCACY. NORD's main office is in Danbury, Connecticut, but it also has a full-time staff member in Washington, DC, who provides advocacy on behalf of the rare-disease community (patients, their families, academic researchers, medical professionals, teachers, social workers, and others).

NORD played a key role in recent legislation (the Rare Diseases Act of 2002 and the Rare Diseases Orphan Products Development Act of 2002) that focused national attention on the need for additional research funding on rare diseases.

SPECIAL EVENTS. NORD hosts events such as the NORD Family Conference, where patients and their families can hear the latest news about medical research. It also helps the NIH Office of Rare Diseases organize regional workshops for patient support organizations to teach leaders of these groups how to work more effectively to help patients and families.

Here's how you can help.

You probably know someone with a rare disease. And that person's life has probably been touched in some way — whether he or she knows it or not — by NORD.

Here's a chance for every NSSLHA member to touch the lives of people living with rare diseases. Make a donation to NORD. Donations may be mailed to: NORD, Attn: Mary Dunkle, Communications, 55 Kenosia Avenue, P.O. Box 1968, Danbury, CT 06813-1968.

Donations for the "NSSLHA Loves" campaign for NORD will be accepted until June 30, 2005. To learn more about the "NSSLHA Loves" campaign, visit www.nsslha.org/NSSLHA/chapters/loves.htm.

“NORD tries to make sure patients affected by rare diseases of all types are not forgotten. NSSLHA members raising funds on behalf of NORD may feel confident in knowing that 90 cents of every dollar raised goes directly to programs and services that benefit patients and families.”

Doing whatever it takes

A passion for Augmentative and Alternative Communication

Three years ago, I knew nothing about Augmentative and Alternative Communication (AAC). I had reentered the field after five years, just gotten into Nova Southeastern University's (NSU) graduate program and started working under emergency certification in a school for children with autism and multiple disabilities in New Jersey. I was given a caseload of predominately non-speaking children with autism who had no real way of communicating.

I started to research and talk to SLPs about different options for my students. I learned quickly about AAC and the incredible ability to communicate it offers to many who cannot express themselves in the traditional manner.

Whether it was through low-tech or high-tech devices, AAC gave my students the power to communicate. Communication is a basic right and one that is taken for granted by many. After witnessing the change in my students, AAC became my passion. I became an advocate for my students and their right to communicate. I could not learn enough about AAC.

The doctor and Division 12.

I was fortunate that NSU offered a core AAC course taught by Dr. Carole Zangari. Dr. Zangari furthered enhanced my knowledge and increased my ability to service my students.

I learned how to incorporate AAC devices into the daily lives of my students. The devices became their “talkers,” became part of who they are, and helped bridge the gap between them and the rest of the world.

Dr. Zangari's knowledge, teaching and passion fed my own passion for AAC. I read about Division 12 and asked her about joining. She encouraged me to join and helped in the process.

Division 12 has opened new doors and exciting opportunities to increase my knowledge of AAC and share that passion with others. I have been lucky to work with amazing children who are AAC users. They have taught me as much if not more than I have taught them.

A passion that keeps getting stronger.

Communication is the key to a happy and successful life, and every person should be given the opportunity to succeed. AAC gives individuals this ability and the results are powerful.

I will never know everything about AAC, but I will always continue to grow and feed my passion so that I can continue to give individuals the power they deserve to communicate.

Ann Marie Costa, master's degree student at Nova Southeastern University, implements what she is learning about AAC with children who have autism spectrum disorders.

Division 12 Note: NSSLHA members can join DAAC, ASHA's Division on AAC, for \$10.00/year. This entitles you to all the benefits of other affiliates such as four issues of Perspectives on AAC, reduced rates at the Annual DAAC Conference, 50% off fees for selected division-sponsored short courses at ASHA convention, DAAC listserv, and access to an affiliates-only section of the DAAC website. For more information on connecting with future colleagues via ASHA's AAC Special Interest Divisions, go to: www.asha.org/about/membership-certification/divs/div_12.htm.



> Janet Brown, ASHA, Director Health Care Services

Cutting through confusion

The relationship between certificates and competence

Today's competitive health care marketplace isn't limited to vying for clients or holding down costs. The notion of professional competence itself sometimes appears to be a negotiable commodity as the number of professional education courses offering "certification" proliferate and raise questions about the fundamental yet elusive concept of competence.

A certificate or certification?

Professionals and consumers alike can be confused by the multiple uses of the term "certification."

ASHA's Certificate of Clinical Competence (CCC) represents the achievement of a rigorous, validated, widely recognized set of standards for entry into the professions of speech-language pathology and audiology. In other cases, a "certificate" may confirm only that someone has participated in a professional development course for a certain number of hours.

Some professional development courses that focus on a specific treatment technique or device may "certify" participants to use the technique following completion of the course. Implicitly or explicitly, these courses suggest that competence in using the technique can only be achieved by taking the course. ASHA policies or standards do not support this assumption. Judgments about competence are a matter of ethics.

FDA approval and ASHA CEUs: not endorsements.

When courses on new techniques or programs advertise that they provide ASHA CEUs, some people incorrectly

conclude that ASHA approves the technique and the instructor's right to exclusively certify competence in this area.

ASHA's role does not include making judgments about the efficacy or reliability of techniques or devices that might be described in the course. ASHA CEUs signify that the course is related to speech-language pathology, audiology, or speech, language, and hearing sciences; contributes to the acquisition of new skills and knowledge; and is offered by an ASHA-approved CE provider.

Approved providers develop courses that meet requirements designed to ensure quality continuing education programming. However, every announcement of courses that offer ASHA CEUs carries a disclaimer that states that "ASHA CE provider does not imply endorsement of course content, specific products, or clinical procedures."

Thus, earning ASHA CEUs neither guarantees competence nor confirms whether an individual demonstrates competence in using a particular technique or device covered by a course.

How ASHA cannot help — and how it can.

Professionals and consumers often look to ASHA for guidance on whether an advertised new piece of equipment, professional education course, or technique will add value to their treatment repertoire. As a professional association, ASHA has no research infrastructure to evaluate and judge the new courses, products, and techniques developed each year.

In keeping with evidence-based practice principles, only carefully researched studies can provide objective information to guide a clinician's decision. ASHA's website (www.asha.org) offers a list of

questions to assist members or consumers in evaluating new programs, products, or procedures based on available evidence.

What FDA approval means — and doesn't mean.

A further source of confusion is the meaning of U.S. Food and Drug Administration (FDA) approval for speech or hearing devices.

The regulatory role of the FDA regarding the pharmaceutical industry may lead professionals and consumers to assume that all FDA-approved devices are similarly scrutinized. Approval of devices may simply mean, however, that they have been determined not to be dangerous to the user or that they are comparable to other approved devices. It may not certify or recommend the device as efficacious, nor better than other devices or techniques.

When the FDA has determined a device to be "substantially equivalent to another device" (known as premarket notification), the regulations include the following disclaimer: "Any representation that creates an impression of official approval of a device because of complying with the premarket notification regulations is misleading and constitutes misbranding."

What price competency?

Opportunities to acquire certification through professional education courses have grown rapidly, but the path to competence has not changed in its essence. The basic elements still consist of obtaining knowledge through reading professional literature and attending professional development courses, and developing skills through observation and mentored practice.

The journey begins with attaining the CCC, maintaining it through professional development activities, and using the ASHA Code of Ethics and evidence-based practice to guide the way.

Originally published as:

Brown, J. (2003, June 24). Certificates and competence: Confusion grows as clinicians try to assess value of new techniques and products. *The ASHA Leader*, Vol. 8, No. 12, pp. 1, 14-15.





Excellence in externship

Pointers for having the best possible experience

For graduate students in speech-language pathology and audiology, externship experiences are times where information gained in course work and skills learned in the university clinic are refined and expanded in real life settings.

These experiences have a great role in shaping a student's professional life and should be taken very seriously by both the student and the externship supervisor. The student can make or break her/his reputation according to her/his performance in the externship settings, paving the way for future employment. Finding the "right" externship placement is important, and the tips below should be helpful.

How are you going to find a placement site for an externship?

This varies a lot from one university to another. Sometimes the student is expected to locate the placements, and this requires the student to be very proactive, looking at least 6-12 months prior to the externship start date.

In some universities, the Clinic Director or Externship Coordinator is in charge of locating appropriate places, and assigning externship sites to students. In these cases, consideration is given to the student's clinical and academic strengths and weaknesses, and these are matched with the demands of the externship setting as closely as possible. A student must be sure she/he understands the university's rules, before contacting potential placements.

Does your site supervisor have the CCC?

When meeting the prospective externship supervisor, make sure she/he holds a current ASHA Certificate of Clinical Competence (CCC).

This sounds like common sense, doesn't it? However, every once in a while a CCC holder forgets to renew, and therefore her/his CCC is no longer valid. If a person in this situation supervises a student's externship for 10, 12, or 14 weeks, the clinical hours accrued will not count toward the student's certification requirements. Therefore, it is important that students ask to see the

prospective supervisor's ASHA card.

You should especially be aware of this requirement if you are working in a public school setting. Some SLPs working in public school settings do not have the CCC because some school districts require a teaching certificate from the Department of Education, and therefore SLPs with master's degrees have not obtained their CCC. Also in some school districts, bachelor's level people are working and are not eligible for the CCC.

Why would people without the CCC agree to take a student extern, one may ask? The reason is that some simply do not realize that holding the CCC is a requirement for supervision of a student.

Do you have the necessary health and/or security clearances?

When a student takes part in a personal interview or telephone conversation, she/he must inquire about any health or security clearances required by the facility.

A hepatitis B vaccination (we recommend that all our students get this upon first entering our master's program), an MMR (measles, mumps, rubella) vaccination, a titer for chickenpox (varicella), a TB (tuberculosis) test, a chest x-ray, and a statement from a physician confirming your status as a healthy person may be necessary. Some facilities may require fingerprinting and subsequent clearance.

Any of these things may take several months to complete, and if the student waits to investigate them until the first day at the externship site, she/he may be delayed in starting by quite a while.

Do you know the facility's policies and procedures?

Prospective externships must be sure they understand the policies and procedures of the facility. Many will have an



orientation for student externs, but some will not.

It is important to inquire about things such as dress code, call-in procedures for sick days, what to do in the case of a patient emergency, and of course, the HIPAA policies of the site. Do not assume that the scrubs and sneakers that were acceptable as dress for a previous placement will be appropriate for this placement.

Clarify the work schedule with the supervisor. A friend's hours at her site are 8:30-3:00, but this setting may have vastly different expectations. In some settings, the day starts at 7:00 and does not end until nearly 12 hours later! [At my university, we expect the students to commit to a full-time schedule during externship and we tell that to students as soon as they enter our program. This is important to clarify with each university program.]

Do you have an idea of what you are going to do?

Ask for a description of the caseload at the facility, especially if there has been no opportunity for a visit to the site for an interview and tour.

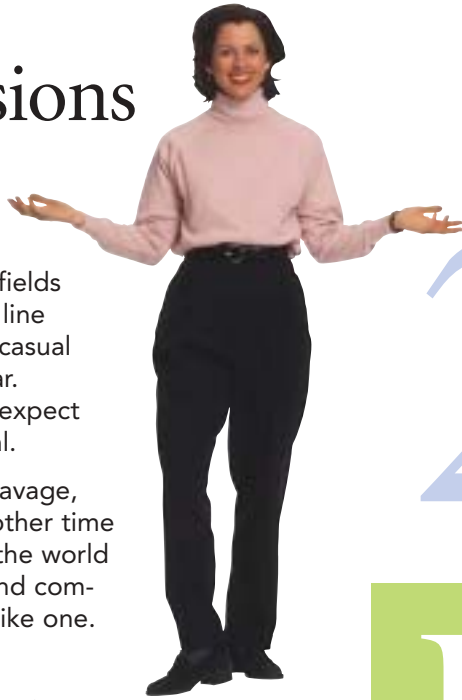
It is not uncommon for students to be taken by surprise, thinking their placement was in a rehabilitation hospital,

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1 First impressions count.

As the workplace in many fields becomes more casual, the line between professional and casual dress has become less clear. Patients and their families expect to encounter a professional.

Save those glimpses of cleavage, thighs, and midribs for another time and place. You are asking the world to see you as a qualified and competent professional. Look like one.



Be prepared.

Your patients and your employer expect you to give your full attention to each person on your schedule.

Plan to arrive a few minutes before your first patient of the day in order to get things set up, review files, chat with coworkers, or make that cup of tea. Doing all of these things on a patient's paid time is the same as theft.



2

Documentation is your life.



Most likely, your services will be paid for by taxpayer dollars or insurance company dollars. In either case, you will be accountable for documenting that you provided a skilled service. If you don't document it, it didn't happen!

3

Frankly

10 TIPS FOR SUCCESS

So you wanna be a

4 People don't always get better.

You are not going to be able to fix everything in every person. In most cases, you will improve your patient's life, but even that is not always the case. Perhaps you will make a mistake, perhaps their condition will worsen, perhaps the patient will make a good deal of progress and then die. All of this — and more — happens.

Keep a journal of what went right and refer to it whenever you get down. Regroup, take a break, and get back to work. Your other patients will be counting on you.

5 You know more than you think you know.

Other therapists, doctors, patients, teachers, families, and more will want to know your findings and your recommendations. They are counting on you, the expert, to tell them what is happening and what to do about it. Be confident in your skills.



Rose Godfrey is the founder and owner of The Speech Works, a private practice in Yuba City, CA. She holds the CCC from ASHA. She is licensed as an SLP by the State of California Speech Language Pathology and Audiology Board. Ms. Godfrey is a member of ASHA, the American Academy of Private Practice in Speech Pathology and Audiology, and the California Speech and Hearing Association.

Never stop learning.

6

No matter how much you do know, there is always more to be learned. A patient will come in with a rare condition, a new discovery will be made, a new technique for treating an old problem will emerge. Keep up. Read, complete continuing education, and consult other professionals in and out of the field.

If you do not know what to do, find out. "I don't know" by itself is the mark of someone who is not prepared. "I don't know, but I'll find out" earns respect.



Behavior is communication.

7

Listen to what people say, even when they have no words. Before I saw my first patient in the small private practice where I started, my supervisor told me, "If he hits you, it's your fault." I wondered if I'd come this far only to discover I'd entered the wrong profession.

He went on to explain, "This patient can't tell you what he's thinking, and he gets frustrated easily. It is your job to help him get the words out without frustration. But just in case, keep a table between you." I still follow this advice.

by Rose Godfrey

speaking.

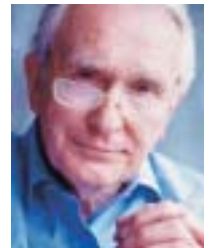
IN YOUR CHOSEN CAREER.

speech pathologist?

Communication affects every aspect of life.

8

One of my favorite patients, Tom, had been a prominent businessman. Well-connected, affluent, and well-respected, Tom and his wife Nancy (not their real names) had a busy social life. Then Tom had a stroke, and everything changed.



He could recite the Gettysburg address, but couldn't tell who wrote it. He could engage in small talk for one or two turns, but then his apraxia took over. He no longer fulfilled his role as the ticket to all the hot social events, and the invitations stopped coming.

In fact, Nancy learned that what Tom could say might even be worse than what he could not say, when he walked into the waiting room at my office and announced "I'm not wearing diapers today!" The marriage that was strengthened by position and social standing became very strained.

Time really is money.

Understanding the business side of the profession is an asset. Consider taking basic business classes to increase your understanding.

9



Each patient is unique.

Most importantly, remember this. You will see thousands of patients over your career. Soon the faces, names, and details will run together. But most of your patients will see only one speech pathologist over the course of their life. Treat each of them as if they are the only one.

President's Letter

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Begin preparing for your future beyond obtaining a degree

Sometimes having a degree just isn't enough. Being a professional in this field means that you are an advocate for this profession, and in order to be an effective advocate you must commit to being knowledgeable about every aspect of the career that you have chosen.

I hope that after reading this, you begin to think about the bigger picture, and what you can do to make a difference beyond your typical daily roles as a student.

My challenge to you is to begin preparing for your future beyond obtaining a degree. Prepare for tomorrow, prepare for next year, prepare for the rest of your life.

One way to prepare for leadership is to join professional associations, at some level, and then take part in their activities. These activities might include lobbying for issues that affect our professions, fundraising for worthy causes, and even community service to benefit those in need.

After all, history is something that we cannot change, but the future is ours to shape. All we have to do is take hold of it!

Nikki Villanueva is a second year master's student majoring in speech-language pathology at The Ohio State University. Nikki is also the NSSLHA representative to the ASHA Legislative Council.



You may contact Nikki at nikkiv@airtide.com with your questions and comments.

Externships

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only to find exclusively acute care patients on the caseload. There are even stories about students who thought they were going to a setting to work with adults, but there were primarily pediatric clients on the caseload.

Additionally, if a student has a particular interest, and is hoping to go to a facility that will provide specific clinical experiences (for example, working with laryngectomy patients), make sure that the caseload is truly what is expected. On the other hand, a variety of patients to will give students a well-rounded externship experience.

Do you know what your supervisor expects?

Discuss the way supervision will be provided, including the frequency of direct observations, the plan for supervisor/supervisee conferencing, and the ways feedback will be provided by the supervisor. Don't assume it will be the same way as the university clinic supervisors do it.

All supervisors must adhere to the minimum guidelines for supervision set forth by ASHA. However, there is a lot of leeway in interpretation of those guidelines.

In the university clinic, the supervisor's reason for being employed is to supervise students. In the real-world setting, the supervisor's primary responsibilities are to her/his caseload and other job duties. Supervision of the extern has to fit into an already packed schedule, and so it is a good idea to make sure that the supervisor and the supervisee understand one another's expectations for observations, conferencing, and feedback (verbal and written).

Do you know how you will be graded?

Grading: the student's nightmare. How will it work at the externship site?

Many universities have an externship grading form that is given to the supervisor at the outset of the externship semester. If this is available for students to review, it is a good idea to do so, in order to know the criteria upon which the grade will be calculated.

What is considered to be a passing grade? How many absences is the student allowed before it affects the grade? If there is more than one person providing supervision during the externship placement, what role will each have in contributing to the final grade?

Knowing the answers is vital. Some students do not realize they are not passing at the mid-term of the externship because the grading criteria are not understood.

How will your program supervise you during the externship?

What is the role of the university in making the externship placement, and in supporting the student during the externship?

Sometimes the student is placed a long distance from the campus during this semester. (Our university allows our students to travel anywhere in the country for externship, as long as the site and supervisor have been contacted and approved, and an official externship affiliation contract with the site has been completed.)

Will the university personnel be available for questions during the externship? What happens if the student is having difficulty during the externship? What types of intervention will be provided by the university?

The student must be prepared with the information necessary to contact the university with questions or concerns about the externship. Check that all out beforehand, so that there are no surprises.

Do you know the paperwork you will be required to submit?

That means paperwork at the externship site — not the daily SOAP notes, IEPs or progress reports required by individual sites. What about the Knowledge and Skills Assessment (KASA) information? How is the student's university tracking KASA information? And, what is the externship supervisor expected to provide to the university in this regard?

This is new territory for all universities — a work in progress. There likely will be some role the externship supervisor plays in tracking the student's skill acquisition. Students must clarify this, so there is no delay in getting the required information back to the university in a timely manner.

Will it all be worthwhile?

Absolutely! Externships are a very exciting time in a student's educational program. Although there are many factors to consider in finding and obtaining a placement, there are many wonderful things to look forward to.

Relax and enjoy the experiences available. Hopefully, each student will form a collegial working relationship with her/his externship supervisors, and find the externship to be among the most rewarding and worthwhile experiences imaginable.

Lanee Friedel is the 2001 recipient of the NSSLHA Chapter Advisor of the Year Honors and faculty member at Nova Southeastern University. You may reach Mrs. Friedel at Friedele@nova.edu.



Helping the littlest patients

Principles of care and roles of speech-language pathologists in the neonatal intensive care unit.

An increasing number of infants born prematurely or with other life-threatening conditions are surviving and receiving care in a neonatal intensive care unit (NICU). These infants often have neurodevelopmental complications with resulting needs in communication, cognition, and feeding/swallowing.

Four essential principles.

ASHA has developed a series of documents to assist SLPs who play a significant role in the assessment and intervention of these infants. The nature of care that SLPs provide in the NICU is based on the following four principles:

- **FAMILY-CENTERED CARE** includes the family in all aspects of decision-making for the care of their baby. This type of care addresses the challenges families face in the NICU and offers information to help parents advocate for their child and better understand their child's medical and developmental needs.
- **DEVELOPMENTALLY SUPPORTIVE CARE** is based on the premise that the infant's behavior provides the best information from which to design care plans. The goal is to promote successful caregiver-infant interactions by sharing information about the child's physiological stability, self-regulation, behavioral organization, and developmental progression.
- **CULTURALLY APPROPRIATE CARE** is sensitive to a family's beliefs, values, language, and practices. A family's understanding and acceptance of information about their child's care in the NICU is affected by these cultural influences.
- **TEAM-BASED CARE** recognizes that collaboration among families and professionals in the NICU is essential for achieving desired medical and developmental outcomes. SLPs contribute to the NICU team's developmental care plan with a focus on communication, cognition, and feeding/swallowing.

Other important guidelines.

In addition to direct and indirect roles in the NICU that are guided by the four principles of care, SLPs also need to be guided by the evidence base for practice in the NICU.

The roles and responsibilities, which vary with the characteristics and needs of the infants and families being served, may include:

- **COMMUNICATION EVALUATION AND INTERVENTION.** Includes conducting assessments of prelingual, prelinguistic, and sociocommunication interactions, including behavioral and neurodevelopmental assessments.
- **FEEDING AND SWALLOWING EVALUATION AND INTERVENTION.** Includes prefeeding, assessment and promotion of readiness for oral feeding, evaluation of breast and bottle-feeding ability, and completion of instrumental swallowing evaluations.
- **PARENT/CAREGIVER EDUCATION AND COUNSELING.** Includes information regarding developmental expectations, communication interaction patterns, and feeding and swallowing behaviors.
- **OTHER ROLES.** Includes quality control/risk management, discharge/transition planning and follow-up care, professional education and supervision, public education and advocacy, and research.

The following ASHA documents, published in 2004, are available on the web (www.asha.org, search: NICU) or by calling ASHA's action center (1-800-638-8255):

- Roles of speech-language pathologists in the neonatal intensive care unit:
 - Position statement.
 - Technical report.
 - Guidelines.
- Knowledge and skills needed by speech-language pathologists providing services to infants and families in the NICU environment.



SLPs require specialized training for team collaboration in the NICU and for direct infant care. Comprehensive education that goes beyond entry level is needed for accessing the rapidly expanding knowledge base and for responding to the complex needs of infants and family members. The new generation of practitioners bears responsibility for increasing their own knowledge about the principles of care and roles of SLPs in the NICU.

The members of the ASHA Ad Hoc Committee on Speech-Language Pathology Practice in the NICU who wrote these documents were: Justine J. Sheppard (Chair), Joan C. Arvedson, Alexandra Heinsen-Combs, Lemmieta G. McNeilly, Susan M. Moore, Lisa A. Newman, Meri S. Rosenzweig Ziev, and Diane Paul (ex officio). Alex F. Johnson and Celia Hooper served as monitoring officers (vice presidents for speech-language pathology practices, 2000-2002 and 2003-2005, respectively).

NSSLHA DAY

at the 2004 ASHA Convention

Friday, November 19 ■ Philadelphia Convention Center

Convention dates: November 18–20, in Philadelphia, PA

One of the best ways to jumpstart your career is by attending the ASHA Convention, taking full advantage of the programming, and networking with professionals in your field.

"What Students Need to Know About Test Taking Strategies"

with Barbara Shadden and Marilyn McGehee
9:00–10:15 am

LOEWS HOTEL,
WASHINGTON ROOM, THIRD FLOOR



Shadden



McGehee

"What Students Need to Know About the PRAXIS"

with John Tonkovich
10:30–11:45 am

LOEWS HOTEL,
WASHINGTON ROOM, THIRD FLOOR



Tonkovich

NSSLHA Luncheon and Awards Ceremony

12:00 noon–1:30 pm

LOEWS HOTEL,
MILLENNIUM BALLROOM

Sponsored by the
Texas Speech-Hearing Association (TSHA)
Ticket Required



Doctoral Degree Programs:

Thursday, November 18, Noon–4 pm



Master's Degree Programs:

Friday, November 19, Noon–4 pm

PHILADELPHIA CONVENTION CENTER, HALL B



Co-sponsored by PsychCorp and EBS Healthcare

NSSLHA Experts Series

ASHA CEUs are available for these sessions.

SESSION 1395

"What Students Need to Know About Dysphagia"

with Nancy Swigert
1:00–2:00 pm

ROOM C/103AB



Swigert

SESSION 0882

"What Students Need to Know About Dementia"

with Kathryn Bayles
1:00–2:00 pm

ROOM C/111



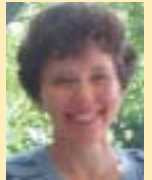
Bayles

SESSION 0703

"What Students Need to Know About Autism"

with Rhea Paul
2:30–3:30 pm

ROOM M/SALON H



Paul

SESSION 0208

"What Students Need to Know About Counseling"

with Robert Schum
1:30–2:30 pm

ROOM M/SALON IJ



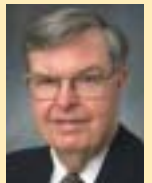
Schum

SESSION 0444

"What Students Need to Know About AAC"

with Lyle Lloyd
1:00–2:00 pm

ROOM C/113C



Lloyd

SESSION 0209

"What Students Need to Know About Research"

with Sharon Moss
2:00–3:00 pm

ROOM C/110



Moss



After a hard day's work at the Convention, enjoy

NSSLHA Night at the Hard Rock Cafe!

1113-31 MARKET ST., PHILADELPHIA

Ticket required

Congratulations to the Recipients of the 2004 Honors of NSSLHA

Each year the NSSLHA Executive Council recognizes those individuals and chapters that positively promote the mission and values of NSSLHA. This year the leaders we have selected best represent NSSLHA's vision for pre-professional development and academic achievement for all students in communication science programs. Please join us in congratulating the recipients of NSSLHA Honors, presented in 2004 by Harcourt Assessment, Inc..



Flahive

The Honors of NSSLHA:

Lynn K. Flahive
NSSLHA Executive Director
1999–2004

Lynn Flahive's leadership over the National Student Speech Language and Hearing Association and her ability to prepare communication science students into future leaders in the profession were the factors that contributed to her receiving the Honors of NSSLHA, the highest honor bestowed by the Association.



Angelo

NSSLHA Chapter Advisor of the Year Honors:

Dianne Angelo, PhD
Chapter Advisor at
the Bloomsburg
University of
Pennsylvania



Madison

Contemporary Issues in Communication Science and Disorders Editor's Award:

"Pursuit of the Speech-Language Pathology Doctorate: Who, Why, Why Not?" (Fall 2004)

AUTHORS:

Charles L. Madison;
Barbara Guy,
Lake Stevens School District;
Melissa Koch,
Eastern Washington University
(NOT PICTURED)



Guy



NSSLHA Chapter of the Year Honors:

Southeastern Louisiana University
NSSLHA Chapter,
Lillian Stiegler, Chapter Advisor

2004 Honors of NSSLHA

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NSSLHA recognizes the following members for exemplifying outstanding leadership, service, and academic achievement in their local NSSLHA chapter. In recognition of their accomplishment, these students were awarded with complimentary registration to attend the 2004 ASHA Convention in Philadelphia courtesy of Harcourt Assessment.

Jacqueline Bader
Marquette University

Juli Ann Becker
University of Wisconsin–
Stevens Point

Amy Boone Stewart
University of Central
Oklahoma

Sarah Borton
Truman State University

Meredith Bradhurst
University of Cincinnati

Meghan Bradley
Kutztown University

Bethany Briggs
Elmira College

**Jennifer Brooke
Merritt**
Fort Hays University

**Stamatia
Catsikopoulos**
Eastern Michigan
University

Lindsay N. Citro
Ithaca College

Lindsay Clapp
University of
Massachusetts

Lesa Delisi
Eastern Washington
University

Lauren Dorn
Medical University of
South Carolina

Meghan Fay
Hunter College

Heather Fortier
Vanderbilt University

Jessica Fryman
University of Cincinnati

Ayesha Ganges
Temple University

**Elizabeth Jeanne
Gifford**
Northeastern University

Jeanette Glenn
University of
Wisconsin–Madison

Jennifer Gray
Radford University

Terry Hastings
University of Nevada,
Reno

Rochelle Koch
University at Buffalo

Nicole Laskey
Duquesne University

Nicole Latty
University of
Missouri–Columbia

Georgia M. Diedrich
University of Louisiana
at Monroe

Jessica Marie Lahti
University of
Wisconsin–Eau Claire

Jessie Marie Schares
Valdosta State
University

Jessica Muchoney
Pennsylvania State
University

Krista Mutch
Minot State University

Patrick O'Brien
East Carolina University

Courtney Oftedal
University of
Wisconsin–Madison

Elizabeth Oldham
Clarion University of
Pennsylvania

Ramey Peneueta
Loma Linda University

Nicole Raffa
St. Joseph's College

Jennifer Reynolds
San Jose State
University

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California State
University–Long Beach

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University of Mississippi

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Dallas

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University of Virginia

Shannon Steinbis
Augustana College

**Theresa Tustain
Rayneri**
Southeastern Louisiana
University

Jane Marie Van Slyck
Loyola College

Bianca Velasco
California State
University, Fullerton

Jillian Waliezer
The Western
Washington University

Erin Anne Weddle
University of Georgia

Erin Whitebread
University of Illinois at
Urbana–Champaign

Chloe Wuesthoff
University of Wisconsin–
Stevens Point

NSSLHA

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