

General Information

All applicants must meet the qualifications, conditions and responsibilities as set forth in MLH Credentials Policies. Policies are located on www.methodistmd.org

Applicants seeking appointment, reappointment, and/or clinical privileges have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current clinical competence, character, ethics, and other qualifications and for resolving any doubts about an individual's qualifications.

Other requirements:

- Applicants will be requested to provide documentation of practice and current clinical competence as defined on the attached competency grid for initial granting and reappointment of privileges.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.
- Privileges granted may be exercised only at the Hospitals that offer the service/specialty, have sufficient space, equipment, staffing, and other resources required to support the privilege.
- Requests for clinical privileges that are subject to an exclusive contract will not be processed except as consistent with the contract.

Evaluating Current Clinical Competence at time of Reappointment:

MLH Data will be obtained and analyzed as available from EMR reporting systems or Health Information Management.

If minimal activity/low volume, then the applicant should supply case logs from other facilities' HIM department or practice billing systems to meet the minimum requirement(s) to be considered for the privilege. Source of the logs must be denoted.

The preferable format for external case logs is Excel or PDF from the sourced system. Handwritten case logs are generally not accepted.

Case logs should include a blinded or partial patient number for case distinction, date of service, type of service (inpatient or outpatient), location of service, diagnostic code and/or procedure codes, and performing provider where applicable.

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Delineation of Clinical Privileges Specialty of Speech Language Pathologist

Privilege	Initial Application Required Education or Training	Initial Application Current Clinical Competence	Reappointment Retrospective Review of Cases Performed at MLH Facility (FPPE)
Speech Language Pathologist (SLP)	<p>Current certification in American Speech and Hearing Association (ASHA) or equivalent And Current, unencumbered license to practice as a Speech Pathologist in the state(s) of practice. And Education in speech language pathology at the masters</p> <p>For Clinical Fellows must be eligible to practice as a Speech Pathologist in the state of employment.</p>	Case log documenting 10 office based encounters during the previous 12 months at the practitioners primary practice facility	<p>FPPE: First 5 cases</p> <p>Clinic Medical Director recommendation will be obtained from primary practice clinic.</p>
<i>Endoscopic Procedures</i>	<p>Obtain written verification from a board certified otolaryngologist that the speech language pathologist is competent in the proper and safe use of an endoscope.</p> <ol style="list-style-type: none"> 1. Successful completion of a university course or other educational program of at least 15 hours on endoscopy And 2. The successful performance of at least 25 endoscopic procedures under the supervision of an otolaryngologist or another speech language pathologist who has successfully performed at least 50 endoscopic procedures And 3. Has been approved in writing by a board-certified otolaryngologist to provide that supervision. 	Case log and physician evaluation of 25 proctored cases	<p>FPPE: First 5 cases</p> <p>Case log documenting 25 procedures completed during the past 12 months.</p>

Scope of Service and Responsibility:

Scope of service is based upon education, clinical training, demonstrated skills and capacity to provide services to individuals with a wide variety of speech, language, and swallowing differences and disorders that range in function from completely intact to completely compromised. The role of the SLP in the prevention, assessment, and habilitation/rehabilitation of communication and swallowing disorders and the enhancement and scientific investigation of those functions.

Collaboration

SLPs share responsibility with other professionals for creating a collaborative culture. Collaboration requires joint communication and shared decision making among all members of the team, including the individual and family, to accomplish improved service delivery and functional outcomes for the individuals served. SLPs:

- educate stakeholders regarding interprofessional education (IPE) and interprofessional practice (IPP) (ASHA, 2014) principles and competencies;
- partner with other professions/organizations to enhance the value of speech-language pathology services;
- share responsibilities to achieve functional outcomes;
- consult with other professionals to meet the needs of individuals with communication and swallowing disorders;
- serve as case managers, service delivery coordinators, members of collaborative and patient care conference teams; and
- serve on early intervention and school pre-referral and intervention teams to assist with the development and implementation of individualized family service plans (IFSPs) and individualized education programs (IEPs).

Counseling

SLPs counsel by providing education, guidance, and support. SLPs engage in the following activities in counseling persons with communication and feeding and swallowing disorders and their families:

- empower the individual and family to make informed decisions related to communication or feeding and swallowing issues.
- educate the individual, family, and related community members about communication or feeding and swallowing disorders.
- provide support and/or peer-to-peer groups for individuals with disorders and their families.
- provide individuals and families with skills that enable them to become self-advocates.
- discuss, evaluate, and address negative emotions and thoughts related to communication or feeding and swallowing disorders.
- refer individuals with disorders to other professionals when counseling needs fall outside of those related to (a) communication and (b) feeding and swallowing.

Screening

SLPs screen individuals for possible communication, hearing, and/or feeding and swallowing disorders. SLPs have the knowledge of—and skills to treat—these disorders; they can design and implement effective screening programs and make appropriate referrals.

- select and use appropriate screening instrumentation;
- develop screening procedures and tools based on existing evidence;
- coordinate and conduct screening programs in a wide variety of educational, community, and health care settings;
- participate in public school MTSS/RTI team meetings to review data and recommend interventions to satisfy federal and state requirements (e.g., Individuals with Disabilities Education Improvement Act of 2004 [IDEIA] and Section 504 of the Rehabilitation Act of 1973);

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- review and analyze records (e.g., educational, medical);
- review, analyze, and make appropriate referrals based on results of screenings;
- consult with others about the results of screenings conducted by other professionals; and
- utilize data to inform decisions about the health of populations.

Assessment

Speech-language pathologists have expertise in the differential diagnosis of disorders of communication and swallowing. The assessment process can include, but is not limited to, culturally and linguistically appropriate behavioral observation and standardized and/or criterion-referenced tools; use of instrumentation; review of records, case history, and prior test results; and interview of the individual and/or family to guide decision making. The assessment process can be carried out in collaboration with other professionals. SLPs:

- administer standardized and/or criterion-referenced tools to compare individuals with their peers;
- review medical records to determine relevant health, medical, and pharmacological information;
- interview individuals and/or family to obtain case history to determine specific concerns;
- utilize culturally and linguistically appropriate assessment protocols;
- engage in behavioral observation to determine the individual's skills in a naturalistic setting/context;
- diagnose communication and swallowing disorders;
- use endoscopy, video fluoroscopy, and other instrumentation to assess aspects of voice, resonance, velopharyngeal function and swallowing;
- document assessment and trial results for selecting AAC interventions and technology, including speech-generating devices (SGDs);
- participate in meetings adhering to required federal and state laws and regulations (e.g., IDEIA [2004] and Section 504 of the Rehabilitation Act of 1973).
- document assessment results, including discharge planning;
- formulate impressions to develop a plan of treatment and recommendations; and
- discuss eligibility and criteria for dismissal from early intervention and school-based services.

Treatment

SLPs develop and implement treatment to address the presenting symptoms or concerns of a communication or swallowing problem or related functional issue. Treatment establishes a new skill or ability or remediates or restores an impaired skill or ability. SLPs

- design, implement, and document delivery of service in accordance with best available practice appropriate to the practice setting;
- provide culturally and linguistically appropriate services;
- integrate the highest quality available research evidence with practitioner expertise and individual preferences and values in establishing treatment goals;
- utilize treatment data to guide decisions and determine effectiveness of services;
- integrate academic materials and goals into treatment;
- deliver the appropriate frequency and intensity of treatment utilizing best available practice;
- engage in treatment activities that are within the scope of the professional's competence;
- utilize AAC performance data to guide clinical decisions and determine the effectiveness of treatment; and
- collaborate with other professionals in the delivery of services.

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The Speech Language Pathologist shall be in compliance with all applicable state and hospital rules including, but not limited to, supervision, protocols, and patient reviews.

Clinical Supervision Requirements:

The supervision of the speech language pathologist will be compliant with all applicable state rules and regulations.

Core Privileges

Consistent with the intent of the state rules and regulations, privileges serve the purpose to maximize the collaborative practice of the speech language pathologist in a manner consistent with quality health care delivery.

MODALITIES, TECHNOLOGY, AND INSTRUMENTATION

SLPs use advanced instrumentation and technologies in the evaluation, management, and care of individuals with communication, feeding and swallowing, and related disorders. Some examples of services that SLPs offer include, but are not limited to, the use of

- the full range of AAC technologies to help individuals who have impaired ability to communicate verbally on a consistent basis—AAC devices make it possible for many individuals to successfully communicate within their environment and community;
- endoscopy, video fluoroscopy, fiber-optic evaluation of swallowing (voice, velopharyngeal function, swallowing) and other instrumentation to assess aspects of voice, resonance, and swallowing;
- telehealth/telepractice to provide individuals with access to services or to provide access to a specialist;
- ultrasound and other biofeedback systems for individuals with speech sound production, voice, or swallowing disorders; and
- other modalities (e.g., American Sign Language), where appropriate

Process Protocol:

Consultation:

Special Procedures:

The applicant must provide documentation of current clinical competence in performing the procedure consistent with the criteria set forth in medical staff policies governing the exercise of specific privileges and the appended competency grid. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current clinical competence, and other qualifications and for resolving any doubts.

Speech Language Pathologist Clinical Privileges

Check below the particular privileges desired as Nurse Practitioner for each facility:

Please check (✓) applicable age categories for each privilege requested.

Privilege Description	Methodist Healthcare – Memphis Hospitals (MHMH) Germantown, Le Bonheur Medical Center, North, South & University, Outpatient Clinics & Diagnostic Facilities			Methodist Healthcare – Olive Branch Hospital (MHOBH)		
Age Limitations	Infants (29 days– 2 Years)	Children & Adolescents (2-18 years)	Adults & Adolescents (13 & Above)	Infants (29 days– 2 Years)	Children & Adolescents (2-18 years)	Adults & Adolescents (13 & Above)
Speech language Pathologist Core						
Special Privileges						
Endoscopic Procedures						
Specialty Focus: condition(s), disease(s) for the patient population (e.g. pediatric neurology, adult cardiology)						
Limitations	Clinical privileges are granted only to the extent privileges are available at each facility.					
Darkly shaded areas represent privileges not available to any practitioner due to the service not being offered by the facility.						

Acknowledgement of practitioner

I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at the facilities indicated above, to the extent services are available at each facility, and I understand that:

(a) in exercising any clinical privileges granted, I am constrained by facility and medical staff policies and rules applicable generally and any applicable to the particular situation

(b) any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents

Practitioner's Signature

Date

Printed Name

Acknowledgement of sponsor

I agree to abide by the clinical supervision responsibilities listed and the Nurse Practitioner will abide by the privileges outlined above and the appropriate facility Medical Staff Rules and Regulations.

Signature (No Stamps)

Employing or Supervising Physician

Date: _____

Printed Name

ID # _____