The Core Functions of Speech-Language Pathology
Student and Advisor Review


The Core Functions 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.

This document will be reviewed with each student during orientation and again within the first 90 days (about 3 months) of enrollment.

**Communication**

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.

- Employ oral, written, auditory, and non-verbal communication at a level sufficient to meet academic and clinical competencies.
- 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.

**Motor**

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.

- 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.

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

**Sensory**
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.

- Access sensory information to differentiate functional and disordered auditory, oral, written,
  and visual communication.
- Access sensory information to correctly differentiate anatomical structures and diagnostic
  imaging findings.
- Access sensory information to correctly differentiate and discriminate text, numbers, tables, and
  graphs associated with diagnostic instruments and tests.

**Intellectual/Cognitive**
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.

- Retain, analyze, synthesize, evaluate, and apply auditory, written, and oral information at a level
  sufficient to meet curricular and clinical competencies.
- 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.
- Engage in ongoing self-reflection and evaluation of one’s existing knowledge and skills.
- Critically examine and apply evidence-based judgment in keeping with best practices for
  client/patient care.

**Interpersonal**
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 culture and that good clinical
practice honors such diversity while meeting this obligation.

- Display compassion, respect, and concern for others during all academic and clinical interactions
• Adhere to all aspects of relevant professional codes of ethics, privacy, and information management policies.
• Take personal responsibility for maintaining physical and mental health at a level that ensures safe, respectful, and successful participation in didactic and clinical activities.

**Cultural Responsiveness**

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.

- 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.
- Demonstrate the application of culturally responsive evidence-based decisions to guide clinical practice.

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.

**Glossary**

- **Cultural responsibility** 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”.
- **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.).
