

## DIVISION SCOPE OF SERVICE

<b>DIVISION: SOUTH ATLANTIC</b>
<b>Classification: SPEECH PATHOLOGIST</b>
<b>Applicant Name:</b>
<p><b>Speech Pathologist:</b> The Speech Pathologist must have equivalent qualifications, competence and function in the same role as employed individuals performing the same or similar services at the facility, as defined by facility job description.</p> <p><b>Definition of Care or Service:</b> The Speech Pathologist applies principles, methods, and procedures for the prevention, identification, evaluation, treatment, consultation, habilitation, rehabilitation, instruction, and research, relative to the development and disorders of human communication; to related oral and pharyngeal competencies; and to behavior related to disorders of human communication. Scope of service may include:</p> <ul style="list-style-type: none"> <li>• Assess, diagnose, treat and help to prevent communication and swallowing disorders in patients</li> <li>• Communicate with patients to determine their levels of speech or language difficulty</li> <li>• Identify treatment options</li> <li>• Create and carry out individualized treatment plan.</li> <li>• Demonstrate clinical and service excellence behaviors to include HCA Healthcare Code of Conduct core fundamentals in daily interactions with patients, families, co-workers and physicians.</li> </ul> <p><b>Setting(s):</b></p> <ul style="list-style-type: none"> <li>• Healthcare facilities including but not limited to hospitals, outpatient treatment facilities, imaging centers and physician practices</li> <li>• Patient care areas, all settings</li> </ul> <p><b>Supervision:</b></p> <ul style="list-style-type: none"> <li>• Direct supervision by department director, site manager or designee <ul style="list-style-type: none"> <li>○ Indirect supervision by the South Carolina Board of Licensing and the American Speech Language and Hearing Association</li> </ul> </li> </ul> <p><b>Evaluator:</b> Physical Therapy department director or designee</p> <p><b>Tier Level:</b> 2</p> <p><b>eSAF Access Required:</b> YES</p> <p><b>Qualifications:</b></p> <ul style="list-style-type: none"> <li>• Master's degree or higher in speech-language pathology <ul style="list-style-type: none"> <li>○ Any education completed outside the U.S. or Canada, documentation must be received which verifies that the institution at which the education was completed was equivalent to an accredited U.S. institution.</li> </ul> </li> <li>• Licensed as Speech-Language Pathologist</li> <li>• American Heart Association health care provider BLS Certification</li> </ul> <p><b>NOTE:</b> Where education may not be defined in qualifications area of the Scope, HCA Healthcare requires the highest level of education completed (not training or courses) confirmed on your background check.</p> <p><b>State Requirements:</b></p> <ul style="list-style-type: none"> <li>• Current and active speech-language pathology license required.</li> </ul>

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**Experience:**

- Minimum 1 year experience in speech therapy

**Competencies:**

The Speech Pathologist will demonstrate:

- Demonstrate appropriate evaluation techniques in accordance with accepted standards of care for swallowing assessments
- Demonstrate appropriate evaluation techniques in accordance with accepted standards of care for swallowing assessments in the presence of a Radiologist
- Demonstrate appropriate treatment techniques in accordance with accepted standards of care for condition including but not limited to expression or swallow.
- Demonstrate appropriate techniques in accordance with accepted standards of care for conditions related to cognitive deficits
- Demonstrate appropriate treatment techniques in accordance with accepted standards of care for conditions including but not limited to voice, fluency and articulation
- Demonstrate appropriate treatment techniques in accordance with accepted standards of care for conditions related to receptive and expressive skills
- Infection Prevention
  - Practices consistent hand hygiene
  - Uses personal protective equipment (PPE)
  - Required immunizations per Division requirements
  - Complies with Isolation precautions

**Document Control:**

- Content updates 11/15/2017
- Cosmetic updates 6/3/2020

**Your signature confirms you will be able to comply with the Qualifications and Competencies listed within this Scope of Service and that you will confirm education via your background check.**

**Applicant Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_