

## **Policy and Procedures Manual**

Title: Job Description – Speech-Language Pathologist Reference #: HR-940

Effective Date: 1.2011 | Responsible: All Licensed Professional Staff | Next Review Date: 2.2017

**Educational Qualifications:** A speech language pathologist will possess a Master's degree in Speech Pathology and maintain a license in the State of Oregon. The individual will be eligible for a certificate of clinical competence as defined by the American Speech and Hearing Association, or meet the educational requirements for certification and is in the process of accumulating the supervised experience required for certification.

**Reports To:** Rehab Services Director, Clinic Director

Supervises: N/A

**Physical Requirements:** Able bodied with the ability to assist with patient lifting 50-100# and transfer activities as needed.

## **Duties & Responsibilities:**

- 1. Evaluate the patient to determine the type of speech, hearing, language or swallowing disorder and recommend the necessary treatment;
- 2. Provide rehabilitative services for speech, language, and swallowing disorders;
- 3. Observe, record, and report to the physician the patient's reaction to treatment and any changes in the patient's condition after reporting to the Agency;
- 4. Instruct other health team personnel and family members in methods of assisting the patient to improve and correct speech, language, or swallowing disorders;
- 5. Prepare clinical, progress, and summary notes;
- 6. Exchange information with other professional team members. Keep all patient information confidential;
- 7. Participate in the plan of treatment with the staff and the patient's physician;
- 8. Participate in staff meetings and case conferences;
- 9. Give in-service education training; and
- 10. Perform any other duties requested by management related to speech, language, or swallowing treatment.

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Agency will make all necessary efforts to ensure this position complies with any applicable federal and state laws.

Form Name & /Number or Attachment Name (If Applicable):

**Approvals:** PT Northwest Policy Committee

**Review History** (No Changes): 1.2012, 1.2013, 1.2014, 2.2015, 2.2016

Revision History: mo/year

Policy, Procedure or Protocol Cross Reference Information:

Source/References: CMS - §482.56(a)(2); TJC - HR.01.02.01, HR.01.02.07, HR.01.06.01, HR.01.07.01, LD.03.06.01, LD.04.01.05

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