

OROVILLE HOSPITAL  
JOB DESCRIPTION

**TITLE:** SPEECH-LANGUAGE PATHOLOGIST

**DEPARTMENT:** GOLDEN VALLEY HOME HEALTH

**REPORTS TO:** DIRECTOR OF GOLDEN VALLEY HOME HEALTH/  
PATIENT CARE SERVICES

The speech pathologist/audiologist is a qualified professional person who directs, supervises, evaluates and provides speech therapy services to patients in the home as prescribed by the attending physician.

**QUALIFICATIONS**

- The speech pathologist/audiologist is a member of the American Speech and Hearing Association and certified by the Association.
- At least a master's degree is required and one (1) full year of supervised work experience.
- Licensed as such by the California Board of Quality Assurance.
- Current CPR card.
- Reliable means of transportation.
- A valid California drivers license and a clean Department of Motor Vehicles record.
- Automobile insurance = \$100,000 combined single limit (CSL) underlying auto or \$100,000/\$100,000/\$50,000 split limits.
- Professional Liability and Mal Practice Insurance, when contracted.
- Occasional lifting, not more than 100 pounds with help, and/or carrying objects weighing up to 50 pounds.

OROVILLE HOSPITAL HOME CARE JOB DESCRIPTION  
AND EMPLOYEE EVALUATION

NAME \_\_\_\_\_ DATE OF HIRE \_\_\_\_\_

DEPARTMENT GV HOME HEALTH

POSITION: SPEECH  
PATHOLOGIST/AUDIOLOGIST

STANDARDS OF PERFORMANCE

(0) DOES NOT MEET STANDARD

(1) MEETS STANDARD

RESPONSIBILITIES

STANDARDS OF PERFORMANCE

	0	1
Providing treatment as ordered by the attending physician.	___	___
Evaluates patient's speech and language abilities, both defects and assets, and performs periodic re-evaluations.	___	___
Plans and provides rehabilitative services for speech and language disorders.	___	___
Records type of treatment and patient's reaction to it on clinical/progress notes, which are written on the day of the visit and incorporated in the patient's record weekly.	___	___
Maintains adequate records on all patients, including summary reports.	___	___
Utilizes community resources and department personnel by proper referral	___	___
Selects and administers diagnostic and therapeutic techniques and materials.	___	___
Instructs and counsels other health team personnel and family members in methods of assisting patient in improving, correcting and accepting his disabilities.	___	___
Attends interdisciplinary team meetings.	___	___
Prepares visit notes on the day of visit which are incorporated into the clinical record weekly.	___	___

RESPONSIBILITIES

STANDARDS OF PERFORMANCE

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	<u>0</u>	<u>1</u>
Participates in staff development activities and inservice education.	___	___
Participates in the development of and periodic revision of the physician's plan of care.	___	___
Demonstrates a high level of initiative with patient care.	___	___
Carries out assignments without direction.	___	___
Demonstrates accuracy, thoroughness and orderliness in performing patient care assignment.	___	___
<b>PROFESSIONALISM OF ROLE:</b>		
License and certification current on file.	___	___
Basic CPR current.	___	___
Valid auto license.	___	___
Current auto insurance.	___	___
Safety manual review/passes annual test.	___	___
Age specific competency/passes annual test.	___	___
National driving competency/passes annual test.	___	___
Maintains current education (CE) on file.	___	___
Attends staff meetings 75% or reads minutes.	___	___
Professional liability and malpractice insurance, when contracted.	___	___
Skills check list complete 100%.	___	___
<b>PROFESSIONAL COMMITMENT:</b>		
Follows dress code and inspires confidence in hi/her care by his/her professional appearance and behavior.	___	___
Reports for duty on time 95%	___	___
Attendance: Ill not more than 12 days per year.	___	___
Demonstrates cost effective use of supplies and equipment.	___	___
Demonstrates efficient and cost effective practices.	___	___
Demonstrates cooperative team practices.	___	___
Demonstrates mission statement knowledge and practice.	___	___

EMPLOYEE GOALS AND

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMPLOYEE'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CLINICAL SUPERVISOR/CHARGE

NURSE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CLINICAL SUPERVISOR/CHARGE NURSE: \_\_\_\_\_

DATE: \_\_\_\_\_