MS SLP
Clinical Education Handbook
2018

RMUoHP is committed to the fair and equitable treatment of our clients. No individual shall be discriminated against on the basis of race, color, creed, religion, national origin, gender, sexual orientation, age, marital status, disability or status as a disabled veteran or Vietnam era veteran.

The RMUoHP MS SLP Program is a candidate for accreditation by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) of the American Speech-Language-Hearing Association (ASHA). The CAA is the only accrediting agency for audiology and speech-language pathology education programs recognized by the Council for Higher Education Accreditation and the U.S. Department of Education (ASHA), 2200 Research Boulevard #310, Rockville, Maryland 20850, 800-498-2071 or 301-296-5700. [http://caa.asha.org/](http://caa.asha.org/)
Preface

Clinical education is an essential part of MS SLP education. Integration of the knowledge and abilities learned in the classroom happens most effectively when the student works with real patients/clients in an actual work situation.

The purpose of the Rocky Mountain University of Health Professions MS SLP Clinical Education Manual is to inform all those directly involved with the clinical education process, namely academic faculty, clinical education faculty (Clinical Supervisors, Externship Clinical Educators), and students, about the curriculum, expectations, rules, regulations, and policies governing and related to the clinical education component of the MS SLP Program. It also serves to clearly disseminate information and guidelines for use in decision-making and to provide a common frame of reference. This Handbook a supplement to the RMUoHP University Handbook, catalog, the RMUoHP SLP Student Advising Handbook, and any clinical affiliate’s published policy/procedures.

The student is expected to abide by the policies established by this program, rules and policies of each clinical affiliate, and the standards established by the speech-language pathology profession.

Please read this handbook carefully. Questions related to the content of this manual should be directed to Director of Clinical Education (DCE) or the Program Director:

General University/ Program Contact Information:
Phone Number:  (801) 375-5125/ toll free (866)-780-4107 Fax (801) 375-2125

DCE Information

Wendy M. Chase  
Director of Clinical Education (DCE)  
Phone: (801) 385-375-8663  
Email: WChase@rmuohp.edu  
Fax: (801) 734-6843

Thank you in advance for your cooperation with the SLP Program at Rocky Mountain University of Health Professions in providing students the opportunity to learn in a variety of clinical settings and for providing clinical instruction for the SLP student.
Institution Mission
The mission of Rocky Mountain University of Health Professions is to educate current and future healthcare professionals for outcomes-oriented, evidence-based practice. The University demonstrates its mission fulfillment through the quality of its education and success of its students in academic programs that develop leaders skilled in clinical inquiry and prepared to effect healthcare change.

Program Mission
The mission of the Master of Science in Medical Speech-Language Pathology (MS SLP) program prepares students to provide comprehensive, evidence-based, client/patient centered care for the betterment of society, and who are committed to lifelong professional growth and collaborative practice.

Program Philosophy
Rocky Mountain University of Health Professions (RMUoHP) has established itself as an innovative center of higher learning dedicated to providing a student-centered, outcomes-oriented education that threads the concepts of evidence-based practice throughout all of its programs. The MS SLP program strives to attract a dynamic and diverse faculty who possess a common desire to influence the field of Speech-Language Pathology by modeling both clinical and teaching excellence. By design, the MS SLP program is expanding upon the progressive model of the University by incorporating advances in technology and educational theory in the development and implementation of the program.

RMUoHP recognizes that even with the best technology and curriculum, the heart and soul of the program is the student. Our program will cater to highly motivated students who wish to be active participants in their education.

In keeping with both the University and Program Missions, RMUoHP graduates will be prepared to enter the Speech Pathology work force as skilled and ethical members of the health care community.

The MS SLP curriculum foundationally rests in learning theory, including:

- We enhance learning in a learner-centered model of education, where students are actively involved in the teaching/learning process. This model of education recognizes multiple methods for effectively engaging students in their learning. Curricular methods include problem--based learning, lecture, skills laboratories, group discussions and inquiry, case studies, simulated patients, student presentations, independent study, writing components, and clinical experience.

- As the program progresses, teacher-student collaboration in the educational process increasingly encourages the student to take responsibility for their own learning, discovery, and application of new knowledge and skills.

- As a MS SLP student, you will experience at least 25 hours of clinical observation and 375 hours of direct and simulated client/patient contact in a broad array of clinical settings. Clinical settings include, but are not limited to hospitals, clinics, rehab facilities,
acute care rehab facilities, long-term acute care facilities, public and private schools, outpatient facilities, and skilled nursing facilities. You will obtain these hours under the supervision of a qualified professional who holds ASHA certification in Speech-Language Pathology.

- We enhance your learning with the faculty model that encourages critical reflection. In discussions of clinical cases, the faculty actively consider interpretations; develop hypotheses, and present intervention strategies that are integrated into existing or new cognitive frameworks or schemes. A balance of open-mindedness and questioning is demonstrated using varied teaching strategies and patient management approaches.
- Course content builds on the student’s existing knowledge base, acquired through prerequisite communication science courses, progressing from simple to complex conceptualization and advancing from concrete to abstract analysis.
- Program activities and curricular content are not focused solely on technical skills and knowledge, but also facilitate the development of the student as a professional. Your development of core values and skills is enhanced through appropriate faculty interaction and modeling of professional behaviors and attitudes.

Goals and Expected Outcomes

Our educational goals flow out of the MS SLP Mission Statement and the University’s Core Values.

Program level goals include the following:

1. Create a learning environment that informs and enhances your understanding and application of professional and socially responsible attitudes and behaviors, both in school and in clinical practice.
2. Facilitate your ability to practice autonomous, collaborative speech pathology services and provide service to health care consumers in a competent, caring, ethical, and legal manner.
3. Develop and integrate critical thinking and clinical reasoning skills into evidence-based Practice (EBP) learning activities.
4. Provide student-centered learning experiences in a variety of current and innovative methodologies containing content consistent with ASHA-CAA accreditation expectations, current cognitive and learning theory, following ASHA policies and documents, and both contemporary and best practice standards.
5. The program will be recognized as a leader in the professional community in the provision of service and professional growth opportunities.

Program level outcomes related to these goals include:

1. Professional and socially responsible behaviors and attitudes are taught and assessed in the MS SLP program (Goal 1 and 2)
2. The curriculum consistently incorporates Evidence-based Practice principles and/or critical thinking skills (Goal 3)
3. The MS SLP curriculum incorporates innovative models, methodologies and delivery methods. (Goal 4)
4. Graduates of the program will be seen as competent, compassionate and highly trained clinicians eligible to obtain their Certificate of Clinical Competence from ASHA. (Goal 5)

The faculty goals of RMUoHP are derived from the University’s belief that all faculty members must facilitate active learning on the part of their students through modeling exemplary educational, clinical and leadership skills.

Therefore, the RMUoHP MS SLP faculty will:
1. participate in scholarly activities that result in publication, presentations or other products or activities that promote or enhance the field of speech-language pathology;
2. demonstrate service and leadership in the speech pathology profession;
3. include a mix of professionals that strive for excellence in academic teaching and clinical expertise;
4. model professional behaviors and attitudes such as lifelong learning and professional duty to students, colleagues, and the community.

Outcomes related to faculty goals include the following:
1. Faculty perform scholarly activities that enhance the field of speech pathology, including activities such as publishing in peer reviewed journals, contributing to text books, reviewing professional journals, and developing new instructional techniques and technology. (Goal 1)
2. Faculty provide service and leadership in the profession by being active in professional and/or community organizations and by promoting speech pathology in the local community, instructing continuing education courses, acting as onsite reviewers for ASHA-CAA, consulting with other SLP programs or other such activities. (Goal 2)
3. Faculty credentials meet or exceed minimum levels for academic and clinical excellence established by the University and consistent with accreditation standards. (Goal 3)
4. Faculty incorporate current, appropriate methodologies into teaching that reflect a student-centered philosophy, while encouraging student responsibility for learning. (Goal 3)
5. Faculty improve their academic and/or clinical skills through professional development activities such as continuing education, specialty certification and clinical practice. (Goal 3)
6. Faculty model professional attitudes and behaviors. (Goal 4)

The Program goals for students and Expected Student Outcomes flow from our Mission Statement, philosophical base, and programmatic goals. They are a reflection of the practice management expectations that are derived from the goals and standards set forth by ASHA.

**Goals:**

Students graduating from the RMUoHP MS SLP program will:
1. Demonstrate a minimum of entry-level skill in autonomous practice that includes screening, examination, evaluation, diagnosis, prognosis, plan of care, intervention, referral, and outcomes assessment activities.

2. Provide effectively managed speech and swallowing therapy services to health care consumers in a socially responsible manner that demonstrates altruistic principles balanced with fiscal/fiduciary awareness.

3. Adhere to ethical standards of practice and legal/regulatory policies.

4. Demonstrate a commitment to excellence, lifelong learning, critical inquiry, and clinical reasoning by skillfully incorporating current evidence into speech pathology practice.

5. Demonstrate abilities to continue professional development and leadership.

Expected student outcomes related to the above goals include the following:

Students graduating from the RMUoHP SLP program will:

1. Demonstrate a minimum of entry level skill set for by the ASHA standards and Ethics by the end of their terminal clinical internship. (Goals 1-5)

2. Pass Speech Pathology PRAXIS exam (Goals 1-4)

3. Be employed in the field of speech-language pathology within 6 months of passing the PRAXIS exam. (Goals 1-5)

4. Demonstrate leadership in the field of speech pathology by participating in appropriate community and professional organizations and activities. (Goal 5)

Accreditation

The RMUoHP MS SLP Program is a candidate for accreditation by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) affiliated with the American Speech-Language-Hearing Association (ASHA). The CAA is the only accrediting agency for audiology and speech-language pathology education programs recognized by the Council for Higher Education Accreditation and the U.S. Department of Education (ASHA), 2200 Research Boulevard #310, Rockville, Maryland 20850, 800-498-2071 or 301-296-5700. http://caa.asha.org/

MS SLP Faculty

Ms. Wendy Marshall Chase, M.A.-CCC-SLP
Dr. Joanne Carfioli Naylor, Ph.D., CCC-SLP
Dr. Phillip Sechtem, Ph.D., CCC-SLP
Dr. Linda J. Spencer, Ph.D., CCC-SLP
Ms. ElBea Stonier, MS, CCC-SLP
Mr. Tim Stockdale, MS, CCC-SLP
Jessica Immonen, Ph.D., M.S.
Jennifer Johnson, PA-C
Dr. Erik Smart, MD
Dr. Anmy Mayfield, DNP, APRN, FNP-C

Core Performance Standards
Success in the MS SLP program at RMUoHP is most likely to be achieved when students come prepared to participate fully in the educational process. This preparation includes and assumes that students enter the program with a minimum level of ability in specific areas, termed “technical standards”, and will continue to develop those and additional skills and attitudes, called the Professional Behaviors. The combination of technical standards and professional behaviors is referred to as the Core Performance Standards. We will assess the Professional Behaviors in particular periodically throughout the program. Inability to meet any of the Core Performance Standards may result in the need for remediation, probation, suspension or dismissal from the program. The Core Performance Standards are listed below.

Technical Standards for Admission, Promotion and Graduation

Speech-Language Pathology is an intellectually, physically, and psychologically demanding profession. Students acquire the foundation of knowledge, attitudes, skills and behaviors needed throughout a speech-language pathologist career. Those abilities that speech-language pathologists must possess to practice safely are reflected in the Technical Standards that follow.

For successful completion of degree requirements, students must be able to meet these minimum technical standards with or without reasonable accommodation.

You must possess adequate **COMMUNICATION ABILITIES** allowing you to:

- Communicate effectively with people in person, by phone, and in written form by considering the communication needs and cultural values of the listener.
- Effectively model appropriate therapy targets.
- Be proficient in written and spoken English.

You must possess adequate **PHYSICAL ABILITIES** allowing you to:

- Make travel arrangements to and from classroom and practicum/externship settings.
- Meet the physical demands of practice across clinical settings.
- Sustain necessary physical activity level in required classroom and clinical activities.
- Use fine motor skills to navigate the outer ear and speech mechanism, e.g., ear canal impressions, oral mechanism exams, swallowing protocols.
- Manipulate equipment and materials to complete screening and evaluation protocols and treatment and behavior plans.
- Visually monitor client/patient responses and materials.
- Provide a safe environment for others when responding to emergency situations such as fire or choking or other medical emergencies, and in the application of universal precautions.
- Make accurate judgments about linguistic and acoustic signals.

You must possess adequate **COGNITIVE ABILITIES** allowing you to:

- Assimilate information, including the ability to comprehend professional literature and reports.
- Generate discipline-specific documents and clinical reports in English.
- Seek relevant case information, synthesize, and apply concepts and information from various sources and disciplines.
- Analyze, synthesize, and interpret ideas and concepts in academic and diagnostic/treatment settings.
• Solve clinical problems through critical analysis.
• Accurately self-evaluate one’s own knowledge.

You must possess adequate **PERSONAL, BEHAVIORAL AND SOCIAL ATTRIBUTES** allowing you to:

• Maintain appropriate personal hygiene.
• Comply with administrative, legal, and regulatory policies.
• Demonstrate regular attendance and meet responsibilities in a timely manner.
• Develop and maintain appropriate relationships with clients/patients and colleagues.
• Maintain composure in demanding situations.
• Adapt to changing environments and situations in clinic and classroom.
• Communicate effectively with people in person, by phone, and in written form by considering the communication needs and cultural values of the listener.
• Manage the use of time effectively to complete professional and technical tasks within realistic time constraints.
• Accept appropriate suggestion and constructive criticism and respond by modification of behaviors.
• Understand and respect authority.
• Adhere to the ASHA code of ethics.

Specifically, you must be able to:

1. Attend and participate in classes for 30 or more hours per week during each academic semester. Classes consist of a combination of lecture, discussion, laboratory, and clinical activities.
2. Use auditory, tactile, and visual senses to receive classroom instruction and to evaluate and treat patients.
3. Read, write, speak, and understand English at a level consistent with successful course completion and development of positive patient-therapist relationships.
4. Complete readings, assignments, and other activities outside of class hours.
5. Apply critical thinking processes to their work in the classroom and the clinic.
6. Exercise sound judgment in class and in the clinic.
7. Participate in external Clinical Experiences, which typically require students to be present 40 or more hours per week on a schedule that corresponds to the operating hours of the clinic.
8. Gather decision-making pieces of information during patient assessment activities in class or in the clinical setting without the use of an intermediary (classmate, aide, etc.).
9. Perform treatment activities in class or in the clinical setting by direct performance or by instruction and supervision of intermediaries.
10. Sit for two to 8 hours daily, stand for one to two hours daily, and walk or travel for two hours daily. In clinical situations, alternately sit, stand, and walk up to 8 hours daily.

If you cannot demonstrate the skills and abilities outlined in this document, it is your responsibility to request reasonable accommodation. Reasonable accommodation refers to ways in which the University can assist you to accomplish these tasks (for example, providing extra time to complete an examination or enhancing the sound system in a classroom).
Reasonable accommodation does not mean that students with disabilities will be exempt from completing certain tasks; it does mean that the MS SLP Program will work with students with disabilities to determine whether there are ways that we can assist the student toward successful completion of the tasks.

Candidates for admission with a disability are not required to disclose the specifics of their disabilities, but prior to the start of MS SLP classes, they must indicate that they can complete these tasks, with or without reasonable accommodation. Students who cannot complete these tasks, even with accommodation, are ineligible for admission. Any previously made offer of admission will be withdrawn. An offer of admission may be withdrawn if it becomes apparent that the student cannot complete essential tasks even with accommodation, or that the accommodations needed are not reasonable and would cause undue hardship to the institution, or that fulfilling the functions would create a significant risk of harm to the health or safety of others.

Candidates for admission who have questions about this document or who would like to discuss potential accommodations/program modifications should contact the Program Director of the MS SLP Program. The specific process is outlined in the University Handbook.

Professional Demeanor (from the University Handbook)

The University places a high and equal value on scholarship, clinical training, and practice. The integration of health science theory, research, and clinical practice allows you to gain the following attributes:

- An ability to critically evaluate and integrate theoretical concepts in the health sciences.
- An ability to analyze and practice the principles and methods of scientific inquiry applicable to the study of the human condition and healthcare practices.
- Mastery of practical and clinical skills essential for professional practice in settings within the contemporary healthcare industry.
- Skills to critically read published research and to apply those evidence-based principles in a responsible and appropriate manner.
- Skills to work cooperatively with colleagues at all levels of service in the healthcare system.
- A demonstrated commitment to personal and professional ethical standards.
- A demonstrated commitment to continuing personal and professional development and lifelong learning.
- A commitment to wellness and the knowledge/practice of preventive measures to ensure optimal healthcare.

Equal Access and Opportunity: Non-discrimination policies

Administrators, faculty, and staff at RMUoHP are committed to providing equal access to education and employment opportunities to all regardless of age, race, religion, color, national and ethnic origin, gender, sexual orientation, disability, and military status. The University is also committed to providing equal access/opportunity in admissions, recruitment, course offerings, facilities, counseling, guidance, advising, and employment and retention of personnel and students. The administration is committed to implementing federal and state laws and regulations governing equal access/opportunity. It further extends its commitment to fulfilling the provisions of Title IX, Section 504 of the Rehabilitation Act, and the American with Disabilities Act (ADA).
These non-discriminatory policies and practices are an integral part of the mission of the University, and the Diversity and Disabilities Advisory Committee helps ensure that equal access and opportunity policies are followed.

Additionally, the University complies with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972 and Section 504 of the Rehabilitation Act of 1973. Inquiries regarding these policies, the filing of grievances or grievance procedures on these matters may be directed to the director of admissions. Inquiries regarding federal laws and regulations concerning nondiscrimination in education or RMUoHP compliance with those provisions may be directed to the Office of Civil Rights, U.S. Department of Education, 221 Main Street, Suite 1020, San Francisco, California 94105.

RMUoHP adheres to the principles of Section 504 of the Rehabilitation Act of 1973, which provides that no otherwise qualified student with a disability shall solely for reason of his or her disability be excluded from the participation in, be denied benefits of, or be subjected to discrimination in the program. RMUoHP does not exclude qualified persons with disabilities from any course of study, or any other part of the program (refer to skills section for further explanation of what essentials are necessary to function within a given health science discipline). RMUoHP’s students with disabilities must meet the requirements and levels of competency required of all students in the program. To assist students with disabilities in fulfilling these responsibilities of the program, every reasonable effort is made to accommodate special needs of such students. All applicants with disabilities are advised of this policy at the time of their application and/or acceptance to the University.

The RMUoHP campus has wheelchair access to all areas, including the student lounge, conference rooms, classrooms, laboratories, and main lobbies. Restrooms are equipped for individuals with mobility-challenges.

Students requiring special considerations during laboratory exercises will be required to pay for any extra expenses incurred by the University to meet these special needs. For example, if a female student’s religious beliefs require that she perform the laboratory exercise isolated from the male students and male faculty, the student will be responsible for paying the rent on the extra room, the female lab instructor and any other additional costs.

**Learning Disabilities/Physical Challenges**

RMUoHP adheres to the Americans with Disabilities Act of 1990 that provides comprehensive civil rights protection for “qualified individuals with disabilities.” Please refer to the University Handbook for additional information.
Curriculum

The program is a campus-based program consisting of 6 semesters. The program is designed using a cohort model and students are expected to move through the program with their cohort. Learning experiences will include classroom, laboratory, online and live simulations, and off-site clinical education. Sixty-six credit hours are required for successful completion of the program, including the credits earned during clinical education and while acquiring the 375 practicum hours. By design, the MS SLP program relies on the progressive clinical and academic model demonstrated in current University programs. The MS SLP program incorporates technological and clinical advances as well as contemporary educational theory. RMUoHP, acknowledged for its excellence in faculty and educational programming, recognizes that even with the best technology and curriculum the heart and soul of the program is its students. The MS SLP program caters to highly motivated students who wish to be active participants in their education.

The MS SLP program is committed to the development of an individual who can:

- Demonstrate a minimum of entry-level skill in autonomous provision of services including screening, testing, evaluation, diagnosis, prognosis, plan of care, intervention, and outcomes assessment activities.

- Provide effectively managed speech-language pathology services to healthcare consumers in a caring manner that demonstrates altruistic principles balanced with fiscal/fiduciary awareness.

- Adhere to ethical standards of practice and legal/regulatory policies.

- Provide leadership in the field of speech pathology.

- Demonstrate a commitment to excellence, lifelong learning, critical inquiry, and clinical reasoning by skillfully incorporating current evidence into speech pathology practice.

- Demonstrate abilities to continue professional development, including self- and peer evaluation.

- Please see the advising manual for the curriculum sequence.
Regulatory Standards
ASHA
Council for Academic Accreditation
The MS SLP program is responsible to uphold the standards of the profession and provide an education that meets the demands of our accrediting body (CAA) and the knowledge and skills necessary for certification (ASHA).

ASHA Code of Ethics
https://www.asha.org/Code-of-Ethics/

CAA Accreditation Standards

ASHA Certification Standards
https://www.asha.org/Certification/2014-Speech-Language-Pathology-Certi.../
Clinical Education: Roles and Responsibilities

To facilitate a smooth and effective clinical education process, RMUoHP MS SLP program has adopted/modified the following roles and responsibilities which should be adhered to by all parties in the clinical education process.

Role of the Director of Clinical Education (DCE)

The DCE is the academic faculty member who carries the primary responsibility for overseeing and coordinating the clinical education component of the program. The DCE works directly with the other program academic faculty, clinical faculty, and students to provide a variety of structured clinical learning experiences designed to facilitate clinical competence. As DCE, he or she represents the University, provides indirect supervision of students in the clinic, and works directly with the Center Coordinator of Clinical Education (CCCE) and/or Clinical Instructor (CI) as appropriate. The DCE may be assisted by an Academic Coordinator of Clinical Education/Assistant DCE, or other faculty members/administrative assistant in these responsibilities.

Below are some of the key responsibilities of the DCE. For a complete listing of responsibilities, refer to the RMUoHP job description for the DCE. This is available from the RMUoHP program director or the DCE and located in the SLP Program Policy and Procedure manual.

Responsibilities:

1. Serves as the key contact person/liaison between the Program and clinical sites/faculty.
2. Recruits, evaluates, and retains clinical affiliating sites.
3. Communicates regularly with clinical sites and clinical instructors in planning for student affiliations.
4. Works with the facility and the University’s legal counsel to establish affiliation agreements that meet the needs of the University, student and facility.
5. Schedules the dates and assignments for clinical education experience, including special scheduling (i.e., holidays, atypical arrangements, missed clinical educational time).
6. Assigns students to sites for clinical experiences.
7. Provides or facilitates continuing education and training of clinical instructors in collaboration with the facility CCCE.
8. Monitors and facilitates student progress toward individual and course goals/objectives during clinical experiences.
9. Counsels students individually on clinical performance and professional behavior issues.
10. Determines the grades for clinical practice courses.
11. Evaluates the effectiveness of clinical instructors, clinical facilities, student programs, and the Program’s clinical education component.
12. Communicates information related to student clinical performance to Program core faculty.
13. Maintains necessary/appropriate documentation related to student clinical performance and the Program’s clinical education courses.
14. Addresses any changes within the clinical education site that may affect students’ clinical educational experiences.
15. Provides intervention, guidance, and problem-solving strategies for both the student and clinical instructor, when necessary. Determines an action plan when issues of student performance and/or conduct arise.
Role of the Clinical Instructor (CI)
The Clinical Instructor (CI) is a certified, licensed speech-language clinician with two or more years of clinical experience who is selected by the DCE, CCCE, or designee to directly supervise the affiliating student. This individual provides direct supervision to the student in the clinic and delivers the data for assessment of student performance. The CI must be willing to work with students and be able to develop an appropriate environment for learning in the clinic.

Responsibilities:
1. Meet requisite qualifications for serving as a clinical instructor as required by the University and/or the facility. See “Guidelines for Selection of New Clinical Education Facilities/Faculty” in the appendix for full list of qualifications.
2. Collaborates with the DCE, CCCE, and with the student to identify appropriate objectives for the clinical experience within the specific setting, identifies unique learning experiences, and provides the student with “hands on” learning opportunities.
3. Supervises the student appropriately in order to provide quality learning experiences in all appropriate areas of the patient management experience as well as research and administration as applicable.
4. Ensure that student learning does not compromise the delivery or safety of patient/client care.
5. Provides both formal and informal feedback to the student regarding his/her performance on a regular basis, including the completion of a midterm and final evaluation using the University approved assessment tool.
6. Communicates with the DCE regarding student performance; Identify problems in student’s performance and conduct, communicate with the student regarding these issues and plan remedial activities in collaboration with the CCCE, DCE and the student, if necessary.
7. Completes Program required documentation in a timely manner.
8. Makes an effort to address the varying needs of clinical students in terms of experience, learning style, progress within the curriculum and interpersonal communication characteristics.
9. Models professional behaviors including, but not limited to, legal and ethical Speech-language pathology practice.

Role of the Student
The student is responsible for taking an active role in directing their own learning.

Responsibilities:
1. Submit to the DCE all required paperwork for clinical education placements by appropriate deadlines.
2. Plan for transportation, food, housing and other necessities associated with clinical education. It is against policy for students to be working at any employment during clinical experiences that would interfere with the clinical education process.
3. Secure and wear appropriate uniform/dress designated by each site.
4. Read and abide by the policies, procedures and standards of the University, the Program, the clinical facility and the profession. This includes following facility/school policies and procedures regarding such items as confidentiality, conduct, dress, hours of attendance, etc.
5. Notify the CI and DCE when unable to attend clinic (this includes late arrival and early departure).
6. Make arrangement with the CI to make up missed clinical educational time and adhere to the clinical practicum agreement.
7. Demonstrate appropriate technical competence for the level of professional education achieved prior to a clinical education experience.
8. Participate actively in the clinical education process, develop both technical and professional skills, behaviors and attitudes.
9. Exhibit behaviors commensurate with professional behaviors and core performance standards as noted in the student handbook.
10. Communicate any issues or concerns during the clinical education experience to the appropriate individual (CI, CCCE, DCE).
11. Complete any and all assignments during the clinical education experience.
12. Provide formal and informal feedback to the clinical instructor and DCE regarding the learning experience.
13. Complete self-assessments of clinical performance and affective/professional skills.

Clinical Faculty Rights and Privileges

The Clinical Education Faculty of the RMUoHP MS SLP Program have rights and privileges commensurate with those of similar appointments within the institution. Those rights and privileges include:
- Right to request a conference or to have a student removed from a clinical rotation at any time.
- Right to provide feedback on the curriculum and the performance of program students and to have that feedback documented.
- Opportunity to request individual training and/or information related to clinical instruction.
- Right to provide input on future program applicants.
- Invitation to attend yearly student presentations.
- Opportunities to attend selected continuing education programs at a reduced or free rate when sponsored by the University.
- Opportunity to take one free approved course offered by the University for every 15 weeks of full time clinical education provided to RMUoHP MS SLP program students.
- Opportunity to attend selected guest lectures in the MS SLP program curriculum.
- Free attendance at the Annual Evidence Based Symposium sponsored by the University.
- Access to online and onsite library holdings.
- Recognition/appointment as official clinical education faculty for RMUoHP.
- Opportunities for collaboration in clinical research.

Clinical Education Design

The clinical education portion of the curriculum includes activities over all 6 of the semesters of the program. Students will complete observations prior to beginning in active clinic experiences, whether simulated, alternative or live. On campus clinic experiences will occur during the first five semesters in coordination with any off-campus experiences. The final semester is a full-time placement and does not include any on campus clinical work. This is dependent on the student’s performance during the first 5 semesters:
- Clinical Methods I and clinical practicum are graded together in this class as each contributes to clinical competency in the core skills for assessment and treatment.
• Clinical Methods II through V address advancing skills in assessment and treatment as well as self-assessment, cultural humility, bias, professional issues, job search, emerging practices, and regulatory oversight.
• Practicum courses occur in semesters II through VI and are where the clinical competency based on supervisory assessment of clinical skills is recorded.

Affiliation Agreements
Prior to a student participating in an internship/externship in a clinical facility, an Affiliation Agreement must be completed/executed with the site. The DCE forwards clinical site/contact information to the office of the Vice President of Academic Affairs for approval, legal review, and signatures. Occasionally clinical facilities require completion of their own version of contracts with academic programs either in lieu of or in addition to the RMUoHP Program’s agreement. In such cases, the facility’s contract should be reviewed by the DCE, appropriate administrators, and legal counsel if needed, prior to completion.

The MS SLP Program will maintain current information on clinical sites with “active” affiliation agreements in place in the administrative offices. The DCE references this information prior to and in preparation for placing students in appropriate facilities for clinical experiences. Copies of the fully executed agreements are kept on file in the MS SLP program offices.

Site selection and Clinical Faculty Qualifications
Clinical education is carried out in facilities that meet the qualifications established by RMUoHP. This includes standards and criteria for the clinical facility and the clinical faculty that participate in the process at those sites. The DCE certifies that the site and personnel meet the standard when they agree to take a student. The DCE verifies this information to assure that standards are being upheld by the clinical education faculty and facilities. These standards are found in the appendix in the document “Guidelines for Selection of New Clinical Education Facilities/Faculty.” Clinical educators must demonstrate continuing education in supervision in accordance with CAA and ASHA standards.

Procedures for Clinical Education Placement
The DCE solicits “available slots” for student placement with clinical education facilities annually during the first quarter of the initial semester.

The MS SLP program maintains a record of the “available” clinical placements/slots for each clinical experience. This record is updated regularly informal communications with sites regarding available student placements (email, phone calls) and solicitation of sites through the practicum management program (e*value).

The following process is followed in scheduling students for clinical internship/externships:

Students are assigned by the DCE to appropriate clinical facilities, with student input, based upon availability of clinical sites with additional consideration by the DCE of:
   a) Students’ prior experiences before entering MS SLP program;
   b) Clinical education program goal of providing experiences in a variety of practice settings;
   c) Location of the clinical facility;
   d) Type of facility and expectations/considerations of the clinical faculty;
   e) Educational and personal goals of the student;
   f) Consideration of student requests.
Each student is asked to complete a clinical placement request form in which they will rank the
types of experiences they are most interested in and the geographical considerations in place.
The DCE leans heavily on considerations for the best fit for student/site/CI and educational
learning needs. When several students are requesting the same site, decisions are made either
by draw or collaboration with students on alternative placements.

**Basic clinical education exposure requirements:**
Clinical placement decisions are guided by an effort to assure that student experiences address
the following:

a) Management of patients/clients representative of those commonly seen in practice
   across the lifespan and the continuum of care;
b) Practice in settings representative of those in which Speech Pathology is commonly
   practiced;
c) Interaction with Speech Pathology role models whose practice is consistent with the
   program’s philosophy of practice;
d) Opportunities for involvement in interdisciplinary care; and

e) Other experiences that lead to the achievement of expected student outcomes.

Students will plan with the DCE (and academic advisors as necessary) for these types of experiences.
Students are generally required to participate in clinical education in both a school based and medical
setting with an average of 100 clock hours earned in each. The medical may include a number of types of
settings as described below. A school setting may be a public, private, or specialized school setting.
Examples of settings that may assist in accomplishing these goals may include at least two or
more of the following:

- **A hospital setting** (inpatient acute, inpatient rehab, or long term acute care)
- **An outpatient setting** (with primary caseload of orthopedic diagnoses)
- **A rehabilitation setting** (Inpatient or outpatient, skilled nursing facilities-considered to
  be inpatient, or other similar types of facilities.)
- **A specialty area** (pediatrics, geriatrics, ENT clinic, Cleft-Palate Clinic, etc.)
Information and Guidelines for Clinical Sites

Prior to Student Arrival and related information

Information Packet
The clinical facility will receive the student’s biographical page on e-value including their picture, contact information and a brief summary of clinical goals for the placement. The most current version of the clinical education handbook with all relevant policies and procedures will be available on the RMUoHP web page online at www.rmuohp.edu.

Student Phone Call/Email
The student will contact the clinical site a few weeks before the clinical begins. At that time, the student will ask about hours, who to report to the first day, directions to the facility, dress code, and any other necessary information. The clinical practicum agreement will be completed within the first two days of the placement through the e-value system.

Student Immunization
All RMUoHP SLP students must provide proof of immunizations (see Clinical Prerequisites section) prior to beginning the program. A copy of documentation of these immunizations is maintained on campus. If required by the facility, students are responsible for providing this information to clinical sites.

CPR and First Aid
All students are required to be certified in cardiopulmonary resuscitation (BLS through American Heart Association) and first aid (through the American Red Cross). In some limited cases professional rescuer certification through the American Red Cross may be acceptable. Certification must be current during all clinical periods. Verification of certification is maintained on campus and students are responsible for providing this information to clinical sites if required by the facility.

Student Health Insurance
The SLP Program requires that students carry their own health insurance while enrolled in the program. Documentation is maintained on campus. Students are responsible for providing this information to clinical sites if required by the facility.

Liability Insurance
Professional liability insurance will be provided by the University for all students in the amount of $2,000,000 per incident and $5,000,000 in the annual aggregate.

At the clinical facility
Orientation
The student should have an adequate orientation to the clinical site. Orientation is one of the most important aspects of a positive and productive experience for the students, as well as the CI. Please see page A-59 in the appendix of this handbook for further information about what should be included in the student’s orientation.
Clinical Experience

Affiliating clinical facilities are expected to provide educational experiences consistent with Speech Pathology professional education for any student accepted for a clinical rotation. This includes all aspects of patient care and practice management as is appropriate to the unique clinical facility and to the student’s level of education and experience.

Supervision

A certified, licensed Speech-Language Pathologist must be immediately available in person or by phone for any student to perform direct care. All supervision of student education must be performed in accordance with state law and applicable state, federal, payer and university policies.

Student competence

Prior to external clinical placement, students are expected to demonstrate safety and competence. Foundational skills are determined by the successful completion of the courses in the sequence prior to the placement.

Unique Learning Opportunities

The student should be provided with opportunities to participate in learning experiences unique to the clinical site. These opportunities may include, but are not limited to, involvement in:

- Surgery observation
- Physician’s rounds
- Quality improvement procedures/projects
- Patient care/family conferences
- Department staff meetings and in-services
- Special diagnostic tests
- Interaction with other specialty departments (OT, PT, ENT, gastroenterology, pulmonology, respiratory therapy, prosthetics, orthotics, ICU, etc.)

Patient/Client Participation

Patients and clients are to be notified of student participation in their care and that they have a risk-free right not to participate in the clinical education process.

Documentation

Any documentation written by the student must be in accordance with facility, policy, local state or federal regulations, and/or payer policy. When included in the medical record, documentation should be signed with the student’s full name, followed by the abbreviation “Student Speech Pathologist” (SSP) unless policy or regulation denotes otherwise. ALL student documentation must be read and co-signed by a certified, licensed speech-language pathologist.

In the event that facility policy or other regulation does not allow for student documentation in the medical record, students are required to practice documentation regarding patient encounters and have it reviewed by the Clinical Instructor. If necessary, all such documentation should be disposed appropriately according to facility policy to protect patient privacy in accordance with HIPAA rules.
Communication with the DCE

The DCE or another MS SLP faculty/staff member will contact the CI by phone or email to arrange a mid-point visit or phone call to discuss student progress and to answer any questions the CI might have. The CI and/or the CCCE are encouraged to contact the DCE at ANY TIME if questions or concerns arise. They are encouraged to contact the CI immediately at the first sign of any concerns regarding student performance that concerns critical skills, patient safety, or other performance/behaviors that would indicate a student may not pass a given clinical experience.

Student Attendance/Promptness

Student attendance is required and promptness is expected during the entire clinical experience. The student is expected to comply with the schedule of the facility. The facility may consider special accommodations with notification of the program, assuming that the required hours and experiences can be met within the allotted time frame. The program does not provide the student with “time off” or “days off” during the clinical.

When illness or emergency results in the student being absent or unavoidably late, the student is expected to contact the CI at least thirty minutes prior to the scheduled arrival time. It is expected that ALL absences and ANY time missed be made up. It is the student’s responsibility to make arrangement with the CI on how and when the time will be made up. If the student is in the clinic during a holiday period, the student will follow the same holiday schedule as the rest of the clinic staff.

In the event that the student is ill and misses two (2) consecutive clinical days, a note from a physician or primary health care provider must be submitted to the clinical site and to the MS SLP Program DCE. Should a student miss more than one-quarter of the scheduled clinical education days, the student will need to repeat that specific clinical rotation.

Failure to notify the clinical instructor or the University of an absence is a serious breach of professional conduct and will not be tolerated. If this situation occurs, the first instance will result in a written warning to the student, placing him or her on probation for the remainder of his or her clinical experience. Subsequent violations may result in the suspension of the student from the clinical education experience. If this action occurs, the student will need to petition the DCE and the MS SLP Program Director for re-entry into the clinical experience.

Student Progress during the clinical experience

In the event that a student is dissatisfied or is having difficulty at his/her clinical site, the following steps must be taken:

The student should first express his or her concerns to the Clinical Instructor. Most problems will be resolved by this approach. If the difficulties persist, the student should contact the DCE in a timely manner. When the student contacts the DCE, the DCE will document in writing the time, date, and concerns as well as recommendations made to the student. A summary statement will be placed in the student’s file. If necessary, the DCE will arrange a meeting with the student, the CI, and/or CCCE to attempt resolving any issues and to develop a plan for a successful clinical experience. That plan/strategy will be documented and placed in the student’s file.

In the event that a CI has concerns about the performance of a student, the CI should address them with the student. The date, time, and areas discussed, as well as recommendations made should documented in a notice of concern through the e-value system. The CI should contact
the DCE immediately to share the considerations and the agreed upon performance expectations. The DCE may choose to visit the clinical site to observe the student directly. In most instances, a development plan will be developed and implemented to address concerns and help the student successfully complete the clinical education experience. A written summary of the meeting and the action plan should be signed by all in attendance and placed in the student’s file. The Program Administrator will also be informed of the meeting resolution. If after intervention, the student does not meet the specific goals and objectives of the clinical education experience, successful completion of a remediation assignment may be required. See development/remediation policy later in this document. If the student’s clinical performance has endangered the welfare of a patient/client, including a HIPAA breach, the DCE or Program Administrator may act to withdraw the student immediately and issue a failing grade.

Facility Rules and Regulations
Students are expected to comply with the rules and regulations of the clinical site. The clinical site must inform the student of these rules and regulations.

Student’s Relationship to Facility
Any clinical site accepting a MS SLP student for a clinical experience agrees not to hire the student to work at the same clinical site during the clinical course. The student should NOT be substituted for paid staff during the experience. The student may NOT assume the responsibility or place of a qualified staff person. However, as the student demonstrates proficiency in clinical skills, she/he should be permitted to perform with less, but still appropriate, supervision.

Early Termination of the Clinical Experience
Following consultation with the CCCE and the CI, the DCE and the MS SLP faculty may remove a student from the clinical site if, in their judgment, the student is performing incompetently or poses a safety threat to the patients or staff of the facility. The clinical site supervisor and the CI may immediately remove any student from the premises who poses an immediate threat or danger, or for just cause under the clinical site’s disciplinary policy.

Evaluation
See the evaluation section of this document.

Information and guidelines for Students
Students are expected to familiarize themselves with the contents of this handbook, including the guidelines for clinical facilities and all policies related to clinical education. In addition, related below are some specifics that students need to accomplish and/or be aware of:

Immunizations, Certifications, and Related Requirements
Prior to being allowed to participate in any clinical experience, students are required to submit or meet the following:

- **Immunization/Laboratory test results** – must submit official immunization records and laboratory test reports to include:
  1. Hepatitis B series and/or titer (Booster or additional series may be required if immunity not achieved)
  2. Tdap or qualified waiver-current within the last 2 years
  3. 2 MMR (only 1, if born before 1957)
4. 2 separate TB skin tests or negative chest radiograph (current for each year)
5. Varicella Zoster titer or history of disease documented by health care professional (vaccine may be required if immunity not achieved)
6. Current Year Influenza Shot
   - Health Insurance documentation – must be maintained while in program
   - Cardioulmonary Resusciation (CPR) through the American Heart Association (BLS)—must be maintained while in program
   - OSHA training
   - HIPAA training
   - Absence of problematic criminal history or record
   - Negative drug/alcohol screen as requested by facility

Additional Criminal background checks, laboratory testing, screenings and/or certifications may be required by individual clinical facilities. If required, it is the responsibility of the student to fulfill and cover the cost of such.

Student Competence Assessment Prerequisite

RMUoHP MS SLP courses are designed and sequenced in a progressive and logical manner. Clinical supervision during client interactions is modified based on the student’s progression in didactic classes. A student may work with a client for whom they have the core clinical skills but not comprehensive knowledge provided the level of supervision is commensurate with client needs and in the interest of student development.

As an additional prerequisite to placement in a clinical facility, students must have demonstrated competence and safety with the application of clinical skills as evaluated by the faculty member coordinating/instructing the course. Program faculty will communicate with the DCE regarding student successful demonstration of safety and competence with skill application prior to clinical placement.

Background Checks

Background checks are a required prerequisite for students to participate in clinical affiliations. Students are required to consent to have a background check performed and for the results to be shared with school administration, clinical faculty, and clinical affiliates. Findings/results of checks will be released if requested to the above named parties. Although positive findings do not immediately interfere with the student’s standing in the program, clinical affiliates may refuse to permit a student to perform a clinical rotation in their facility based on this information.

Should a student be unable to complete all required rotations or assignments due to refusal of a clinical affiliate to accept the student, the student may be unable to complete the clinical course and may ultimately be unable to complete the program.

Students should also be aware that clinical facilities may also require additional background screening to be done by an investigating agency of the facility’s choosing at the student’s expense.

Alcohol and drug awareness/screening

RMUoHP abides by the Drug-Free Schools and Communities Act of 1989 (Public Law 101-226). RMUoHP is committed to maintaining an alcohol and drug-free environment. The MS SLP Program adheres to the policy as stated in the University Handbook. This policy pertains to both
academic and clinical education. At the request of the clinical facility, students may have to participate in voluntary drug testing. A clinical site/clinical instructor with suspicions related to student substance use should contact the DCE immediately who will advise a course of action and/or follow their facility-specific policies regarding this issue.

Any students in violation of this policy may be terminated from their clinical education experience and suspended from the MS SLP Program. A positive drug/alcohol test will result in possible disciplinary action in conjunction with the Office of the Academic Dean. The student will be withheld from beginning or removed from their current clinical site/rotation pending the decision/action by the Dean per the University policy on conduct and behavior, noted in the University Handbook. Possible sanctions include dismissal from the Program.

Liability Insurance

Students are provided malpractice insurance while enrolled in the MS SLP Program. Coverage terminates when a student graduates or is no longer enrolled. This policy covers students only while enrolled at RMUoHP and participating in education related activities including during assigned clinical practice experiences. The amount of coverage is at least equal to minimum amounts stipulated in affiliation agreements with clinical facilities.

Sharing of Student Information with Clinical Sites

Students are required to sign an information release waiver upon initial entrance into the Program. This allows RMUoHP and its representatives to release information to clinical affiliate(s) for approval to schedule a student clinical experience and to facilitate student learning during each clinical rotation. The information that may be released includes the following:

- Name
- Contact and identification information
- Letter of verification related to background check and drug screen pre-requisites
- Health information
- OSHA & HIPAA training/certification
- Health Insurance Information
- Applicable academic and clinical performance and status
- Emergency contact information
- Vehicle registration information

The ability to place a student in selected clinical facilities is not possible without the sharing of this information; therefore, failure to authorize this release of information may result in an inability to successfully complete the clinical education component of the Program. Students should also be aware that clinical facilities will be providing information to RMUoHP regarding all aspects of the student’s performance while participating in clinical experiences.

Clinical Facilities and those involved with the clinical education process (such as, but not limited to CCCEs and CIs) are also required to protect student information according to University and FERPA guidelines; thus, only student information needed to assist in the affiliation should be shared, and only shared with those to whom the information is pertinent.

Attendance during Clinical Experiences

Because clinical faculty/instructors are charged not only with instructing students but also with providing assessment, including documenting of proficiency and safety of student performance across a wide spectrum of care, there is a limit to both the quantity and quality of “make-up”
hours/days available for missed clinical time (even “excused” time). The MS SLP program has
the following expectations regarding student attendance for all clinical practicum courses.

**Definitions**

- **“Excused Absence”** - An absence can be excused **ONLY** if the student has notified the DCE and clinical instruction/facility **prior** to the scheduled beginning of the missed day. Excused absences could include illness, ill family member, death of immediate family member, jury duty, military duty, or other circumstance with prior approval by faculty member. Excused absences require documentation at the discretion of the DCE.

- **“Unexcused Absence”** - An absence which does not meet the definition of excused absence or one in which the DCE and clinical instructor were not contacted prior to the scheduled clinical time is considered **unexcused**. Unexcused absences could include car trouble, routine doctor appointments, dentist appointments, job interviews, child care issues, etc.

**MS SLP Program Clinical Education Policy regarding unexcused absences:**

- Unexcused absences are unacceptable during clinical practice/rotations. Violation of this policy may result in written counseling and/or a failing grade for the course.

- Unexcused missed clinical practice hours must be made-up by the end of the semester.

**MS SLP Program Clinical Education Policy regarding excused absences:**

- Excessive excused absences may result in an inability to successfully complete/pass the clinical experience if those absences put the student at risk for not meeting the total number of required clinical hours in the course and/or clinical education component of the Program. Students will receive a written warning/counseling from the DCE when their number of excused absences places them in that “at risk” category.

- All clinical hours missed due to excused absences must be made up by the end of the semester.

Students who are tardy may be considered absent and the same procedures and policies apply.

Students should plan to be engaged in clinical education full time and therefore, employment during clinical experiences is unfeasible. Be aware that if a student attempts to work during clinical experiences and employment interferes with attendance and participation in clinical classes/externships, these absences will be unexcused and students will be subject to disciplinary action or dismissal from the program.

Students are expected, as a general rule, to work the “schedule” arranged with the clinical instructor, during full-time experiences. This may include (but is not limited to) alternate weekly schedules (four 10-hour days vs. five 8-hour days) and weekend/after-hours coverage.

The holiday schedule of the facility applies for clinical courses.

**Dress Code**

MS SLP students must follow the facility-specific dress code policies of each clinical site to which they are assigned. If lab coats and/or scrubs are required by the facility, then the student will be responsible for securing those items. Students should be well groomed. Dress and
appearance should reflect modesty and cleanliness. No tank tops, shorts or short skirts will be allowed. Hair must be clean and neat, and must be fashioned as to not fall forward or over the sides of the face when working with patients/clients or otherwise interfere with patient care. If worn, beards and mustaches must be clean and neatly trimmed. Nails will be keep short in order to enable easy cleaning, prevent puncture of gloves, and prevent injury to the patient/client. Students should not wear excessive fragrance, makeup, or jewelry. Body art such as facial/body piercings or easily visible tattoos may be required to be camouflaged, covered or removed.

If the facility has no specific dress code, students must conform to the standard dress code established by the RMUoHP MS SLP program:

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dress shirt or polo shirt (tie optional) (no T-shirts)</td>
<td>Modest blouse/shirt long enough to tuck in (no T-shirts and no low-cut necklines)</td>
</tr>
<tr>
<td>Dress pants (no jeans)</td>
<td>Dress slacks (no jeans, yoga pants, leggings etc..)</td>
</tr>
<tr>
<td>Dress shoes (no sneakers, boots or sandals)</td>
<td>Enclosed low-heeled shoes (no sneakers, boots, sandals)</td>
</tr>
</tbody>
</table>

All students are required to wear a nametag identifying them as a student. Students may also need to purchase a lab coat. Nametags are provided to student by the DCE prior to their clinical affiliation. Certain facilities may require you wear identification provided by them.

Any student who is in violation of any of the above dress code items may be sent home and instructed to return to the facility dressed in accordance with the University or facility dress code. At the first violation, the student will receive a written warning. A second infraction of the dress code will result in disciplinary action up to and including termination of the clinical experience and dismissal from the program.

Professional Conduct

The development of professional behaviors is an essential part of the integration of students into a profession. Development and assessment of professional behaviors for students in the professional MS SLP program occurs through:

A. Self-assessment of MS SLP students at midterm and final for each semester of clinical practicum.

B. Assessment of students in the program by clinicians during the required clinical experiences at midterm and final for each semester of clinical practicum.

C. Monitoring of professional behaviors and feedback occurs on a regular basis through meetings between the student/faculty advisor and student/DCE, based on feedback from clinical instructors, program faculty and ongoing student self-assessment.

Students are expected to conduct themselves in a professional manner at all times during clinical experiences. The policies and procedures of the Program and of the Clinical Facility must be
adhered to and additionally the student should conform to the principles outlined by ASHA Guide for Professional Conduct and the ASHA Code of Ethics, and any legal guidelines and/or statues.

Feedback to the student regarding affective/behavioral skills should be given by the Clinical Instructor (CI) both verbally and in writing using the e-value program. The CI should also contact the DCE regarding any concerns related to student conduct/behavior. The DCE will respond immediately to gather information, initiate documentation of the behavior and the action plan, (if the CI has not already done so) and help guide the clinical instructor in facilitating progression toward entry-level affective skill achievement.

Clinical facilities do have the right to request the removal of a student from the site at any time due to behavior or performance deficits.

Other Clinical Placement Policies/Guidelines

Students should be aware that any or all of their clinical experiences may be scheduled outside of the local (Utah/Salt Lake Valley) or out of state. Potential hardships related to travel should be presented to the DCE who may factor in those circumstances when making placement considerations. However, depending on the circumstances, there is no guarantee that allowances for personal preferences or special accommodations will be made. Students need to plan and make preparations for relocation as necessary to complete their clinical education experiences. Students will be responsible for all associated costs.

Students are typically not placed in facilities in which they are (or have been) employed, in which a family member is employed, or in other settings in which the DCE deems there is a conflict of interests.

Students are responsible for the arrangement and cost of transportation and housing for each clinical practice course.

Change in or Cancellation of Clinical Placement

Clinical sites occasionally cancel clinical placements if circumstances (staffing, caseload, facility ownership, etc.) change to the extent that they are unable to provide a learning environment for the student. In the event of cancellation by the facility, the student is notified by the DCE immediately. In most cases, the DCE is able to find an alternate placement without a significant loss of clinical clock hours or internship/externship “continuity” for the student. In certain cases, however, depending upon the timeline of the cancellation and other specific circumstances, student placement into an alternate facility may require the re-scheduling or addition of clinical practicum hours.

Students are not allowed to change their own clinical site assignments. A student wishing to appeal a placement decision should submit an appeal in writing to the DCE. The resulting decision will be based on the information provided. Situations such as weddings, employment opportunities or other circumstances that existed before the clinical site was selected usually do not warrant the DCE to change the clinical placement.

Clinical sites also have the right to request the removal of a student from the site. Further discussion of this policy can be found under Disciplinary Action and Due Process later in this document.
Clinical Competency Evaluation

Assessment of the Student

Grading of Clinical Practice Courses

MedHub/e*value is a web-based application that manages key aspects of clinical education designed for education in medicine and allied health professions. This system is the avenue for maintaining clinical hours, evaluations, communication with supervisors and students regarding placement, and grades for clinical practicum experience. The midterm and final clinical evaluation assessments will be completed by each student's assigned supervisor and entered online through e*value.

Feedback on documentation (e.g., daily or SOAP notes, outpatient diagnostic evaluation, initial case summary, treatment plan, progress report) will be completed per the standards of the clinic or facility in which the student is placed. Methods of feedback for off campus placement should be discussed at the time the clinical practicum agreement is signed.

The clinical competency rating for each skill assessed on the midterm and final evaluation form is as follows:

**RATING KEY / DESCRIPTORS FOR ASHA STANDARD V-A, V-B-1, V-B-2, and V-B-3**  
Students are graded on a 0-5 scale.

5 = **Exceeds Performance Expectations.** Adequately and effectively implements the clinical skill/behavior. Demonstrates independent and creative problem solving.

4 = **Meets Performance Expectations.** Displays minor technical problems, which do not hinder the therapeutic process. Minimum amount of direction from supervisor needed to perform effectively.

3 = **Moderately Acceptable Performance.** Inconsistently demonstrates clinical behavior/skill. Exhibits awareness of the need to monitor and adjust and make changes. Modifications are generally effective. Moderate amount of direction from supervisor needed to perform effectively.

2 = **Needs Improvement in Performance.** The clinical skill/behavior is beginning to emerge. Efforts to modify may result in varying degrees of success. Maximum amount of direction from supervisor needed to perform effectively.

1 = **Unacceptable Performance.** Specific direction from supervisor does not alter unsatisfactory performance.

0 = **No opportunity to demonstrate the skill/behavior.**

You will receive a competency assessment for each clinical practicum in which you enroll. The grade will be the result of a review of the ratings assigned by each Clinical Supervisor to whom you are assigned during that semester. That is, competency ratings from every person who supervises your work in an off campus placement, a diagnostic evaluation or an intervention program will be considered. The number and type of clock hours earned with each supervisor will also be considered. In any given semester of the program, an egregious error, particularly in the areas of professionalism and ethical behavior, may affect the overall final grade. A continuous record of clinical clock hours you earn in the program will be kept through the e*value system. **You are responsible for making sure that you input your hours into e*value in a timely manner.**
(there is a seven day window for entering case information but in most facilities, daily entry will be much more efficient and may be required by your supervisor). You are also responsible for monitoring that your supervisor has approved your entries and you respond to any entries that are rejected. You will complete a self-evaluation via e*value at midterm and final each semester and your supervisor will also complete a midterm evaluation and a final evaluation for you on e*value. Using the information from your self-evaluation and the supervisor’s evaluation at midterm, goals for the remainder of the placement should be set and agreed upon.

Midterm meetings are required in each clinical placement, on and off campus. In placements where there are multiple supervisors, one supervisor may take the lead in communicating all of the supervisor’s feedback to the student and completing a combined competency assessment.

The student is also responsible for completing an evaluation of the clinical supervisor and an evaluation of the site at the completion of each assignment. These evaluations are also distributed through the e*value system and are required to be completed before the grade for the semester can be assigned.

Development/Remediation
The student may be required to take remediation courses or demonstrate specific clinical competencies prior to requesting a new clinical education experience. This may, and most likely would result in the dismissal of a student from the program and requirement of readmission to the program with clinical placement during the normal scheduled clinical rotations if deemed appropriate by the faculty. Requirements will be given in writing and a contract established between the University and the student. After fulfillment of the requirements, the student may request a new clinical assignment. The time and placement will be determined by the DCE.

Withdrawal from a Clinical Education Experience
In the rare instance when all parties agree that a withdrawal from a particular clinical site is in the best interest of the student, a written report of this agreement with signatures of all parties involved will be executed and submitted to the Program Director. The appropriate status will be assigned. (See “incomplete” or “in-progress” policy in the University Handbook and course syllabus). The student will then need to request a new clinical site from the DCE. Depending on the circumstances, this may result in the student being delayed in their progress and potentially require the student to repeat the course and re-apply for admission to the program to begin courses with the following cohort. The time and place of a repeat clinical education experience will be determined by the DCE. The student reserves the right to utilize the appeal process as outlined in the University Handbook.

Failure of a Clinical Course
A Clinical Internship is treated just as any other course in the MS SLP curriculum. Clinical experiences must be successfully completed in their entirety as described in the course syllabus in order to progress within the Program. Failure to successfully complete a clinical experience with a passing grade may result in the student being delayed in their progress and potentially require the student to repeat the course and re-apply for admission to the program to begin courses with the following cohort.
Assessment of the Clinical Facility, CCCE, and CI

As a component of the overall Clinical Education Program Assessment, the DCE utilizes communications with the facility supervisors (email, phone calls), review of student evaluations of the clinical education site/experience, and on-site visits to gather information and plan the management, performance, and development of clinical sites and faculty.

The DCE utilizes information from the following sources in the evaluation of clinical instructors:

- The profiles of clinical supervisors through the e*value system which provides information on clinical faculty:
  - Experience
  - Licensure/certifications
- **MS SLP student evaluation on e*value: Clinical experience and clinical instruction** (completed by students following every clinical education course) provides information on clinical faculty:
  - Communication and instruction style
  - Availability and organization
  - CI development needs (student assessed)
- Self-assessment completed by clinical supervisors through the e*value system provides information on:
  - CI development needs (self-assessed)
  - Clinical facility development
- **Mid-semester conferences/communication** between the DCE and the CI provides information on:
  - Student perceived clinical instructor strengths/weaknesses
  - CI development needs (student assessed and self-assessed)

As a component of the overall Clinical Education Program Assessment, feedback from these sources is reviewed by the DCE in order to plan for future clinical instructor training presentations/modules based on identified individual CI development needs and facility specific clinical faculty development needs. Information regarding clinical instructor strengths and development needs is also shared with facility CCCEs as requested and/or needed.

Assessment of the DCE

Each academic year, clinical instructors, Program students, and Program core faculty are asked to complete **MS SLP Program DCE Performance Assessment forms**, providing feedback related to following performance indicators:

- Development of student clinicians
- Development of clinical education faculty
- Development and assessment of Program
- Management and Coordination
- Leadership and Collaboration
- Communication
- Professional Behaviors
- Overall DCE strengths/weaknesses

As a component of the overall Clinical Education Program Assessment, feedback from this instrument is reviewed by the DCE in order to (1) establish personal/professional development goals (2) evaluate the current policies and processes utilized in the clinical
Assessment of the Clinical Education Program:
The DCE solicits input from students, clinical sites/instructors, and core faculty to review the Program’s clinical education curriculum/program. This is an ongoing process with formal reports to the core faculty annually. Specific sources/tools utilized for assessment include the following:

- Program faculty meeting minutes
- Summary data from MS SLP student competency assessment, self-assessment, site and supervisor evaluation surveys, and skill/validation records via e*value.
- Summary data from MS SLP Program DCE Performance Assessment by clinical faculty, students and self-assessment forms
- Information from midterm and other communications

This data is used to respond to the following questions:

- Is there an identified need for a change in any Program policies or procedures related to the clinical education program?
- Does feedback indicate that the quality of student clinical learning experiences is adequate/appropriate?
- Are there any consistent patterns of deficit (academic or clinical) in student performance that could be addressed by a change in an individual Program course, the whole curriculum or the way the curriculum is administered?
- Has the RMUoHP, ASHA, CAA or other governing/advising body suggested or mandated changes that should/will impact the clinical education program?
- Are there adequate/sufficient variety and availability of clinical education placements?
- In what particular areas is there an indicated need for further clinical faculty development?
- Is there an identified need for any additional resources/support for the clinical education program (supplies, equipment, technology, etc...)?
- Were all Clinical Education Program measurable goals as noted in the strategic plan, achieved this year?
- What are the overall strengths/weaknesses of the clinical education program and what strategies for ongoing improvement for the next academic year are indicated?

Disciplinary Action and Due Process

If unsatisfactory behavior in the clinical setting occurs or persists, depending upon the quality and quantity of the infraction(s), the DCE may:

- Counsel the student directly (verbally and/or in writing) and document (outline) expectations for future behavior/performance.
- Give the student a failing grade for the clinical course which would result in the student needing to repeat the course and may result in the student being dismissed from the program and/or delayed from progression in the program.
• Refer the student to the office of the academic dean for University disciplinary action as described in the RMUoHP University Handbook. This course of action typically leads to sanctions by the University ranging from a written warning to dismissal from the Program/School.

Certain behaviors as they relate specifically to clinical education, including but not limited to the following, may result in an immediate assignment of “F” to the clinical course and/or referral for University Disciplinary action:

• Violation of patients right/confidentiality
• Falsifying data and records
• Illegal behavior or act
• Possession or use of intoxicants or narcotics or a positive drug/alcohol test result
• Failure to follow the instructions of employees of the facility
• Jeopardizing patient safety
• Any conduct that results in dismissal/a request for removal from a clinical site

Appeals

Any petition to change a decision rendered by University Personnel about an academic matter is considered an academic appeal. The process for academic appeals is outlined in the university handbook.

Procedure for Filing a Complaint

While you are a student at RMUoHP, you may wish to make a formal complaint in the event that you believe that you have been unjustly treated. The best method of settling misunderstandings is to talk to the individual involved. While we all like to think of ourselves as reasonable, reasonable people can disagree. These grievance procedures also are located University Handbook.

Complaint to the Council on Academic Accreditation. On occasion, students may feel that it is necessary to contact the Council on Academic Accreditation (CAA) of the American Speech-Language-Hearing Association (ASHA). Obviously, CAA is only contacted with the most serious of offenses. CAA is concerned with the ASHA standards for programs that train students to become speech-language pathologists and audiologists. Grievances to this body should concern violations of these standards. Standards for CAA accreditation are located at: http://www.asha.org/uploadedFiles/Accreditation-Standards-Graduate-Programs.pdf

Complaint Procedure. Procedures for complaints against Graduate Education Programs may be obtained at: http://www.tamuk.edu/artsci/csdо/ pdf/CAA%20Complaint%20Policy%202015.pdf

Other grievances to be directed to CAA would involve behavior in violation of the ASHA Code of Ethics. To view the Code of Ethics, visit the ASHA website at http://www.asha.org or view the copy of the ASHA Code of Ethics provided in this Graduate Advising Manual. Obviously, receiving a poor test grade does not fall within these parameters. The grievance procedure should begin with the person involved. You should go through the CD Program administrative chain and contact CAA only if you are still concerned that violations are continuing or are part of the overall procedures of the department or institution.
All complaints must be signed and submitted in writing to the Chair, Council on Academic Accreditation in Audiology and Speech-Language Pathology, American Speech Language-Hearing Association, 2200 Research Blvd., Rockville, MD 20850. (Phone: 1-800-498-2071) Complaints will not be accepted by e-mail or facsimile.

HIPAA and Related Policies

In the course clinical training students have access to confidential information related to patients/clients of the facilities they enter. MS SLP students receive training in protecting patient/client confidentiality and HIPAA guidelines. It is the responsibility of the student to maintain confidential any information related to patients and/or clients. Specifically, per HIPAA guidelines, the following behaviors are prohibited:

- Releasing confidential patient/client information by any means (i.e., verbally, electronically, or in print) to any individual/agency who does not have the legitimate, legal or clinical right to the information
- Unauthorized use, copying, or reading of patient medical records
- Unauthorized use, copying or reading of employee/hospital records
- Taking patient records outside the clinical facility
- Any tampering of patient information

This policy applies not only to patients/clients with whom the student has direct contact, but to any personal/confidential information the student may have access to while in the clinical setting.

The student is also to use discretion when discussing patient/client information with other appropriate individuals to assure that the nature of the discussion remains professional, pertains only to information clinically relevant, and cannot easily be overheard by those not involved in the patient’s care.

Additionally, some clinical facilities will have their own published policies/procedures related to protecting patient/client information that students are expected to follow.

Any other information available at the clinic, particularly that which could be considered proprietary, (e.g. treatment protocols, administrative information, etc…) is only to be used with the express consent of the facility.

Violations of this policy may result in sanctions and may be grounds for dismissal from the clinical program.

Safety of Student and Patient during Clinical Experiences

Student Safety/Injury during clinical experiences

One purpose of clinical education is to acquaint students with the reality of clinical practice of a healthcare profession. During clinical placement, students are subject to the known and unknown risks those members of the Speech Pathology profession experience in the provision
of health care. These may include exposure to people with infectious and communicable diseases, chronic and degenerative diseases, mental illness, and risks attendant to the work environment. The Program makes every effort to protect the safety and interests of the student. Basic instruction in prevention procedures and in the application of reasonable and prudent clinical practices is provided, which can serve to limit unnecessary exposure and constitute a measure of safety for students and for the patients they treat. Ultimately, it is the student’s responsibility to apply these procedures and to take appropriate steps to protect patients and themselves.

As a condition of placement in a clinical affiliation, students are required by the facility and the University to show proof of health insurance. Another condition of placement in a clinical affiliation is completion and submission of immunizations and laboratory testing. Further, students are expected to abide by whatever policies the facility has regarding risk exposure management for its employees, even though they are not considered by the University or the facility to be an employee of the facility. Additionally, students should be aware that they are not eligible for coverage under the University’s or facility’s workmen’s compensation insurance, and there is no mechanism for compensation in the event of student injury during a clinical experience.

During Speech Pathology clinical experiences, in the event of an accident resulting in student injury, the student should immediately notify the clinical instructor of the accident and follow the policies of the facility including completing the appropriate incident report/documentation. Expenses related to student illnesses or injuries occurring during a clinical rotation are covered by the student’s personal health insurance, which must be maintained throughout the clinical program.

Patient/client injury during clinical experiences

Students are required to wear a school or facility name badge, identifying them as a student and introduce themselves as such when working with a patient/client. Patients have the risk-free right to refuse treatment/participation in student training.

In the event of an accident resulting in patient injury during a clinical experience, the student should immediately notify the clinical instructor of the accident and follow the policies of the facility including completing the appropriate incident report/documentation. The student is also required to notify the MS SLP Program DCE, who will determine what documentation the student/CI must submit to the school related to the incident. Students are provided malpractice/professional liability insurance while enrolled in the MS SLP clinical program. Coverage terminates when a student graduates or is no longer enrolled. This policy covers students only during assigned clinical practice.

FAILURE TO COMPLY

All of the above guidelines, policies and procedures, and expectations are designed to foster each student’s sense of responsibility in preparation for employment as an entry-level speech-language pathologist. Failure to comply with these guidelines and policies and procedures or failure to meet these expectations may result in failure of the clinical course and subsequent dismissal from the Program.
RMUOHP Center for Communication Disorders

Policies and Procedures

The following documents describe situations specific to work in the Center for Communication Disorders and its affiliate programs in the community.

Emergency Procedures

PURPOSE: To describe the roles and responsibilities of the students, staff and faculty in the event of an emergency.

SCOPE: This process involves the clinic receptionist, the administrative assistant, the program coordinator, graduate students, and the clinical faculty.

POLICIES:

a. The CCD is responsible for establishing and maintaining a safe environment.

b. A safe environment includes procedures for addressing health and physical safety, active threat safety, and fire safety.

c. Equipment and supplies to support a safe environment include a first aid kit, an AED device, smoke detection, fire extinguishers, fire pull systems, evacuation routes, and communication systems to allow for internal and external requests for assistance.

d. It is the student’s responsibility to become familiar with and follow the emergency procedures outlined by each clinical facility where the student is affiliating. However, in the absence of specific guidelines, do the following:

PROCEDURES: Emergency evacuation instructions

If it becomes necessary to evacuate the building due to a power failure, threat of fire, smoke or other dangerous situations do the following:

1. Refer to the evacuation map(s) posted in the clinic
2. Move carefully and calmly to the nearest exit.
3. Alert others and take them with you.
4. Do not use the elevators.
5. Do not attempt to re-enter the building until told to do so.

What to do in the event of a fire

1. Pull the nearest fire alarm
2. Call or alert the front desk or dial 911 and report the exact location of the fire.
3. Inform others in the immediate area.

If it is safe to do so, attempt to put the fire out using the nearest fire extinguisher. There are generally three types of extinguishers:

- Type A is used for ordinary combustibles such as paper, wood and fabric.
- Type B is used for flammable liquids such as gasoline or alcohol.
- Type C is used for all electrical fires

Before deploying, hold the extinguisher upright and follow the directions on the side of the extinguisher. In general:
P - Pull the pin
A - Aim the nozzle at the base of the fire
S - Squeeze the trigger
S - Sweep from side to side at the base of the fire

CAUTION:

1. Fight only small fires and those with limited smoke and fumes.
2. Make sure you have access to a safe and quick exit.
3. If you have the slightest doubt about whether or not you should fight the fire, DON'T! Close the door to contain the fire and leave immediately. If you can't leave, line the cracks around the door with wet towels and wait for the Fire Department.

What to do in the event of clinic equipment failure or malfunction

1. Unplug or turn off equipment immediately.
2. Place an “Out of Order” sign on the equipment.
3. Inform your supervisor.

What to do in the event of a liquid spill

1. Alert others in the immediate area.
2. Inform your supervisor.
3. Don appropriate protection e.g. gloves, mask and eye wear.
4. Place appropriate absorbing material over spill and allow to absorb.
5. Place saturated material in plastic bag and place bag in proper waste receptacle.
6. Clean area with appropriate cleaning agent and wipe dry.
7. Properly dispose of cleaning materials and gloves in waste receptacle.

What to do in the event of a medical emergency

1. Call for help, alert your supervisor, have someone call 911
2. If you are trained, follow basic First Aid procedures:
3. Is the person breathing? If not, tilt the head, clear the airway and breathe for them.
4. Is the heart beating? If not, begin CPR.
5. Elevate the legs and support the neck, keep them warm.
6. Reassure them while you wait for medical help.

What to do if you or your client are injured

1. Immediately inform your supervisor. There is a first aid kit available in the lounge area, affixed to the wall.
2. Seek medical care if necessary.
3. If you are injured but choose not to seek professional care, you must sign the Waiver of Medical Care Form in the Student Handbook Appendix.
4. The clinical facility should help you secure and fill out an incident report.

What to do if there is an active threat in the environment

1. Determine the proximity to the threat.
2. If the threat is not imminent, follow the evacuation procedures.
3. If the threat is imminent or in close proximity, **shelter in place**.
   a. Close all doors and windows, shut out lights, lock doors if available, call 911.
   b. Make as little noise as possible and stay away from windows and doors.
   c. If there are families or clients in the waiting area, bring them into the clinic area and follow the shelter in place instructions.
   d. Wait for the all-clear before leaving the shelter. If you are approached by law enforcement, follow their instructions quickly and quietly. Everyone is a potential threat until the threat becomes known. Their job is to find the threat first, and then to assist you.
   e. Report to the nearest supervisor and describe the events, chaperone the client from the building to safety.
Assessment and Treatment Process

PURPOSE: The purpose of this document is to outline the conditions for acceptance or discharge from active participation in the clinic and to establish the standards of practice that guide practice at Rocky Mountain University Center for Communication Disorders (RMUOHP CCD).

SCOPE: This process involves the clinic receptionist, the administrative assistant, the program coordinator, graduate students, and the clinical faculty.

POLICIES and PROCEDURES:

1. The CCD is committed to the highest quality of care to persons served. To that end, all services are provided by graduate students in good standing in the MS SLP program at RMUOHP and supervised in accordance with their needs as determined by the clinical faculty.

2. The CCD is responsible to the demands of accreditation (CAA), the Scope of Practice and Code of Ethics of ASHA, and to the standards of the University in delivery of care.

3. The CCD focus is to individuals who are underserved, under or uninsured, or would benefit from the type or frequency of service that the CCD provides.

4. The CCD prioritizes case acceptance based on multiple factors:
   a. Time of request (first come, first served)
   b. Client access to other services
   c. Severity of need or consequence of lack of service
   d. Appropriateness for the CCD setting
   e. Eligibility for target programs

5. Referrals made to the CCD follow the protocol below for intake.
   a. A call or e-mail to the CCD is received.
   b. The CCD receptionist completes a registration form and sends out the appropriate application to the client.
   c. The application is received by the receptionist who will then call to schedule an initial evaluation.
   d. In some instances, a clinical supervisor may determine that an initial evaluation is not necessary (typically because a recent evaluation is available for review) and the client may be scheduled for treatment.
   e. If treatment recommendations are made at evaluation and the client elects to attend CCD, then the Director of Clinical Education will assign a supervisor and student(s) to the case and the receptionist will complete the scheduling. A client who is scheduled for treatment must have an assessment plan of care (APOC) entered into clinicnote within the first two sessions. Thereafter, a treatment plan of care (POC) is required whenever a client has a substantive change in the plan, is discharged, or at the end of a semester, whichever comes first. A student who is assigned to a client already in treatment should review and update the POC as appropriate when beginning care.
   f. Evaluations are completed by a diagnostic team led by a clinical faculty member. At the completion of the evaluation session(s) the student is responsible for developing a diagnostic report using the clinicnote EMR system and the assessment template. The supervisor will set the deadline for submission of the report and any subsequent corrections or revisions. The accepted standard is 3 business days. The supervisor will review the draft in clinicnote. The student should check clinicnote regularly to see if the draft requires additional revision. The evaluation is not entered into the medical record formally until the supervisor signs off.

6. Attendance for evaluation and treatment will be tracked in the EMR system and chronic attendance issues may result in discontinuation of services.

7. Students are responsible for using the EMR system to access client scheduling and attendance, documenting an assessment, documenting a Plan of Care, SOAP notes for each session,
entering contact notes for related information, and providing a summary or progress or discharge summary.

8. The CCD will consider discharge from service if any of the conditions below are evident.
   a. The client has achieved the long-term goals on the Plan of Care.
   b. The client has not achieved the long-term goals but has not demonstrated sufficient progress to merit continued service.
   c. The client has demonstrated behavior that is outside of the CCD’s ability to manage or creates an unsafe environment for the client, other clients, students, faculty, or staff.
   d. The client frequently misses appointments.
   e. The client requests discharge.

9. The CCD may establish programs or services that are conducted at sites other than the University. In those instances, an agreement with the site coordinator should be in place and the scope and duration of the services identified.

10. Specialized or group programs will identify specific inclusion and exclusion criteria, the frequency and location, and the overall goals of the program.
Group Treatment Programs

PURPOSE: The purpose of this document is to describe the make-up and needs of any group program sponsored by the CCD.

SCOPE: This process involves the clinic receptionist, the administrative assistant, the program coordinator, graduate students, and the clinical faculty.

POLICIES: The CCD will offer programs to the community that are considered, planned, and implemented thoughtfully. Programs should address a community need, establish inclusion and exclusion criteria, and determine treatment focus. Group treatment protocols will be maintained in the MS SLP administrative offices or with the DCE.

For each group the following items must be addressed.

1. Date of Development
2. Anticipated Dates of Service
3. Target Population
4. Treatment Focus Area
5. Inclusion Criteria
6. Exclusion Criteria
7. Typical agenda with time frames
8. Maximum client census
9. Number of students necessary
10. Number of other staff or faculty necessary (include reception and administrative assistant needs)
11. Space needs
12. Will parents or others remain on-site during event?
   a. Will they have space needs?
13. Intake process (please be detailed and include the time frame necessary for each component)
14. Documentation expected from students during treatment
15. Risk management and infection control requirements (we will determine if our policies need to be modified)
16. Marketing plan
   a. Marketing support needs
Client Referral/Intake Process

**PURPOSE:** The purpose of this document is to describe the actions necessary at the time of client intake.

**SCOPE:** This process involves the clinic receptionist, the administrative assistant, the program coordinator, graduate students, and the clinical faculty.

**POLICIES and PROCEDURES:**

1. Clients who contact the CCD via phone message or e-mail will receive a phone call or e-mail response within 24 hours.
2. Clients who indicate an interest in receiving services will be advised that an evaluation is typically performed before treatment recommendations are made.
3. Clients will be asked for basic contact information and asked to complete an application.
4. When the application is received, the Director of Clinical Education (DCE) or designee will indicate the diagnostic team assignment. The receptionist will contact the client to schedule the evaluation.
5. If the DCE or designee indicates that the client is accepted for treatment without an evaluation, a supervisor assignment will be made. The receptionist will contact the client to schedule the appointment.
6. When a client first presents to the CCD the receptionist should present, explain, and/or elicit a signature on the following forms:
   a. Consent to Treat
   b. Notice of Privacy Practices
   c. Mountainland Association of Governments (MAG) Income form
   d. Additional media authorization as appropriate
7. The client’s attendance should be documented via clinicnote. A contact note can be placed at any time to reflect a phone contact, a cancellation, or a change in schedule.
8. For all subsequent appointments, attendance should be documented in clinicnote and a SOAP note must be completed by the student clinician. A SOAP note is not entered into the medical record until it is electronically signed by the supervisor.
9. Data regarding attendance and cancellations will be collected and reported to the DCE monthly.
10. MAG compiled data will be reported to the DCE and then to the RMUOHP Foundation quarterly.
11. Client satisfaction surveys will be sent to each client who is seen for evaluation and each client in treatment at the completion of their program. Group treatment programs may elect to use alternative satisfaction or outcome surveys. Survey results will be reported to the DCE quarterly.
12. Client outcomes will be monitored using the National Outcome Measurement System (NOMS) provided by ASHA. This is a functional scale of seven points similar to the Functional Independence Measures (FIM). NOMS scores for each applicable area should be recorded at evaluation, the beginning of treatment for each area, and the completion of treatment for each area. This data should be reflected in evaluation reports, APOC and POC documents as well as in Progress or Discharge summaries.
Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

At RMCCD, we believe your health information is personal. We keep records of the care and services that you receive at our facilities. We are committed to keeping your health information private, and we are required by law to respect your confidentiality. This Notice describes the privacy practices of RMCCD and its affiliated facilities and programs. This Notice applies to all of the health information that identifies you and the care you receive at RMCCD facilities. This information may consist of paper, digital or electronic records but could also include photographs, videos and other electronic transmissions or recordings that are created during your care and treatment. We are legally required to keep your health information private, to notify you of our legal responsibilities and privacy practices that relate to your health information, and to notify you if there is a breach of your unsecured health information. We are also legally required to give you this Notice and to follow the terms of the Notice currently in effect.

Rocky Mountain Center for Communication Disorders and affiliated programs
All of our facilities, programs, and other services, follow the terms of this Notice. All of these entities, foundations, facilities, and services may share your health information with each other for reasons of assessment, treatment, and health care operations as described below.

HOW RMCCD MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

When you become a client of RMCCD, we will use your health information within RMCCD and disclose your health information outside of RMCCD for the reasons described in this Notice. The following categories describe some of the ways that we will use and disclose your health information.

Treatment. We use your health information to provide you with health care services. We may disclose your health information to doctors, nurses, technicians, medical or nursing students, or other persons at RMCCD who need the information to take care of you. For example, a speech-language pathologist treating you for swallowing disorders may need to discuss your respiratory status with a pulmonologist. This may involve talking to doctors and others not employed by us. We also may disclose your health information to people outside RMCCD who may be involved in your health care, such as treating doctors, home care providers, pharmacies, drug or medical device experts, and family members.

Health Care Operations. We may use your health information and disclose it outside CC for our health care operations. These uses and disclosures help us operate RMCCD to maintain and improve patient care. For example, we may use your health information to review the care you received and to evaluate the performance of our staff in caring for you. We also may combine health information about many patients to identify new services to offer, what services are not needed, and whether certain therapies are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other persons at RMCCD for learning and quality improvement purposes. We may remove information that identifies you so people outside RMCCD can study your health data without knowing who you are.
**Contacting You.** We may use and disclose health information to reach you about appointments and other matters. We may contact you by mail, telephone or email. For example, we may leave voice messages at the telephone number you provide us with, and we may respond to your email address.

Health Information Exchanges. We may participate in certain health information exchanges whereby we may disclose your health information, as permitted by law, to other health care providers or entities for treatment, payment, or health care operations purposes.

**Organized Health Care Arrangements.** We may participate in joint arrangements with other health care providers or health care entities whereby we may use or disclose your health information, as permitted by law, to participate in joint activities involving treatment, review of health care decisions, quality assessment or improvement activities, or payment activities.

**Health-Related Services.** We may use and disclose health information about you to send you mailings about health-related products and services available at RMCCD.

**Philanthropic Support.** We may use or disclose certain health information about you to contact you in an effort to raise funds to support RMCCD and its operations. You have a right to choose not to receive these communications and we will tell you how to cancel them.

**Medical Research.** We perform medical research here. Our clinical researchers may look at your health records as part of your current care, or to prepare or perform research. They may share your health information with other RMCCD researchers. All patient research conducted at RMCCD goes through a special process required by law that reviews protections for patients involved in research, including privacy. We will not use your health information or disclose it outside RMCCD for research reasons without either getting your prior written approval or determining that your privacy is protected.

**Legal Matters.** We will disclose health information about you outside RMCCD when required to do so by federal, state, or local law, or by the court process. We may disclose health information about you for public health reasons, like reporting births, deaths, child abuse or neglect, reactions to medications or problems with medical products. We may release health information to help control the spread of disease or to notify a person whose health or safety may be threatened. We may disclose health information to a health oversight agency for activities authorized by law, such as for audits, investigations, inspections, and licensure.

**AUTHORIZATIONS FOR OTHER USES AND DISCLOSURES**

As described above, we will use your health information and disclose it outside RMCCD for treatment, payment, health care operations, and when required or permitted by law. We will not use or disclose your health information for other reasons without your written authorization. Uses and disclosures of health information for certain marketing purposes, and disclosures that constitute a sale of health information require your written authorization. These kinds of uses and disclosures of your health information will be made only with your written authorization. You may revoke the authorization in writing at any time, but we cannot take back any uses or disclosures of your health information already made with your authorization.

**YOUR RIGHTS REGARDING HEALTH INFORMATION**

**Right to Accounting.** You may request an accounting, which is a listing of the entities or persons (other than yourself) to whom RMCCD has disclosed your health information without your written authorization. The accounting would not include disclosures for
treatment, payment, health care operations, and certain other disclosures exempted by law. Your request for an accounting of disclosures must be in writing, signed, and dated. It must identify the time period of the disclosures and the RMCCD facility that maintains the records about which you are requesting the accounting. We will not list disclosures made earlier than six (6) years before your request. Your request should indicate the form in which you want the list (for example, on paper or electronically). You must submit your written request to the Director of Clinical Education via rmuohpclinic@rmuohp.edu. We will respond to you within 30 days. We will give you the first listing within any 12-month period free of charge, but we will charge you for all other accountings requested within the same 12 months.

**Right to Amend.** If you feel that health information we have about you is incorrect or incomplete, you have the right to ask us to amend your medical records. Your request for an amendment must be in writing, signed, and dated. It must specify the records you wish to amend, identify the RMCCD facility that maintains those records, and give the reason for your request. We will respond to you within 60 days. We may deny your request; if we do, we will tell you why and explain your options.

**Right to Inspect and Obtain Copy.** You have the right to inspect and obtain a copy of your completed health records unless your doctor believes that disclosure of that information to you could harm you. You may not see or get a copy of information gathered for a legal proceeding or certain research records while the research is ongoing. Your request to inspect or obtain a copy of the records must be submitted in writing, signed and dated, to the Director of Clinical Education of the RMCCD. We may charge a fee for processing your request. If RMCCD denies your request to inspect or obtain a copy of the records, you may appeal the denial in writing.

**Right to Request Restrictions.** You have the right to ask us to restrict the uses or disclosures we make of your health information for treatment, payment, or health care operations, but we do not have to agree. You also may ask us to limit the health information that we use or disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. Again, we do not have to agree. A request for a restriction must be signed and dated. The request should also describe the information you want restricted, say whether you want to limit the use or the disclosure of the information or both, and tell us who should not receive the restricted information. You must submit your request in writing to the Director of Clinical Education. We will tell you if we agree with your request or not. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about your health in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. Your request for confidential communications must be in writing, signed, and dated. It must identify the RMCCD facility making the confidential communications and specify how or where you wish to be contacted. You need not tell us the reason for your request, and we will not ask. You must send your written request to the Director of Clinical Education. We will accommodate all reasonable requests.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy. You also can view this Notice at our website, www.rmuohp.edu.

**COMPLAINTS**
If you believe your privacy rights have been violated, you may file a complaint with the CC Privacy Official or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with RMCCD, please direct your comments to the Director of Clinical Education. You will not be penalized for filing a complaint.

**CHANGES TO THIS NOTICE**
RMCCD may change this Notice at any time. Any change in the Notice could apply to medical information we already have about you, as well as any information we receive in the future. We will post a copy of the current Notice at each of our facilities and on our website.

**QUESTIONS**
If you have questions about this Notice, you may call the Director of Clinical Education at 385 375-8663.
HIPAA Privacy and Security Policy

PURPOSE: This policy is to describe the student, faculty, and staff roles and responsibilities regarding the privacy and security of client protected health information.

SCOPE: This policy applies to all RMCCD employees, management, contractors, student interns, and volunteers. This policy describes the organization’s objectives and policies regarding maintaining the privacy of patient information.

DEFINITIONS:

Term: Person
Definition: means a natural person, trust or estate, partnership, corporation, professional association or corporation, or other entity, public or private.

Term: Protected Health Information (PHI)
Definition: means individually identifiable health information: Transmitted by electronic media; Maintained in electronic media; or Transmitted or maintained in any other form or medium. Protected health information excludes individually identifiable health information: In education records covered by the Family Educational Rights and Privacy Act, as amended, 20 U.S.C. 1232g; In employment records held by a covered entity in its role as employer; and Regarding a person who has been deceased for more than 50 years.

Term: Transaction
Definition: means the transmission of information between two parties to carry out financial or administrative activities related to health care. It includes the following types of information transmissions: (1) Health care claims or equivalent encounter information. HIPAA Administrative Simplification Regulation Text March 2013 17 (2) Health care payment and remittance advice. (3) Coordination of benefits. (4) Health care claim status. (5) Enrollment and disenrollment in a health plan. (6) Eligibility for a health plan. (7) Health plan premium payments. (8) Referral certification and authorization. (9) First report of injury. (10) Health claims attachments. (11) Health care electronic funds transfers (EFT) and remittance advice. (12) Other transactions that the Secretary may prescribe by regulation.

Term: Use
Definition: means, with respect to individually identifiable health information, the sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information.

Term: Health Care Provider
Definition: means a provider of medical or health services (as defined in section 1861(s) of the Act, 42 U.S.C. 1395x(s)), and any other person or organization who furnishes, bills, or is paid for health care in the normal course of business.

Term: Health Care
Definition: means care, services, or supplies related to the health of an individual. Health care includes, but is not limited to, the following: Preventive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative care, and counseling, service, assessment, or procedure with respect to the physical or mental condition, or functional status, of an individual or that affects the structure or function of the body.

RESPONSIBILITIES:

Management/Administration/Faculty
1. Establish program objectives
1. Approve privacy and security policy
2. Provide training for work force
3. Enforce sanctions
4. Designate Privacy and Security Official
5. Processes Business Associate Agreements (BAA)

Privacy and Security Official
1. Develops privacy policies and procedures
2. Coordinates and implements policy through organization’s departments
3. Oversees training
4. Receives and processes privacy and security complaints
5. Processes individual rights requests
6. Right to access/copy protected health information (PHI)
7. Right to amend PHI
8. Right to restrict use/disclosure
9. Right to confidential communications
10. Right to an accounting of disclosures
11. Right to file a complaint
12. Ensures retention of HIPAA policies and procedures, complaints, and investigative materials to meet compliance requirements.

Director of Clinical Education
1. Develops and implements privacy training program as described in Section 11 of this policy
2. Documents the delivery of privacy training to all work force members
3. Implements organization’s privacy policy for medical records
4. Provides administrative and physical safeguards for the protection of client health information

Clinical Supervisor/Student/Staff
1. Understand and comply with organization’s policies regarding patient confidentiality and privacy
2. Complete assigned HIPAA training
3. Read, understand, and sign Confidentiality Agreement

DESIGNATED RECORD SET
1. Electronic Medical Record and Scheduling Software
   i. Clinicnote.com

NOTICE OF PRIVACY PRACTICES (NPP)
1. NPP is offered to each client at intake and is available on the CCD website.
2. The organization will make a “best effort” attempt to receive acknowledgment of receipt of NPP from each patient and document such in the patient’s medical record. The Consent to Treat is the form most likely to represent acknowledgment of receipt.

MINIMUM NECESSARY POLICY
1. Clinical supervisors and students may access only those records pertaining to individuals on their caseload or when directed for educational purposes.
2. Staff may access records for clients as necessary to complete the scheduling and management of the caseload.
3. Faculty may access client information for educational purposes following notification to the Director of Clinical Education.

USE AND/OR DISCLOSURE OF PROTECTED HEALTH INFORMATION
1. Please consult the Notice of Privacy Practices for information regarding use and disclosure.

INDIVIDUAL RIGHTS
1. Clients have the right to each of the following and may access those rights by contacting the Clinic administrative assistant and/or the Director of Clinical Education.
   a. Right to access/copy PHI
   b. Right to amend PHI
   c. Right to restrict use or disclosure
   d. Right to confidential communications
e. Right to an accounting of disclosures
f. Right to file a complaint

SAFEGUARDS FOR THE PROTECTION OF PHI

1. Administrative safeguards: Policies are in place explaining roles and responsibilities, HIPAA education is provided, and a protocol for addressing HIPAA violations is in place.
2. Physical safeguards: The computer designated for scheduling and check in for clients is located in the lobby, therefore, extra accommodations must be made to safeguard PHI. The computer screen is positioned to angle toward the wall making it difficult for anyone in the lobby area to see the screen. The computer is positioned below the level of the reception desk walls to make it more difficult for anyone in the lobby area to see the screen. There is video surveillance in place in the lobby allowing for retrospective review of any perceived risk and for audit purposes.
3. Technical safeguards: All employees and students have unique identifiers to access the computer system. The EMR system is capable of audit for access. The computer is set to auto logout and the computer is logged off when no receptionist is present.

WORK FORCE TRAINING

1. A computer based education program is in place and administered through the WebStudy course management software system.
2. New employee/student training: Within two weeks of hire
3. Recurrent training: Annually
4. Special function training: Based on identified risks as necessary

BUSINESS ASSOCIATE AGREEMENTS

1. Business associate agreements will be managed by administration as appropriate to the use of PHI.

EMPLOYEE/STUDENT COMPLAINTS

2. All complaints or possible HIPAA violations are to be reported to the HIPAA privacy and security officer/official, at RMCCD, the Director of Clinical Education. No retribution or negative consequence for a complaint or report of violation is allowed.

SANCTIONS

3. Employees found in violation of HIPAA will be referred to Human Resources and the Program Director for follow up. Consequences may include re-education, suspension, and any other disciplinary action up to termination.
Consent to Treat and Client Acknowledgement

On behalf of myself, my minor child, or a client under my legal guardianship, I acknowledge and consent to the statements made in this form.

1. **Consent to Speech-Language Pathology Services:** I am requesting that speech-language pathology services be provided to me (or the client named below) at RMUOHP CCD or its affiliates. I voluntarily consent to all services that the health professionals at RMUOHP CCD consider to be necessary for me (or the client named below). These services may include assessment, treatment, consulting, and use of instrumentation including for voice, resonance, or swallowing assessment and treatment. No guarantees have been made to me about the results of assessment or treatment. I understand that RMUOHP CCD may provide certain services by remote telemedicine technology. Such telemedicine services deliver care to a client in a distant location and may require the transmission of video, audio, images, and other types of data. RMUOHP CCD will determine if the condition/client being treated remotely is appropriate for telemedicine and will carry the licensure necessary based on the location of the client. I understand that I may have to travel to see a provider in-person for certain diagnosis and treatment matters.

2. **Financial Responsibility:** I understand that the services of RMUOHP CCD are provided at no cost, however, I may be referred to other providers or for adjunct services as appropriate. Services outside of the RMUOHP CCD scope are subject to whatever financial responsibility is appropriate to that provider.

3. **Uses and Disclosures of Health Information:** I have received the RMUOHP CCD Notice of Privacy Practices. The Notice of Privacy Practices explains how RMUOHP CCD may use and disclose confidential health information that identifies me (or the client named below). I consent to let RMUOHP CCD use and disclose health information about me (or the client named below) as described in the Notice of Privacy Practices. In doing so I consent to the release of my (or the client named below) health information to those agencies or practitioners allowed under federal or state law and to any additional resources as identified by the client. Communication may include written or verbal reports, telephone calls, e-mail or text messages. I consent to receive, via phone numbers I provide with text or voice message related to care.

I hereby consent and grant RMUOHP CCD the authority to photograph or record me, my image, and/or my voice in connection with diagnosis and treatment and for educational purposes. Any record will be protected as a part of the clinic medical record. I understand that I have the right to request cessation of recording or filming at any time. RMUOHP CCD or RMUOHP may request permission to use any images or recording for purposes of marketing or publication which will require a separate release form and is not covered under this consent.

4. **Teaching Facility/Clinical Studies:** RMUOHP CCD is a teaching facility. Graduate students in speech-language pathology and others in training may be involved in my (or the below-named client’s) health care. Many RMUOHP CCD patients participate in clinical studies. I can ask my (or the below-named patient’s) speech-language pathologist questions about having health professionals in training involved in the care and about participating in clinical studies, and I can explain any views I have. Clinical studies at RMUOHP CCD go through a special process required by law that reviews patient welfare and privacy. RMUOHP CCD patients usually consent in writing to participate in clinical studies. Sometimes family members or other surrogates are asked for consent when patients are not mentally able to give their own consent. Clients are encouraged to discuss how they
feel about being research participants with family members so they will know the patients’ wishes if asked.

*By signing below, I am indicating that I have reviewed and acknowledge and consent to the terms described above.*

In Person Consent Signature of Patient or Responsible Party

X________________________________________________________

Date/Time_____________________________________

Printed Name of Patient (or Responsible Party if not the Patient) Responsible Party’s Relationship to Patient

______________________________

Phone Number(s) Home_____________________________________

Cellular_____________________________________

Telephone Consent Printed Name of Individual Providing Telephone Consent

_______________________________________

Date/Time_______________________________________

Printed Name of Patient (or Responsible Party if not the Patient) Responsible Party’s Relationship to Patient

_________________________________________________________

Phone Number(s) Home_____________________________________

Cellular_____________________________________

Cellular_____________________________________

Infection Control

PURPOSE: This policy describes the organization’s objectives and policies regarding maintaining the prevention and control of communicable diseases.

SCOPE: This policy applies to all organization’s employees, management, contractors, student interns, and volunteers.

POLICIES: The CCD pledges to:
1. Provide a safe environment for clients, students, faculty, and staff.
2. Prevent the spread of communicable diseases whenever possible.
3. Teach future professionals the basic tenets of body substance precautions through application in a clinic setting.

PROCEDURES:
Pre-Treatment:
1. Review the personal protective supplies in the cabinet and the holder on the wall.
2. Observe the environment and clean any surfaces that do not appear clean from the previous occupant.
3. Upon entering the room after collecting the client, sanitize your hands.
   a. If you have any visible soil on your hands, please use the bathroom facilities to wash with soap and water using the guidelines posted there.

During Treatment:
1. Use the provided tissues, Cavi-wipes, or baby wipes to clean up any spills or bodily fluids, EXCEPT BLOOD. DO NOT use Cavi-wipes for any body parts. The baby wipes are provided for this use. Use gloves to clean any bodily fluids and sanitize hands after removing the gloves.
2. FOR BLOOD: Immediately sanitize and put on gloves. Staunch any continuous flow of blood. Summon assistance. Place all blood contaminated materials in a hazardous material bag. Tie shut and notify the receptionist to arrange for pickup. Mark the room as contaminated and notify the receptionist to arrange for facilities to provide abatement.

Post Treatment:
1. Clean all surfaces in the clinic room with Cavi-wipes. Dispose of wipes in the trash bins in the clinic.
2. For treatment materials: For all toys and materials that are not fabric, wipe each down with Cavi-wipes. If there is visible soil, bring them to the endoscopy room and wash with warm water and soap. Spread the items on clean paper towel on the counter to dry. Remember to return once they are dry to properly put them away. For fabric items, they can be placed in a plastic bag and brought home to wash in a washer. The university will have a washer available for this in future.
3. After cleaning the room, sanitize your hands as you exit. Please complete these tasks in a timely manner so that you do not hold up the next user of the treatment room.

SANCTIONS:
1. Employees found in violation of Infection Control standards will be referred to the Director of Clinical Education and the Program Director. Consequences may include remediation/development, re-education, suspension, and any other disciplinary action up to termination.
MS SLP Program
STUDENT AGREEMENT FOR PARTICIPATION
IN CLINICAL EDUCATION EXPERIENCES

The Student agrees to the following:

1. Participate fully in clinical education during hours that the facility designates and arrange for personal schedules to allow for regular/required hours as required by the facility/Clinical Instructor (CI).

2. Notify the University and the CI in advance of the time the student is scheduled to arrive for work if the student will be unable to report as scheduled.

3. Conform to the policies, procedures, rules and regulations of the facility and the University.

4. Maintain Professional behavior at all times including taking responsibility for their own learning, seeking opportunities and taking initiative for educational experiences, accept and implement feedback; to be honest, courteous, cooperative and punctual, and to exhibit proper dress, grooming and health habits.

5. Consult the CI, CCCE, or DCE about any difficulties arising at the Facility.

6. Submit promptly to the DCE all information and reports required by the University.

7. Indemnify and hold harmless the Facility and its officers, employees, agents and other representatives from and against liability for damages, claims, lawsuit, judgments, expenses and attorney’s fees which may be incurred by the Facility or the CI resulting from any acts or omissions of the Student.

8. Maintain individual health insurance to cover any injuries or illnesses that might arise as a direct or indirect result of your work at the Facility.

9. Strictly protect the confidentiality of all records and information belonging to the Facility, its personnel and patients, including its methods of operation and business and all information that could be considered proprietary or that might be contrary to HIPAA policies.

10. Inform all patients that you are a MS SLP student from RMUoHP and that the patients have a risk free right not to participate in clinical education.

Printed Name

Student’s Signature: __________________________ Date: __________________________
MS SLP Program Clinical Education Plan

Per program policy, each student is required to participate in the clinical education program to facilitate the breadth and depth of experiences to allow students to meet the expected student outcomes of the program. This includes generalist Speech Pathology practice. To achieve these outcomes, students must have a variety of clinical experiences.

Variety:
Clinical placement decisions are guided, in part, by an effort to assure that student experiences address the following:

- Diversity of ages in patient populations
- Exposure to diagnoses for different disorders (dysphagia, voice, cognitive aspects, aphasia, speech production, dysarthria, articulation, language)
- Opportunities for the development of practice management (administrative) and specialty (site-specific) skills

In order, therefore, to meet the requirements of the clinical education component of the Program, students must have documented experiences in each of the following areas:

a) Management of patients/clients representative of those commonly seen in practice across the lifespan and the continuum of care;
b) Practice in settings representative of those in which speech pathology is commonly practiced;
c) Interaction with speech pathology role models whose practice is consistent with the program’s philosophy of practice;
d) Opportunities for involvement in interdisciplinary care; and
e) Other experiences that lead to the achievement of expected student outcomes.

Students will plan with their advisors and the DCE for these types of experiences. The settings that may assist in accomplishing these goals may include at least two of the following settings:

- A medical setting (inpatient acute, inpatient rehab, or long term acute care, nursing facilities, outpatient clinics)
- Other settings (birth to three, geriatric home care, a residential program for developmental disability, corporate speech-language pathology, private practice)
- A school age setting (public school, private school, specialty school program)

Each student will develop their clinical education program in consultation with their advisor and/or the DCE.
## MS SLP Program
### Risk Management Information Form

**Student Name** __________________________________

<table>
<thead>
<tr>
<th>Type of Certification/Training/Immunization</th>
<th>Date</th>
<th>Expires (if applicable)</th>
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<tbody>
<tr>
<td>CPR Certification</td>
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<tr>
<td>First Aid</td>
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<tr>
<td>MMR #1</td>
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<tr>
<td>MMR #2</td>
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<tr>
<td>Hepatitis B- #1</td>
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<td>Hepatitis B #2</td>
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<td>Hepatitis B #3</td>
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<td>Or Hepatitis Titer</td>
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<tr>
<td>Varicella (Chicken Pox)</td>
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<tr>
<td>Influenza shot- Minimum of 2</td>
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<td></td>
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<tr>
<td>Tdap or Qualified Waiver</td>
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<tr>
<td>TB Test (PPD)- Minimum of two</td>
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<tr>
<td>Health status/Insurance information</td>
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<tr>
<td>OSHA Training</td>
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<td>HIPAA Training</td>
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<td>IRB Training</td>
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<td>Criminal Background Check</td>
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<td>Drug Screen (If applicable)</td>
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<tr>
<td>Other Immunizations as required</td>
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</tbody>
</table>

I certify this information is correct and true according to information supplied by the above named student and verified by documentation. Supporting documentation is on file at the educational institution named above and available upon request.

**Director of Clinical Education**________________________    **Date**_____________
MS SLP
Student Clinical Skills Assessment (via e*value)

This is an abbreviated view of the areas contained in the full tool which is available for review through the e*value website or via the department web page.

Key: 5 = Exceeds Performance Expectations. Adequately and effectively implements the clinical skill/behavior. Demonstrates independent and creative problem solving.

4 = Meets Performance Expectations. Displays minor technical problems, which do not hinder the therapeutic process. Minimum amount of direction from supervisor needed to perform effectively.

3 = Moderately Acceptable Performance. Inconsistently demonstrates clinical behavior/skill. Exhibits awareness of the need to monitor and adjust and make changes. Modifications are generally effective. Moderate amount of direction from supervisor needed to perform effectively.

2 = Needs Improvement in Performance. The clinical skill/behavior is beginning to emerge. Efforts to modify may result in varying degrees of success. Maximum amount of direction from supervisor needed to perform effectively.

1 = Unacceptable Performance. Specific direction from supervisor does not alter unsatisfactory performance.

0 = No opportunity to demonstrate this skill.

Work Place Behaviors
Independence
Professionalism
Supervisory Process

Domains of Service Delivery
Collaboration
Prevention and Wellness
Counseling
Screening
Assessment
Treatment
Population and Systems
Modalities, Technology, and Instrumentation

Domains of Professional Practice
Advocacy and Outreach
Supervision
Education

Supervisors will rate the degree of support necessary in each area. Each semester, the minimum requirements increase so that by the completion of the program the student has achieved a minimum score of 4 in all areas with the exception of the first section on work place behaviors. Those items should achieve a 4 minimum in the first semester and remain no less than a 4 throughout the program. A score of less than 4 in any area is considered grounds for a remediation plan and an
egregious violation of any of these standards may result in a recommendation for dismissal from the program.

When a student works with more than one supervisor, an evaluation is required from each supervisor.

Grading is completed by RMUOHP faculty and considers the weight of the experiences based on hours spent and difficulty of the assignment, the competency ratings, progress in competency ratings over each semester, any scores below 4 in the work place behaviors section from any supervisor, as well as conduct during advising meetings. Grades below B will result in a remediation plan if one has not already been put in place. Grades below B- are considered a failing grade. In the case of a failing grade, the student may not be advanced to the next practicum, may be required to demonstrate certain skills before advancing, or may be held at the CCD until competency is demonstrated before being placed out.

A self-evaluation of clinical skills is required at midterm and end of semester in each semester of the program. These evaluations use the same tool as the supervisors and should trigger a student driven conversation with his/her advisor for any areas of concern.

Students are required to provide their assessment of the clinical experience at the completion of each practicum. The tools for the evaluation of site and supervisor and self-evaluation are available in the e*value system for review.
TIPS FOR MAKING A GOOD IN-SERVICE PRESENTATION

1. Tell the audience what you are going to tell them, tell them, and then tell them what you have just told them. In other words, let them see where you are going with your topic. Present your topic. Then summarize your topic.

2. Hold their interest by adapting to your audience. Try not to tell them everything you ever learned on the topic. It is better to narrow the focus and cover the topic more in depth. Use visual or audiovisual aids to supplement your lecture and keep their interest.

3. Be enthusiastic about your topic. Show your interest for the topic and your audience will be interested.

4. Be active while speaking.
   a. Look organized and alert.
   b. Maintain eye contact with the audience, showing them that they matter.
   c. Maintain an alert and erect posture.
   d. Move about the room and gesture comfortable and naturally.

5. **DON’T READ YOUR NOTES.** Your audience will stay with you if you will just talk to them about the topic.

6. Provide your audience with a skeletal outline that they can fill in. They will tend to stay active and not become passive learners.
**Inservice Attendee Rating Form**

Presenter’s Name: ____________________________  Date: ____________________________

Topic: ____________________________  Facility: ____________________________

Please circle your response.

5 = strongly agree  4 = agree  3 = somewhat agree  2 = disagree  1 = strongly disagree

---

**ORGANIZATION**

The topic was introduced in a clear manner.

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Comments: ______________________________________

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The material was presented in a logical order.

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Comments: ______________________________________

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The presentation was well paced within the time available.

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Comments: ______________________________________

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**CONTENT**

The objectives were clearly stated.

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Comments: ______________________________________

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The objectives were addressed during the presentation.

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Comments: ______________________________________
Student’s Inservice Self-Evaluation Form

Presenter’s Name: __________________________ Date: __________________

Topic: __________________ Facility: __________________

Please circle your response.

5 = strongly agree  4 = agree  3 = somewhat agree  2 = disagree  1 = strongly disagree

**ORGANIZATION:**

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<td>Pace</td>
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**CONTENT**

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<td>Clarity</td>
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<td>Continuity</td>
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**TEACHING METHODS**

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<td>Adequate time</td>
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<td>Summary</td>
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**GENERAL COMMENTS:**

**OVERALL:** Excellent  Good  Fair  Poor  Waste of time

What did your audience consider the **best points** of your presentation?

What did your audience consider the **weak points** of your presentation?
# The Clinical Education Site offers the following:

<table>
<thead>
<tr>
<th>Ask about</th>
<th>The Clinical Education Site offers the following:</th>
<th>YES</th>
<th>NO</th>
<th>General Comments</th>
</tr>
</thead>
</table>
(2) A current copy of the state practice act and interpretive rules and regulations  
(3) Written policies that protect patients’ rights, confidentiality; standards for clinical research, and photographic permission  
(4) A written policy which prohibits discrimination of any sort in the recruiting, hiring, promoting, retaining, training, and recommending benefit of its employees  
(5) A written policy which prohibits student discrimination of any sort in learning opportunities and experiences, performance evaluations, issues of cultural diversity  
(6) Support of professional development through release time for in-services, and financial support and release time for external seminars, etc. | ☐ | ☐ | |
| 2. Clinical Education Objectives | (1) Written objectives for clinical education  
(2) Learning experiences adapted to the needs, objectives, and interests of the students  
(3) Ongoing communication channel with the MS SLP academic program  
(4) Objectives which accommodate the expectations that the MS SLP academic program has for specific clinical experiences | ☐ | ☐ | |
| 3. Student Guidance, Feedback, and Educational Support | (1) Student orientation manual  
(2) Initial student orientation which includes:  
   (a) a tour of the facility  
   (b) information on dress code guidelines  
   (c) documentation and scheduling procedures  
   (d) site-specific relevant policies and procedures  
(3) Support services such as emergency health care | ☐ | ☐ | |
(4) Support services such as computer and duplicating services, parking, etc.

| 4. SLP Personnel: Size and Responsibilities | (1) Clinical education personnel have time to dedicate to clinical education  
(2) Contingency plan in place for the potential absence of the CI | ☐ ☐ ☐ ☐ |

| 5. CCCE and CI Selection and Continuing Education | (1) CI has at least one year of clinical experience and wants to plan, conduct, and evaluate clinical education on the basis of sound principles  
(2) MS SLP personnel participate in professional self-improvement activities through professional organizations, committees, etc. | ☐ ☐ ☐ ☐ |

| 6. Internal Evaluation Procedures | (1) Clinical program is reviewed and revised on a regular basis  
(2) Mechanism is in place to communicate changes to academic MS SLP program. | ☐ ☐ ☐ ☐ |

7. Would you be interested in more information about any of the above topics? Please specify.
Suggestions for Clinical Teaching

Orientation

**General Suggestions:**

1. Put the student at ease. Be friendly.

2. Provide an orientation schedule. Include times, and name(s) of person responsible.

3. Provide handouts and include:
   
a. A written list of staff with whom the student will have frequent contact. Include telephone extension numbers for quick reference.

   b. Location of work areas, offices of instructors, supervisors, restrooms, etc.

   c. Expectations of free time (coffee breaks, lunch).

   d. Important information for easy reference. The student cannot retain everything at once. *See below.

4. Introduce staff, referring to a list when appropriate. Help the student to take particular notice of individuals who may be able to provide future assistance. Be personable and include items of interest: hobbies, personalities, strengths.

5. Reassure the student that although grades are given, evaluations are used to determine strengths and weaknesses with the emphasis on learning rather than on grading.

6. Encourage the student to feel comfortable about asking questions. Solicit questions from the student from time to time throughout the first few days.

*You may want to develop an in-house student orientation manual for the student’s reference. See next page for ideas of what to include in such a manual.
IN-HOUSE ORIENTATION MANUAL

Once the student has arrived, the challenge of trying to organize a very confusing day begins. A written in-house orientation manual may help by providing the student with concrete written and visual examples of how they are to function in your facility and of important policies, procedures, and philosophies of your department. Possible items to include are:

1. Expectations of the student; behavioral objectives
2. Emergency procedures
3. Telephone and paging system (with numbers)
4. Patient charging system
5. Documentation: completed forms, samples of progress notes, any unique requirements
6. Approved medical abbreviation list
7. Accident/incident report forms
8. Policies and procedures
9. Facility organization chart
10. Location of equipment and supplies available
11. Chain of command – who is responsible to whom
12. Patient scheduling system
13. Learning experiences available in your facility
14. Responsibilities and training background of supportive personnel

Try to arrange these items in order of exposure. Detail the components with examples and/or samples. This manual should be available for reference throughout the clinical experience to answer student’s questions.

Do you have any special features in your department which should be mentioned in this manual? For example; information on referring physicians, (i.e., specialty area, how and when to contact, etc.) or current research projects, specialty areas of the staff, etc.
ORIENTATION WORKSHEET

A good orientation is critical to the success of any clinical education experience. The student and the CI (or someone designated by the CI, in some cases) should cover the following by the third or fourth day of the affiliation.

- A 30-60 minute meeting between the student and CI to discuss:
  - Phone number of the person the student should call if he/she will be unable to arrive at the clinic on time due to illness or emergency
  - If someone needs to get emergency information to the student while they are at the facility, what number should they call
  - Emergency weather plan of facility (who to call, will a closing be announced on the radio?)
  - The CI should have the student’s emergency medical information
  - Learning style preferences of the student and teaching style preferences of the CI
  - Feedback and supervision – discuss student’s and CI’s preferences
  - Student’s goals (see Student Profile Form) and expectations
  - Expectations that the CI has of the student
  - Observational opportunities available (surgery, OT, Speech, clinics, specialty areas) and how these will be scheduled

- Tour of facility
- Emergency policies within facility – FIRE, MEDICAL EMERGENCY, EVACUATION
- How to use phones
- Where to keep valuables
- Restrooms
- Know working and lunch hours
- Documentation and patient charging system (including confidentiality procedures)
- Review Policies and Procedures Manual (including handling of linen, color coding systems for infectious waste, proper cleaning of body fluid spills, proper waste disposal)
- Patient scheduling system
- Introductions to personnel student will be working with
- Location of equipment and supplies – including emergency and safety equipment (protective garments, CPR mask, first aid kit, transfer belts, etc.)
- Other:
MS SLP Program:
Guidelines for Selection of New Clinical Education Facilities/Faculty*

1.0 The philosophy of the clinical education site and provider of SLP for patient/client care and clinical education is compatible with that of the academic program.

1.1 The philosophies of the clinical education site and the academic program must be compatible, but not necessarily identical or in complete accord.

2.0 Clinical education experiences for students are planned to meet specific objectives of the academic program, the provider of SLP, and the individual student.

2.1 Planning for students should take place through communication among the Clinic Director, and the clinical instructors (CIs).

3.0 Speech Pathology personnel provide services in an ethical and legal manner.

3.1 All Speech Pathologists and speech-language assistants provide services in an ethical and legal manner, at minimum, as outlined by the standards of practice, the state/jurisdictional practice act, clinical education site policy, and ideally aligned with ASHA positions, policies, standards, codes, and guidelines.

4.0 The clinical education site is committed to the principle of equal opportunity and affirmative action as required by federal legislation.

4.1 The clinical education site does not discriminate on the basis of race, creed, color, gender, age, national or ethnic origin, sexual orientation, disability or health status. These policies apply to recruiting, hiring, promoting, retaining, training, or recommending benefits for all personnel.

5.0 The clinical education site demonstrates administrative support of SLP clinical education.

5.1 A written clinical education agreement, in a format acceptable to both parties, exists between each academic program and each clinical education site.

5.1.1 A corporate clinical education agreement with an academic program may exist to cover multiple clinical education sites.

6.0 The clinical education site has a variety* of learning experiences available to students.

6.1 Students in clinical education are primarily concerned with delivery of services to patients/clients; therefore, the provider of SLP must have an adequate number and variety of patients/clients.

6.1.1 The primary commitment of students is to patient/client care, including when appropriate, screening, examination, evaluation, diagnosis,* prognosis,* intervention, outcomes, and follow-up
6.1.2 Provision of a “variety of learning experiences” may include, but should not be limited to, patient/client acuity, continuum of care, presence of an SLP working with an SLP-a complexity of patient/client diagnoses and environment, health care systems, and health promotion.

6.1.3 The clinical education site provides a clinical experience appropriate to the students’ level of education and prior experiences.

6.1.4 The clinical education site will provide, if available and appropriate, opportunities for students to participate in other patient/client-related experiences, including, but not limited to, attendance on rounds, planning conferences, observation of other health professionals and medical procedures, and health promotion, prevention, and wellness programs.

6.1.5 The provider of speech pathology and swallowing services has adequate equipment to provide contemporary services to conduct screenings, perform examinations, and provide interventions.

6.1.6 The provider of speech and swallowing services indicates the types of clinical learning experiences that are offered (e.g., observational, part-time, full-time).

6.2 Other learning experiences should include opportunities in practice management (eg, indirect patient/client care). For SLP students, these opportunities may include consultation, education, critical inquiry, administration,* resource (financial and human) management, public relations and marketing, and social responsibility and advocacy.

6.2.1 The clinical education site will expose students to various practice management opportunities, if available and appropriate, such as resource utilization, quality improvement, reimbursement, cost containment, scheduling, and productivity.

6.2.2 The clinical education site will expose students to various direction and supervision experiences, if available and appropriate, such as appropriate utilization of support personnel.

6.2.3 The clinical education site will expose students to teaching experiences, if available and appropriate, such as in-service programs and patient/client, family, caregiver, and consumer education.

6.2.4 The clinical education site will expose students to various scholarly activities, if available and appropriate, such as journal clubs, continuing education/in-services, literature review, case studies, and clinical research.

7.0 The clinical education site provides an active, stimulating environment appropriate to the learning needs of students.

7.1 The desirable learning environment in the clinical education site demonstrates characteristics of effective management, positive morale, collaborative working relationships, professionalism, and interdisciplinary patient/client management procedures.

7.1.1 Less tangible characteristics of the site’s personnel include receptiveness, a variety of expertise, interest in and use of evidence-based interventions, and involvement with care providers outside of speech pathology.

7.2 There is evidence of continuing and effective communication within the clinical education site.
7.3 The learning environment need not be elaborate, but should be organized, dynamic, and challenging.

8.0 Selected support services are available to students.

8.1 Evidence exists that, prior to arrival, students are advised in writing of the availability of support services within the clinical education site and procedures for access to such services.
   8.1.1 Support services may include, but are not limited to: health care, emergency medical care, and pharmaceutical supplies; library facilities, educational media and equipment, duplicating services, and computer services; support for conducting critical inquiry; and room and board, laundry, parking, special transportation, and recreational facilities.

8.1.2 Support services will be provided for special learning needs of students within reasonable accommodations and in accordance with ADA guidelines.

9.0 The speech pathology personnel are adequate in number to provide an educational program for students.

9.1 Comprehensive clinical education can be planned for students in a clinical education site with at least one speech language pathologist in accordance with ASHA positions, policies, ethics, standards, codes, and guidelines.

9.2 Student-personnel ratio can vary according to the provision of speech pathology services, the composition and expertise of the personnel, the educational preparation of students, the type SLP students, the learning needs of students, the state/jurisdictional practice act, and the length of the clinical education assignments.

9.3 Speech Pathologist responsibilities for patient/client care, teaching, critical inquiry, and community service permit adequate time for supervision of SLP students.

10.1 To qualify as a clinical instructor (CI), individuals should meet following:

11.1.1 Sate License and ASHA CCC

11.1.2 Two years of clinical experience with demonstrated clinical competence is preferred as the minimal criteria for serving as a CI. Individuals should also be evaluated on their abilities to perform CI responsibilities. CIs demonstrate a desire to work with students by pursuing learning experiences to develop knowledge and skills in clinical teaching.

11.2 CIs should be able to plan, conduct, and evaluate a clinical education experience based on sound educational principles.

Insert Lesson Plan
Insert Diagnostic Planning Tool
Speech-Language Pathology Assessment Plan of Care

Medical Diagnosis: ___________________________ Date of Assessment: ___________________________
Treatment Diagnosis: ___________________________ Speech-Language Pathologist: ___________________________
Referring Physician: ___________________________

Reason for Referral/Medical History (more detailed evaluation attached):

Current Level of Function (Diagnostic Statement):

Justification for Skilled Treatment (expected change in functional ability):

Recommendations:

Assessment (circle):  Speech-Language-Voice  Cognitive-Communication  Dysphagia  MBS/FEES  Literacy  Speech Gen Device  Referral to:  For:

Treatment (circle):  Individual  Group  Consultation  Other:  ________________________

Speech-Language-Voice  Fluency  Dysphagia  Speech Gen Device  Other:  ________________________

Frequency/Duration:  ____________ times per week for ____________ weeks.  Prognosis:  __Excellent  __Good  __Fair

Client understands diagnosis/prognosis and has participated in the development of the treatment plan and goals:  __Yes

Long Term Goals for Episode of Care  Short Term Goals for first Certification Period

Therapist Name Printed  Therapist Signature and Date Signed

Physician Certification:

In accordance with the State certification requirements, I have reviewed the plan of care established for therapy services and certify that the services are required and that they will be provided while the patient is under my care.

Physician’s Signature: ___________________________ Date/Time: ___________________________

Physician’s Comments:
### Medical Diagnoses: __________________________

### SLP Treatment Diagnoses: __________________________

### Speech-Language Pathologist: __________________________

### Referring Physician: __________________________

### Beginning and end dates for certification period included in summary of progress below: __________________________

This client has received ______ treatments with _____ “no-shows” and _____ cancellations during this certification period.

### Date of first Treatment: __________________________

### Total treatments to date: __________________________

### Summary of Progress

**Subjective** (Reported functional change since last plan of care including any change in severity of SLP diagnoses):

### Assessment of Progress/Current Level of Function

(Objective data for each short term goal from previous plan):

### Continuation of Service or Discharge

**Rationale for Continued Skilled Care** (Why is SLP intervention necessary to client’s acquisition of future functional change):

### Long Term Goals

(Goals anticipated for discharge from service):

### Short Term Goals

(Goals for next certification period):

### Recommendations

(for the next certification period):

### Discharge from Treatment

- ______ Goals met
- ______ Insufficient progress
- ______ Poor attendance
- ______ Other

### Additional Assessment of:

- ______ Referral to: __________________________ For: __________________

### Treatment Type

- ______ Speech
- ______ Language
- ______ Voice
- ______ Fluency
- ______ Dysphagia
- ______ AAC
- ______ Other

### Frequency/Duration

- ______ times per week for ________ weeks.

**Anticipated Dates for next certification period:**

**Prognosis:** ______ Excellent ______ Good ______ Fair

**Client understands diagnosis/prognosis and has participated in the development of the treatment plan and goals:** ______ Yes

### Speech-Language Pathologist Name Printed ______________________ Date Signed __________________ Signature __________________

### Physician Certification:

In accordance with the State certification requirements, I have reviewed the plan of care established for therapy services and certify that the services are required and that they will be provided while the patient is under my care.

**Physician’s Signature:** ______________________ **Date/Time:** ______________________

**Physician’s Comments:** ______________________
| Dates of Service: |
| Number of Sessions: |
| Speech-Language Pathology Diagnosis: |
| Medical Diagnosis: |
| Type of Treatment: |
| Reason for Discharge: |

| Summary of Progress toward Long Term Goals: | Goal 1: |
| | Goal 2: |
| | Goal 3: |

| Discharge Diagnostic Statement: |

| Recommendations and Referrals: |

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Graduate Student Clinician

Speech-Language Pathologist

Date Signed

Date Signed