MS Med-SLP
Clinical Education Handbook
2017

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 Med-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/
Preface

Clinical education is an essential part of MS Med-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 Med-SLP Clinical Education Handbook 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 Med-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 MedSLP 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 MedSLP 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 MedSLP student.

*Revised July 05, 2017*
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RMUoHP MS Med-SLP Program Overview

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 Med-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 Med-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 Med-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 Med-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 Med-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 Med-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 Med-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 Med-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 Med-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 of 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 Med-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 MedSLP 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 Med-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 Med-SLP Faculty**

Ms. Wendy Marshall Chase, M.A.-CCC-SLP  
Jessica Immonen, Ph.D., M.S.  
Jennifer Johnson, PA-C  
Dr. Margaret Kjelgaard, Ph.D., CCC-SLP  
Dr. Anmy Mayfield, DNP, APRN, FNP-C  
Dr. Joanne Carfioli Naylor, Ph.D., CCC-SLP  
Dr. Phillip Sechtem, Ph.D., CCC-SLP  
Dr. Erik Smart, MD  
Dr. Linda J. Spencer, Ph.D., CCC-SLP  
Dr. Shelley Victor, Ed.D, CCC-SLP
Core Performance Standards

Success in the MS Med-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 Med-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 Med-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 Med-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 MedSLP program relies on the progressive clinical and academic model demonstrated in current University programs. The MS Med-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 Med-SLP program caters to highly motivated students who wish to be active participants in their education.

The MS Med-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.
MedSLP Curriculum Sequence
(below)
<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>SLP 612</td>
<td>Neural Bases for Communications &amp; Swallowing</td>
<td>3</td>
</tr>
<tr>
<td>SLP 614</td>
<td>Principles of Diagnostics &amp; Clinical Methods I: Mechanics &amp; Measuring Change</td>
<td>2</td>
</tr>
<tr>
<td>SLP 616</td>
<td>Assessment/Treatment of Childhood Speech Sound Disorders</td>
<td>3</td>
</tr>
<tr>
<td>SLP 618</td>
<td>Assessment/Treatment of Childhood Language Disorders</td>
<td>3</td>
</tr>
<tr>
<td>SLP 620</td>
<td>Medical Speech-Language Pathology</td>
<td>1</td>
</tr>
<tr>
<td>SLP 622</td>
<td>Clinic Class I (1 credit) Intro to Professional Communication and Mechanics</td>
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<tr>
<td>SLP 624</td>
<td>Assessment/Treatment of Motor Speech Disorders</td>
<td>2</td>
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<tr>
<td>SLP 626</td>
<td>Assessment/Treatment of Neurogenic Language Disorders</td>
<td>2</td>
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<tr>
<td>SLP 628</td>
<td>Capstone Seminar I EBP &amp; Research Methods</td>
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<tr>
<td>SLP 630</td>
<td>Clinic Class II Diversity &amp; Ethics</td>
<td>1</td>
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<tr>
<td>SLP 632</td>
<td>Practicum in Speech-Language Pathology</td>
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<tr>
<td>SLP 634</td>
<td>Augmentative &amp; Alternative Communication</td>
<td>3</td>
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<tr>
<td>SLP 636</td>
<td>Assessment/Treatment of Voice and Resonance Disorders</td>
<td>2</td>
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<tr>
<td>SLP 640</td>
<td>Tracheotomy and Ventilator Dependent</td>
<td>1</td>
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<tr>
<td>SLP 642</td>
<td>Clinic Class III: Professional Issues /Professional Regulation &amp; Law</td>
<td>2</td>
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<tr>
<td>SLP 644</td>
<td>Practicum in Speech-Language Pathology</td>
<td>2</td>
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<tr>
<td>SLP 646</td>
<td>Assessment/Treatment of Adult Dysphagia</td>
<td>3</td>
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<tr>
<td>SLP 648</td>
<td>Assessment/Treatment of Cognitive-Communication Disorders</td>
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<tr>
<td>SLP 650</td>
<td>Capstone Seminar II (1 credit)</td>
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### Year 2

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<thead>
<tr>
<th>Fall</th>
<th>Winter</th>
<th>Summer</th>
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</thead>
<tbody>
<tr>
<td>SLP 652 Assessment/Treatment of Fluency Disorders (2 credits)</td>
<td>SLP 710 Aural Rehabilitation (1 credit)</td>
<td>SLP 732 Capstone V (2 credits)</td>
</tr>
<tr>
<td>SLP 654 Clinic Class IV Documentation and Reporting/Business (2 credits)</td>
<td>SLP 712 Advanced Medical Seminar (2 credit)</td>
<td>SLP 734 Practicum in Speech-Language Pathology (4 credits)</td>
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<tr>
<td>SLP 656 Advanced Seminar: Cranio-Facial anomalies/ (2 credits)</td>
<td>SLP 714 Clinic Class V Advanced topics EPB, supervising SLP-As (2 credit)</td>
<td>SLP 735 Clinic Class VI (online, 1 credit) The transition to CFY</td>
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<tr>
<td>SLP 658 Advanced Seminar: Cancers of the Head and Neck (2 credits)</td>
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<tr>
<td>SLP 660 Advanced Seminar: Autism Spectrum Disorders (2 credits)</td>
<td>SLP 716 Seminar: Counseling (1 credit)</td>
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<tr>
<td>SLP 662 Advanced Seminar: Early Intervention (2 credits)</td>
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<td>*Advanced Seminars: take 4 credits total</td>
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<tr>
<td>SLP 664 Practicum in Speech-Language Pathology (3 credits)</td>
<td>SLP 718 Capstone Seminar IV (1 credit)</td>
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<tr>
<td>SLP 668 Capstone Seminar III (1 Credit)</td>
<td>SLP 720 Practicum in Speech-Language Pathology (3 credits)</td>
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<tr>
<td><strong>Total: 12 credits</strong></td>
<td><strong>Total: 10 credits</strong></td>
<td><strong>Total: 7 credits</strong></td>
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</tbody>
</table>

- Advanced Seminars and elective topics may change, depending upon developments in our field and needs of the cohort.

PREAMBLE
The American Speech-Language-Hearing Association (ASHA; hereafter, also known as “The Association”) has been committed to a framework of common principles and standards of practice since ASHA’s inception in 1925. This commitment was formalized in 1952 as the Association’s first Code of Ethics. This Code has been modified and adapted as society and the professions have changed. The Code of Ethics reflects what we value as professionals and establishes expectations for our scientific and clinical practice based on principles of duty, accountability, fairness, and responsibility. The ASHA Code of Ethics is intended to ensure the welfare of the consumer and to protect the reputation and integrity of the professions.

The ASHA Code of Ethics is a framework and focused guide for professionals in support of day-to-day decision making related to professional conduct. The Code is partly obligatory and disciplinary and partly aspirational and descriptive in that it defines the professional’s role. The Code educates professionals in the discipline, as well as students, other professionals, and the public, regarding ethical principles and standards that direct professional conduct.

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by audiologists, speech-language pathologists, and speech, language, and hearing scientists who serve as clinicians, educators, mentors, researchers, supervisors, and administrators. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose and is applicable to the following individuals:

• a member of the American Speech-Language-Hearing Association holding the Certificate of Clinical Competence (CCC)
• a member of the Association not holding the Certificate of Clinical Competence (CCC)
• a nonmember of the Association holding the Certificate of Clinical Competence (CCC)
• an applicant for certification, or for membership and certification

By holding ASHA certification or membership, or through application for such, all individuals are automatically subject to the jurisdiction of the Board of Ethics for ethics complaint adjudication. Individuals who provide clinical services and who also desire membership in the Association must hold the CCC.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics. The four Principles of Ethics form the underlying philosophical basis for the Code of Ethics and are reflected in the following areas: (I) responsibility to persons served professionally and to research participants, both human and animal; (II) responsibility for one’s professional competence; (III) responsibility to the public; and (IV) responsibility for professional
relationships. Individuals shall honor and abide by these Principles as affirmative obligations under all conditions of applicable professional activity. Rules of Ethics are specific statements of minimally acceptable as well as unacceptable professional conduct.

The Code is designed to provide guidance to members, applicants, and certified individuals as they make professional decisions. Because the Code is not intended to address specific situations and is not inclusive of all possible ethical dilemmas, professionals are expected to follow the written provisions and to uphold the spirit and purpose of the Code. Adherence to the Code of Ethics and its enforcement results in respect for the professions and positive outcomes for individuals who benefit from the work of audiologists, speech-language pathologists, and speech, language, and hearing scientists.

TERMINOLOGY

ASHA Standards and Ethics – The mailing address for self-reporting in writing is American Speech-Language Hearing Association, Standards and Ethics, 2200 Research Blvd., #313, Rockville, MD 20850.

advertising – Any form of communication with the public about services, therapies, products, or publications.

conflict of interest – An opposition between the private interests and the official or professional responsibilities of a person in a position of trust, power, and/or authority.

crime – Any felony; or any misdemeanor involving dishonesty, physical harm to the person or property of another, or a threat of physical harm to the person or property of another. For more details, see the “Disclosure Information” section of applications for ASHA certification found on www.asha.org/certification/AudCertification/ and www.asha.org/certification/SLPCertification/.

diminished decision-making ability – Any condition that renders a person unable to form the specific intent necessary to determine a reasonable course of action.

fraud – Any act, expression, omission, or concealment—the intent of which is either actual or constructive—calculated to deceive others to their disadvantage.

impaired practitioner – An individual whose professional practice is adversely affected by addiction, substance abuse, or health-related and/or mental health-related conditions.

individuals – Members and/or certificate holders, including applicants for certification.

informed consent – May be verbal, unless written consent is required; constitutes consent by persons served, research participants engaged, or parents and/or guardians of persons served to a proposed course of action after the communication of adequate information regarding expected outcomes and potential risks.

jurisdiction – The “personal jurisdiction” and authority of the ASHA Board of Ethics over an individual holding ASHA certification and/or membership, regardless of the individual’s geographic location.

know, known, or knowingly – Having or reflecting knowledge. may vs. shall – May denotes an allowance for discretion; shall denotes no discretion.
misrepresentation – Any statement by words or other conduct that, under the circumstances, amounts to an assertion that is false or erroneous (i.e., not in accordance with the facts); any statement made with conscious ignorance or a reckless disregard for the truth.

negligence – Breaching of a duty owed to another, which occurs because of a failure to conform to a requirement, and this failure has caused harm to another individual, which led to damages to this person(s) failure to exercise the care toward others that a reasonable or prudent person would take in the circumstances, or taking actions that such a reasonable person would not.

nolo contendere – No contest.

plagiarism – False representation of another person’s idea, research, presentation, result, or product as one’s own through irresponsible citation, attribution, or paraphrasing; ethical misconduct does not include honest error or differences of opinion.

publicly sanctioned – A formal disciplinary action of public record, excluding actions due to insufficient continuing education, checks returned for insufficient funds, or late payment of fees not resulting in unlicensed practice.

reasonable or reasonably – Supported or justified by fact or circumstance and being in accordance with reason, fairness, duty, or prudence.

self-report – A professional obligation of self-disclosure that requires (a) notifying ASHA Standards and Ethics and (b) mailing a hard copy of a certified document to ASHA Standards and Ethics (see term above). All self-reports are subject to a separate ASHA Certification review process, which, depending on the seriousness of the self-reported information, takes additional processing time.

shall vs. may – Shall denotes no discretion; may denotes an allowance for discretion.

support personnel – Those providing support to audiologists, speech-language pathologists, or speech, language, and hearing scientists (e.g., technician, paraprofessional, aide, or assistant in audiology, speech-language pathology, or communication sciences and disorders).

telepractice, teletherapy – Application of telecommunications technology to the delivery of audiology and speech-language pathology professional services at a distance by linking clinician to client/patient or clinician to clinician for assessment, intervention, and/or consultation. The quality of the service should be equivalent to in-person service.

written – Encompasses both electronic and hard-copy writings or communications.

**PRINCIPLE OF ETHICS I**

Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities, and they shall treat animals involved in research in a humane manner.

**RULES OF ETHICS**

A. Individuals shall provide all clinical services and scientific activities competently.

B. Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.

C. Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect.
D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, support personnel, students, research interns, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.

E. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, technicians, support personnel, or any other persons only if those persons are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.

F. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.

G. Individuals who hold the Certificate of Clinical Competence may delegate to students tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.

H. Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, technology employed, and products dispensed. This obligation also includes informing persons served about possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a spouse, other family member, or legally authorized/appointed representative.

I. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if participation is voluntary, without coercion, and with informed consent.

J. Individuals shall accurately represent the intended purpose of a service, product, or research endeavor and shall abide by established guidelines for clinical practice and the responsible conduct of research.

K. Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of services provided, technology employed, and products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.

L. Individuals may make a reasonable statement of prognosis, but they shall not guarantee—directly or by implication—the results of any treatment or procedure.

M. Individuals who hold the Certificate of Clinical Competence shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served.

N. Individuals who hold the Certificate of Clinical Competence shall not provide clinical services solely by correspondence, but may provide services via telepractice consistent with professional standards and state and federal regulations.

O. Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be allowed only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.
P. Individuals shall protect the confidentiality of any professional or personal information about persons served professionally or participants involved in research and scholarly activities and may disclose confidential information only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.

Q. Individuals shall maintain timely records and accurately record and bill for services provided and products dispensed and shall not misrepresent services provided, products dispensed, or research and scholarly activities conducted.

R. Individuals whose professional practice is adversely affected by substance abuse, addiction, or other health-related conditions are impaired practitioners and shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.

S. Individuals who have knowledge that a colleague is unable to provide professional services with reasonable skill and safety shall report this information to the appropriate authority, internally if a mechanism exists and, otherwise, externally.

T. Individuals shall provide reasonable notice and information about alternatives for obtaining care in the event that they can no longer provide professional services.

PRINCIPLE OF ETHICS II Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence and performance.

RULES OF ETHICS

A. Individuals who hold the Certificate of Clinical Competence shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training, and experience.

B. Members who do not hold the Certificate of Clinical Competence may not engage in the provision of clinical services; however, individuals who are in the certification application process may engage in the provision of clinical services consistent with current local and state laws and regulations and with ASHA certification requirements.

C. Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research, including those that involve human participants and animals.

D. Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.

E. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member’s certification status, competence, education, training, and experience.

F. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member’s independent and objective professional judgment. Individuals shall make use of technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is not available, an appropriate referral may be made.

H. Individuals shall ensure that all technology and instrumentation used to provide services or to conduct research and scholarly activities are in proper working order and are properly calibrated.
PRINCIPLE OF ETHICS III Individuals shall honor their responsibility to the public when advocating for the unmet communication and swallowing needs of the public and shall provide accurate information involving any aspect of the professions.

RULES OF ETHICS
A. Individuals shall not misrepresent their credentials, competence, education, training, experience, and scholarly contributions.
B. Individuals shall avoid engaging in conflicts of interest whereby personal, financial, or other considerations have the potential to influence or compromise professional judgment and objectivity.
C. Individuals shall not misrepresent research and scholarly activities, diagnostic information, services provided, results of services provided, products dispensed, or the effects of products dispensed.
D. Individuals shall not defraud through intent, ignorance, or negligence or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants and contracts for services provided, research conducted, or products dispensed.
E. Individuals’ statements to the public shall provide accurate and complete information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.
F. Individuals’ statements to the public shall adhere to prevailing professional norms and shall not contain misrepresentations when advertising, announcing, and promoting their professional services and products and when reporting research results.
G. Individuals shall not knowingly make false financial or nonfinancial statements and shall complete all materials honestly and without omission.

PRINCIPLE OF ETHICS IV Individuals shall uphold the dignity and autonomy of the professions, maintain collaborative and harmonious interprofessional and intraprofessional relationships, and accept the professions’ self-imposed standards.

RULES OF ETHICS
A. Individuals shall work collaboratively, when appropriate, with members of one’s own profession and/or members of other professions to deliver the highest quality of care.
B. Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative mandate, referral source, or prescription prevents keeping the welfare of persons served paramount.
C. Individuals’ statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.
D. Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual’s fitness to serve persons professionally.
E. Individuals shall not engage in dishonesty, negligence, fraud, deceit, or misrepresentation.
F. Applicants for certification or membership, and individuals making disclosures, shall not knowingly make false statements and shall complete all application and disclosure materials honestly and without omission.
G. Individuals shall not engage in any form of harassment, power abuse, or sexual harassment.
H. Individuals shall not engage in sexual activities with individuals (other than a spouse or other
individual with whom a prior consensual relationship exists) over whom they exercise professional authority or power, including persons receiving services, assistants, students, or research participants.

I. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.

J. Individuals shall assign credit only to those who have contributed to a publication, presentation, process, or product. Credit shall be assigned in proportion to the contribution and only with the contributor’s consent.

K. Individuals shall reference the source when using other persons’ ideas, research, presentations, results, or products in written, oral, or any other media presentation or summary. To do otherwise constitutes plagiarism.

L. Individuals shall not discriminate in their relationships with colleagues, assistants, students, support personnel, and members of other professions and disciplines on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, dialect, or socioeconomic status.

M. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its established procedures.

N. Individuals shall report members of other professions who they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violation compromises the welfare of persons served and/or research participants.

O. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation; the Code of Ethics shall not be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.

P. Individuals making and responding to complaints shall comply fully with the policies of the Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics.

Q. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.

R. Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice, research ethics, and the responsible conduct of research.

S. Individuals who have been convicted; been found guilty; or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, physical harm—or the threat of physical harm—to the person or property of another, or (2) any felony, shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the conviction, plea, or finding of guilt. Individuals shall also provide a certified copy of the conviction, plea, nolo contendere record, or docket entry to ASHA Standards and Ethics within 30 days of selfreporting.

T. Individuals who have been publicly sanctioned or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the final action or disposition.
Individuals shall also provide a certified copy of the final action, sanction, or disposition to ASHA Standards and Ethics within 30 days of self-reporting.

**MS Med-SLP Program and Clinical Site Roles**

To facilitate a smooth and effective clinical education process, RMUohHP MedSLP 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 RMUohHP job description for the DCE. This is available from the RMUohHP program director or the DCE and located in the MedSLP 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 Coordinator of Clinical Education (CCCE)

This individual may be a Certified Speech-Language Pathologist or other Certified Therapy Provider employed by the clinical facility. It is desirable for the individual serving in this capacity to have two or more years of actual clinical experience. The CCCE is the staff member at the facility responsible for the development and coordination of clinical education at that clinical site. It is optimal, but not required that the CCCE be a certified member of the ASHA, and have state Licensure.

Responsibilities:
1. Serves as the key contact person for the Program DCE in planning for upcoming clinical education rotations/experiences.
2. Facilitates the completion of the Affiliation Agreement with the University.
3. Assures the Program is provided with current clinical site and clinical instructor information through the completion and update of the Clinical Site Information Form (CSIF) and/or other relevant documents.
4. Provides the Program with current information regarding student prerequisite requirements (immunizations, laboratory tests, certifications, screenings, etc...).
5. Selects Clinical Instructors (CI) to supervise and educate MedSLP students based on the Program’s criteria for CI’s and delegates clinical supervision of students to approved speech-language pathology CI’s.
6. Provides or arranges for education and training of CI’s in collaboration with Program DCE.
7. Inform the clinical instructor of all pertinent information from the Program.
8. Oversees the orientation of the student to the clinical facility.
9. Acts as a liaison between the student and clinical instructor.
10. Supervises the performance assessment of the student.
11. Evaluates, in consultation with the DCE, the effectiveness of the clinical education program and the facility’s clinical instructors.
12. Maintains necessary/appropriate documentation related to the site’s clinical education program.

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 arrangements 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 Med-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 MedSLP program students.
- Opportunity to attend selected guest lectures in the MedSLP 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 Process

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.

- **SLP 622 Clinical Observation.** Students will complete 25 hours of observation. Observation hours competed before graduate enrollment will be accepted. The classroom portion of this course will reinforce core skills in treatment including writing objectives, creating lesson plans, collecting session data, and documenting session performance. Students may also be assigned to clients or programs affiliated with the RMUOHP clinic.
- **SLP 630 Clinical Simulation.** Students will obtain clinical hours via alternative methods including SimuCase, an innovative technology platform allowing users to assess, diagnose and make recommendations for a library of virtual patients. The “virtual clinic” encourages critical thinking and facilitates interprofessional education in a no-risk learning environment. Students may also be assigned to clients or programs affiliated with the RMUOHP clinic.
- **SLP 632 Practicum in Speech Language Pathology.** Students will be assigned to clients or programs affiliated with the RMUOHP clinic and may be assigned to an off campus small group rotation or a full semester 2 to 3 day placement in a school or community environment.
- **SLP 642 Practicum in Speech Language Pathology.** Students will be assigned to clients or programs affiliated with the RMUOHP clinic and may be assigned to an off campus small group rotation or a full semester 2 to 3 day placement in a school or community environment.
- **SLP 658 Practicum in Speech Language Pathology.** Students will be assigned to clients or programs affiliated with the RMUOHP clinic and may be assigned to an off campus rotation full time for a period of approximately 8 weeks.
• SLP 722 Practicum in Speech Language Pathology. Students will be assigned to clients or programs affiliated with the RMUOHP clinic and may be assigned to a full semester 2 to 3 day placement in a school or community environment.
• SLP 734 Practicum in Speech Language Pathology. Students will participate in a full time external placement in a medical or related setting. (Acute care, rehabilitation, outpatient medical clinic, skilled nursing facility, long term acute care hospital, pediatric hospital, medically complex school or specialized program)

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 Med-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 Med-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.”

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 MedSLP 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 Med-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 MedSLP 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 MedSLP 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 Med-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 arrangements 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 Med-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 Med-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 Med-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 Med-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
   - Cardiopulmonary Resuscitation (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 Med-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 Med-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 Med-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 Med-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 Med-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.

**MedSLP 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.

**MedSLP 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 Med-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 Med-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 Med-SLP program occurs through:

A. Self-assessment of MS Med-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.

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:

\[
\text{RATING KEY / DESCRIPTORS FOR ASHA STANDARD V-A, V-B-1, V-B-2, and V-B-3} \\
5 = \text{Exceeds Performance Expectations. Adequately and effectively implements the clinical skill/behavior. Demonstrates independent and creative problem solving.} \\
4 = \text{Meets Performance Expectations. Displays minor technical problems, which do not hinder the therapeutic process. Minimum amount of direction from supervisor needed to perform effectively.} \\
3 = \text{Moderately Acceptable Performance. Inconsistently demonstrates clinical behavior/skill. Exhibits awareness of the need to monitor and adjust and make changes. Modifications are generally effective. Moderate amount of direction from supervisor needed to perform effectively.} \\
2 = \text{Needs Improvement in Performance. The clinical skill/behavior is beginning to emerge. Efforts to modify may result in varying degrees of success. Maximum amount of direction from supervisor needed to perform effectively.} \\
1 = \text{Unacceptable Performance. Specific direction from supervisor does not alter unsatisfactory performance.} \\
0 = \text{No opportunity to demonstrate the skill/behavior.}
\]

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 who 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 Med-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 Med-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 Med-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 education program (3) plan future clinical faculty development and (4) identify resource needs for the clinical education program.
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 Med-SLP student competency assessment, self assessment, site and supervisor evaluation surveys, and skill/validation records via e*value.*
- Summary data from *MS Med-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?
Additional Clinical Education Policies and Procedures

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:

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 Med-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 Med-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 Med-SLP clinical program. Coverage terminates when a student graduates or is no longer enrolled. This policy covers students only during assigned clinical practice.
Cell Phone Policy

Students are not allowed to use cellular phones, beepers, or text messaging during their clinical education experience during clinical hours in any manner that interferes with the clinical education process. Any use of such technology to facilitate the clinical education experience is allowed solely according to facility policy and CI discretion.

Medical Conditions, including Pregnancy

Immediately upon medical confirmation, any medical condition that may affect the ability of a student to safely and fully participate in the educational experience should be reported to the student’s advisor, DCE, and/or Program Administrator. This will allow planning of a learning experience that will ensure maximum safety to all concerned. Any condition that impairs a student from being able to meet the requirements of the clinical education course may result in a delay in progression in the program.

Licensure

Licensure or registration is not required for student clinical education experiences. Upon graduation, students are required to submit evidence of successful completion of a licensure exam in order to comply with individual state legislation and practice acts. Complete information on practice acts and regulations can be obtained from the individual state licensing boards.

Emergency Procedures

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:

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:

- Refer to the evacuation map(s) posted in the clinic
- Move carefully and calmly to the nearest exit.
- Alert others and take them with you.
- Do not use the elevators.
- 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:

• Fight only small fires and those with limited smoke and fumes.
• Make sure you have access to a safe and quick exit.
• 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

▪ Unplug or turn off equipment immediately.
▪ Place an “Out of Order” sign on the equipment.
▪ 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 are injured

1. Immediately inform your supervisor.
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.

**STUDENT BLOOD BORNE PATHOGEN PROGRAM**

All MS Med-SLP students receive training in Universal Precautions/Blood Borne Pathogens in the first semester SLP 620 Medical Speech Pathology 1. It is the responsibility of the student and clinical instructor to ensure that any applicable facility policies or procedures are followed.

**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.
Appendix

ROCKY MOUNTAIN UNIVERSITY OF HEALTH PROFESSIONS

MS Med-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 Med-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 Med-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 Med-SLP Program  
Risk Management Information Form

Student Name ____________________________________________

<table>
<thead>
<tr>
<th>Type of Certification/Immunization</th>
<th>Date</th>
<th>Expires (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPR Certification</td>
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<tr>
<td>First Aid</td>
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<tr>
<td>MMR #1</td>
<td></td>
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<tr>
<td>MMR #2</td>
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<td>Hepatitis B #1</td>
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<tr>
<td>Hepatitis B #2</td>
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<tr>
<td>Hepatitis B #3</td>
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<tr>
<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>
<td></td>
<td></td>
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<tr>
<td>Tdap or Qualified Waiver</td>
<td></td>
<td></td>
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<tr>
<td>TB Test (PPD)- Minimum of two</td>
<td></td>
<td></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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<tr>
<td>IRB Training</td>
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<tr>
<td>Criminal Background Check</td>
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<tr>
<td>Drug Screen (If applicable)</td>
<td></td>
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<tr>
<td>Other Immunizations as required</td>
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</tr>
</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 Med-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

Student Name: ___________________________ Date: ____________

Clinical Site Attended: ___________________________

Type of Affiliation (Acute Care; SNF, etc.): ___________________________

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
SECTION 1: MS Med-SLP STUDENT ASSESSMENT OF THE CLINICAL EXPERIENCE

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 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.**

<table>
<thead>
<tr>
<th>Rating</th>
<th>5 = strongly agree</th>
<th>4 = agree</th>
<th>3 = somewhat agree</th>
<th>2 = disagree</th>
<th>1 = strongly disagree</th>
</tr>
</thead>
</table>

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## ORGANIZATION

The topic was introduced in a clear manner.

<table>
<thead>
<tr>
<th>Rating</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
</table>

Comments:

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The material was presented in a logical order.

<table>
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<tr>
<th>Rating</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
</table>

Comments:

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The presentation was well paced within the time available.

<table>
<thead>
<tr>
<th>Rating</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
</table>

Comments:

## CONTENT

The objectives were clearly stated.

<table>
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<th>Rating</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
</table>

Comments:

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The objectives were addressed during the presentation.

<table>
<thead>
<tr>
<th>Rating</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
</table>

Comments:
Student's Inservice

Presenter’s Name: ________________________________ Date: ______________________

Topic: ______________________ Facility: ________________________________

Please circle your response.

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

ORGANIZATION:

Introduction  5  4  3  2  1
Order  5  4  3  2  1
Pace  5  4  3  2  1

CONTENT

Clarity  5  4  3  2  1
Continuity  5  4  3  2  1
Appropriateness  5  4  3  2  1

TEACHING METHODS

Variety  5  4  3  2  1
Adequate time  5  4  3  2  1
Summary  5  4  3  2  1

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>YES</th>
<th>NO</th>
<th>General Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Written policies for ethical standards of practice</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>(2) A current copy of the state practice act and interpretive rules and regulations</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>(3) Written policies that protect patients’ rights, confidentiality; standards for clinical research, and photographic permission</td>
<td>☐</td>
<td>☐</td>
<td></td>
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<tr>
<td>(4) A written policy which prohibits discrimination of any sort in the recruiting, hiring, promoting, retaining, training, and recommending benefit of its employees</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>(5) A written policy which prohibits student discrimination of any sort in learning opportunities and experiences, performance evaluations, issues of cultural diversity</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>(6) Support of professional development through release time for in-services, and financial support and release time for external seminars, etc.</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td><strong>2. Clinical Education Objectives</strong></td>
<td></td>
<td></td>
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<tr>
<td>(1) Written objectives for clinical education</td>
<td>☐</td>
<td>☐</td>
<td></td>
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<tr>
<td>(2) Learning experiences adapted to the needs, objectives, and interests of the students</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>(3) Ongoing communication channel with the MS Med-SLP academic program</td>
<td>☐</td>
<td>☐</td>
<td></td>
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<tr>
<td>(4) Objectives which accommodate the expectations that the MS Med-SLP academic program has for specific clinical experiences</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td><strong>3. Student Guidance, Feedback, and Educational Support</strong></td>
<td></td>
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<tr>
<td>(1) Student orientation manual</td>
<td>☐</td>
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<tr>
<td>(2) Initial student orientation which includes:</td>
<td>☐</td>
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<tr>
<td>(a) a tour of the facility</td>
<td>☐</td>
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<tr>
<td>Ask about</td>
<td>The Clinical Education Site offers the following:</td>
<td>YES</td>
<td>NO</td>
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<td>-----------------------------------------------</td>
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<tr>
<td></td>
<td>(b) information on dress code guidelines&lt;br&gt;(c) documentation and scheduling procedures&lt;br&gt;(d) site-specific relevant policies and procedures&lt;br&gt;(3) Support services such as emergency health care&lt;br&gt;(4) Support services such as computer and duplicating services, parking, etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. SLP Personnel: Size and Responsibilities</td>
<td>(1) Clinical education personnel have time to dedicate to clinical education&lt;br&gt;(2) Contingency plan in place for the potential absence of the CI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. CCCE and CI Selection and Continuing Education</td>
<td>(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&lt;br&gt;(2) MS Med-SLP personnel participate in professional self-improvement activities through professional organizations, committees, etc.</td>
<td></td>
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</tr>
<tr>
<td>6. Internal Evaluation Procedures</td>
<td>(1) Clinical program is reviewed and revised on a regular basis&lt;br&gt;(2) Mechanism is in place to communicate changes to academic MS Med-SLP program.</td>
<td></td>
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</tbody>
</table>

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 Med-SLP Program:
Guidelines for Selection of New Clinical Education Facilities/Faculty*

1.0 The philosophy of the clinical education site and provider of MedSLP 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 MedSLP, 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 MedSLP 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 MedSLP 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 MedSLP 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 MedSLP 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 MedSLP students.

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

11.1.1 State 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
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**

<table>
<thead>
<tr>
<th>Subjective (Reported functional change since last plan of care including any change in severity of SLP diagnoses):</th>
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<tr>
<th>Assessment of Progress/Current Level of Function (Objective data for each short term goal from previous plan):</th>
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</thead>
</table>

**Continuation of Service or Discharge**

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<tr>
<th>Rationale for Continued Skilled Care (Why is SLP intervention necessary to client’s acquisition of future functional change):</th>
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<tr>
<th>Long Term Goals (Goals anticipated for discharge from service):</th>
<th>Short Term Goals (Goals for next certification period):</th>
</tr>
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</table>

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<tr>
<th>Recommendations (for the next certification period):</th>
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</table>

| Discharge from Treatment: _______ Goals met _______ Insufficient progress _______ Poor attendance _______ Other |
|---|---|---|---|---|

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<tr>
<th>Additional Assessment of:</th>
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<tr>
<th>Referral to:</th>
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</table>

| Continued Treatment: Individual Group Consultation Other: |
|---|---|---|---|

| Treatment Type: Speech Language Voice Fluency |
|---|---|---|---|

| Dysphagia AAC Other: |
|---|---|---|

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<tr>
<th>Frequency/Duration: _______ times per week for _______ weeks.</th>
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| 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: __________________________
## Progress Summary

**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:

<table>
<thead>
<tr>
<th>Goal 1:</th>
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<tbody>
<tr>
<td>Goal 2:</td>
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<td>Goal 3:</td>
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</table>

**Discharge Diagnostic Statement:**

**Recommendations and Referrals:**

---

**Graduate Student Clinician**

**Speech-Language Pathologist**

---

**Date Signed**

**Date Signed**

A-66
Assessment Planning Form

<table>
<thead>
<tr>
<th>Date of Evaluation:</th>
<th>Diagnostic Questions</th>
<th>What is known about this question?</th>
<th>What is not yet known?</th>
<th>How will you find out the answer?</th>
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# Session Plan

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<thead>
<tr>
<th>Date of Implementation</th>
<th>Goals</th>
<th>Material and Procedures for Eliciting Target Behavior</th>
<th>Supervision</th>
<th>Data Collection Tool or Method</th>
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<tbody>
<tr>
<td>Long Term Goal 1</td>
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<td>Short Term Goal 1</td>
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<td>Session Goal</td>
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## Anticipated Problems
- Clinician Goal
- Backup Plans
- SOAP Note Draft