



ROCKY MOUNTAIN
UNIVERSITY *of*
HEALTH PROFESSIONS

MS SLP Clinical Education Program (CEP) Manual 2019

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.

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

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

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

General University/ Program Contact Information:

Phone Number: (801) 375-5125/ toll free (866)-780-4107 Fax (801) 375-2125

DCE Information

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Thank you in advance for your cooperation with the SLP Program at RMUOHP in providing students the opportunity to learn in a variety of clinical settings and for providing clinical instruction for the SLP student.

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Institution Mission

The mission of Rocky Mountain University of Health Professions is to educate current and future healthcare professionals for outcomes-oriented, evidence-based practice. The University demonstrates its mission fulfillment through the quality of its education and success of its students in academic programs that develop leaders skilled in clinical inquiry and prepared to effect healthcare change.

Program Mission

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

Program Philosophy

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

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

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

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

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

- As the program progresses, teacher-student collaboration in the educational process increasingly encourages the student to take responsibility for their own learning, discovery, and application of new knowledge and skills.
- As a MS SLP student, you will experience at least 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, a state license as appropriate, and 2 hours of supervision education.
- 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 as well as through specifically targeted coursework and activities.

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.

Student Goals:

Students graduating from the RMUoHP MS SLP program will:

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

- 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 and leadership.

Student Outcomes

Students graduating from the RMUoHP SLP program will:

- 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)
- Pass the Speech-Language Pathology PRAXIS exam (Goals 1-4)
- Be employed in the field of speech-language pathology within 6 months of passing the PRAXIS exam. (Goals 1-5)
- Demonstrate leadership in the field of speech-language pathology by participating in appropriate community and professional organizations and activities. (Goal 5)

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, if appropriate a TOEFL score of 32 is required.

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:

- 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.
- Use auditory, tactile, and visual senses to receive classroom instruction and to evaluate and treat patients.
- Read, write, speak, and understand English at a level consistent with successful course completion and development of positive patient-therapist relationships.
- Complete readings, assignments, and other activities outside of class hours.
- Apply critical thinking processes to their work in the classroom and the clinic.
- Exercise sound judgment in class and in the clinic.
- 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.
- 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.).
- Perform treatment activities in class or in the clinical setting by direct performance or by instruction and supervision of intermediaries.
- Sit for two to 8 hours daily, stand for one to two hours daily, and walk or travel for two hours daily. In clinical situations, alternately sit, stand, and walk up to 8 hours daily.

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

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

would cause undue hardship to the institution, or that fulfilling the functions would create a significant risk of harm to the health or safety of others.

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

Professional Demeanor (from the University Handbook)

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

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

Equal Access and Opportunity: Non-discrimination policies

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

These non-discriminatory policies and practices are an integral part of the mission of the University, and the Diversity and Disabilities Advisory Committee helps ensure that equal access and opportunity policies are followed.

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

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

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

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

Learning Disabilities/Physical Challenges

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

Clinical Education Plan

The CEP, a component of the overall education plan for the program, is completed by advancing practice through each of the six semesters. The first three semesters are spent in clinical experiences on-campus in the Center for Communication Disorders (CCD) or its immediately affiliated programs (supervised by RMUOHP contracted professionals). Once clinical competencies have been achieved at a certain level, the students qualify to begin their three semesters of off campus placement. The first two placements are three to four day/week placements and the final semester is a full-time placement in the location of the student's choice with University approval.

The philosophy of the CEP focuses first on the development of core foundational skills that can be applied regardless of the type of client or the setting in which they are located. Objectives aim to support the acquisition of "thinking frameworks" for approaching treatment and then assessment of clients. Treatment is addressed first as the student can engage more fully with supervisory direction in treatment than in active assessment which requires more theoretical knowledge than is evident at the outset of the program. In other words, students do not have enough accumulated professional knowledge base to engage in the clinical reasoning necessary for differential diagnosis until about the third semester. Foundational skills include clinical inquiry, setting long and short-term goals, designing a plan to elicit client production of the target behaviors, data collection, data analysis and goal modification, and documentation of client interactions. Once foundational skills reach the level of moderate supervision necessary, the student begins to focus on developing patient and setting specific knowledge, deepening their understanding of multiple factors influencing client presentation, and adapting their knowledge to novel situations. Throughout the CEP, professional skills, collaboration, cultural competence/humility, interprofessional practice, wellness and prevention, and other areas delineated in the ASHA Scope of Practice are embedded with varying degrees of success. Students also participate in a periodic formal peer review process related to teamwork and collaboration skills along with regular self-assessment and reflection assignments.

ASHA Code of Ethics: <https://www.asha.org/uploadedFiles/ET2016-00342.pdf>

ASHA Scope of Practice: <https://www.asha.org/uploadedFiles/SP2016-00343.pdf>

Clinical Practicum Assignments

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

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 supervision of students in the clinic based on caseload need, and works directly with the Clinical Education Coordinator.

Clinical Education Coordinator (CEC)

The CEC is responsible for soliciting and developing relationships with off campus facilities and supervisors, communicating with students and supervisors throughout the placement, monitoring compliance with case logs and evaluations, and resolving any user issues with evalue. The CEC works with the DCE to determine student placements each semester based on student need and placement availability.

Together these professionals are responsible for the following.

Responsibilities:

- Serves as the key contact person/liaison between the Program and clinical sites/faculty.
- Recruits, evaluates, and retains clinical affiliating sites.
- Communicates regularly with clinical sites and clinical instructors in planning for student affiliations.
- Works with the facility and the University's legal counsel to establish affiliation agreements that meet the needs of the University, student and facility.
- Schedules the dates and assignments for clinical education experience, including special scheduling (i.e., holidays, atypical arrangements, missed clinical educational time).
- Assigns students to sites for clinical experiences.
- Provides or facilitates continuing education and training of clinical instructors in collaboration with the facility.
- Monitors and facilitates student progress toward individual and course goals/objectives during clinical experiences.

- Counsels students individually on clinical performance and professional behavior issues.
- Determines the grades for clinical practice courses.
- Evaluates the effectiveness of clinical instructors, clinical facilities, student programs, and the Program's clinical education component.
- Communicates information related to student clinical performance to Program core faculty.
- Maintains necessary/appropriate documentation related to student clinical performance and the Program's clinical education courses.
- Addresses any changes within the clinical education site that may affect students' clinical educational experiences.
- 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.

Clinical Instructor/Clinical Supervisor/Clinical Faculty (CI)

In this document, all internal and external supervisors for clinical practicum are referred to as (CI). A CI is a certified, licensed speech-language pathologist who has demonstrated 2 hours of continuing education in supervision and who is supported by their facility as appropriate to directly supervise the affiliating student. This individual provides direct supervision to the student in the clinical environment and delivers the data for assessment of student performance.

Responsibilities:

- Meets requisite qualifications for serving as a clinical instructor as required by the University and/or the facility.
- Collaborates with the University and with the student to identify appropriate objectives for the clinical experience within the specific setting. Identifies unique learning experiences as available and provides the student with quality learning opportunities.
- 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.
- Ensures that student learning does not compromise the delivery or safety of patient/client care.
- 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.
- Communicates with the University 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 University and student as appropriate.

- Completes Program required documentation in a timely manner.
- 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.
- Models professional behaviors including, but not limited to, legal and ethical speech-language pathology practice.

Student

The student is responsible for taking an active role in directing their own learning in all contexts, including clinical practicum experiences. Self-assessment and self-advocacy are expected to evolve and improve throughout the program.

Responsibilities:

- Submit all required paperwork and attend all mandatory meetings for clinical education placements by appropriate deadlines.
- 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.
- Secure and wear appropriate uniform/dress designated by each site.
- Read and abide by the policies, procedures and standards of the University, the Program, the facility and the profession. This includes following facility/school policies and procedures regarding such items as confidentiality, conduct, dress, hours of attendance, etc.
- Notify the CI and University when unable to attend clinic (this includes late arrival and early departure).
- Make arrangement with the CI to make up missed clinical educational time and adhere to the clinical practicum agreement.
- Participate actively in the clinical education process, develop both technical and professional skills, behaviors and attitudes throughout the program.
- Exhibit behaviors commensurate with professional behaviors and core performance standards as noted in the student handbook.
- Communicate any issues or concerns during the clinical education experience to the appropriate individual. Concerns should be brought first and immediately to the parties involved to improve the situation.
- Complete any and all assignments during the clinical education experience.

- Provide formal and informal feedback to the clinical instructor and University regarding the learning experience.
- Complete self-assessments of clinical performance and affective/professional skills at the schedule determined by the university.

Clinical Instructor Rights and Privileges (all internal and external CIs):

- 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.
- Opportunity to attend selected continuing education programs at a reduced or free rate when sponsored by the University.
- Opportunity to attend selected guest lectures in the MS SLP program curriculum.
- Free attendance at the Annual Evidence Based Symposium sponsored by the University.
- Access to online and onsite library holdings.
- Recognition/appointment as official clinical education faculty for RMUoHP.
- Opportunity for collaboration in clinical research.

Clinical Education Design

The CEP includes activities and expectations within all 6 semesters of the program. Students must complete 25 hours of approved 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. Each semester's clinical experience is predicated on successful completion of the prior semester competencies.

This is an idea of the types of clinical experiences to be expected in during the CEP. It is constantly changing based student needs, performance, new objectives and initiatives and program review. It is intended as an example.

	Fall 1	Spring 1	Summer 1	Fall 2	Spring 2	Summer 2
Simulation	Acute Care Introduction	Motor Speech/Voice Assessment	One-Way Speaking Valve Assessment	CSE-Geriatric		Simucase or similar to attain competency in areas not established

			CSE-standardized patient	CSE-Child		
	IPPE-Roles November 8 2019		IPPE		IPPE	
Validation	OM/CNE-standardized patient	CSL	Rigid Endoscopy	Nasometer		
			Flexible Endoscopy			
			MBSImp			
Course	Speech Sound Disorders	Motor Speech Disorders	Cognitive Communication Disorders	Fluency Disorders		
	Language Disorders Child	Language Disorders Adult		Seminar Blocks	Seminar Blocks	Seminar Blocks
	Neuroanatomy	Voice				
	Counseling	AAC				
	Research Methods	Capstone I	Capstone II	Capstone III	Capstone IV	
	Methods I/Practicum	Methods II	Labs	Methods IV	Methods V	Methods VI
	Med SLP I		Med SLP II	Med SLP III		
		Practicum	Practicum	Practicum	Practicum	Practicum
		Dysphagia I	Dysphagia II		Dysphagia III	
	Review Seminars					
Labs	Cadaver	Rigid Endoscopy	Rigid Endoscopy	MBS Interpretation?	Nasometer	
	OM/CNE	Video-stroboscopy	Flexible Endoscopy	FEES Interpretation?		
		CSE				
		CSL	AAC			
	Assessment tools (child language, speech production)	Assessment tools, voice, spontaneous speech and language sample analysis child and adult	Assessment tools, adult language, adult motor speech, dementia, brain injury, right CVA	Assessment tools, literacy, isolated skill areas	Assessment tools, literacy, isolated skill areas	
Clinical Experience	On campus 5 day	On campus 5 day	On campus 5 day	Off campus 3 day	Off campus 3 day	Off campus full time
	Ashford-collaboration,	Ashford-assessment	Diagnostic Team	Diagnostic Team	Diagnostic Team	

	education, treatment					
	EHS - collaboration, education, treatment	EHS-assessment	Language Camp-Preschool	TG Group	TG Group	
			Fluency Camp	Laryngectomy Group	Laryngectomy Group	
	School Age Literacy	School Age Literacy	Aphasia Intensive Treatment			
	Little Learners	Little Learners				
	Friends for Life	Friends for Life				
	Individual Clients-CCD	Individual Clients-CCD	Individual Clients-CCD	Group Leader/Individual Clients-CCD	Group Leader/Individual Clients-CCD	
Value Added Event			Hard to Swallow		RMUOHP-Research Symposium	
		USHA				
Clock Hour Accrual Notes	Assessment tools:	GA run, quasi standardized, no clock hours	May be counted as practice session			
	Labs	Whether faculty or GA run, no clock hours, educational	May be counted as practice session			
	Simulations	clock hours for direct care time including patient or team conference, time will be set by instructor				
	Validations	If completed on standardized patient and with supervision, may be counted as clock hours, check before logging	May be counted as practice session if it does not meet the criteria for direct care			
	Standardized patients	clock hours for direct care time including patient or team conference, time will be set by instructor	May be counted as practice session if it does not meet the criteria for direct care			

Affiliation Agreements

Prior to a student participating in an externship in a clinical facility, an Affiliation Agreement must be completed/executed with the site. The University forwards a clinical affiliation agreement and the contact information to the office of the Vice President of Academic Affairs for approval, legal review, and signatures. RMUOHP has a standard affiliation agreement appropriate for any clinical site and will also consider an agreement presented by the facility.

The MS SLP Program will maintain current information on clinical sites with “active” affiliation agreements in collaboration with the Provost’s office. The University is responsible for determining that a fully executed contract is in place for each student placement. Copies of the fully executed agreements are kept on file in the Provost’s office.

Clinical Placement Process

Clinical education is carried out in facilities that meet the qualifications established by RMUoHP. This includes determining sites are within the state and national standards relevant to their facility. CI's should be aware of and participate in the process of maintaining those standards.

Procedures for Clinical Education Placement

The CEC solicits “available slots” for student placement with clinical education facilities throughout the program.

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

For on-campus assignments in semester 1, 2, and 3, and off-campus placements in semesters 4 and 5, students are assigned by the University. Students are initially assigned to predominantly intervention activities and are expected to master the core foundational skills of treatment while building their professional knowledge base through curriculum courses. In semester 3, some students may be assigned to diagnostic teams. In semesters 4 and 5, students will be placed a minimum of 3 days/week off campus while continuing with a full course load. In semester 6, students may select the facility they are interested in for a full-time placement pending University approval. RMUOHP is a member of SARA which facilitates out of state placement and students may consider any geographic area.

Students are assigned in semesters 1 through 5 by the DCE/CEC to clinical activities, with additional consideration of:

- Students’ prior experiences before entering MS SLP program;

- Clinical education program goal of providing experiences in a variety of practice settings;
- Location of the clinical facility;
- Type of facility and expectations/considerations of the clinical faculty;
- Educational and personal goals of the student;
- Consideration of student requests.

Each student is asked to periodically complete a clinical placement interest form in which they will rank the types of experiences they are most interested in and the geographical considerations in place. The University leans heavily on considerations for the best fit for student/site/CI and educational learning needs. The final placement decisions are made by the University.

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

- Management of patients/clients representative of those commonly seen in practice across the lifespan and the continuum of care;
- Practice in settings representative of those in which Speech Pathology is commonly practiced;
- Interaction with Speech Pathology role models whose practice is consistent with the program's philosophy of practice;
- Opportunities for involvement in interdisciplinary care; and
- Other experiences that lead to the achievement of expected student outcomes.

Students will plan with the University for these types of experiences. Students are required to participate in clinical education in a minimum of one school-based setting and some students may choose to complete two. Students are also required to participate in at least one non-school setting and may choose to complete two. The non-school settings may include a few types of settings as described below. A school setting may be a public, private, or specialized school setting.

- **A hospital setting** (inpatient acute, inpatient rehab, or long-term acute care)
- **An outpatient setting** (either pediatric or adult, or both)
- **A rehabilitation setting** (Inpatient or outpatient, skilled nursing facilities- considered to be inpatient, or other similar types of facilities)
- **A specialty area clinic** (pediatrics, geriatrics, ENT clinic, Cleft-Palate Clinic, etc.)
- **A community-based provider** (Birth to three programs, migrant programs, Head Start, Geriatric Home Health, private practice)

Information and Guidelines for Clinical Sites

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.rm.edu and on the CCD website, www.rmuccd.org under the "For Supervisors" tab. Additional resources are available under this tab as well. This area is being updated with new materials Fall 2019, so you may want to check in more than once.

Student Phone Call/Email

The student will contact the clinical site before the rotation 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. An online clinical practicum agreement will be completed within the first two days of the placement through the e-value system by both the student and the CI.

Student Immunization

All RMUoHP SLP students must provide proof of immunizations prior to beginning the program. A copy of documentation of these immunizations is maintained on campus.

CPR and First Aid

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

Student Health Insurance

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

Liability Insurance

Professional liability insurance will be provided by the University for all students in the amount of \$1,000,000 per incident and \$3,000,000 in the annual aggregate.

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. At the end of this manual, there is a template for student orientation for supervisors to use at their discretion.

Clinical Experience

Affiliating clinical facilities are expected to provide educational experiences consistent with Speech-Language Pathology professional. 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 onsite for any student to perform direct care. This standard has changed beginning January 2020 and phone support will not be acceptable. The supervision onsite must be a licensed, certified SLP but does not have to be the assigned supervisor at all times. All supervision of student education must be performed in accordance with state law and applicable state, federal, payer and university policies. Student treatment must be supervised at a minimum of 25% per client and 50% of each evaluation per client. In addition, supervisors must provide supervision that is commensurate with student needs which may result in higher percentages.

Student Competence

Prior to external clinical placement, students are expected to demonstrate basic safety and competence when interacting with clients. They may not have the experience and client specific knowledge that is developed during clinical experience. 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 "Graduate student in speech-language pathology" or "speech-language pathology graduate student" 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 of appropriately according to facility policy to protect patient privacy in accordance with HIPAA rules.

Communication with the University

The DCE/CEC or another MS SLP faculty/staff member will contact the CI by phone or email periodically during the semester. The CI is 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. The best method of presenting a student concern is through the e*value "Notice of Concern" system accessed from the home page once a supervisor signs in.

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 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 experience.

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 CI.

In the event that the student is ill and misses two (2) consecutive clinical days, a note from a physician or primary health care provider must be submitted to the clinical site and to the MS SLP Program DCE/CEC. 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. 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 their clinical experience. Subsequent violations will result in an **Intervention Plan** and may result in the suspension of the student from the clinical education experience. If this action occurs, the student will need to petition the University for re-entry into the clinical experience.

Student Progress during the clinical experience

In the event that a student is having difficulty at their clinical site, the following steps must be taken:

1. 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/CEC in a timely manner. When the student contacts the DCE/CEC, they 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/CEC will arrange a meeting with the student and/or the CI to attempt to resolve any issues and to develop an Intervention Plan if appropriate. That plan/strategy will be documented and placed in the student's file.
2. In the event that a CI has concerns about the performance of a student, the CI should address them with the student as soon as they are identified. The date, time, and areas discussed, as well as recommendations made should be documented in a notice of concern through the e*value system. The CI should contact the DCE/CEC immediately to share the concerns and the agreed upon performance expectations. The DCE/CEC may choose to visit the clinical site to observe the student directly. In most instances, an Intervention Plan will be developed and implemented to address concerns and help the student successfully complete the clinical education experience. In some instances, the student will be removed from the placement and a formal review with their advisor and the DCE will occur. A written summary of any meeting and the action plan should be signed by all in attendance and placed in the student's file. 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 the Intervention Plan 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 without Intervention.

Facility Rules and Regulations

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

Student's Relationship to Facility

Any clinical site accepting a MS SLP student for a clinical experience agrees not to hire the student to work at the same clinical site in a capacity providing speech-language pathology services 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, they should be permitted to perform with less, but still appropriate, supervision.

Early Termination of the Clinical Experience

As previously stated, a student may be removed from the clinical site if the student is performing incompetently or poses a safety threat to the patients or staff of the facility. 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 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, below are some specific items 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, IGRA blood test, 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)– CPR is provided at orientation
 - OSHA training-bloodborne pathogens-provided in first semester
 - HIPAA training-privacy and security-provided in first semester
 - Absence of problematic criminal history or record-a background check will be completed during orientation
 - Negative drug/alcohol screen if requested by facility. The CCD does not require a drug/alcohol screen except when student behaviors meet the criteria for concern (see university policy)

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.

Student Competence Assessment Prerequisite

RMUoHP MS SLP courses are designed and sequenced in a progressive and logical manner. Clinical supervision during client interactions is modified based on the student's progression in didactic classes and in clinic performance. A student may work with a client for whom they have the foundational clinical skills but not comprehensive knowledge provided the level of supervision is commensurate with client needs and in the interest of student development. In essence, students may see clients for whom they have not had a graduate level course in that diagnostic area. It is the supervisor's responsibility to provide the EBP direction and teaching necessary for the client to receive exemplary care while the student is working on establishing foundational skills.

As an additional prerequisite to placement in a clinical facility, students must have passed their academic coursework with a minimum grade based on program standards. In most cases, the minimum grade is a "B".

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 be unable to complete the program.

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

Alcohol and Drug Awareness/Screening

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

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

Liability Insurance

Students are provided malpractice insurance while enrolled in the MS SLP Program. Coverage terminates when a student graduates or is no longer enrolled. This policy covers students only while enrolled at RMUoHP and participating in education-related activities including the duration of 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 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 and Courses

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

Definitions

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

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

MS SLP Program Clinical Education Policy regarding unexcused absences:

- Unexcused absences are unacceptable during clinical practice/rotations. Violation of this policy may result in written counseling and/or a failing grade for the course.
- Unexcused missed clinical practice hours must be made-up by the end of the semester.

MS SLP Program Clinical Education Policy regarding excused absences:

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

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

Students should plan to be engaged in clinical education full time and, therefore, employment during clinical experiences is typically not feasible. 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.

As a general rule, students are expected to work the “schedule” arranged with the clinical instructor. 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. The schedule of the university does not take precedence while in a clinical placement.

Dress Code

MS SLP students must follow the facility-specific dress code policies of each clinical site to which they are assigned. If lab coats and/or scrubs are required by the facility, then the student will be responsible for securing those items. Students should be well

groomed. Dress and appearance should reflect modesty and cleanliness. No tank tops, shorts or short skirts will be allowed. Hair must be clean and neat and must be fashioned as to not fall forward or over the sides of the face when working with patients/clients or otherwise interfere with patient care. If worn, beards and mustaches must be clean and neatly trimmed. Nails will be kept 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 by some facilities.

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

Clothing should be free of offensive slogans or graphics and should not result in distraction for the client. Jewelry should be worn in consideration of the client and avoided in any situation where it might be pulled or torn by a client. Jeans, sneakers or athletic shoes, t-shirts, hoodies, or other informal items are not allowed in the CCD or during daytime classroom activities. Piercings, tattoos, novel hair colors, etc. are considered a means of personal expression and are not restricted unless they are considered offensive to others (because of the picture or message). However, as already stated many facilities have much more strict dress code policies and students should be aware that coverage or removal may be necessary in order for the student to be accepted into a placement. In most healthcare environments, artificial nails are also prohibited due to infection control concerns and open toed shoes or shoes without a closed back are not allowed.

All students are required to wear a nametag or badge identifying them as a student when in a clinical placement including the CCD. Nametags/badges are provided to students by the end of orientation. Certain facilities may also require you wear identification provided by them.

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

Professional Conduct

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

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

- Assessment of students in the program by clinicians during the required clinical experiences at midterm and final for each semester of clinical practicum.
- 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, the ASHA Code of Ethics, and any legal guidelines and/or statutes.

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 region (Utah/Salt Lake Valley) or out of state*. Potential hardships related to travel should be presented to the DCE/CEC 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 and financial aid will assist in increasing funds for increased cost of living if it is appropriate.

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/CEC 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/CEC immediately. In most cases, the DCE/CEC 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/CEC. 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/CEC to change the clinical placement agreement dates, days of placement, or location.

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 of Student Clinical Performance

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 RMUOHP mechanism 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(s) and entered online through e*value.

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

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

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

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

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

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

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

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

0 = No opportunity to demonstrate the skill/behavior.

To the Student: You will receive a final grade for each clinical practicum course 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.

Withdrawal from a Clinical Education Experience

If a student is removed from a clinical placement, the clinical practicum grade will be assessed and the appropriate status will be assigned. (See "incomplete", "withdraw", or "in-progress" policy in the University Handbook and course syllabus). Depending on the circumstances, this may result in the student being delayed in their progress and potentially require the student to repeat the course and re-apply for admission to the program to begin courses with the following cohort. The time and place of a repeat clinical education experience will be determined by the DCE. The student reserves the right to utilize the appeal process as outlined in the University Handbook.

Failure of a Clinical Course

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

Assessment of the Site 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, supervisor self-evaluations, and review of student performance at the site 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:
 1. Experience
 2. Licensure/certifications
- *MS SLP student evaluation on e*value: Clinical experience and clinical instruction* (completed by students following every clinical education course) provides information on clinical faculty:

- 1. Communication and instruction style
- 2. Availability and organization
- 3. CI development needs (student assessed)
- Self-assessment completed by clinical supervisors through the e*value system provides information on:
 - 1. CI development needs (self-assessed)
 - 2. Clinical facility development
- *Mid-semester conferences/communication* between the DCE and the CI provides information on:
 - 1. Student perceived clinical instructor strengths/weaknesses
 - 2. 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 facilities and CIs as requested and/or needed.

Assessment of the DCE/CEC

Each academic year, clinical instructors, Program students, and Program core faculty are asked to complete ***MS SLP Program DCE/CEC 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/CEC strengths/weaknesses

As a component of the overall *Clinical Education Program Assessment*, feedback from this instrument is reviewed by the DCE/CEC 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 and results are communicated to the Program Director and in faculty meeting as directed. Specific sources/tools utilized for assessment include the following:

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

This data is used to consider the following questions:

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

Disciplinary Action and Due Process for Student Clinical Performance

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

Students may feel that it is necessary to contact the Council on Academic Accreditation (CAA) of the American Speech-Language-Hearing Association (ASHA). CAA is only contacted with the most serious of offenses. CAA is concerned with the ASHA standards for programs that train students to become speech-language pathologists and audiologists. Grievances to this body should concern violations of these standards. Standards for CAA accreditation are located at:

<http://www.asha.org/uploadedFiles/Accreditation-Standards-Graduate-Programs.pdf>

Complaint Procedure

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

Other grievances to be directed to CAA would involve behavior in violation of the ASHA Code of Ethics. To view the Code of Ethics, visit the ASHA website at <http://www.asha.org> or view the copy of the ASHA Code of Ethics provided in this Graduate Advising Manual. Obviously, receiving a poor test grade does not fall within these parameters. The grievance procedure should begin with the person involved. You should go through the CD Program administrative chain and contact CAA only if you are still concerned that violations are continuing or are part of the overall procedures of the department or institution.

All complaints must be signed and submitted in writing to the Chair, Council on Academic Accreditation in Audiology and Speech-Language Pathology, American Speech Language-Hearing Association, 2200 Research Blvd., Rockville, MD 20850. (Phone: 1-800-498-2071). Complaints will not be accepted by e-mail or facsimile.

HIPAA and Related Policies

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

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

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

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

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

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

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

Further information about HIPAA compliance at the CCD is included in the CCD Policy section.

Safety of Student and Patient during Clinical Experiences

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

As a condition of placement in a clinical affiliation, students are required by the facility and the University to show proof of health insurance. Another condition of placement in a clinical affiliation is completion and submission of immunizations and laboratory testing. Further, students are expected to abide by whatever policies the facility has regarding risk exposure management for its employees, even though they are not considered by the University or the facility to be an employee of the facility. Additionally, students should be aware that they are not eligible for coverage under the University's

or facility's workmen's compensation insurance, and there is no mechanism for compensation in the event of student injury during a clinical experience.

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

Patient/client Injury During Clinical Experiences

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

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

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.

Student Blood Borne Pathogen Program

All MS SLP students receive training in Universal Precautions/Blood Borne Pathogens in the first semester. 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.

MS SLP Program
STUDENT AGREEMENT FOR PARTICIPATION
IN CLINICAL EDUCATION EXPERIENCES

The Student agrees to the following:

1. Participate fully in clinical education during hours that the facility designates and arrange for personal schedules to allow for regular/required hours as required by the facility/Clinical Instructor (CI).
2. Notify the University and the CI in advance of the time the student is scheduled to arrive for work if the student will be unable to report as scheduled.
3. Conform to the policies, procedures, rules and regulations of the facility and the University.
4. Maintain Professional behavior at all times including taking responsibility for their own learning, seeking opportunities and taking initiative for educational experiences, accept and implement feedback; to be honest, courteous, cooperative and punctual, and to exhibit proper dress, grooming and health habits.
5. Consult the CI, CCCE, or DCE about any difficulties arising at the Facility.
6. Submit promptly to the DCE all information and reports required by the University.
7. Indemnify and hold harmless the Facility and its officers, employees, agents and other representatives from and against liability for damages, claims, lawsuit, judgments, expenses and attorney's fees which may be incurred by the Facility or the CI resulting from any acts or omissions of the Student.
8. Maintain individual health insurance to cover any injuries or illnesses that might arise as a direct or indirect result of your work at the Facility.
9. Strictly protect the confidentiality of all records and information belonging to the Facility, its personnel and patients, including its methods of operation and business and all information that could be considered proprietary or that might be contrary to HIPAA policies.
10. Inform all patients that you are a MS SLP student from RMUoHP and that the patients have a risk-free right not to participate in clinical education.

Printed Name _____

Student's
Signature: _____ Date: _____

Students may be required to provide professional education, a case study, or another type of presentation during a clinical affiliation. Below are tools for improving your presentation, forms for attendees to complete and a self-assessment of your in-service.

TIPS FOR MAKING A GOOD IN-SERVICE PRESENTATION

1. Tell the audience what you are going to tell them, tell them, and then tell them what you have just told them. In other words, let them see where you are going with your topic. Present your topic. Then summarize your topic.
2. Hold their interest by adapting to your audience. Try not to tell them everything you ever learned on the topic. It is better to narrow the focus and cover the topic more in depth. Use visual or audiovisual aids to supplement your lecture and keep their interest.
3. Be enthusiastic about your topic. Show your interest for the topic and your audience will be interested.
4. Be active while speaking.
 - a. Look organized and alert.
 - b. Maintain eye contact with the audience, showing them that they matter.
 - c. Maintain an alert and erect posture.
 - d. Move about the room and gesture comfortable and naturally.
5. **DON'T READ YOUR NOTES.** Your audience will stay with you if you will just talk to them about the topic.
6. Provide your audience with a skeletal outline that they can fill in. They will tend to stay active and not become passive learners.



Inservice Attendee Rating Form

Presenter's Name: _____ Date: _____

Topic: _____ Facility: _____

Please circle your response.

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

ORGANIZATION

The topic was introduced in a clear manner.

5 4 3 2 1

Comments:

The material was presented in a logical order.

5 4 3 2 1

Comments:

The presentation was well paced within the time available.

5 4 3 2 1

Comments:

CONTENT

The objectives were clearly stated.

5 4 3 2 1

Comments:

The objectives were addressed during the presentation.

5 4 3 2 1

Comments:



Student's Inservice Self-Evaluation Form

Presenter's Name: _____ Date: _____

Topic: _____ Facility: _____

Please circle your response.

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

ORGANIZATION:

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?

Suggestions for Supervisors/CIs When Working with Students

The following tools are provided for your reference and use as you choose. While an orientation and the clinical practicum agreement tool on evaluate are required, the items below are just options for you to consider.

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 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, etc.)
- Other:

Clinical Education Facilities/Faculty Expectations

- The philosophy of the clinical education site and provider of SLP for patient/client care and clinical education is compatible with that of the academic program.
 - The philosophies of the clinical education site and the academic program should be compatible, but not necessarily identical or in complete accord.
- Clinical education experiences for students are planned to meet specific objectives of the academic program, the provider of SLP, and the individual student.
 - Planning for students should take place through communication among the DCE/CEC, and the clinical instructors (CIs).
- Speech Pathology personnel provide services in an ethical and legal manner.
 - All Speech Pathologists and speech-language assistants when the student is expected to interact with them 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.
- The clinical education site is committed to the principle of equal opportunity and affirmative action as required by federal legislation.
 - 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.
- The clinical education site demonstrates administrative support of SLP clinical education.
 - A written clinical education agreement, in a format acceptable to both parties, exists between each academic program and each clinical education site.
 - A corporate clinical education agreement with an academic program may exist to cover multiple clinical education sites.
- The clinical education site has a variety of learning experiences available to students.
 - Students in clinical education are primarily concerned with delivery of services to patients/clients; therefore, the provider of SLP must have an adequate number and variety of patients/clients.
 - The primary commitment of students is to patient/client care, including when appropriate, screening, examination, evaluation, diagnosis, prognosis, intervention, outcomes, and follow-up.
 - The clinical education site provides a clinical experience appropriate to the students' level of education and prior experiences.
 - 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.

- The provider of speech pathology and swallowing services has adequate equipment to provide contemporary services to conduct screenings, perform examinations, and provide interventions.
 - The provider of speech and swallowing services indicates the types of clinical learning experiences that are offered (e.g., observational, part-time, full-time).
- Other learning experiences should include opportunities in practice management (e.g., indirect patient/client care). For SLP students, these opportunities may include consultation, education, critical inquiry, administration, resource (financial and human) management, public relations and marketing, and social responsibility and advocacy.
 - 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.
 - The clinical education site will expose students to various direction and supervision experiences, if available and appropriate, such as appropriate utilization of support personnel.
 - 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.
 - 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.
- The clinical education site provides an active, stimulating environment appropriate to the learning needs of students.
 - 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.
 - 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.
 - There is evidence of continuing and effective communication within the clinical education site.
 - The learning environment need not be elaborate, but should be organized, dynamic, and challenging.
- Selected support services are available to students as indicated in the Affiliation Agreement.
 - 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.
 - 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.

- Support services will be provided for special learning needs of students within reasonable accommodations and in accordance with ADA guidelines.
- The speech pathology personnel are adequate in number to provide an educational program for students.
 - 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.
 - Student-personnel ratio can vary according to the provision of speech pathology services, the composition and expertise of the personnel, the educational preparation of students, the type SLP students, the learning needs of students, the state/jurisdictional practice act, and the length of the clinical education assignments.
 - Speech Pathologist responsibilities for patient/client care, teaching, critical inquiry, and community service permit adequate time for supervision of SLP students.
 - 10.1 To qualify as a clinical instructor (CI), individuals should meet following:
 - 11.1.1 State License and ASHA CCC
 - 11.1.2 A minimum of 2 hours of continuing education in the area of Supervision
 - 11.1.3 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. CI's 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