

Clinical Education Manual

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Introduction

Clinical education is an essential part of speech-language pathology training and education. Integration of the knowledge and abilities learned in the classroom happens most effectively when the student works with realistic and complex cases as well as real patients and clients in a work situation.

The purpose of the Rocky Mountain University of Health Professions (RMUoHP) MS MedSLP Clinical Education Program (CEP) Manual is to inform all those directly involved with the clinical education process, namely academic faculty, clinical education faculty (Clinical Preceptors, Externship Clinical Educators), and students, about the curriculum, expectations, rules, regulations, and policies governing and related to the clinical education component of the MS MedSLP 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 MS MedSLP Student Advising Handbook, and any clinical affiliate's published policy/procedures.

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

Please read this handbook carefully. Questions related to the content of this manual should be directed to the Director of Clinical Education or the Clinical Education Coordinator.

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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 the 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 MedSLP) program is to prepare students to provide comprehensive, evidence-based, client/patient-centered care for the betterment of society, and who will remain committed to lifelong professional growth and collaborative practice.

Program Philosophy

RMUoHP has established itself as an innovative center of higher learning dedicated to providing a student-centered, outcomes-oriented education. The program threads the concepts of evidence-based practice throughout its program components. The MS Med SLP program strives to attract a dynamic and diverse faculty who possess a common desire to influence the field of Speech-Language Pathology by modeling both clinical and teaching excellence. By design, the MS MedSLP 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. As such, we employ 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 clinical experiences, student presentations, independent study, writing components, and applied clinical experience.

Our program will cater to highly motivated students who endeavor to be active participants in their education. Students will find that 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.

Program activities and curricular content are not focused solely on technical skills and knowledge but are designed to actively facilitate the development of the individual as a professional. Students' 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.

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

Program Overview

Student Outcomes

Students who successfully complete the MS MedSLP program will:

1. Demonstrate a minimum of entry-level skill set for by the ASHA standards and Ethics by the end of their terminal clinical internship. (Student Goals 1-5)
2. Pass the Speech-Language Pathology PRAXIS exam (Student Goals 1-4)
3. Be employed in the field of speech-language pathology at the time they desire, after passing the PRAXIS exam. (Student Goals 1-5)
4. Demonstrate leadership in the field of speech-language pathology by participating in appropriate community and professional organizations and scholarship activities. (Student Goal 5)

Student Goals

Students who successfully complete the MS MedSLP program will:

1. Demonstrate a minimum of entry-level skills in autonomous practice that includes screening, examination, evaluation, diagnosis, prognosis, plan of care, intervention, referral, and outcomes assessment activities.
2. Provide effectively managed speech and swallowing therapy services to health care consumers in a socially responsible manner that demonstrates altruistic principles balanced with fiscal/fiduciary awareness.
3. Adhere to ethical standards of practice and legal/regulatory policies.
4. Demonstrate a commitment to excellence, lifelong learning, critical inquiry, and clinical reasoning by skillfully incorporating current evidence into speech pathology practice.
5. Demonstrate abilities to continue professional development and leadership.

Pre-Program Requirements

Prior to being allowed to participate in any clinical experience, students are required to submit or meet safety requirements as outlined below.

Immunizations

Students must submit official immunization records (or alternative laboratory results) of the following:

- Hepatitis B series and/or titer (booster or additional series may be required if immunity not achieved)
- Tdap or qualified waiver (must be current within the last 2 years)

- 2 MMR (only 1, if born before 1957).
- 2 separate TB skin tests, IGRA blood test, or negative chest radiograph (current for each year)
- Varicella Zoster titer or history of disease documented by health care professional (vaccine may be required if immunity not achieved)
- Current Year Influenza Shot

Note: *External organizations set their own requirements for placement eligibility which commonly includes up to date vaccinations. Students who do not complete vaccination requirements may not be eligible for placement at some external practicum assignments.*

Certifications

- **American Heart Association (AHA) BLS (Basic Life Support) course.** *BLS training is provided by the MS MedSLP program at orientation, and is valid for 2 years. Students must have a valid BLS certification for the duration of the program. Students who do not attend the departmental BLS training during orientation, or who allow an existing BLS certification to lapse must make alternative arrangements to obtain valid certification **at their own cost.***
- **OSHA Bloodborne Pathogen Training.** *This training is provided by the MS MedSLP program.*
- **HIPAA Privacy and Security.** *This training is provided by the MS MedSLP program*

Other Required Documentation

- Students must provide documentation of current health insurance at the beginning of the program. Health Insurance must be maintained while in program
- Students must complete a background check and provide proof of absence of problematic criminal history or record. This must be completed during orientation week.
- Negative drug/alcohol screen

Note: *Additional 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.*

Director of Clinical Education

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 program's 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. The DCE is responsible for:

- Ensuring students receive high-quality clinical experiences that develop skills progressively across semesters
- Establishing the competency framework used to evaluate students' clinical performance
- Making the final decisions about students' readiness to advance to more independent clinical placements

Clinical Opportunities and Assessment

Throughout students' program, the DCE creates and maintains the structures that support students' clinical learning. This includes working with the CEC to identify appropriate sites, developing assessment tools, and making decisions that safeguard both student development and client welfare.

Support for Clinical Challenges

Every student encounters challenges during clinical education. The DCE serves as a resource when difficulties arise that cannot be resolved at the supervisor level, providing both support and accountability to ensure students' continued growth as a clinician.

When facing difficulties in clinical placements, students can expect the DCE to:

- Review concerns that cannot be resolved with students' direct supervisor or the Clinical Education Coordinator
- Develop remediation plans if students struggle to meet expected competency levels
- Make decisions about continuation or termination of challenging placements
- Provide guidance for complex clinical or professional issues

Professional Development

Beyond managing the logistics of clinical education, the DCE contributes significantly to students' formation as a professional speech-language pathologist. Through direct teaching, mentorship, and program design, the DCE helps shape students' clinical reasoning skills and professional identity.

The DCE contributes to students' professional growth by:

- Teaching clinical courses that connect theory to practice
- Modeling evidence-based clinical supervision approaches
- Providing feedback on students' clinical reasoning and professional behaviors
- Supporting students' development of a professional identity

When to Contact the DCE

Understanding when to engage directly with the DCE versus working with students' immediate clinical supervisor or the Clinical Education Coordinator helps maintain

effective communication channels. The DCE manages program-level concerns while site supervisors address day-to-day clinical learning.

Students should contact the DCE directly when:

1. Concerns about clinical education remain unresolved after speaking with the students' clinical supervisor and the Clinical Education Coordinator
2. Accommodation is needed for clinical placements due to exceptional circumstances
3. They wish to discuss the overall clinical trajectory or specialized interests
4. Students face ethical dilemmas in clinical practice

Students are encouraged to address routine clinical matters and concerns directly with their supervisors before seeking intervention from program leadership. This direct communication approach develops essential professional skills and respects the supervisory relationship. In most instances, the Director of Clinical Education (DCE) will redirect students back to their supervisors if they have not first attempted to resolve the issue themselves. However, the program recognizes that certain circumstances (such as harassment, ethical violations, or safety concerns) may make direct communication inappropriate or ineffective. In these situations, students should promptly contact the DCE for guidance and support on how to proceed.

Clinical Education Coordinator Role and Responsibilities

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 e*value. The CEC works with the DCE to determine student placements each semester based on student need and placement availability.

Responsibilities:

- Serve as the key contact person/liaison between the Program and clinical sites/faculty.
- Recruit, evaluate, and retain clinical sites.
- Communicate regularly with clinical sites and clinical instructors in planning for student affiliations.
- Work with the facility and the University's legal counsel to establish affiliation agreements that meet the needs of the University, student, and facility.
- Schedule the dates and assignments for clinical education experience, including special scheduling (i.e., holidays, atypical arrangements, make up of missed clinical educational time).

- Assign students to sites for clinical experiences.
- Provide or facilitate continuing education and training of clinical instructors in collaboration with the facility.
- Monitor and facilitate student progress toward individual and course goals/objectives during clinical experiences.
- Counsel students on clinical performance and professional behavior issues.
- Determine the grades for clinical practice courses in collaboration with the clinical faculty.
- Evaluate the effectiveness of clinical instructors, clinical facilities, student programs, and the Program's clinical education component.
- Communicate information related to student clinical performance to Program faculty.
- Maintain necessary/appropriate documentation related to student clinical performance and the Program's clinical education courses.
- Address 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.

CEC's Role in Student Assessment

Beginning in the first semester, the CEC participates actively in the evaluation of each student's clinical performance and professional development. The CEC's assessment contributes directly to clinical practicum grades each semester through review of student self-evaluations, consultation with on-campus clinical preceptors, evaluation of student preparation for and participation in required CEC meetings, assessment of student's progress toward established clinical competencies, and monitoring of timely and accurate documentation in the e*value system, and adherence to clinic operations processes and procedures.

Mandatory CEC Meetings

Regular meetings with the CEC are **required** for all students in the program. These meetings are not optional and constitute an essential component of the clinical education process. Failure to attend scheduled meetings or to come prepared with required documentation may negatively impact clinical practicum grades.

The following timeline outlines mandatory CEC meetings throughout the program:

Semester 1:

Students will attend an initial meeting with the CEC during weeks 2-3 of the semester to establish the Clinical Education Plan (CEP). This meeting introduces students to the clinical education process and gathers preliminary information about clinical interests and geographic preferences for future placements.

Semesters 2-5:

Students must attend two formal meetings per semester with the CEC:

- Beginning of semester meeting (weeks 1-2): Review goals, update the CEP, and discuss upcoming placement considerations. Students must schedule this meeting no later than the end of week 1.
- Mid-term meeting (weeks 7-8): Assess progress on clinical competencies, refine placement plans, and address any emerging concerns. This meeting must be completed before week 9 of the semester.

Further information regarding Off-Campus Placements is outlined later in this document.

Clinical Practicum

The clinical practicum sequence is designed to provide progressive development of clinical skills across six semesters. Students are required to demonstrate growth in various skill domains while maintaining professional behavior throughout their clinical education experience.

Practicum Course Sequence

Students enrolled in the MS MedSLP Program enroll in a clinical practicum course each semester for the entirety of the program for a total of six clinical practicum courses as follows:

- Semester 1: SLP 619, Practicum 1 (2 credits); on campus
- Semester 2: SLP 632, Practicum 2 (2 credits); on campus
- Semester 3: SLP 642, Practicum 3 (2 credits); on campus
- Semester 4: SLP 658, Practicum 4 (3 credits); off-campus
- Semester 5: SLP 722, Practicum 5 (3 credits); off-campus
- Semester 6: SLP 734, Practicum 6 (3 credits); off-campus

Note: *While students are primarily off-campus in Semesters 4-6 they may be asked to conduct on-campus clinical activities, such as diagnostic evaluations.*

Grading and Assessment Structure

All clinical practicum courses are graded as Complete/Incomplete. Students must meet all competency criteria for their respective semester to receive a Complete grade. Failure to meet competency expectations will result in an Incomplete grade and will generate a

clinical development plan. Two consecutive Incomplete grades, even with demonstrated improvement in the first, may result in a recommendation for dismissal from the program.

Faculty will collaborate to provide one overall grade for each student, taking into account evaluations from all supervisors across different clinical assignments. The grading process is conducted by faculty consensus, ensuring that no single person determines whether a student can continue in the clinical practicum sequence. This collaborative approach ensures a fair and comprehensive assessment of student performance across all clinical settings and experiences.

Competency Scoring Scale

The program uses scoring scales to assess student performance in the following areas:

Workplace Behaviors Scale (1-3)

- Accountability
- Professionalism
- Active learning/Response to supervision

Clinical Skills Scale (1-5)

- Collaboration
- Counseling
- Prevention and Wellness
- Screening
- Assessment-Evaluation Process
- Assessment-Differential Diagnosis and Communication of Results
- Assessment-Verbal and Written Communication
- Treatment-Planning
- Treatment-Session Management
- Population and Systems

Domains of Professional Practice Scale (1-5) (Dependent on opportunities)

- Advocacy and Outreach
- Supervision
- Education
- Research
- Technical and Instrumental Skills

Semester-by-Semester Expectations

Each semester's clinical experience is predicated on successful completion of the prior semester competencies, with increasing expectations for independence and competency.

Semester 1 (SLP 619)

Student Responsibilities:

- Attend all scheduled clinic sessions and supervisory meetings
- Complete the Clinical Practicum Agreement within the first two business days of placement
- Maintain detailed documentation of all clinical encounters
- Schedule meetings with supervisors to discuss cases and formulate initial lesson plans
- Complete midterm and final self-assessments
- Participate in final evaluation meetings with supervisors
- Document clinical hours in the e-value system
- Complete Big 9 self-competency documents for relevant experiences

Expected Competency Level:

- Workplace Behaviors: Level 2
- Collaboration: Level 2 or NA
- Counseling: Level 2
- Prevention and Wellness: NA (Not assessed)
- Screening: NA (Not assessed)
- Assessment: Level 2 or NA
- Treatment Planning: Level 2
- Treatment-Session Management: Level 2.5
- Population and Systems: Level 2
- Domains of Professional Practice: Level 2 or NA (dependent on exposure)

Level of Supervision:

- Exceeds 50% of direct client time
- Direct observation
- Supervisor participation in sessions
- Individual and/or team meetings for client review

Setting:

- On-campus at the Center for Communication Disorders (CCD) or direct affiliate programs

Semester 2 (SLP 632)

Student Responsibilities:

- Maintain all responsibilities from Semester 1

- Demonstrate increased understanding of the evaluation process
- Apply feedback from supervisors to improve clinical practice
- Begin to develop clinical decision-making skills
- Demonstrate increased competence in treatment planning and implementation

Expected Competency Level:

- Workplace Behaviors: Level 2
- Collaboration: Level 2.5 or NA
- Counseling: Level 2.5
- Prevention and Wellness: NA
- Screening: NA
- Assessment: Level 2 or NA
- Treatment Planning: Level 2.5
- Treatment-Session Management: Level 3
- Population and Systems: Level 2
- Domains of Professional Practice: Level 2 or NA (dependent on exposure)

Level of Supervision:

- Continued high level of supervision with gradual increase in independence
- Regular feedback on session planning and implementation

Setting:

- Primarily on-campus with potential for community-based experiences

Semester 3 (SLP 642)

Student Responsibilities:

- Demonstrate increased independence in clinical decision-making
- Begin to adapt evaluation and treatment approaches based on client needs
- Develop and implement appropriate treatment plans with measurable goals
- Evaluate client progress and make appropriate modifications to treatment
- Complete all documentation with minimal guidance
- Engage in self-reflection on clinical performance

Expected Competency Level:

- Workplace Behaviors: Level 2
- Collaboration: Level 3
- Counseling: Level 2.5
- Prevention and Wellness: Level 2 or NA

- Screening: Level 2 or NA
- Assessment: Level 3
- Treatment Planning: Level 3.5
- Treatment-Session Management: Level 3.5
- Population and Systems: Level 3
- Domains of Professional Practice: Level 2 or NA (dependent on exposure)

Level of Supervision:

- Decreasing direct supervision with increased independent practice
- Regular consultative supervision

Setting:

- On-campus and expanding to community-based settings

Semester 4 (SLP 658)

Student Responsibilities:

- Apply theoretical knowledge to clinical practice across a variety of settings
- Engage actively in clinical activities including assessment, treatment planning, treatment provision, and documentation
- Analyze client response to treatment and make appropriate modifications
- Complete all required documentation professionally and efficiently
- Maintain appropriate communication with supervisors and other professionals
- Follow all facility policies and procedures
- Adhere to the ASHA Code of Ethics

Expected Competency Level:

- Workplace Behaviors: Level 2
- Collaboration: Level 3
- Counseling: Level 3
- Prevention and Wellness: Level 3
- Screening: Level 3.5
- Assessment: Level 3
- Treatment Planning: Level 3.5
- Treatment-Session Management: Level 4
- Population and Systems: Level 3
- Domains of Professional Practice: Level 3 or NA (dependent on exposure)

Level of Supervision:

- Minimum of 25% of direct client treatment time
- 50% of direct client assessment time
- Direct observation, supervisor participation in sessions
- Individual and/or team meetings for client review
- Documentation review and assistance

Setting:

- Externship placement in healthcare or educational settings

Semester 5 (SLP 722)*Student Responsibilities:*

- Demonstrate advanced clinical skills with increasing independence
- Exhibit competence in evaluation, diagnosis, and treatment across diverse populations
- Engage in interprofessional collaboration
- Provide counseling to clients and caregivers
- Integrate evidence-based practice principles into clinical decision-making
- Complete all administrative and reporting functions necessary for practice
- Participate in professional development activities

Expected Competency Level:

- Workplace Behaviors: Level 2
- Collaboration: Level 4
- Counseling: Level 4
- Prevention and Wellness: Level 3
- Screening: Level 4
- Assessment-Evaluation Process: Level 3.5
- Assessment-Differential Diagnosis: Level 3
- Assessment-Verbal and Written Communication: Level 3.5
- Treatment Planning: Level 4
- Treatment-Session Management: Level 4
- Population and Systems: Level 3.5
- Domains of Professional Practice: Level 3 or NA (dependent on exposure)

Level of Supervision:

- Decreased direct supervision with consultation as needed

- Increased independence in clinical decision-making

Setting:

- Off-campus externship placement

Semester 6 (SLP 734)

Student Responsibilities:

- Function at entry-level clinician capacity with minimum supervision
- Demonstrate readiness for clinical fellowship
- Complete comprehensive self-assessment of knowledge and skills across the Big 9 areas
- Engage in reflective practice and continuous quality improvement
- Advocate for client needs and appropriate services
- Apply evidence-based practice principles consistently
- Document sufficient diversity in clinical experiences (age, severity, setting, diagnosis, race/ethnicity)
- Maintain appropriate ratio of diagnostic to treatment experiences (at least 1:4)

Expected Competency Level:

- Workplace Behaviors: Level 2
- Collaboration: Level 4
- Counseling: Level 4
- Prevention and Wellness: Level 4
- Screening: Level 4
- Assessment-Evaluation Process: Level 4
- Assessment-Differential Diagnosis: Level 4
- Assessment-Verbal and Written Communication: Level 4
- Treatment Planning: Level 4
- Treatment-Session Management: Level 4
- Population and Systems: Level 4
- Domains of Professional Practice: Level 3 or NA (dependent on exposure)

Level of Supervision:

- Minimum guidance required
- Primarily consultative supervision
- Self-directed clinical practice with appropriate support

Setting:

- Final externship placement
- Focus on transition to entry-level practice

Competency Level Definitions

- **Level 1:** Student requires constant direction and direct supervision. Not independent in any aspect of service delivery. Significant improvement needed.
- **Level 2:** Student performs with specific direction and frequent feedback. Requires maximum guidance to perform effectively. Shows basic knowledge but limited application.
- **Level 3:** Student performs with general direction and periodic feedback. Requires moderate guidance to perform effectively. Demonstrates consistent application of knowledge.
- **Level 4:** Student performs effectively with minimum direction or need for supervision. May have occasional difficulty that does not hinder service delivery. Able to self-assess performance and seeks specific feedback. Support is collaborative.
- **Level 5:** Student performs effectively with consultation. Minimal guidance needed. Student is consistently independent and skillful. Self-assesses accurately and seeks feedback appropriately. Ready for entry-level practice.

On-Campus Practicum

Students begin their on-campus practicum experiences immediately in semester 1 of the program. Each student will be assigned to a combination of individual and group client assignments throughout their on-campus practicum courses, allowing them to develop diverse clinical skills. Students must adhere to all operational procedures and policies detailed later in this manual.

When assigned individual clients, students are responsible for all aspects of client management including assessment, treatment planning, session implementation, and documentation as directed by the clinical preceptor. For group assignments, students collaborate with peers to manage clients collectively, developing crucial teamwork and communication skills essential for healthcare environments.

It is important to note that students will experience different supervisory styles and expectations when working with various clinical educators. This variety is intentionally incorporated into the program design to expose students to a broad range of clinical perspectives and approaches, ultimately facilitating their development of a unique and effective personal clinical style.

Clinical Education Plan

The Clinical Education Plan (CEP) is a comprehensive, individualized roadmap that guides each student's clinical experiences throughout the program. The CEP is a dynamic document that evolves as students progress through their clinical education. It is developed collaboratively between the student and the CEC, with input from faculty and clinical preceptors.

Purpose and Function

The CEP serves multiple critical functions in the clinical education process:

- Documents the student's clinical interests, strengths, and areas for development
- Establishes specific learning objectives for each semester based on the student's progress and the program's requirements
- Tracks the students' clinical hours across practice settings and patient populations to ensure balanced experiences and ASHA certification requirements are met
- Identifies specific clinical competencies to be developed in each placement
- Structures a progressive increase in clinical responsibilities and independence across semesters

Documentation of Progress

The CEP serves as documentation of the student's clinical education planning and will be referenced when the CEC makes placement decisions. Students should understand that while the CEP incorporates their interests and geographic preferences, the primary purpose is to ensure appropriate educational experiences that develop all required clinical competencies.

As a structured plan, the CEP is developed and maintained in the following sequence:

- Initial development of the CEP occurs during Semester 1
- The CEP is formally updated at the beginning of each subsequent semester.
- The student and CEC collaboratively review and modify the plan based on preceptor feedback, demonstrated competencies, and emerging professional interests.
- All students must maintain an updated copy of their CEP and bring it to every meeting with the CEC.

Timely CEP Completion and Maintenance

The CEC is not permitted to assign students to external placements if they have not provided complete and accurate documentation as required, demonstrated the level of clinical competence necessary for success, or exhibited professional behavior consistent with external site expectations.

The program will not place students in external sites when there are significant concerns about the student's ability to succeed, as this may threaten the student's timely

completion of the program, jeopardizes relationships with clinical partners, and potentially impacts future placement opportunities for all students in the program.

Incomplete or inaccurate documentation submitted to the CEC will necessitate additional meetings and may delay placement assignments. Repeated documentation issues will be reflected in the professional behavior component of the clinical practicum grade.

Students who do not comply with CEC requirements may consequently experience delays in clinical placements are not guaranteed immediate placement once requirements are met. Placement will depend on site availability, which may result in program completion delays of one or more semesters.

Off-Campus Clinical Practicum

The process of securing appropriate off-campus placements requires significant advanced planning and relationship building by the CEC. External placements depend on preceptor availability, workload capacity, and willingness to accept students. Preceptors accept students voluntarily, often increasing their workload significantly without additional compensation. **As such, there are no guaranteed placement slots.** Placements can change or be canceled without notice due to changes in preceptor availability or facility circumstances.

Required Clinical Experience

Students enrolled in the MS MedSLP program are required to **a minimum of one school-based clinical externship and at least one non-school clinical externship.** A school setting may be a public, private, or specialized school setting. The non- school settings may include the types of settings described below.

- 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.

Off-Campus Site Eligibility Requirements

Externship sites must provide students with the minimum required clinical experiences and appropriate supervision levels to meet ASHA certification standards as well as university requirements, as follows:

- Clinical supervision is provided by a speech-language pathologist who is licensed in the State of Utah, holds ASHA Certification. The clinical preceptor must have

completed a minimum of nine months post-certification experience, and completed clinical supervision CEUs as required by ASHA.

- Up to 100% of all direct client time may be required by individual preceptors at their discretion, but a minimum of 25% of all treatment sessions and 50% of all evaluation sessions must be directly supervised by preceptors.
- The Off-Campus Preceptor's caseload/workload allows the student to complete an externship that is a minimum of 10 weeks in length
- The Off-Campus Preceptor's caseload/workload allows the student to participate in clinical activities in a full-time schedule

Placement Decision Factors

The CEC makes placement decisions based on multiple factors including, but not limited to, the following:

- Students demonstrated clinical competencies and readiness
- Professional communication and interpersonal skills
- Areas identified for growth in the SPDP
- Preceptor and facility requirements and expectations
- Geographic and logistical considerations
- Overall clinical education needs for degree completion

Note: *When making final decisions regarding clinical placements, the program will prioritize necessary educational experiences over student location or setting preferences.*

Student Responsibilities

Students have important responsibilities in this process.

- Maintain professional behavior during all interactions with MS MedSLP program faculty and staff as well as classmates
- Complete all recommended activities and assignments for placement preparation
- Demonstrate respect for the professional relationships between the program and clinical sites
- Approach all placements with a mindset of adding value to the facility and
- Express gratitude to preceptors for their professional mentorship

Note: *Students must remember that failed placements can threaten timely completion of their own program and jeopardize future site availability for all current and future students*

Externship Assignment Process

- Meet regularly with the CEC each semester to update the Clinical Education Plan (CEP)
- The CEC identifies sites matching student strengths and needs that can accommodate the entire semester (minimum 10 weeks)
- The CEC presents placement recommendations to the student

- Student and CEC identify potential sites to pursue
- The CEC contacts sites to develop affiliation agreements between RMU and the site
- After completing the affiliation agreement, the CEC communicates next steps to the student
- Students may remain in Utah for all six semesters if desired, utilizing university connections with existing sites
- Students wishing to complete placements out of state in the second year work with the CEC to identify and secure potential placements
- Students must not contact potential externship sites unless explicitly directed by the CEC
- When directed to contact a site, the CEC provides specific instructions to follow

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 MedSLP 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.

Readiness for Clinical Fellowship

By the completion of Semester 6, students must demonstrate readiness for clinical fellowship as determined by:

1. Competency scores attained in category 4 across all domains
2. Satisfactory completion of the Big 9 self-assessment documents
3. Successful completion of all didactic courses with associated performance modules or simulation-based learning events
4. Review of direct clinical experiences demonstrating sufficient diversity in:
 - Age
 - Severity
 - Delivery setting
 - Diagnostic category
 - Race/ethnicity
5. Appropriate ratio of diagnostic to treatment experiences (case logs should include at least $\frac{1}{4}$ as many diagnostic experiences as treatment experiences)

Students who do not feel ready to practice according to these guidelines must establish a meeting with a faculty member to discuss support options.

Student Progress Documentation Across All Semesters

The documentation described in this section pertains specifically to the evaluation of student clinical performance and competency development. Requirements for client/patient documentation, including assessment reports, treatment plans, progress notes, and discharge summaries, are addressed in a separate section of this manual. Students must adhere to both sets of documentation requirements to successfully complete their clinical practicum.

1. Clinical Practicum Agreement

- Must be completed within the first two business days of placement
- Documents the requirements and expectations for the placement

2. Midterm and Final Self-Assessment

- Completed at the middle and end of each semester
- Reflective assessment of clinical competencies and professional growth
- Students must complete ONE comprehensive overall midterm evaluation for themselves (across all clinical assignments) and ONE comprehensive final evaluation for themselves each semester
- Self-assessments must be thorough and demonstrate reflection on clinical growth

3. Clinical Supervisor and Site Evaluations

- Completed at the end of each semester
- Provides feedback on supervision quality and placement experience
- Each preceptor who supervises the student will complete a separate midterm and final evaluation for the student
- Preceptors are responsible for documenting progress in individual assignments

4. Big 9 Competency Forms

- Updated each semester with new experiences
- Documents growth in knowledge and skills across the nine areas of practice

5. Clinical Hours Documentation

- Maintained accurately in the e-value system

- Must reflect appropriate distribution across age groups, disorder types, and service delivery models

Clinical Education Policies

Professional Demeanor Policy (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 allow 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.

Professional Conduct Policy

Throughout all semesters, students must maintain the highest standards of professional conduct. Any occurrences of unsafe workplace behaviors, unprofessionalism, or HIPAA violations may result in a failing grade for the semester and referral to the university process for further investigation.

Students are expected to:

- Adhere to the ASHA Code of Ethics
- Maintain patient/client confidentiality
- Demonstrate respect for clinical educators, clients, caregivers, and other professionals
- Arrive punctually for all clinical assignments

- Complete all documentation by established deadlines
- Maintain appropriate professional appearance according to site guidelines
- Demonstrate cultural competence and sensitivity
- Engage actively in the supervisory process
- Take initiative in their learning process

Dress Code Policy

MS MedSLP students must follow the facility-specific dress code policies of each clinical site to which they are assigned. Any attire that is required by the facility (such as scrubs or white coats), then the student will be responsible for securing those items. If the facility has no specific dress code, students must conform to the standard dress code established by the RMUoHP MS SLP program.

Students engaged in on-campus clinical experiences must adhere to the following dress code when the clinic is in session, regardless of whether they have scheduled appointments:

- *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 practicum 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 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 all on-campus lab and practicum activities. Nametags/badges are provided to students by the end of orientation. Certain facilities may also require you to 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. In 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.

Equal Access and Opportunity: Non-discrimination Policy

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 help 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 the 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 the 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 Policy

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.

Attendance Policy

Consistent attendance is fundamental to clinical education in speech-language pathology. Regular participation in clinical experiences ensures students develop the necessary skills, knowledge, and professional behaviors required for competent practice. Attendance also demonstrates respect for clients, clinical educators, and the commitment to professional responsibility that is essential in healthcare settings. The MS MedSLP program maintains strict attendance requirements across all practicum settings to prepare students for the expectations they will encounter in their future careers.

General Attendance Requirements

- The program does not provide the student with "time off" or "days off" during any clinical experience, either on-campus or off-campus, and there are no approved absences.
- Student attendance is required at all clinical assignments for the duration of the Clinical Practicum course.
- When illness or emergency results in the student being absent or unavoidably late, the student must follow the **Practicum Absence Procedure**.
- All missed time must be made up according to the **Absence and Make-Up Policy**.

Attendance in On-Campus Practicum (Semesters 1-3)

- On-campus clinical practicum is scheduled for 13-weeks of each semester, making consistent attendance essential for developing clinical competence. Each missed session significantly impacts student's clinical education and may negatively affect client progress.
- **Absence Threshold:** Students who cancel more than three (3) sessions with any single client OR more than 10% of their total assigned clinic sessions within a semester will receive a recommendation to repeat the clinical practicum course.

- Tardiness may be considered an absence at the discretion of the preceptor.

Attendance in Off-Campus Practicum (Semesters 4-6)

- Off-campus clinical practicum is scheduled for approximately 12-weeks of each semester.
- As a general rule, students are expected to work the same schedule as the clinical preceptor, particularly common in off-campus placement. 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.
- Students are not required to work overtime hours (in excess of 40 hours/week) with clinical preceptors. Students who encounter this situation should work with the CEC to determine an appropriate schedule.
- Students in off-campus placements should follow the preceptor's schedule over holidays. The facility and preceptor's schedule take precedence over the University Calendar.
- **Absence Threshold:** Students who miss more than 10% of their assigned clinical rotation days may be dropped from their placement and will not be guaranteed an alternative placement for the semester.
- Students must complete a minimum of 10 weeks at their placement to receive credit for the course
- Students who do not follow the **Practicum Absence Procedure** may be removed from their placement immediately. Upon removal from the placement, the program does not guarantee an alternative placement.
- If a student is removed from their placement due to policy violations, they will be recommended to repeat the practicum course, resulting in delayed graduation.

Absence and Make-Up Policy

Students who are absent from on-campus and off-campus practicum are required to make up all absences and time missed. The student must make arrangements with the clinical preceptor to schedule makeup sessions/days at the preceptor's discretion and convenience. This may include attending practicum over holidays if the preceptor's schedule demands.

Clinical activities that are cancelled by clients or clinical preceptors will not count against students' attendance. However, students may be required to accommodate makeup sessions at the preceptor's discretion.

Note: *Completing make-up sessions for student-canceled absences fulfills clinical hour requirements but does not nullify or offset the original absence in attendance records. The original absence remains part of the attendance record and continues to count toward the three-session absence threshold per client (on-campus) or 10% total absence limit (on- and off-campus).*

Cancelation of or Change in Clinical Placement Policy

The MS MedSLP program carefully coordinates with clinical sites to provide valuable learning experiences for all students. We prioritize maintaining strong relationships with our clinical partners who generously volunteer their time and expertise to support student development, and are committed to supporting students in the event that unforeseen circumstances threaten their assignments.

Clinical Site-Initiated Changes or Cancelations

Clinical sites may cancel placements when circumstances change (staffing, caseload, facility ownership, etc.) that prevent them from providing an effective learning environment.

When this occurs:

- The DCE/CEC will immediately notify affected students
- The DCE/CEC typically secures alternate placements without significant loss of clinical hours or internship/externship continuity
- In some cases, depending on the cancelation timeline and specific circumstances, students may need to reschedule or add clinical practicum hours at an alternate facility
- The DCE/CEC will collaborate with each student to minimize disruption to clinical progression
- Students must recognize they may need to accept placements in non-preferred settings to maintain progress toward practicum requirements

Student-Initiated Changes or Cancelations

Students are not permitted to change their clinical site assignments or alter the terms of the clinical practicum agreement, under any circumstances. Students who wish to make changes to an assignment or appeal a placement decision must submit a written request to the CEC and DCE. The CEC and DCE will provide a written response to the request after it has been reviewed and discussed.

The program considers it unreasonable to ask supervisors to make post-assignment changes to accommodate personal events (such as weddings) or preferences (such as travel distance or setting preferences). Such requests pose a significant hardship for off-campus supervisors who already volunteer their time to support student learning. Furthermore, when students commit to a site and subsequently change their mind, they eliminate opportunities for other students who could have benefited from that placement. This behavior is unacceptable and will not be allowed.

Conflict of Interest and Dual Relationship Policy

The MS MedSLP program maintains strict standards regarding conflicts of interest in clinical education to ensure objective evaluation and appropriate professional boundaries. The MS MedSLP program enforces the following policies without exception:

- **Supervisory Relationships:** Students cannot receive clinical supervision from family members, relatives, or individuals with whom they maintain close personal relationships. This restriction applies to all on-campus and off-campus clinical experiences throughout the program. Faculty members must disclose potential conflicts to the Director of Clinical Education immediately upon identification.
- **Prior Employment Sites:** Students will not complete clinical practicum hours at facilities where they currently work or have previously held employment. This separation maintains clear boundaries between educational experiences and employment relationships, preventing role confusion and evaluation bias.
- **Compensation During Practicum:** Students may not receive financial compensation as employees during clinical practicum hours. Clinical practicum constitutes educational training rather than employment. Receipt of payment creates a dual relationship that compromises the educational focus and objective evaluation process. Students who violate this policy face immediate removal from the placement and possible disciplinary action.
- **Personal Relationships with Clients:** Students must not provide clinical services to individuals with whom they maintain personal relationships, including family members, friends, colleagues, or acquaintances. Students must also refrain from initiating or developing new personal relationships with clients during the clinical experience. This includes social media connections, personal phone communications, or social engagements outside the therapeutic context. If a student discovers a pre-existing relationship with an assigned client, they must immediately notify their clinical supervisor and the Director of Clinical Education. The program will reassign the student to prevent ethical conflicts and ensure objective clinical service delivery.
- **Romantic Relationships:** The program strictly prohibits romantic or sexual relationships between students and clinical supervisors, faculty members involved in their evaluation, or clients receiving services. Students must report any pre-existing relationships before placement assignments. Students who develop romantic interests in supervisors during clinical experiences must request reassignment immediately. Romantic or sexual involvement with current or former clients violates professional ethics and may result in immediate dismissal from the program. The prohibition on romantic relationships with former clients extends indefinitely following the conclusion of clinical services.

The CEC reviews all placement assignments to identify potential conflicts of interest before finalizing student placements. Students must disclose any potential conflicts during the placement planning process.

HIPAA and Confidentiality Policy

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

Specifically, per HIPAA guidelines, the following behaviors are prohibited:

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

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

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

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.

Student and Client Safety Policy

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.

Student Injury During Clinical Experiences

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

Patient/client Injury During Clinical Experiences

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

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

Disciplinary Action and Due Process for Clinical Performance Policy

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 if 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/csdo/_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.

Clinical Education Operating Procedures

Practicum Absence Procedure

Failure to notify the clinical instructor or the University of 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 the student is suspended they will need to petition the University for re-entry into the clinical experience.

- Students must report any unanticipated absences, including illness, to the Clinical Education Coordinator with a make-up plan
- All missed days must be made up and coordinated with the preceptor and Clinical Placement Coordinator
- Make-up days may be scheduled during unscheduled days or during exam week
- Students may need to extend their placement beyond typical dates to fulfill their obligations

Appendix A: Clinical Education Plan

Student: _____ Cohort #: _____ Semester/Year: _____

Date of Review: _____

ELIGIBILITY ASSESSMENT FOR OFF-CAMPUS PLACEMENT

Current Academic Standing:

- All prerequisite coursework completed: Yes No
- Minimum GPA requirements met: Yes No
- Any outstanding incomplete grades: Yes No

Current Verification of Requirements:

- Background check cleared: Yes No Pending
- Immunization records complete: Yes No Pending
- CPR/First Aid certification current: Yes No Expires: _____
- HIPAA/OSHA training completed: Yes No
- Professional liability insurance verified: Yes No
- Health insurance verified: Yes No

Professional Documentation Status:

- Resume/CV updated: Yes No
- Cover letter updated: Yes No
- Student information form completed: Yes No
- Clinical placement preference form submitted: Yes No

CLINICAL EXPERIENCE SUMMARY

Prior Clinical Hour Accrual:

Setting Type	Population Served	Hours Completed	Semester Completed

Total Clinical Hours Completed to Date: _____

Remaining Hours Required for Program Completion: _____

Supervision Level Recommendation for Next Placement:

- Maximum (75-100%)

- [] Moderate (50-74%)
- [] Minimum (25-49%)

PROFESSIONAL READINESS ASSESSMENT

Professional Demenaor Evaluation:

Professional Competency Area	Rating (1-5)	Comments
Attendance & Punctuality		
Adherence to Policies/Procedures		
Communication Skills		
Initiative & Motivation		
Response to Feedback		
Interpersonal Skills		
Ethical Conduct		
Documentation Timeliness		
Critical Thinking		
Problem-Solving Skills		

Rating Scale:

- 5 = Exceptional performance for current level
- 4 = Above average performance for current level
- 3 = Expected performance for current level
- 2 = Below expected performance, improvement needed
- 1 = Significant concerns, requires remediation

PROFESSIONAL GROWTH EVALUATION

Strengths Demonstrated:

- 1.
- 2.
- 3.

Areas for Professional Development:

- 1.
- 2.
- 3.

Progress on Previous Growth Objectives (if applicable):

-
-

PLACEMENT READINESS DETERMINATION

External Placement Readiness Status:

- READY: Student meets all requirements for off-campus placement
- CONDITIONALLY READY: Student may proceed with specific conditions (see below)
- NOT READY: Student requires remediation before placement (see remediation plan)

Conditions or Special Considerations for Placement:

-
-

Recommended Placement Type for Next Experience:

- Hospital (Acute Care)
- Hospital (Inpatient Rehab)
- Outpatient Clinic
- School Setting
- Skilled Nursing Facility
- Private Practice
- Other: _____

Specific Site Recommendations (if applicable):

-

Recommended Timeline for Placement:

- Preferred Start Date: _____
- Required Completion Date: _____

REMEDIATION PLAN (IF APPLICABLE)

Areas Requiring Remediation:

- 1.
- 2.
- 3.

Measurable Objectives for Each Area:

- 1.
- 2.
- 3.

Required Actions:

-
-

Timeline for Remediation Completion:

- Start Date: _____
- Review Date: _____
- Completion Deadline: _____

Support Resources Provided:

-
-

Consequences of Failing to Complete Remediation:

-

RELATIONSHIP TO STUDENT PERSONAL DEVELOPMENT PLAN

Current SPDP Status:

- Level 1: Expected Performance
- Level 2: Performance Alert
- Level 3: Performance Remediation

This CEP addresses SPDP concerns in the following manner:

-
-

Alignment with SPDP Goals:

- 1.
- 2.
- 3.

PLACEMENT RECOMMENDATIONS

Specific Supervision Needs/Preferences:

-

Learning Opportunities to Prioritize:

-

Professional Development Focus Areas:

-

Additional Documentation Requirements for Site (if any):

-

SIGNATURES

I have reviewed this Clinical Education Plan and understand my current status regarding external placement eligibility. I agree to meet the expectations outlined in this document and understand the consequences of failing to do so.

Student: _____ **Date:** _____

Clinical Education Coordinator: _____ **Date:** _____

Program Director (if needed): _____ **Date:** _____

Director of Clinical Education: _____ **Date:** _____

FOLLOW-UP DOCUMENTATION

Status Review Date: _____

Progress on Required Actions:

- Completed
- Partially Completed
- Not Completed

Updated Placement Status:

- CLEARED for external placement
- CONTINUED remediation required
- OTHER: _____

Additional Notes:

-
-

Signatures for Follow-up Review:

Student: _____ **Date:** _____

Clinical Education Coordinator: _____ **Date:** _____

This Clinical Education Plan was developed by the Clinical Education Coordinator in conjunction with program faculty to document the student's readiness for external clinical placements and to establish any necessary remediation requirements. This document serves as the official record of placement eligibility decisions.

Appendix B: Student Personal Development Plan

MS MedSLP Personal Development Plan: Overview

Purpose of Student Personal Development Plan (SSPDP)

The Student Professional Development Plan (SSPDP) is designed to empower all students to monitor their progress, develop critical self-assessment skills, and evolve into competent, independent practitioners. Beginning after the first semester, each student collaborates with faculty to create their individualized SPDP, which evolves throughout their academic journey. Students must identify their own developmental goals while incorporating faculty recommendations to create a comprehensive growth strategy.

The SPDP serves multiple essential functions that:

- Help students track their standing in the program,
- Build self-assessment core competencies required in Semesters 3-6
- Support the development of clinician-focused clinical inquiry and self-directed learning

While all students meet with their advisors for regular SPDP updates each semester, those on Performance Alert or Performance Remediation status will participate in more frequent check-ins to ensure adequate support and progress.

The SPDP transfers program standards into concrete, actionable goals that encompass the student's individual needs and MS MedSLP program requirements. Rather than functioning as a punitive tool, the SPDP expands existing strengths while providing structured support in areas of need. Through this collaborative approach, students will gain the insights and skills necessary to excel in the MS MedSLP program and their future clinical practice.

PDP Student Status

The PDP designates three distinct status levels to describe a student's progress toward mastery of program competencies. These levels (Progressing with Competence, Performance Alert Status, and Critical Remediation Status) provide clear parameters for both students and faculty to assess academic and clinical development. Each status level carries specific expectations, support structures, and timelines designed to ensure every student receives appropriate guidance and resources as follows:

Level 1: Expected Performance Status

- The student demonstrates **expected patterns** in skill development, professional behaviors, and academic performance aligned with program standards, showing strong potential for advanced skill development.
- The student maintains consistent academic progress, demonstrates initiative in learning opportunities, and contributes positively to the learning environment.
- Through active engagement in self-directed learning, the student builds on current strengths and develops specific goals for enhancing professional competencies.

- The student should continue their program according to the established timeline, accessing faculty support as needed to maintain this trajectory of growth.

Level 2: Performance Notice

- The student demonstrates **concerning patterns** in skill development, professional behaviors, and academic performance that threaten timely mastery of required competencies.
- The student's performance trends require immediate attention to prevent more serious academic difficulties.
- The student must address specific areas of concern and demonstrate measurable improvement by midterm evaluation.
- The program mandates documented evidence of progress in targeted competency areas.
- While the student may continue their program according to the established timeline, they must engage in recommended additional support activities to ensure competency milestones are achieved in a timely manner.
- Failure to demonstrate specified improvements will result in progression to remediation status.

Level 3: Performance Remediation

- The student demonstrates **persistent gaps** in skill development, professional behaviors, or academic performance that inhibit mastery of core competencies.
- The student's performance requires targeted intervention to demonstrate competencies in one or more areas.
- Upon entering remediation status, the student begins a 60-day intervention period requiring intensive support and progress monitoring.
- The student must achieve specific, measurable objectives outlined in their individualized personal development plan.
- Failure to meet remediation requirements within the designated timeframe results in immediate practicum course failure and may lead to dismissal from the program.
- Students who complete a remediation plan may not enter remediation status again for the same competency deficits; subsequent performance concerns in previously remediated areas will result in course failure.

MS MedSLP Personal Development Plan

[Student Name]

[Cohort #]

[Semester and Year]

Student

Cohort

Term

Faculty-Designated Student SPDP Status:

- Level 1: Expected Performance
- Level 2: Performance Alert
- Level 3: Performance Remediation

Rationale for Status Designation:

1. Explain concern here, in detail
 - a. List the corresponding competency or standard here
2. Explain second concern here
 - a. List associated standard or competency here

Measurable Outcomes:

SPDP Measurable Outcomes	Deadline
1.	
2.	
3.	

Action Plan

Goal 1	Timeline
Action Steps	
1.	
2.	
3.	
Accountability Measures	

1.	
2.	
Resources or Support Needed	
1.	
2.	

Goal 2	Timeline
Action Steps	
1.	
2.	
3.	
Accountability Measures	
1.	
2.	
Resources or Support Needed	
1.	
2.	

Goal 3	Timeline
Action Steps	
1.	
2.	
3.	
Accountability Measures	
1.	
2.	
Resources or Support Needed	
1.	
2.	

Progress Monitoring (copy additional tables as needed):

Progress Monitoring: Meeting 1	
Date	
Current Progress	
Current Challenges	
Next steps	
Faculty Feedback	

Progress Monitoring: Meeting 2	
Date	
Current Progress	
Current Challenges	
Next steps	
Faculty Feedback	

Progress Monitoring: Meeting 3	
Date	
Current Progress	
Current Challenges	
Next steps	
Faculty Feedback	

SPDP Conditions and Implications

Initial next to each item below to indicate that you have read and understand each of the requirements outlined by the SPDP

- _____ Students who are under Performance Alert Status must achieve the objectives listed in the SPDP by midterm.
- _____ Students who are under Performance Remediation Status must achieve objectives listed in the SPDP within 60 days.
- _____ Changes in SPDP Status may be initiated at any point in the semester.
- _____ Students on Performance Remediation Status may not be eligible to begin subsequent Clinical Practicum assignments until the conditions of the SPDP have been satisfied. This may result in delayed program completion.
- _____ If there is no significant improvement to indicate that the expectations and performance standards will be met within the timeline indicated in the SPDP, the SPDP may be terminated prior to the deadline.
- _____ Students removed from Performance Remediation Status may not reenter Performance Remediation Status for concerns that have already been addressed. Performance concerns in previously remediated areas will result in further disciplinary action up to and including dismissal from the program.
- _____ The contents of this SPDP are to remain confidential. Students who have questions or concerns regarding the terms or requirements of the plan are expected to follow up directly with the program director, Wendy Chase, or Director of Clinical Education, ElBea Stonier.
- _____ Students may discuss the SPDP with their assigned faculty advisor or other designated faculty.

Signatures of Agreement

The signatures below indicate agreement to the terms of the SPDP as described.

Student Date

Faculty Advisor Date

Program Director Date

Other Designated Faculty Date

Director of Clinical Education Date

Other Designated Faculty Date

