

Master of Science in Medical Speech-Language Pathology

As of March 21, 2022

The Master of Science program in Speech-Language Pathology (MS-SLP) residential education program in speech-language pathology, at Rocky Mountain University of Health Professions, is accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association, 2200 Research Boulevard, #310, Rockville, MD 20850, 800-498-2071 or 301-296-5700



"The lack is not in intelligence, which is in plentiful supply; rather, the scarce commodity is systematic training in critical thinking." - Carl Sagan

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Introduction to the MS MedSLP Program

Program Mission Statement

The mission of the Master of Science in Medical Speech-Language Pathology (MS MedSLP) program is to prepare students to deliver comprehensive, evidence-based, and person-centered care that enhances the well-being of individuals and communities.

Where excellence prevails, we educate and empower students to serve their communities as skilled, reflective practitioners. Graduates of the program are committed to lifelong learning, interprofessional collaboration, and upholding the highest standards of ethical and clinical excellence.

The Medical Model at RMU

The medical model of speech-language pathology (SLP) employs several key doctrines while studying speech-language pathology and delivering client care. At RMU we embrace this philosophy by employing innovative and authentic learning experiences throughout the curriculum, having each faculty member invested in the success of all courses and clinical practice activities to maximize learning outcomes, and engaging with learners as the colleagues they will be in a short two-year time frame. A learner sees this philosophy in action as faculty collaborate and educate one another in field developments, explore research areas from multiple perspectives, and ask students to be accountable to learning in other courses while engaged in teaching their own courseload. All full time MS MedSLP faculty work with clients and patients in direct care situations whether in our own clinic or with community partners (such as acute care rounds and young adult transition programs in the schools). This engagement in applying theory to practice models clinical reasoning and helps faculty identify with the needs of developing clinicians while demonstrating our own lifelong learning commitment.

RMU Medical SLP Tenets:

1. The management of a client is constructed using a holistic approach. Information must be derived from multiple sources, both inside and outside of the SLP role, when developing an optimal management plan.
2. The medical model emphasizes the role of the SLP as a collaborator. Collaborators may include any person or entity that is meaningful to that client.
3. The client is the center of the management plan, and medical ethics are equally important as the ASHA Code of Ethics in the development of that plan.
4. Medical SLP is responsible for considering the client's goals, the practice setting, and the client's lifespan when developing the management plan. The client's journey began before the SLP's involvement and will continue beyond it, necessitating a review of how the current management plan supports what has already occurred and what may be relevant in the future.

- The medical SLP must excel in self-assessment, reflective practice, clinical inquiry to improve competence, critical thinking, clinical judgement, and ethical problem solving. Deliberate study and use of frameworks that support these areas are necessary for competence as an entry-level practitioner.

Program Outcomes

The MS MedSLP Program is committed to outcome alignment between the Program, the College, and the University. Below you will find a brief review of each of these levels, an executive summary of the program's strategic plan, and a description of the elements of the department's program assessment.

RMU Corporate Strategic Plan

January 28, 2024

2025 CSP Overview of Goals and Key Strategies

 <p>Cultivate Reach, Recognition & Relationships</p> <p style="font-size: x-small;">Expand influence, visibility, and connections to broaden audience, increase brand awareness, and foster meaningful connections, while building and strengthening worldwide networks and partnerships.</p>	 <p>Advance Academic Excellence</p> <p style="font-size: x-small;">Advance academic success through rigorous curriculum, personalized mentorship, and authentic learning opportunities that empower students to achieve their goals.</p>	 <p>Elevate Technological Sophistication</p> <p style="font-size: x-small;">Elevate RMU's technological sophistication by harnessing advanced technologies, enhancing digital infrastructure, and developing the necessary resources to optimize efficiency, productivity, and innovation.</p>	 <p>Strengthen Organizational Effectiveness</p> <p style="font-size: x-small;">Strengthen RMU's mission fulfillment by investing in infrastructure, people, systems, and processes that boost efficiency, resilience, sustainability, and innovation.</p>	 <p>Nurture Student Success</p> <p style="font-size: x-small;">Nurture, support, and enhance students in an inclusive environment where every student can thrive academically, personally, and professionally.</p>
Goal 1	Goal 2	Goal 3	Goal 4	Goal 5

College of Rehabilitation Sciences Common Goals

College of Rehabilitation Sciences Common Goals 2025
Rev 2-18-2025

The mission of the College of Rehabilitation Sciences is to advance the overall mission of Rocky Mountain University of Health Professions by educating current and future rehabilitation healthcare professionals for excellence in patient-centered, evidence-based practice; clinical inquiry; and interprofessional, ethical, and inclusive healthcare advancement.

2025/2026 MS MedSLP Program Manual RMU

Vision: To be a leader in advancing the quality, delivery, and efficacy of rehabilitation healthcare through education, scholarship, and collaborative clinical practice.

Goal 1. Improve internal Collaborations/External Partnerships.

Initiatives:

- a. Reduce silos between programs/other departments
- b. Programs to collaborate with EMX/New Marketing Department and other relevant parties to enhance student enrollments and program messaging.
- c. Programs to explore opportunities with external organizations to enhance enrollment

Goal 2. Enhance faculty and staff recognition within the College of Rehabilitation Sciences

Initiatives:

- a. Award Recognition in more categories in 2025

Goal 3. Enhance data-driven planning and assessment

Initiatives

- a. Enhance program assessment plans
- b. All Departments/Programs to create and initiate 4-year rolling strategic plans.

Goal 4. Programs will incorporate education regarding AI (Artificial Intelligence) in their respective professions in program curricula

Initiatives

- a. Programs will contribute to University Committees' investigations of current AI use

MS MedSLP Strategic Plan Executive Summary and Target Areas

EXECUTIVE SUMMARY

The January 2025 strategic plan review and update included a review of alignment with the RMU Corporate Strategic Plan approved by the Board in 2024 (after the 2024 program review), adding data reflecting 2024 information, and reconsideration of each outcome based on budget, mission, organizational position, and staffing change within the MS MedSLP Program. The RMU Corporate Strategic Plan update resulted in budget changes. A faculty position will remain unfilled through 2025 at the minimum, a hold was placed on capital budget items, continuing education support for new faculty increased, a clinic secretary (via the RMU Health Clinics budget) position was added, and most revenue generated through the CCD was reallocated to the RMU Health Clinics budget. Specifically, the Utah Virtual Academy speech-language pathology services contract was transferred to the RMU Health Clinics and will now be maintained by that organization. A new contract for curriculum design and delivery at the residential school in Heber, New Focus Academy, will remain with the MS MedSLP Program.

In Program Assessment and Accreditation, the onsite visit in May 2024 was completed satisfactorily with no standards out of compliance and two areas of ongoing follow up. Graduation and praxis rates continue to be above minimum standards, curriculum mapping was transitioned to the Watermark program, the remediation/development process was revised substantially, and a tiered disposition rating for first-year students was introduced. Ultrasound and fluoroscopy were added to the instrumentation used in education. The college is developing workload and promotion updates to process. Equity in teaching time monitoring was implemented for clinical and academic faculty. In May 2025, the annual report was approved by CAA with no areas of non-compliance and resolution of the two follow-up areas. The self-study report and request for re-accreditation application is due in lieu of the next annual report for January 2026. A site visit for eight-year accreditation review is expected in the fall of 2026.

In SOTL, faculty and preceptors cover all areas of the SLP scope of practice. One faculty member achieved CHSE status in SBL, and IMSH attendance is in year three. Four high-fidelity simulations have been adapted to new cases to integrate the EHRgo platform. June 2025: Multiple projects are in development including an SSIH Affinity group workshop for the 2026 IMSH conference on competency-based assessment, a preceptor training research project in collaboration with the University of Iowa, and a department program assessment review of preceptor assessment of competence to student self-assessment of competence.

In Student Outcomes, TrueLearn was added to support praxis preparation, one faculty member will participate in an international EPA design course in February 2025, and cohort 8 has met the IPCP goal at 30% at the end of their first semester (expected by semester 3). Cohort 7 transitioned successfully to the new capstone model with a reduction in remediation necessary following the adjudicated capstone presentation. Twelve students will present posters at the

University Showcase in August 2025. The first revision of the CN/OME validation process was completed with improved student performance. Phase 2 is set to deploy in August 2025. Phase 3 will deploy in September 2025. Website modifications to reflect the clinical education program, the expanded faculty assets and the new ADA federal accessibility requirements are under review. In the meantime, an accessibility statement has been developed to provide contact information for support. A clinical writing module was designed and will be added to the clinical methods curriculum for cohort 9 secondary to inconsistent student performance.

In Research and Scholarship, the CBE consortium was initiated with interested universities (6), article submissions continue per plan at two per year, four research initiatives are in development, and an interuniversity project on Parkinson's disease was funded for pilot and pending federal application. The participating universities include BYU, Noorda DO, and Roseman. Virtual reality was introduced to support the CN/OME training and the endoscopy boot camp.

June 2025

In Community Integration and Service, the CCD merged with the RMU Health Clinics and the MS MedSLP Clinical Education Program retained its pro bono status and will be the entity that delivers care to the community for the purposes of community support and student learning. The service-learning program made excellent progress toward completing the needs assessment for year-round integration with the Thrive Foundation in Malawi. Plans will be established for Fall Semester 2025 during the August 2025 trip to Malawi.

In the area of Innovation, Facilities, and Technologies, the VFSS program was established which allows for expansion of clinical education and research. Additional training started for two specific projects associated with the ultrasound equipment and the 360-degree camera has been employed in multiple department locations to support future VR or computer-based learning opportunities.

[MS MedSLP Program 2024-2027 Strategic Plan](#)

Student Outcomes

Students who successfully complete the MS MedSLP program will:

1. Pass the Speech-Language Pathology PRAXIS exam
2. Be employed in the field of speech-language pathology at the time they desire, after passing the PRAXIS exam.
3. Demonstrate leadership in the field of speech-language pathology by participating in appropriate community and professional organizations and scholarship activities.
4. 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.
5. Adhere to ethical standards of practice and legal/regulatory policies.
6. Demonstrate a commitment to excellence, lifelong learning, critical inquiry, and clinical reasoning by skillfully incorporating current evidence into speech pathology practice.
7. 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. Please see the table below.

The curriculum describes the process of student achievement of these outcomes at a level appropriate to entering the clinical fellowship. These outcomes are subject to revision as determined by the program curriculum committee.

Student Outcome	Comprehensive Assessment	Management Plan Development	Treatment-Management Services	Caseload Management	Program Development	Supervision
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<p>Brief Description</p>	<p>Complete comprehensive assessments including appropriate screenings without high-stakes or fast-paced demand.</p>	<p>Create detailed management plans including evaluation, treatment, education, consultation, and coordination.</p>	<p>Deliver client-centered, culturally adaptive, trauma-informed treatment, managing data collection and adaptation within sessions.</p>	<p>Manage caseload effectively, using organizational and prioritization frameworks adaptable to changes.</p>	<p>Develop preventive and educational programs collaboratively, responsive to community needs.</p>	<p>Supervise paraprofessionals, volunteers, family or community members or allied health providers in accordance with management plans.</p>
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Program Assessment and Continuous Improvement

MS MedSLP Addendum to University Policy 3010 Continuous Improvement

[University Policy 3010](#)

The MS MedSLP program conducts a program review in January of each year. This is completed with the program's full faculty and staff. The MS MedSLP Program Strategic Plan is reviewed and updated as appropriate. Review of program outcomes must include:

Mission Fulfillment Goals (SLL). Check each key assignment for currency, assignment to formative or summative assessment, and student performance. All Mission Fulfillment Goals are set at a minimum criterion of 80% by the university. The MS MedSLP program may elect to set a more stringent criterion for any goal. Those should be reflected in the program's strategic plan.

Program Student Outcomes. The wording for the program outcomes should be reviewed in alignment with the competency-based education standards. This is an evolving process that is expected to continue. The program's outcomes will include entrustable professional activities (EPAs) as they are developed.

Curriculum Map. The program should review the competency-based assessment measures for each course or experience. Knowledge, skills, attitudes, and clinical reasoning (domains) assessments should be present in each course. Assessment measures should integrate these domains across courses and experiences and throughout the six semesters of the program. Milestones that represent key assessment points for continued progress should be identified and reviewed.

Faculty Teaching Peer Review and Course Survey Results. Review trends across the program, specifically trends in face-to-face versus hybrid courses. The evaluate data for practicum preceptor assessment by students and preceptor self-assessment should also be reviewed. Strategic plan goals based on trends should be introduced with faculty consensus.

Admissions and Enrollment. Information from the Enrollment department, CSDCAS/Webadmit, the program and CCD websites, the OneDrive student support page, the USBE grant program, and University Marketing should be reviewed. A meeting with related department representatives should be scheduled to resolve issues or propose initiatives.

Regional and national trends should also be reviewed.

Accreditation. The program accreditation annual report for CAA and the Dean's annual report should be reviewed. The program outcome data, including PRAXIS pass rates and on-time program

completion rates, should be reviewed and submitted to the Web Team via a ticket to update the website. This may also include employment information.

MS MedSLP Clinical Education Program. Community needs, clinic initiatives, and programs should be reviewed as they relate to curriculum demands, student needs, and staffing. CCD programs may be initiated, modified, or eliminated with faculty consensus.

Workload. The program workload (including didactic and clinical education, scholarship, and research initiatives) should be aligned with the job description percentage breakdown and with individual staff and faculty interests and priorities.

Faculty and Staff Development. Opportunities for continuing education and professional development should be reviewed for each program member. Plans for the distribution of funds and time to pursue initiatives should consider the value to the program, the satisfaction of the employee, and the needs of the students.

Council on Academic Accreditation (CAA) Standards

[Standards for Accreditation](#)

Council for Clinical Certification (CFCC) Requirements

[Certification Standards](#)

ASHA Code of Ethics

[Code of Ethics](#)

ASHA Speech-Language Pathology Scope of Practice

[Speech-Language Pathology Scope of Practice](#)

Council of Academic Programs in Communication Sciences and Disorders (CAPCSD) Core Functions

[CAPCSD Core Functions](#)

The MS MED SLP program adheres to the American Speech-Language-Hearing Association (ASHA) standards, including the ASHA Code of Ethics. Faculty are responsible for the welfare of clients/patients tested, treated, or otherwise affected by students enrolled in the MS MedSLP program. Thus, persons admitted, retained, and graduated must possess the intelligence, integrity, compassion, humanitarian concern, and physical and emotional capacity necessary to practice speech-language pathology and audiology.

CORE FUNCTIONS, as distinguished from academic standards, refer to those cognitive, physical, and behavioral abilities that are necessary for the satisfactory completion of all aspects of the curriculum and the development of professional attributes required by the faculty of all students at graduation.

RMU seeks to educate a multi-faceted group of students with the understanding that difference fuels excellence. Included in this group are otherwise qualified students who have disabilities. The University will provide reasonable accommodation to otherwise qualified students with properly documented disabilities who meet the minimum requirements and maintain progress throughout the program consistent with expectations. We will make reasonable accommodations to facilitate a student's progress in learning, performing, and satisfying the essential functions presented in this document.

A reasonable accommodation should not fundamentally alter the academic and clinical requirements of the program, pose a direct threat to the student's or others' health or safety, or present an undue burden to the institution. Determining appropriate and reasonable accommodations in a professional school program is an interactive and collaborative process involving the student, the program, and the office of Institutional Equity: ADA compliance.

Communication

Statements in this section acknowledge that audiologists and speech-language pathologists must communicate in a way that their clients/patients and others understand. It is recognized that linguistic, paralinguistic, stylistic, and pragmatic variations are part of every culture, and accents, dialects, idiolects, and communication styles can differ from general American English expectations. Communication may occur in different modalities depending on the joint needs of involved parties and may be supported through various accommodations as deemed reasonable and appropriate to client/patient needs. Some examples of these accommodations include augmentative and alternative communication (AAC) devices, written displays, voice amplification, attendant-supported communication, oral translators, assistive listening devices, sign interpreters, and other non-verbal communication modes.

- Employ oral, written, auditory, and non-verbal communication at a level sufficient to meet academic and clinical competencies
- Adapt communication style to effectively interact with colleagues, clients, patients, caregivers, and invested parties of diverse backgrounds in various modes such as in person, over the phone, and in electronic format.

Motor

Statements in this section acknowledge that clinical practice by audiologists and speech-language pathologists involves a variety of tasks that require manipulation of items and environments. It is recognized that this may be accomplished through a variety of means, including, but not limited to, independent motor movement, assistive technology, attendant support, or other accommodations/modifications as deemed reasonable to offer and appropriate to the client/patient's needs.

- Engage in physical activities at a level required to accurately implement classroom and clinical responsibilities (e.g., manipulating testing and therapeutic equipment and technology, client/patient equipment, and practice management technology) while retaining the integrity of the process
- Respond in a manner that ensures the safety of clients and others

Sensory

Statements in this section acknowledge that audiologists and speech-language pathologists use auditory, visual, tactile, and olfactory information to guide clinical practice. It is recognized that such information may be accessed through a variety of means, including direct sensory perception and /or adaptive strategies. Some examples of these strategies include visual translation displays, text readers, assistive listening devices, and perceptual descriptions by clinical assistants.

- Access sensory information to differentiate functional and disordered auditory, oral, written, and visual communication
- Access sensory information to correctly differentiate anatomical structures and diagnostic imaging findings
- Access sensory information to correctly differentiate and discriminate text, numbers, tables, and graphs associated with diagnostic instruments and tests

Intellectual/Cognitive

Statements in this section acknowledge that audiologists and speech-language pathologists must engage in critical thinking, reasoning, and comprehension and retention of information required in clinical practice. It is recognized that such skills may be fostered through a variety of means, including assistive technology and /or accommodations/modifications as deemed reasonable and appropriate to client/patient needs.

- Retain, analyze, synthesize, evaluate, and apply auditory, written, and oral information at a level sufficient to meet curricular and clinical competencies
- Employ informed critical thinking and ethical reasoning to formulate a differential diagnosis and create, implement, and adjust evaluation and treatment plans as appropriate for the client/patient's needs
- Engage in ongoing self-reflection and evaluation of one's existing knowledge and skills • Critically examine and apply evidence-based judgment in keeping with best practices for client/patient care

Interpersonal

Statements in this section acknowledge that audiologists and speech-language pathologists must interact with a diverse community of individuals in a manner that is safe, ethical, and supportive. It is recognized that personal interaction styles may vary by individual and culture, and that good clinical practice honors such diversity while meeting this obligation.

- Display compassion, respect, and concern for others during all academic and clinical interactions
- Adhere to all aspects of relevant professional codes of ethics, privacy, and information management policies
- Take personal responsibility for maintaining physical and mental health at a level that ensures safe, respectful, and successful participation in didactic and clinical activities

Cultural Responsiveness

Statements in this section acknowledge that audiologists and speech-language pathologists have an obligation to practice in a manner responsive to individuals from different cultures, linguistic communities, social identities, beliefs, values, and worldviews. This includes people representing a variety of abilities, ages, cultures, dialects, disabilities, ethnicities, genders, gender identities or

expressions, languages, national/regional origins, races, religions, sexes, sexual orientations, socioeconomic statuses, and lived experiences.

- Engage in ongoing learning about cultures and belief systems different from one's own and the impacts of these on healthcare and educational disparities to foster effective provision of services.
- Demonstrate the application of culturally responsive evidence-based decisions to guide clinical practice

This document should be considered a living document and therefore reviewed by CAPCSD at regular intervals to ensure that current terminology, practice, and ideas are reflected.

Accessibility Statement

In accordance with the Americans with Disabilities Act (ADA) and recent legislative updates, all educational, promotional, and instructional materials produced by the Speech-Language Pathology programs at Rocky Mountain University are designed with accessibility and inclusion in mind. We are committed to ensuring that all learners and members of the public can fully access and engage with our content, whether in digital, printed, or in-person formats.

If you encounter any material that is not fully accessible, or if you require accommodation that is not currently provided, please contact our team for support. You may reach us at

medslpstaff@rm.edu or by calling **801-375-5125**. We will make every effort to address your needs in a timely and respectful manner.

Your feedback is essential in helping us uphold our commitment to equitable access and inclusive education for all.

Accessibility Notice:

Rocky Mountain University's Speech-Language Pathology programs are committed to accessible and inclusive content. If you need accommodation or encounter a barrier, please contact medslpstaff@rm.edu or call **801-375-5125**.

RMU Expectations

Here is a link to the University Guidelines, Handbooks, and Policies. The MS MedSLP program asks learners to be accountable to the university standards at all times. Any deviation from those standards is outlined in this handbook and in the clinical education manual.

[University Guidelines, Handbooks, and Policies](#)

The materials commonly referenced throughout the MS MedSLP Program are linked here.

[University Handbook](#)

[Student Risk Management Handbook](#)

[Academic Affairs- Student](#)

[Student Academic Integrity](#)

The MS MedSLP program has adopted additional guidelines for the use of AI in teaching and learning. The guidelines, a student best practices manual, and various resources are available on the cohort Teams site.

Beginning in the Summer semester of the 2024/2025 Academic year, the MS MedSLP program is adopting the following student guidelines for use of AI in any aspect of the program.

- The faculty will use AI checking tools for assignments as information gathered. No decision on student referral due to suspected plagiarism will be made solely based on an AI checking tool.
- Faculty will use AI checking tools primarily for trend identification.
- Students may use AI if allowed per the instructor and the assignment.
- Students are responsible for checking with the instructor if they are considering AI use.
- Students are encouraged to ask for clarification on what tools and how they may be used if there are any concerns.
- If AI is allowed and used by the student, the use of that AI MUST be cited within the assignment. The Student Guide to Artificial Intelligence (located in the cohort Teams file section) provides examples of how to report AI use.
- A flow chart for considering the best use of AI as a student will be provided (also in the cohort Teams file section).

Principles for the Responsible Use of Artificial Intelligence in and for Medical Education

Artificial intelligence (AI) refers to a broad range of advanced techniques and processes that perform complex tasks, such as large language models, machine learning, and natural language processing. As [the existing literature](#) indicates, AI holds great promise for medicine, and there is an urgent call to action to integrate and use AI in education and training. Doing so will enable the future workforce to leverage AI in practice and will equip them with the skills to adapt to emerging technologies in the service of high-quality patient care.

As we engage with AI technologies, our collective actions will ultimately determine the state of the future of health care and medical education to harness AI's power while ensuring the safety and well-being of humanity.¹

A Focus on Medical Education Principles

The AAMC has developed a framework to support integrating AI into medical education. This framework examines AI's transformative potential through two essential pillars:

- **AI in medical education: supporting learners along their developmental continuum to responsibly integrate AI into practice.** This pillar focuses on threading AI into the curriculum to prepare learners for the use of AI in the delivery of high-quality health care and to ensure educators and staff are appropriately prepared to teach and facilitate learning of AI-enabled, patient-centered care.
- **AI for medical education: building and incorporating AI into our tasks, processes, and systems.** This pillar focuses on how AI is used to optimize the medical education process for learners, including using AI to improve assessment of learning outcomes and educational effectiveness while maintaining a commitment to equity and ethical considerations (e.g., [Principles for Responsible AI in Medical School and Residency Selection](#)).

The medical education community should consider how to apply AI-based technology and systems to established teaching and learning practices and, as appropriate, address entirely new issues related to AI with the ultimate focus on advancing education and training. This should occur and be framed at multiple levels: micro (individual), meso (institution), and macro (community).

Acknowledging that medical education is in a state of change, the AAMC offers seven key principles to support this time of transition. These principles are meant to be foundational yet flexible for local settings as each institution is unique, with its own mission, culture, and curriculum. An overarching theme of this work is an ongoing commitment to equity and ethics in the use of AI.

1. [Maintain Human-Centered Focus](#)

As AI technologies advance, human judgment remains essential in determining the appropriate use and implementation of these tools. Medical educators, staff, and learners must apply their critical thinking, creativity, and adaptability to effectively integrate AI into educational practices while maintaining a human-centered approach.

2. [Ensure Ethical and Transparent Use](#)

The integration of AI into medical education should (a) prioritize responsible use and transparency, ensuring learners and educators receive appropriate disclosures, and (b) equip trainees with the skills to effectively communicate technology use to patients.

3. [Provide Equitable Access to AI](#)

AI should be used in a way that promotes equity and inclusivity in medical education. All learners need equal opportunities to realize the benefits of these tools in their education, and similarly, institutional variability in access to tools and differing resources to develop capabilities should be addressed. Institutions need to invest in the appropriate infrastructure and collaborate with other institutions to let AI flourish.

4. [Foster Education, Training, and Continuing Professional Development](#)

Investing in the education, training, and development of educators is essential to prepare them for the growing role of AI in medicine and to help them guide learners through this transformation. Creating a safe AI environment in which educators can explore its use is critical.

5. [Develop Curricula Through Interdisciplinary Collaboration](#)

Institutions should develop, assess, and implement AI curricula through interdisciplinary collaboration, bringing together experts from medical education, computer science, ethics, sociology, and other relevant fields.

6. [Protect Data Privacy](#)

Attention to data privacy is critical across the myriad uses of AI within medical education. Specifically, data privacy should be considered within all contexts, including admissions; classroom-, lab-, and workplace-based teaching and learning; coaching and advising; simulation and technology-based experiences; learner assessment; and program evaluation.

7. [Monitor and Evaluate](#)

AI tools should be frequently evaluated within their intended place of use, whether in the workplace or at the educational program level. Evaluations should guide the implementation of these tools by providing recommendations to learners, educators, and stakeholders. Fostering scholarship to advance AI in the curriculum is critical.

[Student Conduct and Code of Behavior](#)

In the MS MedSLP Program, the code of behavior is encapsulated with the following statement, “Treat yourself and others with respect.” Respect yourself to know your limits and accept your fallibilities. Respect yourself by caring for the whole of you, your physical, mental, emotional health. Respect your peers to facilitate their learning along with yours, not add barriers. Respect those colleagues as resources for a different perspective or strength that helps your learning. Respect your clients and their trust in your care and bring the best of yourself for them. Respect the learning process by recognizing that teaching is merely half of the recipe. Students must actively engage in all aspects of the learning, even the boring ones. Respect begins with showing up.

Student Conduct in a learning environment also requires respect for others in the face of vulnerability and willingness to try. Learners are not expected to know the curriculum before it is taught, but they are expected to enter the uncomfortable space of potential failure as new knowledge, skills, and attitudes are acquired. Learning takes practice. Practice is not perfect. Nor should it be. Be kind and supportive of your own needs and sensitive to the vulnerability of others in the learning space.

[University Grading](#)

The educational model at RMU requires students to be self-directed and to take *individual* responsibility for and commit to their education. You will accomplish this through extensive reading, classroom preparation and participation, and web-based communication and study. On-site and off-site, students are expected to critically analyze information and contribute to the scholarly atmosphere of the educational process. You will generate a positive educational opportunity as you interact, formally and informally, with experienced healthcare practitioners, educators, and researchers from other disciplines. This interaction with other health professionals adds a rich dimension to your overall educational experience.

Please consult the linked policy or the OKTA dashboard chiclet for student forms and other important information from administration on grades, transcripts, and so on.

MS MedSLP Expectations

MS MedSLP Grading

The MS MedSLP Program has some performance criteria that are specific to our program and represent a difference from university policy. These are important and are highlighted here and referenced in the university policies.

1. The passing grade for the university is 80%. HOWEVER, the passing grade for a course in **MedSLP is 83%**. This is the level of B or what we consider equivalent with minimum basic competence. If your final grade is between 80 and 83, you will need to meet with the faculty member and the program director to discuss whether remediation is an option. Ultimately, the instructor for the course has the final decision on remediation versus retaking the course.
2. Within most of the core foundational courses (most occur in the first three semesters), there will be **minimum competency assignments**. These are assignments that the instructor has determined are critical to overall competence in the course material. The **minimum competency assignment** must meet the requirements set by the instructor. Those requirements will vary based on the subject matter, the nature of the assignment, and the instructor. If you do not meet the requirements for a **minimum competency assignment**, you will not pass the course, even if your total course grade is 83 or higher. Minimum competency assignments may be repeated per the instructor, as necessary, to meet the minimum criteria. Students are **STRONGLY encouraged** to seek faculty assistance if they do not meet a **minimum competency assignment** requirement on the first try.
3. The practicum, clinical practice application lab, and the clinical externship courses are graded by the faculty committee at the end of each semester. The committee will review all documents, assignments, competence assessments, and any other artifacts accumulated during the semester when determining whether a student is qualified to move forward. All preceptors complete clinical competency assessments, and each is valued as data along with the student's self-assessment of clinical competency. The committee approach prevents undue bias from any one source when determining a student's performance and facilitates recognition of student strengths from multiple perspectives. If a student does not pass a clinical practice application lab, practicum, or clinical externship course, they will meet with the faculty to create a development plan to facilitate performance. There are two critical aspects of these development plans.
 - a. Once a student has completed a development plan, they are expected to continue that level of performance moving forward. Regression after plan completion may result in dismissal from the program.
 - b. A student may be placed on more than one development plan during their education if the areas being addressed are novel and have not yet received direct attention in the form of a development plan.

4. Most critically, a student who does not meet the requirements to move forward in clinical practice, AND who does not meet the requirements of the subsequent development plan, may be dismissed from the program. This is true regardless of the student's overall GPA and their academic performance.

Academic and/or Clinical Development Plans

MS MedSLP provides the following process and documentation to support learners who are struggling. The instructions are provided in the template for the development plan. Please reach out to your advisor or the Program Director for questions regarding this process.

[SACPIP Template 2025.docx](#)

The program also requires that a learner meet certain benchmarks or milestones to qualify to enter off campus placements. The document linked here guides that determination. Additional information can be found in the Clinical Education Manual.

[CEP Draft.docx](#)

Lastly, a process for self-improvement and reflective practice is initiated in the clinical education process in the first year. Please use the link to the Clinical Education Manual or the MS MedSLP Personal Development Plan.

[Clinical Education Manual.](#)

[Student Personal Development Plan - MASTER.docx](#)

Clinical Education Program

The MS MedSLP Program is unique in many ways from other universities. Courses and clinical experiences are intertwined from the very beginning of the program and are all considered part of the student's **clinical education**. Experiences in any situation will include active and authentic learning experiences, and simulation-based learning occurs in many ways, from role play to standardized patient experiences to equipment validation to high fidelity simulation experiences.

- To benefit from the education provided, the students must be present. Students who miss educational experiences are expected to notify the instructor(s), identify how they will obtain the missed experience, and may be penalized if an educational experience cannot be repeated to suit their needs.
- Providing client services is an educational experience and may not be missed. In exceptional situations, client services may be rescheduled with faculty approval.
- A student who demonstrates absence or tardiness that interferes with their own or others' learning may be dismissed from the program.

- **Specific attendance standards for clinical education are outlined in the [Clinical Education Manual](#).**

All the MS MedSLP core faculty are engaged in client care and may provide one-to-one or small group clinical education at any time throughout the program. It is our intent to demonstrate strong collaborative and boundary-stretching conversations throughout the program. By challenging and encouraging one another as faculty, we hope to cultivate that process in your eventual practice. As such, student vulnerability and willingness to practice are expected. Faculty are expected to provide a safe environment for those uncomfortable moments and to model cultural humility, clinical inquiry, professional courtesy, integrity, and sensitivity in student learning experiences.

A more complete discussion of the clinical education program is provided through the [Clinical Education Manual](#).

Completing the MS MedSLP Program

Students who complete the MS MedSLP program will graduate with entry level skills applicable to any work setting with an emphasis on clinical reasoning, finding and applying evidence based literature, assessing their own need for additional support or education through reflective practice, and understanding a client as a human being with the right to communicate and swallow effectively within their community.

MS MedSLP graduates will qualify for ASHA certification through the CFCC with the standards first established in 2022, and in consideration of CFCC issued updates. That includes all the coursework and clinical practice competence required and is guaranteed by the university's accredited status. The MS MED SLP Program Director must certify that you are academically qualified by signing the online form (Application Form/Verification) as a part of the requirements for obtaining your Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP). That signature is only awarded after all program requirements have been completed as part of the RMU MS MedSLP program, and you have met all clinical skills and requirements as documented on the E*VALUE database. Your degree will be a *Master of Science in Speech Language Pathology*.

MS MedSLP graduates will qualify for any state licensure board and any state board of education certification, which is guaranteed by the university's accredited status.

Specifically, the curriculum is endorsed by the Utah State Board of Education to meet minimum requirements. The MS MedSLP Program Director or designee is responsible for signing or endorsing any applications for these items presented to the program. Different states require that verification in different ways, sometimes through an official transcript, sometimes through a letter of attestation, sometimes by completing a form sent by the graduate. Be sure to check with the state in question and seek guidance as soon as you know you will be requesting licensing in that state.

Curriculum

Prerequisites

Education in basic human communication and swallowing processes.

- Phonetics
- Anatomy in Communication and Swallowing
- Language Disorders
- Speech and Language Development
- Speech Science
- Audiology, Aural Rehabilitation, or Hearing Science

Education in sciences and statistics.

- Three semester credit hours (or equivalent) in statistics (research methodology courses in communication and science disorders may not be used)
- Three semester credit hours (or equivalent) in physical science (physics or chemistry)
- Three semester credit hours (or equivalent) in biological science that emphasizes a content area related to human or animal sciences (e.g., biology, human anatomy and physiology, neuroanatomy and neurophysiology, human genetics)
- Three semester credit hours (or equivalent) in social/behavioral sciences (e.g., psychology, sociology, cultural anthropology, public health)
- *Please see ASHA requirements

Immunization and health status required for healthcare environments.

- BLS or equivalent
- Immunization records according to the Clinical Placement Coordinator specifications
- Drug Screening
- Background Check

Observation Hours in speech-language pathology

Students must present records confirming 25 hours of guided observation in speech-language pathology. These hours may be obtained through the undergraduate university coursework, observations in clinical settings, or through a program such as Simu-case or Master Clinician Network. From the ASHA CFCC Standards:

The guided observation and direct client/patient contact hours must be within the [ASHA Scope of Practice in Speech-Language Pathology](#) and must be under the supervision of a clinician who holds current ASHA certification in the appropriate profession and who, after earning the CCC-SLP, has completed (a) a minimum of 9 months of post-certification, full-time experience (or its part-time

equivalent) and (b) a minimum of 2 hours of professional development in the area of clinical instruction/supervision.

Twenty-five (25) hours of guided clinical observation hours must be completed in the undergraduate or graduate program and generally precede direct contact with clients/patients. Guided clinical observations may occur simultaneously during the student's observation or afterwards through review and approval of the student's written reports or summaries. Students may use video recordings of client services for observation purposes. Examples of guided clinical observations with a clinical educator who holds the CCC-SLP may include but are not limited to the following activities:

- debriefing of a video recording
- discussion of therapy or evaluation procedures that had been observed
- debriefings of observations that meet course requirements
- written records of the observations

It is important to confirm that there was communication between the clinical educator and observer, rather than passive experiences where the student views sessions and/or videos. The student is encouraged to (a) observe live and recorded sessions across settings with individuals receiving services for a variety of disorders and (b) complete debriefing activities as described above. The graduate program will determine how the guided observation experience should be documented. Evidence of guided observations includes signatures from the clinical educator and documentation of hours, dates, and activities observed.

Students may also present evidence of up to 50 hours of direct supervised clinical practice to be applied to their profile.

While the CFCC requires 400 hours of direct supervised clinical practice, at RMU that is a minimum number that is achieved while working toward demonstration of competence to practice. Students should expect variability in the number of hours they receive as they demonstrate competence. There may be variability in the time and effort spent in reaching clinical competencies, with more practice necessary in some areas. Reaching 400 clock hours does not indicate readiness to practice or qualify the student for graduation.

Curriculum Scope

The professional curriculum for SLP entry-level education includes areas related to: Assessment/Treatment of Childhood Speech Sound Disorders, Assessment/Treatment of Motor Speech Disorders, Cranio-Facial Anomalies, Traumatic brain injury, Assessment/Treatment of Neurogenic Language Disorders, Aphasia & Fluency Disorder, patient assessment and supervised practicum in Speech-Language Pathology, health policy, diversity, and professional practice issues.

Not all courses are offered each term. The listing of courses does not imply a contractual obligation to offer the same during the year of publication of this catalog. The university reserves the right to offer,

limit, or cancel course offerings for academic, funding, or facility considerations, and to cancel any offered course for which there is not sufficient enrollment.

The provost establishes minimum course enrollment threshold expectations that represent a strategic balancing of best practices in teaching and learning, faculty availability and workload, and available fiscal and physical resources. As a general rule, courses should be offered only when they meet the minimum enrollment thresholds enumerated below. There is recognition that circumstances can arise that necessitate offering, within reasonable tolerances, sections that do not meet the minimum threshold of expectation. This could include courses required to ensure timely degree completion, courses requiring special learning spaces, and those generating other strategic issues.

Requests for courses to be offered whenever they are desired will be favorably received providing that a minimum of 6 qualified students enrolls in the class and a competent faculty member is available to teach the course

Program Outline & Requirements

Course Code & Title	Credits
Core Courses (15 courses, 29 credits required):	
<i>All courses listed are required:</i>	
SLP 612 Neural Bases for Communication & Swallowing	2
SLP 616 Assessment/Treatment of Childhood Speech Sound Disorders	2
SLP 618 Assessment/Treatment of Childhood Language Disorders	2
SLP 620 Medical Speech-Language Pathology I	2
SLP 624 Assessment/Treatment of Motor Speech Disorders	2
SLP 626 Assessment/Treatment of Adult Neurogenic Language Disorders	2
SLP 636 Dysphagia II	2
SLP 638 Medical Speech-Language Pathology II	2
SLP 644 Dysphagia I	2
SLP 646 Assessment/Treatment of Cognitive-Communication Disorders	2
SLP 648 Assessment/Treatment of Voice & Resonance Disorders	2
SLP 650 Assessment/Treatment of Fluency Disorders	2
SLP 652 Augmentative & Alternative Communication Disorders	2
SLP 670 Medical Speech-Language Pathology III	2
SLP 719 Counseling	1
Core Courses Credits:	29
Lab Courses (3 courses, 5 credits required):	
<i>All courses listed are required:</i>	
SLP 621 Lab Course I	1
SLP 641 Lab Course II	1
SLP 707 Instrumentation & Procedure Validation Lab	3
Core Courses Credits:	5
Clinic Didactic Courses (6 courses, 11 credits required):	
<i>All courses listed are required:</i>	
SLP 622 Clinic Class I	2
SLP 628 Clinic Class II	2
SLP 640 Clinic Class III	2
SLP 654 Clinic Class IV	2
SLP 660 Clinic Class V	2
SLP 735 Clinic Class VI	1
Clinic Courses Credits:	11
Capstone Courses (5 courses, 5 credits required):	
<i>All courses listed are required:</i>	
SLP 623 Research Methods	1
SLP 630 Capstone Seminar I	1
SLP 634 Capstone Seminar II	1
SLP 668 Capstone Seminar III	1
SLP 720 Capstone Seminar IV	1
Capstone Courses Credits:	5

Program Outline & Requirements continued on next page...

Program Outline & Requirements (Cont.)

Practicum Courses (6 courses, 15 credits/375 clinical hours required):		
<i>All courses listed are required:</i>		
SLP 619 Practicum in Speech-Language Pathology I (50 clinical clock hour min.)		2
SLP 632 Practicum in Speech-Language Pathology II		2
SLP 642 Practicum in Speech-Language Pathology III		2
SLP 658 Practicum in Speech-Language Pathology IV		3
SLP 722 Practicum in Speech-Language Pathology V		3
SLP 734 Practicum in Speech-Language Pathology VI		3
Practicum Courses Credits:		15
Advanced Seminar Elective Courses (4 credits required):		
<i>Students choose courses from the selections below. 4 total courses required.</i>		<i>Credits</i>
SLP 712 A SLP 712 B SLP 712 C	Clinical Service Areas	1
SLP 713 A SLP 713 B SLP 713 C	Service Delivery Areas	1
SLP 714 A SLP 714 B SLP 714 C	Professional Practice Areas	1
Advanced Seminar Elective Credits:		4
Total Program Required Credits:		69

For the complete curriculum document, click this link.

[Cohort 9 Curriculum MS MedSLP Class of 2027](#)

The Capstone Project

Capstone Learner Outcomes:

These outcomes must be completed by graduation along with the clinical competency targets across the scope of practice, clinical practice guidelines for experience (RMU standards), the self-assessment of clinical competence (cumulative) by subject area, and course and milestone (minimum competency assignment, validations, practice demonstrations, and program outcome achievement at designated competency levels) completion.

- a. Complete an evidence-based review and analysis of a clinical practice area.
 1. Capstone 1: research types and analysis process
 2. Capstone 3/methods 4: written APA format literature review to support the proposed capstone project.
- b. Demonstrate in-depth knowledge of EBP in an area of clinical interest.
- c. Make a meaningful contribution to the profession in the form of contributing to the evidence base, educating others, community advancement of the profession, or developing materials.
 1. Capstone 3/methods 4: a written literature review with evidence of independent clinical reasoning

2. Capstone 4: Present visually and orally the capstone project, the evidence behind it, and the impact on clinical practice, and respond to questions from the adjudicating committee
- d. Adapt EBP/clinical expertise area to meet the needs of a diverse audience visually and orally.
1. Capstone 5: Present the project in a poster, webinar, seminar, presentation, team meeting, or community group.

Semester	Course(s)	Primary Outcome	Comprehensive Exam Elements
Winter	Capstone 1	Explore the single-subject design, systematic review, and meta-analysis. Conduct a critical appraisal of these study types, and explore several areas of clinical interest through literature search strategies (PICO).	Nature of EBP, professional collaboration with knowledgeable mentor, development of clinical inquiry skills, integration of new information with existing schema. Use self-assessment and clinical inquiry skills.
Summer	Capstone 2	Continue to explore clinical interests and complete a short literature review for each topic. Compare and contrast the topics and brainstorm the projects resulting from that exploration.	Identify how issues of diversity, ethics, and equity affect EBP. Demonstrate integration of these concepts in the assessment of the quality of EBP.
Fall	Capstone 3/Methods IV	Complete a written literature review using a PICO format and APA standards that support the purpose and intent of the capstone project. Meet regularly with the faculty or SLPD student mentor to develop the application project.	Demonstrate professional academic writing using APA format. Develop a PICO question, create an outline, and complete the literature search methodology using various tools and ethical use of AI supports, identify gaps in the literature, and draw reasonable conclusions to apply literature results to clinical practice.
Winter	Capstone 4	Complete the project portion of the capstone and make an oral presentation to the adjudicating committee regarding the literature review, project outcomes/deliverables, and recommendations for future research directions.	Demonstrate oral presentation skills, ability to adapt EBP to the audience's needs, and respond to questions by integrating all three sides of the EBP triangle. Present information in a visually engaging manner that illustrates the use of clinical reasoning and metacognitive skills. Develop materials that support a contribution to the profession.
Summer	Methods VI	Present the project in a poster, webinar, seminar, presentation, team meeting, or community group.	Present and defend the information and conclusions drawn in the capstone to a multidisciplinary audience. Answer questions and adapt material to the broader audience.

Advising

Students in the MS MedSLP Program can expect frequent interaction with all faculty. Students are encouraged to seek out the faculty resources that are most likely to meet their needs in any specific situation. However, a faculty advisor will be assigned by the program for those instances when

procedures must be documented, when the student is not sure which resource should be consulted, or when a complaint needs to be addressed that has already been discussed by the student and the other individual(s) involved.

Grievance/Complaint Procedures for Graduate Students

Formal Grievance Procedure – Rocky Mountain University of Health Professions (RMUoHP) MS SLP Program

Students in the Master of Science in Speech-Language Pathology (MS SLP) program at Rocky Mountain University of Health Professions (RMUoHP) are encouraged to address concerns through a structured grievance process. This ensures that all issues are handled fairly, respectfully, and in accordance with university and professional standards.

1. Informal Resolution

Begin by discussing the concern directly with the individual involved. Many misunderstandings can be resolved through open, respectful communication.

2. Formal Complaint Within the Program

If the issue remains unresolved, escalate the concern through the MS MedSLP Program's administrative chain. This may include your academic advisor, the Program Director, or other departmental leadership. If the issue remains unresolved, it will be referred to the administration, either the Office of Institutional Equity or the Dean's Office.

3. Escalation to the Council on Academic Accreditation (CAA)

If the concern involves violations of ASHA's accreditation standards or Code of Ethics—and remains unresolved after internal steps—students may submit a formal, written, and signed complaint to:

Chair, Council on Academic Accreditation
 American Speech-Language-Hearing Association
 2200 Research Blvd., Rockville, MD 20850
 Phone: 1-800-498-2071

Complaints must relate to program compliance with CAA standards or ethical violations, not individual academic performance (e.g., test grades).

Student-Friendly Summary

Have a concern? Here's what to do:

1. Talk it out – Start by speaking with the person involved.
2. Still stuck? – Go up the chain in the CD Program (advisor → director → department/administration).
3. Big issue? – If it's about ASHA standards or ethics and is still unresolved, write to the CAA.

Note: Only serious, standards-related issues should go to the CAA, not things like poor grades.

Complaints will not be accepted by e-mail or facsimile.

Memberships and Certification

NSSLHA

Annual dues are paid by the University via student fees. Membership in the national NSSLHA (additional dues) offers students subscription opportunities to various professional journals (e.g., *ASHA*, *JSLHR* *AJSLP*, and *NSSLHA* clinic series), and reduced registration fees for professional conventions and meetings. If you apply simultaneously for membership and certification during the calendar year in which your master's degree is granted, you will get a reduced rate for ASHA membership.

Utah Speech Hearing Association (USHA)

Membership in the state organization offers students a closer look at how professional organizations operate. Students can have an active role in USHA by presenting Poster Sessions at the annual convention, attending the annual convention, or being selected to be a student representative on the USHA Legislative Council. Our State organization website is: <http://www.ushaonline.net/>. Once more your membership and attendance to our state convention is paid for by the University via student fees.

Certification in Speech-Language Pathology

Following successful completion of the Master of Science degree in Medical Speech-Language Pathology at Rocky Mountain University of Health Professions, a student is eligible to enter their Clinical Fellowship (CF). The CF provides an important transitional phase between supervised graduate level practicum and the independent delivery of services. Once a student completes the CF and successfully passes the PRAXIS examination, they are eligible for ASHA membership and a Certificate of Clinical Competence in Speech-Language Pathology. certification.

[ASHA Certification](#)

Licensure in the State of Utah

[ASHA Link to State Licensure](#)

Individuals who work in the state of Utah as practicing Speech-Language Pathologists, must be licensed by the [State of Utah Division of Occupational and Professional Licensing](#).

The Utah Board of Education [USIMS](#) Portal is where school based employment approval is managed. When registering in USIMS, please use the **University Recommend** tab for your

application. This will extend an invitation to the university to verify your degree as part of your application.

MS MED SLP Program Faculty and Staff

Wendy Chase, MA, CCC-SLP, CHSE	MS MedSLP Program director	wendy.chase@rm.edu
Sandra Combs, PhD, CCC-SLP	Associate Professor, Program Director, SLPD	sandra.combs@rm.edu
ElBea Stonier, MS, CCC-SLP	Director of Clinical Education	elbea.stonier@rm.edu
Kristen Ipson, MS, CCC-SLP	Assistant Professor	kristen.ipsen@rm.edu
Beth Meyerowitz, PhD, CCC-SLP	Associate Professor	Elizabeth.meyerowitz@rm.edu
Lauren Siemers, MS, CCC-SLP	Assistant Professor	lauren.siemers@rm.edu
Phillip Sechtem, PhD, CCC-SLP	Associate Professor	phil.sechtem@rm.edu
Lydia Kallhoff, PhD, CCC-SLP	Assistant Professor	lydia.kallhoff@rm.edu
Kyra Peery, MS, CCC-SLP	Adjunct Instructor	kyra.peery@rm.edu
Lauren Murray, B.A.	Clinical Education Coordinator	lauren.drake@rm.edu
Sausha Herget, B.A.	Administrative Assistant	sausha.herget@rm.edu

Priscilla Danielson, PhD CCC-SLP	Assistant Professor	priscilla.danielson@rm.edu
Savannah Pipkin-Litster, MS CCC-SLP	Adjunct Faculty	chelsea.pipkinlitster@rm.edu

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Scott Dailey, PhD CCC-SLP	Adjunct Faculty	scott.dailey@rm.edu
Crystal Emery, PhD	Adjunct Faculty	Crystal.emery@rm.edu
Linda Spencer, PhD, CCC-SLP	Adjunct Faculty	Linda.spencer@rm.edu
Allison Schuette, MS, CCC-SLP	Adjunct Instructor	allison.schuette@rm.edu
Darrell Matthews, MA, CCC-SLP	Adjunct Instructor	darrell.matthews@rm.edu
Paula Johnson, PhD	Adjunct Faculty, Director of Research	Paula.johnson@rm.edu