MOUNT ST. JOSEPH
UNIVERSITY®
Speech, Language, and Hearing Sciences

CLINICAL MANUAL

Masters of Speech-Language Pathology

Mount St Joseph University

Cincinnati, Ohio

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SECTION I: INTRODUCTION AND PROGRAM OVERVIEW

A. Welcome to Clinical Education with MSJ

Dear Clinical Supervisors,

Thank you for your willingness to serve as a Clinical Supervisor and to contribute to the education and professional development of future speech-language pathologists. Supervisors who are willing to share their knowledge, experience, and time with our students are vital to the success of our program. Working with you allows our program to fulfill the Mount's mission of excellence in education and service to others while offering a variety of clinical experiences across the broad spectrum of speech-language pathology.

The Clinical Education Handbook is intended to support clinical supervisors and graduate student clinicians in understanding the responsibilities and expectations of those involved in the clinical education process. This handbook is a resource containing the guidelines and policies relevant to clinical supervision. You will find information about using CALIPSO (our system for documenting clinical hours), professional resources, the ASHA Code of Ethics, and policies and procedures from MSJ. Please contact me at any time if you have questions or need support throughout the supervision process.

A successful clinical practicum is one in which both the student and supervisor learn something new and benefit from the experience. We know that our students will learn invaluable skills in the areas of treatment, diagnostics, counseling, administration, and professionalism from you. We hope that you will learn something new about yourself as a therapist, supervisor, and leader in the speech-language pathology community.

"Leadership is about making others better as a result of your presence and making sure that impact lasts in your absence." -Sheryl Sandberg

Thank you again for your willingness to contribute to the education of future speech-language pathologists.

Heather Helinski, CCC-SLP

Heather Helinski, MSP, CCC-SLP

Director of Clinical Education

B. Purpose of the Clinical Handbook

This Clinical Handbook provides necessary information regarding policies, procedures and regulations for all the students in the Master of Speech Language Pathology (MSLP) Program at Mount St Joseph University.

In addition to the policies and procedures contained in this handbook, students are also responsible for policies and procedures outlined in the Mount St Joseph Graduate Catalog, and the Mount St Joseph University Student handbook.

C. Accreditation

The Master of Speech-Language Pathology (MSLP) education program in speech-language pathology (residential) at Mount St. Joseph University is a Candidate for Accreditation by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) of the American Speech-Language-Hearing Association, 2200 Research Boulevard, #310, Rockville, MD 20850, 800-498-2071 or 301-296-5700. Candidacy is a “preaccreditation” status with the CAA, awarded to developing or emerging programs for a maximum period of 5 years.

D. Copyright

No part of this clinical handbook may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording, or any information storage or retrieval system, without permission in writing from the Chairperson, Department of Speech, Language, and Hearing Sciences, School of Health Sciences, Mount St. Joseph University, Cincinnati, Ohio 45233-1672.

E. Change Notice

The Department of Speech, Language, and Hearing Sciences, School of Health Sciences reserves the right to make changes in policies, procedures, and regulations after the publication of this clinical handbook. Notice of changes, revisions, or any additions to the MSLP program handbook will be posted on Canvas and distributed to each student in electronic format by the Chairperson of the Department of Speech, Language, and Hearing Sciences. The most up-to-date version of the handbook can always be found on the Program website and Program Canvas page. Students must be aware that the paper copy they receive at orientation may change and should reference the electronic versions moving forward in the program. The version and date of the handbook can be located in the bottom-left corner to ensure currency of the material.

F. MSLP Program Mission

Grounded in Catholic values, Mount St. Joseph's Speech-Language Pathology program will prepare high-quality clinicians infused with a deep commitment to meeting the needs and challenges of their clients through professional and personal excellence. Students will acquire the knowledge and skills to implement comprehensive services for individuals with communication and swallowing disorders together with their families, while employing evidence-based practices and accepting persons of all cultures and beliefs. Students will develop the leadership abilities, interprofessional collaborative skills, personal insight, and integrity to make a meaningful impact through service to others, their community, and their profession.

G. Vision

Mount St. Joseph Speech-Language Pathology graduates will be distinguishable by their compassion, clinical knowledge and skills, and service to others.

H. Philosophy

Mount St. Joseph University is a mission-driven institution whose faculty, students, and alumni are focused on serving the common good. Decisions regarding academic, clinical, and professional training are guided by the principle of service to others. This program is focused on preparing students to serve individual patients, families, their community, and the profession. Students are prepared to be highly effective, culturally responsive clinicians imbued with deep commitment to life-long learning and professional service.

Throughout the program, the core principle of the integration of academic knowledge and clinical application is woven into the curriculum. In the first three semesters, students participate in simulation activities that provide guided opportunities to apply academic content knowledge to clinical situations. The impact of culture, family, and the social determinants of health are included in academic, simulation, and clinical activities.

We believe in the mission of being of service to others. Our first year of clinical education experiences occur on-site at MSJ’s Speech and Language Clinic and in Cincinnati communities as we are of service to sites that are historically under-resourced. Through these experiences, our students acquire clinical skills and improve their awareness of the impact of culture and the social determinants of health on not only communication and swallowing, but the life experiences of the people and families we serve.

Finally, our mission and goals are a driver for the Professional Development Plan. Through this plan, students identify their own strengths, interests, and opportunities to

develop in a variety of areas (e.g. advocacy, continuing education, professional duty, leadership). These activities are designed to expose students to available resources and opportunities as well as to grow the independence and foundational skills in these areas to continue with these activities beyond graduation.

I. Values

Students are expected to develop attributes and practice consistent with the ASHA Code of Ethics. The unique emphasis on cultural sensitivity and reflective practice encourages development of values needed to be an advocate for those with communication disorders, an integral member of professional teams, and a leader for the profession to positively influence societal and institutional structures that impact access to and the practice of speech language pathology. In addition, these values integrate the components of MSJ's mission of excellence in academic endeavors, integration of life and learning, respect and concern for all persons, diversity of culture and beliefs, and service to others.

J. MSLP Program Outcomes

By the end of the program the students will be able to:

- demonstrate an understanding of human communication and swallowing processes across the lifespan as well as the cultural influences on these processes.
- evaluate and diagnose communication and swallowing disorders in the context of cultural, familial, and social determinants of health.
- identify and implement evidence-based methods of prevention, assessment, and intervention for persons with communication and swallowing disorders.
- integrate current evidence into high-quality and culturally responsive clinical practice.
- demonstrate the ethical decision making, integrity, and advocacy skills to provide meaningful leadership in the community and profession.
- engage in effective communication and collaboration with patients, families, and interprofessional teams.

K. Curricular Goals & Performance Indicators

The MSLP program requires 5 full-time semesters to complete. The first 4 semesters must be completed on the campus of Mount St. Joseph with clinical placements in the greater Cincinnati area. The 5th semester can be completed through online/distance education provided an appropriate clinical externship can be identified and secured for the student. Students cannot complete the program in fewer than 5 semesters.

The MSLP program will use both formative and summative assessments of students to assess learning outcomes. Within each didactic course, students will complete ongoing formative assessments and a summative assessment within the course (e.g. final case study, final exam, final project). Clinically, students will complete formative assessments throughout their clinical placements with final performance on the Cumulative Evaluation serving as a summative measure. Additional summative assessments are completed in SLP 622 Complex Conditions Across the Lifespan. Completion of the Capstone (SLP 780) project serves as a summative assessment; this project requires students to integrate academic knowledge, clinical practice, evidence-based practice principles, and professional practices.

The required knowledge and skills for professional practice will be assessed through a variety of methods, including successful completion of pre-requisite coursework, direct observation/measurement of learning outcomes in didactic courses, assessment of clinical skills using a Clinical Performance Instrument, and demonstration of professional development through the completion of a Professional Development Plan. Didactic courses include learning outcomes with specified, objective criteria identified as learning objectives that correlate to the knowledge and skills required for speech-language pathology.

For academic courses, the program will create a curriculum map that identifies and incorporates the ASHA identified Knowledge and Skills requirements to specific courses, the Clinical Performance Instrument, and the Professional Development Plan. These specific requirements are built into the Knowledge and Skills Summary Acquisition Form that is available in CALIPSO. This form will serve as the primary mechanism to formally track and to provide ongoing feedback regarding academic progress towards achieving the required knowledge and skills for the profession. Students have unlimited, real-time access to CALIPSO, which contains the Clinical Performance Instrument and the ‘My Checklist’ which also includes all requirements towards certification and graduation. Students will meet at least once per semester with their Academic Advisor and formally at least twice with their clinical supervisor for additional feedback. Any need for pre-probation plans, progress towards completion of the plan, and completion will be stored in the student’s departmental file.

Within each academic course (multiple courses per semester), each student must achieve the learning objectives (also called course competencies) as stated on the syllabus. Most courses also have a summative case study as part of the assessment process. Students who do not meet competency within a course must complete the competency by the start of the next semester, or their clinical placement may be delayed. The Clinical Performance Instrument is completed by the clinical supervisor each semester. The program’s major summative assignments, case studies in Complex

Conditions Across the Lifespan (SLP 622) and the Capstone project (SLP 780) are within the last 2 semesters of the program.

Students are ultimately responsible for tracking their own academic and clinical progress in the program. Students should reach out to their academic advisor or the Program Director with any questions regarding program requirements and/or progression in the program.

L. Curriculum Sequence

Hours: 69+

Year One

SLP 501 Clinical Neuroanatomy & Neurophysiology (3)
SLP 503 Language Foundations and Early Disorders (3)
SLP 504 Graduate Seminar (1)
SLP 510 Research Methods and Application (3)
SLP 520 Clinical Speech Science (2)
SLP 531 Simulation & Integration I (3)
SLP 532 Simulation & Integration II (2)
SLP 533 Simulation & Integration III (2)
SLP 541 School Age Language & Literacy Disorders (3)
SLP 542 Speech Sound Disorders (3)
SLP 544 Fluency & Counseling (2)
SLP 545 Management of Hearing Loss for SLPs (2)
SLP 601 Dysphagia (4)
SLP 602 Adult Language Disorders (4)
SLP 603 Voice and Resonance (2)
SLP 604 Motor Speech Disorders (2)
SLP 621 Augmentative and Alternative Communication (3)
SLP 650 Clinical Practicum I (1)
SLP 651 Clinical Practicum II (1)
SLP 652 Clinical Practicum III (1)

Please note: There are no unique tracks, this is the curriculum sequence for all students

Year Two

SLP 543 Policy, Funding, and Advocacy in Speech-Language Pathology (2)
SLP 622 Complex Conditions Across the Lifespan (3)
SLP 780 Capstone (3)

Choose one Clinical Experience Combination (11-12 hours required)

SLP 653 Adult Clinical Experience (5) + SLP 654 Pediatric Clinical Experience (6)
OR
SLP 653 Adult Clinical Experience (5) + SLP 655 Lifespan Clinical Experience I (6)
OR
SLP 654 Pediatric Clinical Experience (6) + SLP 655 Lifespan Clinical Experience I (6)
OR
SLP 655 Lifespan Clinical Experience I (6) + SLP 656 Lifespan Clinical Experience II (5)

Elective (3 hours required)

RDG 515 Foundations of Effective Reading (3)
SLP 641 Instrumental Assessment (2)
SLP 642 Early Intervention (2)
SLP 643 Head and Neck Cancer for SLP (1)
SLP 645 Culturally Responsive Service Delivery in SLP (2)

M. MSLP Program Website

https://www.msj.edu/mslp.html

N. MSLP Faculty Contact Information

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O. Advisory Board

The MSJ SLHS Advisory Board consists of a group of community members and stakeholders from diverse settings, as well as family members of individuals with communication disorders. The Advisory Board members will meet periodically with the Department Chair and Faculty to serve as a feedback mechanism and to give insight into decisions and plans that affect the SLHS program. Graduates of the MSLP program as well as SLPs from various settings are encouraged to volunteer to sit on the Advisory Board and help the program continue to improve. Please contact Emily Buckley to join the advisory board.

SECTION II: ACADEMIC POLICIES & STANDARDS

In general, the MSLP Program adheres to the MSJ policies found in the MSJ Graduate Catalog. In the event the MSLP Program has a different policy than what is located in the Graduate Catalog, information regarding that policy can be found in this handbook.

A. English Language Proficiency Policy

Students in the MSLP Program must have an TOEFL iBT minimum score of 90 with minimum individual scores of 26 in speaking, 22 in listening, 20 in writing, and 22 in

reading. Official scores must be within 2 years of application to the program. Per the University, the MSLP Program Director can waive this requirement if a satisfactory GRE score is submitted, or the students completed their undergraduate degree at an accredited higher-education institution in the United States.

Communication Proficiency is described in the Core Functions for the MSLP program (APPENDIX A). For the completion of academic coursework and clinical practicum experiences, students must be able to proficiently communicate in English. Occasionally, instances arise where additional provision or support is needed to ensure communication proficiency. The field of speech-language pathology focuses on supporting communication for all, including our students, patients, and other professionals.

Non-native speakers of English must demonstrate proficiency in English. Admission requirements for English (e.g. TOEFL, GRE scores, undergraduate degree in the United States) must be met for international students for whom English is a second language. If communication deficits and/or variations are identified that will impact clinical practicum experiences, recommendations will be made, including possible speech-language therapy, to minimize the impact of the accent/dialectical/language differences. Students may also be directed to the University's Support Services (e.g. Writing Center).

Non-standard speakers of English identified with speech/language differences that may interfere with successful completion of clinical aspects of training will be notified by their clinical supervisor. Strategies to improve skills in standard English and resources to support this will be provided to the student by the MSLP Program.

Students with communication disorders that may interfere with successful completion of clinical training are encouraged to report their concerns to the Director of Clinical Education (DCE). Students will receive information on assessment and intervention services available in the community. Should clinical and academic faculty suspect a student has a communication disorder that has not been identified, they may request that the student receive a communication screening by a faculty member in the department or through another site of the student's choice. Should the screening results warrant it, the student will be referred for further assessment and treatment (if needed).

Students who have questions or concerns regarding these policies should contact the Program Director.

B. Core Functions

The Mount St. Joseph University Master of Speech Language Pathology (MSLP) education program has established specific Core Functions for enrollment. Core Functions encompass behaviors and skills in five areas: communication, motor, sensory,

intellectual/cognitive, and interpersonal. The Core Functions set forth by the MSLP program establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of entry-level speech language pathologists, as well as meet the expectations of the program's accrediting agency (Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) of the American Speech-Language-Hearing Association). Many of these skills can be learned and developed during the course of the graduate program through coursework, clinical experience, and completion of the professional development plan.

C. Academic Standards

Consistent with the MSJ Graduate Academic Standards policy, students must maintain a minimum 3.0 grade point average. Additionally, for the MSLP program, students must earn a B or better in the Simulation and Integration course series (SLP 531, 532, 533) and the Clinical Practicum course sequence (SLP 650, 651, 652, 653, 654, 655, 656) to remain in good standing. Students will be dismissed from the program for 2 or more C grades in these courses. Please see the Academic Probation section of this handbook for additional information.

Grade Appeal Procedures-Students wishing to appeal a course grade should refer to the Grade Appeal policy in the Graduate Catalog.

D. Academic Course Grading Criteria

The academic course grading scale in the MSLP program is as follows:

A	89.5-100
B	79.5-89.49
C	69.5-79.49
F	≤ 69.49

E. Academic and Competency Course Requirements

Course competencies are specific knowledge, skills, and/or behaviors that a student must acquire in the course. Both academic performance (grades) and course competencies (as defined by program and faculty) are measured in academic courses. The method through which competency is measured is at the discretion of the faculty member and will be explicitly stated in the syllabus, along with objective mechanism of measurement. If a student fails to meet a course competency, the MSLP Pre-Probation Plan policy is enacted.

Students are generally expected to obtain a B or better in all courses to maintain a minimum 3.0 GPA. If a student earns a C in a course, the Program Director will email

the student regarding these grades. *Even if a cumulative GPA is still above a 3.0, receiving a C in a course will require a meeting with the Program Director*. The student must respond to the Program Director within 3 business days to set up this meeting. At the meeting, the Program Director will recommend action steps for improvement and review the probation and dismissal policies. Documentation of this meeting will be placed in the student's departmental file. The goal of this meeting is to prevent the student from progressing to academic probation and/or dismissal.

F. Pre-Probation Plans

The MSLP Pre-Probation Plan is designed to prevent students from being placed on probation due to not meeting/demonstrating required clinical skills, Core Functions, or professional competencies. All course syllabi contain Learning Objectives/Course Competencies that reflect how the content of the course supports the knowledge and skills required for clinical certification. Also, within the syllabi are the specific, objective measures used to assess competency in the course. When a student does not meet the stated requirement in coursework, the clinical practicum, or Core Functions, a pre-probation plan is developed. The Department's policy on academic competency Pre-Probation Plan(s) allows the faculty member to determine the nature of the specific assignment, task, or plan.

When a student does not meet the competency as stated in the syllabi, the MSLP program requires that:

Step 1	The faculty member notifies the student and initiates the Pre-Probation Plan (PPP) process via University email and copies the Program Director. For academic and clinical competencies, the student is responsible for responding to the faculty member's email within 48 business hours to initiate a meeting of the PPP Team. For a clinical PPP, the student is responsible for responding to the faculty member's email within 48 business hours to initiate a meeting of the PPP Team.
Step 2	The faculty members meet with the student and complete Sections A-D at the time of the meeting. All participants sign the document during the meeting and it is stored in the student's electronic file. The Pre-Probation Plan must contain an objective measure of competency and a specific due date (recommended timeframe 2-4 weeks, depending on the nature of the Pre-Probation Plan). The follow-up meeting must be scheduled during this meeting as well.
Step 3	For clinical Pre-Probation Plans, Sections E and F are completed at the follow-up meeting. When the Pre-Probation Plan is complete, the faculty member overseeing the plan will email the student regarding the successful completion of the competency plan, sign off on the plan, and copy the Program Director and Program Coordinator for

	storage in the student's file.

If a student still has outstanding pre-probation activities when grades are submitted, the student will receive a grade of I (incomplete) for the class. This will be assigned regardless of the academic activities associated with the class or practicum. Once the Pre-Probation Plan is complete, the student's grade will be changed to reflect the grade earned in the course or practicum per the syllabus. If the student does not remediate the competency by the start of the next semester, the student's practicum experience may be delayed or canceled.

Students have 3 opportunities to remediate the competency. If, after 3 attempts or assignments (as determined by the faculty member), it is determined that the student cannot meet the competency, the student will need to repeat the course or practicum and meet with the Program Director to review the Core Functions and the student's progression in the program.

G. Academic Probation

The MSLP Program's policy on Academic Probation is consistent with the university policy (found in the graduate catalog) requiring students to maintain at least a 3.0 GPA. Additionally, students in the MSLP program may be placed on probation for a grade of C in any Simulation and Integration course (SLP 531, 532, 533) or Clinical Practicum course (SLP 650, 651, 652, 653, 654, 655, 656).

In the event the student is placed on academic probation, the Dean of the School of Health Sciences will notify the student that they have been placed on formal probation and provide the probation policy in the email. The Program Director and Academic Advisor are copied on the email. The email will also require a response within 3 business days to confirm the student has received the notification and to schedule an appointment with the Program Director. At the appointment, additional documentation of the conversation, including recommended action steps for improvement and advisement of the probation and dismissal policy, will be documented.

H. Attendance

To be successful in the MSLP program attendance at all in-person and virtual classes including clinical practicum is mandatory. Being absent from class or practicum may affect the student's ability to demonstrate learning objectives and competencies required by ASHA/CAA standards and result in prolongation of the program or dismissal from the MSLP program. Additionally, class attendance is usually reflective of practicum attendance and may be considered in placing students, including external placements.

Poor class attendance, including coming to class late, may limit students' ability to secure full-time clinical practicum experiences. Poor practicum attendance may result in dismissal from practicum.

Consistent across MSLP coursework, if students have more than two unexcused absences, *their final grade will be reduced by one letter grade.* If students are aware of the need for an absence (upcoming critical medical appointment, woke up sick, etc.), the student should discuss the need for an excused absence with the professor or supervisor via email as soon as reasonably possible. Emailing that you are sick or have a headache does not make it an excused absence; it may end up being excused, but this is at the discretion of the course instructor/supervisor, and the frequency of missed classes/clinical practicum may also be considered in the determination of an excused absence. Students with chronic medical conditions are encouraged to consult with the Office of Student Accessibility prior to the start of class or practicum as accommodations cannot be made retroactively.

I. Nondiscrimination

The MSLP program adheres to the Mount St. Joseph Non-Discrimination Policy. Please visit this link for the up-to-date policy.

Information about filing a complaint related to discrimination, including the direct MSJ faculty or staff member to report are listed in this policy. Additionally, information regarding anonymous reporting is also located in the policy. The web-based version of the policy will always be the most up-to-date version, which is why we refer you to the site.

The program highly values the diversity of all people and believes in supporting systems of equity. While students are required to engage in non-discriminatory behaviors, students are encouraged to actively support and engage in antiracist practices.

J. Complaints

Departmental Complaints

Students can file formal complaints about the MSLP program within the Speech, Language, and Hearing Sciences Department. While students may initially discuss complaints with any faculty within the department, formal complaints are referred to the Program Director for action. If the complaint is only verbal, the Program Director will take notes on the meeting and will keep the notes on file. Students are encouraged to put complaints in writing to ensure the complaint is accurately captured. The Program Director will determine the course of action to be taken with the student and any necessary faculty members, as well as any necessary administrators. If the student complaint is about the Program Director (also the Department Chair), the complaint

should be directed to the Dean of Health Sciences. The Program Director maintains a record of complaints handled at the department level.

Filing a Complaint about a Program to CAA

Speech-language pathology education programs in the United States are accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA), which works in conjunction with the American Speech-Language-Hearing Association (ASHA) to maintain the standards of the profession. Students, parents, patients, faculty, and other stakeholders may submit a complaint regarding the MSLP Program to CAA. CAA has a mechanism to consider formal complaints about speech-language pathology education programs that allege a program is not in compliance with one or more of CAA's evaluative criteria or has violated any of CAA's expectations related to academic integrity.

To contact CAA call 800-498-2071 or e-mail accreditation@asha.org.

Further information can be found on CAA's website: https://caa.asha.org/programs/complaints/

SECTION III: CLINICAL EDUCATION POLICIES & PROCEDURES

A. Clinical Practicum Overview

The MSLP program is committed to providing high-quality supervised clinical experiences with client/patient populations across the life span and from culturally and linguistically diverse backgrounds. The program requires clinical practicums to include a sufficient depth and breadth of evaluation and intervention experiences with individuals who have various types and severities of communication and/or swallowing disorders, differences, and disabilities across a spectrum of settings.

Considerations for placements include: 1) the need to provide opportunities across the depth and breadth of the field (e.g., age and diagnoses of populations we serve, linguistic and cultural diversity), 2) the need to ensure that each student has demonstrated mastery of clinical competencies required for certification, 3) individual considerations that prioritize placements according to student goals and interests, and 4) ensuring that all students in the MSLP program have the opportunity to achieve the competencies, hours, and skills necessary for certification and entry into the field.

B. ASHA Clinical Clock Hour Requirements

Consistent with ASHA Certification requirements (Standard V-C), students must obtain a minimum of 400 clinical experience clock hours for graduation and certification. Twenty-five hours must be spent in guided clinical observation, and a minimum of 375 hours must be spent in direct client/patient contact. Up to 75 hours may be earned through clinical simulation, and 300 hours must be completed at the graduate level. Up to 125 hours of graduate student supervised clinical practicum can be completed via telepractice.

- Only direct client/patient contact time may be counted as clinical practicum hours. For example, only direct contact time with the individual receiving services and their family in assessment, intervention, and/or counseling can be counted toward practicum hour fulfillment.

- Per ASHA Standard V-C: Up to 20% (i.e., 75 hours) of direct contact hours may be obtained through Clinical Simulation (CS) methods. Only the time spent in active engagement with CS may be counted. CS may include the use of standardized patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive). Debriefing activities may not be included as clinical clock hours.

- Time spent with either the patient/client and their family/caregiver engaging in information seeking, information giving, counseling, training for a home program, participation in Individual Education Plan (IEP) meeting, Family Service Plan meeting, care conference, or habilitation plan meeting may be counted as clinical clock hours provided these activities are directly related to patient care. The competency area of these hours should be determined by the supervisor.
- Per ASHA Standard V-C: Although several students may be involved in a clinical session at one time, clinical practicum hours should be assigned only to the student who provides direct services to the individual receiving services or the individual's family. Typically, only one student at a time should be working with a client in order to count the practicum hours. Several students working as a team may receive credit for the same session, depending on the specific responsibilities that each student is assigned when working directly with the individual receiving services. The applicant must maintain documentation of their time spent in supervised practicum, and this documentation must be verified by the program in accordance with ASHA Standards III and IV.

C. Projected Clinical Clock Hours Obtained Each Semester

Semester	1	2	3	4	5
Projected Clinical Hours	1-2 hours/week (13-26)	2-3 Hours/week (26-40)	5-8 Hours/week (65-104)	Full-time placement (150+)	Full-time placement (150+)
Simulation Hours	14.25	22	12.75	N/A	N/A
Total Hours (400)	27- 40.25	48-62	77.75-116.75	150	150

It is important for students to maximize the number of clinical practicum hours earned each semester because there may be instances in which students or supervisors have to be absent from practicum due to unforeseen circumstances such as illness or emergencies. Therefore, it is recommended that students strive to obtain the projected number of clinical hours each semester. Additionally, it is important for students to diversify the number of hours gained in each disorder area. Please view Diversifying Clock Hours video for more information.

D. Criminal Background and Drug Screen Policy

The Department of SLHS abides by the School of Health Science's Criminal Background and Drug Screen Policy. Criminal background checks and drug screening may be required of the School of Health Sciences students for reasons such as any of the following:

- As a requirement for enrollment into the professional phase of the curricula;
- As a requirement of applicable regulatory bodies or assigned affiliated clinical facilities and/or their authorized agents and representatives;
- As a periodic random sampling of the student body; and
- Under reasonable suspicion, documented by at least two University faculty or staff.

The Mount St. Joseph University School of Health Sciences Criminal Background Policy applies to all students in the MSLP program and is included in APPENDIX C. Students must read this policy and sign the acknowledgement form attesting to their compliance.

Students will update their background checks annually, and as may be necessary to facilitate compliance with the requirements of health facilities used by the program for supervised clinical experiences. This is undertaken through the Castle Branch Website, which students utilized prior to matriculation into the program. Students will receive an email detailing the items necessary and how to provide the necessary documentation. This information must be available to the program prior to scheduling a student for any clinical experience. The cost of the background check is included in MSLP program fees. Failure to complete these requirements will, at the very least, delay the student's progression in the program and may result in disciplinary actions, up to and including possible dismissal from the program.

E. Immunizations

Students will be required to submit proof of up-to-date immunizations, consistent with the recommendations from the Centers for Disease Control (CDC) recommendations for health care workers available at: http://www.cdc.gov/vaccines/adults/rec-vac/hcw.html. It is the student's responsibility to obtain these immunizations and document them appropriately.

All graduate students in the MSLP program are strongly encouraged to be fully immunized according to the current Center for Disease Control. In the rare event a student cannot be vaccinated for some reason, MSJ has developed a policy to review this request.

The Immunization Exemption Requests and Waiver Forms (APPENDIX D) must be filled out and submitted to The Wellness Center (wellness.center@msj.edu). After submission, the student will be notified whether their request has been approved or denied by the University.

Please carefully note: Approval of a waiver by the University does not guarantee approval by external clinical partners. External sites set their own policies and procedures regarding vaccines, and the MSLP Program cannot require sites to honor these requests. As such, it may be difficult (or not possible) to obtain a placement for a

student who is not fully vaccinated, and this would impact the student's ability to progress through and complete the program.

F. Student Certifications and Mandatory Trainings

Students will complete CPR and First Aid training during orientation. Certification cards will be emailed to students upon completion of training. Students will be responsible for storing certification cards and will record the date that training was completed in CALIPSO.

Students are trained in privacy policies (e.g., HIPAA, FERPA) and universal precautions; evidence of this training is stored in CALIPSO. Students are required to follow these policies at all times. Students can refer to the MSJ University Family Educational Rights and Privacy Act Policy for additional details on FERPA. If a student is unclear about a specific policy or process, the student should ask a supervisor or faculty member.

G.Clinical Site Evaluation and Agreements

The DCE initially evaluates and periodically reviews clinical sites to ensure they meet the standards for clinical education, student supervision, and quality service delivery. The DCE continuously adds new clinical sites to meet the needs of students and the MSLP program. During the initial contact with potential clinical sites, the DCE completes the Site Information Spreadsheet. The DCE stores this information in MSLP department files.

The MSLP program maintains close contact and monitoring of off-campus clinical sites and clinical educators via:

- Email contact
- Telephone contact
- Review of the student's midterm clinical evaluation
- Review of the student's final clinical evaluation
- Review of clinical educator evaluation form
- Review of direct contact hours
- Review of population, communication and swallowing disorders, cultural and linguistic diversity relative to site
- On-site visits at midterm and as needed upon request
- Semester meetings with the student
- Feedback from clinical advising sessions

Before a student is placed at a site, the program must complete a formal written agreement between the site and the university. The program completes a School Field Agreement Form for all school placements. Both the District Administrator and MSLP Department Chair sign the School Field Agreement Form, and the program keeps it in the Departmental files.

The School of Health Sciences maintains ongoing clinical education contracts with many local hospitals and medical systems. The DCE ensures that agreements are on file and up to date. If a new agreement is necessary, the facility submits a Clinical Education Agreement to DCE. MSJ Legal Counsel reviews this agreement and requires signatures from the Facility Administrator, MSJ Dean of Health Sciences, and MSJ President or Chief Financial Officer. Once we obtain signatures, the program keeps the agreement in the MSLP departmental files.

H. Clinical Site Placement Assignment Process

General Information on Identifying and Assigning Student Placements

In the Fall Semester of Year 1, all students meet 1:1 with the DCE to discuss practicum placements. Either during the meeting or after the meeting, the student completes a brief survey. The order of this process includes a meeting to ensure students understand the questions and data points on the survey. It also offers students the opportunity to discuss desired settings and/or patient populations, long-term career goals, and any potential factors that would influence their choices for clinical placement (e.g., someone with a compromised immune system may not want to complete a placement in an acute care setting or preschool setting). The completed survey is not binding but allows the DCE to plan for securing placements, as many sites require 9-12 months of preparation. Students should remember to complete the survey after their meetings.

First Year Placement Assignments

The goal of all first-year clinical practicum sites is two-fold: To provide clinical training for MSLP students and to offer high-quality therapy services for the community. MSJ MSLP faculty directly supervise students to ensure integration of academic coursework into clinical practice.

The MSLP program completes a Memorandum of Understanding for each off-campus faculty-supervised site. As the MOU states, MSJ faculty must be present to supervise students. If MSJ faculty are unavailable that day, the program must cancel or reschedule the practicum experience.

During the first three semesters of the program, MSLP students generally complete practicum experiences with MSLP Faculty Supervisors. Additionally, details for the first year include:

- All students complete at least one pediatric and one adult placement in the first year of the program.
- The DCE makes first-semester clinical placements based on information about students' goals, interests, and experiences obtained during the application process (application essays).
- The DCE makes second- and third-semester placements, considering the factors described above and students' preferences.
- Students may have the option for one full day of clinical practicum at off-campus clinical sites in the summer (S4) semester.

Second Year Placement Assignment

Students may request specific sites, patient populations, and geographic locations, but the program cannot guarantee these requests will always be honored. The program may require students to drive up to 60 minutes travel time for second-year clinical placements.

The Director of Clinical Education completes the process for placing students in full-time practicums for the second year of the Fall and Spring semesters. Students must not contact potential practicum sites or supervisors without first speaking with the DCE. Many sites have very specific processes and procedures for placing graduate student clinicians. Students are encouraged to identify their areas of interest and possible sites via the DCE's survey. However, clinical sites cannot be guaranteed based on student requests. The DCE is responsible for vetting both sites and supervisors to determine whether each can support the student's learning needs and the mission of the MSLP program.

The DCE assigns external clinical placements based on a variety of factors, including: 1) an individual student's clinical education needs, 2) the clinical educational needs of other students in the cohort, and 3) student preference for patient population and geography. Within the Greater Cincinnati area (defined as within 60 miles of the MSJ campus), the DCE contacts possible practicum sites. The DCE determines whether the site can meet student learning objectives and whether the site supervisor's experience and qualifications (e.g., ASHA Standards) are appropriate to host a student. If the site and supervisor meet the student's needs, the DCE secures an affiliation agreement and initiates any necessary onboarding. Occasionally, even if the site appears to be a good educational match, challenges in completing the clinical placement contract may prevent a student from being placed at that site. Some local sites have competitive acceptance processes for practicum experiences. The MSJ faculty provides information about this and assists students who seek it with resume refinement and interview practice.

Fifth Semester Placements Outside the Greater Cincinnati Area

If a student wants to complete the Spring Semester, Year 2 at a practicum site that is more than 60 miles from the MSJ campus, the student must 1) indicate this via the first-year survey and 2) schedule a meeting with the DCE by October 15th of the first year. During that meeting, the DCE discusses the opportunities and challenges that may accompany a distance placement. If the student still wants to pursue this, the DCE helps the student identify potential sites and draft an email to a potential site supervisor; the goal of this email is to confirm the potential site's contact information. The student sends the approved email to the potential site supervisor, with the DCE copied. If the student does not get a response from the potential site supervisor within 5 business days, the student may email the site supervisor again. If the student still does not receive a response, the student should identify at least 3 additional potential sites and meet with the DCE again to discuss them.

If the student and DCE receive a response from the potential site supervisor indicating that they would be willing to discuss this further, the DCE sends an email introducing the MSJ program and key policies, as well as the Clinical Education Handbook. The DCE determines the site's potential to meet the student learning objectives as well as the supervisor's experience and qualifications (e.g., ASHA Standards) to host the student with the proposed supervisor. If the site and supervisor meet the student's needs, the DCE begins the process of securing an affiliation agreement and beginning any necessary onboarding.

Students must never attempt to secure their own placement. Outside of the initial introduction, all activities to secure a placement should be completed by the DCE or another faculty member assisting the DCE.

I. Faculty Supervised Clinical Sites

The goal of all first-year clinical practicum sites is two-fold: To provide clinical training for MSLP students and to offer high-quality therapy services for the community. MSJ MSLP faculty will supervise students to ensure integration of academic coursework into clinical practice. Additionally, a Memorandum of Understanding is completed for each off-campus faculty-supervised site. As stated in the MOU MSJ faculty are required to be present to supervise students. In the event that MSJ faculty are not able to be present for practicum, the experience must be cancelled or rescheduled.

Faculty-supervised clinical practicum sites include:

- **MSJ Cubby Clinic -** Evaluation and speech/language therapy services are offered to children on MSJ's campus. Individual sessions and group sessions are offered. Students will gain experience with children who have various communication disorders, and may include children who are English

language learners. Various referral sources include HCDDS early intervention program, MSJ faculty and staff, and referrals from current clients. Documentation is completed using an EMR called Practice Perfect. Consent for treatment/evaluation and photo release must be signed by all participating clients.

- **Bayley Place Adult Day Program -** Cognitive evaluation and intervention provided to adults who have various levels of memory loss and cognitive decline. Adults are seen in small groups by graduate student clinicians. Treatment plans and SOAP notes are completed via Word templates and submitted to supervisors.
- **Sisters of Charity Motherhouse -** Evaluation and treatment for communication and cognitive skills are offered to the Sisters of Charity who reside at The Motherhouse. At this time, therapy services are offered to the Sisters who reside on the Memory Care Floor. Voice therapy is provided to Sisters who have Parkinson's Disease. Treatment plans and SOAP notes are completed via Word templates and submitted to supervisors.
- **Parkinson's Community Fitness -** Individual and group therapy are provided to individuals living with Parkinson's Disease at Parkinson's Community Fitness. Students will become trained in and use the Speak Out and Loud Crowd programs to improve the vocal quality of attendees. Treatment plans and SOAP notes are completed via Word templates and submitted to supervisors.
- **Therapeutic Interagency Program (TIP) -** TIP is a day treatment program for preschool children that combines child protection, mental health, educational enhancement, and school transition. TIP is located on the Oak Campus of Cincinnati Children's Hospital Medical Center. Students will lead groups that target executive function skills through literacy and hands-on activities. Treatment plans and SOAP notes are completed via Word templates and submitted to supervisors.
- **The Ken Anderson Alliance -** KAA is an organization that supports the wellness and independence of adults with disabilities. Social skills training is provided to the individuals who attend the day program in large and small groups. Treatment plans and SOAP notes are completed via Word templates and submitted to supervisors. A volunteer application must be completed and submitted prior to the start of the practicum.
- **Santa Maria Community Services -** Speech and language evaluations and therapy services are offered to children in the community, either on MSJ's campus or at The Price Hill Library. Additionally, small group therapy sessions are offered to children who are bilingual to target various pre-literacy and

communication skills. Background checks and volunteer application must be completed prior to the start of practicum.

- **Boone County School District -** Speech and language intervention is provided to preschool students and Kindergarten screenings are completed on three full days in the fall and winter.
- **Taylor Elementary School -** Speech screenings and intervention is provided to KG and 1st grade students in a "Quick Artic" format.
- **ROAR Group -** Resources and Opportunities for Aphasia Resilience is a group that is open to individuals with aphasia or other neurologic speech or language impairments.
- **Gigi's Playhouse -** Offers free therapeutic, educational and research-driven programs to individuals of all ages with Down Syndrome. MSLP students provide one-on-one speech and language therapy to individuals through the Amina Grace Speech and Language Program.

J. Accepting/Declining Placements

Students will be notified of clinical practicum site assignment via university email. Students must formally respond to the clinical placement assignments arranged by the MSLP program by the procedures outlined below:

Accepting a Clinical Placement

A student who accepts a clinical placement arranged by the MSLP program must confirm acceptance via university email to the DCE within 2 business days of receiving the placement assignment. The email should include the student's name, the clinical site name, and explicit confirmation of acceptance. The DCE will save the email confirmation in the student's department file. Timely acceptance of placements is essential to confirm arrangements with clinical sites and ensure proper preparation for the practicum experience.

Declining a Clinical Placement

A student who declines a clinical placement arranged by the MSLP Program must complete the Declination of External Clinical Placement Form found in APPENDIX E. The form must be signed and dated by the student, Department Chair, and Director of Clinical Education. The completed form will be saved in the student's department file. If a student declines/refuses a clinical placement it may not be possible for the MSLP program to arrange for another clinical placement for that semester. Planning and arrangements for clinical placements are made several months in advance. Therefore, requests to change placements are not always able to be accommodated. Declining a clinical placement may result in inability to graduate or delayed graduation in order to complete the necessary clinical hours and mastery of competencies required by the American Speech Language Hearing Association and State Licensure Boards. Should a

student have concerns with a clinical placement they should schedule a meeting with DCE as soon as possible to discuss those concerns and the implications of declining the practicum.

K. Preparing for Practicum

In preparation for clinical practicum students must contact their clinical supervisor via email within 48 hours of receiving their practicum assignment from the Director of Clinical Education. See APPENDIX F for an example of a draft email that may be used to contact clinical supervisors, introduce yourself, and learn more about the requirements of the site. APPENDIX G is an additional email example that students can edit/fill in blanks to complete the email. If students do not hear back from their supervisors within 48 business hours after sending the email, please contact the Director of Clinical Education for further guidance.

Additional things that students should do to prepare for practicum include the following:

- Research the facility you are assigned via the internet to learn about the mission, vision, goals and populations served by the organization, as well as any special programs or opportunities.
- Develop a plan for commuting to the clinical site. Look up the directions and determine how long the commute will take to ensure that you arrive on time. Be prepared to add extra time to your commute to account for traffic, parking, and finding your way to where you will meet your supervisor. Arriving a few minutes early is a great way to start off with a good impression.
- As students begin to assume responsibility for clients/patients, they will likely need to arrive early to prepare for sessions. Factor this time into your daily schedule.

Tips for Students During the First Week of Practicum

- Take initiative - ask your supervisor if you can help him/her with anything to prepare for sessions and clean up after sessions. Once you learn where materials are stored, put them away without being asked.
- Actively participate in observation - take notes on what you are observing, ask questions at the end of therapy sessions/evaluations, and ask to read documentation at the end of the session. Be mindful of the method you use to take notes; for example, in some settings, children or some adults may be distracted by technology such as iPads. In that case, it's more appropriate to take notes using pen and paper.
- Make it a point to meet someone new each day and engage with other clinicians and professionals at the organization.
- Get to know your supervisor by asking them what got them interested in the field of speech pathology and some of the highlights of their career.

- Take a notebook and a pen with you so that you can write down new information. You will be learning so much new information in a short time, and it will be difficult to remember it all. Taking notes will allow you to reference the information later and will show your supervisor that you are interested in learning.
- Treat this experience as you would professional employment. Many sites view placements as on-the-job interviews and are interested in hiring former student clinicians.
- Silence your phone/watch. You should not look at your phone, smart watch, answer calls, or respond to messages while interacting with patients/clients, supervisors, or other professionals. Follow all guidelines for the use of technology at the clinical site. If you are unclear on the use of technology at your clinical site, ask your supervisor how and when it is appropriate to use personal technology devices.

L. Orientation to Clinical Practicum Site

Clinical supervisors will have their own method for orienting the student to the physical facilities and policies/procedures of the clinical site. Orientation may start several weeks before the practicum begins and could include various onboarding tasks such as completion of required training. Orientation may include introducing you to the:

- Organization and structure of the facility.
- Policies and procedures followed at the facility including dress code, work hours, phone use, evacuation and safety information, and other pertinent information.
- Availability and location of materials and equipment for use in treatment and evaluation.
- Documentation systems and procedures.
- Storage of confidential information.
- Any site-specific policies related to universal precautions, as well as location of personal protective equipment.
- Introductions to other staff members with an explanation of their roles.
- Requirements and credentialing for the setting, including badging, computer access, trainings, background checks, and documentation of immunizations.
- Duties and competencies expected of student clinicians. Supervisors and students may wish to refer to the Timeline for Practicum Experience to set goals for students to assume responsibility for the caseload.

The MSLP program provides all clinical supervisors with the Clinical Manual, which specifies information regarding the clinical policies and procedures of the MSLP program. Off-campus sites may also provide written information for the student’s review.

If the student is not clear on something discussed during orientation or early in practicum, please ask the supervisor for clarification.

M. Communication Between Student and Supervisor

Students and supervisors should develop a plan for regular communication while completing the Practicum Commitment Form. This may include exchanging contact information (including phone numbers), determining how and when feedback will be given, and how often formal meetings will occur. At times, students and supervisors may develop questions or concerns related to something about the practicum experience. In this event, both supervisor and student are encouraged to meet and attempt to alleviate these concerns. Both parties are encouraged to listen without judgment, attempt to gain a better understanding of one another, and use the opportunity as one for professional growth.

Supervisors should provide feedback, both about strengths and areas of needed growth and development; it is the supervisor's job and professional duty to share feedback, positive and negative, with the student. Students should be open to this feedback and remember that this is a part of clinical education. Just like a comment on a test telling you to include additional details, the supervisor is giving you a way to grow and improve. Students should also be transparent with supervisors about the level of support and guidance they need to develop competencies, although students may need to eventually work outside their comfort zone to grow. If either the student or supervisor have a concern that they have not been able to effectively address after having a conversation with one another, they should contact the Director of Clinical Education for further guidance.

N. Practicum Commitment Form

Students must complete a Practicum Commitment Form (APPENDIX I) with their supervisor within the first week of their practicum for all practicum placements. The practicum commitment form is a document outlining the expectations for the student and supervisor. If a student is assigned to 2 supervisors at a specific setting, only one form is required if the supervisors follow the same schedule (e.g. arrival/departure times) and similar supervision styles. If supervisors do not share a work schedule or wish to structure the practicum experience differently (e.g. conferencing style, methods of feedback), the student and supervisors should consider completing separate forms.

Students are required to upload a copy of a Practicum Commitment Form for each setting to CALIPSO. Directions can be found at CALIPSO's website.

O. Attendance Requirements for Practicum

Student attendance is mandatory for all scheduled activities during the clinical practicum. Students are not permitted to take vacation or personal time off during practicum. Students should treat the clinical practicum with the same level of commitment as they would paid employment.

There may be times that student becomes sick with a contagious illness and some practicum placements have very strict policies related to illnesses. In the event that a student is so ill that they cannot attend practicum, the absence must be reported to the clinical supervisor as specified on the Practicum Commitment Form and reported to the Director of Clinical Education. Students may be required to offer make-up sessions for any sessions missed due to illness. In the event of extenuating circumstances, students should discuss the situation with the Director of Clinical Education as soon as possible and any alterations to the set schedule should be documented on the Practicum Commitment Form.

- Please note- vacation is not a reasonable excuse for absence. While faculty understand the importance of family and self-care, MSLP students only have a limited time to gain all of the competencies and clinical hours required for graduation and ASHA certification. Additionally, supervisors may choose not to accept students for placements who are planning for vacation.
- Excessive absences may require documentation from a health care provider and may impact the completion date of the practicum experience and the student's progression through the MSLP program.
- Students with chronic medical conditions are encouraged to consult with the Office of Student Accessibility prior to the start of practicum as accommodations cannot be made retroactively.
- Supervisors, because of illness or other responsibilities, may occasionally be absent for all or part of a therapy session. For first year placements, another supervisor will be designated for the session. If an alternate supervisor is not available, the session will be canceled. For external placements, the supervisor may choose to cancel sessions, provide an alternative supervisor (depending on experience at the site), or schedule alternative activities.

P. CALIPSO Documentation Requirements

CALIPSO is a web-based application that manages key aspects of academic and clinical education, designed specifically and exclusively for speech-language pathology and audiology training programs. As graduate students in the MSLP program at MSJ you will use CALIPSO for a variety of functions, including tracking your clinical hours,

uploading and saving necessary documents, tracking completion of coursework and competencies needed for graduation, and completion of self-evaluation. It is the student's responsibility to keep track of all clinical hours. Additionally, clinical supervisors will have access to CALIPSO and will complete midterm and final evaluations to rate your competency with various clinical skills. Information about accessing CALIPSO is provided during orientation.

Student records are retained by CALIPSO for 8 years, and students are able to access CALIPSO if needed during that time period. If a student needs access to their CALIPSO records after 8 years, the student will need to request these records from the MSLP Departmental file.

For academic courses, the program has a curriculum map that identifies and incorporates the ASHA identified Knowledge and Skills and maps all requirements to specific courses, the Clinical Performance Instrument, and the Professional Development Plan. These specific requirements are built into the Knowledge and Skills Summary Acquisition Form that is available in CALIPSO. This form serves as the primary mechanism to formally track and to provide ongoing feedback regarding academic progress towards achieving the required knowledge and skills for the profession. Students have unlimited, real-time access to CALIPSO, which contains the Clinical Performance Instrument and the 'My Checklist', which also includes all requirements towards certification and graduation.

Students should meet at least twice per semester (midterm and final) with their MSJ supervisor for clinical advising in the first year. At that time, the supervisor reviews clinical progress (e.g., hours, competencies, rating scores) with the student. In the second year, students meet once a semester with the Director of Clinical Education (site visit/advising) regarding progress during their site visit.

Students should prepare for all midterm and final evaluations by totaling hours and reviewing their own competency performance to contribute to the discussion with their advisor/DCE.

Q.Grading Criteria for Clinical Courses

Satisfactory clinical performance is an important requirement of the MSLP program. As part of the evaluation process, students are required to complete a self-evaluation, including their self-perceived strengths and areas for improvement. These reflections are discussed with the clinical supervisor during both the mid-term and final evaluation conferences and serve as a guide for further instruction and learning. The self-evaluation will also be discussed during formal advising sessions.

The rating scale below will be used to rate a student's competency with the clinical skills pertinent to the practicum experience.

1 - Early Emerging

Specific direction from clinical educator does not alter unsatisfactory performance. Not able to self-reflect even with supervisor support.

For example, a student who is not able to demonstrate a specific clinical skill and does not attempt to integrate the supervisor's feedback would earn a 1.

2 - Emerging

The clinical skill/behavior is beginning to emerge. Efforts to modify may result in varying degrees of success. Maximum amount of direction from clinical educator needed to perform effectively and engage in self-reflection.

For example, a student who is sometimes able to perform a clinical skill and is visibly attempting to use strategies the supervisor suggested and still requires considerable feedback to problem solve would earn a 2.

3 - Present

Inconsistently demonstrates clinical behavior/skill. Exhibits awareness of the need to monitor and adjust and make changes. Modifications are generally effective. Requires some direction from clinical educator to perform effectively and problem solve with self-reflection.

For example, a student who can demonstrate a skill and knows to modify service delivery based on a patient's previous response but still needs minimal support to problem solve would earn a 3.

4 - Developing Mastery

Displays minor technical problems that do not hinder the therapeutic process. Occasional direction from clinical educator is needed to perform effectively, self-reflect, and problem solve.

For example, a student who conducts therapy with only a minor challenge or problem and only occasionally needing assistance from the supervisor (after several patients or across multiple sessions) would earn a 4.

5 - Mastery

Adequately and effectively implements the clinical skill/behavior. Demonstrates independent self-reflection and creative problem solving.

For example, a student who delivers high-quality services and reflects, responds to patient differences, and independently implements strategies for improvement.

The above clinical competency scores will correspond to an overall grade for the practicum experience. (Grades for practicums are listed below). As the student

progresses in the program, they will be expected to demonstrate advancing clinical competencies. This is reflected in the increase in clinical competency scores required to obtain grades for practicums throughout the program.

In the absence of incomplete documentation or other criteria set in the course syllabus, Clinical Practicum grades are assigned based on the supervisor rating. The specific thresholds are presented below in this section. Grades/ratings that are in gray would trigger a Pre-Probation Plan. The thresholds increase across semesters as students should be gaining competency and skill.

SLP 650 Fall Year 1 Practicum I
SLP 651 Spring Year 1 Practicum II

2.75	to	5.00	=	A
2.60	to	2.73	=	B
2.25	to	2.59	=	C
2.00	to	2.24	=	D
1.00	to	1.99	=	F

SLP 652 Summer Year 1 Practicum III

3.25	to	5.00	=	A
3.00	to	3.24	=	B
2.75	to	2.99	=	C
2.50	to	2.74	=	D
1.00	to	2.49	=	F

SLP 653 Adult Clinical Experience, Year 2
SLP 654 Pediatric Clinical Experience, Year 2
SLP 656 Lifespan Clinical Experience I, Year 2
SLP 656 Lifespan Clinical Experience II, Year 2

3.70	to	5.00	=	A
3.40	to	3.69	=	B
3.10	to	3.39	=	C
2.80	to	3.09	=	D
1.00	to	2.79	=	F

R. Midterm Site Visit

The DCE will schedule a Midterm Site Meeting with the site supervisor and student for all second-year practicums. Prior to the site visit, the supervisor should complete the

Midterm Evaluation and the student should enter all practicum hours accumulated thus far into CALIPSO.

Site visits will be conducted in-person whenever possible, with virtual meetings via Zoom as an alternative when in-person visits are not feasible.

The visit will include three components: a joint meeting with both the site supervisor and student, followed by individual meetings with each party separately. This structure allows the supervisor to discuss the student's strengths and areas for growth while providing both the supervisor and student opportunities to ask questions and voice any concerns.

During the visit, the DCE will complete the Practicum Site Visit Form (APPENDIX K) and save it in the student's file. The DCE will also review the student's practicum hours as recorded in CALIPSO and assess progress toward meeting competencies through examination of the Cumulative Evaluation.

S. Clinical Concerns/Pre-Probation Plans

The MSLP Pre-Probation Plan is designed to prevent students from being placed on probation due to not meeting/demonstrating required clinical skills, Core Functions, or professional competencies. The processes for clinical and academic Pre-Probation Plans and remediation plans are the same.

T. Supervision Requirements

In addition to possessing established competency in areas of practice in which the supervisor and student may engage, the supervisor must:

- Hold active ASHA certification as a speech-language pathologist (CCC-SLP)
- Have completed at least 9 months of full-time employment (or the part-time equivalent) after obtaining CCC-SLP
- Have completed at least 2 hours of professional development in the area of clinical instruction/supervision (Standard VII-B)

In the 2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology Standard V-E, CFCC states, "The amount of direct supervision must be commensurate with the student's knowledge, skills, and experience; must not be less than 25% of the student's total contact with each client/patient; and must take place periodically throughout the practicum. Supervision must be sufficient to ensure the welfare of the individual receiving services." (Council for Clinical Certification in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association, 2018). *For all student clinical experiences, this standard must be maintained, and the client's well-being and welfare held paramount.*

Clinical supervisors will determine when students are able to be moved from active observation to delivery of supervised clinical services. For first semester placements and early in all clinical placements, it is anticipated that students will be directly supervised at 100%. Faculty supervisors will work closely with the students and gain insight into the clinical skills of the student (e.g. ability to implement treatment activities, cue and scaffold, manage behavior, collect data, complete documentation). Additionally, Faculty supervisors should give feedback to students to continually add skills and competencies to therapy sessions. Examples may include time management, implementing specific treatment strategies and methods, parent counseling, and providing a home program. Once the supervisor is confident the student can deliver quality services, the supervisor may begin to fade the amount of direct supervision, but must always abide by the stated standards above.

For external placements, the supervisor will be provided with a list of the didactic courses and clinical practicum experiences of the incoming student. Interpretation of these experiences related to the amount of direct supervision and/or fading of direct supervision is at the discretion of the supervisor, within the professional and ethical standards. In addition to the student's developing skills, consideration for the patient's complexity, severity, and safety should be considered when fading from direct to indirect supervision.

The program suggests supervision should be 100% initially and be reduced as the therapist is confident in the student clinician's skills. This must never be less than a minimum of 50% of evaluation and 25% of intervention sessions. Student clinicians must have direct access to a licensed and ASHA certified speech-language pathologist at all times when evaluating or providing intervention. The licensed and ASHA certified SLP must be on site before the student can have client contact.

U. Professional Standards for Clinical Practicum

When someone decides to become a speech-language pathologist, they are taking on a serious responsibility, including the role of a professional provider. A professional is someone who offers a service of significant social value with maximum competence. Being a professional means that your actions no longer reflect only you; your actions now reflect the entire profession. Professionals must act according to high standards of technical and ethical competence. Professional Codes of Ethics provide broad guidelines for such behavior. The American Speech Language Hearing Association (ASHA) has a professional Code of Ethics which sets forth ethical principles for the speech language pathology and audiology professions. Please review The ASHA Code of Ethics.

Speech language pathologists historically have upheld high standards of conduct. Members of the profession of speech-language pathology are responsible for maintaining and promoting ethical practice. As speech pathology students of Mount St. Joseph University, it is your responsibility to act according to the ASHA Code of Ethics.

V. Professional Dress Considerations

The purpose of considering how we present to others is to support our ability to effectively perform within our scope of practice and to cultivate an environment of mutual respect. Please consider the questions below when making decisions about personal presentation:

- Will my personal presentation support the perception of a clean, sanitary, and respectful clinical environment?
- Will my clothing allow for safe and easy range of movement needed in my scope of practice? For example, if sitting on the floor while playing with children will my clothing allow me to move easily without undergarments becoming visible?
- Will my personal presentation support positive rapport with my clients/patients? For example, do I have tattoos or wear jewelry that may be interpreted as offensive to certain groups and should be covered or removed during practicum?
- Will my appearance communicate disrespect for a historically marginalized population?
- Will my presentation distract me or my clients/patients from working effectively? Am I wearing make-up, jewelry, or clothing that may distract my clients?
- Have I considered potential allergies or sensitivities that might be present in persons with respiratory and/or sensory compromise (i.e. Scented lotions, perfume,
  cologne)?

If at any time your supervisor has questions or concerns regarding your appearance or dress, these questions will be used to facilitate a discussion to ensure the safety and comfort of yourself, your supervisor, your peers and your clients. Off-campus placements are likely to follow a specific dress code. The student is responsible for discussing and following the dress code expectations for the practicum site with their supervisor.

W. Social Media Policies

Any violations of privacy, including HIPPA and FERPA, are taken very seriously and can result in immediate dismissal from practicum. *Do not make any social media posts from any practicum site that have people (including your supervisor) or any type of patient information, even without names (e.g. "I saw the cutest little 25-week preemie boy. He is making such great progress!).* Additionally, please review the social media policies of your site for additional information.

Additional potential violations of privacy include:

- Posting of any information that could allow an individual to be identified, even in a private group (e.g. *"I have a patient I am struggling with in my placement. He's a 67-year-old veteran with a TBI who likes the Rolling Stones and his motorcycle."* If you have questions about a patient, your supervisor and/or MSJ faculty are where you should be seeking guidance… not social media!
- Sharing of photographs or images taken inside a healthcare facility in which patients or PHI are visible (e.g. someone is accidentally in the background, it happens all the time without people realizing it)
- Sharing of photos, videos, or text on social media platforms within a private group (Hint: Social media is never private! This includes what you think might not be identifiable (e.g. the inside of someone's mouth) but still requires written consent.
- Posting of gossip about patients (e.g. "*You will never guess who checked in*!")

As you move through your educational career and embark upon your professional career, potential employers, clients/patients, their families, and clinical supervisors/coworkers will search for you on social media. Students should take careful consideration of the information and photographs that they share publicly. Consider adjusting your social media account to reflect content that you are comfortable sharing with others you may encounter in a professional setting. Please be very careful with any information that could be offensive to others, particularly those from marginalized groups. Although you cannot control the perceptions of others, you can control what you choose to share.

X. MSLP Program Materials

The Student Resource Room in the MSLP Skills Lab contains a variety of materials that students may use for clinical practicum. Materials such as games, puzzles, books, toys, and art supplies may be checked out for use at practicum sites. These materials should be cleaned using wipes or cleaning supplies provided by the MSLP program and returned to the proper storage location (See Infection Control Policy in Clinic Manual for additional details). Directions for cleaning materials will be posted in the student resource room If toys or materials are mouthed by individuals or come into contact with

bodily fluids, please let a member of the MSLP faculty know so that the item/items can be properly disinfected. Therapy supplies and materials should be returned as soon as possible after use (within 24 hours). If materials are checked out on a Thursday or Friday they may be returned on the following Monday.

Standardized tests may not be removed from the MSLP Lab without approval from MSLP faculty. If MSLP faculty approve a student's request to take a standardized test to a practicum site, the student must properly check out the item using Libib. The student must return all testing materials (stimulus manuals, stimulus materials, examiner manual, scoring manual) within 24 hours.

SECTION IV: STUDENT SUPPORT & RESOURCES

A. Accommodations and Academic Support

The MSLP program is committed to educating and preparing a diverse group of students to enter the profession of Speech-Language Pathology, including students with disabilities. If you have a documented disability and require academic accommodations, please contact the Student Accessibility Specialist, Alex Grant, at 513-244-4623 or email StudentAccessibilityServices@msj.edu to arrange an intake meeting. You will need to provide documentation of your disability and work with the Specialist to develop an individualized accommodation plan. Students who have already registered with Accessibility Services are encouraged to discuss their accommodations with their course faculty at the beginning of each semester.

As stated in the Core Functions, accommodations identified by Student Accessibility Services will be honored unless these accommodations alter the minimum Core Functions of the program and profession. A reasonable accommodation should not fundamentally alter the academic or clinical requirements of the MSLP program, pose a direct threat to the health, safety, or well-being of the student or others (e.g., supervisor, patient), or present an undue burden to the university. Additionally, external clinical placement sites are not required to honor accommodation requests. Students are encouraged to discuss their recommended accommodations with the Program Director and the Director of Clinical Education as early as possible in their program and/or with potential external supervisors to maximize their opportunity for success. APPENDIX J is an example of a script that students may use for disclosing a disability and need for accommodations. Students are encouraged to reach out to MSLP faculty for help with personalizing the script and/or to practice having a conversation in which they disclose their disability and needs.

For temporary medical conditions, including illness or pregnancy, that may affect your ability to attend class or meet course requirements, please inform your instructor as soon as possible. You should also provide medical documentation to the Student Accessibility Specialist, who will coordinate with your instructors to discuss possible modifications. For further assistance, please contact Alex Grant (513-244-4623; StudentAccessibilityServices@msj.edu).

B. MSJ Wellness Center Counseling and Health Services

The Wellness Center offers Case Management, Counseling Services, GROW Coaching, and Health Services. More information about these services can be found at

The Wellness Center website: https://www.msj.edu/student-life/wellness-health-resources/index.html

APPENDIX A

A Guide for Future Practitioners in Audiology and Speech-Language Pathology: Core Functions

This document is intended as a guide for educational programs in speech-language pathology or audiology and individuals seeking a career in these professions. It identifies the core functions that individuals of such programs typically are expected to employ in didactic and clinical experiences to acquire the knowledge and demonstrate the competencies that will lead to graduation and successful entry into professional practice. This document replaces the Essential Functions document created by the Council of Academic Programs in Communication Sciences and Disorders (CAPCSD) in 2008. The document was updated to differentiate core functions from individual program requirements and to be inclusive of differences in behavioral and learning preferences associated with race, ethnicity, culture, sexual orientation, gender identity, language, and sensory, physical, or neurological status.

Instructions for Appropriate Use of this Document

This document may be used when:

- *informing individuals* about the core functions associated with the professions of audiology and speech-language pathology
- *initiating discussions* between students and programs regarding student success
- *empowering students* to make informed choices regarding their pursuit of professions in audiology and speech-language pathology
- *facilitating strategies* to achieve student success
- assisting programs and students in *identifying and advocating* for appropriate resources and accommodations
- *advancing* the professions of audiology and speech-language pathology through the lens of justice, diversity, equity, and inclusion.

This document must not be used:

- to *discriminate* against individuals for any reason
- as a measure of *acceptance or denial* into an educational program
- as a tool to *presumptively judge* individuals' potential for success

- as a *stand-alone* student assessment or intervention plan
- to *dismiss* students from a program

Use of this document is **not required** by CAPCSD or any accrediting or credentialing body, including the Council on Academic Accreditation or the Council for Clinical Certification of the American Speech-Language-Hearing Association.

For the sake of this document, the term "core functions" refers to behavioral or cognitive functions that an individual must be able to perform with or without accommodations necessary to ensure equitable access. The document intentionally does not address how stated core functions are demonstrated, recognizing that there are multiple ways an individual can successfully meet the demands of clinical education and practice. The determination of possible accommodations exemplified in this document varies from institution to institution based on numerous factors not covered in the scope of this document. The degree to which accommodations are determined is under the governance of the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973. It is the responsibility of the institution and the individual to work together to identify possible services and accommodations.

To ensure the integrity of the messaging in this document, a glossary of terms is included at the end of the document.

Communication

Statements in this section acknowledge that audiologists and speech-language pathologists must communicate in a way that is understood by their clients/patients and others. It is recognized that linguistic, paralinguistic, stylistic, and pragmatic variations are part of every culture, and accent, 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 client/patient 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 (e.g., respond quickly and appropriately according to emergency procedures)

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 processes within the SLP scope (including fluency, articulation, voice, resonance, respiration characteristics, oral and written language in the areas of semantics, pragmatics, syntax, morphology and phonology, hearing and balance disorders, swallowing, cognition, and social interaction related to communication)
- Access sensory information to correctly differentiate anatomical structures and function, 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 individuals and cultures 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
    - Observable behaviors include: resolving conflicts and disagreements while maintaining a compassionate and respectful attitude, including using positive comments such as affirmative wording and supportive paralinguistic features; demonstrate empathy toward others during interactions and challenges (e.g., acknowledging others' feelings, participating in active listening, avoiding comments made with negative wording or intonation (e,g., low vocal tone and/or a declining and falling intonation toward the last utterance of a statements, or exclamatory intonation and increased intensity representing anger and frustration); engage in self-reflection or seek feedback to improve the individual's ability to display compassion, respect, and concern for others during interactions.
- Adhere to all aspects of relevant professional codes of ethics, privacy, and information management policies
    - Including: ASHA code of ethics, university policies, and federal policies such as FERMA, HIPAA, and non-discrimination 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
    - Observable behaviors include: consistent participation and attendance (consistent attendance and active engagement can serve as indicators of an individual's commitment to maintaining their health at a level conducive to participation); goal setting and progress tracking (including practicing stress management, time management, mindfulness, asking for help when needed, prioritizing personal health and sleep)

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.

Glossary

- **Cultural responsivity** involves "understanding and respecting the unique cultural and linguistic differences that clients bring to the clinical interaction" (ASHA, 2017) and includes "incorporating knowledge of and sensitivity to cultural and linguistic differences into clinical and educational practices".
- **Evidence-based practice** involves "integrating the best available research with clinical expertise in the context of patient characteristics, culture, and preferences" (*Evidence Based Practice in Psychology*, n.d.).

American Speech-Language-Hearing Association. (n.d.). *Cultural responsiveness* [Practice Portal https://www.asha.org/Practice-Portal/Professional-Issues/Cultural-Responsiveness/]

Evidence-Based Practice in Psychology. (n.d.). https://www.apa.org. Retrieved March 3, 2023, from https://www.apa.org/practice/resources/evidence

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Approved by the CAPCSD Board of Directors

April 3, 2023

Reference update April 25, 2023

APPENDIX B

Academic Pre-Probation Plan Process

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Every course syllabus (academic and clinical) will contain an explicit statement regarding academic and competency measures, the specific criteria to measure those competencies, and the timeframe for remediation of the competency. The department's policy on academic competency pre-probation plan(s) allows the faculty member to determine the nature of the specific assignment/task/plan.

*When a student does not meet competency as stated on the syllabi the SLHS department requires that:

Step 1	The faculty member (academic or clinical) notifies the student and initiates the Pre-Probation Plan (PPP) process via University email and copies the Program Director. For academic competencies, PPP goals can be set (Complete Sections A-D as appropriate and send to student). For a clinical PPP, the student is responsible for responding to the faculty member's email within 48 business hours to initiate a meeting of the PPP Team.
Step 2	The faculty members meet with the student and complete Sections A-D at the time of the meeting. All participants sign the document during the meeting and it is stored in the student's electronic file. The pre-probation plan must contain an objective measure of competency and a specific due date (recommended timeframe 2-4 weeks, depending on the nature of the Pre-Probation Plan). The follow-up meeting must be scheduled during this meeting as well.
Step 3	For clinical Pre-Probation Plans, Sections E and F are completed at the follow-up meeting. When the Pre-Probation Plan is complete, the faculty member overseeing the plan will email the student regarding the successful completion of the competency plan, sign off on the plan, and copy the Program Director and Program Coordinator for storage in the student's file.

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MSLP Pre-Probation Plan

Student:	Date of Pre-Probation Plan Meeting:
Faculty Member:	Director of Clinical Education:
Clinical Supervisor:	Program Director:
Indicate Academic (Faculty Member only) or Clinical (Full Team) PPP:	

Section A: List and provide example(s) of the competencies, clinical skills, or Core Functions that are not being met and in what settings: Core Function(s): If accommodations are identified by Student Accessibility Services, please also indicate those here:
Section B: What steps or strategies for improvement have been implemented to date? Was improvement noted with these strategies? What is still a challenge?
Section C: Plan (including measurable goals) for improvement of competencies, clinical skills, or Core Functions. Identify supports, strategies, and timelines to assist in meeting these goals as appropriate.
Section D: Date and time for Follow-up Meeting/Plan completion

Signatures of Pre-Probation Plan Panel Members:

Student_____ Date: _____

Faculty Member_____ Date: _____

Practicum Supervisor_____ Date: _____

Director of Clinical Education_____ Date:_____

Department Chair_____ Date: _____

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Pre-Probation
Outcome Meeting Form

Student:	Date of Action Plan Outcome Meeting:
Supervisor:	Director of Clinical Education:
Program Director:	Faculty Member (as needed):

Section E: Pre-Probation Plan Outcomes (please list goals, outcomes, and strategies that contributed to student success):
Section F: Faculty Decision Regarding Clinical Practicum/Academic Program Progression:

Additional Information:

Signatures of Action Plan Panel Members

Student_____ Date: _____

Practicum Supervisor_____ Date: _____

Director of Clinical Education_____ Date: _____

Department Chair_____ Date: _____

Faculty Member_____ Date: _____

APPENDIX C

Criminal Background and Drug and Alcohol Screen Policy

Mount St. Joseph University

School of Health Sciences

1. Purpose

The Criminal Background and Drug and Alcohol Screening Policy (the "Policy") of Mount St. Joseph University (the "University") School of Health Sciences (the "School") is grounded in the School's mission to "prepare students for professional careers in selected health disciplines" and in accordance with the University Mission to "educate students through…professional curricula emphasizing values, integrity and social responsibility." The purposes of this Policy are to:

- Encourage students to make decisions with integrity and place value on their own health and well-being as current or future health care providers;
- Uphold our shared social responsibility to protect the public, including patients and clients; and
- Comply with the requirements of regulatory bodies and affiliated clinical facilities and/or their authorized agents and representatives in the health disciplines.

2. Policy Definitions

The following terms apply to this Policy:

"Under the influence" means that in the opinion of the University, its employees and/or representatives, a student has drugs and/or alcohol in his or her system and the use is detectible in any manner. Indicators of being under the influence may include, but are not limited to, misconduct or obvious impairment of physical or mental ability such as slurred speech, smell of alcohol, marijuana or other drugs on the student, or difficulty maintaining balance.

A **"drug"** is any substance (other than alcohol) which may, can or does alter the mood, perception, conduct, or judgment of the individual consuming it including both legal and illegal drugs.

A "**legal drug"** includes prescribed drugs and over-the-counter drugs that have been legally obtained and are being used only in the amounts and prescribed and/or for the purpose for which they were prescribed or manufactured.

An "**illegal drug**" means any drug which (a) is not legally obtainable, (b) is legally obtainable but has not been legally obtained, (c) is obtained legally but abused. The term includes prescribed drugs not being used for prescribed purposes. It also includes,

without limitation, those drugs classified as narcotics, stimulants, depressants, hallucinogens, and marijuana/cannabis.

"**Non-negative**" means any drug screen that is not negative, including but not limited to findings of positive, dilute negative and non-negative.

"**Reasonable suspicion**" occurs when a student has demonstrated a notable change in affect, behavior, or physical appearance consistent with the prohibited use of drugs or alcohol or when information is obtained that may indicate that a student has engaged in criminal behavior. Reasonable suspicion of drug or alcohol use includes, but is not limited to, slurred speech, decreased coordination, drowsiness, pinpoint or dilated pupils, reddened eyes, forgetfulness, difficulty concentrating, impaired judgment, sedation, decreased inhibitions euphoria, and the possession of drugs, alcohol or paraphernalia. Reasonable suspicion for a background check may be based on information from various sources, including but not limited to, the media, police, third-parties, or other public records.

"**Alcohol**" means an intoxicating liquid or compound, including beer, subject to liquor control laws of any kind in the State of Ohio.

3. Required Student Conduct Related to Drugs and Alcohol

Students of the School must comply with the standards set forth in this Policy and complete criminal background checks and drug and alcohol screenings as requested and/or required by the School. It is a violation of this Policy for a student to refuse to timely obtain a requested and/or required criminal background check or drug and alcohol screen for any reason.

4. Prohibited Conduct Related to Drugs and Alcohol

Students in the School are required to comply with the University's Drug and Alcohol Policy and Guidelines at all times, including while participating in clinical program activities of the School that take place on or off campus. The University's Drug and Alcohol Policy and Guidelines are located in the Program handbook and available at https://mymount.msj.edu/ICS/icsfs/DrugAlcoholPolicy.pdf?target=2cc870d5-79bb-4a79-9953-435edc251fe2

In addition, students in the School are prohibited from reporting to or participating in any clinical program or other School activity, including but not limited to classroom or lab work, while under the influence of alcohol, any illegal drug, and/or while under the influence of a legal drug that impairs the student's healthy and safe performance of School activities. The University reserves its right to determine, in its sole discretion, whether the use of any legal drug by a student poses a threat to the student's health and safe performance of School activities.

5. Reporting Use of Legal Drugs that May Impair Performance

Any student whose use of a legal drug has the potential to threaten the health or safety of the student or others or to impair the student's clinical performance or any School activities shall immediately report such drug use to the Wellness Center or Learning Center & Disability

Services to discuss any appropriate precautions or accommodations. The student may be required to provide certification from the prescribing physician/physician assistant or nurse practitioner that the drug will not impair the student or threaten the health or safety of the student or others when the student is performing clinical or School activities. Students who are impaired by legal drugs will not be permitted to perform "safety sensitive" clinical or School related tasks.

6. Required and/or Requested Background Checks and/or Drug and Alcohol Screens

Criminal background checks and/or drug and alcohol screens may be requested by the University and required of a student for reasons including, but not limited to, the following:

- As a requirement for enrollment into the professional phase of the curricula;
- As a requirement of applicable regulatory bodies or assigned affiliated clinical facilities and/or their authorized agents and representatives;
- As a periodic random sampling of the student body;
- Under reasonable suspicion by a University faculty member or staff member if the student is on the University's campus, or a clinical instructor/preceptor/professional staff of the clinical facility if the student is at a clinical site off of the University's campus (the "Representative"); and,
- As required by a School-affiliated clinical site/facility and in accordance with the site/facility's reasonable procedures.

7. Immediate Consequences of Suspected Policy Violations

In the event that a student is suspected of violating this Policy by a Representative, the student will be immediately removed from any clinical program or activity of the School while the student is believed to be under the influence subject to the safety and transportation provision described in 8a. Students must immediately comply with requests by Representatives to leave clinical programs or School activities.

8. Process for Obtaining a Required/Requested Criminal Background Check or Drug and Alcohol Screen

a) *Request Based on Reasonable Suspicion for Being Under the Influence*

Immediately upon the receipt of a verbal or written request of a student to obtain a criminal background check and/or drug and alcohol screen from a Representative based on a reasonable suspicion for being under the influence, the student shall go directly to the Testing Provider (described in this Policy) for the requested test. In the event that the Testing Provider is closed at the time the verbal or written request is made, the student shall return to the Testing Provider at its next open business hour for the requested testing.

It is the sole responsibility of the student to provide his or her own safe and lawful transportation to and from the test facility or lab when requested and/or required to obtain a criminal background check and/or drug and alcohol screen. Operating a vehicle under the influence of drugs or alcohol is against the law and will be considered a separate violation of this Policy. All costs associated with such transportation will be the student's sole responsibility. University employees, clinical site representatives, other students of the University and/or other individuals affiliated with the academic program shall not provide transportation to students suspected of violating this Policy.

b) Request or Requirement Not Based on Reasonable Suspicion for Being Under the Influence

A student who receives verbal or written request and/or is otherwise required to obtain a criminal background check and/or drug and alcohol screen for any reason other than reasonable suspicion of being under the influence shall complete the required testing at the Test Provider by the deadline established by the Representative.

c) Proof of Compliance

Students who are requested or required to complete a criminal background check or drug and alcohol screen must produce evidence within 48 hours of the verbal or written notification to the student of such a requirement that they have placed the order with the Testing Provider.

d) Failure to Timely Comply

Failure of any student to timely complete a requested and/or required criminal background check and/or drug and alcohol screen under this Policy will, at the very least, delay the student's progression in the student's academic program and may

result in disciplinary actions as described in this Policy, up to and including possible dismissal from the student's academic program and/or University.

9. Cost of Background Check or Drug and Alcohol Screen

Regardless of the reason for a criminal background check or drug and alcohol screen, the cost of any such tests will be the sole responsibility of the student.

10. Student Status Pending Test Results

It is the sole discretion of the University to permit a student suspected of violating this Policy to remain enrolled in classroom classes and/or labs while awaiting results of a test, but the student shall not be allowed in any clinical setting.

11. Testing Provider

When a background check or drug and alcohol screen is required and/or requested of a student for any reason, the student must utilize the School's preferred provider for criminal background checks and drug and alcohol screens (the "Testing Provider") and place an order, complete the required steps and provide any required samples in accordance with established testing protocols of the University and/or Testing Provider.

The Testing Provider tests for drug compounds with screening and cutoff levels per their established standard. Confirmed drug testing results at or above their established levels are considered a "positive" or "non-negative" test. Alcohol test results indicating a blood alcohol concentration of 0.02 or greater are considered a "positive", "or non-negative test.

12. Test Result Evaluation

Each academic program in the School shall have a representative assigned to review criminal background checks and drug and alcohol screen results (the "Program Representative"). In the case of a non-negative result, this person may consult with the Program Director, Department Chair, Assistant Dean of Nursing, and Dean of the School of Health Sciences.

a) Non-negative Criminal Background Check Results

Students shall receive written notice of the results of any criminal background check. In the event of a non-negative criminal background check, the Program Representative shall evaluate whether the non-negative result may be detrimental to the student's potential for matriculation in the program or eventual licensure/certification. This determination will be made in consultation with:

- Ohio Revised Code, or any similar law of Ohio or another state; and/or

- Applicable state practice acts, state boards, rules, laws, or statutes of any state in which the student intends to complete a clinical rotation or practice.

If a student's criminal background check result is determined by the Program Representative and School, in their sole discretion, to be detrimental to his or her potential for progression through an academic program or eventual licensure and/or certification, the student may be dismissed from the program.

In some instances, the Program Representative and School may be unable to definitively determine whether or not a past criminal offense may prove detrimental to the student's matriculation in the program or eventual licensure and/or certification. All students who receive non-negative criminal background check results and decide to remain in an academic program of the School accept full responsibility for any and all time and/or financial investment they make in the program despite the risk that test results may adversely affect the student's ability to graduate or obtain required licensures and/or certifications.

b) Non-negative Drug and Alcohol Screen Results

Students shall receive written notice of the results of any drug and alcohol screen. In the event of a non-negative drug and alcohol screen, the student will have one week from receiving notice of the test result to provide a written explanation to the Program Representative. Drug and alcohol screens that result in dilute negative results are considered a non-negative result and need to be repeated. The student may remain enrolled in classroom classes and labs during the consideration of an explanation, but will not be allowed in any clinical setting during these processes. If the student's written explanation of his or her non-negative result is not accepted as valid by the Program Representative and School, in their sole discretion, the student may be dismissed from the program.

13. <u>Refusal to Submit to Testing</u>

The following list of situations constitute violations of this Policy and shall be deemed a refusal to cooperate with the University's required procedures by any student, which can result in discipline up to and including dismissal from the academic program or University:

- Refusal to submit to a criminal background check or drug and alcohol screening, or complete any required paperwork for same, during the prescribed timeframe.
- Providing false, incomplete, or misleading information in connection with any criminal background check or drug and alcohol screening processes.
- Engaging in conduct that unreasonably obstructs any criminal background check or drug and alcohol screening processes.

- Failing to timely obtain a requested or required drug and alcohol screening or leaving the screening site before submitting to the test.
- Failing to provide adequate urine for a drug and alcohol screen without a valid medical reason/explanation as determined by the Program Representative.
- Failing to permit observation or monitoring while providing a urine sample.
- Tampering with, diluting, adulterating, falsifying or substituting a specimen, as determined by the Testing Provider, Program Representative or the University.
- In the event that any device or other item that may be used to cheat on a drug and alcohol screen is possessed during the collection process or at the collection facility.
- Failure to respond to notice, in writing or by phone, from any Representative regarding a positive test result or the issuance of a non-contact positive result.

14. Consequences of Policy Violations

A student's non-negative criminal background check, non-negative drug and alcohol screen test result, refusal to submit to testing, and/or failure to comply with any terms of this Policy shall be considered Policy violations. Policy violations may result in disciplinary sanctions, including but not limited to the delay or disqualification of a student's matriculation in any professional or clinical phases of a program, the delay or disqualification of a student from graduation due to inability to complete program requirements, dismissal from an academic program in the School and/or suspension or dismissal from the University. Disciplinary sanctions shall be communicated to students in writing by the Program Representative, program director, or School Dean (the "Sanction Notice").

The School will uphold determinations of affiliated clinical facilities and the consequences of any non-negative criminal background check or non-negative drug and alcohol screen test result established by any affiliated clinical facility, up to and including cancellation of the clinical rotation for a student. In the case of cancellation of a student's clinical rotation, the student does not have a right of appeal and the student's individual program at the School will determine when and if a student may be placed in future clinical placements on a case-by-case and/or if a violation of this Policy occurred subjecting the student to consequences for Policy violations.

Refund of the tuition of a student suspended and/or dismissed from a program, the School and/or University is determined based on the University tuition refund schedule. Consistent with other University policies, course fees are not reduced or refunded once courses begin in any academic term (see Semester Policies and Procedures, posted on MyMount).

15. Appeal of Disciplinary Decisions Issued Under the Policy

A student may appeal the outcome and consequences of a Sanction Notice by making a written request for appeal to the Dean of the School of Health Sciences within 72 hours (excluding University holidays) of receiving the Sanction Notice (the “Appeal Request”). To be valid, an Appeal Request must include the student’s summary of the events that led to the Sanction Notice, the student’s explanation of those events, and any documentation the student wishes to have considered in the appeal.

Appeal Requests are reviewed by a panel (the “Appeal Panel”) including:

- Two faculty members from the student’s program;
- One faculty member from another Health Sciences department;
- The Dean of the School of Health Sciences or his/her designee;

A member of the School’s faculty from outside the student’s department shall serve as the Chair of the Appeal Panel. The Appeal Panel shall schedule a hearing within 30 days (excluding University holidays) of the receipt of the Appeal Request by the Dean (the “Appeal Hearing”) and the Chair of the Appeal Panel shall provide written notice to the student of the time and place of the Appeal Hearing at least five (5) days (excluding University holidays) prior to the Appeal Hearing. An Appeal Hearing is not a criminal or civil proceeding; formal rules of evidence are not applicable. Legal counsel may not be present at the Appeal Hearing. However, the student may bring an advisor who is a full-time faculty or staff member at the University to the Appeal Hearing for support and consultation; however, the advisor may not speak on behalf of the student at the Appeal Hearing. Only the contents of the Appeal Request, test results, and student’s statements at the Appeal hearing shall be considered by the Appeal Panel.

Within one week (excluding University holidays) after an Appeal Hearing, the Appeal Panel shall render a written decision to either uphold the Sanction Notice or render some other decision (the “Appeal Decision”). The Chair of the Appeal Panel shall report the Appeal Decision to the School Dean (if the School dean is not on the Appeal Panel). The Dean will notify the student of the Appeal Decision. An Appeal Decision is final and the student has no further right to appeal. During an appeal process, a student may attend classroom classes and labs, but will not be allowed in any clinical setting during the appeals process.

16. Reinstatement

Students dismissed from a School program due to a non-negative criminal background check or drug and alcohol screen may petition the School Dean and program director for reinstatement no sooner than 12 months and no later than 15 months following the effective date of the dismissal. Students are not automatically afforded the opportunity

for reinstatement. Each petition for reinstatement will be decided by the School in its sole discretion on a case by case basis.

Reinstatement with non-negative criminal background check results determined to be detrimental to his or her potential for matriculation or eventual licensure will only be considered if a change has been made during the interim to applicable rules, laws and procedures such as:

- Ohio Revised Code, or any similar law of Ohio or another state; and/or
- Applicable state practice acts, state boards, rules, laws, or statutes of any state in which the student intends to complete a clinical rotation or practice.

Reinstatement with a non-negative drug and alcohol screen result will be considered based on the relevant circumstances including but not limited to documented proof:

- Demonstrating participation in a substance abuse education and rehabilitation program; and/or
- Passage of two random drug and alcohol screens with negative results, two weeks apart and 30 days prior to reinstatement.

APPENDIX D

MOUNT ST. JOSEPH UNIVERSITY
HEALTH SCIENCE IMMUNIZATION POLICY

EXEMPTION REQUEST AND WAIVER FORM

Complete all three (3) parts of this form, as applicable, and return it to the Program Director or Clinical Director of your academic program.

PART I. CERTIFICATION OF EXEMPTION REQUEST AND WAIVER

Please carefully read and certify your full understanding and voluntary agreement with the statements in Part I.

I am requesting an exemption from an immunization required by my academic program at Mount St. Joseph University ("University") that is required by a University affiliate ("External Policy") who provides external placement opportunities for students, including but not limited to clinicals, practicums, etc. (the "External Partner"). I understand that my request will be reviewed by my program's Clinical Director/Coordinator in consultation with the University's General Counsel.

With respect to any External Policy, I recognize that the University's review of my request is provided as a courtesy only. The University does not administer or enforce any External Policy. External Partners are separate and distinct entities, over which the University has no control. The applicable External Partner has ultimate decision-making authority over the External Policy and any exemption therefrom. I understand that the University's approval or denial of my request may have no effect on the External Policy or any External Partner decision related thereto. Regardless of the University's decision related to my request, an External Partner may still approve or deny my request to be exempted from an External Policy. The University makes no guaranty that I will be exempted from any External Policy, or that I will be able to participate in an External Partner's programs without complying with an applicable External Policy. Submission of this form does not guaranty that the University will approve my request. The University may approve or deny my request for any legally permissible reason.

If the University denies my request to be exempted from an immunization required by the University and/or an External Policy, and/or an External Partner denies my placement or denies my request to be exempted from an External Policy, regardless whether or not the University has approved or denied my request to be exempted from an External Policy, it is possible that an alternate clinical placement may not be made available to me, which could reduce or prevent my ability to progress in or complete my academic program and/or to graduate from such academic program. The University has no obligation to place me with an alternate clinical placement and/or External Partner who does not have a similar immunization policy as the University and/or External Policy or one which will approve my request to be exempted therefrom.

By submitting this form, regardless of whether the University approves or denies my request hereunder, I hereby waive all claims against the University and any of its employees, officers, agents, affiliates, and External Partners, and release such persons and entities from any and all liability connected with all claims related to: (i) my request hereunder; (ii) any approval or denial of my request to be exempted from any University immunization requirements and/or an External Policy; (iii) my inability to participate in any External Partner program; (iv) my ability to complete or participate in any program or activity of the University; (v) an outbreak of disease or other public health emergency at the University or an External Partner; and (vi) any impairment of my health or delay in my academic/graduation progression that may result from any of the foregoing.

I have read and understand the terms contained in this form. I represent that the information I provide to the University on or in connection with this form is true and accurate, and I understand that I will be subject to appropriate corrective action if I am found to have supplied knowingly false or intentionally misleading information.

Name of Applicant: _____ DOB: _____
(please print)
Applicant's Signature: _____ Date: _____

*Parent/Guardian Signature: _____ Date:_____
**If Applicant is under the age of 18*

PART II. DOCUMENTATION OF BASIS FOR EXEMPTION

Complete Part II to document the basis for your request for an exemption from the University Policy.

_____ M.M.R (Measles-Mumps-Rubella)

_____ Meningococcal Meningitis

_____ Varicella (Chicken Pox)

_____ Hepatitis B

_____ TB (Tuberculosis) screening

_____ TD (Tetanus-Diphtheria) or TDaP (Tetanus-Diphtheria-Pertussis)

_____ COVID-19 (please specify Pfizer, Moderna, Janssen, or ALL: _____)

_____ Influenza (Flu)

_____ Other (please specify): _____.

Indicate the immunization(s) for which you are requesting an exemption (check one or more, above).

I am requesting an exemption for the following two reasons: (check all that apply):

_____ **Religious/Moral Exemption -** Notarized statement of belief required.

To be completed by the applicant:
The following is a brief statement of my sincerely held religious or moral belief (attach additional documentation if needed):

_____

_____

To be completed by a notary:
State of Ohio, County of _____

Subscribed and sworn before me by _____ (name) on this _____ (date).

[Place Seal of Notary Below]

_____
Signature of Notary

_____
Printed Name of Notary

_____ **Medical Exemption –** Attach a statement from my licensed healthcare provider addressing the questions below for each immunization selected for exemption:

1. Does the patient have one of the following CDC-recognized contraindications to the immunization(s) selected above?
    - Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the immunization; or
    - Immediate (within 4 hours of exposure) allergic reaction to any severity to a previous dose or known (diagnosed) allergy to a component of the immunization.
2. If yes, did you treat the patient for the severe/immediate allergic reaction? If you did not treat the patient, have you reviewed medical records documenting the diagnosis and do you agree with the diagnosis?
3. Does the patient have a health condition that significantly limits a major life activity and that prevents the patient from complying with the immunization requirement?
4. If yes, please explain how the health condition prevents the patient from complying with the immunization requirement and for how long.
5. How long have you treated the patient?
6. Include the provider's name, signature, clinic/practice name, address and phone number.

NOTICE

If your request is denied, you may submit additional information within 10 days to have your request reconsidered. Only one exemption may be requested per individual per semester, unless there has been a relevant change in circumstances, as determined by the University. Any denial will remain in effect unless and until your request is approved by the University.

PART III. AUTHORIZATION TO RELEASE INFORMATION

Applicants who seek an exemption to any External Partner's immunization vaccine requirement must authorize the University to send this completed Immunization Exemption Request and Waiver Form to all applicable External Partners. Such applicants must complete Part III of this form to authorize the University to forward their Immunization Exemption Request and Waiver form to External Partners, and vice versa.

The Family Educational Rights and Privacy Act ("FERPA") affords students certain rights with respect to their education records. These include the right to provide written consent before the University discloses personally identifiable information from the student's education records, except to the extent that FERPA authorizes disclosure of directory information without consent. Ohio law and the federal Health Insurance Portability and Accountability Act ("HIPAA") protect certain health related information from unauthorized use or disclosure without consent. Protected Health Information ("PHI") includes personally identifiable information that describes the individual's health status or condition, treatment, or products.

By signing the authorization below, you agree that University personnel may provide this Immunization Exemption Request and Waiver form, all materials and information submitted to the University in connection with this form, and any related information from your education records or any related PHI (if and as applicable) to any External Partner(s) identified below. The purpose of the disclosure is to facilitate your request for an exemption

from External Partners' immunization requirements. You further understand and acknowledge that: (1) you have the right not to consent to the release of Immunization Exemption Request and Waiver Form, education records, and/or PHI (if and as applicable); and (2) this consent shall remain in effect until revoked by you in writing and delivered to the University's Registrar, but that any such revocation shall not affect disclosures made prior to the receipt of any such written revocation.

Please be aware that failure to provide such consent may affect your eligibility to receive an exemption from an External Partner's immunization requirements.

I authorize all such information to be released to the following External Partner(s): (check one)

_____ All entities with whom I may be placed for clinicals, internships, or other educational experiences related to my course of study.

_____ Other: _____

Applicant's Signature: _____ Date: _____

APPENDIX E

Declination of Practicum Placement

I,_____, acknowledge that I am declining the clinical practicum placement at_____arranged for me by Mount Saint Joseph University MSLP program for the_____ term. By declining this placement, I fully understand that it may not be possible for the program to arrange for me to have another clinical placement for the _ term. Therefore, I may not be able to graduate, or I may have to delay my graduation date to complete program requirements and be eligible for American Speech-Language- Hearing Association certification and state licensure. I am assuming this risk based on my own preferences and through no fault of the Director of Clinical Education, Practicum Site, or lack of attempt by the MSLP program to find me an external clinical placement.

_____	_____
Student Signature	Date
_____	_____
Director of Clinical Education	Date
_____	_____
MSLP Department Chair	Date

APPENDIX F



SAMPLE INTRODUCTORY EMAIL TO SUPERVISORS

Dear Ms. Smith,

I have been assigned to be your MSJ graduate student clinician for Spring 2026. I am looking forward to learning more about working with school age children who have speech and language disorders. I feel that interacting with children is a strength for me, but I'd really like to improve my competency with managing behaviors and administering formal and informal evaluations. I'd also like to learn more about programing and using AAC devices with children.

During my first year in the MSLP program I completed multiple part-time clinical experiences with both adults and children. In addition to the on-campus clinic where I had the opportunity to work with children who have language disorders, I also completed a placement at a program that serves adults who have Parkinson's Disease. My full-time placement this semester (Fall) is at a skilled nursing facility where I completing communication screenings and providing treatment for cognitive skills and dysphagia.

In preparation for my practicum, I have a few questions for you:

- What time and where should I meet you on my first day?
- How should I dress for the practicum?
- Is there anything else that I can do to prepare for practicum?
- Is there a particular place that I need to park?

If you prefer to talk on the phone about these questions, please let me know what day to call you and what would be the best time to reach you.

Thank you for your willingness to supervise me. I look forward to meeting you soon.

Sincerely,

Taylor Swift, B.S.

Courses I have completed (some course names have been shortened, please let me know if you have questions.)

Completed Fall	Completed Spring	Completed Summer	Enrolled Fall	Enrolled Spring
Language Fundamentals/Early Language Speech Sound Disorders Research Methods Neuroanatomy Research Methods Graduate Seminar Integration & Simulation I Clinical Practicum I	School-age Language and Literacy Adult Language Disorders Dysphagia Clinical Speech Science Integration & Simulation II Clinical Practicum II	AAC Voice and Resonance Motor Speech Disorders Fluency & Counseling Hearing Disorders for SLP Integration & Simulation III Clinical Practicum III	Policy, Funding, and Advocacy Complex Cases Adult Med/Clinic Practicum <u>Electives</u> Instrumental Assessment Head/Neck Cancer for SLP	Capstone Foundations of Effective Reading Instruction Pediatric Practicum

APPENDIX G

MOUNT ST. JOSEPH UNIVERSITY
Speech, Language, and Hearing Sciences

SAMPLE INTRODUCTORY EMAIL TO SUPERVISOR

Please edit this template as appropriate. Be sure to edit the font color so the entire email is black before you paste to send to the supervisor.

Dear [insert supervisor name, address as Ms./Mr./Dr. unless known via director of clinical education as having a different title (e.g. Mrs.),]

I have been assigned to be your MSJ graduate student clinician for the [Fall, Spring, Summer][YEAR] semester. I am looking forward to learning more about [at least one thing you are interested in learning more about in the general population you have been assigned]. I feel that [insert a strength] is a strength for me, but I'd really like to improve my knowledge and skills with [insert skills you would like to learn more about].

A list of my completed courses and the courses I will be taking this semester is located below in this email. I have also completed part-time clinical practicums working with [inset a brief description of your clinical experiences thus far in the graduate program. This should be 2-3 sentences, one for each placement].

In preparation for my practicum, I have a few questions for you: [although you probably have lots of other questions, please try to balance obtaining this information and overwhelming your supervisor with questions].

- What time and where should I meet you on my first day?
- How should I dress for the practicum?
- Is there anything else that I can do to prepare for practicum?
- Is there a particular place that I need to park?

If you prefer to talk on the phone about these questions, please let me know the best day and time to reach you.

Thank you for your willingness to supervise me.

[Your name, degree]

Courses I have completed (some course names shortened, please let me know if you have questions.)

Table Directions: Select the Fall or Spring table. In the top row, fill in the years you have been enrolled in the program. You will also need to appropriately modify your electives.

Fall Semester Table- you will likely still be in summer classes so you will need to indicate 'Enrolled' for the summer; if it is after the summer semester ends, you can choose 'Completed'

Completed Fall XXXX	Completed Spring XXXX	[Completed/Enrolled] Summer XXXX	[Completed/Enrolled] Fall XXXX
Language Fundamentals/Early Language Speech Sound Disorders Research Methods Neuroanatomy Research Methods Graduate Seminar Integration and Simulation I Clinical Practicum I	School-age Language and Literacy Adult Language Disorders Dysphagia Clinical Speech Science Integration and Simulation II Clinical Practicum II	AAC Voice and Resonance Motor Speech Disorders Fluency & Counseling Management of Hearing Disorders for SLP Integration and Simulation III Clinical Practicum III	Policy, Funding, and Advocacy Complex Cases Across the Lifespan Electives: Foundations of Effective Reading Instruction Instrumental Assessment Head/Neck Cancer for SLP Adult Med/Clinic Practicum Pediatric Practicum Lifespan Practicum Experience

Spring Semester Table- you will likely still be in fall classes so you will need to indicate 'Enrolled' for the fall; if it is after the fall semester ends, you can choose 'Completed'

Completed Fall XXXX	Completed Spring XXXX	Completed Summer XXXX	[Completed/Enrolled] Fall XXX	[Completed/Enrolled]
Language Fundamentals/Early Language Speech Sound Disorders Research Methods Neuroanatomy Research Methods Graduate Seminar Integration and Simulation I Clinical Practicum I	School-age Language and Literacy Adult Language Disorders Dysphagia Clinical Speech Science Integration and Simulation II Clinical Practicum II	AAC Voice and Resonance Motor Speech Disorders Fluency & Counseling Hearing Disorders for SLP Integration and Simulation III Clinical Practicum III	Policy, Funding, and Advocacy Complex Cases Across the Lifespan Electives: Foundations of Effective Reading Instruction Instrumental Assessment Head/Neck Cancer for SLP Adult Med/Clinic Practicum Pediatric Practicum Lifespan Practicum Experience	Capstone Electives: Journal Club for Medical SLP Foundations of Effective Reading Instruction Early Intervention Adult Med/Clinic Practicum Pediatric Practicum Lifespan Practicum Experience

APPENDIX H

SUGGESTED TIMELINE FOR PRACTICUM EXPERIENCE

The following is a suggested guideline based upon a practicum assignment of 4 -5 days per week for 15 weeks. The goal for the practicum experience is for student clinicians to transition from observation to service delivery with varying levels of support from the supervisor. There are individual differences among students and supervisors and each practicum experience should proceed at the pace needed by those involved. This is guideline for you to reference or adapt as you feel necessary.

Week One Date: _____

- Practicum Site Orientation
- Review of Policies and Procedures, student orientation manual if available
- Observation of supervisor
- Observations of other speech language pathologist (as possible)
- Discuss agency's mission and clinician's philosophy and standards of practice
- Review of client/patient charts:
    - Log/file/progress notes
    - Initial and ongoing evaluations
    - Case/medical history and background information
    - Other documents- IEP, ETR, care plan
- Become familiar with treatment materials, evaluation materials, information given to patients/caregivers, and cleaning/sanitization processes
- Discussion of dress code, technology use, lunch breaks, and working conditions
- Knowledge and sensitivity to cultural and linguistic diversity
- Begin trainings mandated by facility.
- Complete Practicum Commitment Form and upload to CALIPSO

Week Two Date: _____

- Active observation of supervisor (collection of data on goals, collection of speech or language sample, list treatment and behavioral management strategies used by clinician, list schedule of activities/tasks for therapy sessions)
- Become familiar with evaluation procedures and tests-practice scoring a test after observing supervisor
- Become familiar with documentation systems and procedures- practice writing a session note after observing a session
- Establish regular supervisor-student conferences to provide feedback, identify strengths and areas for improvement
- Complete trainings mandated by facility.
- Other_____

Week Three Date: _____

- Plan and initiate at least one therapy task with 25-50% or more of case load.
- Complete necessary documentation of treatment notes with guided support from supervisor.
- Conduct 50% of initial evaluation with full guidance from supervisor and write observations/impressions.
- Demonstrate understanding of documentation procedures related to treatment and evaluation and time lines for completion.
- Keep a daily log of practicum hours.
- Select, read, discuss relevant information, articles, resources as needed or suggested by supervisor.
- Supervisor-student feedback conference
- Other_____

Week Four Date: _____

- Plan and implement treatment sessions for 50-75% or more of caseload.
- Demonstrate ability to offer suggestions/ideas for home practice to client/caregivers.
- Demonstrate use of behavior management strategies (if applicable) with moderate assistance from supervisor.
- Write treatment notes for clients/patients being followed with moderate support from supervisor.
- Conduct full evaluation including gathering background information, administering formal and informal testing, scoring tests, and giving results to patient and/or caregivers with moderate assistance from supervisor.
- Write full evaluation report with guidance from supervisor.
- Supervisor-student feedback conference:
- Other_____

Weeks Five to Eight (mid-term) Date: _____

- Assume responsibility for 75-100% of caseload as deemed appropriate by supervisor (including data collection, documentation, collaboration with staff, and communication with patient/caregivers)
- Guidance/assistance from supervisor may vary based on new clients entering caseload, change in client/patient condition or severity, and introduction of new treatment strategies/methods.
- Develop goals/plan of treatment for client/patient after evaluations with reducing level of support from supervisor.
- Mid-term evaluation (CALIPSO) is completed by supervisor
- Site visit with Director of Clinical Education
- Student completes self-evaluation to determine self-perceived areas of strength and improvement
- Observation and collaboration in interdisciplinary treatment session, evaluation or discussion

- Plan in-service or project for practicum site (optional)
- Supervisor-student feedback conference
- Other_____
  _____

Weeks Nine to Thirteen Date: _____

- Assume responsibility for full caseload as deemed appropriate by supervisor (including data collection, documentation, collaboration with staff, and communication with patient/caregivers)
- Give in-service or complete project for practicum site (optional)
- Complete observations of other programs/disciplines when available
- Supervisor-student feedback conference
- Other_____

Final Week Date: _____

- Student will complete final self-evaluation and enter all clinical hours in CALIPSO
- Student should complete all documentation pertinent to patient/client care
- Transfer care back to supervisor by reviewing patient/client progress and evaluation results
- Supervisor will complete final evaluation in CALIPSO and meet with student and Director of Clinical Education to share results
- Student will complete supervisor evaluation in CALIPSO
- Other_____

APPENDIX I

PRACTICUM COMMITMENT FORM

Semester/Year _____

Student Name: _____ Supervisor Name: _____

Site Name: _____ Site Address: _____

Student phone: _____ Supervisor preferred email: _____

Supervisor preferred phone: _____

The student and supervisor have agreed to the following schedule and expectations for dates and hours of practicum: Start date of practicum: _____

End date of practicum: _____

Days Scheduled:	Monday	Tuesday	Wednesday	Thursday	Friday
Scheduled Hours					

*Please keep in mind Scheduled Hours include the full time a supervisor expects a student to be onsite, including prep time and documentation time. Please be aware students may have class in the evening.

Feedback

How will feedback be provided to the student (circle all that apply): written, verbal

Schedule for Feedback

The supervisor and student will meet/debrief to review progress, give feedback, answer questions, identify strengths and areas for improvement, etc. (circle all that apply): ongoing (e.g. between patients), daily (am/pm), weekly, as needed.

Additional Procedures Student

Document the appropriate information after discussing with your supervisor and initial each statement. There is additional space for each item if you and your supervisor would like to add additional information.

- _____In the event that I am absent due to illness or emergency, I will notify supervisor via phone/email/text (circle one) as soon as possible and Director of Clinical Education via email. I will make attempts to make up missed sessions.

- _____ My supervisor and I have discussed privacy regulations for this site and I understand the site procedure, as well as general privacy rule (e.g. HIPAA, FERPA), related to privacy rules, regulations, and procedures.

- _____I will participate in at least _____hours/days/weeks of direct observation before providing supervised clinical services.

- _____I will submit treatment plans _____ in advance of scheduled treatment sessions via _____.

- _____I will complete documentation of therapy sessions by_____ and evaluations by_____.

- I understand the appropriate attire/dress for the site is _____.

- _____My supervisor has reviewed the organization's policies that are relevant to the practicum experience such as dress code, social media, technology use, personal protective equipment, standard precautions, and emergency procedures. I understand these policies and know where to access them.

Supervisor

The Supervisor agrees to the following: *Please initial next to each statement.*

_____ The supervisor will have primary responsibility for coordination and supervision of the student's professional work at this site.

_____ The supervisor recognizes and agrees to abide by the observation requirements set by ASHA; supervision of a minimum of 25% of client contact time for therapy and diagnostic evaluations OR as appropriate for student knowledge and skills.

_____ The supervisor will share an evaluation of the student's performance with the student and director of clinical education at midterm and semester end.

_____ In the event of absence or facility closure the supervisor with notify the student via email/phone (circle one).

The Director of Clinical Education will conduct a midterm and end of semester to each site and is available via phone or email as needed. Supervisors are encouraged to reach out with questions and concerns.

Student Signature:_____
Date:_____

Supervisor Signature:_____
Date:_____

ASHA #_____

APPENDIX J

Script for Disclosing Disability and Accommodations

to Supervisor or Instructor

1. Read through the script.
2. Fill in the blanks to reflect your information.
3. Reach out to MSLP faculty for help filling in the script and/or practice role playing.
4. Schedule some time to talk privately with your instructor or clinical educator to have a conversation about your accommodations.

Dear _____,

I have been identified as having (disability/diagnosis). I have the Core Functions to participate in class/practicum and find that it is helpful if I have (describe the specific accommodations you need). Here is the letter from MSJ Student Accessibility Services that documents the accommodations that contribute to my success in (class/practicum). I find that when I (example of accommodation) it improves my productivity/achievement. Please let me know if you have any questions or would like to learn more about these accommodations.

Thank you for your consideration.

_____

Name

APPENDIX K

MOUNT ST. JOSEPH UNIVERSITY®
Speech, Language, and Hearing Sciences

Practicum Site Visit Form

Student Name:	Date:
Site:	Supervisor:
Site visit: In-person or virtual	MSJ Faculty Supervisor completing site visit:

1. CALIPSO
   - Supervisor registration: Confirm complete with date registered
   - Review CALIPSO-Site Information Form
     - If completed: Walk through to make sure information still current and modify as needed; remember site information may vary slightly by supervisor so may not want to significantly alter without confirming (e.g. don't delete if not necessary)
     - If not completed: walk through and complete with the supervisor

Notes: Additional information about demographics?

2. Caseload (this may be able to be filled out referencing Site Information Form but important to have for specific student as well)

   Patient/Student Ages:

Opportunities for Clinical Competencies (circle, bold, or highlight)

Competency Area	Eval	Treat	Notes
Speech Sound Prod.	E	T	

Fluency	E	T	
Voice	E	T	
Language	E	T	
Hearing	E	T	
Swallowing:	E	T	
Cognition	E	T	
Social Aspects	E	T	
AAC	E	T	

3. Current Caseload
- What percentage of caseload has student currently assumed?
- Amount of direct supervision with assessment and treatment?
- How is student documenting hours and how often submitting them? (*Ultimately up to supervisor but recommend every week/every other week.)*

4. Additional Practice Areas:
- IPE opportunities-
- Group Therapy-
- Co-treat-
- Patient/Family Counseling-
- Teaming/Rounds-
- Push-in therapy (schools)-

5. Professional Skills
- Demonstration/example of EBP-
- Demonstration/example of cultural humility/modification in response to DEI issues/differences; acceptance of culture and beliefs (from MSLP Mission)
- Organization and preparation for therapy and evaluations
- Examples of self-reflection and/or process used in self-reflection

6. Written Documentation
- What type of documentation is the student doing?
- How is it going?

7. General Supervision Process
- What type of feedback is generally used? Written? Verbal? Combination?
- How often is feedback shared? (e.g. every session, daily, more formative vs. summative)
- Is the student able integrate feedback supervisor provides?
- Is the student meeting general standards for professional practice (e.g. timeliness, business practices, billing, etc.)?

8. Student/Supervisor Assessment of Student Strengths and Opportunities for Growth
- Review Midterm Evaluation
- Strengths-
- Opportunities for Growth-
- Comments-

9. Mission of the Mount/MSLP Program (is the student demonstrating)
- Personal Excellence
- Service to Others
- Integrity
- Commitment to lifelong learning

10. Progress Towards Site Specific Educational Goals or Projects (if N/A, indicate)

11. Additional Comments/Suggestions/Concerns/Feedback

12. Summary
- Making adequate progress?

13. Remind re: end of semester procedures- any questions
- Remind supervisor can contact DCE or Program Director at any time with concerns

14. Student Clinical Advising (generally done as part of visit so Supervisor knows what competencies are needed; document it was completed)
- Total hours/relation to targets for graduation- _____; on track for graduation?
- Progress towards competencies-
- Practice/experience areas needed and will get in current site?
- Progress towards diversity of experiences/diverse groups-
- If student has significant concerns or additional concerns, should schedule appointment with DCE (can be virtual)

Once completed, upload site visit form into Calipso Site Visit Folder