



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

CLINICAL EDUCATION HANDBOOK

Master of Speech Language Pathology
Mount St. Joseph University
Cincinnati, Ohio

Welcome to Clinical Education with MSJ

Dear Clinical Partners,

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 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.



Emily Buckley, MA, CCC-SLP

Director of Clinical Education

Table of Contents

Welcome to Clinical Education with MSJ.....	2
SECTION I: GENERAL INFORMATION	5
A. Purpose of the Clinical Handbook.....	5
B. Accreditation.....	5
C. Copyright.....	5
D. Change Notice.....	5
SECTION III: DESCRIPTION OF THE MSJ MSLP PROGRAM.....	6
A. MSLP Program Website	6
B. MSLP Program Mission	6
C. MSLP Program Outcomes	6
D. Values.....	6
E. Important Contact Information	6
SECTION IV: CURRICULUM.....	8
A. Curriculum Sequence- Year 1.....	8
B. Curriculum Sequence- Year 2.....	8
SECTION V: RELEVANT ACADEMIC POLICIES.....	10
A. MSLP Policy on English Language Proficiency	10
B. Technical Standards	10
C. Nondiscrimination.....	11
D. Confidentiality of Student Records	11
E. Criminal Background and Drug Screen Policy	11
F. Complaints About a Program to CAA.....	12
SECTION VI: CLINICAL PRACTICUM	13
A. Supervision Requirements and Timelines.....	13
B. Orientation to Clinical Practicum Site	13
C. Practicum Commitment Form	14
D. Obtaining and Documenting Clinical Hours	14
E. CALIPSO- Tracking System for Clinical Hours and Competencies	15
F. CALIPSO- Clinical Competency Rating Scale.....	15
G. Clinical Action Plan.....	17
H. Verification of Supervisor Requirements.....	17
I. Site Visit Overview	18

J.	Communication Between Student and Supervisor.....	19
K.	Professional Dress Considerations for Students.....	19
L.	Attendance Expectations	19
M.	Social Media Policies.....	20
N.	Graduation/Certification Clock Hour Requirements	21
	SECTION VII PROFESSIONAL DEVELOPMENT	21
A.	Professionalism in Speech Language Pathology	21
B.	Tips for Students During the First Week of Practicum.....	22
	SECTION VIII: RELEVANT STUDENT SERVICES & RESPONSIBILITIES	23
A.	Accommodations and Academic Support.....	23
B.	Student Health and Counseling Services	23
C.	Immunizations and Exemption Request	24
D.	Select Communication Policies	24
	APPENDIX A.....	26
	Code of Ethics	26
	Preamble	26
	Terminology.....	27
	Principle of Ethics I.....	29
	Rules of Ethics	30
	Principle of Ethics II	31
	Rules of Ethics	32
	Principle of Ethics III.....	32
	Rules of Ethics	32
	Principle of Ethics IV	33
	Rules of Ethics	33
	APPENDIX B.....	36
	APPENDIX C.....	44
	APPENDIX D.....	52
	APPENDIX E	55
	APPENDIX F	61
	APPENDIX G.....	64
	APPENDIX H.....	67
	APPENDIX I	69

SECTION I: GENERAL INFORMATION

A. Purpose of the Clinical Handbook

This Program Handbook provides necessary information regarding policies, procedures and regulations for students completing clinical practicum experiences in the Master of Speech Language Pathology (MSLP) Program at Mount St Joseph University. Supervision requirements from the American Speech-Language Hearing Association (ASHA) are also outlined.

Also included for the supervisor's reference is content related to student preparation and general academic policies (e.g. program mission, curriculum, Technical Standards, etc.)

B. Accreditation

The Master of Speech-Language Pathology (MSLP) education program in speech-language pathology (residential) at Mount St. Joseph University is an Applicant for Candidacy 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.

C. Copyright

No part of this clinical education 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.

D. 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 student handbook. Notice of changes, revisions, or additions while a student is enrolled in a clinical placement will be communicated by the Director of Clinical Education via email.

SECTION III: DESCRIPTION OF THE MSJ MSLP PROGRAM

A. MSLP Program Website

<https://www.msj.edu/academics/majors-minors-and-programs/speech-language-pathology.html>

B. 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.

C. 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 and 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.

D. Values

Students are expected to develop attributes and practice consistent with the ASHA Code of Ethics ([Appendix A](#)). The unique emphasis on cultural sensitivity and reflective practice encourages development of values needed to be an advocate for those with communication disorders, be 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.

E. Important Contact Information

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SECTION IV: CURRICULUM

Below is the curriculum for the MSLP program. The program requires 5 full-time semesters.

A. Curriculum Sequence- Year 1

Fall Semester, Year 1 (credit hours are in parentheses)

- 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 542 Speech Sound Disorders (3)
- SLP 531 Simulation & Integration I (3)
- SLP 650 Clinical Practicum I (1)

Spring Semester, Year 1 (credit hours are in parentheses)

- SLP 520 Clinical Speech Science (2)
- SLP 541 School Age Language & Literacy Disorders (3)
- SLP 601 Dysphagia (4)
- SLP 602 Adult Language Disorders (4)
- SLP 532 Simulation & Integration II (2)
- SLP 651 Clinical Practicum II (1)

Summer Semester, Year 1 (credit hours are in parentheses)

- SLP 544 Fluency & Counseling (2)
- SLP 545 Management of Hearing Loss for SLPs (2)
- SLP 603 Voice and Resonance (2)
- SLP 604 Motor Speech (2)
- SLP 621 Augmentative and Alternative Communication (3)
- SLP 633 Simulation & Integration III (2)
- SLP 652 Clinical Practicum III (1)

B. Curriculum Sequence- Year 2

Fall Semester, Year 2 (credit hours are in parentheses)

- SLP 543 Policy, Funding, and Advocacy in Speech-Language Pathology (2)
- SLP 622 Complex Conditions Across the Lifespan (3)
- SLP 653 Clinical Practicum Med/Clinic (5)

or

- SLP 654 School Practicum (6)
- Elective (3) (Taken Fall or Spring Year 2)

Spring Semester, Year 2 (credit hours are in parentheses)

- SLP 780 Capstone (3)

- SLP 653 Clinical Practicum Med/Clinic (5)

or

- SLP 654 School Practicum
- Elective (3) Taken Fall or Spring Year 2

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

SECTION V: RELEVANT ACADEMIC POLICIES

A. MSLP Policy on English Language Proficiency

Communication Proficiency is described in the Technical Standards for the MSLP program. 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 policies of the MSLP program are detailed here. 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. International students for whom English is a second language, admission requirements for English (e.g. TOEFL, GRE scores, undergraduate degree in United States) must be met. If communication deficits and/or variations are identified that will impact clinical practicum experiences, recommendations will be made, including possible 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 program.

Students with communication disorders that may interfere with successful completion of clinical training are encouraged to report their concerns to the Clinic Director. 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. Technical Standards

The Mount St. Joseph University Master of Speech Language Pathology (MSLP) education program has established specific technical standards for enrollment ([Appendix B](#)). These standards reflect the knowledge and skills necessary to demonstrate entry level competency as a speech-language pathologist. Technical standards encompass skills and attributes in five areas: communication, motor, conceptual-integrative, observation, and behavioral-social attitudes. The technical standards 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. 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.

D. Confidentiality of Student Records

The School of Health Sciences and the MSLP program adhere to the Mount St. Joseph University policy regarding the confidentiality of student records. No education records will be maintained that are not directly related to the purposes of the University and the MSLP program. Students should refer to the [University Family Educational Rights and Privacy Act Policy](#) for additional detail.

E. Criminal Background and Drug Screen Policy

The Department of SLHS abides by the School of Health Science's Criminal Background and Drug Screen Policy. ([Appendix C](#)) 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 as [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.

F. Complaints 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 VI: CLINICAL PRACTICUM

A. Supervision Requirements and Timelines

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). 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, 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.

Council for Clinical Certification in Audiology and Speech-Language Pathology of the American Speech-Language- Hearing Association. (2018). *2020 Standards for the Certificate of Clinical Competence in Speech-Language Pathology*. Retrieved from www.asha.org/certification/2020-SLP-Certification-Standards

B. 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. That 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 check, and documentation of immunizations.
- Duties and competencies expected of student clinicians.

The MSLP program provides all clinical supervisors with the Clinical Education Handbook, 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 you are not clear on something discussed during your orientation or early in your practicum, please ask the supervisor.

C. Practicum Commitment Form

Students assigned to a clinical practicum must complete a Practicum Commitment Form ([Appendix D](#)) with their supervisor within the first week of their practicum. The practicum commitment form is a document outlining the expectations for the student and supervisor. If a student is assigned to more than 1 supervisor at a specific setting, only 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 separate forms.

Students are required to upload a copy of each Practicum Commitment Form for each setting to CALIPSO.

D. Obtaining and Documenting Clinical Hours

- 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 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.

E. CALIPSO- Tracking System for Clinical Hours and Competencies

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. Graduate students in the MSLP program at MSJ will use CALIPSO for a variety of functions including tracking their clinical hours, uploading and saving necessary documents, tracking completion of coursework and competencies needed for graduation, and completion of self-evaluation. Additionally, clinical supervisors will have access to CALIPSO and will use it to complete midterm and final evaluations to rate student's competency with various clinical skills.

Supervisors will receive an email from DCE with a link to register for CALIPSO. Please see [Appendix E](#) for instructions for the use of CALIPSO.

F. CALIPSO- Clinical Competency Rating Scale

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 needed 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 which do not hinder the therapeutic process. Occasional direction from clinical educator 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 is 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 Clinical Action Plan and an Academic Remediation Plan. The thresholds increase across semesters as students should be gaining competency and skill.

SLP 650 Fall Year 1 Practicum

SLP 651 Spring Year 1 Practicum

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

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 Medical/Clinic Placement, Year 2
SLP 654 School Placement, 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

G. Clinical Action Plan

When a concern arises regarding a student's clinical skills, technical skills, or professional competencies in a clinical practicum experience, the faculty member/supervisor involved will first informally address the concern directly with the student and offer informal suggestions for improvement. If the student is not able to address the concerns, a formal Action Plan ([Appendix E](#)) will be developed. This plan will be developed by a team of faculty members.

The graduate faculty team will consist of no less than three faculty members and will include the Program Director, the Director of Clinical Education, and the academic or clinical faculty member involved (if one of these individuals serves a dual role, another faculty member will be asked to serve on the panel to ensure a minimum of three members). The Action Plan will include measurable goals to be achieved in a specific timeframe. At the end of this timeframe, the student will have an opportunity to meet with the faculty team to determine whether the student has met the Action Plan goals. If the student does not meet the goals as detailed in the Action Plan, the student may be placed on formal probation with the possibility of dismissal from the program.

Completing the Action Plan does not directly influence the grade the student earns in the clinical practicum

H. Verification of Supervisor 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)

Clinical supervisors can verify clinical supervisor compliance with ASHA by following the directions in [Appendix G](#). If supervisors find that they need to complete professional development in the area of clinical instruction/supervision there are options for free CEUS. More information on these CEUs can be obtained through the [Council of Academic Programs in Communication Sciences and Disorders](#) (CAPCSD). For assistance with logging into CAPCSD and/or to obtain the necessary codes, please contact [DCE](#). After completing CEUs supervisors can self-report them to ASHA by following directions in [Appendix G](#).

I. Site Visit Overview

Site visits generally occur around the mid-semester mark. The goals of the site visit are: 1) to review the student's progress and development to date and ensure the student is making adequate progress towards a successful completion of the placement, 2) to provide a face-to-face forum for the field supervisor to ask any questions and, 3) to generally review the requirements of the end-of-semester (or end-of-placement) paperwork.

Additional information about the visit:

- The visit should be scheduled after the students has had several weeks of hands-on experience and/or has taken over at least some (25-50% at a minimum) of the caseload.
- Observation of the student conducting therapy is not generally included but can be completed at the request of the field supervisor. The field supervisor knows the student/patient better than the MSJ supervisor and also knows the strategies and suggestions that have been discussed with the MSJ student- the field supervisor is definitely the expert and best able to judge these situations.
- Generally, this should be a time where the student, field supervisor, and MSJ supervisor can talk together. Typically, the student is asked a series of questions and the field supervisor is available to comment or supplement these questions. Next the field supervisor answers a series of questions (below is additional information on the questions).
- Specific questions for the student include those related to the caseload, opportunities for competency areas, documentation, strengths, and opportunities for growth. The supervisor is asked to comment on these areas and to also answer questions related to the student's academic/content knowledge, writing, openness and integration of feedback, and professionalism. Disclaimer: If there are any concerns in the area of professionalism, please do not wait until the mid-semester site visit, contact us immediately.
- Hours in the placement to-date will be reviewed, as well as a rough projection of the upcoming hours. The student should have these totaled and updated/signed in Calipso.
- End of semester paperwork, including expected ratings given the student's place in the program will be reviewed.
- This is the suggested/typical flow of the site visit. The supervisor is encouraged to offer suggestions as needed and/or ask questions throughout the visit.

If Supervisors have concerns, at any point, they do not need to wait until the site visit is scheduled. Please feel free to reach out to DCE at any time via cell phone or [email](#) the DCE. Supervisors will be contact by DCE or MSJ Faculty Supervisor to schedule site visits. The Site Visit Document in [Appendix H](#) will be completed by MSJ Faculty Supervisor and uploaded to the student's Site Visit Folder in CALIPSO.

J. 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 confusion 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 judgement 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 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 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.

K. Professional Dress Considerations for Students

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 and sanitary clinical environment?
 - Will my clothing allow for safe and easy range of movement needed in my scope of practice?
 - Will my personal presentation support positive rapport with my clients/patients?
 - Will my appearance communicate disrespect for a historically marginalized population?
 - Will my presentation distract me or my clients/patients from working effectively?
 - 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.

L. Attendance Expectations

Student attendance is mandatory for all scheduled activities during the clinical practicum. Students should treat the clinical practicum with the same level of commitment as they would paid employment. Student absences 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 while they were ill. 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- in general, vacation is not a reasonable excuse for absence. While we understand the importance of family and self-care, students only have a limited time to gain all of the competencies and hours you will need. Additionally, supervisors may accept students for placements who are planning for vacation and not disclosing a scheduled violation would be dishonest.

Excessive absences may require documentation from a health care provider and may impact the completion date of the practicum experience.

Supervisors, because of illness or other responsibilities, must occasionally be absent for all or a part of a therapy session. For first year placements, another supervisor will be designated for the session. If an additional supervisor is not available the sessions will be canceled. For external placements, the supervisor may choose to cancel sessions, provide an alternative supervisor (depends on experience at the site), or schedule alternative activities.

M. Social Media Policies

Any violation 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 about 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.

Protection of Individuals Served

Students are trained in privacy policies (e.g. HIPAA, FERPA) and universal precautions and 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.

N. Graduation/Certification 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 at the graduate level. Allowances were made for telehealth hours during the COVID-19 pandemic but have not been implemented as permanent changes. The Director of Clinical Education will provide additional guidance regarding telehealth for each cohort.

SECTION VII PROFESSIONAL DEVELOPMENT

A. Professionalism in Speech Language Pathology

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. ([Appendix A 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.

B. 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, ask to read documentation at the end of the session.
- 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 what are some of the highlights of their career.
- Take a notebook and 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.
- 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.

SECTION VIII: RELEVANT STUDENT SERVICES & RESPONSIBILITIES

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. Students who believe they require accommodations should contact the Director of Disability Services (Ms. Stacy Mueller, stacy.mueller@msj.edu, 513-244-4623) to initiate the process of seeking accommodations. Disability Services follows a specific process to identify, document, and support reasonable accommodations for students at the university. Additional information can be found in the [MSJ Student Disability Accommodation Policy](#).

As stated in the MSLP Technical Standards, accommodations identified by Disability Services will be honored unless these accommodations alter the minimum technical standards 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.

The [Learning Center](#) provides academic assistance to students [phone (513) 244-4202] including the Writing Center and Peer Tutoring. Please refer to the Mount St. Joseph University Program handbook and the Mount St. Joseph University Graduate Catalog for further information.

B. Student Health and Counseling Services

Full information on Student Health Services can be found at (https://mymount.msj.edu/ICS/Mount_Community/Mount_Groups/Wellness_Center/). The Student Health Services [phone (513) 244-4769] is staffed by a full-time registered nurse and offers some medical services to students. Also offered to students is a counseling center staff of licensed therapists [phone (513)244-4949]. Services provided include individual and group counseling, drug/alcohol assessments and treatment, psychological testing, and referrals to appropriate outside resources.

Students will also be required to show proof of health insurance. Documentation is uploaded to the CastleBranch website. The cost of health insurance varies. Health care services are available to all students at the Campus Wellness Center. While the University does not have a student health plan, we partner with Campus Unity Benefits to provide individual health insurance plans to meet each student's unique needs. Campus Unity's current plan offerings can be found on MyMount.

C. Immunizations and Exemption Request

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 these 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 I](#)) must be filled out and submitted to The Wellness Center (wellness.center@msj.edu). After submission you will be notified whether your 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 we 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 your ability to progress through the program.

D. Select Communication Policies

- **Responsible Use of E-Mail and Technology**

All MSLP students are required to use their Mount St. Joseph University e-mail addresses. Student use of campus network resources is governed by policies and procedures outlined in the Mount St. Joseph University Program handbook.

- **Faculty Contact**

Per the university's faculty handbook, faculty members are required to identify 6 hours per week during each semester dedicated to office hours (full-time faculty). These times must be posted outside the faculty member's door and on your syllabi. Faculty members are also available via phone, videoconferencing (Individual Zoom accounts), and email. If a student needs to meet with a faculty member, an appointment should be made. Students are encouraged to schedule appointments with faculty 48 hours in advance. Shorter notices and emergencies may be able to be accommodated. The MSLP faculty will make every effort to be accessible to students. The MSLP faculty are encouraged to respond to students within 24 hours, but some responses may take up to 48 hours (business hours; not all faculty respond to email over the weekend and/or on holidays).

- **Guidelines for E-mail**

E-mail communication is an "official" form of communication at MSJ

1. Include a professional and respectful salutation.
2. Use proper sentence structure and punctuation (do not be too casual).
3. Use appropriate subject line.
4. Indicate which class/course that you are enrolled in.
5. Spell Check. (Automatic checking process that can be turned on in Outlook Web Access).
6. Avoid slang and IM abbreviations.

7. Use MSJ email for all communication.
8. Include a professional and respectful signature.

- **Classroom Cell Phone Usage**

1. Keep cell phone on “silent mode.”
2. Exit the classroom before responding to emergency phone calls.
3. Text message only if for instructional or educational purposes.
4. Use camera phones only for instructional or educational purposes.

APPENDIX A

ASHA Code of Ethics

Code of Ethics

Ethics

Effective March 1, 2016

Table of Contents

- [Preamble](#)
- [Terminology](#)
- [Principle of Ethics I](#)
- [Principle of Ethics II](#)
- [Principle of Ethics III](#)
- [Principle of Ethics IV](#)

Preamble

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

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

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

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

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

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

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

Terminology

ASHA Standards and Ethics

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

Advertising

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

Conflict of interest

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

Crime

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

Diminished decision-making ability

Any condition that renders a person unable to form the specific intent necessary to determine a reasonable course of action.

Fraud

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

Impaired practitioner

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

Individuals

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

Informed consent

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

Jurisdiction

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

Know, known, or knowingly

Having or reflecting knowledge.

May vs. shall

May denotes an allowance for discretion; *shall* denotes no discretion.

Misrepresentation

Any statement by words or other conduct that, under the circumstances, amounts to an assertion that is false or erroneous (i.e., not in accordance with the facts); any statement made with conscious ignorance or a reckless disregard for the truth.

Negligence

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

Nolo contendere

No contest.

Plagiarism

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

Publicly sanctioned

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

Reasonable or reasonably

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

Self-report

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

Shall vs. may

Shall denotes no discretion; *may* denotes an allowance for discretion.

Support personnel

Those providing support to audiologists, speech-language pathologists, or speech, language, and hearing scientists (e.g., technician, paraprofessional, aide, or assistant in audiology, speech-language pathology, or communication sciences and disorders). For more information, read the Issues in Ethics Statements on [Audiology Assistants](#) and/or [Speech-Language Pathology Assistants](#).

Telepractice, teletherapy

Application of telecommunications technology to the delivery of audiology and speech-language pathology professional services at a distance by linking clinician to client/patient or clinician to clinician for assessment, intervention, and/or consultation. The quality of the service should be equivalent to in-person service. For more information, [see the telepractice section](#) on the ASHA Practice Portal.

Written

Encompasses both electronic and hard-copy writings or communications.

Principle of Ethics I

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

Rules of Ethics

- A. Individuals shall provide all clinical services and scientific activities competently.
- B. Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.
- C. Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect.
- D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, support personnel, students, research interns, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.
- E. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, technicians, support personnel, or any other persons only if those persons are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.
- F. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.
- G. Individuals who hold the Certificate of Clinical Competence may delegate to students tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.
- H. Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, technology employed, and products dispensed. This obligation also includes informing persons served about possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a spouse, other family member, or legally authorized/appointed representative.
- I. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if participation is voluntary, without coercion, and with informed consent.

- J. Individuals shall accurately represent the intended purpose of a service, product, or research endeavor and shall abide by established guidelines for clinical practice and the responsible conduct of research.
- K. Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of services provided, technology employed, and products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.
- L. Individuals may make a reasonable statement of prognosis, but they shall not guarantee—directly or by implication—the results of any treatment or procedure.
- M. Individuals who hold the Certificate of Clinical Competence shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served.
- N. Individuals who hold the Certificate of Clinical Competence shall not provide clinical services solely by correspondence, but may provide services via telepractice consistent with professional standards and state and federal regulations.
- O. Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be allowed only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.
- P. Individuals shall protect the confidentiality of any professional or personal information about persons served professionally or participants involved in research and scholarly activities and may disclose confidential information only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.
- Q. Individuals shall maintain timely records and accurately record and bill for services provided and products dispensed and shall not misrepresent services provided, products dispensed, or research and scholarly activities conducted.
- R. Individuals whose professional practice is adversely affected by substance abuse, addiction, or other health-related conditions are impaired practitioners and shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.
- S. Individuals who have knowledge that a colleague is unable to provide professional services with reasonable skill and safety shall report this information to the appropriate authority, internally if a mechanism exists and, otherwise, externally.
- T. Individuals shall provide reasonable notice and information about alternatives for obtaining care in the event that they can no longer provide professional services.

Principle of Ethics II

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

Rules of Ethics

- A. Individuals who hold the Certificate of Clinical Competence shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training, and experience.
- B. Members who do not hold the Certificate of Clinical Competence may not engage in the provision of clinical services; however, individuals who are in the certification application process may engage in the provision of clinical services consistent with current local and state laws and regulations and with ASHA certification requirements.
- C. Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research, including those that involve human participants and animals.
- D. Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.
- E. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's certification status, competence, education, training, and experience.
- F. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member's independent and objective professional judgment.
- G. Individuals shall make use of technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is not available, an appropriate referral may be made.
- H. Individuals shall ensure that all technology and instrumentation used to provide services or to conduct research and scholarly activities are in proper working order and are properly calibrated.

Principle of Ethics III

Individuals shall honor their responsibility to the public when advocating for the unmet communication and swallowing needs of the public and shall provide accurate information involving any aspect of the professions.

Rules of Ethics

- A. Individuals shall not misrepresent their credentials, competence, education, training, experience, and scholarly contributions.

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

Principle of Ethics IV

Individuals shall uphold the dignity and autonomy of the professions, maintain collaborative and harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.

Rules of Ethics

- A. Individuals shall work collaboratively, when appropriate, with members of one's own profession and/or members of other professions to deliver the highest quality of care.
- B. Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative mandate, referral source, or prescription prevents keeping the welfare of persons served paramount.
- C. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.
- D. Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
- E. Individuals shall not engage in dishonesty, negligence, fraud, deceit, or misrepresentation.

- F. Applicants for certification or membership, and individuals making disclosures, shall not knowingly make false statements and shall complete all application and disclosure materials honestly and without omission.
- G. Individuals shall not engage in any form of harassment, power abuse, or sexual harassment.
- H. Individuals shall not engage in sexual activities with individuals (other than a spouse or other individual with whom a prior consensual relationship exists) over whom they exercise professional authority or power, including persons receiving services, assistants, students, or research participants.
- I. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.
- J. Individuals shall assign credit only to those who have contributed to a publication, presentation, process, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
- K. Individuals shall reference the source when using other persons' ideas, research, presentations, results, or products in written, oral, or any other media presentation or summary. To do otherwise constitutes plagiarism.
- L. Individuals shall not discriminate in their relationships with colleagues, assistants, students, support personnel, and members of other professions and disciplines on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, dialect, or socioeconomic status.
- M. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its established procedures.
- N. Individuals shall report members of other professions who they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violation compromises the welfare of persons served and/or research participants.
- O. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation; the Code of Ethics shall not be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.
- P. Individuals making and responding to complaints shall comply fully with the policies of the Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics.
- Q. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.

- R. Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice, research ethics, and the responsible conduct of research.
- S. Individuals who have been convicted; been found guilty; or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, physical harm—or the threat of physical harm—to the person or property of another, or (2) any felony, shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the conviction, plea, or finding of guilt. Individuals shall also provide a certified copy of the conviction, plea, nolo contendere record, or docket entry to ASHA Standards and Ethics within 30 days of self-reporting.
- T. Individuals who have been publicly sanctioned or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the final action or disposition. Individuals shall also provide a certified copy of the final action, sanction, or disposition to ASHA Standards and Ethics within 30 days of self-reporting.

American Speech-Language-Hearing Association. (2016). *Code of ethics* [Ethics]. Available from www.asha.org/policy/.

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doi:10.1044/policy.ET2016-00342

APPENDIX B



MSLP Program Technical Standards

Technical Standards for the Master of Speech-Language Pathology (MSLP)

Enrollment in the MSLP Program

The Mount St. Joseph University MSLP program has established specific technical standards for enrollment. These standards reflect the integration of the knowledge and abilities to successfully complete the MSLP program and demonstrate entry level competency as a speech-language pathologist. Many of these standards are influenced by the knowledge and skills acquired during the program through coursework, clinical experiences, and completion of the professional development plan. However, students must possess the foundational abilities required to develop these technical skills upon enrollment in the MSLP program. Without these foundational abilities, students will not be able to complete the academic and clinical requirements of the MSLP program and ultimately professional certification.

Technical standards encompass skills and attributes in five areas: communication, physical abilities (motor abilities), conceptual-integrative, observation, and behavioral-social attitudes. These technical standards were developed using guiding documents from the Council for Clinical Certification in Audiology and Speech-Language Pathology of the American Speech-Language Hearing Association and the Council of Academic Programs in Communication Sciences and Disorders. *Students should read this document carefully and contact the Program Director with any questions prior to confirming enrollment.*

Reasonable Accommodations

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. Students who believe they require accommodations should contact the Director of Disability Services (Ms. Stacy Mueller, stacy.mueller@msj.edu, 513-244-4623) to initiate the process of seeking accommodations. Disability Services follows a specific process to identify, document, and support reasonable accommodations for students at the university.

Accommodations identified by Disability Services will be honored unless these accommodations alter the minimum technical standards 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.

Specific Technical Standards

The following list and descriptions represent the technical standards required for students to be successful in the MSLP program.

Observation/Sensory

Either with or without reasonable accommodation, a student must enter the program with the sensory abilities to complete thorough observations. These observations require adequate vision, hearing, and tactile skills.

With the development of their knowledge and skills, students must be able to:

- Visually and auditorily identify normal and disordered speech, language, and swallowing processes (e.g. 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)
- Visualize and identify anatomic structures
- Identify and differentiate findings on imaging studies
- Discriminate text, numbers, tables, and graphs associated with diagnostic instruments and tests
- Recognize signs that a client or client's family member does or does not understand the clinician's written and/or verbal communication
- Identify and differentiate a client's spoken or nonverbal response
- Identify the need for alternative modalities of communication and make appropriate recommendations
- Accurately monitor through both visual and auditory modalities, equipment displays and controls, including those of hearing instruments, used for assessment and treatment of patients

Physical Abilities (Motor Abilities)

Either with or without reasonable accommodation, a student must enter the program with adequate physical abilities to support the acquisition of the knowledge and skills necessary to program completion and maintain safety across settings. educational and clinical competency development.

With the development of their knowledge and skills, students must be able to:

- Perform and sustain the necessary physical activity level required during classroom and clinical activities which may include transfer between different positions and physical locations
- Respond quickly and appropriately according to emergency procedures (e.g., fire and evacuation events, choking, etc.) to maintain a safe environment for patients, staff, and students
- Participate in classroom and clinical activities for the defined workday
- Efficiently manipulate testing and treatment environment and materials without violation of testing protocol and best therapeutic practice
- Manipulate patient-utilized equipment (e.g. AAC devices, hearing aids, etc.) in a safe manner.
- Access technology for clinical management (i.e. billing, charting, therapy programs, etc.)

Communication

Consistent with Certification Requirements (Standard V-A) and the current ASHA student recommendations (1998), the MSLP program has developed policies and technical standards related to communication in the graduate program. The policy and specific skills are included below in this document. Additional policies related to English Language Proficiency are located in the Program Handbook

MSJ Technical Standards Policy for Communication: Students must be able to communicate effectively with patients and other professionals. Effective communication includes proficiency for comprehension of spoken and written English, production of spoken and written English, and comprehension and usage of non-verbal communication strategies. Students must be able to understand and analyze disordered spoken and written English. These analyses may include perception of individual sounds, connected speech, and the suprasegmental components of speech production (such as intonation or prosody). Students must be able to be understood by those for whom hearing or comprehension is impaired. For written documentation, students must be able to write and comprehend clinical documentation and professional correspondence within the timelines set forth by the clinical setting.

Either with or without reasonable accommodation, a student must enter the program with reading and writing skills sufficient to meet curricular and demands.

With the development of their knowledge and skills, students must be able to demonstrate:

- Comprehension of spoken language including:
 - Understand and analyze typical and disordered spoken English
 - Accurately perceive correct and errored speech and language, including individual phonemes (sounds), connected speech, and the suprasegmental components of speech production (such as intonation or prosody)
- Comprehension of written language including
 - Understand and analyze typical and disordered written English
 - Synthesize clinical documentation and clinic-related correspondence within the timelines set forth by the clinical setting
- Intelligible and accurate production of spoken language
 - Model target phonemes, grammatical structures, or other aspects of speech and language related to patient diagnosis and treatment goals
 - Articulate conversational speech to be intelligible to patients, colleagues, other healthcare professionals, and community groups
 - Modify speech and/or spoken language to support understanding by those with hearing or comprehension impairments (e.g. raise volume, slow rate)
- Accurate construction of written language
 - Create written communication to the standards set for various academic requirements and clinical documentation
 - Generate clinical documentation and clinic-related correspondence within the timelines set forth by the clinical setting
- Integration of non-verbal and verbal communication strategies
 - Perceive and use verbal and non-verbal communication appropriate for culture and clinical context
 - Modify communication style to meet the communication needs of clients, caregivers, and other persons served
 - Convey information accurately with relevance and cultural sensitivity

Conceptual-Integrative

Either with or without reasonable accommodation, a student must enter the program with the conceptual-integrative, cognitive, and executive functioning skills to support the acquisition of the knowledge and skills necessary to program completion and maintain safety across settings.

With the development of their knowledge and skills, students must be able to:

- Comprehend, retain, integrate, synthesize, infer, evaluate, and apply written and verbal information sufficient to meet curricular and clinical demands
- Identify, analyze, and synthesize significant findings from history, evaluation, and data to formulate a diagnosis and develop a treatment plan
- Reason, solve problems, and make evidence-based clinical judgments in patient assessment, diagnostic and therapeutic plan and implementation
- Self-evaluate, identify, and communicate limits of one's own knowledge and skill to appropriate professional level and be able to identify and utilize resources to increase knowledge
- Utilize detailed written and verbal instruction to make unique and dependent decisions

Behavioral/Social Attitudes

Either with or without reasonable accommodation, a student must enter the program with the ability to take the perspective of other individuals and respond accordingly, including holding paramount the welfare of individual patients/persons served. Students must also be able to demonstrate behaviors that respect individual and cultural differences.

With the development of their knowledge and skills, students must be able to:

- Demonstrate empathy and concern for others through verbal and non-verbal behaviors
- Recognize and show respect for all individuals regardless of age, citizenship, disability, ethnicity, gender identity, genetic information, national origin, race, religion, sex, sexual orientation, and veteran status
- Adjust/modify communication methods to improve client understanding while considering characteristics of the individuals served (e.g., age, demographics, cultural and linguistic diversity, educational history and status, medical history and status, cognitive status, physical and sensory abilities) and how these characteristics relate to clinical services
- Conduct oneself in an ethical and legal manner, upholding the ASHA Code of Ethics and university and federal privacy policies (e.g. HIPPA, FERPA, Non-Discrimination Policy)
- Maintain general physical health, mental health, and self-care in order to protect the health and safety of self and others in the academic and clinical setting
- Adapt to changing environments and changing expectations while maintaining self-regulation and other technical standards
- Manage the use of time effectively to complete academic, clinical, and technical tasks within realistic time constraints
- Accept appropriate suggestions and constructive criticism and respond through self-reflection and modification of behaviors
- Dress as required for the specific educational and/or clinical settings, based on the policy of the educational/clinical setting

References

American Speech-Language-Hearing Association. (1998). *Students and Professionals Who Speak English with Accents and Nonstandard Dialects: Issues and Recommendations*. Retrieved from <http://www.asha.org/policy/PS1998-00117>.

Council for Clinical Certification in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association. (2018). *2020 Standards for the Certificate of Clinical Competence in Speech-Language Pathology*. Retrieved from www.asha.org/certification/2020-SLP-Certification-Standards.

Horner, J., Schwarz, I., Jackson, R., Johnstone, P., Mulligan, M., Roberts, K., & Sohlberg, M.M. (2009). Developing an "Essential Functions" rubric: Purposes and applications for speech-language-hearing academic programs. *Journal of Allied Health, 38*(4), 242-247.

Jackson, R., Johnstone, P., & Mulligan, M. (April, 2008). Essential functions in speech-language pathology. Presentation at 2008 CAPCSD Meeting, Palm Harbor, FL. Retrieved from http://www.capcsd.org/proceedings/2008/talks/Presentation-Essential_Functions.pdf.

MSLP Student Technical Standards Agreement

Students enrolling in the Mount St. Joseph University MSLP program are required to verify that they understand and meet these technical standards or that they believe they can meet the standards with reasonable accommodations. *Please read the statements below carefully and sign only the statement that applies to you.*

If You **Do Not** Believe You Need Accommodations

I certify that I have read and understand the technical standards for enrollment listed above, and I believe to the best of my knowledge that I meet each of these standards without accommodation. I understand that if I am unable to meet these standards, I should not enroll in the MSLP program as without these minimum technical standards, I will not be able to meet graduation and certification standards.

Applicant Printed Name: _____ Date: _____

Signature of Applicant: _____ Date: _____

If You **Do** Believe You Need Accommodations

Mount St. Joseph University's Student Disability Services will evaluate a student who believes she/he could meet the program's technical standards with accommodation and confirm that the stated condition qualifies as a disability under applicable laws. This includes a review as to whether the accommodations requested are reasonable, also considering if the accommodation would compromise the educational process of the student or the institution. The educational process includes all coursework and clinical education experiences deemed essential to graduation and professional certification, including student, supervisor, and patient safety. Students are responsible for contacting Disability Services to make this inquiry.

I certify that I have read and understand the technical standards of enrollment listed above and I believe to the best of my knowledge that I can meet each of these standards with certain accommodations. I will contact the Mount St. Joseph University's Student Disability Services to determine what accommodations may be available. I understand that I am encouraged to reach out to the Program Director (Erin Redle Sizemore, erin.sizemore@msj.edu) and/or the Director of Clinical Education (Emily Buckley, emily.buckley@msj.edu) for additional discussion of how the program can support reasonable accommodations. I understand that if I am unable to meet

these standards with or without reasonable accommodations, I should not enroll in the MSLP program as without these minimum technical standards, I will not be able to meet graduation and certification requirements.

Applicant Printed Name: _____ Date: _____

Signature of Applicant: _____ Date: _____

APPENDIX C

Criminal Background and Drug and Alcohol Screen Policy

Mount St. Joseph University

School of Health Sciences

U. 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 detectable 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.

V. 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.

W. 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) Refusal to Submit to Testing

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

PRACTICUM COMMITMENT FORM

Semester/Year _____

Student Name: _____

Supervisor Name:

Site: _____
Address: _____

Site

Student phone: _____
email: _____

Supervisor preferred

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 will 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 E



CALIPSO INSTRUCTIONS FOR CLINICAL SUPERVISORS

<https://www.calipsoclient.com/school-login>

Step 1: Register as a Supervisor on CALIPSO

(Clinical Assessment of Learning, Inventory of Performance, and Streamlined Office-Operations)

- Before registering, have available your **1)** CALIPSO Registration PIN (provided via “CALIPSO registration” email sent by no-reply@calipsoclient.com or perhaps alternatively provided by the program Clinical Coordinator), **2)** ASHA card, **3)** state licensure card, and **4)** teacher certification information if applicable. If possible, have available scanned copies of your certification and licensure cards for upload during the registration process.
- Go to your student’s school’s unique login URL provided in the CALIPSO registration email, or go to <https://www.calipsoclient.com/school-login>
- Schools are listed alphabetically; locate your student’s school, and click on the school name link.
- Click on the “Supervisor” registration link located below the login button.
- Complete the requested information and click “Register.”
- On the following screen, again complete the requested information and click “Save” at the bottom of the page. A “Registration Complete” message will be displayed and you will automatically be logged into CALIPSO.

Step 2: Login to CALIPSO

- For subsequent logins, go to your student’s school unique login URL provided in the CALIPSO registration email, or go to <https://www.calipsoclient.com/school-login>, locate your student’s school, and login to CALIPSO using your 8-digit ASHA number and **password that you created for yourself during the registration process (Step 1).**

Step 3: View Clinical Assignment / Select Student

- From the Supervisor's lobby page, use the class selection dropdown menu at the top of the page to choose the appropriate class/cohort for your student and click **Change** to activate that cohort.
- Click the **View > [Student Information](#)** link.
- Click the [Clinical Assignments](#) link to view contact information and other details about a new student assignment.
- Or, to locate your student if not assigned via Clinical Assignments, use the "Add Student of Interest" dropdown menu to select your student and then click **Add**.

Step 4: View Student Clock Hour Records

- Click on "Clockhours" then "Experience Record" to view a summary of clock hours obtained and clock hours needed.
- Students may be required to gain a minimum of (20) hours in the evaluation and treatment of children and adults for both speech and language disorders which is summarized in the table at the bottom of the page.
- Please note the student's Clinical Competency Level (I, II, or III) on the page header if applicable.
- Print/save clock hour record by clicking "Print Experience Record."
- Click "Student Information" located within the blue stripe to return to the student list.

Step 5: View Student Cumulative Evaluation

- Click on "Cumulative evaluation" to view a summary of your student's clinical competency across the 9 disorder areas.
- Upon completion of the clinical program, students must obtain a competency score set by the program for all clinical skills listed on the form.
- Please make note of any areas of deficiency (highlighted in orange.)
- Click "Student Information" located within the blue stripe to return to the student list.

Step 6: View Student Immunization and Compliance Records

- Click “Compliance/Immunizations” to view a record of compliance and immunization documents.
- To create a document to save and/or print, click “PDF.”
- An electronic file of the original documents can be accessed, if necessary and if uploaded by the Clinical Coordinator, by clicking “Files” located within the blue stripe.
- Click “Home” located within the blue stripe to return to the home page.

!Step 7: Complete Site Information Form

!This form will take approximately 20 minutes to complete. The bulk of the information requested is used by the graduate program to **maintain their ASHA accreditation**. This form only needs to be completed once unless the requested information changes.

- From the home page, click on the “Site Information Forms” link under the Management header.
- Click “Add new form.”
- Complete the requested information. Click “Save.”
- The new site form will post to a table. To finish completing, click on the “Edit” link in the Basic Info column. Check to see that all of the information is complete, and check the box that states “Check here to mark this section as complete.”

!Step 7 Cont’d: Complete Site Information Form

- Continue to complete the remaining 5 sections of the form by clicking on each remaining tab (Facility/Department/Student/Misc./Appendix VI-B*) and complete the requested information. After completing the information in each section, check the box that states “Check here to mark this section as complete”. Click “Save.” [*Note: Appendix VI-B tab only needs to be completed if the program you are supervising for is a new program in candidacy)
- After all tabs have been completed, click on the “Site Form List” link located near the top of the page or on the “Site Forms” link located within the blue strip.
- If any sections are incomplete, they will be flagged with a red explanation point. To complete those fields, just click on “edit” and make the necessary changes.
- Once each section is assigned a green checkmark, a “Submit” link will display within a column of the table. Click “Submit” and verify that the status changes to “Submitted.”

To Edit/Update a Submitted Form:

- To edit a previously submitted form, simply click the “Copy” link located in the next to the last column. Edit each section as necessary by clicking on the “Edit” link for the corresponding section,

making changes, and clicking “Save.” Once editing is complete, click “Submit” and verify that the status changes to “Submitted.” Delete the older version by clicking on the red “X”.

Step 8: Upload Documents for Student or Clinical Administrator (optional)

- The file management feature allows you to upload any type of file (e.g. Word, PDF, JPEG, audio/video) pertinent to the clinical experience for a specific student.
- Select the desired student and then click on the “Documents” link to upload your own file and/or view a file uploaded by your student.
- **First, select a folder by clicking on the folder name or create a new folder or subfolder.** To create a new folder or subfolder, type in desired folder name in the "Add folder" field and press "create."
- **Upload a file** by pressing the “Browse” button, selecting a file, completing the requested fields, and clicking "upload." The upload fields will display if you have selected an unrestricted folder. **Set the file permission** by choosing “public” for student and clinical administrator access or “private” for clinical administrator access only.
- **Move files** by dragging and dropping from one folder to another.
- **Delete files** by clicking the “delete” button next to the file name. **Delete folders** by deleting all files from the folder. Once all the files within the folder have been deleted, a “delete” link will appear to the right of the folder name.

Step 9: Complete Midterm Evaluation

- Login to CALIPSO (step two)
- Select the desired “Class” and click “change.”
- Click “New evaluation”.
- Complete required fields designated with an asterisk and press save.
- Continue completing evaluation by scoring all applicable skills across the Big 9 using the provided scoring method and saving frequently to avoid loss of data.
- Once the evaluation is complete, review it with the student. Type his/her name with the corresponding date as well as your name with the corresponding date located at the bottom of the page.
- Check the “final submission” box located just below the signatures.
- Click “Save.”
- Receive message stating “evaluation recorded.”
- Please note: you may edit and save the evaluation as often as you wish until the final submission box is checked. Once the final submission box is checked and the evaluation saved, the status will change from “in progress” to “final”. Students will then have access to view the submitted evaluation when logged into the system.

- To view the evaluation, click “Student Information” located within the blue stripe then “evaluations” located to the right of the student’s name.

Step 10: Complete Final Evaluation

- Login to CALIPSO (step two)
- Select the desired “Class” and click “change.”
- Click “Student Information” then “evaluations” located to the right of the student’s name.
- Identify the evaluation completed at midterm and click on “Make a duplicate of this evaluation.”
- The duplicated evaluation will appear in the evaluations list.
- Identify the duplicate (noted as “in progress”) and click on the “current evaluation” link highlighted in blue.
- Change “Evaluation type” from midterm to final.
- Complete evaluation by changing and/or adding scores for applicable skills across the Big 9 using the provided scoring method and saving frequently to avoid loss of data.
- Once the evaluation is complete, review it with the student. Type his/her name with the corresponding date as well as your name with the corresponding date located at the bottom of the page.
- Check the “final submission” box located just below the signatures.
- Click “save.”
- Receive message stating “evaluation recorded.”

Step 11: Approve Clock Hours

- At the completion of the rotation or as often as directed, your student will log their clock hours.
- An automatically generated e-mail will be sent notifying you that clock hours have been submitted and are awaiting approval.
- Login to CALIPSO (step two.)
- Click “clockhour forms pending approval.”
- Identify your current student’s record.
- Click “View/Edit” in the far-right column.
- Review hours, making sure student has entered the correct time in all disorder areas, as applicable.
- Complete the % of time the student was observed while conducting evaluations and providing treatment.
- Approve clock hours by selecting “yes” beside “Supervisor approval” located at the bottom of the page.
- Click “Save.”
- If it is determined that there are errors in the clockhour form that the student should correct, exit the form by clicking on the “Clockhours List” link at the top of the page in the blue stripe to return to the student’s Clockhours List. Click on the “Un-submit” button towards the right end of the line for

the clockhour form in question. This returns the form to the student's Daily Clockhours for the student to edit and re-submit. The student receives an email alerting them of the un-submitted form.

Step 12: View Your Supervisory Summary

- For an official record of this supervisory experience (past or present), click on the "Supervision summary" link located under the Management header on the home page.
- Select "Printable view (PDF)" to create a document to save and/or print.

Step 13: View Your Supervisory Feedback

- At the completion of the rotation, your student will complete a supervisory feedback form in CALIPSO.
- An automatically generated e-mail will be sent stating that you have feedback available to view.
- Login to CALIPSO (step two)
- Select the desired "Class" and click "change."
- Click "Supervisor feedback forms."
- Click "View/Edit" in the far-right column.

Step 14: Update Your Information

- Update e-mail address changes, name changes, certification expiration dates with corresponding scanned copies of your card by logging into CALIPSO (step two.)
- Click "Update your information."
- Make changes and click "save" and/or click "Edit licenses and certification."
- Update information and upload supporting files and click "save" located at the bottom of the screen.



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APPENDIX F

Clinical Skills Action Plan

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

List and provide 1-2 examples of the clinical skills, technical skills, or professional competencies that are not being met during practicum:
What steps or strategies for improvement have been implemented to date? Was it successful in any way?
Action plan (including measurable goals) for improvement of clinical skills, technical skills, or professional competencies. Identify supports, strategies, and timelines to assist in meeting these goals as appropriate.
Date for Completion of proposed action plan:

Signatures of Action Plan Panel Members:

Student _____ Date: _____

Practicum Supervisor _____ Date: _____

Director of Clinical Education _____ Date: _____

Department Chair _____ Date: _____

Faculty Member _____ Date: _____



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Action Plan for Technical Standards/Clinical Competencies Outcome Meeting

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

Action Plan Outcomes (please list goals, outcomes, and strategies that contributed to student success):

Faculty panel decision based on student completion of action plan:

- Extended time at current practicum site
- Continue practicum at another site
- Complete practicum at this site
- Terminate practicum
- Other

Additional Information:

Signatures of Action Plan Panel Members:

Student _____ Date: _____

Practicum Supervisor _____ Date: _____

Director of Clinical Education _____ Date: _____

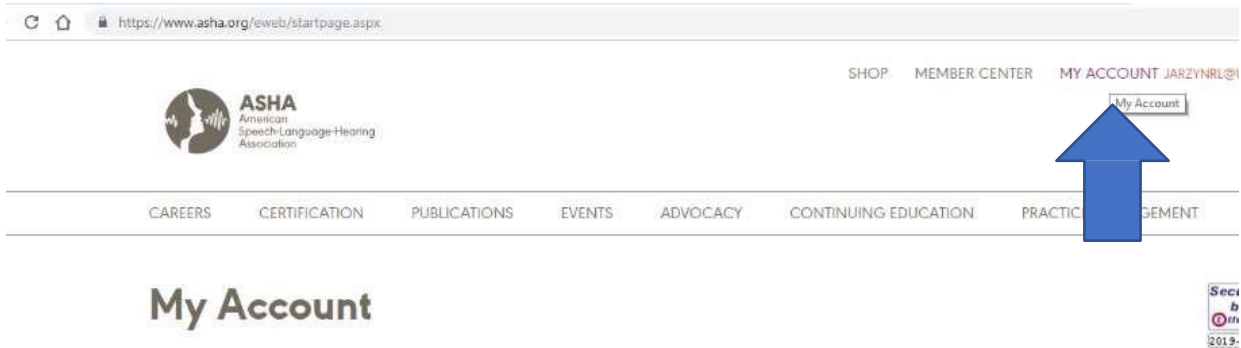
Department Chair _____ Date: _____

Faculty Member _____ Date: _____

APPENDIX G

Verify your Clinical Supervisor Compliance with ASHA

1. Login to your ASHA Account
2. Go to My Account (upper right-hand corner of the ASHA site).



3. Click on the “2020 Requirements for Clinical Instructors, Supervisors, and CF Mentors” link under the Certification and Supervision Heading.

My Account

Account Information

Name: Rebecca L Jarzynski
Account Number: 12069638

Certification and Supervision

- View Your 2017-2019 CCC-SLP Certification Maintenance Information (In Process)
- 2020 Requirements for Clinical Instructors, Supervisors, and Clinical Fellowship Mentors



4. You may see that you are already verified (this might happen if you took a supervision course through ASHA). If so, it will look like this:

Clinical Instruction, Supervision, or Clinical Fellowship Mentor

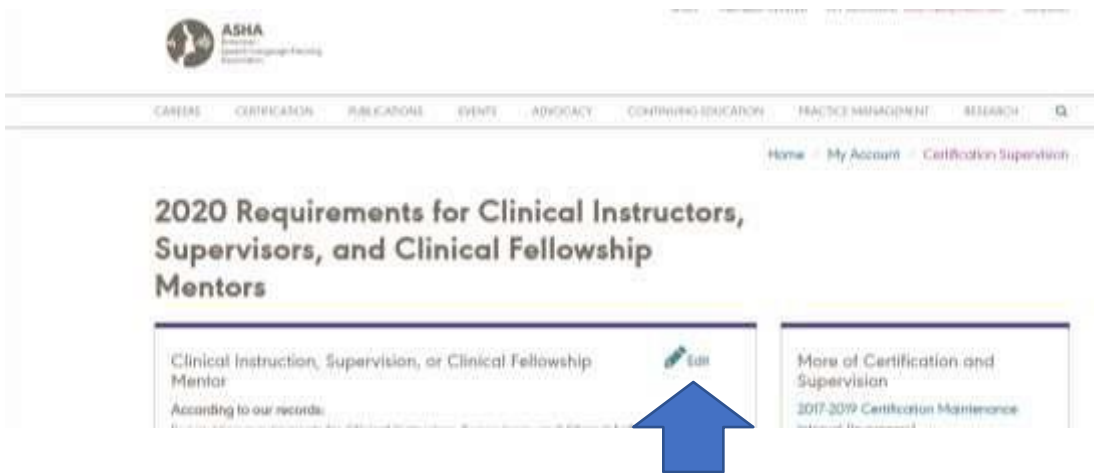
According to our records:

Supervision requirements for Clinical Instructors, Supervisors, and Clinical Fellowship Mentors go into effect 01/01/2020. You meet the requirements.

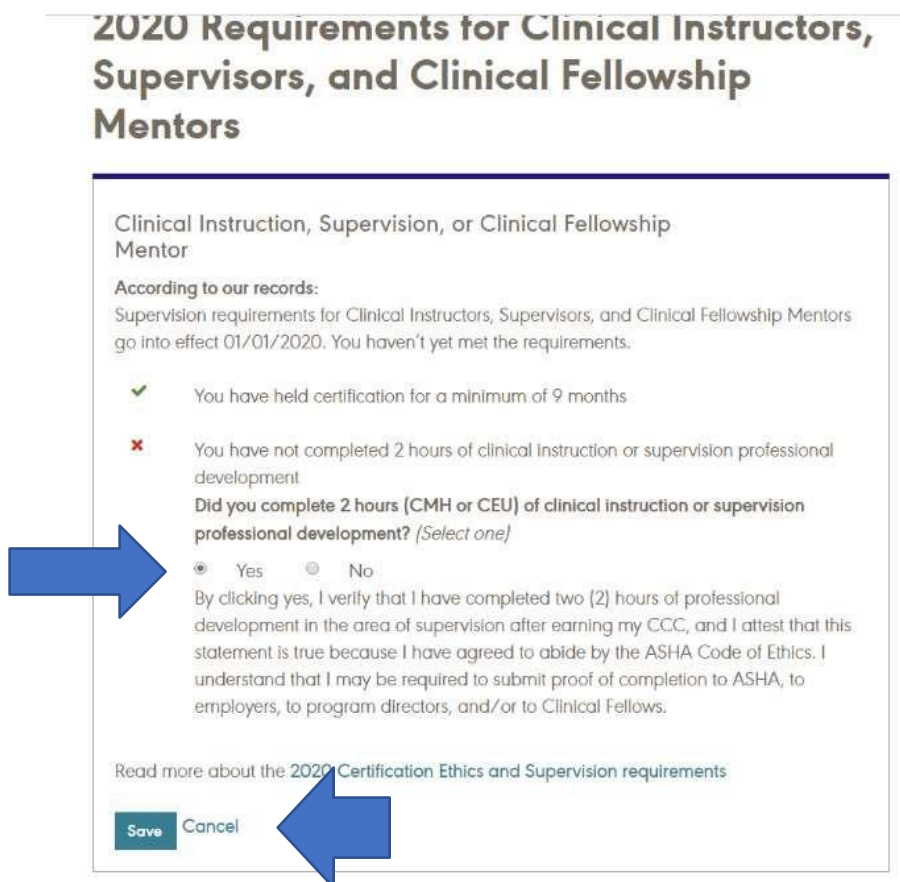
- ✓ You have held certification for a minimum of 9 months
- ✓ You have completed 2 hours of clinical instruction or supervision professional development

Read more about the [2020 Certification Ethics and Supervision requirements](#)

5. If you aren't already verified, but have completed the requirements, click on Edit



6. Click on "Yes" to indicate you have met the requirements and then SAVE.



APPENDIX H



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

APPENDIX I

**MOUNT ST. JOSEPH UNIVERSITY
IMMUNIZATION EXEMPTION REQUEST AND WAIVER FORM**

Complete all three (3) parts of this form, as applicable, and return it to Wellness.Center@mst.edu.

PART I. CERTIFICATION OF EXEMPTION REQUEST AND WAIVER	
<i>Please carefully read and certify your full understanding and voluntary agreement with the statements in Part I.</i>	
<p>By signing below, I hereby request that I be exempt from an immunization requirement of Mount St. Joseph University (the "University") or a healthcare facility, school system, or other organization at which I will receive an educational experience necessary or desirable to complete my degree (each, an "External Partner"). 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.</p>	
<p><u>I also 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 an outbreak of disease or other public health emergency at the University or an External Partner, including but not limited to, all responsibility for any impairment of my health or delay in my academic/graduation progression that may result from this exemption.</u></p>	
<p>I am aware of the benefits and risks of receiving immunizations as well as the risks of not being immunized. In the event of my exposure to, symptoms for, or diagnosis with any disease or illness which may have been prevented or mitigated by receiving an immunization for which I am requesting an exemption, as well as any outbreak, I agree to follow all applicable policies and directives of the University and External Partners, and applicable public health orders, which may include my removal and exclusion from Seton Residence Hall, campus, External Partners, and other in-person University activities, at my own expense, and until the situation is resolved to the University's satisfaction. I understand that I will be responsible for all consequences of any nature, including but not limited to, any classes or academic requirements missed, as a result of this exemption.</p>	
<p>I have read and understand the terms contained in this Immunization Exemption Request and Waiver Form and all applicable University and External Partner immunization policies and requirements. I understand that I may be required to comply with additional or different procedures as a reasonable accommodation to the applicable immunization policy and I hereby agree to comply with same.</p>	
Name of Applicant: _____ (please print)	DOB: _____
Applicant's Signature: _____	Date: _____
*Parent/Guardian Signature: _____ <i>*If Applicant is under the age of 18</i>	Date: _____
<p style="text-align: center;"><u>NOTICE</u></p> <p>After your Immunization Exemption Request and Waiver Form is reviewed, you will be notified whether your request has been approved or denied by the University. Submission of this form does not guarantee that you will receive an exemption from any requirement of the University or an External Partner. Being granted an exemption from a University requirement does not guarantee that you will also be granted an exemption from any External Partner's requirements, and vice versa. If your request is denied, you may appeal the decision by submitting additional information within 10 days to have your request reconsidered by the University. Only one exemption and one appeal 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. Any approved exemption remains in effect for the remainder of the academic year, subject to any external partner requiring more regular exemption review.</p>	

PART II. DOCUMENTATION OF BASIS FOR EXEMPTION

Complete Part II to document the basis for your request for an exemption from the University or External Partner's immunization requirements.

All resident students moving into the University residence hall, all Health Sciences and Education students participating in External Partner programs or experiences, and some co-op experiences are required to receive some or all of the following immunizations or screenings, subject to the terms of the applicable University and External Partner policies:

- _____ M.M.R (Measles-Mumps-Rubella)
- _____ Meningococcal Meningitis
- _____ Varicella (Chicken Pox)
- _____ Hepatitis B
- _____ Influenza
- _____ TB (Tuberculosis) screening
- _____ TD (Tetanus-Diphtheria) or TDaP (Tetanus-Diphtheria-Pertussis)
- _____ COVID-19 (please specify Pfizer, Moderna, Janssen or ALL: _____)

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

_____ I have returned the Immunization Record documenting my Meningococcal and Hepatitis B immunization status as required by Ohio Revised Code 3701.133(B) (*Residential Students Only*).

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 your 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 of 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.

[Continued on Next Page]

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 material 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 Protected Health Information (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 Wellness Center or 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. If you request an exemption from an External Partner, the University’s faculty or staff liaison to the External Partner (i.e., Clinical Coordinator) shall be the only point of contact with the External Partner regarding the request and shall communicate directly with you about the External Partner’s decision unless you are otherwise employed by the External Partner, in which instance your exemption process should be discussed directly with a representative in the Wellness Center. You also understand that if an External Partner denies your placement or denies your exemption request, it is possible that an alternate placement may not be made available to you, which could impact your ability to progress in your program or graduate from such program.

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: _____