

THE SCHOOL OF  
**Speech, Language, Hearing,  
& Occupational Sciences**  
UNIVERSITY OF MONTANA

Master of Science in  
Speech-Language Pathology Program

Academic and Clinical Handbook 2023

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# Welcome to the Master of Science in Speech-Language Pathology Program!

This Master of Science in Speech-Language Pathology (MS SLP) Program Handbook speaks to the academic components of your graduate training, reviews the entire clinical experience, and includes everything you will need to successfully complete the academic and clinical expectations of the University of Montana's MS SLP program.

**Please read this handbook thoroughly.**

This handbook outlines the policies, procedures, and requirements associated with your academic training and clinical education. After you have studied this handbook, you will be sent a link with the following documents to sign via DocuSign:

- [Academic/ Clinic Handbook](#)
- [Authorization for release of information](#)
- [Photo release](#)
- These steps must be completed before you are permitted to begin participating in your clinical practica. All signatures will be collected electronically (e.g., via DocuSign).

**Questions?**

Questions/Concerns	Contact Person	Contact Information
Academic coursework (e.g., grading disputes, academic conflict and remediation)	SLP Program Director	Teams: GINGER.COLLINS Email: ginger.collins@umontana.edu
Clinical rotations at the DeWit RiteCare Clinic (e.g., clinic logistics, client care, campus clinic conflicts and remediation)	Clinic Director	Email: leah.meloy@mso.umt.edu
External clinical rotations (e.g., externship conflicts and remediation) and plans of study (i.e., advising, overrides)	Clinical Externship Coordinator/ Graduate Advisor	Email: amanda.jackson@mso.umt.edu

# Introduction to MS SLP Program

## Overview of SLP Training

The terminal degree required to practice as a speech-language pathologist (SLP) is a master's degree. Upon completion of the MS SLP program at the University of Montana (UM), graduates will be prepared to complete their Clinical Fellowship (CF) year. After successfully completing the CF year, graduates are eligible to apply for the Certificate of Clinical Competence (CCC), which certifies SLPs to assess and treat infants, children, and adults with acquired or developmental speech, language, cognitive, and/or swallowing disorders.

Our MS SLP program is fully accredited by the **Council on Academic Accreditation in Audiology and Speech-Language Pathology** ([CAA](#)), and meets the academic and clinical standards for Certification of Clinical Competence in Speech Language-Pathology ([CCC-SLP](#)) by the credentialing body, the **Council for Clinical Certification in Audiology and Speech-Language Pathology** ([CFCC](#)) of the **American Speech-Language-Hearing Association** ([ASHA](#)). This program also meets [licensure requirements in Montana](#) and many other states.

We are committed to providing students with high-caliber academic and clinical training experiences with a focus on interprofessional education and research. Our goal is to prepare students with the knowledge and skills necessary to effectively serve diverse populations in all relevant environments.

## Organizational Structure and Mission Statements

The MS SLP program, housed in the School of Speech, Language, Hearing, and Occupational Sciences (SLHOS), within the College of Health, is comprised of two divisions: the SLP programs and the Occupational Therapy program (anticipated Fall 2025). The following mission statements guide our educational practices:

### The University of Montana Mission



The University of Montana transforms lives by providing a high-quality and accessible education and by generating world-class research and creative scholarship in an exceptional place. We integrate the liberal arts and sciences into undergraduate, graduate, and professional studies to shape global citizens who are creative and agile learners committed to expanding the boundaries of knowledge and to building and sustaining diverse communities.

### The College of Health Mission



The College of Health is dedicated to improving the health and quality of life for Montanans, our nation, and our international community. Our mission is to recruit students into the health professions, execute the highest quality education for those students, create new programs to meet the workforce needs of our growing & diverse population, strengthen relationships with rural and urban community partners, lead impactful research, and encourage interprofessional education. We strive to accomplish these goals while promoting student success, celebrating diversity, and implementing team-based healthcare education opportunities.

### The School of Speech, Language, Hearing, & Occupational Sciences Mission & Vision



The mission and vision of the School of Speech, Language, Hearing & Occupational Sciences (SLHOS) is to enrich lives and communities in the rural Mountain West and beyond through meaningful education, research, and service in the speech, language, hearing, and occupational sciences. We will be leaders in improving lives and connecting communities through dynamic research, teaching, and clinical practice.



## University of Montana DeWit RiteCare Speech, Language, and Hearing Clinic Mission (DeWit RiteCare Clinic)

The UM DeWit RiteCare Clinic is committed to providing quality speech, language, literacy, cognition, swallowing, and hearing services locally and globally to people across the lifespan. We prepare future speech-language pathologists with practical experience through exceptional hands-on training and supervision. Intervention is evidence-based and client-centered. We believe that every individual should have access to these services,

regardless of financial, geographic, or physical barriers. Scholarships are supported by the Western Montana Scottish Rite Foundation; however, masonic affiliation is not required.

### Equal Opportunity – Non-Discrimination

The University of Montana provides to all people the equal opportunity for education, employment, and participation in University activities without regard to race, color, religion, national origin, creed, service in the uniformed services (as defined in state and federal law), veteran status, sex, age, political ideas, marital or family status, physical or mental disability, or sexual orientation. Responsibility for effecting equal opportunity accrues to all University administrators, faculty, and staff. This responsibility includes assurance that employment and admission decisions, personnel actions, and administration of benefits to students and employees rest exclusively upon criteria that adhere to the principle of Equal opportunity. The University prohibits retaliation against a person for bringing a complaint of prohibited discrimination, for assisting someone with a complaint of discrimination, or for participating in any manner in an investigation or resolution of a complaint of discrimination.

## MS SLP Program Objectives and National Standards

As a CAA-accredited MS SLP program, our academic and clinical education process is established relative to the knowledge and skills required for clinical certification. To become a certified speech-language pathologist, ASHA requires that competency in intervention, diagnostics, prevention, and consultation is demonstrated across all nine main areas within the [Professional Practice Competencies](#).

The scope of practice will include the thorough development of the following Professional Practice Competencies: 1) Accountability, 2) Integrity, 3) Effective Communication Skills, 4) Clinical Reasoning, 5) Evidence-based Practice, 6) Concern for Individuals Served, 7) Cultural Competence, 8) Professional Duty, and 9) Collaborative Practice.

These nine main areas (often referred to as the “Big 9”) are: 1) Articulation, 2) Fluency, 3) Voice/Resonance, 4) Receptive and Expressive Language, 5) Hearing, 6) Swallowing, 7) Cognitive Aspects of Communication, 8) Social Aspects of Communication, and 9) Augmentative and Alternative Communication (AAC).

## MS SLP Program Objectives

Upon graduation, students will demonstrate competency across the following objectives:

1. MS SLP students will develop their professional attributes of accountability, integrity, effective communication skills, clinical reasoning, evidence-based practice, concern for individuals served, cultural competence, professional duty, and collaborative practice.
2. MS SLP students will develop their ability to recognize typical and atypical human development and etiology, characteristics, anatomical/physiologic characteristics, acoustic characteristics, associated psychological characteristics, developmental nature, linguistic characteristics and cultural characteristics pertaining to articulation, fluency, voice and resonance, receptive and expressive language, hearing, swallowing, cognitive aspects, social aspects of communication, and augmentative and alternative communication.
3. MS SLP students will demonstrate skills in prevention and identification of communication and swallowing disorders and differences as well as prevention.
4. MS SLP students will develop their skills to evaluate the presence of communication and swallowing disorders and differences in the areas of articulation, fluency, voice and resonance, receptive and expressive language, hearing, swallowing, cognitive aspects, social aspects of communication, and augmentative and alternative communication.
5. MS SLP students will develop their ability to minimize the effects of negative change and maximize the effects of positive change in the communication and swallowing mechanisms to assist clients to engage in their environment as fully as possible when impacted by articulation, fluency, voice and resonance, receptive and expressive language, hearing, swallowing, cognitive aspects, social aspects of communication, and augmentative and alternative communication.
6. MS SLP student clinicians will develop their ability to minimize the effects of negative change and maximize the effects of positive change in the communication and swallowing mechanisms to assist clients to engage in their environment as fully as possible when impacted by articulation, fluency, voice and resonance, receptive and expressive language, hearing, swallowing, cognitive aspects, social aspects of communication, and augmentative and alternative communication as judged by their clinical educators.
7. MS SLP students will work within their scope of practice by synthesizing the interdependence of speech, language, and hearing; engage in relevant issues and advocacy; and actively engaging in the clinical education process, practicing professionalism, developing interaction and communication skills and reflecting on and evaluating their own practical effectiveness.
8. MS SLP students will recognize issues related to diversity and behave in a culturally responsive manner.
9. MS SLP students will implement evidence-based practices and explain them to clients, families, and caregivers and care partners.
10. MS SLP students will participate in timely recordkeeping and administrative tasks relevant to billing, coding, and credentialing.
11. MS SLP students will hold clients' welfare in the highest regard by respecting clinical educator choices, implementing evidence-based practices, and participating in ethical conduct.
12. MS SLP students will meet expectations commensurate with their level of experience and clinical setting.



## CAA and ASHA Standards

To be eligible to enter a CF, UM students must first earn a Master of Science in Speech-Language Pathology that includes the following:

1. **Academic Course Work:** In addition to the 36 required graduate credits, ASHA requires 4 general undergraduate courses in biological sciences, chemistry or physics, statistics, and social/behavior sciences.
2. **Supervised Clinical Observation and Clinical Practicum:** Students must earn 400 clock hours of clinical observation (25) + practicum (375). All hours earned through guided observation or clinical practicum must be supervised and approved by an SLP or audiologist who holds the CCC and meets supervisory requirements.
  - a. **Clinical Observation:** 25 guided observation hours must be completed prior to the SLP 571 clinical practicum.
  - b. **Clinical Education/Practicum:**
    - 375 hours. Clinical clock hours must be sufficient in breadth and depth to achieve demonstrated skills outcomes in the areas of evaluation, intervention, and client interaction.
    - At least 325 of 400 hours must be completed while engaged in graduate study in an accredited program. Upon SLP program approval, students may receive credit for up to 50 clinical practicum hours earned under the supervision of an SLP professional with CCC-SLP from ASHA during their undergraduate or post baccalaureate education.
    - Up to 20% (i.e., 75 hours) of direct contact hours may be obtained through supervised clinical experiences via clinical simulations (CS) and telepractice follow the [2020 SLP Certification Standards](#) and may be updated throughout the course of study.

## MS SLP Program Delivery Options

Given the critical shortage of SLPs in rural areas, the UM MS SLP program is committed to providing accessibility to MS students who cannot move to the Missoula campus for training, and for those who partake in clinical externship experiences that are outside of the local regional area. As such, the MS SLP program offers two delivery options (i.e., campus and distance) by simultaneously broadcasting all MS didactic courses offered through the School of SLHOS. That is, students accepted into our distance program access MS courses live (at the time they are taught) and partake in courses simultaneously with campus students via a telecommunication platform.

Students must apply to and gain acceptance into either the campus or distance program. Distance program seats are limited, and thus students cannot switch to be in the MS distance program once accepted into the campus program. There are, however, opportunities for students accepted into the campus program to access didactic courses via distance modalities during the second year of their graduate studies if these students choose to complete externships in areas distant from Missoula; this modification does not change their campus registration status. Limited part-time options are available for students who initially applied and were accepted for a part-time MS program. These requests are reviewed on a case-by-case basis by the admissions team prior to acceptance. Typically, part-time students complete the MS program in three years according to individualized plans of study.

## Campus MS Program

- Students follow a traditional classroom structure by attending courses face-to-face on the UM campus (with the exception of some courses being accessed using distance modalities during year two if the student is placed in a non-regional externship \*).
- Clinical practica are completed every semester throughout the graduate program and begin as a clinical practicum in UM's DeWit RiteCare Clinic during the first semester in the graduate program.
- Students are subsequently placed in off-campus practica (i.e., externships) during the third semester of year 1.
- These externships can be arranged throughout the state and country with didactic courses being accessed using distance modalities.
- Campus students typically complete the degree in five semesters (Fall + Spring + Summer of year 1 and Fall + Spring of year 2).

*\* Note: students designated as "campus students" will continue to register for courses as campus students, even when taking courses at a distance.*

## Distance MS Program

- Distance students participate **synchronously** in all academic courses with students on campus via live online streaming.
- \*Distance students' initial clinical practicum placement is at the DeWit RiteCare Clinic on the UM-Missoula campus in the summer term following two semesters of academic study (Summer semester of year 1).
- Practica continue throughout the remainder of the graduate program in off-campus sites (and can be arranged throughout the state and country).
- Distance students typically complete the program in 6 semesters (Fall + Spring + Summer of year 1 and Fall + Spring + Summer of year 2).

*\* Note: students designated as "distance students" must register as campus students for coursework for the first summer only.*

## MS SLP Program Prerequisites

Students enter the MS SLP program with 1) an undergraduate degree in speech-language-hearing sciences (SLHS), or 2) an undergraduate degree in a non-SLHS area with the additional completion of Communication Sciences and Disorders (CSD) leveling courses. The MS SLP program prerequisite courses include the following ([full descriptions found in the UM Course Catalog](#)):

- CSD 205 Clinical Application & Observations in SLP & Audiology
- CSD 210 Speech & Language Development
- CSD 222 Introduction to Audiology
- CSD 265 Developmental Speech and Language Disorders and Treatment
- CSD 320 Phonological Development & Phonetics
- CSD 330 Anatomy & Physiology of the Speech & Swallowing Mechanism
- CSD 331 Neurological Bases of Communication & Swallowing Disorders
- CSD 365 Acquired Communication and Swallowing Disorders
- CSD 420 Speech and Hearing Science
- CSD 450 Intro to Aural (Ear) Rehabilitation

MS SLP students must also have completed the following general education coursework before they are eligible to graduate and apply for ASHA certification ([ASHA Standard IV-A](#)):):

1. **Physical Science** (3 credits): Physics or chemistry.
2. **Biological Science** (3 credits): Science of living things (human or animal): biology, general anatomy & physiology, neuroanatomy & neurophysiology, human genetics, or veterinary science (must be non-SLHOS courses)
3. **Social/Behavioral Science** (3 credits): Psychology, sociology, anthropology, or public health.
4. **Statistics** (3 credits): Psychology, Math, or Social stats. One stand-alone course is required. SLP 600 Research Methods course does not count for stats and one of these statistics courses must be completed before enrolling in SLP 600.

Before initiating your graduate studies, the Graduate Student Advisor will review each student's transcripts to determine whether all prerequisite courses have been completed. The Graduate Student Advisor will work with a student to determine how best to integrate missing or partially obtained required courses into each student's Plan of Study. Students who need to complete these courses during their MS program typically take them as electives. However, students must meet with the Graduate Student Advisor who will assist you in developing a plan for scheduling and completing all essential coursework. It is important to note that students entering the MS program who have not completed several prerequisite courses may need to extend their course of study by a semester. The Graduate Student Advisor will assist you in developing a plan of study that will reflect these modifications.

## Transfer of Credits to the University of Montana MS SLP Program

Students may petition the UM Graduate School and follow the [graduate school policy \(see C5.000\)](#) for the transfer of up to 9 graduate credit hours for which they earned a grade of B- or higher. After a semester of satisfactory work in the MS SLP program at UM, students can make a written request to the Graduate School to accept transfer credits. An official copy of the student's transcript and catalog course description should accompany the recommendation, along with a written description of the courses the student wishes to transfer.

## MS SLP Plans of Study & Degree Options

### Student Advising and Plans of Study

In the MS SLP program, the Graduate Student Advisor helps to monitor students' academic and clinical progress in accordance with the ASHA CFCC standards. All MS students must be advised by the Graduate Student Advisor prior to the start of their graduate program. Graduate advising and clinical practica/externship placements are closely coordinated within a student's plan of study.

Plans of study are assigned based on a review of transcript(s) and initial results from a "preference survey." The survey is used by the Graduate Student Advisor to gain insight into students' experiences, interests, and preferences regarding their final practicum setting (i.e., medical, schools) for their final full-time externship. Based on the results of that survey, students are then assigned 1 of 2 plans of study which help pace, prioritize, and track students toward their final externship. Regardless of the plan of study, students will complete all the same courses and clinical requirements, one plan starts with a focus on SLP developmental disorders, and the other starts with a focus on acquired disorders.

During orientation on the UM campus, each student reviews their assigned plan of study individually with the Graduate Student Advisor and verifies that the plan is aligned with their goals. Additionally, all students receive group advising regarding program structure, sequence, practicum, and advising processes during orientation.

Individual and group advising occurs in-person/virtually/via email/via phone during all semesters including summer and when students are off-campus in clinical placements. Ongoing group advising may also be incorporated into key clinical courses during SLP 570 and SLP 575.

Advising includes a focus on continuous evaluation and updates of each student's plan of study. When and if a student requires a significant alteration of a plan study, a new plan of study is created and reviewed with the student accordingly. All students are encouraged to meet regularly with their Graduate Student Advisor and Clinical Externship Coordinator via in-person and/or virtual meetings (distance students) to ensure appropriate progress and ultimate student success.

Following initial orientation and individual and group advising sessions, students are encouraged to make individual appointments with the Graduate Student Advisor if further advisement is needed at any time.

## **Degree Options**

### **Thesis Option**

71 total graduate credits (35 graduate program course credits, 30 graduate practicum credits, and a minimum of 6 thesis credits, which may require an additional semester)

### **Non-thesis Option**

68 total graduate credits (35 graduate program course credits, 30 graduate practicum credits, and 3 graduate capstone/portfolio project credits)

## MS SLP Curriculum

The following academic and clinical credits and courses are included in the plans of study to complete the master’s degree in speech-language pathology ([full course descriptions](#)):

### Required Academic Coursework and Credits (38 – 41 credits total)

- 35 credits of graduate program courses, a majority of which focus on developmental and acquired communication and swallowing disorders.
- Either a Master’s thesis (6 credits) or Master’s non-thesis portfolio project (3 credits option).
- Some students will have additional electives if there is a need to complete prerequisite or [ASHA Std IV-A](#) coursework (see [SLP Graduate Program Prerequisites](#)).

### Required Graduate Core Curriculum Courses

Course Number	Course Name	credits
SLP 520	Speech Sound Disorders	3
SLP 530	Voice and Resonance Disorders	3
SLP 535	Motor Speech Disorders	3
SLP 540	Fluency Disorders	2
SLP 545	Social Communication Skills, Behavior, and Neurodiversity	2
SLP 546	Alternative Augmentative Communication	1
SLP 550	Language Assessment and Intervention for Children Infants through Preschool	3
SLP 560	Language Assessment and Intervention for School-Age Children and Adolescents	3
SLP 565	Aphasia	3
SLP 566	Acquired Cognitive-Communication Disorders	3
SLP 570	Clinical Processes in Professional Practice I & II (taken twice/1 credit each semester)	2
SLP 575	Advanced Clinical Processes in Professional Practice II	1
SLP 600	Research Methods	3
SLP 640	Swallowing Disorders	3
	<b>Total Credits</b>	<b>35</b>

### MS Capstone Portfolio/Non-Thesis Option (SLP 588, 3 credits)

Students not pursuing the MS thesis option will enroll in SLP 588 during their final spring semester. This Master of Science Capstone Portfolio course is a mentored course designed to help students develop an evidence-based clinical case study that is defended both in writing and during an oral presentation. The Capstone Portfolio is also comprised of professional resources that will support a career in speech-language pathology (e.g., resume, clinical philosophy). The products developed during participation of this course and defended orally at the end of the semester satisfy the requirements of the SLHOS comprehensive exam.

### **MS Thesis Option (SLP 599, Thesis, ~6 credits)**

Students pursuing a thesis will enroll in SLP 599 for thesis credits instead of SLP 588. Students pursuing a thesis should choose this option by the end of the fall semester in their first year of graduate school. Students will start taking thesis credits during the spring or summer semester of year 1 and complete all 6 credits in consecutive semesters by the end of the program. Students must identify an academic faculty member of the SLP program who has earned a terminal degree (e.g., PhD, EdD) to develop a project proposal and project as directed by the [thesis policy and procedure outlined by the University of Montana Graduate School \(see C6.000\)](#). The SLP faculty member will become the Chair of the Master's Student Thesis Committee (i.e., Thesis Chair). The Thesis Chair, student, and Graduate Student Advisor will then work together to determine how to integrate the 6 thesis credits into that student's plan of study.

To provide ideal mentorship, the SLP faculty typically mentor a limited number of students through the thesis option each year. Students interested in pursuing a thesis should:

- Identify faculty whose research interests align with their own
- Meet with that faculty member during the fall of year 1 to determine
  - whether they are willing and able to mentor them
  - If they are well matched for a mentor-mentee relationship

### **Required Clinical Education Coursework and Credits (33 credits total)**

- 30 credits of clinical practicum—includes specialty clinics and direct experiences working with individuals with communication disorders across multiple settings
- 3 clinic course credits (2 credits of SLP 571 and 1 credit of SLP 575)
- There are 3 practicum levels that develop clinical skill and competency across multiple sites
- A minimum of 375 supervised clock hours ([25 hours of observation must be completed before beginning clinical practicum](#); See Standard V-C)

### **Required Clinical Courses/Practica for the MS SLP**

- SLP 570 Clinic Proc/Pro Pract I (2 credits total)
- SLP 571 Found Applied Clinic Srv/Lrn (6 credits total)
- SLP 575 Advanced Clinical Proc II (1 credit)
- SLP 576 Advanced Applied Clinic II (12 credits total)
- SLP 675 Clinical Ext/Adv Practicum (12 credits total)

## Technology Requirements

### Electronic Tracking System

The UM SLP graduate program uses a web-based tracking system (i.e., [CALIPSO](#)) to document ASHA standards, graduate work, and clinical work. All graduate students are required to use this electronic tracking system to document clinical clock hours (e.g., case logs), time logs, and required clinical forms. The SLP clinical education team will provide training to support clinical educators and graduate student clinicians, both on and off campus, in the use of the tracking system. Instructions and tutorials are available on the CALIPSO site to support users.

### Broadcast Platform (e.g., Zoom)

The MS SLP program broadcasts all MS level didactic courses synchronously to distance students. That is, distance students access a live-stream broadcast of campus-based classes and participate with students on campus via a software platform. The SLP graduate program will direct students how to access courses via distance broadcast using a chosen software program (e.g., Zoom).

### Teaching and Learning Platform (e.g., Moodle)

All instructors provide their syllabi, course content, and communications via an online learning management system (i.e., Moodle). Faculty will upload course content to Moodle and students will be expected to check, download, and access this content on a daily basis for course participation.

Moodle 101 for Students is a self paced tutorial that will familiarize you with the general course layout and key features of your courses. This tutorial takes approximately 30 -minutes. You should consider enrolling yourself if you are new to Moodle. Technical support for Moodle is available through the UMLine Support Desk, 8am - 5pm, Monday through Friday at (406)243-4999 or by email at [umonline-help@umontana.edu](mailto:umonline-help@umontana.edu).

# Clinical Education

## Clinical Education Overview

The MS SLP program faculty believe excellence is paramount for the delivery of clinical services to all clients. Clinical educators (also called supervisors or clinical faculty) support student clinicians and work in partnership with clients and their families to deliver high quality services using methods and technologies that are evidence-based, timely, and effective. Furthermore, clinical educators and student clinicians collaborate with community agencies to provide comprehensive and appropriate services within the speech-language pathology scope of practice. All clinical educators hold the CCC-SLP/CCC-A. Student clinicians are paired with clinical educators and sites in a way that reflects a didactic (teaching-training) learning experience. Clinical educators who choose to support our graduate student clinicians are dedicated to lifelong learning, ethical practice, and consider clinical education to be a distinct area of practice in the field of speech-language pathology and audiology. In addition, [clinical educators are required to complete professional development specific to supervision skills](#).

The clinical education process is three-pronged with equal weight given to the client/caregivers, the student clinician, and the clinical educator. The goal of the clinical educator is to guide graduate students in becoming competent clinicians who are capable of independent problem solving and providing evidence-based practice.

Each graduate student clinician is required to obtain a sufficient variety of supervised clinical experiences in different work settings and with different populations. Every effort will be made to provide student clinicians with a minimum of 50 supervised clinical hours at each site. All students typically complete their first practicum at the UM DeWit RiteCare Clinic. Campus-based students typically complete this first practicum during the Fall semester of year 1, while distance students typically do so during the Summer semester of year 1. Other practicum sites will involve off-campus affiliations. To meet the clinical requirements, practicum experiences will involve placements in a variety of settings. All students are required to complete at least one rotation in a K-12 school setting and one in a medical or alternative setting (e.g., hospital, skilled nursing facility, rehabilitation center, specialty clinic, or private practice). Clinical experiences are designed to support the interests of graduate students while providing depth and breadth of knowledge, skills, and experience. To meet the clinical competency standards each student creates an individualized plan with the Clinical Externship Coordinator. Any exceptions to these requirements are reviewed on a case-by-case basis, based on the student's experiences, breadth and depth needs, and must be approved by the clinical education team.

## Clinic Expectations Relative to STANDARDS OF KNOWLEDGE AND SKILLS

### Clinical Observations

ASHA requires that students participate in guided observation ([Standard V-C certification requirements](#)). Students in the SLP graduate program are required to observe at least 25 hours of clinical sessions provided by certified (CCC) speech-language pathologists and/or audiologists, prior to starting SLP 571 initial clinical placement. Documentation of completed 25 hours must be uploaded to CALIPSO and include the ASHA number of the SLP, date, time, and site. Verification of an ASHA certification can be obtained online through the [ASHA Certification Verification System](#).

Students may observe assessment and treatment of cognitive, communication, and swallowing disorders, and client/patient counseling. The clinical observation experiences allow students to become familiar with the client/patient/clinician interaction process, assessment and evaluation procedures, therapy planning, and therapy counseling techniques. The SLP Clinical



Externship Coordinator (and/or Clinic Director) oversees students' clinical observations. Students enrolled in the CSD undergraduate program or the post-baccalaureate leveling program accrue the majority of their observation hours through course assignments (e.g., CSD 205/405). If students do not enter the SLP graduate program with this requirement met, then additional clinical observation hours will need to be obtained independently prior to the start of the MS program.

In the event you have not completed your 25 observation hours prior to the start of the MS program, please reach out to your Graduate Advisor immediately and review these observation guidelines.

The Missoula area has been saturated with requests to observe; therefore, we ask that any observations outside of coursework, at the DeWit RiteCare Clinic, and Master Clinician be completed outside the Missoula area, possibly in your hometown. Many of Montana's schools, clinics, private practices, skilled nursing facilities, and hospitals have procedures in place to allow students to observe an ASHA-certified SLP. The majority of these sites will require students to have completed an introduction to HIPAA policies, provide proof of immunizations, and/or to obtain a background check.

The following protocol must be followed for clinical observations:

- Students must contact the Clinical Externship Coordinator to learn the protocols for particular sites.
- Students may not contact local sites on their own without permission from the Clinical Externship Coordinator.
- Consent must be obtained for each client interaction observed in the DeWit RiteCare Clinic; graduate student clinicians, however, should assume that peer observation is part of their learning experience and will be informed but may not be given the opportunity to decline observation in the training clinic.
- All independent observations must be documented on the Clinical Observation Form obtained from and submitted to the Clinical Externship Coordinator.
- In the DeWit RiteCare Clinic, consent for observation must be obtained for each client interaction; graduate student clinicians, however, should assume that peer observation is part of their learning experience and will be informed but may not be given the opportunity to decline observation in the training clinic.

It should be noted that graduate students who shadow a practicing SLP or observe clinical sessions prior to initiation of their practicum may not be considered part of the 25 observation hours. Observation is part of prerequisite requirements to familiarize the student with a clinical setting or may be part of an interview process for practicum placement decisions.

Students may use the [Master Clinician Network](#) to satisfy this requirement if:

- Using Master Clinician was related to a class, and
- a qualified SLP who holds the CCC and meets ASHA's supervision requirements participates in this guided experience, or
- the Clinical Externship Coordinator otherwise approves these observations and participation in guided activities.

### Clinical Clock Hours

375 clinical clock hours of supervised practicum must include experiences with client/patient populations across the life span and from culturally/linguistically diverse backgrounds. These experiences must represent various types and severities of communication delays and/or related disorders, differences, and disabilities, and meet the requirements of the ASHA Standards. The following is a chart of clinical clock hour guidelines for the MS SLP program. This reflects the minimum a student may obtain; however, students are encouraged to take full advantage of their opportunities while respecting their academic obligations.

Campus students Semester	Class	Hours (used as a guide)
Undergraduate	CSD 205/405	25 Observation hours (required)
Semester 1 Fall DeWit RiteCare Clinic	SLP 571	~30 hours*
Semester 2 Spring DeWit RiteCare Clinic	SLP 571	~30 hours*
Semester 3 Summer Off Campus/Dewit	SLP 576	~ 60 hours * minimum
Semester 4 Fall Off Campus	SLP 576	~75-100 hours *minimum
Semester 5 Spring Off Campus	SLP 675	~175-200 hours *minimum
	Total	400 hours *Clinical simulation (CS) hours from SLP 570 may be included in the 30 hours for both campus and distance students

Distance students Semester	Class	Hours (used as a guide)
Undergraduate	CSD 205/405	25 Observation hours (required)
Semester 1 Fall DeWit RiteCare Clinic	No clinic	
Semester 2 Spring DeWit RiteCare Clinic	No clinic	
Semester 3 Summer DeWit RiteCare Clinic	SLP 571	~ 60 hours * minimum
Semester 4 Fall Off Campus	SLP 576	~75-100 hours *minimum
Semester 5 Spring Off Campus	SLP 576	~75-100 hours *minimum
Semester 6 Summer Off Campus	SLP 675	~175-200 hours *minimum *Clinical simulation (CS) hours from SLP 570 may be included in the 30 hours for both campus and distance students

## Clinical Sites

### The University of Montana DeWit RiteCare Speech, Language, Hearing Clinic

The UM DeWit RiteCare Speech, Language, and Hearing Clinic (DeWit RiteCare Clinic) serves as the primary practicum site for UM MS SLP students and is dedicated to providing screening, diagnostic/assessment, and intervention services for individuals in the general public with speech, language, swallowing, cognitive, and/or hearing disorders. The DeWit RiteCare Clinic bills insurance including Medicare, Medicaid, and other third-party providers for services. The DeWit RiteCare Clinic services are also supported philanthropically by the Western Montana Scottish Rite of Free Masonry through scholarships for families in need.

### Off-Campus Clinical Affiliations

The SLP graduate program offers affiliate practicum experiences at sites that have a written *memorandum of understanding* (MOU) or affiliation agreements with UM and the SLP graduate program. Typically, students partake in these off-site supervised practicum experiences in their second year of graduate school. Students must work with the Clinical Externship Coordinator to arrange off-campus practicum sites and only the Clinical Externship Coordinator may contact the sites until otherwise specified. Sites are available across the United States with an emphasis on locations in Montana.

While operating within the procedural expectations of each provider, the Clinical Externship Coordinator works with each site to match their particular needs. This involves designing a clinical practicum agreement that is best for the site during the placement, the level of the graduate student's clinical experience, the amount of time (i.e. part-time or full-time placements), and other significant factors. Our goal is to integrate our students seamlessly into the site's established system.

If a new clinical site is developed, the Clinical Externship Coordinator will investigate the placement to verify that the clinical educators 1) possess the CCC-SLP, 2) understand the roles and responsibilities of clinical education, and 3) will inform student clinicians of site-specific requirements through an onboarding process.

Additional steps may include visiting the site, identifying conflicts of interest, or gaining referrals. Once all clinical educators have reviewed and signed a Clinical Pre-placement Review (required prior to each rotation- see below) and the Clinical Externship Coordinator feels confident that the site will meet the standards and match the values of the SLP graduate program, a student is permitted placement at that site.

Students are required to meet any onboarding requirements indicated in each site's MOU or affiliation agreement. These may include specific immunization records, drug testing, trainings, and/or other site-specific requirements. These will be outlined for the student upon site placement by the Clinical Externship Coordinator and/or the individual site coordinator. If exemptions are needed these are reviewed on a case-by-case basis and are at the discretion of the off-campus site.

All students are now required by the College of Health to complete an *Affirmation and Acknowledgement of Risk* prior to participating in in-person clinical experiences. This document acknowledges the nature of clinical practice, the required degree of skill and knowledge of activities and risk in these settings, the inherent risk of these experiences, and acknowledgement that not all risks cannot be prevented. (Please see the full document for additional details.) This paperwork is included with your graduate requirements letter and kept on file in your SLP graduate student file in UM Box.

# The Clinical Education Process

## Clinical Educator Qualifications

Clinical education, also called clinical teaching or clinical supervision, is a distinct area of expertise in speech-language pathology. Those who supervise are referred to as **clinical educators**. “To meet ASHA's Standards for the Certificate of Clinical Competence in Speech- Language Pathology (CCC-SLP), student clinicians must be supervised by an individual who

1) holds ASHA certification in the appropriate profession, 2) has completed a minimum of 9 months of full-time employment as an SLP (or the part-time equivalent) after earning the CCC-SLP, and 3) has completed a minimum of 2 hours of professional development in the area of clinical instruction/supervision(see Standard V-E)..

The SLP graduate program houses a variety of clinical educators to provide each student with the depth and breadth needed for training with multiple clients, disorders, and sites. Documentation of the clinical educator process is used in all practicum and externships or affiliations. Evaluation information is collected on the experience of both the student clinician and the clinical educator. SLP faculty and staff use this data to support continued growth in the clinical education process.

## Supervision Model

Effective supervision models have been based on *The Supervisory Process in Speech-Language Pathology and Audiology* (Anderson, 1988). Anderson’s model is designed to capture the career of the professional, but as clinical educators, we must focus on the initial stages. According to Anderson, supervision starts with 100% clinical educator participation, where the clinical educator may be conducting the first few sessions while the student clinician simply observes. ASHA standards require that clinical educators observe a minimum of 25% of therapy, 25% of diagnostics and must be on-site for every session. When considering Anderson’s model, the DeWit RiteCare Clinic supervision starts significantly above the 25% required by ASHA.

Anderson (1988) advocated that as the student clinician’s independence increases, the amount of supervision decreases. This requires the clinical educator to be sensitive to the needs of the student clinician. While keeping this in mind, the clinical educator is ultimately responsible for the client and services provided by the student because they are performed under the license of the supervising clinician. Understandably, the clinical educator, particularly during initial student experiences, will want to be highly present and active in the service delivery. The model below demonstrates our ethical and legal commitment.

The clinical educator and student clinician must communicate effectively to establish a collaborative relationship. The utmost consideration is given to cultural responsivity, which includes background and learning styles/preferences of both the clinical educator and student.

## Clinic On Campus: DeWit RiteCare and Satellite Locations

All MS SLP students are required to have their first practicum at the DeWit RiteCare Clinic, which includes “satellite locations” (e.g., specific school classrooms, screening events, preschools, Rocky Mountain Ear, Nose, Throat Center, etc.). During their first year, both campus and distance students complete a didactic clinical processes course (SLP 570), which runs concurrent to their first clinical practicum course (SLP 571 with an assigned clinical educator and clients) for campus students and prior to clinical practicum for distance students.

As each student completes a clinical rotation on campus, the clinic director and graduate advisor work together to determine that student's needs and graduate experiences and then assign each student their clients and associated clinical educator. Students then work directly with their assigned clinical educator to provide assessment/therapy services with each assigned client/ group of clients.

## DeWit Clinic Onboarding

To adequately prepare students for their clinical placements in the DeWit Clinic, part of their first SLP 571 rotation includes required onboarding activities, including self-guided Moodle modules, quizzes to check for learning, in-person clinic orientation, and ongoing meetings to ensure understanding and follow-through of clinic logistical procedures.

## Clinic in an Off-site Placement

Before an off-site clinical placement begins, the clinical educator completes the **Clinical Pre-placement Review** to determine that the placement is appropriate for the student and all requirements for supervision can be met. During the initial meeting with the clinical educator, and prior to intervention with clients for assessment, screening, or intervention, the student clinician and the clinical educator will complete the **Clinical Practicum Agreement**. This task allows the clinical educator to develop goals for the student's clinical skill development, review the timeline for documentation and requirements of client services, open a discussion to the personal learning styles of the clinician, and outline standard procedures (e.g. calling in sick, COVID precautions, and daily schedule).

All students must follow the site's procedures with particular attention to confidentiality and HIPAA regulations.

## General Clinical Placement Procedures (campus or off-site)

### Documentation in Electronic Tracking System

Student clinician clock hours, known as clock hours, must be submitted in accordance with each clinical educator's preferred procedure (daily, weekly, or monthly) and approved each month. Along with documentation of all clinical activities students complete site and clinical educator evaluations. Clinical educators use an electronic tracking system (CALIPSO) to perform midterm and final evaluations of clinical skills. Clinical educators may require students to upload additional documentation associated with clinical achievements specific to their unique clinical experiences.

### Feedback

Feedback is information given with the intent of changing or solidifying a behavior. This is different from evaluation, which refers to a judgment about a behavior during a given point in time, not necessarily with the aim of hoping to shape it. Feedback should be timely and specific, and can exist in different forms throughout the clinical education process.

### Clinical Educator to Student

Students will work with their clinical educators to understand how feedback will be given in each. As part of the clinical process, students learn to recognize when they are receiving feedback and how best to respond to learn and progress based on that feedback. Clinical educators and settings vary in terms of feedback types and frequency. Feedback can be written, verbal, immediate, and/or delayed.

### Student to Clinical Educator

At the completion of each semester, students are invited to provide feedback about their clinical education experience, either via a traditional course evaluation and/or in CALIPSO. Students in on-campus placements are required to provide feedback to their campus clinical educators. Off-campus supervisor feedback is optional but encouraged.

### Evaluation: Midterm and Final Conferences

The clinical educator (on-site or off-site) will use the Graduate Student Clinician Midterm (optional) and Final (required) Evaluation Form in CALIPSO as a tool to evaluate a student's clinical skills. The form is based on ASHA recommendations and standards. Students must schedule a final conference with their clinical educator at the end of the term to receive their evaluation results. Final clinical practicum grades will be issued at this conference.

In off-campus placements, the Clinical Externship Coordinator arranges mid-term and final conference call and/or email check-ins with the site supervisor and student. Students must ensure that all procedures and forms are complete before the completion of the practicum. If off-campus for an externship, all closure activities must align with the site's policies.

Note: summer intensive campus placements may only include a final evaluation (i.e., not necessarily midterm) due to the intensity of this model.

In off-site externships, if a clinical educator or student requires support through the clinical process, contact with the Clinical Externship Coordinator should be immediate. Utilizing this resource as early as possible in a setting can result in a stronger experience for all parties. The Clinical Externship Coordinator can arrange meetings, make site visits, and/or provide additional resources to support the clinical educator and the student clinician.

### Weekly Meetings

Other activities during a clinical practicum rotation will include discussing and signing a "Clinical Practicum Agreement," including inquiry into student learning style and supervisor teaching style. Students will have the opportunity for 1:1 meetings that will include supervision in clinical preparation (e.g., training in population or setting-specific processes, lesson planning, evidence-based assessment/ treatment selection) and documentation (clinical, educational, and reflective). Meetings, emails, Skype/Zoom meetings, and written communication are a few of the tools clinical educators will use to support a student's clinical development throughout each semester. On-site clinical educators may also choose to hold group meetings in place of some, but not all, 1:1 meetings.

### **Additional Requirements**

Clinical educators on and off-site may require additional components/assignments for a clinical practicum experience as long as it is commensurate with the workload expected for that course. If this is the case, these additional components will be clearly written in the clinical educator's syllabus (on-site) and written in the clinical practicum agreement (on and off-site).

### **Reflective Practice**

While research on self-reflective practices in the field of speech-language pathology is limited (Caty, Kinsella, Doyle, 2015), both written reflection and reflexive discussion have been used widely in clinical education across fields, with many benefits. Students in this program may be asked to participate in reflexive practices to facilitate their learning throughout their graduate experience, particularly during clinical practica.

### **SLP Clinical Faculty Responsibilities**

For on-campus placements, faculty clinical educators will evaluate and assign numeric scores via the KASA evaluation for the student's clinical achievements each semester to ensure that each student is on track to meeting clinical competencies. For externships, the Clinical Externship Coordinator will review student's clinical achievements each semester to ensure that each student is on track to meeting clinical competencies. An assigned student remediation committee may assist with remedial procedures in clinical courses in which a C+ or lower is obtained or competencies are not met (see Grade of C+ and dismissal policy below)

### **Externship Clinical Educator Responsibilities**

In off-site externships, clinical educators will document clinical competencies and suggest a letter grade for the practicum experience. The Clinical Externship Coordinator will calculate final grades and will approve course competencies for students accordingly. If a student earns a grade of C+ or lower and does not have approval for specified course competencies, a remediation plan is designed and a student remediation committee will be assigned to the student. Remediation needs are assessed throughout the clinical experience, particularly at midterm and final. Clinical educators are required to notify the Clinical Externship Coordinator immediately if a student is struggling to meet expected levels of achievement.

As part of the student remediation committee, the team may consist of the clinical educator with whom the student is completing the clinical experience, the Clinical Externship Coordinator, the Clinical Director, School Chair, SLP Program Director or designee will meet with the student to develop a plan and administer procedures for clinical competency remediation.

The Clinical Externship Coordinator will coordinate with all off-campus clinical educators to ensure that student clinical competencies and/or remediation plans are documented and filed in CALIPSO.

### Student Responsibilities

Students are responsible for ensuring that clinical forms are up-to-date and accurate. With this in mind, students must make sure all forms and their CALIPSO account are up-to-date, accurate, and approved by appropriate Clinical Educators and/or the Clinical Externship Coordinator. Students that have not been compliant with documentation may experience the consequence of delayed clinical placements and graduation.

Clinical clock hours and clinical competencies will be documented in CALIPSO by the student to be reviewed and approved by the clinical educator.

The student and his/her clinical educator will complete and submit the midterm and final clinical evaluation form for each semester of clinical experiences. Students are also required to participate in conferences, using a variety of distance technologies, arranged by the Clinical Externship Coordinator and a site-visit can be requested as applicable. All clinical clock hours and clinical competencies must be approved by the student's ASHA certified clinical educator. These records are documented in CALIPSO and can be verified through the [ASHA Certification Verification](#) website.

It is the student's responsibility to ensure that any remediation plans are completed and documented each semester as instructed. Students are responsible for their learning and communicating with the assigned student remediation committee regarding the completion of tasks or the need for assistance.



## Guidance on Appearance

We contribute to the public image of our school and of the profession of speech-language pathology through our appearance and interaction with others. Our expertise is best communicated through a professional and culturally responsive presence, of which appearance is a significant component. As a rule, students should follow guidance from each specific site while in the clinic and while working with participants in research labs, including satellite clinic sites and via Zoom for Healthcare.

All clinicians and research staff are expected to exercise good judgment in presenting themselves. This includes choosing their work clothes, exercising good hygiene, and minimizing/eliminating scents that may be offensive to others. The following section is not intended to be prescriptive but rather “general” in order to encourage students’ critical thinking about how their dress facilitates their clinical interactions.

### General Guidelines

- All clothing must be clean and maintained.
- Personal hygiene is expected and must be maintained on a daily basis. Strongly scented products or other odors such as cigarette smoke should be avoided as these can be irritating to others with sensitivities or allergies.
- Please keep in mind that jewelry can be distracting to some patients and even dangerous to the wearer. Clients (especially very young ones) may grab and yank jewelry or it may become snagged.
- Clothing should be selected based on the way in which it facilitates the wearer to accomplish their purpose. In some settings, this may require avoidance of casual wear such as jeans or athletic wear. Other settings may call for a more “informal” presentation (e.g., preschool classrooms, home health, etc.). Some settings will require uniforms.
- As part of their own exploration of cultural responsiveness with respect to their self and those with whom they interact (from clinical faculty, to other colleagues, to staff, to patients and families), students will observe and critically consider the most fitting attire per context.
- Scrubs are acceptable in the DeWit Clinic and many other settings, though students should always be in good communication regarding expectations of externship sites.

## Checklist from MS Student Onboarding Communication

Upon the initiation of graduate coursework, specifically clinical practicum, each student must have completed and/or submitted each of the following items, which are filed securely in UMBox and CALIPSO. Students should retain original documents for their own records.

### Subscribe to CALIPSO

CALIPSO is an electronic data program used to document clinical competencies, necessary records, and track and support requests for clinical placements. Each student will receive an email with instructions on subscribing to CALIPSO following orientation.

### 25 Observation Hours

Each student must have 25 hours of guided observation completed and documented *prior to* beginning their graduate program. If lacking hours, [Master Clinician Network](#) or other in-person observation may be a means of obtaining remaining hours but must be completed according to guided clinical observation requirements (See [ASHA Standard V-C](#)).

### Obtain CPR and First Aid Certification

All students will become certified in Basic Life Support (BLS) including CPR training during orientation. Students should follow instructions for completing online training modules prior to in-person training. Requests for other accommodations are reviewed on a case-by-case basis.

## Immunizations

The immunizations and titers listed below are the common requirements for many clinical placements/externships. To aid in the clinical onboarding and clinical placement, it is necessary for students to provide evidence of immunization or titer documentation or request consideration for exemptions prior to orientation. (Please reach out to the Graduate Advisor if you have any concerns about these requirements and/or wish to discuss or request \*UM exemptions.) The Curry Health Center can assist those with University of Montana health coverage (406-243-4330). The following is a list of the required immunizations:

- TDAP: Tetanus updated within last ten years
- Hepatitis B (series of 3 vaccinations) **and** titer (evidence of past immunization) acceptable; if your Hepatitis B series is more than 10 years old you will need to get a booster and then a titer after one month
- MMR immunization or titer
- Varicella immunization or titer
- COVID-19 vaccinations (min. of two doses)
- TB test (One-step, two-step, or QuantiFERON.) Must be completed no more than 3 months prior to the start of your first externship rotation, all other items are due prior to orientation.(Campus students, by summer semester 2024; distance students, by fall semester 2024.)
- Please note, that there may be additional requirements for externship placements. You will be notified if this is the case, and it will be your responsibility to complete them.

### Vaccination Exemptions:

- Students may seek a medical exemption through an interactive process with Amy Capolupo, Director, Office of Disability Equity. Please contact her to schedule an appointment. ([amy.capolupo@mso.umt.edu](mailto:amy.capolupo@mso.umt.edu))
- Students may seek a religious exemption through an interactive process with Leslie Webb, Vice Provost for Student Success and Campus Life. ([leslie.webb@umontana.edu](mailto:leslie.webb@umontana.edu))
- \*Please note, externship sites may have their own exemption processes/policies and may not accept UM exemptions. Please reach out to your Graduate Advisor/Externship Coordinator to further discuss these items, as we cannot guarantee externship placement.

### Proof of Health Insurance

Students may choose the UM policy or an outside provider and must submit proof of health insurance.

### Photo ID

Students are required to provide an acceptable form of photo ID, such as a Federal or State Government issued identification (ex: driver's license), a passport, military ID, or other government issued photo ID

### Proof of Liability Insurance

Students automatically have liability coverage through UM when enrolled as a student. Some practicum placements may require additional liability insurance. Students may purchase additional liability insurance through Mercer, an ASHA/NSSLHA affiliate.

## HIPAA Training

Students are required to complete the Health Insurance Portability and Accountability Act (HIPAA) training. To participate in the training:

1. Go to this site: Collaborative Institutional Training Initiative
2. Go to “register” on the top right-hand corner.
3. When prompted “select your organization affiliation” type in: University of Montana
4. Click on “Continue to Step 2”
5. Complete registration information.
  - a) Email – please use your UM email
  - b) Employee number – use your 790 number
  - c) Select “Health Information Privacy and Security (HIPS)”
  - d) On the “Step 7” page, go to Question #7 and click “Group 1: RiteCare Clinicians and Graduate Student Clinicians”
6. Students should keep a copy of the certificate of completion for their own records and submit a copy to the SLP Program Coordinator.

## Background Information Check

Students are required to complete a background check using [Verified Credentials](#). Upon completion, please share your report with the SLP Program Coordinator so it may be reviewed and uploaded to CALIPSO. Information revealed by the check will be reviewed by the Clinical Education Team and follow-up will be advised by the School Chair and necessary UM support personnel. Use these steps to complete the background check:

1. Go to [Verified Credentials](#)
2. At the very top, enter this code: first box: **YYBHJ** second box: **92447**
3. Follow the steps to create an account and complete the background check process
4. When prompted you will select **Fall - 2023** (NOT Academic Year of 2023). If you are prompted to pay, you have selected the wrong session. Background checks are paid for through your SLHOS program tuition.
5. You will need to enter your Student ID number (790 Number) and date of birth
6. Background checks are sent to the department by Verified Credentials

## Blood Borne Pathogen Training

Students will complete Blood Borne Pathogen training as part of their on-campus clinic onboarding and prior to engaging in clinical experience at the DeWit RiteCare Clinic.

## Professional Expectations

### Professional Conduct

Student clinicians are speech-language pathologists in training. Student clinicians will be held to the highest standards of integrity and ethical principles. Our guiding principles for professional conduct come from the [2016 ASHA Code of Ethics](#), [ASHA Scope of Practice in Speech-Language Pathology](#) and the [UM Student Code of Conduct](#), with an emphasis on the continuous practice of cultural responsiveness. Student clinicians are responsible for honoring the privacy, confidentiality, communication needs, and individual rights of every client. Student clinicians are responsible for client-centered and culturally responsive care, intervention planning and treatment, record keeping, and written reports, given that they are an integral part of the profession of speech-language pathology.

### ASHA Code of Ethics and Clinical Requirements

As an ASHA accredited program, the [2016 ASHA Code of Ethics](#) binds the faculty, staff, and students of the UM DeWit RiteCare Clinic and other practicum sites. Read this material carefully and consider its application to all student clinical practice. The principles will be addressed throughout the training program, both in academic classes and in clinical practica. Students should become well acquainted with the Code of Ethics so that the judgments and decisions they make as a graduate student form a solid, ethical foundation for their future as a professional speech-language pathologist. If students have any questions or concerns regarding the Code of Ethics or its application, they should discuss them with their clinical educator, advisor, or the Director of Clinical Education.

### Confidentiality Compliance and HIPAA Training

Confidentiality compliance and HIPAA training are part of the University of Montana Research and Creative Scholarship Compliance Oversight. One principle covered in the ASHA Code of Ethics, as well as the mandated HIPAA requirements, involves the protection of clients' right to confidentiality. This practice includes issues of release of information, digital and auditory recording and observation of sessions, and maintenance of client records. In general, clinicians should err on the side of caution when considering confidentiality.

## Practicum Placement Planning

### Campus Practicum Assignments

Students are assigned to clinical educators and specific clinics on campus by the Clinic Director and Graduate Program Advisor/ Clinical Externship Coordinator based on breadth and depth requirements. Student preference is not considered for these placements.

Campus students do not change their status unless their plan of study changes. The Clinical Externship Coordinator will advise if a status change is required (this is unusual).

Because distance students participate in their first clinical practicum on campus during the summer following the first two semesters, they **are required to complete a [Change of Status form](#) to be eligible for on-campus courses (practicum) during this summer semester only**. These students return to distance status in the fall.

On occasion, a student may start the program the summer before the official fall start date by special arrangement (this is unusual). Practical experiences are outlined in each student's plan of study.

### Off-campus Practicum Assignments

On-campus students typically begin their off-campus practicum in the summer or fall following their first year of graduate study. Distance students typically begin their off-campus practicum in the fall semester following their first year of graduate study. All students complete both a public-school placement and a medical and/or private practice placement (hospital, skilled nursing facility, rehabilitative center, etc.) as part of their rotations. Any exceptions to these requirements are reviewed on a case-by-case basis, based on the student's experiences, breadth and depth needs, and must be approved by the clinical education team. A *backward design model* is implemented to plan for these second-year off-site externships when students first start graduate school. That is, students communicate their site preference (medical, schools) for their final full-time SLP 675 off-campus site setting when initially meeting with the Graduate Student Advisor/Clinical Externship Coordinator

when they start the SLP graduate program, and then all other site placements are planned accordingly.

Students will request clinical placement preferences through a clinical suggestions spreadsheet that is emailed directly to the Clinical Externship Coordinator. The Clinical Externship Coordinator will make the initial contact with the site. Sometimes, students are familiar with the site they are requesting and may even be acquainted with that site's clinical educators, however, students *may not* initiate externship placements and may be subject to disciplinary measures if this rule is violated. All externship placements must be developed and finalized through the Clinical Externship Coordinator. Specialized final placements, such as a major medical center or specialty clinic, must be made by September 30<sup>th</sup> of your first semester. Please email the Clinical Externship Coordinator with this interest. Requests for externships, through spreadsheet submission, must be made in accordance with the following timelines:

Semester Requests	Due Date
Summer	November 1 <sup>st</sup> , Semester 1
Fall	January 1 <sup>st</sup> , Winter Break
Spring	March 1 <sup>st</sup> , Semester 2

Local placements are defined as sites within a **70-mile radius** of Missoula: This radius includes, but is not limited to: Alberton, Arlee, Bonner, Clinton, Corvallis, Drummond, Florence, Frenchtown, Hamilton, Lolo, Missoula, Potomac, Ronan, Seeley Lake, St. Ignatius, Polson, Stevensville, and Victor. Because Montana is rural and Missoula is a relatively small community, students must be willing to travel to placements. Location flexibility may be essential in finding placements for all students. Students should think about relatives, friends, Air B&B, etc. that would support taking an assignment outside of Missoula.

The Clinical Externship Coordinator will act on students' behalf to secure a clinical placement and will make every effort to secure a suggested placement; however, students must understand that requested clinical sites are not guaranteed.

Students are expected to accept their confirmed clinical externship. Those who do not/cannot accept their confirmed placement may need to defer the externship until the following semester, which may result in prolongation of his/her education program.

### Dropping Clinic or Changing Credits

If a student clinician finds it necessary to either officially drop or reduce the number of credits for a clinic course once the semester has begun, the Clinical Educator, Clinic Director, and the Clinical Externship Coordinator must approve the request in writing.

Because of the disruption and change in client services, this change is considered **ONLY** in rare occasions and based on health or extremely unusual circumstances.

### Diagnostic Clinic Hours

A specific number of hours is not specified for diagnostic experiences. The SLP graduate program requires all students to accrue diagnostic hours of "sufficient breadth and depth" to demonstrate assessment and evaluation procedures. This experience is part of the clinical practica SLP 571, SLP 576, and SLP 675. In addition, students receive didactic instruction in diagnostics throughout their content courses, with the opportunity for clinical simulation in diagnostics in SLP 570.

## Client Accommodations and Sensitivity

### Accommodations for Differences and Disabilities

All forms, handouts, and documents should be accessible such that they are available in alternative formats, such as screen readers. All interpersonal activities such as conferences and clinical services can be accommodated including the use of text telephone (TTY), amplified phone, text, note taker, or the services of sign language interpreter. Please see the website for the [Office of Disability Equity's policy on service and assistance animals](#).

### Multicultural and Diversity Perspectives

UM and SLHOS are dedicated to developing each student's knowledge and understanding of the importance of multicultural and diversity perspectives. Beginning at orientation and throughout clinical and academic training, students will develop skills and techniques to support their preparation for the diverse clients that will be a part of their profession. The curriculum will focus on the selection of diagnostic tools, the analysis of an evaluation, and the provision of services and intervention that reflect the cultural values, traditions, and needs of the client, family, and community. Students have an ethical obligation to serve families that may have cultural values different from their own.

## Clinic Hours

### DeWit RiteCare Clinic

The DeWit RiteCare Clinic operates on a limited basis during normal business hours on weekdays; hours are posted in the clinic and on the website and can change dependent on academic schedules and staffing availability. Students are required to be available Monday-Friday for day and evening appointments during terms they are registered for clinical practicum. Students will coordinate with their assigned clinical educator on scheduling and should expect to have their schedule finalized by the time of reviewing the clinical practicum agreement. We acknowledge that students have obligations outside school and clinic, but do ask that students make every effort to confirm outside obligations *after* their clinical schedule (including meetings, etc.) for the term has been finalized. While in the graduate program, clinical placement takes priority.

### Clinical Preparation and Practice at DeWit RiteCare Clinic

During the first weeks of the semester in which a student is assigned to a clinical practicum experience at the DeWit RiteCare Clinic, students will participate in general clinic onboarding and training specific to this setting. Onboarding topics include: continued HIPAA review, on-site clinical processes (including test and materials checkout, room reservations, computer use, general clinic procedures), electronic medical record system documentation, and telepractice.

Following thorough onboarding to the DeWit RiteCare Clinic, students will begin their clinical practice under the supervision of their assigned clinical educator. The clinical process includes chart review, preparation, direct service provision, and documentation. Each clinical educator will have a unique approach to clinical practice. Students must adhere to their assigned clinical educator's expectations throughout their practicum, both as defined in the "Clinical Practicum Agreement" as well as incidentally throughout the placement. Outside of scheduled class time, students are expected to reserve their time during working hours (unless otherwise specified on the "Clinical Practicum Agreement") for their clinical practicum activities. Again, clinic takes priority during the master's program, though we again acknowledge that students have outside considerations and ongoing communication is key in ensuring that clear expectations are conveyed and met.

## Admission and Continued Enrollment for the Graduate SLP

The Council of Academic Programs in Communication Sciences and Disorders drafted a document in 2023 titled "[A Guide for Future Practitioners in Audiology and Speech-Language Pathology: Core Functions](#)" to guide conversations with programs and students related to program admission and continued enrollment. This document describes the core functions considered necessary for professionals in the field of speech-language pathology. The School of Speech, Language, Hearing, and Occupational Sciences at the University of Montana is committed to preparing all qualified individuals for the profession, including persons with disabilities, with or without reasonable accommodation. In compliance with the Americans with Disabilities Act (ADA) and Section 504 of the Civil Rights Rehabilitation Act of 1973 regarding students and applicants with disabilities, no otherwise qualified and competent individual with a disability shall be denied access to or participation in services, programs, and activities solely on the basis of the disability.



MS SLP students are to achieve the level of competency required for graduation and practice as applicable. It is recognized that degrees of ability vary widely among individuals. Core functions as suggested by CAPCSD and general expectations for the role of the speech-language pathologist will be discussed at orientation. Students who feel they may not be able to demonstrate the essential functions set forth are encouraged to contact the Graduate Student Advisor. Any students who may require academic modification to fulfill the essential functions and technical standards due to a disability are encouraged to contact the [Office for Disability Equity](#) at (406) 243- 2243.

**Students in the SLP graduate program in SLHOS will be required to verify that they understand and meet requirements needed to become a speech-language pathologist.**

Admission decisions are made on the assumption that each candidate can meet and fulfill core functions as such. When a disability is present, the applicant should contact the Office for Disability Equity at UM. That office will review a student's request for modification and confirm that the stated condition qualifies as a disability under applicable laws.

If an applicant states they can meet the essential functions with modification, the course instructor and/or academic/clinical education team may review the modification to ensure it does not fundamentally alter the program, cause an undue burden, or cause harm to a fellow student or client. At any time in the course of a student's enrollment in the MS SLP program, the student can request accommodation through the Office for Disability Equity. However, retroactive accommodation requests do not have to be honored.

## Program Policies and Procedures

### Grades and Dismissal

- If a student earns a C+ or lower in a class, a Student Remediation Committee will convene to determine the remediation for the student. (See Competency and Remediation section for details and processes.)
- Any student who earns one grade of C+ or lower in a graduate class must retake the class or participate in an independent study to demonstrate competencies associated with ASHA CFCC standards of knowledge and skills. Retaking a course will not result in the replacement of the C+ or lower grade. If a C+ or lower is earned in this subsequent class, the student will be dismissed from the graduate program.
- Repeated minor breaches or a single severe HIPAA violation within a clinical placement regardless of intentionality will result in a C+ in clinical practicum and subsequent remediation. Severe or intentional HIPAA violations are grounds for immediate dismissal. Students may be required to inform external placements of past history of HIPAA violations and successful remediation on a case-by-case basis.
- Any student who earns two grades of C+ or lower will be dismissed from the graduate program.

### Competency and Remediation

In graduate courses each student will be provided with an opportunity to demonstrate required knowledge and/or skill competencies. How these knowledge and skill competencies will be assessed is delineated in each course syllabus. ASHA has specified that in order to be eligible for a CF, the student must achieve a level of 80% or better on each knowledge-and-skill competency standard. Regardless of the course grade, if the student does not achieve required competencies, one additional opportunity to demonstrate this knowledge and/or skill competency will be provided. If the student does not pass the competency a second time, further course of action will be determined by the MS SLP program and may result in dismissal from the program. If a student fails to demonstrate competency, the Certification for Clinical Practice Verification by Program Director Form required for ASHA certification will not be signed regardless of an acceptable course/clinic grade.

Regardless of final grades, students must achieve a level of 80% or better to be considered competent on each ASHA knowledge and skills standard. If competency is not demonstrated, an individualized formal remediation plan will be implemented (see formal remediation procedures in this handbook for details). If a student fails to demonstrate competency following a remediation, then a student is placed in formal academic or clinical probation. If a student is placed in academic and/or clinical probation more than twice, then the student will be dismissed from the MS SLP program.

- If remediation requires a student to repeat a course or a section of a course, then the student will retake that course or complete an independent study covering the content of that course for the specified credits the semester that the course is repeated. The repetition of the course will not result in a change of grade from the original course.
- If a student fails to successfully remediate, the student will be placed on School probation. A student remediation committee assigned to the student will then determine the actions and timeline required for the student to end probation. Students can be on School probation for a maximum of one semester. If a student fails to complete the required probationary steps within the assigned timeline, he/she may be dismissed from the graduate program.

## Opportunities for Learning and Remediation Plan

Additional opportunities for learning and subsequent remediation are required when a student does not meet ASHA knowledge and skills course or clinic objectives, assessed by case studies, demonstration, testing, papers, and/or other assignments, with a minimum of 80% accuracy.

### Informal Opportunities for Learning

Within class or clinic, if a student earns a grade of less than 80% on an assignment and/or inadequately demonstrates a particular knowledge or skill, the clinical educator or professor will attempt to address the competency challenge within the class or clinical experience by providing an additional learning opportunity. This can be done through the provision of opportunities such as rewriting an assignment, completion of a new assignment, additional demonstration of a skill following scaffolding. Note that the additional opportunities (e.g., redoing an assignment) do not necessarily change a student's grade. Individual faculty document additional opportunities for learning; the SLP Program Director, Clinic Director, or Graduate Academic Advisor may check-in with faculty in the middle and end of the semester to support student progress across the knowledge and skill competencies.

### Formal Remediation

Following the completion of opportunities for learning, if a student in a course or clinic does *not* achieve or demonstrate competency (80% or higher) on associated ASHA knowledge and skills, then the formal remediation process is initiated. Note that competency achievement is not necessarily equivalent to the final course grade.

### Formal Student Remediation Process

- **Step 1.** A Student Remediation Committee (SRC) is formed. The SRC is made up of:
  - **The SRC Chair** is the **clinical educator/professor who initiated the remediation**. This person is responsible for managing the remediation and seeing it through to its conclusion.
  - **Faculty** who are appropriate to the needs and challenges of the student (*only if appropriate and can be requested by a student*),
  - At least **one of the following** (depending on student needs)
    - **School Chair**
    - **SLP Program Director**
    - **Clinic Director**
    - **Graduate Student Advisor**
- **Step 2.** The SRC Chair completes the **ASHA Knowledge and Skills Remedial Plan** and coordinates the formal remediation meeting which includes the full SRC committee and the student. In the meeting, the student and committee discuss the competency concern, note the ASHA standard(s) in question, and determine a measurable goal and plan of remediation that includes a timeline of completion. At the conclusion of this meeting, the student and SRC Chair sign and agree to the plan and follow up is completed according to the plan.

- **Step 3.** At the completion of the remediation plan timeline, the SRC Chair initiates a follow up meeting to be attend by the student and SRC Committee. The achievement of the remediation goal is measured and documented.
  - **Step 3a.** If the student successfully meets competency and the remediation goal is met, then successful completion is noted on the ASHA Knowledge and Skills Remediation Plan and the form is signed a second time by the student and SRC Chair - noting the completion of the plan and the occurrence of the follow-up second meeting.
  - **Step3b.** If the student does not successfully meet competency and the remediation goal is not achieved, the SRC Chair invites the SLP Program Director/School Chair to the follow up remediation meeting (if not already part of the committee) and the student, SLP Program Director/School Chair, and SRC Committee document the next steps for the remediation Plan on the ASHA Knowledge and Skills Remedial Plan form. The committee and student will discuss and document why the plan was not successful. Following this discussion, the Chair decides whether another remediation is warranted, and the student is typically placed on formal academic or clinical probation. The subsequent remediation plan with a measurable goal and timeline is agreed upon and consequences are clearly outlined. Note that possible program dismissal may be discussed as a consequence if appropriate.
- **Step 4.** At the conclusion of the subsequent remediation plan timeline, the SRC Chair will follow up and initiate another remediation/academic probation meeting with the SRC Committee, SLP Program Director/School Chair, and student. The achievement of the remediation goal is measured and reported. The student and committee document the level of competency achievement regarding the completion of the remediation goal on the student's original ASHA Knowledge and Skills Remedial Plan.
  - **Step 4a.** If the student successfully meets competency and the remediation goal is met, then successful remediation completion is noted on an addendum to the ASHA Knowledge and Skills Remedial Plan and this form is signed by the student and SRC Chair noting the completion of the plan. At this time academic/clinical probation will be lifted.
  - **Step 4b.** If the student does not successfully meet competency and the remediation goal is not met, the student will be dismissed from the SLP graduate program.

Note that according to MS SLP program policy, students can only be on academic probation for a maximum of semester.

## Conflict Resolution and Formal Grievances

Conflicts arise in many situations. Most conflicts can be resolved by remaining thoughtful, respectful, and courteous with the other party. You can communicate to us in many ways, such as:

- Having a conversation with a staff or faculty member
- Sending an email to your Graduate Student Advisor
- Meeting with the Clinical Director or a trusted Professor/Clinical Educator
- Working with a student organization (NSSLHA)
- Completing course evaluations and exit surveys

In the event that a conflict cannot be resolved, the following procedures are recommended:

- Contact the SLP Program Director/School Chair
- If the SLP Program Director/School Chair is unable to resolve the matter or is unresponsive to your requests, contact the Dean of the College of Health.
- If the Dean is unable to resolve the matter or is unresponsive to your concern, you may consider reaching out to the Council for Academic Accreditation for Speech-Language Pathology and Audiology (CAA).

The CAA also has a process in place for complaints to be filed against the program. Before filing a complaint, it is strongly recommended that you read Chapter XIII: Complaints in the [Accreditation Handbook](#). Complaints against the CAA must be filed within 1 year of the date the conduct being complained about occurred, and must relate to the content or the application of the [Standards for Accreditation of Entry-Level Graduate Education Programs in Audiology and Speech-Language Pathology](#).

## Title IX

“Title IX of the United States Education Amendments of 1972 is a Federal civil rights law that prohibits discrimination on the basis of sex in education programs and activities. Discrimination on the basis of sex can include sexual harassment or sexual violence, such as rape, sexual assault, sexual battery, and sexual coercion. Title IX applies to all public and private elementary and secondary schools, school districts, colleges, and universities.” Taken from the University of Montana Title IX webpage.

If you have a concern regarding an issue related to Title IX, please refer to the [Title IX webpage](#).

## Concluding the MS SLP Program

### Praxis Exam

All SLP and Audiology graduate students must take the ASHA national exam by ETS called the Praxis Speech-Language Pathology exam, which is part of the Praxis II series, and report their scores to the School in order to graduate from the School of Speech, Language, Hearing and Occupational Sciences. Students are required to take the national exam by the end of the final semester of the M.S. program. Students are encouraged to take the test by March 15, or two months prior to their final semester, for scores to be received and recorded in time for graduation.

### Graduate Program Completion

A graduate student will officially graduate at the end of the semester in which all academic coursework, Praxis exam, and all clinical coursework are complete. If a student does not successfully complete all requirements by the end of the last semester listed on the student's program of study, the student will continue as an MS student, until all graduation requirements have been met. The "degree conferred" semester will be the semester that the student actually completed all degree requirements and final grades were posted. Students will not receive a letter confirming program requirement completion before the degree is awarded.

### Plans of Study and Leave of Absence

The SLP program expects graduate students to maintain and register for courses according to their plan of study established at the beginning of their graduate studies. A graduate student who experiences unexpected health problems or other compelling personal circumstances which affect the ability to successfully maintain full-time status may request a leave of absence by petitioning the School Chair. The School Chair will work with the student to determine the length of the leave of absence which is typically assigned a semester at a time and is no longer than one year.

The student:

- may only petition for one leave of absence during their MS program
- is responsible for any missed courses and/or clinical practica which may extend the graduate program and result in a change in their plan of study
- may not petition for a leave of absence as a means of avoiding low grades in academic courses or clinical practicum
- is expected to resume the program at the end of the approved leave of absence. If the student is unable to return, it may be recommended that the student be removed from the program. Should the student wish to reapply to the graduate program, he/she may do so on a competitive basis according to the MS SLP program's regular graduate admission deadlines and procedures.

### Certification and Licensure

#### ASHA Certification Requirements for CCC-SLP

The Council for Clinical Certification (CFCC) is responsible for processing applications by individuals who have graduated from programs accredited by the Council on Academic Accreditation (CAA), and for awarding the Certificate of Clinical Competence in Speech-

Language Pathology (CCC-SLP). The requirements for certification (CCC-SLP) include:

1. Successful completion of an accredited graduate program in communicative sciences and disorders.
2. Successful documented competencies in the ASHA 2020 Speech-Language Pathology Standards requirements.
3. Accrual of a minimum of 400 hours of supervised clinical practicum experience or equivalent. The 400 hours includes 25 observation hours.
4. A passing score on a National Praxis II examination.
5. Successful completion of a post graduate Clinical Fellowship (CF) year, which is often accomplished during the graduate's first year of employment.

Upon successful completion of the major requirements listed above, post graduates are eligible to apply for the Certificate of Clinical Competence in Speech-Language Pathology (CCC- SLP). The CCC-SLP is ASHA's way of informing the public that an individual has met the minimum standards for clinical competence.

### Montana Licensure Requirements

[The Board of Examiners in Speech-Language Pathology and Audiology](#), a division of the Department of Labor, Licensing, and Regulation, grants licenses to practice in the state of Montana. The UM MS SLP program requirements are consistent with Montana licensure regulations.

### Graduation Form

In spring of year 2, students will be instructed, through the SLP 675, to complete their graduation applications. All applications will be collected and submitted to the Graduate Office **by the Graduate Advisor**. Students' CyberBear accounts will be charged the UM graduation fee.

At graduation time, the School Chair will sign the current ASHA Standards of Knowledge and Skills Competence in CALIPSO. Students are instructed to download the official Certificate of Clinical Competence document from CALIPSO for their record. Upon completion of the CF year and the final electronic application to ASHA, the SLP program will be contacted to officially sign off on all Standards competencies and supervised clock hours.

## REFERENCES

[American Speech-Language Hearing Association](#)

[Anderson, J. \(1988\). The supervisory process in speech-language pathology and audiology. Boston, MA: College-Hill.](#)

[Council of Academic Programs in Communication Sciences and Disorders Council on Academic Accreditation](#)

# HIPAA Quick Guide

## Physical Security

- Locks, alarms and other physical security devices are used to keep areas secure at all times.
- Unattended areas are kept secure with locks and other devices whenever possible, even during business hours.
- Access to sensitive equipment and data is controlled -- that includes access to printers, fax machines, computers, and paper files.
- Visitors are appropriately monitored and, as necessary, escorted.
- Keys, ID badges, and anything else that controls physical access are kept secure from visitors. Theft or loss of such items is reported immediately.

## Oral Communication

- Conversations involving sensitive information take place, whenever possible, in non-public areas where they cannot be easily overheard.
- Sensitive conversations are not permitted in public areas.
- Names or other information that could identify individuals are avoided whenever possible, in case a conversation is overheard.
- Only initials are used in public areas (for emergencies only).

## Telephone Use

- Telephone conversations involving sensitive information are conducted in non-public areas, where they cannot be overheard – If you are in the clinic office, the door and window must be shut.
- When discussing confidential information on the phone, the other person's identity must be confirmed before proceeding with the conversation.
- **Only names and callback numbers are left on voicemail or answering machines -- or with the person that takes the message -- if a person cannot be reached directly.** Such as: "This is Shelby from the DeWit RiteCare Clinic. Please call me back at (406) 243-2405."
- The speaker volume is turned down on answering machines or voicemail systems so that incoming messages cannot be overheard when left or played back.

## Information on Paper

- Sensitive documents are kept in secure places, like a locked filing cabinet, and never left in unsecured areas such as unattended computer printers, photocopiers, fax machines, or persons' desktops.
- Documents that are no longer needed are shredded immediately.
- Sensitive documents are never left in plain view in areas where visitors could be present. (If such materials must be kept in public areas, they should be face down or otherwise concealed.)
- Sign-in sheets ask for only limited information -- only initials. (In health care settings, patient schedules should not be left in public areas or where they can be easily viewed by non-staff.)



## Fax Machine Use

- All fax numbers are confirmed before use.
- Whenever possible, faxes are sent only to machines at known locations, where the security of the receiving machine can be assured.
- **All faxes containing sensitive information include a cover sheet identifying the recipient and including a confidentiality notice. No identifying information should be included on a fax cover sheet.** (That notice should request that faxes sent to an incorrect destination be destroyed, and also request notification to the sender of such errors. Note that it's not clear these notices have any legal effect, but they are a standard practice.)
- Faxes should not be left sitting in or around the machine.
- Whenever possible, postal mail is used for written transmissions. (It's generally more secure, and there are clear legal protections for it.)

## Email

- UM email is not secure (i.e., not HIPAA compliant).
- Care is exercised with every email message received, especially email containing attached files that may be infected. (Spam, spoofs and hoaxes should just be deleted. Do not reply.)
- Every arriving attachment should be confirmed as originating with a trusted source, or checked with antivirus software before opening.
- Links in emails are only accessed when the message is confirmed to originate from a trusted source.
- **Sensitive information is not sent in email messages, including email attachments.**  
(Again, our school email is not secure.) Graduate student clinicians are trained in using the electronic medical record system to send documents via a secure portal to clients/patients.
- If transmission of sensitive information via email cannot be avoided, a confidentiality agreement signed by the client must be included in the chart.
- Email recipients and contents should be re-read before sending. (Confirm that you have the correct "to", "cc" and "bcc" addresses.)

## Signature Pages

Students will receive these three pages via DocuSign following the first day of orientation.



### College of Health

School of Speech, Language, Hearing & Occupational Sciences

Lower Level Curry Health Center

32 Campus Drive

Missoula, MT 59812-6695

(406) 243-2405

# Master of Science in Speech-Language Pathology Program

## University of Montana

### Academic/Clinic Handbook Signature Page

I have fully read, understand and agree to the terms and conditions outlined in the 2020 Academic Graduate Student Handbook, including that I meet the requirements for Essential Functions and Technical Standards and that I will contact the Office of Disability Equity before beginning my academic program, if appropriate.

\_\_\_\_\_  
Graduate Student Printed Name

\_\_\_\_\_  
Graduate Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
SLP Program Director Signature

\_\_\_\_\_  
Date



**College of Health**

School of Speech, Language, Hearing & Occupational Sciences

Lower Level Curry Health Center  
32 Campus Drive

Missoula, MT 59812-6695

(406) 243-2405

## **Authorization of Release of Information**

I, \_\_\_\_\_, authorize the School of Speech, Language, Pathology, and Occupational Sciences to release compliance/immunization documents to clinical externships sites for placement and audit purposes.

\_\_\_\_\_  
Graduate Student Printed Name

\_\_\_\_\_  
Graduate Student Signature

\_\_\_\_\_  
Date

## Frequently Used Abbreviations

ACE	Alternative clinical education
ASHA	American Speech-Language-Hearing Association
BA	Bachelor of Arts
CAA	Council for Academic Accreditation
CCC	Certification/certificate of clinical competence
CF	Clinical Fellowship
CFCC	Council for Clinical Certification
CSD	Communication sciences and disorders
KASA	Knowledge and skills acquisition
MS	Master of Science
MSHA	Montana Speech-Language-Hearing Association
SLHOS	Speech, language, hearing, and occupational sciences
SLHS	Speech, language, and hearing sciences
SLP	Speech-language pathologist
SLPA	Speech-language pathology assistant
UM	University of Montana