

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

UNIVERSITY OF MONTANA

Clinical Handbook

2019-2020

For Clinical Educators and Student Clinicians

Welcome to the Speech-Language Pathology Graduate Program!.....	4
INTRODUCTION.....	4
MISSION STATEMENTS .....	4
University Mission.....	4
College Mission .....	4
Department Mission.....	4
University of Montana DeWit RiteCare Speech, Language, Hearing Clinic Speech, Language, and Hearing Clinic Mission .....	5
Equal Opportunity – Non-Discrimination.....	5
CLINICAL EDUCATION GUIDELINES AND OBJECTIVES.....	5
Overview.....	5
Clinical Education Objectives and Standards .....	6
Objectives.....	6
Abridged CCC-SLP Requirements/Standards .....	8
Clinical Educator Qualifications, Supervision, and Clinical Sites .....	9
Clinical Educator Qualifications.....	9
Supervision Requirements and Model .....	9
Clinical Sites.....	10
The University of Montana DeWit RiteCare Speech, Language, Hearing Clinic .....	10
Off-Campus Clinical Affiliations.....	11
The Clinical Education Process.....	11
Clinic On-Campus.....	11
Clinic in an Off-site Placement.....	12
Weekly Supervisory Meetings .....	12
Midterm and Final Conferences .....	12
Additional Requirements.....	12
Clinical Documentation and ASHA Standards.....	13
Electronic Tracking System .....	13
Documentation in a the Electronic Tracking System.....	13
Clinical Competency and ASHA Standards with Knowledge And Skills Acquisition .....	13
CSD Faculty Responsibilities.....	13
Externship Clinical Educator Responsibilities.....	13
Student Responsibilities.....	14

Off-Campus Practicum Placement Planning .....	14
Student Expectations Relative to the ASHA STANDARDS OF KNOWLEDGE AND SKILLS .....	15
Clinical Observations .....	15
Clinical Clock Hours .....	16
Clinical Policies and Procedures .....	17
Grade Point Average (GPA) Requirements for Clinical Practicum .....	17
Professional Conduct .....	17
Dress Code.....	17
Clinician Expectations.....	18
Clinical Educator Feedback Form .....	19
Self-Reflection .....	20
Treatment Plans .....	20
On-Campus Practicum Assignments.....	20
On-Campus Clinical Practicum Load .....	20
Dropping Clinic or Changing Credits.....	21
Diagnostic Clinic Hours .....	21
Client Accommodations and Sensitivity .....	21
Accommodations for Differences and Disabilities .....	21
Multicultural and Diversity Perspectives .....	21
Certification and Licensure .....	21
ASHA Certification Requirements for Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) .....	21
Montana Licensure Requirements.....	22
Professional Expectations.....	22
ASHA Code of Ethics and Clinical Requirements.....	22
Confidentiality Compliance and HIPAA Training .....	23
Clinic Hours .....	23
DeWit RiteCare .....	23
Clinical Preparation .....	23
Document Submission (Week 1).....	23
Weeks 2-15.....	23
DeWit RiteCare Model of Supervision .....	24
Opportunities for Learning and Remediation Plan .....	24

Knowledge and Skills .....	24
Informal Opportunities for Learning.....	24
Formal Remediation.....	25
Formal Student Remediation Process.....	25
Conflict Resolution and Grievances .....	26
Conflict Resolution and Formal Grievances .....	26
Title IX.....	27
REFERENCES.....	27
HIPAA Quick Guide.....	28
Physical Security .....	28
Oral Communication.....	28
Telephone Use.....	28
Information on Paper .....	28
Fax Machine Use.....	29
Email .....	29
Clinical Handbook Signature Page .....	30

## **Welcome to the Speech-Language Pathology Graduate Program!**

This Clinical Handbook speaks to the whole clinical experience and includes everything you will need to successfully complete the clinical expectations of the University of Montana's Speech-Language Pathology Graduate Program.

At the end of this manual is a contract noting that you have read and understand all policies, procedures, and requirements associated with Clinical Education in the Speech Language Pathology Graduate Program outlined in this handbook. Please review this Clinical Handbook thoroughly and contact the Director of Clinical Education or Clinical Externship Coordinator with any questions or concerns.

Upon completion of your review of this Clinical Handbook you will need to:

- Sign the contract noting your thorough review and understanding, and
- Submit that signed contract to the Director of Clinical Education.

Submission of the signed contract is required to start your Clinical Practicum experiences in the Speech-Language Pathology Graduate Program.

## **INTRODUCTION**

### **MISSION STATEMENTS**

#### **University Mission**

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.

#### **College Mission**

The College of Health Professions and Biomedical Sciences prepares students to serve in the health professions including speech-language pathology, occupational therapy, physical therapy, public health, social work, and pharmacy. Our academic units and clinics provide an interprofessional training zone: students have opportunities to interact with colleagues from other disciplines, both within the College and the University, with whom they will practice when they enter their respective professions. Students also have opportunities to participate in research projects with faculty who are committed to academic excellence.

#### **School Mission**

The mission of the School of Speech, Language, Hearing and Occupational Sciences is to prepare students for progressive, collaborative, and research-minded careers in speech-language pathology, audiology, and related fields through rigorous academic and clinical training. We strive to be innovative in the use of technology and program delivery to provide services to traditionally under-served regions and populations. Through our emphasis on typical

and atypical speech, language, cognition, swallowing, and hearing function, students gain knowledge and skills along with ethical and culturally competent values that foster a commitment to lifelong learning and civic engagement.

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

The University of Montana DeWit RiteCare Speech, Language, and Hearing 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.

## **CLINICAL EDUCATION GUIDELINES AND OBJECTIVES**

### **Overview**

The University of Montana School of Speech, Language, Hearing and Occupational Sciences (SLHOS) faculty believe excellence is paramount for the delivery of clinical services to all clients. Clinical educators (also called supervisors) 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 an American Speech-Language Hearing Association (ASHA) Certificate of Clinical Competence (CCC) in speech-language pathology (SLP) and/or audiology. Student clinicians are paired with clinical educators and sites in a way that reflects a didactic (teaching-training) learning experience. Clinical educators that choose to support our graduate student clinicians are

dedicated to lifelong learning, ethical practice, and consider clinical education to be distinct area of practice in the field of speech language pathology and audiology.

The clinical education process is thought of as a pyramid with equal weight given to the client, 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. The ASHA standards help focus the clinical education process relative to the knowledge and skills necessary for clinical certification. The UM CSD and ASHA guidelines for CCC-SLP require that students participate in practicums and acquire a minimum 400 clinical hours with a diversity of ages (infants through adulthood) and in nine main areas. These nine main areas are: 1) Language, 2) Articulation/Phonology, 3) Cognition, 4) Voice/Resonance, 5) Fluency; 6) Hearing 7) Swallowing; 8) Social Aspects of Communication, and 9) Communication Modalities of Alternative and Augmentative Communication (AAC). In order to become a certified speech-language pathologist, ASHA requires that competency in intervention, diagnostics, prevention, and consultation is demonstrated across all nine main areas.

Each graduate student clinician is to complete a minimum of three clinical practicums each at a different site. A minimum of 50 hours meeting the supervision requirements is mandatory at each site. All students complete their first practicum at the UM DeWit RiteCare Speech, Language, and Hearing Clinic; on-campus students typically complete their first practicum during their first and second semesters and distance students complete their first practicum during their first summer semester. Other practicum sites will involve off- campus affiliations. To meet the clinical requirements, practicum experiences will involve a placement in a variety of settings that may include schools, rehabilitation centers, private practices, assisted living centers, and medical facilities. Clinical experiences are designed to support the interests of graduate students while providing depth and breadth of knowledge and experience. To meet the clinical competency standards each student creates an individualized plan with the Clinical Externship Coordinator.

### **Clinical Education Objectives and Standards**

The UM CSD program strives to meet the objectives and standards set forth by the Council on Academic Accreditation for Audiology and Speech-Language Pathology.

#### **Objectives**

The following objectives are drawn from the [Standards for Accreditation of Graduate Education Programs in Audiology and Speech-Language Pathology 2017](#).

1. Graduate student clinicians will gain sufficient depth and breadth encompassing the full scope of practice by obtaining a minimum of 400 clinical practice hours, engaging in a variety of opportunities throughout the scope of practice, and meeting program goals through evaluation resulting in the ability to apply for state and national credentials.

2. Graduate student clinicians 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 as measured through midterm and final reporting of their clinical educator.
3. Graduate student clinicians 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 as judged by their clinical educators.
4. Graduate student clinicians will demonstrate skills in prevention and identification of communication and swallowing disorders and differences as judged by their clinical educators.
5. Graduate student clinicians will develop their skills to evaluate for 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 as judged by their clinical educators.
6. Graduate student clinicians will develop their ability to minimize the effects of 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. Graduate student clinicians will work within their scope of practice by synthesizing the interdependence of speech, language, and hearing, engage in relevant issues and advocacy, actively engage in clinical education process, practicing professionalism, developing interaction and communication skills, and self-evaluate their own practical effectiveness as judged by their clinical educators.
8. Graduate student clinicians will recognize and account for issues related to diversity as judged by their clinical educators.
9. Graduate student clinicians will implement and explain evidence based practices to clients, families, and caregivers as judged by their clinical educators.
10. Graduate student clinicians will participate in timely recordkeeping and administrative tasks relevant to billing, coding, and credentialing as judged by their clinical educator.
11. Graduate student clinicians will hold the client's welfare in highest regard by respecting clinical educator choices, implementing evidence based practice, and participating in ethical conduct as judged by the clinical educator.
12. Graduate student clinicians will meet expectations commensurate with their level of experience and clinical setting as judged by the clinical educator.

## Abridged CCC-SLP Requirements/Standards

Applicants for entry-level practice in speech-language pathology must hold a Master's or Doctoral degree. The Speech-Language Pathologist standards stipulate:

1. **Academic Course Work:** 75 semester credit hours in the professional area, at least 36 hours must be completed at the graduate level
2. **Supervised Clinical Observation and Clinical Practicum:** Students must earn 400 clock hours of clinical practicum in order to qualify for the MS degree.
3. **Clinical Observation:** 25 hours must be completed prior to the SLOS/CSD 571 clinical practicum.
4. 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.
5. At least 325 of 400 hours must be completed while engaged in graduate study in an accredited program
6. **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. Up to 20% (i.e., 75 hours) of direct contact hours may be obtained through alternative clinical education (ACE) methods. Only the time spent in active engagement with the ACE may be counted. ACE may include the use of standardized patients and simulation technologies (e.g., virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive programs).

***The scope of practice will include the thorough development of the following Professional Practice Competencies and Foundational Areas:***

- **Professional Practice Competencies**
  - Accountability
  - Integrity
  - Effective Communication Skills
  - Clinical Reasoning
  - Evidence-Based Practice
  - Concern for Individuals Served
  - Cultural Competence
  - Professional Duty
  - Collaborative Practice
- **Foundations of Speech-Language Pathology Practice:**
  - Receptive/Expressive Language
  - Articulation/Phonology
  - Cognitive Aspects of Communication
  - Voice/Resonance
  - Fluency
  - Hearing

- Swallowing
- Social Aspects of Communication
- Communication modalities Alternative Augmentative Communication

## Clinical Educator Qualifications, Supervision, and Clinical Sites

### 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** must have their **Certificate of Clinical Competence (CCC)**, enough experience to confidently mentor a graduate student clinician, and preferably at least two hours of clinical education training every two years. Clinical education training includes pre-service or in-service curricular offerings, continuing education at professional meetings, practicum at universities, self-study, and/or research.

The SLHOS School 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. SLHOS faculty and staff use this data to support continued growth in the clinical education process.

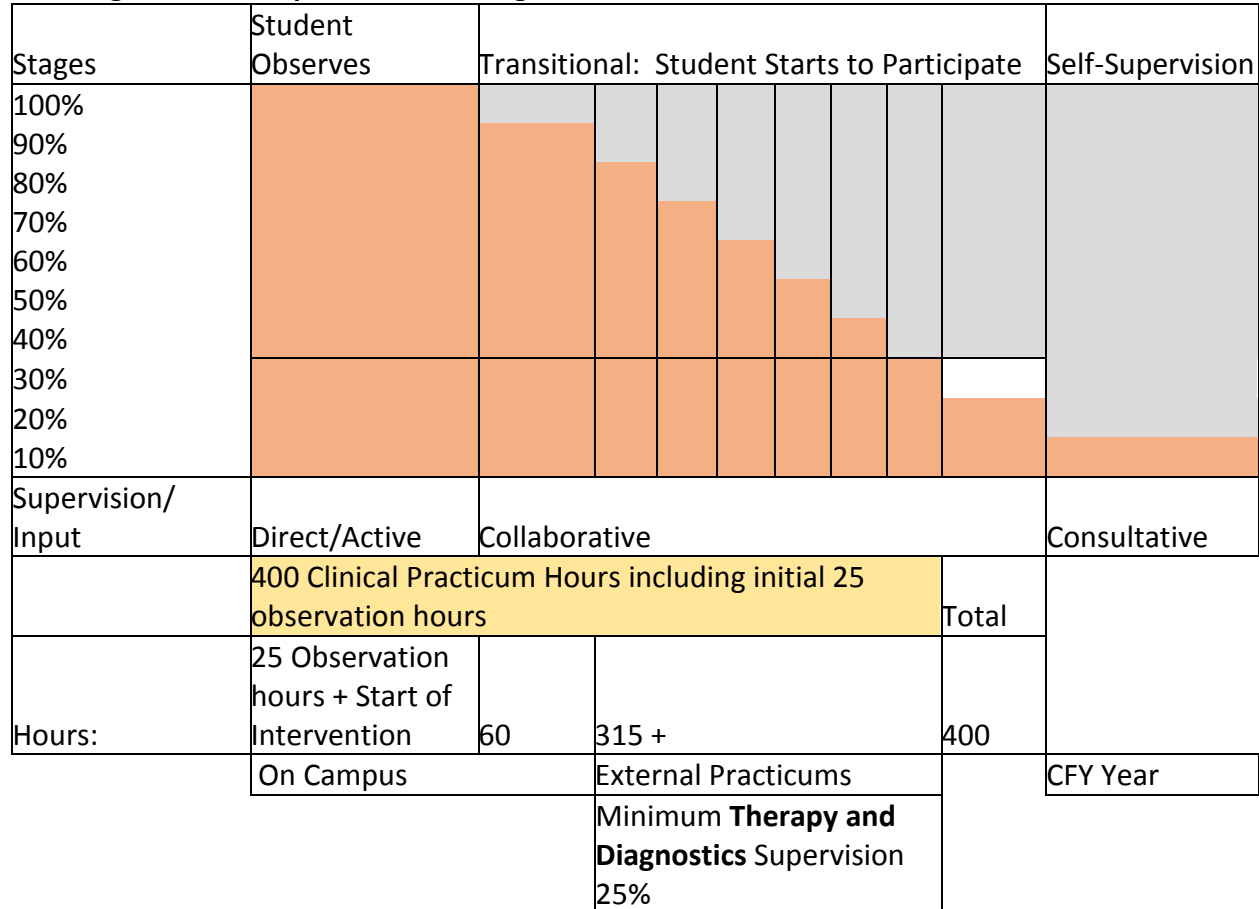
### Supervision Requirements and Model

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 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.

With the consideration of the supervision guidelines by Anderson (1988), ASHA requires clinical educators to be present for 25% of direct therapy (see Figure 1).

**Figure 1. Stages and Amount of Direct Therapy and Diagnostics: Student Supervision for Growing Clinical Competence including 25 observation hours:**



## 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 SLHOS graduate SLP students and is dedicated to providing screening, observations, diagnostic/assessment, and intervention services for individuals with speech, language, swallowing, and/or hearing disorders. Clinical services are open to the general public. The DeWit RiteCare Clinic can bill insurance including Medicare, Medicaid, and other third party providers. The DeWit RiteCare Clinic services are supported philanthropically by the Western Montana Scottish Rite of Free Masonry by providing scholarships for clients in need of services with no insurance coverage or high deductibles.

In addition, the DeWit RiteCare serves as the primary observation site for undergraduate students. On occasion, seniors and levelers in the undergraduate program are invited to participate in therapeutic and/or peer support activities. Undergraduate involvement is developed on a case-by-case basis and closely supervised and monitored by a SLHOS clinical

faculty member. Undergraduate students that are participating as student clinicians must meet the same prerequisite clinical requirements as graduate student clinicians.

### **Off-Campus Clinical Affiliations**

The University of Montana offers affiliate practicum experiences at sites that have a written memorandum of understanding (MOU) with The University of Montana and UM CSD. 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 Montana locations.

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 vet the placement. This includes, at minimum, telephone communication with the designated contact person, identifying that the clinical educators have their CCCs, verification of understanding of the roles and responsibilities of clinical education, and understanding of the onboarding process and other site-specific requirements. Further steps may be taken such as site visits, identifying conflicts of interest, or gaining referrals. If the Clinical Externship Coordinator feels confident that the site will meet the standards and match the values of the UM CSD program, a student may receive that placement.

## **The Clinical Education Process**

### **Clinic On-Campus**

All UM SLHOS students are required to start their practical process at the DeWit RiteCare Speech, Language, and Hearing Clinic. When signing up for clinical courses students initially complete both a didactic clinical course (SLOS/CSD 570) that provide processes of clinic and a clinical practice course (SLOS/CSD 571) in which supervised clinical practice will be conducted with assigned clients. Students in the distance program will complete the full SLOS/CSD 570 series prior to completing their first SLOS/CSD 571 clinical practice course.

Each semester that a student completes on-campus clinic, the Director of Clinical Education and Graduate Advisor work together to determine students needs and graduate experiences and then assigns each student their clients and associated clinical educator supervisor. Students then schedule weekly meetings with their assigned clinical educator to determine how best to schedule and proceed with providing assessment/therapy services with each assigned client.

### **Clinic in an Off-site Placement**

Before an off-site clinical placement begins, the student and the clinical educator complete the **Clinical Pre-placement Agreement** 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 and review the timeline for documentation and requirements of client services. All students must follow the site's procedures with particular attention to confidentiality and HIPAA regulations (see appendices).

### **Weekly Supervisory Meetings**

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. It is the student's responsibility to arrange weekly meetings and to work with their clinical educator to obtain needed support.

### **Midterm and Final Conferences**

The clinical educator (on-site or off-site) will use the Graduate Student Clinician Midterm and Final 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 during finals week to receive their evaluation feedback. Final clinic grades will be issued at this conference. 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.

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.

### **Additional Requirements**

Supervisors on and off-site may require additional components/assignments for a clinical practicum experience explicitly. If this is the case, these additional components will be clearly written in the clinical educator's syllabus or written in the clinical practicum agreement.

## **Clinical Documentation and ASHA Standards**

### **Electronic Tracking System**

The SLHOS uses a web-based clinical tracking system ( Calypso) as a tool to document clinical work. All graduate students are required to use an electronic tracking system to document clinical clock hours (case logs), time logs, and required clinical forms. The SLHOS School 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 Typhon to support users.

### **Documentation in a the Electronic Tracking System**

Student clinician clock hours, known as case logs, must be submitted weekly and approved by their clinical educators each month. Along with weekly documentation of all clinical activities, students complete site and clinical educator evaluations. Clinical educators use an electronic tracking system such as Typhon to perform midterm and final evaluations of clinical skills and faculty may require students to upload additional documentation associated with clinical achievements specific to their unique clinical experiences.

### **Clinical Competency and ASHA Standards with Knowledge And Skills Acquisition**

The ASHA Standards of Knowledge and Skills are used by the SLHOS School for guiding each graduate student in acquiring their clinical competency skills and the documentation of these skills is integrated into the SLHOS academic and clinical course curriculum. For full understanding, please refer to the [Standards for the Certificate of Clinical Competence in Speech-Language Pathology \(2017\)](#).

### **SLHOS Faculty Responsibilities**

For on-campus placements, faculty clinical educators will review 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.

### **Externship Clinical Educator Responsibilities**

In off-site externships, clinical educators will document clinical competencies and suggest a letter grade for the practicum experience. The SLHOS Clinical Externship Coordinator will calculate final grades, and will approve course competencies for students accordingly. If a student receives a 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 clinical educator with whom the student is completing the clinical experience, the Clinical Externship Coordinator, the Director of Clinical Education, and /or School Chair 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 assure 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/case logs 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. All clinical clock hours/case logs and clinical competencies must be approved by the student's ASHA certified clinical educator. These records are documented in Calipso.

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.

## **Off-Campus Practicum Placement Planning**

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 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. 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 the their final full-time SLOS/CSD 675 off-campus site setting when initially meeting with the Graduate Advisor/Externship Coordinator when they start graduate school, and then all other site placements are planned accordingly.

Students will request clinical placement preferences through Calipso. 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 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	April 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 are required to be open-minded about placements. Entering a location (even if the UM CSD Program does have anything set up in that area) 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. The Clinical Externship Coordinator will make every effort to secure a suggested placement; however, students need to 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. Students should understand that a deferment or refusal of an assigned clinical externship placement or site may likely prolong his/her education program.

## **Student Expectations Relative to the ASHA STANDARDS OF KNOWLEDGE AND SKILLS**

### **Clinical Observations**

Students in the SLHOS graduate program are required to observe at least 25 hours of clinical observation provided by certified (CCC) speech-language pathologists and/or audiologists prior to starting SLOS/CSD 571 initial clinical placement. Students may also use [Master Clinician](#) to satisfy this requirement. If Master Clinician observations are not related to a class, the Clinical Externship Coordinator may be asked to approve observations. These observations may not be approved if requisite work in the program itself is not completed.

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 evaluation of cognitive, communication and swallowing disorders, speech and language therapy, 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 SLHOS Clinical Externship Coordinator oversees students' clinical observations and can suggest observation sites. Students that are part of the UM CSD B.A. degree or leveling coursework will accrue the majority of their observation hours through course assignments. Additional hours will need to be obtained independently.

The Missoula area has been saturated with requests to observe, therefore, we ask that any observations outside of coursework, or-campus offerings, and Master Clinician be done 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 speech-language pathologist. The majority of these sites will require students to have completed an introduction to HIPAA policies (see appendices), provide proof of immunizations, and/or to obtain a background check. The UM SLHOS program dress code must be implemented during all clinical observations or professional interactions. All independent observations must be documented on the Clinical Observation Form obtained from the Clinical Externship Coordinator. When a student's 25 hours are complete, the student may ask the SLP Outreach Grant Coordinator to upload an electronic copy to their UM SLHOS student folder.

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 sites on their own without permission from the Clinical Externship Coordinator. The best way to approach clinical observation is to take advantage of in-class observations (SLOS/CSD 405 or SLOS/CSD 205), attend observation opportunities each April in the DeWit RiteCare, and use Master Clinician.

Typically graduate students shadow or observe prior to initiation of their practicum. These observations are not 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.

### **Clinical Clock Hours**

20% (75 hours) of direct contact hours may be obtained through alternative clinical education (ACE) methods. Only the time spent in active engagement with the ACE may be counted. ACE may include the use of standardized patients and simulation technologies (e.g., virtual patients, digitized mannequins, immersive reality, task trainers, and computer-based interactive

programs). 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 UM SLHOS School. This reflects the minimum a student may obtain, however, students are encouraged to take full advantage of their opportunities while respecting their academic obligations.

<b>Semester</b>	<b>Class</b>	<b>Hours (used as a guide)</b>
Undergraduate	Varied	25 Observation hours (required)
Semester 1 Fall DeWit RiteCare Clinic	SLOS/CSD 571	30 Hours minimum
Semester 2 Spring DeWit RiteCare Clinic	SLOS/CSD 571	30 Hours minimum
Semester 3 Summer Off Campus/DeWit	SLOS/CSD 576	60-75 Hours
Semester 4 Fall Off Campus	SLOS/CSD 576	75-100 Hours
Semester 5 Spring Off Campus	SLOS/CSD 675	180-200 Hours
	Total	400 Hours

## Clinical Policies and Procedures

### Grade Point Average (GPA) Requirements for Clinical Practicum

Students may not receive a grade lower in than a B- in the CSD graduate program. If a C+ or lower is obtained, the Student Remediation Committee will convene to determine the remediation for the student.

### 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 contact come from the [2017 ASHA Code of Ethics](#) , [ASHA Scope of Practice in Speech-Language Pathology](#) and the [UM Student Code of Conduct](#). Student clinicians are responsible for honoring the privacy, confidentiality, communication needs, and individual rights of every client. Student clinicians are responsible for client-centered care, intervention planning and treatment, record keeping, and written reports that are an integral part of the profession of speech-language pathology.

### Dress Code

All clinic personnel, students, and staff should be neat and professional in appearance when engaged in any clinical activity. Professional appearance is standard during clinic hours and community activities. Some externship sites have specific dress codes which will be specified prior to your placement. Remember you are representing the field of SLP as a student speech-language pathologists. Certain activities may require special attire. Always discuss with your assigned clinical educator any needs you may have for particular clothing based on treatment delivery, such as activities on the floor, home visits, or activities that are messy in nature. Students must wear their name tags at all times in the Clinic. Remember your professionalism is also based on your interactions with clients, families, and other professionals.

In the DeWit RiteCare Clinic students will dress professionally. Denim pants (jeans), flip-flops, and revealing clothing are not permitted. Please be mindful of the length of your clothing, particularly when wearing dresses or leggings. Avoid wearing clothing that conveys a message (written or pictographic) that may make others uncomfortable. When working with wheelchair users, consider wearing closed toe shoes for your safety.

### **Clinician Expectations**

Upon the initiation of graduate school, specifically clinical practicum, each student must have the items below in place. Proof of each of these items is recorded by the SLP Outreach Grant Coordinator. Students retain the original documents and scanned copies will be housed in Typhon, a program designed to track clinical clock hours and other relevant experiences/information for aspiring speech language pathologists. Consider this document a checklist.

### ***Subscribe to an Electronic Tracking System (Calypso)***

An electronic data program also is a tool to document clinical competencies, necessary records, and is used to track and support requests for clinical placements. Each student will receive an email inviting them to an electronic tracking system such as Typhon.

### ***25 Observation Hours***

Each student must have 25 hours of observation completed. Documentation sheets will be scanned to Typhon by the SLP Outreach Grant Coordinator. If lacking hours, [Master Clinician](#) is a means of obtaining remaining hours.

### ***Obtain CPR and First Aid Certification***

Students who do not have current CPR and First Aid Certification will be able to participate in these trainings during orientation.

### ***Immunizations***

Each student is required to have current immunizations for clinical placements on and off campus. The Curry Health Center can assist (for those that have University of Montana health coverage), 406-243-4330. The following is a list of the required immunizations:

- PPD (TB): renewed annually
- TDAP: Tetanus portion good for ten years
- Hepatitis B series: second shot 30 days after first; third shot 6 months after first
- MMR: Required for enrollment to the UM. Records may be obtained from Student Health Services
- Varicella titer
- Flu shot and other preventative measures may be required by some practicum sites. It is the student's responsibility to comply with the organization's policy.

### ***Proof of Health Insurance***

Students may choose the University of Montana policy or an outside provider. Proof of coverage must be scanned by the SLP Outreach Grant Coordinator.

### ***Proof of Liability Insurance***

Students have liability coverage through the University of Montana when enrolled in a clinical course. Some practicums may require **additional** liability insurance. Students may purchase additional liability insurance through [Mercer](#), an ASHA/NSSHLA affiliate.

### ***HIPAA Training***

Students are required to complete the Health Insurance Portability and Accountability Act training. A copy of the certificate will be scanned into Typhon by the SLP Outreach Grant Coordinator. 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. Print out a certificate of completion

### ***Background Information Check***

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

1. Go to Verified Credential
2. At the very top, enter this code: first box: **YBHI** second box: **92447**
3. Follow the steps to create an account and complete the background check process

### ***Blood Borne Pathogen Training***

Students will participate in Blood Borne Pathogen training prior to engaging in clinical experience at the DeWit RiteCare Clinic.

### ***Clinical Educator Feedback Form***

At the completion of each semester, students are required to complete a feedback form about their clinical education experience. This form is located in Calipso. Feedback should have positive information as well as constructive feedback. Regardless of feelings about the clinical

site or placement, students should keep their comments restricted to the clinical education experience.

### Self-Reflection

Students may be asked to write up self-reflection that documents how they perceived the session and the activities conducted. The focus of the reflection is to develop clinical problem-solving skills. Students will need to reflect on what went well and why, and what they might try differently in their next session. This format is not a part of the client's file, but will be part of clinician-clinical educator meetings. Mid and post-semester areas of strength and areas of growth are identified each semester and documented in the evaluation form.

### Treatment Plans

Treatment plans (lesson plans) are submitted to the clinical educator prior to the session. Each clinical educator may have a different routine or schedule. Treatment plans should reflect objectives for each session, materials to be used, and data collection procedures. Off-campus students will work with their clinical educator and site to determine expectations regarding treatment planning.

### On-Campus Practicum Assignments

The clinical practicum courses are offered for all students providing assessments or therapy services each semester requiring a minimum of 30 credits. On-campus students participate in clinical practicums during the first two semesters of graduate study. Students engage in practicums the following summer, fall, and spring semesters prior to graduation. Distance students participate in their first clinical practicum on campus during the summer following the first two semesters. **Distance students 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-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. For more information, please see the [Change of Status](#) website. Distance students will continue with fall, spring, and summer externships prior to graduation. On occasion, a student may start the program the summer before the official fall start date by special arrangement. Practical experiences are outlined in each student's plan of study.

### On-Campus Clinical Practicum Load

The clinic load is a coordination of needs and requirements of clients, student clinicians, and clinical educators. Flexibility is important. For the student's first and second semester, a typical assignment is three to four contact hours a week. Students should expect to accrue 30 clock hours each semester their first year. Distance students participate in an intensive clinical experience during the summer session which will result in significantly more initial clinical clock hours, 60 or more.

## **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, Director of Clinical Education, 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 CSD Department requires all students to accrue diagnostic hours of “sufficient breadth and depth” to demonstrate assessment and evaluation procedures. This experience is part of clinical practicums SLOS/CSD 576, SLOS/CSD 675. In addition, students are offered a didactic course on diagnostics.

## **Client Accommodations and Sensitivity**

### **Accommodations for Differences and Disabilities**

All forms, handouts, and documents should be accessible so they are available in alternative formats, such as screen readers. All interpersonal activities such as conferences, lectures, 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. Service animals, defined as a dog or miniature horse that is individually trained to do work or perform tasks that are related to the individual’s impairment, may accompany a client to his/her sessions. The DeWit RiteCare Clinic has a room designated for use when a service animal is present. [Disability Services defines and identifies use of animals on campus](#). Services and accommodations are available for a client and/or client’s family or care providers and should be of no additional cost to them.

### **Multicultural and Diversity Perspectives**

The University of Montana and the SLHOS School are dedicated to developing each student’s knowledge and understanding of the importance of multicultural and diversity perspectives. During clinical and academic training, students will develop skills and techniques to support their preparation for the diversity of 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 culture and needs of the client, family, and community.

## **Certification and Licensure**

### **ASHA Certification Requirements for Certificate of Clinical Competence in Speech-Language Pathology (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 2017 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 done during the student's first year of employment.

Upon successful completion of the major requirements listed above, post graduates are awarded 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 SLP Graduate program requirements are consistent with Montana licensure regulations.

### **Graduation Form**

At graduation time, the School Chairperson will sign the current ASHA Standards of Knowledge and Skills Competence. Students will receive a copy of a signed page from the official Certificate of Clinical Competence Application noting that you have completed all Standards competencies and supervised clock hours. This page must be retained, and upon completion of the Clinical Fellowship year, this is submitted with the final application to ASHA for the Certificate of Clinical Competence.

### **Professional Expectations**

#### **ASHA Code of Ethics and Clinical Requirements**

As an ASHA accredited program, the ASHA Code of Ethics [2017 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 practicum. 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' rights 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.

## **Clinic Hours**

### **DeWit RiteCare**

The DeWit RiteCare operates Monday and Thursday, 8:00 am to 5:00 pm, Tuesday and Wednesday 8:00 am to 8:00 pm, and by special appointment on Fridays. The DeWit RiteCare evening services may vary based on academic schedules. Students are required to be available Monday-Friday for day and evening appointments. Your clinical educator will work with you on scheduling. While in the graduate program, clinical placement takes priority.

Each student will be assigned to a clinical educator. The educator will assign clients from his/her caseload to each student. Students will have a minimum of 3 hours a week of therapy. Students can expect to have at least 30 hours of clinical contact at the end of their first fall and spring semesters.

### **Clinical Preparation**

Students will meet with their assigned educator. During their first meeting they are expected to communicate their best learning methods and complete a clinical practicum agreement with their supervisor. Once clients are assigned, students will do a file review, consult with their clinical educator about scheduling, and prepare an initial lesson plan to be approved by the clinical educator. Educator time will also include group and individual instruction. Each educator has a unique approach to clinical intervention. You will adhere to that educator's expectations for the semester. Students are expected to be available to their clinical educator other than during scheduled SLHOS classes.

### **Document Submission (Week 1)**

Students will submit documents required for clinical participation to the SLP Outreach Grant Coordinator for upload to Calipso. This must be completed the first week of the semester for on-campus students. Clinical placement may not begin until the documentation is complete.

### **Weeks 2-15**

Clinic begins week 2 and continues through the last week of classes, week 15. During the last week of clinic, students will participate in wrap-up procedures as planned by the clinical educator. This often means writing a semester summary report, completing Calipso entries,

updating Practice Perfect (our electronic health records platform), returning materials, and any other tasks deemed necessary. A Clinician Checklist is included in the appendices.

### DeWit RiteCare Model of Supervision

Taking into consideration ASHA’s adaptation of Anderson’s recommendations, ASHA’s minimal standards, and CAA standards for accreditation, the DeWit RiteCare has the following expectations of clinical educators for each student equating a half day of work per week:

<b>Task (1 student)</b>	<b>Hours</b>
Student Clinical Contact Hours Per week	3
30 minute weekly meeting with student	0.5
Other tasks:	0.5
Typhon review of clock hours (each session)	
Plan of care development/editing	
SOAP note editing approving (each session)	
Practice Perfect log approval (each session)	
Semester summary report development/editing	
Completion of Clinic forms	
Mid-term evaluation	
Final evaluation	
IEP meetings	
Remediation	
Consultation	
<b>Total:</b>	<b>4</b>

## Opportunities for Learning and Remediation Plan

### Knowledge and Skills

Additional opportunities for learning and subsequent remediation is 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 a grade of B- (80% achievement).

### 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. (Faculty document that these students are receiving additional opportunities for knowledge and/or skills demonstration by noting these students in the "Struggling Students" agenda item in faculty minutes.)

### 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 Committee is made up of:

- **The Chair of the SRC** 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)
  - **Department Chair/Graduate Program Director**
  - **Director of Clinical Education**
  - **Graduate 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 in question, and determine a measurable goal and plan of remediation that includes a timeline of when remediation will be completed. 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 remedial plan timeline, the SRC Committee Chair initiates a follow up meeting to be attend by the student and SRC Committee. The achievement of the remediation goal is measured and reported on.

- **Step 3a.** If the student successfully meets his/her competency and the remediation goal is met, then successful completion is noted on the ASHA Knowledge and Skills Remedial Plan and the form is signed a second time by the student and SRC Chair signature - noting the completion of the plan and follow-up second meeting.
- **Step 3b.** If the student does not successfully meet his/her competency and the remediation goal is not achieved, the SRC Chair invites the Department Chair to the follow up remediation meeting (if not already part of the committee) and the student, Department Chair, and SRC Committee document the next steps for the remedial 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 provided. 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, Department 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 his/her 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 the student is taken off academic /clinical probation.
- **Step 4b.** If the student does not successfully meet his/her competency and the remediation goal is not met, the student is dismissed from the program.

Note that according to department policy, students can only be on academic probation for a maximum of one cycle or semester.

## **Conflict Resolution and Grievances**

### **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 Advisor
- Meeting with the Director of Clinical Education 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 School Chair
- If the Chair is unable to resolve the matter or is unresponsive to your requests contact the Dean or Associate Dean of the College.
- If the Dean or Associate Dean is unable to resolve the matter or is unresponsive to your concern, you may consider reaching out to the Council for Academic Accreditation.

The Council for Academic Accreditation also has a process in place for complaints to be filed against the CAA. 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](#).

## 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 new 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.** (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

- 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.** (Our school email is not secure.)
- 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.)



**The College of Health Professions and Biomedical Sciences**  
School of Speech, Language, Hearing & Occupational Sciences  
Lower level Curry Health Center  
32 Campus Drive  
Missoula, MT 59812-6695  
406 243 2405

# Speech-Language Pathology Graduate Program University of Montana

## Clinical Handbook Signature Page

I have fully read, understand and agree to the terms and conditions outlined in  
the  
2019 Clinical Graduate Student Handbook.

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Graduate Student Printed Name

Graduate Student Signature

Date

---

Director of Clinical Education Signature

Date

Please print a hard copy of this page, sign, and return to the Director of Clinical Education.