VITERBO UNIVERSITY

Master of Science in Speech-Language Pathology

CLINICAL SUPERVISOR HANDBOOK

Open Letter to Clinical Supervisors

Dear Clinical Supervisor:

Thank you for agreeing to serve as a Clinical Supervisor for students enrolled in the Viterbo University, Department of Communication Disorders and Sciences-MSSLP program. Viterbo administration and the faculty in the Department of Communication Disorders and Sciences support lifelong learning as a process that enriches not only knowledge and skills, but values, attitudes, and beliefs. We believe that the clinical education process includes supervisor-student interaction in setting goals, selecting learning experiences, determining instructional methods, and evaluating the student's progress. Each student is a unique human being with inherent dignity, worth, and the right to accessible educational opportunities. Clinical Supervisors are integral to the success of these future clinicians.

We understand that students will be with you in your place of work to obtain their clinical experiences and hours. We deeply value and recognize that teaching a student clinician, while continuing to provide the best possible care for your patients/clients, takes considerable time and energy. While challenging at times, clinical education experiences are rewarding for both the student learner and the supervisor as they learn, grow, and provide care in a supportive learning environment.

We want to extend our sincerest thanks for your support and involvement in supervising, mentoring, and guiding Viterbo University MSSLP students. Clinical education experiences constitute an important learning experience for all MSSLP students and we appreciate your participation in their education. The primary contact for all clinical education is the Director of Clinical Education (DCE). Please do not hesitate to reach out with any questions regarding this handbook or your externship experience in general. Contact information for department faculty can be found in Appendix A.

Sincerely,

Aeriana Culpitt, SLPD, CCC-SLP

Director of Clinical Education
Department of Communication Disorders & Sciences
College of Nursing and Health
Viterbo University

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Introduction

Purpose of this Manual

A clinical externship is a supervised clinical experience that allows students to apply knowledge gained in the didactic portion of a program to clinical practice. Because each student enters the clinical externship with varied life experiences and technical competence, providing clinical learning opportunities that support the student's individual learning needs may be challenging. The purpose of this handbook is to provide clinical supervisors with helpful information regarding the MSSLP program, as well as helpful resources and teaching strategies that may optimize student learning.

Note: Different academic texts may refer to clinical supervisors as preceptors, mentors, instructors, or by other titles. For the purposes of this handbook, all such individuals will be referred to as *clinical supervisor(s)* or *supervisor(s)*.

About Viterbo University

Viterbo University is a Catholic, Franciscan institution located in La Crosse, Wisconsin. Its direct predecessor, St. Rose Normal School, was founded in 1890 by the Franciscan Sisters of Perpetual Adoration (FSPA) with a mission to prepare Sisters to serve as teachers. The accredited school evolved into St. Rose Junior College in 1932, Viterbo College in 1937, and Viterbo University in 2000. For over 130 years, Viterbo has been shaped by its distinctive identity and the legacy of its founding Sisters. In particular, the FSPA's historical vision of meeting community needs through education and service continues to guide the institution, as expressed in Viterbo's current mission statement: "The Viterbo University community prepares students for faithful service and ethical leadership."

Viterbo's five core values (contemplation, hospitality, integrity, service, and stewardship) also articulate a uniquely Franciscan framework that informs the institution's culture, leadership, academics, deliberations, and decisions. As well, the vision statement integrates Viterbo's history, identity, mission, values, and educational framework into a cohesive and future-oriented whole: "A Catholic, Franciscan university boldly transforming students and our communities through service, collaboration, and leadership."

Viterbo's academic portfolio reflects a strong focus on helping, healing, serving, and leading for the common good. Spanning associate to doctoral degrees, this includes programs in community interpreting, criminal and community justice, counseling, dietetics, education, healthcare management, nursing, performing arts, pre-health professions, servant leadership, and social work. Of the baccalaureate graduates for 2020-2021, more than half were in the helping professions. In fall 2021, 75% of graduate students were enrolled in counseling, dietetics, education, or nursing programs.

Over the past three decades, Viterbo has launched numerous graduate programs for working practitioners in education, leadership, business, nursing, and other helping professions. Viterbo began offering graduate degrees in1990 with a Master of Arts in Education created to serve K-12 teachers' evolving educational needs. Totaling nearly 8,000 graduates to date, the MAE laid the foundation for subsequent master's programs in servant leadership, business, nursing, dietetics, and counseling. In fall 2021 Viterbo began offering a MS in School Counseling and a direct entry pathway to the MS in Nursing. Also in 2021, HLC approved Viterbo's request for a Master of Science in Speech-Language Pathology.

Viterbo's deep commitment to improving the lives of individuals and their communities expanded in 2013 with the development of its first doctoral program, a Doctor of Nursing Practice. Viterbo's second doctoral program, the Doctor of Education in Counselor Education and Supervision, was launched in fall 2018. The first degrees for this program were awarded in December 2021. In October 2021, Viterbo applied for its third program at the doctoral level, a Doctor of Education in Ethical Leadership. Since 2009, Viterbo has awarded well over 9,000 graduate degrees, demonstrating the institution's long-standing and mission-centric commitment to graduate education. For more information, please visit https://www.viterbo.edu/.

The MSSLP Program

The Mission, Value, and Strategic Plan of the MSSLP Program

Our mission is to provide clinical education for graduate students in the Viterbo MSSLP program that prepares them for faithful service and ethical leadership in speech-language pathology. This mission is consistent with the mission statement of Viterbo university (Mission, Identity, Values, and Vision | Viterbo University); the College of Nursing and Health; and the Department of Communication Disorders and Sciences (Communication Disorders and Sciences Department | Viterbo University). Faculty and students adhere to established scope of practice and ethical behaviors as defined by the American Speech-Language-Hearing Association (ASHA) (see Appendix B). In addition, faculty and students adhere to federal laws regarding student grade/performance information (The Family Educational Rights and Privacy Act; FERPA; see Appendix C) and protected patient/client health information (The Health Insurance Portability and Accountability Act of 1996; HIPAA; see Appendix D).

Viterbo University is committed to treating all people in a nondiscriminatory manner – that is, without regard to race, color, religion, gender, national origin, participation restriction, age, sexual orientation, or status as a parent. This institution and program comply with all applicable laws, regulations and executive orders pertaining thereto. This applies to students, faculty, staff and any patients/clients and their families served.

Viterbo University: RISE Strategic Plan

Viterbo University has created and adopted a new strategic plan starting in Fall 2023 with goals to be achieved by 2027. These goals encompass areas including includes **R**esources, **I**dentity, **S**tudents, and Engagement (RISE).

For over 130 years, Viterbo University has been shaped by the institution's distinctive **Catholic, Franciscan identity** and the legacy of its founding **Franciscan Sisters of Perpetual Adoration**. Viterbo is dedicated to sustaining and advancing the FSPA's historical focus on meeting societal needs through education and service, as expressed in the current **mission and identity statements**. Viterbo's **core values** articulate a uniquely Franciscan context for the university's culture, academic programs, student experience, decision-making, and planning. The vision statement, which was adopted as part of **Strategic Plan 2020**, integrates Viterbo's **history**, identity, mission, values, and educational framework into a cohesive, future-oriented whole. Viterbo has a strong legacy of participatory strategic planning toward mission fulfillment. Strategic Plan 2020 was developed through broad campus involvement as an action-oriented plan aligned with ten high-level metrics. This plan led to significant accomplishments in academic programs, the **Core Curriculum**, **DEI**, student success, partnerships, and employee engagement. Strategic Plan 2027—RISE builds upon and extends the 2020 plan by integrating the five pillars of President Trietley's **Vision 2027** with the four conceptual themes of the Strategic Plan 2020. Through RISE, the Viterbo community will engage in collective action to strengthen the university's resource base, foster an inclusion campus culture, increase student enrollment and success, and become the regional higher education employer of choice. As Viterbo continues to anticipate and adapt to the dynamic higher education environment, the institution remains firmly committed to its foundational Catholic, Franciscan identity and its mission of preparing students for "faithful service and ethical leadership," now and well into the future.

RESOURCES

Diversify and strengthen revenue streams.

1. Conduct comprehensive campaign.
2. Expand offerings through the Center for Professional Learning.
3. Create new revenue-generating agreements.
4. Create new cost-saving agreements.
5. Strengthen grant culture.

IDENTITY

Identity: Foster a missional, inclusive reputation and campus culture.

1. Create a welcoming campus environment where all students can thrive.
2. Embrace Viterbo's Catholic, Franciscan identity, mission, and values.
3. Institutionalize diversity, equity, and inclusion efforts.
4. Form community partnerships to meet organizational and societal needs.
5. Strengthen Viterbo's service and servant leadership culture.
6. Enhance our ability to "tell the Viterbo story," both internally and externally.

STUDENTS

Increase student recruitment, engagement, retention, and success.

1. Foster academic excellence through inquiry, integrative scholarship, and artistic work.
2. Advance transformative teaching and learning to develop students as global citizens, contributors to community, and towards self-actualization.
3. Provide and promote distinctive, meaningful co-curricular student experiences.
4. Attract and support key new student populations.
5. Refine a comprehensive program portfolio to meet market demand.

ENGAGEMENT

Become the regional higher education employer of choice.

1. Strengthen employee recruitment, engagement, and retention.
2. Make strides in equitable and just compensation and benefits.
3. Improve systems and operations to support institutional effectiveness and organizational efficiency.

Viterbo University Communication Disorders & Sciences Department Strategic Plan

In Alignment with Viterbo University's RISE 2027 Strategic Plan

The strategic plan of the MSSLP program aligns with Viterbo University's new overarching RISE strategic plan. RISE was adopted and institutionalized in Fall 2023, with the MSSLP program strategic plan being updated accordingly. The MSSLP program is clear in its vision to deliver high-quality, impactful education that is preparing the next generations of speech-language pathologists for meaningful and rewarding careers.

Viterbo University Communication Disorders & Sciences Department

RISE 2027 Strategic Plan

RISE INITIATIVES/ACTIONS
Resources: Diversify and Strengthen Revenue Streams
1) Establish an undergraduate BS in Communication Disorders degree program that meets enrollment growth and tuition revenue goals.
   a) By 2027 have 60 undergraduate students enrolled across 4 years.
2) Establish an accredited, revenue generating, MSSLP degree program in the College of Nursing and Health.
   a) By 2027 have 30 graduate students in the MSSLP program across 2 years.
3) Develop a funded SLP research-oriented culture.
   a) Work with the Viterbo University Development Office to identify new potential external partners/donors — private and corporate to support program initiatives/goals. Obtain $200,000 in donations by 2027.
   b) Utilize Viterbo University grant-writing support to secure external research grant funding. Obtain $500,000 in research grant funding by 2027.
   c) Form strategic research collaborations within and outside the university. Identify and initiate at least one research collaboration external/internal to the university.
4) Develop a funded SLP clinical-training oriented culture.
   a) Work with the Viterbo University Development Office to identify new potential external partners/donors — private and corporate to support program initiatives/goals. Obtain $200,000 in donations by 2027.
   b) Utilize Viterbo University grant-writing support to secure external professional/clinical-preparation training grants. Obtain $500,000 in funded training grants.
   c) Develop an on-campus SLP clinic by 2027.
   d) Form strategic SLP clinical collaborations within and outside the university.

Identity: Foster a Missional, Inclusive Reputation and Department Culture
5) Create a welcoming environment where SLP students, faculty & administrators can thrive.
6) Maximize diversity, equity, and inclusion at all levels of the department to attain 25% male representation in department/student body and 20% ethnic minority in the department/student body by 2027.
   a) Targeted recruitment/advertising to increase representation among undergraduates, graduate students, and faculty/staff.
   b) Develop and utilize a holistic approach to admissions and hiring.
   c) Incorporate university resources and support.
   d) Ensure an inclusive and safe learning environment on and off campus for SLP faculty and students from diverse backgrounds.
   e) Diversity and inclusion should be inherent/incorporated within all clinical settings and classes.

7) Develop key community partnerships.
   a) Assemble an advisory board for the Department of Communication Disorders and Sciences by 2025.
   b) Connect the Viterbo University undergraduate and MSSLP program faculty and students with leaders at commercial, non-profit, health care, and educational partner organizations.
   c) Be visible in the local community as SLP experts. Will provide news updates to appear in local media, annually.
   d) Attend relevant community meetings.
   e) Promote department as a resource center for professionals at the local and state level. Faculty will participate in Wisconsin Speech-Language-Hearing Association and present at local conferences starting in 2025.
   f) Provide professional development opportunities for local practitioners based on expertise within the department.
   g) Obtain at least 50 MOUs with surrounding educational facilities, hospitals, long-term care facilities, and private practice settings by 2027.
8) Embrace the ability of the Department of Communication Disorders & Sciences to tell the "Viterbo SLP Story."
   a) Create a unified marketing strategy with targeted, timely tactics for marketing the new program to the public, local business leaders, and alumni.
   b) Build a reliable web presence, URL, and communication link to department for students/professionals seeking additional information about the program.
   c) Create a departmental presence on social media platforms (e.g. LinkedIn, Meta, X, Departmental Moodle page), to promote achievements in research and academics.
9) Develop a service and servant-leadership culture in the Department of Communication Disorders & Sciences.
   a) Develop advocacy and clinical on-campus support groups (e.g., laryngectomy, early interventions, autism, parents...)
   b) Create opportunities for students, faculty, and administrators to participate/volunteer in community, state, and national organizations.

Students: Increase Student Recruitment, Engagement, Retention, & Success
10) Attract and support new undergraduate and graduate MSSLP student populations.
   a) Use scholarships when appropriate and available.
   b) Incorporate university resources and support.
   c) Develop a holistic approach to admissions.
   d) Identify early and offer support to underprepared students (e.g., assign a faculty mentor, more senior student).
   e) Create a unified marketing strategy with targeted, timely tactics for marketing the new program to incoming undergraduate and graduate students.
   f) Build a reliable web presence, URL, and communication link to department for potential applicants seeking additional information about the program.
   g) Create a departmental presence on social media platforms (e.g., Twitter, Instagram), to promote student-centered and student-initiated activities.
11) Develop distinctive, meaningful co-curricular student experiences.
   a) Develop telehealth opportunities to rural populations.
   b) Develop student activities across the region that increase our visibility in hard-to-reach and/or diverse patient populations.
   c) Create interprofessional clinical simulation opportunities for students in SLP, nursing, and dietetics.
   d) Create an in-house interdisciplinary clinical practice for patients using faculty and students from SLP, Nursing, Dietetics, and Social Work.
12) Develop and advance pedagogical innovation and effectiveness within the department.
   a) Explore and evaluate new pedagogy to incorporate into undergraduate and graduate SLP education.
   b) Develop and expand effective clinical simulation opportunities for MSSLP students.

    c) Develop and expand effective telehealth SLP interventions.
13) Create an MSSLP clinical and leadership education portfolio that meets market demands.
    a) Consider SLPD program creation.
    b) Explore global partnerships to support international opportunities for students.
    c) Identify current and future needs of the local region, the State of Wisconsin, the Nation, the Catholic Church, and Globally.

Engagement: Become the Regional MSSLP Program of Choice
14) Recruit and retain high-quality faculty in the Department of Communication Disorders & Sciences.
    a) Hire suitable numbers of qualified and diverse faculty by fall 2024.
    b) Retain department leaders.
    c) Provide support for every faculty member to present data at a state and a national conference every year.
    d) Develop a road map/data to justify adding faculty/personnel to compensate for growth in graduate programs.
15) Develop an MSSLP program with high Praxis Examination pass-rates and high on-time graduation rates.
    a) The pass-rate and on-time graduation rates will be 90% or higher for each cohort.

STRATEGIC PRIORITIES
1) **Resources: Diversify and Strengthen Revenue Streams**
    a) Establish an undergraduate BS in Communication Disorders Degree program that meets enrollment growth and tuition revenue goals.
    b) Establish an accredited, revenue generating, MSSLP degree program in the College of Nursing and Health.
    c) Develop a funded SLP research-oriented culture.
    d) Develop a funded SLP clinical-training oriented culture.
2) **Identity: Foster a Missional, Inclusive Reputation and Department Culture**
    a) Create a welcoming environment where SLP students, faculty, & administrators can thrive.
    b) Maximize diversity, equity, and inclusion at all levels of the department.
    c) Develop key community partnerships.
    d) Embrace our ability to tell the "Viterbo SLP Story."
    e) Develop a service and servant-leadership culture in the Department of Communication Disorders & Sciences.
3) **Students: Increase Student Recruitment, Engagement, Retention, & Success**
    a) Attract and support new undergraduate and graduate MSSLP student populations.
    b) Develop distinctive, meaningful co-curricular student experiences.
    c) Develop and advance pedagogical innovation and effectiveness within the department.
    d) Create an MSSLP clinical and leadership education portfolio that meets market demands.
4) **Engagement: Become the Regional MSSLP Program of Choice**
    a) Recruit and retain high-quality faculty in the Department of Communication Disorders & Sciences
    b) Develop an MSSLP program with high Praxis Examination pass-rates and high on-time graduation rates.

Plan for Review & Revision
This strategic plan will be reviewed and revised biannually by the Chair, faculty, and MSSLP Program Director from the Department of Communication Disorders and Sciences. When goals are met new goals will be written; when changes are made to the Viterbo University strategic plan, the strategic plan of the Department of Communication Disorders and Sciences will be updated accordingly.

<u>Student Inclusion and Accessibility Services</u>

<u>Diversity, Equity, and Inclusion</u>

The Division of Diversity, Equity, and Inclusion (DEI) at Viterbo University works to build an inclusive community and a supportive environment for all students, faculty, staff, and alumni. The DEI Inclusion Center is located on the 4th floor of the School of Nursing building and is open Monday through Friday from approximately 9 am to 4 pm. There is also a multifaith prayer room located on the same 4th floor of the School of Nursing building. The Division fosters a campus environment that uplifts individuals' diverse identities, lived experiences, and cultural backgrounds. The Division encourages mutual enrichment, development, intercultural engagement, and understanding. DEI includes areas of International Student Support and Study Abroad/Study Away. The campus also features the Sister Thea Bowman Center, which celebrates the life and legacy of Thea Bowman, "FSPA '65", as a hub for social justice, inclusivity, and equity teachings. A pioneer for justice and equality, Sr. Thea dedicated her life to advocacy for human rights for all people. This center highlights all the gifts she treasured, including art, education, equal rights, literature, music, social justice, and spirituality. Additionally, Viterbo University has a thorough nondiscrimination policy and grievance procedure. Students of all backgrounds are welcome at Viterbo and harassment of any sort is not tolerated. All faculty and employees of Viterbo are mandatory reporters and will notify the proper administrative personnel such as Human Resources if incidents are witnessed or reported to them by students. Please refer to the following resources and links for further information.

DEI and Social Justice and Equity:

- https://www.viterbo.edu/diversity-equity-and-inclusion
- https://www.viterbo.edu/social-justice-and-equity/social-justice-equity-resources

Nondiscrimination Policy and Grievance Procedure:
https://www.viterbo.edu/sites/default/files/2020-11/nondiscrimination_policy_and_grievance_procedures_0.pdf

Sexual Harassment Policy and Procedures: https://www.viterbo.edu/sexual-misconduct/sexual-harassment-policy-and-procedures

<u>Accessibility Services and Student Adaptations</u>
Any graduate student who may need an accommodation based on the impact of a disability should contact the Academic Resource Center to self-disclose and officially request accommodations. Faculty and staff of the program will assist the student in obtaining the appropriate contact information if needed to ensure the student can be assisted in a timely and complete manner.

Any student who has a documented, diagnosed disability and requires specific accommodations should:
- set up an appointment to meet the ADA Coordinator/Coordination team by calling 608-796-3190 emailing **arc@viterbo.edu**.
- review university guidelines applying to non-discrimination on the basis of disability.
- Fill out an Etrieve document, accessible on a Viterbo computer with login. Click this link to **complete the application for accommodations**.

Although students may register for services at any time, please attempt to make arrangements within the first two weeks of the semester as it does take time to process the request and review documentation. Working with ADA services early in the program will ensure the necessary adaptations and services will be in place to ensure student success.

Student Adaptations
Students requesting adaptations and who have followed the ADA process as outlined above will have all accommodations/adaptations honored by all Viterbo University MSSLP program entities, including accommodations/adaptations in academic classes, simulation/laboratory experiences, and on and off-campus clinical education experiences. Students should communicate with their clinical supervisors at the very start of any placement so that the appropriate accommodations and/or adaptations are in place from the outset of the clinical education experience. The clinical supervisor should contact the Program Director and the Director of Clinical Education with any questions.

An example of accommodation/adaptation may be if a student needs a separate, quite space when taking a test or exam. The faculty instructor will arrange this separate space prior to each exam. As each student may have individual needs based on their disability, all faculty, staff, and clinical supervisors of the program will be flexible, understanding, creative, and accommodating of student needs.

Cultural, Linguistic, and Individual Diversity
All students are unique individuals worthy of respect, understanding, and inclusion on Viterbo University's campus. The Office of Diversity, Equity, and Inclusion (DEI) is located in the School of Nursing (NRC) on the 4th floor and has a lounge/study area open to all students Monday through Friday from approximately 9am to 4 pm. There are also scheduled events throughout the year for all students to participate in, such as movie screenings, outings in the community, study abroad opportunities, and more. All students are welcomed and advocated for on Viterbo's campus. Students who celebrate different religions, holidays, or other cultural events are encouraged to share this with their peers and programs, rather than feel this should be kept out of the academic setting. There are multi-faith prayer rooms and different religious celebrations acknowledged on campus, such as Dia de Muertos (Day of the Dead) alters. A tour is then led by DEI staff for interested students and staff to visit the different displays around campus. This and many other opportunities can be found on campus throughout the year. Viterbo is committed to continued growth of a vibrant and diverse collegiate community. Please see the DEI website for more resources and contact information: https://www.viterbo.edu/diversity-equity-and-inclusion

English Language Support
Viterbo University is committed to providing quality, impactful education to all students. Over the years, Viterbo has cultivated a thriving international program, welcoming many different and diverse students to campus. These students major in a variety of academic areas as well as participate in on-campus clubs, sports, and other activities. Barriers, including language, may impact the quality of education these students receive. As such, Viterbo has robust support for international students, including those who may need more support learning and utilizing the English language in classes and social interactions. The Office of Diversity, Equity and Inclusion offers many English Language Support (ELS) classes, tutoring sessions, and resources for academic support. Students will work with their MSSLP faculty instructors and administrative staff, along with ELS educators, to create a plan for success if linguistic challenges exist for that student. For these and other resources, please visit the following website: https://www.viterbo.edu/international-student-support/international-student-support

Graduate Curriculum Overview

The MSSLP program consists of 58 credit hours of study, typically completed by full-time students in five (5) semesters.

Course Titles
First Professional Year
Fall Semester
COMD 511: Experimental Phonetics
COMD 512: Diagnostic & Intervention Principles: Simulation Lab
COMD 513: Developmental Disorders of Language, Cognition, & Social Aspects of Communication
COMD 514: Motor Speech & Neuromotor Disorders
COMD 515: Research Methods in Speech & Hearing
Spring Semester
COMD 525: Directed Research: Capstone Project
COMD 522: School Age Language, Literacy, & Learning
COMD 523: Acquired Disorders of Language, Cognition, & Social Aspects of Communication
COMD 524: Dysphagia Adult & Pediatric
COMD 526: SLP School-Based Clinical Practicum 1 or SLP Medical-Based Clinical Practicum 1
COMD 528: SLP Clinical Education Seminar 1
Second Professional Year
Summer Semester
COMD 526: SLP School-Based Clinical Practicum 2 or SLP Medical-Based Clinical Practicum 2
COMD 638: SLP Clinical Education Seminar 2
COMD: 525: Directed Research: Capstone Project
Fall Semester
COMD 641: Dysfluency & Related Disorders
COMD 642: Voice & Resonance Disorders
COMD 643: Augmentative & Alternative Communication
COMD 644: Educational Audiology & Aural Rehabilitation for the SLP
COMD 526: SLP School-Based Clinical Practicum 3 or SLP Medical-Based Clinical Practicum 3
COMD 648: SLP Clinical Education Seminar 3
Spring Semester
COMD 656: SLP School-Based Clinical Externship or SLP Medical-Based Clinical Externship
COMD 651: Interprofessional Communication, Health Care Partnerships, & Professional Issues
COMD 525: Directed Research: Capstone Project

MSSLP Program Objectives and Core Functions

This MSSLP program is designed to meet all the academic and clinical knowledge and skills requirements for clinical certification from the American Speech-Language-Hearing Association (ASHA) and licensure in the state of Wisconsin. The academic courses and clinical education opportunities prepare students to work in medical and educational settings to serve individuals from diverse populations who experience speech, language, cognitive, and/or swallowing disorders. Emphasis is placed on incorporating Franciscan values of contemplation, hospitality, integrity, service, and stewardship into evidence-based practice.

Core Functions

The Council of Academic Programs in Communication Sciences and Disorders (CAPCSD) released the document *A Guide for Future Practitioners in Audiology and Speech-Language Pathology: Core Functions* in April 2023. This replaces the Essential Functions document created by CAPCSD in 2008. Salient excerpts from the updated *Core Functions* document have been placed in this handbook, below. A link to the full document can be found here: https://growthzonesitesprod.azureedge.net/wp-content/uploads/sites/1023/2023/04/Core-Functions-for-AUD-and-SLP-Approved-4-3-23-rev-4-25-23.pdf

Document Citation: Council of Academic Programs in Communication Sciences and Disorders (2023). *A guide for future practitioners in audiology and speech-language pathology: Core functions.* https://www.capcsd.org/academic-and-clinical-resources/

From CAPCSD, 2023: Core Functions
For the sake of this document, the term "core functions" refers to behavioral or cognitive functions that an individual must be able to perform with or without accommodations necessary to ensure equitable access. The document intentionally does not address how state core functions are demonstrated, recognizing that there are multiple ways an individual can successfully meet the demands of clinical education and practice. The determination of possible accommodations exemplified in this document varies from institution to institution based on numerous factors not covered in the scope of this document. The degree to which accommodations are determined is under the governance of the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973. It is the responsibility of the institution and the individual to work together to identify possible services and accommodations. To ensure the integrity of the messaging in this document, a glossary of terms is included at the end of the document.

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

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

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

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

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

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

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

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

Interpersonal

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

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

Cultural Responsiveness

Statements in this section acknowledge that audiologists and speech-language pathologists have an obligation to practice in a manner responsive to individuals from different cultures, linguistic communities, social identities, beliefs, values, and worldviews. This includes people representing a variety of abilities, ages, cultures, dialects, disabilities, ethnicities, genders, gender identities or expressions, languages, national/regional origins, races, religions, sexes, sexual orientations, socioeconomic statuses, and lived experiences.

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

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

Glossary

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

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

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

Role of Clinical Supervisors

Students will gain clinical experience and hours through both on-campus and off-campus clinical education experiences. **On-campus** experiences include simulation labs and activities, often conducted utilizing the Nursing Simulation Center. This simulation center is utilized by a variety of students in various programs, including nursing, social work/counseling, dietetics, and now speech-language pathology. **Off-campus** clinical externships refer to those clinical education experiences obtained by students out in the community, such as being paired with a practicing SLP in a hospital or local school. Off-campus clinical externships can be part-time (occurring two to four times a week) or nearly full-time occurring for 10-16 weeks. Some placements may be "split", meaning a student may be at one location a few days a week and another placement for the remainder of the week. This is common in settings with multiple locations or buildings, such as hospitals, schools, or skilled nursing settings.

Both types of clinical experiences (simulation and real-life) are essential to the education of MSSLP students. The transition in the United States to outcomes-focused, interprofessional-team based health care has resulted in many changes to the education of MSSLP students. Some of these changes include demonstrated competency in facilitating patient and family counseling; dysphagia evaluation, intervention, and management; NICU specialty care; and involvement in early intervention programs. These changes necessitate that MSSLP students receive clinical training in a variety of healthcare and educational settings under the direction of different supervisors to meet the requirements for graduation, state licensure, ASHA certification, and Wisconsin Department of Public Instruction standards.

Requirements to Supervise Students

The American Speech-Language Hearing Association (ASHA) has set guidelines that must be followed for supervision. This includes having the Certificate of Clinical Competence (CCCs) in good standing, current state licensure in good standing, and having completed the necessary CEUs as outlined below by ASHA. Please also follow this link for more information: https://www.asha.org/certification/prof-dev-for-2020-certification-standards/.

From the American Speech-Language Hearing Association (ASHA)
Effective: January 1, 2023

DEI: Professional Development Requirements
Who? All individuals who hold the CCC-A and/or CCC-SLP.
What? Out of 30 required professional development hours for certification maintenance, at least 2 hours must be in cultural competency, cultural humility, culturally responsive practice, or diversity, equity, and inclusion (DEI).
When? Beginning with certificate holders in the January 1, 2023–December 31, 2025 certification maintenance interval.
How Often? Each 3-year maintenance interval.
Effective: January 1, 2020

Ethics: Professional Development Requirements
Who? All individuals who hold the CCC-A and/or CCC-SLP.
What? Out of 30 required professional development hours for certification maintenance, at least 1 hour must be in the area of ethics.

When? Beginning with certificate holders in the January 1, 2020–December 31, 2022 certification maintenance interval.
How Often? Each 3-year maintenance interval.

Supervision: Professional Development Requirements
Who? All clinical supervisor and clinical fellowship (CF) mentors providing supervision/clinical instruction for students and/or Clinical Fellows for purposes of ASHA certification.
What? Complete a minimum of 2 hours of professional development in the area of supervision/clinical instruction
When? After being awarded the CCC-A or CCC-SLP.
How Often? One time.

Ways to Obtain Required Continuing Education Units (CEUs)

Viterbo University is a member of CAPCSD and can provide access to free supervision CEUs upon request from contracted site placements/potential future supervisors prior to students being placed. ASHA Learning Pass also has ample options for obtaining the necessary CEUs, see link below. No matter how the credits are obtained, it is the individual responsibility of the clinical supervisor to ensure all licensure is active and in good standing.

https://apps.asha.org/eWeb/OLSDynamicPage.aspx?webcode=olsASHALearningPass&utm_campaign=branded&gad_source=1&gclid=CjwKCAiAx_GqBhBQEiwAlDNAZp9e3bBAmieckHWbZEqsnfrcarf7ETA5RWGGn0V43GA9t1FbnMw5WRoCD2EQAvD_BwE

Abiding by the ASHA Code of Ethics

All speech-language pathologists and audiologists must abide not only by regulations and policies of their individual site, but also local, state, and federal laws/policies. Those who hold the Certificate of Clinical Competence (CCCs) have also agreed to abide by the ASHA Code of Ethics (see Appendix B). Supervisors are encouraged to discuss the Code of Ethics with their MSSLP student often and demonstrate different ways these ethics are infused with everyday clinical practice.

Clinical Education Experiences: General Overview

Clinical Education is a vital part of the MSSLP academic programming. Graduate students are required to obtain a minimum number of 400 clinical hours, which can be obtained in a variety of ways. A general breakdown of hours as follows:

- Minimum of 25 observation hours (typically obtained at the undergraduate level)
- Up to 75 clinical simulation hours
- Up to 125 tele-supervision hours
- All other hours to be hands-on, direct patient/client contact

Clinical Supervisors: The Heart of Clinical Education

Viterbo University recognizes the sacrifices that clinical supervisors make, often that of their time, efforts, and patience as they take on a new MSSLP student. Supervisors may feel burned out, unsure of how to navigate certain situations that arise, or feel stressed with juggling their many daily tasks. The Director of Clinical Education (DCE) is committed to the success of not only MSSLP students, but also each clinical supervisor. Supervisors are encouraged to call or email the DCE at any time with concerns or to discuss any topic. The sooner the program is alerted to any potential issues, the sooner they can be successfully addressed to avoid stress or challenges during the clinical education experiences.

Monitoring Student Success

All on-campus and off-campus clinical education experiences will be monitored by the university program. This will be accomplished in a variety of ways. Clinical supervisors will be screened by the Director of Clinical Education to ensure they meet supervision requirements (i.e. ASHA certification and state licensure in good standing, have completed supervision CEUs, etc). To ensure graduate students are meeting the necessary competencies each semester, clinical supervisors are required to complete evaluation forms, found on Calipso. Instructions and details on Calipso are found later in this handbook. These forms should at a minimum be done at the end of the semester, though clinical supervisors are strongly and frequently encouraged to also complete the midterm evaluation form so that student success or challenges are clearly documented and addressed throughout the semester. Additionally, all clinical supervisors have continuous access to this MSSLP Supervisor Handbook which details supervisor Calipso access and use, supervision requirements and considerations, etc. Supervisors also have access to screencasts, email/phone number of the Director of Clinical Education and Program Director. Supervisors are encouraged to share any concerns or questions at any point in the clinical education experience. The DCE or Program Director may visit placement sites to evaluate the location, therapy being completed, or address any student and/or supervisor concerns that may arise.

Steering Students to Success

Clinical Supervisors are encouraged to have professional discussions with their students about any "day to day" issues, such as if a student arrives to clinic late without giving proper notice. Occasional or one-time-only instances that are small infractions (i.e. tardy to clinic one day, wore jeans on accident on day, did not have name tag one day, etc.) are not considered to be egregious enough to

seriously impact the student's ability to continue the placement successfully. If more serious, ongoing issues either with either professionalism such as dress or attitude, or competency issues such as with knowledge or understanding, are frequent, these should be documented using the Clinical Supervisor Check-In Sheet: Steering Students to Success (see Appendix E) and also reported to the DCE immediately. The MSSLP program faculty and staff must have documentation that issues were addressed by the supervisor directly with the student and that a plan was made/discussed. This helps to alleviate issues of "hearsay" reports from both the student and supervisors surrounding an issue. All clinical supervisor concerns reported to the DCE will be immediately addressed by the MSSLP program faculty/administrative staff and a remediation plan may be put into place if necessary.

Clinical Education Experiences: On-Campus

Teaching Clinic
Viterbo University does not currently have an on-campus teaching clinic. Teaching clinics are where community members come to a university to receive speech, language, or hearing services from graduate students, who are under the supervision of clinical supervisors. A teaching clinic is part of the long-term vision of the program and will be a goal for the immediate (within 5 years) future of the program.

Viterbo Clinical Simulation Learning Center
The Viterbo College of Nursing and Health's Clinical Simulation Learning Center has state-of-the-art simulation technology to prepare future clinicians to provide safe, competent, high-quality patient/client care and apply critical-thinking skills through true-to-life clinical events. In 2023, ASHA updated requirements allowing students to count 75 hours of clinical experiences gained by simulation towards the total 400 needed by graduation.

The Clinical Simulation Center is equipped with technology and equipment to operate simulations from a control room. The Clinical Simulation Learning Center also works with "standardized patients" who are actors (most often Viterbo theater arts students) depicting certain disorders, allowing for a more realistic patient interaction.

The center is located on the third floor of the School of Nursing building and features:

- Critical Care/Medical Surgical Simulation
- Adult Health Simulation
- Maternal/Newborn Simulation
- Pediatric Simulation
- Other Features
    - Observation/debriefing rooms
    - Nurses station
    - Exam rooms
    - Technology control room and a digital video/audio data capture system

All students are expected to behave professionally in the Clinical Simulation Learning Center. Appropriate clinical attire and identification must be worn. Students will be required to write evaluation reports and/or SOAP notes following simulated clinical encounters. The simulated encounters are designed to prepare students for "real life" encounters in off-campus facilities.

Nursing Simulation Agreement
All students utilizing the nursing simulation center must sign and abide by the nursing simulation agreement. This agreement details use of the space, responsibilities of the students for care and use of materials, etc. This form will be submitted on Etrieve, found within Viterbo University intraweb. A print version can be found in Appendix F.

Clinical Education Experiences: Off-Campus Benchmarks

Both first- and second-year MSSLP students will go to various off-campus clinical placements to obtain clinical education experience and hours. The benchmarks, listed below, are flexible to some extent (i.e. if a student has 25 clinical simulation hours, they can still progress to the second externship). These benchmarks are prescribed guidelines to allow the MSSLP program faculty/staff and as well as MSSLP students to monitor, and stay current, with important program components, such as CPR training, immunizations, clinical hours, and competency scores.

1st Year Spring Term
- Passing grade for all academic coursework.
- Acquisition of at least 30 hours in the Clinical Simulation Center
- Minimum competency levels of 2.5/5.0 for clinical simulation work
- Minimum competency levels of 4.5/5.0 for professional conduct
- No concerns from on-campus advisors
- All immunizations, titer testing completed or on schedule.
- CPR Training is current.
- On-line HIPAA and FERPA training is completed

1st Year Summer Term (between 1st and 2nd year)
- Passing grade for all academic coursework
- Increase total to at least 60 patient contact hours
- Minimum clinic competency levels of 2.85/5.0 for at least 2/3 skills for 3/9 disorders
- Minimum competency levels of 4.5/5.0 for professional conduct
- All immunizations and titer testing are completed or on schedule.
- CPR Training is current.
- On-line HIPAA and FERPA training is completed

2nd Year Fall Term
- Passing grades for all academic coursework
- Increase total to at least 275 patient contact hours
- Minimum competency levels of 3.0/5.0 for at least 2/3 skills for 6/9 disorders
- Minimum competency levels of 4.5/5.0 for professional conduct
- All immunizations and titer testing are completed or on schedule.
- CPR Training is current.

2nd Year Spring Practicum
- Passing grades for all academic coursework
- Increase total to at least 300 patient contact hours (combined children and adults)
- Minimum competency level of 3.0/5.0 for 3/3 skills

Off-Campus Site Placements: Contract Process and Procedures

The Director of Clinical Education is the first and main point of contact for all off-campus clinical site placements, with the Program Director/Chair being the second point of contact if needed. Viterbo University utilizes the following process for establishing site placements:

1. The DCE makes contact with a potential site via phone call or email. The contact is often a director or administrator at the site, as they are the individuals able to review and sign contracts in most cases.
2. The DCE sends a blank Viterbo University contract for review, introductory letter, and any other information requested by the site. A zoom meeting or face-to-face meetings is also offered by the DCE.
3. Thorough discussions are had with each site to ensure all questions are answered to satisfaction.
4. The contract may be edited/added to by each site and will be reviewed by respective Viterbo parties, including Human Resources, Administration, and Finance. If a site has their own contract they wish to use, it will be forwarded to these respective Viterbo parties for thorough review/edits.
5. Once a contract is agreed upon, it is signed by the site placement representative and then forwarded to Vice President of Academic Affairs and Institutional Effectiveness as well as the Dean of College of Nursing and Health for review and signature.
6. A fully signed contract is kept in a SharePoint site for Viterbo's records and a copy is sent via email to the respective site placement.
7. The DCE also updates any contract information in the Calipso system.

Off-Campus Site Placement: Selection and Placement including Role of the Student

Off-campus assignments may include, but are not limited to, such locations as Gundersen Health System, Mayo Clinic Health System, numerous public schools including La Crosse and Onalaska Public Schools, skilled nursing companies including MJ Care and Broad River Rehabilitation, and many other locations where SLP services are provided.

These clinical assignments will vary from semester to semester, and details will be provided at the time of the students' assignment. A student may be scheduled for a half or full days per week in these off-campus placements based on the preferences of the facility supervisors. Students will be asked to submit their top five choices to the Director of Clinical Education prior to the following semester. Every effort will be made to accommodate student preferences, though students will be extensively informed that a specific clinical placement cannot be guaranteed. If a top five choice cannot be secured, students will be consulted via a face-to-face meeting with the Director of Clinical Education on alternative placement choices, and a plan will be agreed upon. For example, Gundersen Health System in Lacrosse, WI may only permit 1 student per semester on an application basis, meaning that it may be a top choice for all graduate students in Viterbo's MSSLP program but impossible to accommodate all requests for that location. Alternative medial placements would then be discussed. Again, every effort will be made to accommodate preferences though based on number of sites and students, not every request can be accommodated every semester. Students should remain open-minded, flexible, and patient even if their top sites are unavailable.

Ensuring Appropriate Clinical Population and Personnel
The Lacrosse and Onalaska communities are urban to suburban but surrounded by many rural communities. Due to this unique landscape, caseloads of practicing clinicians that students are paired with may fluctuate. To ensure that students receive a high-quality and impactful experience, the DCE has thorough discussions with each site placement in addition to having each site fill out a candidacy application form that can be found on the Calipso site. On this form, each site details the different populations and approximate patient/client numbers that are seen across different treatment categories. This is reviewed by the DCE and any concerns regarding the clinic population or personnel are discussed. Further, each clinical supervisor is screened by the DCE through looking up both their ASHA and state license numbers, as well as ensuring they have met the necessary requirements to be a supervisor per ASHA. This information is also updated in Calipso by each supervisor and consistently monitored by the DCE.

Pairing Supervisors and Students
The DCE is in communication with each potential site placement, with the SLP(s) asked to fill out information regarding their preferences for number of students as well as days of the week and/or semester they prefer to take students. This information is kept in a master Excel sheet, updated regularly by the DCE. Many sites may elect for a zoom, call, or face-to-face meeting with the DCE to discuss their preferences for placements, such as if they have an interview process for graduate students etc. Students and supervisors are thoughtfully paired with the DCE taking into consideration preferences of both parities at each step in the process.

Travel Considerations
As stated above, some clinical site placements may be located close to Viterbo, though many sites are located at a distance (from 20 to 60 miles). Receiving a well-rounded clinical education experience may require travel to other towns or cities where services are being provided in various settings. For example, many birth to three SLPs in the state of Wisconsin provide services in multiple counties; travel is simply part of the position. Students are encouraged to remain flexible and open-minded to various experiences, even if some travel is involved, as this will prepare them for real-life clinical settings and employment opportunities.

Travel is a consideration that is not overlooked by faculty and administrative staff of the MSSLP program. Every effort will be made to accommodate travel considerations, though again no site can ever be guaranteed. All travel expenses, including gas and vehicle repairs, are the individual responsibility of the Viterbo MSSLP student. Virtual options for therapy provision and supervision may be explored for sites at farther distances. Students can apply for emergency funds if needed by following this link: https://www.viterbo.edu/student-life-division/student-emergency-fund.

State Authorizations
The US Department of Education requires that states be responsible for all education offered to residents within their state boundaries regardless of where the education originates. As a result, states have instituted state authorization regulations governing all or portions of educational programs that are being completed in their states by out-of-state students (e.g., a Viterbo student wishing to complete a field experience in a state other than WI). These regulations encompass both online education as well as clinical experiences for Viterbo students permanently or temporarily residing in states other than Wisconsin. Students are advised to seek clarification prior to arranging for field experiences outside of the state of Wisconsin. **Important Note for Prospective Students**: If you are considering an academic program that leads to a professional license in your state, it is highly recommended that you first seek guidance from the appropriate licensing in your home state BEFORE beginning the academic program located outside your state.

Attendance Policies and Procedures

Attendance Policy
Attendance is mandatory for students participating in on- and off-campus clinic education experiences. Not all absences can be planned, such as in the event of illness or inclement weather, as detailed below. Students may miss clinic due to planned absences, such as doctor appointments, vacation, attending a conference, etc. Supervisors may also find they have unplanned absences from clinic due to illness, family matters, appointments, etc. If a supervisor is not able to be at the clinic site placement, the student should be notified immediately via text, call, or email. If it all possible, the student should be placed with an alternative supervisor for that day. If a supervisor has a prolonged absence such as due to pregnancy/maternity leave, prolonged illness, etc., this should be immediately relayed to the Director of Clinical Education. If the site has an alternative supervisor who is willing to take the student, the student will remain at that site. If no other replacement supervisor is available, the DCE will work to find alternative placement for the student.

Student Planned Absences: Planned absences should be given well in advance, with a request for a minimum of two weeks notice whenever possible. The student should make every effort to cover their absence by asking if any other students are available for the placement. If a student will be gone for an entire day of clinic education or for more than one day, the Request for Release from Clinic form (see Appendix G) should be filled out by the student, clinic supervisor, and then forwarded to the Director of Clinical Education for review and signature. The program director/chair can sign if the DCE is unable to do so. Please see Viterbo University's overarching attendance policy, found here:

https://www.viterbo.edu/node/23866#Attendance%20Policy

Illness
Viterbo University holds paramount the health and wellbeing of students, faculty/staff, and the health of the community including the patients/clients and supervisors at clinical education sites. Students should not report to classes or clinic if exhibiting signs of illness and should notify both their faculty/instructors and their clinic supervisors immediately. Clinical supervisors must also seriously consider coming to work if experiencing signs/symptoms of illness and adhere to workplace illness policies. Supervisors should contact their Viterbo student immediately if they will be out sick for the day. An alternative supervisor should be secured, if able. In the case of a prolonged illness, such as Covid-19 quarantine, a replacement supervisor is highly encouraged so a student does not miss out on potentially 1 to 2 weeks (or more) of clinical experiences.

If a student has a prolonged illness and must quarantine, such as with confirmed Covid-19 virus, students should fill out the Request for Release from Clinic form (see Appendix G) and attempt to find another student to substitute if able. Please see Viterbo University's resources to stay healthy in college, as well as illness policies, including those for Covid-19:

https://www.viterbo.edu/health-services/staying-healthy-college

https://www.viterbo.edu/campus-health-advisory-committee/covid-19-information-and-resources

Inclement Weather
Wisconsin is a Midwest state known for many weather events ranging from summer tornados to snowy, cold winters. As a general rule, the student and supervisor should discuss the preferred inclement weather protocol for their site location, and how this will be communicated between them.

As a general rule, it is best practice for students and supervisors to communicate via call, text, or email in the event of inclement weather to discuss travel plans such as coming in late or unable to make it to clinic that day. Alternatives, such as virtual options, may be possible depending on the site or technology. Students should bear in mind that even though local school districts may close, many, if not all, hospital therapy continues on as usual unless road conditions are truly hazardous or treacherous. ***Students/Supervisors should be in communication in the event of inclement weather and notify each other immediately if they will be tardy or absent from clinic that day.*** Both students and supervisors should use best judgment for safety when determining if they are unable to make it to clinic in inclement weather.

Professionalism and Attire

The below information regarding professionalism and attire is given to supervisors so that the expectations of students are clear and understood across each site placement. Supervisors should continue to dress and proport themselves professionally within their work setting. We understand that not every site placement has the same dress requirements (I.e. a hospital outpatient setting may be more formal than a pediatric specialty clinic). Supervisors set an example of how to look, behave, and think each time they are interacting with an MSSLP student. We trust that supervisors will hold themselves to the highest standards to ensure good teaching examples are passed along to the future clinicians they supervise.

From the MSSLP Student Handbook regarding Viterbo Student Dress Code Policy:

Viterbo University values professionalism and a professional image by our MSSLP students. Viterbo MSSLP students realize that they themselves play a part in forming the image of speech-language pathology on a daily basis. This professional image is formally evaluated by faculty because of the department's belief that the attitude and appearance of all Viterbo MSSLP students have a direct impact on the public's perception of our professionalism, competency, and quality of care. These standards are developed to ensure that all Viterbo University MSSLP students demonstrate the professional attributes of speech-language pathologists through their actions and attire. Students not adhering to the dress code/appearance policy, detailed below, may be dismissed from their clinic block for the day and/or may have their clinic grade marked down a full letter due to unprofessional behaviors, which may put a student on academic probation.

Cultural and Religious Dress Exceptions
Dress varies by cultural, religious, and generational differences. What appears to be adequate to one student may be offensive to another patient/client/student population. Therefore, a standard uniform protocol must be adhered to in the policies set forth by Viterbo. Students who practice a religion that requires certain dress, such as long skirts or head coverings, are certainly permitted to wear this attire so long as it is appropriate, professional, and generally follows the clothing color guidelines as outlined in below page(s).

Special Occasion Dress Exceptions
There may be times that dress attire is allowed to differ. Some examples may be a site having "Jeans Fridays". Some sites, such as schools, may have special dress up days such as for homecoming or holidays. It is permissible for students to participate in these special attire occasions after discussion with their clinical supervisor. We encourage students to participate in fun activities at their sites while still upholding professional standards.

Professionalism
Viterbo University Department of Communication Disorders and Sciences requires our MSSLP students to display professionalism in all interactions in the classroom, lab, Clinical Simulation Learning Center, off-campus practicum sites, and individual communication with faculty and staff. Attributes of professionalism include collegiality and civility. Viterbo University defines collegiality and civility in the following ways:
Collegiality: Cooperative interaction among peers, faculty, and staff.
Civility: An act of showing regard and respect for others including politeness, consideration, tact, good manners, graciousness, cordiality, and courteousness.
Ultimately, civility is treating others as we would like to be treated.

Professional attitudes are challenged during times of frustration, disappointment, and dissent. Learning and displaying the skills to manage these situations in a professional manner demonstrates the personal accountability and leadership qualities essential to fostering the professional reputation of the Viterbo MSSLP program and further enhances the professional image of speech-language pathology as a profession.

Attire

The Viterbo MSSLP Student Uniform consists of:

TOPS:
- Red, navy, black, white, or gray polo shirt with Viterbo logo, long or short sleeve (2 required)
- ***Solid*** red, navy, black, white, or gray cardigan or blazer to wear over polo if cold weather (NO casual jackets such as denim jacket; NO hoodies or sweatshirts)

BOTTOMS:
- Black or khaki dress pants (2 required) (NO jeans or denim materials, no leggings or sweat pants)
- Solid white, black or navy blue shoes (NO open toes, open backs, slippers or Crocs; solid color tennis shoes are recommended for comfort)
- Solid white, black or navy blue socks

OTHER:
- Viterbo University Student MSSLP name badge and any site/facility required ID's

Attire Guidelines

1. When the uniform is worn, it must be neat, clean, and complete as described above. This includes clean shoes and shoelaces.
2. The described dress code/uniform standards are to be adhered to for all on-campus activities such as in the Nursing Simulation Lab and all off-campus clinical education experiences and/or volunteer or community events where the student is representing Viterbo University.
3. The Viterbo University MSSLP Student name badge (and site/facility ID if required) are to be worn at all times in the clinical setting.
4. Whenever the uniform or is worn, hair is to be neat & drawn back from the face. Unnatural hair colors are considered unprofessional in some clinical settings and therefore may not be allowed in those clinical settings.
5. Headbands/head coverings will be allowed in solid colors of black, navy blue, red, gray or white.
6. For male students, Facial hair must be neatly trimmed (or must follow organizational policy).
7. The following standards are required when in clinical settings:
   a. Only one small stud earring per earlobe may be worn.
   b. Only small stud earrings may be worn.
   c. Facial and tongue jewelry will not be allowed.
   d. No visible body piercings, other than that of the ear as described above, or A single small stud or ring in the nose are permitted. For any other facial piercing, a clear retainer is permitted. Septal jewelry is not allowed.
   e. Wristbands, hairbands (on the wrist) or bracelets (except for medical alert) are not allowed.

f.   Necklaces are not allowed, unless needed as a medical alert.
g.   No perfume/body spray/cologne will be worn while providing patient/client care both on- and off-campus.
h.   Fingernails should be trimmed, well-manicured and not extend beyond the fingertips. Neutral/muted colored nail polish is acceptable as long as there are no chippings in the paint. Artificial/gel nails are not allowed since they are a known vector for fungal infections.
i.   Make-up should be conservative neutral toned.

8. Students shall adhere to additional dress code policies as required by off-campus clinical facilities.

Additional dress code policies:

- Cell phones should not be in clinic settings unless there are extenuating circumstances (waiting on a MD phone call, etc.). In those instances, they should vibrate only.
- Students are not to access email, social media, text messages, or voice mail during clinic sessions via Smart Watches, cell phones, computers, or any other digital device.
- Tattoos should be covered as much as possible.
- Visible body jewelry (nasal septum, eyebrow, lip, and/or tongue studs or rings) should be removed for clinic.
- No colognes, perfumes or scented lotions can be used in clinic settings both on and off campus.
- Jewelry should be selected with caution, especially jewelry that children may wish to grab and pull.

Off-campus practicum sites will have their own dress code guidelines. **Regardless, the Viterbo student is responsible to wear the required professional clothing as outlined above.**

Students **may NOT** wear the following in any clinical setting (including on campus simulation center or off campus practicum settings):
- Worn, shabby, or wrinkled clothing.
- Mini-skirts, sun dresses, or beach dresses
- Spaghetti-strap shirts or dresses
- T-shirts
- Jeans of any color or style (denim or corduroy)
- Shorts, skorts, walking shorts, city shorts.
- Sweatpants, sweatshirts, jogging outfits
- Tank tops
- Any items showing midriff or cleavage.
- Cowboy, hiking, rubber boots, boat shoes, crocs or flip flops
- Sunglasses
- A head covering, head garment, hat, or cap unless for religious or cultural practices.
- Excessive jewelry or accessories that may interfere with safety and the effective performance of the procedures being carried out including piercing of the ear, eyebrow, lip, nose, and tongue.
- Provocative or revealing clothing including shirts that expose the abdomen or that are low cut.

Integrating Students into Patient Care

<u>Initial Contact and Meeting with Off-Campus Supervisors</u>

Students are generally asked to contact their assigned supervisors via e-mail or phone prior to the first face-to-face meeting. The purpose of this initial contact is to confirm the initial face-to-face meeting time, make cursory introductions, and establish the schedule for the start and ending dates.

The first face-to-face meeting with an off-campus supervisor should involve several factors that will make the clinical experience progress smoothly and allow for maximum success. Setting goals and agreeing on learning experiences prior to starting the externship will create realistic expectations for both the students and the supervisor. Students will perform best if they understand the office routines, methods, and expectations of their time, responsibilities, appropriate dress, nametags, lunch breaks, etc. It is also advisable to discuss what students may do when not seeing patients, such as studying, performing specific tasks such as session preparation, etc. Students are encouraged to observe, if permitted, other disciplines including physical and occupational therapy, nurses, dieticians, nursing aides, etc. In pediatric and school settings, observing and learning more from paraprofessionals, special education teachers, and other educators are invaluable opportunities that deeply enriches the speech-language-hearing externship experience.

<u>Introduction to the Setting</u>
All students need to learn the floor plan, ground rules, and standard procedures for an off-campus facility. Be prepared to ask and review the points below with your off-campus supervisor.
- Facility staff and their responsibilities
- Patient population characteristics
- Standard operating procedures for:
  - Hours of Operation
  - Therapy Sessions (scheduling, time slots, etc.)
  - Records, charts, reports etc
  - Daily schedule – including lunch break
- Supervisor and student's special interests and skills
- Parking
- Dress code
- Any specific diagnostic or rehabilitative procedure preferences

<u>Determining Level of Responsibility and Autonomy</u>
It is critical for the student to take a few moments during the first face-to-face meeting with their off-campus supervisor to come to a mutual agreement as to the extent of their involvement in caring for patients/clients. Students may want (or be required) to observe for the first few appointments or days before becoming involved in hands-on testing and intervention. Each supervisor and Viterbo student should discuss level of comfort for "jumping into" services or areas they do not feel as confident in. When logging patient-contact hours into Calipso, students can only count the time spent in hands-on patient/client care and hours should never be rounded up.

Though a student may feel comfortable completing procedures from the start, it is beholden upon the licensed clinical supervisor to provide physical, on-site supervision. Only licensed speech-language pathologists with CCC-SLP may serve as clinic supervisors for student clinicians in this Viterbo University program. Another MSSLP student cannot supervise or serve as a clinical supervisor for any other MSSLP student: Viterbo's accreditation, legal, and university guidelines are very clear on

this account. Other entities, such as the Wisconsin Department of Public Instruction or the Department of Veterans' Affairs may restrict student participation in performing evaluations to determine eligibility based on disability status. Medicare reimbursement and supervision requirements are outlined in Appendix H.

Student Titles
As part of the clinical experience, students will interact with the public and with other professionals. Proper representation is critical. Students must never intentionally, or unintentionally, portray themselves as speech-language pathologists or as having a degree in speech pathology. The Department of Communication Disorders and Sciences at Viterbo has established guidelines on how students may represent themselves:
1) At no time may a student represent herself or himself as an SLP or as having any degree that has not yet been conferred.
2) Students in the program should use the title *MSSLP Student* when interacting with patients or signing clinic-related documents.
3) Students must adhere to an external facility's guidelines if different than those mentioned above as long as they do not violate the first item above.

Liability Insurance Coverage
Viterbo's professional liability insurance covers all students in all locations on and off campus while they are engaged in a Viterbo University directed educational activity (enrolled in a clinical practicum course) relating to their professional field. Current limits of liability are $1,000,000 per claim and $3,000,000 per annual aggregate per student. No individual policies will be issued. However, upon request by the host location (practicum site), a Certificate of Insurance evidencing the existing professional liability insurance will be provided. Please e-mail requests to: Dr. Aeriana Culpitt, adculpitt@viterbo.edu.

<u>Considerations for Successful Supervision</u>

Reviewing the Schedule
The patients/clients receiving SLP services each day are the most important component of clinical education. Supervisors may begin by going over the patient/client schedule with their student. It is often helpful to review the schedule several days or a week in advance to help familiarize the student with the patients'/clients' particular needs. However, any given day across any setting can be highly variable due to patient cancellations, schedule changes, etc. Navigating any schedule change procedures or any "down-time" tasks to fill the schedule are helpful when working with student clinicians.

Creating an Inclusive & Safe Learning Environment
Clinical supervisors share responsibility with Viterbo University for creating an inclusive and safe learning environment for all MSSLP students regardless of race, ethnicity, LGBTQ+, nationality, gender, and/or status. This learning environment includes both formal learning activities for students, as well as instilling appropriate attitudes, values, and professional behaviors toward students as conveyed by individuals who interact with the students (e.g. patients/clients/families, employees, and/or staff). Clinical supervisors and their respective colleagues should adhere to high professional standards, behaviors, and attitudes, including integrity, respect for others, and a commitment to excellence. Students are instructed that they always be courteous and behave professionally toward your employees, staff, and all other individuals at each clinical site location. At the end of each semester, Viterbo University requests feedback from students regarding their perception of their educational experiences with their supervisors. We encourage students who believe they have experienced mistreatment or who believe they have witnessed unprofessional behavior to report the facts immediately to their clinical supervisors and/or Viterbo personnel, as applicable, so that a cooperative investigation and resolution can be implemented regarding any and all such reported activities.

Improving Communication Skills
While practicing SLPs agreeing to supervise MSSLP students often have vast *clinical* knowledge and skills, this does not automatically equate to vast *supervisory* knowledge and skills. As with other areas in the field of speech-language pathology and audiology, becoming an effective, ethical, and impactful supervisor takes time, experience, continuing education, patience, and self-reflection. The Director of Clinical Education may provide resources and information regarding strategies and techniques to enhance supervisory skills. Additionally, clinical supervisors are encouraged to deepen their own knowledge on the subject either through CEU courses or self-study which may include looking up clinical supervisory articles or texts. While no materials are required to be purchased, listed below are several recommended texts as well as links to ASHA resources that provide guidance to ensure the highest quality supervision experience possible for both the supervisor and student:

- Brasseaur, J. A., & McCrea, E. S. (2020). *The clinical education and supervisory process in speech-language pathology and audiology*. Slack Incorporated.

- Stone, D., Patton, B., & Heen, S. (2010). *Difficult conversations: How to discuss what matters most-10th Edition*. Penguin Books.

- ASHA (2023). *Supervision*. https://www.asha.org/practice/supervision/

- ASHA (2023). *Supervision Matrix for Speech-Language Pathology*. https://www.asha.org/siteassets/supervision/supervision-matrix-for-speech-language-pathology.pdf

Supervisors can help students learn effective communication techniques by modeling the use of open-ended questions, using a non-judgmental attitude, and displaying empathy when interacting with patients. Supervisors may help students learn how to stop/redirect inappropriate comments from patients which may be sexually, emotionally, racially and/or politically charged. Supervisors can also observe students' interactions with patients to see if these elements are present and give constructive feedback on how they could include these techniques when speaking with patients.

Improving Clinical Skills in All Students
All MSSLP students entering our program pass rigorous academic scrutiny. During the first year in our program, they learn the basic processes and techniques involved in routine SLP evaluations and therapy. Interpreting results and identifying patterns or discrepancies are skills that develop steadily over time. Less experienced student clinicians will appreciate the opportunity to gain experience in performing the maneuvers of more routine procedures, the repetition of which will build their confidence and efficiency. A useful tool in building clinical skills is to have the student describe what they are doing *as* they are doing it. This enables both the supervisor and the student to become aware of the student's competence.

Clinical supervisors may have MSSLP students who performs either below or above expectations. Providing these students with appropriate challenges can be a difficult task. It is important to guide students who perform below the expected level to take a proactive role in their education, and to act as an encouraging resource for any questions or confusion the student may display. Time permitting, practicing techniques with the student in the absence of a patient can build confidence and comprehension without feeling rushed or intimidated by the presence of a patient/client. Students who perform above the expected level need to be challenged as well. Urging these students to perform procedures that may be more specialized or allowing for greater independence are excellent ways to challenge the exceptional student.

Emphasizing Continuity of Care
In the often fast-paced world of therapy, ensuring continuing of care can be challenging due to caseload fluctuations, patient scheduling difficulties, travel considerations, etc. All practicing SLPs should be mindful of continuity of care and follow practices/procedures to enhance this in their respective work setting. When working with MSSLP students, it is important to model and teach these continuity of care efforts and strategies, such as: have students follow up office visits with phone calls to check patients'/clients' progress; when possible, schedule patients/clients the student has evaluated, who need therapy, on days when the student will be back at your facility. In this way, the student experiences the continuity of care with at least a few patients/clients over the course of a term.

Direct Observation
It is important for supervisors to incorporate some direct student observations into the externship plan. Direct observation may feel somewhat awkward but will offer highly valuable opportunities to assess the student's clinical competence firsthand. Supervisors may schedule specific time slots in clinic for these sessions with the student. Some third-party payers, like Medicare Part B, for example,

require direct observation and active participation of the supervisor during all patient care. See Appendix H for further information.

Talking Through Procedures
Students learn by observing and assisting in procedures, and when appropriate, by guided performance of the procedure. Supervisors may ask the student to talk through a procedure in detail before he/she assists with or performs the procedure on a patient/client. The "dry run" also provides the clinical supervisor the opportunity to expand on the basic steps with anecdotal tips and tricks acquired through years of clinical practice. While upholding evidence-based practice is vital, students appreciate learning practical ("real world") approaches to clinical practice

Varying the Teaching Approach
Various clinical situations call for different teaching approaches. When time is limited, for example, providing the student with "expert" answers may be the best approach. When time is more abundant, questions that reveal and guide though the processes are often satisfying and impactful for both the student and supervisor. Sensitive exploration of student's interpretations help promote self-reflective practice patterns. Mistakes made by the student can often provide significant insight their thought processes and can be used to "guide" the student to a different way of thinking or problem solving.

It is important to stress that clinical supervisors should not be the model of "I have all the right answers, all the time". No practicing SLP has all the answers. It is critical to model clinical judgement, decision making, and research processes throughout the clinical supervision experience. This may involve reviewing literature together, asking your student to bring in a few articles on new approaches to a disorder encountered in clinic, Strategizing and/or looking for scientific evidence to guide care or to find answers models this essential clinical skill.

Building on a Student's Interests
Students have varying interests within the field, whether it be population age, disorder type, clinical setting, etc. At times, a student may have an interest area that is within the parameters of the clinical site, but perhaps outside of your comfort level or personal competency as a clinician. For example, a clinical supervisor may work in a hospital setting. The MSSLP student discusses a strong interest in learning more about NICU feeding approaches and the hospital indeed has a NICU. The supervisor, however, has worked for over 20 years with mainly adolescents and adults. In such cases, clinical supervisors are strongly encouraged to connect the MSSLP student with other SLPs/providers at the facility who might be better equipped to assist the student in obtaining this knowledge or experience. This can include scheduling the student to spend a few sessions with them/their patient caseload, review therapy materials, or discuss interdisciplinary practices. Another example is directing a

Documentation of Clinical Hours in Calipso

For all clinical education experiences, both on and off campus, students are expected to keep track of their hours by entering these data into the CALIPSO system (see Appendix I for thorough instructions). Supervisors must view and approve these hours. Tracking the number of hours is an efficient way to monitor exposure to the variety of clinical experiences available to the student, ensuring a balanced program. Calipso is provided to supervisors for no charge.

Enrolling in Calipso

Clinical Supervisors will be sent an e-mail message that will provide them with a PIN and written instructions about how to register and use CALIPSO. Calipso is a web-based application that will help supervisors confidentially record and report student clinical competency, compute grade information, and sign off on patient-contact hours. It is very easy to register to use Calipso. Calipso requires no software downloads, is provided to clinical supervisors by Viterbo University at no cost and provides "anytime anywhere" on-line access to clinical forms and the grading scale. Calipso has extensive in-line how-to videos and is overall an intuitive program to utilize.

If help is required, please email support@calipsoclient.com. Calipso has excellent support staff who are prompt with answering questions. Further, a teleconference (Zoom, Teams Meeting, etc.) with the Director of Clinical Education can be arranged to provide more information on using Calipso, if needed.

MSSLP students will enter clinic hours into Calipso daily. It is the student's responsibility to enter applicable clinic hours into Calipso correctly and promptly each day and submit them via Calipso to their supervisor for approval. Supervisors will receive an email when there are new hours entered to approve. We ask clinical supervisors approve hours a least once weekly.

Student Evaluations

Both at midterm and end of each semester (Fall, Spring, Summer), clinical supervisors are strongly encouraged to complete an evaluation form for each student they have supervised. The midterm evaluation form is not "mandatory", though is highly encouraged as this is an excellent way to keep track of student success and monitor areas that need more attention in the coming weeks of a clinical placement. The Final Evaluation (an assessment of clinical competency) is mandatory for each supervised student. As you complete the Final Evaluation report a grade will automatically be generated based on the numbers/competency scores provided. This grade will be used to provide the grade that the student will receive for clinical practicum experience that term.

At the end of each semester, students are required to complete an evaluation of supervision as well. This will be available for your review after grades have been submitted.

IMPORTANT: Some clinical assignments may be staffed with more than one student. If, for example, *each student totals only the time of direct patient/client/student contact and not the total* *patient encounter time.* For example**,** if one student takes the case history and the other is actively engaged with the patient/client, each gets time/credit for their portion/contribution to the session. However, typical SLP therapy interventions are not usually two person procedures, and only the student performing the task gets credit for the time.

Beginning students may observe procedures prior to performing the tasks. Students should count only the time that they are directly performing the procedure. Beginning students are understandably slower in completing the tasks. The supervisor may "take over" the testing or therapy session at a point during the patient encounter to ensure the visit is completed safely and in a timely manner. Students should discuss this with their supervisor to ensure time is recorded correctly in their logs.

Evaluation of Student Performance

Providing Feedback

All students require both affirmative ("positive") and constructive ("negative") feedback to change behavior. Praise and constructive criticism are needed and appreciated by all students although too much praise may makes students feel not enough was expected of them. Conversely, too much criticism may undermine a student's confidence. Criticizing a student in front of a patient is not recommended and may greatly undermine the rapport and trust of the supervisor-supervisee relationship. Supervisors may ask students to critique their own performance and obtain a glimpse of the standards students set for themselves. Self-critique also puts clinical supervisors in the position of supporting the student's focus for change rather than trying to initiate it.

Being prompt when sharing concerns or critiques is vital, as this will enhance a student's performance more quickly as well as create less "tension" when bringing up issues later on, such as at the midterm evaluation. Telling a student specifically what they did well will ensure that the skill will be maintained and potentially developed further. Likewise, noting omissions, misunderstanding, errors, or lack of knowledge will allow the student to grow and understand areas that need improvement. Clinical supervisors will find that most students appreciate this balance and constructive feedback.

Feedback, positive or negative serves major functions such as:

- To improve performance.
- To reinforce appropriate behavior.
- To redirect inappropriate behavior.
- To help the student reach their goals.
- To offer ongoing information about the student's progress during the externship.
- To assist tin the student's personal/professional development.
- To build the basis for your final evaluation and assessment of the student's performance.

Some components of effective feedback include:
- It should be based on mutual trust and given in a supportive environment.
- It is best given at a time when the student can accept it and the supervisor has time to give it the attention it deserves.
- It presents specific descriptions of behavior and performance, not broad generalizations – it should be specific enough so that the student understands exactly what went well as well as how to modify future behavior.
- It should focus on behaviors that can be modified.
- It should include plans for developing existing and new skills.
- It should not overload the student with too much information (sometimes it is best to save less important points for a future session).

Introspective Supervision

Clinical supervisors are talented SLPs, but also fallible human beings. As such, we each have our own preferences and styles that can subconsciously influence our therapy approaches in major, though often unseen, ways. Supervisors are challenged to be deeply introspective of their own therapy style/preferences when giving feedback; did the student commit a true error, or did the supervisor just prefer the student do things differently? These mismatches in true errors versus preferences can often result in skewed grades that may be a higher or lower representation of the

student's actual performance. Clinical supervisors are encouraged to read, review, and complete training or CEUs on cultural competence/responsiveness, bias, and other topics that influence not only therapy but supervision of students. ASHA has a plethora of resources on these and other topics. Please visit these links:

- https://www.asha.org/research/ebp/bias-appraisal-tools-and-levels-of-evidence/
- https://www.asha.org/practice-portal/professional-issues/cultural-responsiveness/

Varying Supervision Approach

It is not uncommon to find that students respond differently to different supervision styles. Some students perform better when the supervisor is sitting next to them during the patient encounter. Others may feel intimidated with this approach and will do better the supervisor is not "looking over their shoulder." Students in this latter category still need direct supervision, but it is not uncommon to see a significant performance change by simply stepping back and observing from across the room or even from just outside the door. Trying different supervision styles will often give the supervisor the chance to see the student at their best.

In addition to helping a student grow, feedback on student performance can also be useful to the student as well as the Director of Clinical Education in planning future externship experiences. Supervisors may find that keeping notes throughout the externship of thoughts regarding the student's performance will make the evaluation process easier.

Clinic Grades and Competencies

All MSSLP clinical training experiences are graded. Students are routinely provided feedback (formative assessments) regarding performance both during and after clinic sessions. A formative assessment tool is utilized by the supervisors following clinical sessions where goals and expectation levels for the semester are identified and tracked. At mid-term all students should schedule time to review grades to receive formative feedback that should influence future performance over the remainder of the term. All students are encouraged to request further feedback (both positive and constructive) as needed from your supervisors.

Final evaluations serve as a summative assessment and are completed by each clinical supervisor via Calipso. Final grades are determined using these summative assessments. If you are assigned more than one supervisor per semester, individual supervisory grades are averaged, with each grade time-weighted, based on the number of hours with each supervisor.

Graduated Grading Scale for MSSLP Program: Calipso Program

Grading is accomplished via evaluations in Calipso. Calipso is a a web-based application that will help you confidentially record and report student clinical competency, compute grade information, and sign off on patient-contact hours. All clinical supervisors will have access to Calipso free of charge and will be sent instructions via email on how to register/set up an account from the Director of Clinical Education. See Appendix I for print version of these instructions.

Clinic supervisors will enter a competency score (1 – 5) for each clinical skill utilized by the audiology student at their facility. As a student advances in the MSSLP program the minimum competency

level, to achieve a satisfactory grade, increases. Each score corresponds with a letter grade. Clinical success is defined as a final grade of B or better for each semester. The grades received from the different assignments are averaged together for a single final clinic grade. Typically, more weighting is given to supervisors who approved the most hours. Grades will be posted on-line during the normal grading period.

Calipso Graduating Grading Scale (increasing competency scores):
Calipso Grading Scale.pdf

Clinical Supervisors will select from the following Competency Scores throughout each semester at both midterms and at completion of the site placement. With each semester, the required score for competency increases, demonstrating competency-based educational outcomes.

1.0   Very Early Emerging: Skill not evident most of the time. Student requires direct instruction to modify behavior and is unaware of the need to change. Supervisor/clinical educator must model behavior and implement the skill required for client to receive optimal care. Supervisor/clinical educator provides numerous instructions and frequent modeling. Critical thinking/problem solving is very early emerging. Student primarily observes and states limited facts. (skill is present <25% of the time).

2.0   Early Emerging: Skill is emerging, but is inconsistent or inadequate. Student is beginning to show awareness of need to change behavior with supervisor/clinical educator input. Supervisor/clinical educator frequently provides instructions and support for all aspects of case management and services. Critical thinking/problem solving is early emerging. Student primarily observes and states a few facts. (skill is present 26-38% of the time).

2.5   Emerging: Skill is emerging, but is inconsistent or inadequate. Student shows awareness of need to change behavior with supervisor/clinical educator input. Supervisor/clinical educator frequently provides instructions and support for all aspects of case management and services. Critical thinking/problem solving is emerging. Student primarily observes and states several facts. (skill is present 39-50% of the time).

3.0   Developing with Ongoing Monitoring/Feedback: Skill is present and needs further development. Student is aware of need to modify behavior, but does not do this independently. Supervisor/clinical educator provides on-going monitoring and feedback; focuses on increasing student's critical thinking on how/when to improve skill. Critical thinking/problem solving is developing. The student is identifying and analyzing problems and is beginning to reach conclusions. (skill is present 51-63% of the time).

3.5   Developing with Intermittent Monitoring/Feedback: Skill is present and needs further development. Student is aware of need to modify behavior, but does not do this independently. Supervisor/clinical educator provides intermittent monitoring and feedback; focuses on increasing student's critical thinking on how/when to improve skill. Critical thinking/problem solving is

developing. The student is identifying and analyzing problems and is beginning to reach conclusions. (skill is present 64-75% of the time).

4.0   Beginning to Refine: Skill is developed/ implemented most of the time and needs continued refinement or consistency. Student is aware and is modifying behavior in-session some of the time, and beginning to self-evaluate. Problem solving is refining. The student analyzes problems and more consistently reaches appropriate solutions. Supervisor/clinical educator acts as a collaborator to plan and suggests possible alternatives. (skill is present 76-83% of the time)

4.5   Refining: Skill is developed/ implemented most of the time and needs continued refinement or consistency. Student is aware and is modifying behavior in-session, and is self-evaluating. Problem solving is refining. The student analyzes problems and more consistently reaches appropriate solutions. Supervisor/clinical educator acts as a collaborator to plan and suggests possible alternatives. (skill is present 84-90% of the time)

5.0   Consistent: Skill is consistent and well developed. Student can modify own behavior as needed and is consistently problem solving. The student analyzes problems and consistently reaches appropriate solutions. Student can maintain skills with other clients, and in other settings, when appropriate. Supervisor/clinical educator serves as consultant in areas where student has less experience. Supervisor/clinical educator provides guidance on ideas initiated by student (skill is present >90% of the time)

Clinical Hours and Student Hourly Workers
Students who provide clinical services as part of off-campus employment, may receive clinical clock hours if: (1) they are actively engaged in the planning, implementation, and decision-making aspects of the service and (2) ASHA supervisory requirements are met. However, students will not be given academic credit for this work. Clinical practicum requirements for academic credit are independent of the clinical services provided as part of student job-related activities. For example, if a student is signed up for 3 credits of clinical practicum, they must complete the full workload associated with their practicum. Any clinical hours obtained as part of their work duties will be additional and will NOT be covered by Viterbo University professional liability insurance coverage. Students will need to purchase their own policy to cover them during employment activities.

Some students secure a job that is technical in nature and traditionally provided by technicians and not speech pathologists or audiologists. One example is the neonatal hearing screenings some students are hired to conduct at local hospitals. In this situation, students are eligible to count no more than 10 clinical clock hours (to account for the development of expertise in the hearing screening process) assuming they are appropriately supervised. Past this number of hours, no credit for the screenings will be allowed. Any similar work assignments will be handled in a like manner. The student must discuss these issues with the Director of Clinical Education PRIOR to beginning the work.

Clinical Hours for Clinical Research Projects
Students who are engaged in clinical activities as part of their research projects may receive clinical clock hours as long as (1) they are actively engaged in hands-on clinical subject/patient/client contact and (2) ASHA supervisory requirements are met. Time should be entered onto the clinic log sheet

under the type of service provided (i.e. amplification, diagnostic, etc.). However, students do not receive clinical practicum credit for reading articles and writing papers regarding the project. Faculty members who are responsible for students assigned to research projects must be ASHA certified and are responsible for ensuring that all clinical services provided by the students are supervised according to ASHA standards.

Patient Rights and Responsibilities

Patients have the right to refuse to be observed, or to participate in a research project, or to be video or audio tape recorded. Permission must be sought prior to observing, researching, or filming. Patients/Clients who decline to be seen by a student will be seen by the clinical supervisor alone. Patients/Clients also have a responsibility to be civil to student clinicians. In some instances, a disability may preclude good manners. A professional, civil response to a difficult patient is essential. The student should discuss with their clinical supervisor, academic advisor, and the Director of Clinical Education if further resources regarding navigating difficult situations and conversations are desired. All faculty and staff involved in the preceptor/externship experiences are dedicated to student success, and students should feel comfortable reaching out with any questions or concerns in order to successfully manage various clinical situations.

Sign Language or Oral Interpreters

On occasion, students may be engaged with patients/clients who do not speak English. Requests should be made to the office receptionist who schedules the patient. If an interpreter is provided for your patient/client, remember that the interpreter is providing a service for **both** you and the patient/client. Communication is a two-way street. It is also imperative for the student and supervisor to ensure an interpreter is present if required by law or policy of the location the service is being provided at, such as is required by many major hospital systems.

1. Arrange seating so the student/supervisor and the interpreter can be simultaneously seen by the patient.
2. Speak directly to the patient, not the interpreter.
3. The interpreter may ask the student to explain technical information so the information can be more readily transmitted to the patient.
4. Everything that is said is interpreted, so limit any attempts to give asides to the interpreter. Give the patient an opportunity to be part of the plan.

Evaluation of Supervision, Clinical Site, and Self

At the end of each semester (Fall, Spring, Summer), students are required to submit via Calipso an evaluation of supervision (an assessment of supervisory competency), a site evaluation (an assessment of the clinic practicum site), and a self-evaluation (a self-assessment). Evaluation of supervision will not be released to supervisors until AFTER grades have been submitted and posted. A student may request the Director of Clinical Education to withhold a supervisor evaluation. Any such request will be respected without fear of reprisal.

Evaluating Supervision
Students are asked to provide evaluations of the quality of supervision and clinical instruction provided by each clinical supervisor. These evaluations are accessed and completed via Calipso. Each individual supervisor evaluation form will be released to the supervisor after grades are posted. Student names are not attached to individual forms or aggregate reports. The supervisor will not be able to see any student names or other identifiable information. If a student does not wish to have their individual form released to the supervisor, students may request to the Director of Clinical Education to have their evaluation withheld without fear of reprisal. All such requests will be honored. It is often easiest and most effective to complete the supervisor evaluation form immediately at the end of term or the final day at that externship site.

Evaluating Off-Campus Site
Students are asked to provide an evaluation via Calipso of each off-campus clinical practicum site that they experience each term. These evaluations are not released to the off-site supervisors but can be accessed by other students who can get an idea of what to expect at a particular clinic site.

Evaluating Self
Students are asked to complete a self-evaluation each term for at least one supervisor with whom they worked. This process is designed to foster self-reflection and an ability to honestly appraise one's clinical competence. Understanding one's own abilities and skill level better enables students to seek additional help or understand areas of weakness.

APPENDIX A: Viterbo MSSLP Program Contact Information

Listed below are full-time MSSLP Faculty, Staff, and Administrative Support. Currently, there are no part-time positions. All positions are full-time. Dr. Johnstone and Dr. Culpitt are 12-month FTE while all academic professors are 9-month FTE.

College of Nursing & Health
Department of Communication Disorders & Sciences
Administrative Assistant
Tess Kruser
Office Administrative Suite 107, NRC
Office Phone: 608-796-3699
tckruser@viterbo.edu

MSSLP Administrators & Academic Faculty Listing

Founding Chair & Program Director
Department of Communication Disorders & Sciences
Professor
Patti Johnstone, Ph.D., CCC-A/SLP
Office: Administrative Suite 105E, NRC
Office Phone: 608-796-3632
pmjohnstone@viterbo.edu

Founding Director of Clinical Education
Department of Communication Disorders & Sciences
Aeriana Culpitt, SLPD, CCC-SLP
Office: 410 NRC
Office Phone: 608-796-3625
adculpitt@viterbo.edu

Assistant Professor   **Associate Professor**

Assistant Professor   **Assistant Professor**

APPENDIX B: ASHA Code of Ethics, 2023

https://inte.asha.org/Code-of-Ethics

<u>PREAMBLE</u>
The American Speech-Language-Hearing Association (ASHA; hereafter, also known as "the Association") has been committed to a framework of common principles and standards of practice since ASHA's inception in 1925. This commitment was formalized in 1952 as the Association's first Code of Ethics. This code has been modified and adapted to reflect the current state of practice and to address evolving issues within the professions.

The ASHA Code of Ethics reflects professional values and expectations for scientific and clinical practice. It is based on principles of duty, accountability, fairness, and responsibility and is intended to ensure the welfare of the consumer and to protect the reputation and integrity of the professions. The Code of Ethics is a framework and a guide for professionals in support of day-today decision making related to professional conduct.

The Code of Ethics is obligatory and disciplinary as well as aspirational and descriptive in that it defines the professional's role. It is an integral educational resource regarding ethical principles and standards that are expected of audiologists, speech-language pathologists, and speech, language, and hearing scientists.

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by audiologists, speech-language pathologists, and speech, language, and hearing scientists who serve as clinicians, educators, mentors, researchers, supervisors, and administrators. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose and is applicable to the following individuals:
- a member of ASHA holding the Certificate of Clinical Competence
- a member of ASHA not holding the Certificate of Clinical Competence
- a nonmember of ASHA holding the Certificate of Clinical Competence
- an applicant for ASHA certification or for ASHA membership and certification

ASHA members who provide clinical services must hold the Certificate of Clinical Competence and must abide by the Code of Ethics. By holding ASHA certification and/or membership, or through application for such, all individuals are subject to the jurisdiction of the ASHA Board of Ethics for ethics complaint adjudication.

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

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

PRINCIPLE OF ETHICS I
Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities.

RULES OF ETHICS
A.   Individuals shall provide all clinical services and scientific activities competently.
B.   Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.
C.   Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of age; citizenship; disability; ethnicity; gender; gender expression; gender identity; genetic information; national origin, including culture, language, dialect, and accent; race; religion; sex; sexual orientation; or veteran status.
D.   Individuals shall not misrepresent the credentials of aides, assistants, technicians, students, research assistants, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.
E.   Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, technicians, or any other persons only if those persons are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified audiologist or speech-language pathologist.
F.   Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, or any nonprofessionals over whom they have supervisory responsibility.
G.   Individuals who hold the Certificate of Clinical Competence may delegate to students tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified audiologist or speech-language pathologist.
H.   Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, technology employed, and products dispensed. This obligation also includes informing persons served about possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a legally authorized/appointed representative.
I.   Individuals shall enroll and include persons as participants in research or teaching demonstrations/simulations only if participation is voluntary, without coercion, and with informed consent.
J.   Individuals shall accurately represent the intended purpose of a service, product, or research endeavor and shall abide by established guidelines for clinical practice and the responsible conduct of research, including humane treatment of animals involved in research.
K.   Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of services provided, technology employed, and products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.
L.   Individuals who hold the Certificate of Clinical Competence shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served.
M.   Individuals may make a reasonable statement of prognosis, but they shall not guarantee—directly or by implication—the results of any treatment or procedure.
N.   Individuals who hold the Certificate of Clinical Competence may provide services via telepractice consistent with professional standards and state and federal regulations, but they shall not provide clinical services solely by written communication.

O.   Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be allowed only when doing so is legally authorized or required by law.

P.   Individuals shall protect the confidentiality of information about persons served professionally or participants involved in research and scholarly activities. Disclosure of confidential information shall be allowed only when doing so is legally authorized or required by law.

Q.   Individuals shall maintain timely records; shall accurately record and bill for services provided and products dispensed; and shall not misrepresent services provided, products dispensed, or research and scholarly activities conducted.

R.   Individuals shall not allow personal hardships, psychosocial distress, substance use/misuse, or physical or mental health conditions to interfere with their duty to provide professional services with reasonable skill and safety. Individuals whose professional practice is adversely affected by any of the above-listed factors should seek professional assistance regarding whether their professional responsibilities should be limited or suspended.

S.   Individuals who have knowledge that a colleague is unable to provide professional services with reasonable skill and safety shall report this information to the appropriate authority, internally if such a mechanism exists and, when appropriate, externally to the applicable professional licensing authority or board, other professional regulatory body, or professional association.

T.   Individuals shall give reasonable notice to ensure continuity of care and shall provide information about alternatives for care in the event that they can no longer provide professional services.

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

RULES OF ETHICS
A.   Individuals who hold the Certificate of Clinical Competence shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training, and experience.

B.   ASHA members who do not hold the Certificate of Clinical Competence may not engage in the provision of clinical services; however, individuals who are in the certification application process may provide clinical services consistent with current local and state laws and regulations and with ASHA certification requirements.

C.   Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.

D.   Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research.

E.   Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's certification status, competence, education, training, and experience.

F.   Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member's independent and objective professional judgment.

G.   Individuals shall use technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is warranted but not available, an appropriate referral should be made.

H.   Individuals shall ensure that all technology and instrumentation used to provide services or to conduct research and scholarly activities are in proper working order and are properly calibrated.

PRINCIPLE OF ETHICS III
In their professional role, individuals shall act with honesty and integrity when engaging with the public and shall provide accurate information involving any aspect of the professions.

RULES OF ETHICS
A.   Individuals shall not misrepresent their credentials, competence, education, training, experience, or scholarly contributions.
B.   Individuals shall avoid engaging in conflicts of interest whereby a personal, professional, financial, or other interest or relationship could influence their objectivity, competence, or effectiveness in performing professional responsibilities. If such conflicts of interest cannot be avoided, proper disclosure and management is required.
C.   Individuals shall not misrepresent diagnostic information, services provided, results of services provided, products dispensed, effects of products dispensed, or research and scholarly activities.
D.   Individuals shall not defraud, scheme to defraud, or engage in any illegal or negligent conduct related to obtaining payment or reimbursement for services, products, research, or grants.
E.   Individuals' statements to the public shall provide accurate information regarding the professions, professional services and products, and research and scholarly activities.
F.   Individuals' statements to the public shall adhere to prevailing professional standards and shall not contain misrepresentations when advertising, announcing, or promoting their professional services, products, or research.
G.   Individuals shall not knowingly make false financial or nonfinancial statements and shall complete all materials honestly and without omission.

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

RULES OF ETHICS
A.   Individuals shall work collaboratively with members of their own profession and/or members of other professions, when appropriate, to deliver the highest quality of care.
B.   Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative directive, referral source, or prescription prevents them from keeping the welfare of persons served paramount.
C.   Individuals' statements to colleagues about professional services, products, or research results shall adhere to prevailing professional standards and shall contain no misrepresentations.
D.   Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
E.   Individuals shall not engage in dishonesty, negligence, deceit, or misrepresentation.
F.   Individuals who mentor Clinical Fellows, act as a preceptor to audiology externs, or supervise undergraduate or graduate students, assistants, or other staff shall provide appropriate supervision and shall comply—fully and in a timely manner—with all ASHA certification and supervisory requirements.
G.   Applicants for certification or membership, and individuals making disclosures, shall not make false statements and shall complete all application and disclosure materials honestly and without omission.
H.   Individuals shall not engage in any form of harassment or power abuse.
I.   Individuals shall not engage in sexual activities with persons over whom they exercise professional authority or power, including persons receiving services, other than those with whom an ongoing consensual relationship existed prior to the date on which the professional relationship began.
J.   Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.
K.   Individuals shall assign credit only to those who have contributed to a publication, presentation, process, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.

L.   Individuals shall reference the source when using other persons' ideas, research, presentations, results, or products in written, oral, or any other media presentation or summary. To do otherwise constitutes plagiarism.

M.   Individuals shall not discriminate in their relationships with colleagues, members of other professions, or individuals under their supervision on the basis of age; citizenship; disability; ethnicity; gender; gender expression; gender identity; genetic information; national origin, including culture, language, dialect, and accent; race; religion; sex; sexual orientation; socioeconomic status; or veteran status.

N.   Individuals with evidence that the Code of Ethics may have been violated have the responsibility to either work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its established procedures.

O.   Individuals shall report members of other professions who they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violation compromises the welfare of persons served and/or research participants.

P.   Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation; the Code of Ethics shall not be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.

Q.   Individuals making and responding to complaints shall comply fully with the policies of the Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics.

R.   Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.

S.   Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice and to the responsible conduct of research.

T.   Individuals who have been convicted of, been found guilty of, or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, physical harm—or the threat of physical harm—to the person or property of another or (2) any felony shall selfreport by notifying the ASHA Ethics Office in writing within 60 days of the conviction, plea, or finding of guilt. Individuals shall also provide a copy of the conviction, plea, or nolo contendere record with their self-report notification, and any other court documents as reasonably requested by the ASHA Ethics Office.

U.   Individuals who have (1) been publicly disciplined or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body; or (2) voluntarily relinquished or surrendered their license, certification, or registration with any such body while under investigation for alleged unprofessional or improper conduct shall self-report by notifying the ASHA Ethics Office in writing within 60 days of the final action or disposition. Individuals shall also provide a copy of the final action, sanction, or disposition—with their self-report notification—to the ASHA Ethics Office.

TERMINOLOGY

The purpose of the following Terminology section is to provide additional clarification for terms not defined within the Principles of Ethics and Rules of Ethics sections.

ASHA Ethics Office - The ASHA Ethics Office assists the Board of Ethics with the confidential administration and processing of self-reports from and ethics complaints against individuals (as defined below). All complaints and self-reports should be sent to this office. The mailing address for the ASHA Ethics Office is American Speech-Language-Hearing Association, attn: Ethics Office, 2200 Research Blvd., #309, Rockville, MD 20850. The email address is ethics@asha.org.

Advertising - Any form of communication with the public regarding services, therapies, research, products, or publications.

Diminished Decision-Making Ability - The inability to comprehend, retain, or apply information necessary to determine a reasonable course of action. individuals Within the Code of Ethics, this term refers to ASHA members and/or certificate holders and applicants for ASHA certification.

Informed Consent - An agreement by persons served, those with legal authority for persons served, or research participants that constitutes authorization of a proposed course of action after the communication of adequate information regarding expected outcomes and potential risks. Such an agreement may be verbal or written, as required by applicable law or policy.

May vs. Shall - May denotes an allowance for discretion; shall denotes something that is required.

Misrepresentation - Any statement by words or other conduct that, under the circumstances, amounts to an assertion that is false, erroneous, or misleading (i.e., not in accordance with the facts).

Negligence - Failing to exercise a standard of care toward others that a reasonable or prudent person would use in the circumstances, or taking actions that a reasonable person would not.

Nolo Contendere - A plea made by a defendant stating that they will not contest a criminal charge.

Plagiarism - Representation of another person's idea, research, presentation, result, or product as one's own through irresponsible citation, attribution, or paraphrasing.

Publicly Disciplined - A formal disciplinary action of public record.

Reasonable or Reasonably - Being supported or justified by fact or circumstance and being in accordance with reason, fairness, duty, or prudence.

Self-Report - A professional obligation of self-disclosure that requires (a) notifying the ASHA Ethics Office in writing and (b) sending a copy of the required documentation to the ASHA Ethics Office (see definition of "written" below).

Shall vs. May - Shall denotes something that is required; may denotes an allowance for discretion.

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

Written - Encompasses both electronic and hard-copy writings or communications.

APPENDIX C: Family Educational Rights and Privacy Acts (FERPA)
(20 U.S.C. § 1232g; 34 CFR Part 99)

Viterbo University expects all students and clinical supervisors to uphold FERPA policies and procedures, in accordance with local, state, and federal laws, both on and off campus. Students will complete CITI training to further their understanding and knowledge of FERPA (please see MSSLP Student Handbook for details). Clinical supervisors are expected to know the policies of their organizations related to FERPA. For more information, please refer to the information below.

Note: MSSLP Program follows all FERPA laws and regulations and receives clear guidance on this from the Office of Human Resources. https://www.viterbo.edu/registrar/ferpa.

Viterbo MSSLP students are enrolled for credit during off-campus clinical practicum and externships. They also complete assignments directed by professors at Viterbo that contribute to their final clinic grade. Enrolled MSSLP students are therefore protected by FERPA while being educated in an off-campus site by an Off-Campus Clinic Supervisor. Off-Campus Clinical Supervisors are protected against FERPA violations when required to submit a student's grade and/or competency information directly into a secure on-line system like CALIPSO or fax it to the Department of Communication Disorders if access to CALIPSO is not available. Student grades and competencies cannot be sent via e-mail.

What is FERPA?
The Family Educational Rights and Privacy Act, also known as FERPA, is a Federal law that protects the privacy of student education records. It affords students over the age of 18 years the right to have access to their education records, the right to seek to have the records amended, and the right to have control over the disclosure of information from the education records.

Does FERPA Apply to Students on Off-Campus Externships?
According to FERPA, a student is an individual who is enrolled in and actually attends an educational institution. The regulations provide that attendance includes, but is not limited to, attendance in person or by correspondence. Courts have held that individuals who merely audit classes or who are accepted to an educational institution but do not attend any classes are not "students" for purposes of FERPA. Individuals who "attend" classes but are not physically located on a campus are also students, thus including those who attend classes by videoconference, satellite, Internet, or other electronic information and telecommunications technologies.

What Constitutes an Educational Record?
Education records are records that are directly related to a student and that are maintained by an educational agency, institution, or a party acting for or on behalf of the agency or institution (e.g. a clinical preceptor). These records include but are not limited to grades (and competency ratings), transcripts, class lists, student course schedules, student financial information, and student discipline files. The information may be recorded in any way, including, but not limited to, handwriting, print, computer media, videotape, audiotape, film, microfilm, microfiche, and e-mail.

Is Disclosure Prohibited by Off-Campus Clinical Supervisors?
Practice/Educational affiliation agreements with off-campus preceptorship sites include clauses that stipulate off-campus preceptors abide by FERPA law just as university faculty must. FERPA prohibits the disclosure of a student's "protected information" to a third party without a student's written

consent. A "third party" includes any individual or organization other than the student. This disclosure is prohibited whether it is made by hand delivery, verbally, fax, mail, or electronic transmission. This means that **disclosure applies to: reporting a student's grades and clinic competencies to Viterbo faculty; letters of recommendation written on behalf of the student; casual conversations with other professionals, patients, or students about the student; and information provided to the student's potential employers**

With respect to third parties, even if the initial disclosure of protected information is permissible, FERPA limits the subsequent disclosure of the information by the third party. As such, once an educational institution discloses protected information to a third party, it must ensure that the third party does not itself improperly disclose the information in violation of FERPA.- See more at: http://www.naceweb.org/knowledge/legal/ferpabasics.aspx#sthash.x5svWln5.dpuf

What Constitutes Consent?
FERPA requires that a student provide written consent for disclosure of education records. The consent must: 1) be signed and dated; 2) specify the records that may be disclosed; 3) state the purpose of the disclosure; and 4) identify the party or class of parties to whom the disclosure may be made. 34 CFR § 99.30. **Oral consent for disclosure of information from education records would not meet FERPA's consent requirements.** Spouses of students have no rights under FERPA and education records cannot be disclosed to them without written consent from the student.

APPENDIX D: Health Insurance Portability and Accountability Act (HIPAA)

Viterbo University expects all students to uphold HIPAA policies and procedures, in accordance with local, state, and federal laws, both on and off campus. Students will complete CITI training to further their understanding and knowledge of HIPAA. Please see the MSSLP Student Handbook for further details. Clinical supervisors are expected to know the policies of their organizations related to HIPAA. For more information, please refer to the Centers for Medicaid and Medicare Services (CMS).

https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/hipaaprivacyandsecurity.pdf

APPENDIX E: Clinical Supervision Check-In Sheet

Clinical Supervision Check-In Sheet: Steering Students to Success

Date Submitted to DCE: _____

Supervisor Signature:_____

Student Signature:_____

For Clinical Supervisors: After meeting with your student and completing this form, do you *feel a Remediation Plan* should be initiated at the University Level? **Please circle: YES or NO**

An example is listed in the first column. Please fill in this sheet either by handwriting or typing in each column. Submit via email to DCE as soon as completed. Please use a separate piece of paper/Word Document if more
space is needed.

Date	Behavior(s) noted by supervisor	How was student notified by supervisor (email, text, call, face-to-face, etc.)	Student response	Collaborative plan developed by supervisor and student
Example: 9/10/28	Rolling eyes/saying "yeah, I already know that" when supervisor discussing treatment approach	Face-to-face meeting at end of the day	Student apologized, stated they were tired and realized behavior was unprofessional	Discussion of different alternative phrases such as "That was covered in our courses, I really liked seeing that in action" or "I think I have a handle on that approach...I think I could use more experience with xyz approach. What do you think?". Will monitor for two weeks and check-in with student.

APPENDIX F: Nursing Simulation Lab Agreement Form

All students utilizing the nursing simulation center must sign and abide by the nursing simulation agreement. This agreement details use of the space, responsibilities of the students for care and use of materials, and other uses of the lab space. This agreement will be filled out on Etrieve, a site within Viterbo University's intraweb. Please see the below printed version:

Simulation Ground Rules and Confidentiality Statement

VITERBOUNIVERSITY

Student Information:

First Name	Last Name	ID	Email

Ground Rules

1. The Clinical Simulation Learning Center is an active learning environment, where students can learn, mistakes can occur, and feedback is shared. As a participant in a simulation, it is expected that students demonstrate the same level of respect and seriousness of intent that would be demonstrated in a clinical setting.

2. What happens in the Clinical Simulation Learning Center stays in the Clinical Simulation Learning Center. There is to be no discussion of scenarios, events, errors, etc. outside of this environment.

3. Students are expected to be prepared to participate in the clinical simulation. Students will be in proper uniform and bring necessary prep resources to the simulation experience. Students who are not prepared or are late for their assigned simulation time will be asked to leave and required to make-up the clinical simulation session at a later date.

4. Videotaping is routinely used in the debriefing session. The purpose is to recognize students' strengths and encourage critical thinking skills. Students will be required to sign the consent for videotaping and audio-taping of clinical simulations (below). Students who object to being videotaped and/or audio-taped should notify the course coordinator.

5. The human patient simulator behaves and responds as a patient would to the care students deliver. Students will be able to interact, perform nursing and communication skills, and integrate theory with the clinical while engaged in the scenario experience.

6. Food and drink will not be allowed in the Clinical Simulation Learning Center areas.

Clinical Simulation Agreement

☐ I understand that confidentiality is essential to the learning process with clinical simulation. Therefore, I agree not to discuss the events of clinical simulation or debriefing with anyone other than the students and faculty who directly participated in the simulation. And, I agree to the videotaping and audio-taping of simulations for the purpose of learning to be used in the classroom environment only. This document will remain active for the course of my education at Viterbo University.

Submitted By: _____   **Date:** _____

To submit or approve this form, please review and click the button to the lower left.

Viterbo University | 900 Viterbo Drive | La Crosse, WI 54601 | 608-796-3000 | 1-800-VITERBO

APPENDIX G: Viterbo University Request for Release from Clinic

Request for Release from Clinic
(Due two weeks prior to leave)

Student:_____

Date(s) requested:_____

Reason for absence: _____

Substitute student: _____

Plan to make up hours, if able:

_____

_____

_____

Signature of Student:_____ Date:_____

Signature of Student Substitute:_____ _____ Date:_____

Signature of Clinic Supervisor:_____ Date:_____

Signature of Director or Clinical Education   Date:_____
 or Program Director

APPENDIX H: Clinical Supervision Requirements and Medicare/Medicaid

<u>ASHA's Response to Medicare Part B Reimbursement of Student Services</u>

Background
The Center for Medicare & Medicaid Services (CMS) has consistently maintained that only qualified professionals may provide services under Medicare guidelines. A clarification of the policy specifically addressed student involvement with patients receiving Medicare Part B services. The purpose of this document is to suggest some strategies by which student clinical education can occur in facilities which provide Medicare Part B services, and which adhere to CMS's recent interpretation of existing policy.

ASHA's Council for Clinical Certification (CFCC) and the Council for Academic Accreditation (CAA) have provided the following responses to some of the questions commonly asked by academic programs and clinic externship sites.

1. How can reimbursable services be structured to include student participation?

Based on the written clarification and dialogue with CMS personnel, Medicare Part B evaluation and treatment services must be conducted by a qualified practitioner (i.e. an individual who is licensed in the state to provide services as a speech-language pathologist or audiologist). The qualified practitioner must be clearly identifiable as the responsible professional within any session when services are delivered. The qualified practitioner (preceptor) must be present for the entire session (100% personal supervision). However, a student may assist in the delivery of services or participate in the delivery of services at the direction of the qualified practitioner. The student participation would occur in an interaction best described as a triad, among patient, preceptor, and student. If the student is participating in the provision of services, the supervisor must be present in the room and guiding the student in service delivery. This interpretation establishes an apprenticeship model for clinical education and is more rigorous than the requirement for "line-of-sight" supervision of students for reimbursement of services under Medicare Part A.

2. How many clock hours can be counted?

This is a training issue that is considered under the auspices of graduate programs and ASHA accreditation and certification standards. Student clock hours can be awarded under current ASHA guidelines if the student is actively participating in the direct delivery or planning of services. Even though the supervisor is directing or assisting the student, clock hours may be awarded for the entire patient encounter and follow-up calls/meetings with other health care professionals involved in the patient's care.

3. How can training programs encourage Medicare facilities to take students for practicum purposes?

Those responsible for placing students in practicum sites may wish to suggest to facilities that there is a critical need to ensure that a pool of adequately trained professionals be available to fill staff vacancies in the future. The only means by which students in training can become familiar with facilities providing clinical services for Medicare Part B patients is to have experience with their population under the guidance of current members of the professions. In addition, the opportunity to teach future professionals provides the supervisor with a means to increase his or her own professional development. Finally, teaching facilities carry considerable respect within a community and may reasonably expect this recognition to result in increased caseloads. While promoting student training to facilities with Medicare Part B clients, academic program directors should also be prepared to assist clinical supervisors in developing skills for supervision within the context of the apprenticeship model necessitated by CMS's recent clarification of coverage of student services under Medicare Part B.

APPENDIX I: CALIPSO Instructions for Clinical Supervisors

CALIPSO INSTRUCTIONS FOR CLINICAL SUPERVISORS
https://www.calipsoclient.com/viterbo

Step 1: Register as a Supervisor on CALIPSO
(**C**linical **A**ssessment of **L**earning, **I**nventory of **P**erformance, and **S**treamlined **O**ffice-Operations)

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

Step 2: Login to CALIPSO

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

Step 3: View Clinical Assignment / Select Student

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

Step 4: View Student Clock Hour Records

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

Step 5: View Student Cumulative Evaluation

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

!Step 6: Complete Site Information Form

!This form will take approximately 20 minutes to complete. The bulk of the information requested is used by the graduate program to **maintain their ASHA accreditation**. This form only needs to be completed once unless the requested information changes.
- From the home page, click on the "Site Information Forms" link under the Management header.
- Click "Add new form."
- Complete the requested information. Click "Save."
- The new site form will post to a table. To finish completing, click on the "Edit" link in the Basic Info column. Check to see that all of the information is complete, and check the box that states "Check here to mark this section as complete."
- Continue to complete the remaining 5 sections of the form by clicking on each remaining tab (Facility/Department/Student/Misc./Appendix VI-B*) and complete the requested information. After completing the information in each section, check the box that states "Check here to mark this section as complete". Click "Save." [*Note: Appendix VI-B tab only needs to be completed if the program you are supervising for is a new program in candidacy)
- After all tabs have been completed, click on the "Site Form List" link located near the top of the page or on the "Site Forms" link located within the blue strip.
- If any sections are incomplete, they will be flagged with a red explanation point. To complete those fields, just click on "edit" and make the necessary changes.
- Once each section is assigned a green checkmark, a "Submit" link will display within a column of the table. Click "Submit" and verify that the status changes to "Submitted."

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!Step 6 Cont'd: Complete Site Information Form

To Edit/Update a Submitted Form:
- To edit a previously submitted form, simply click the "Copy" link located in the next to the last column. Edit each section as necessary by clicking on the "Edit" link for the corresponding section, making changes, and clicking "Save." Once editing is complete, click "Submit" and verify that the status changes to "Submitted." Delete the older version by clicking on the red "X".

Step 7: Upload Documents for Student or Clinical Administrator (optional)

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

Step 8: Complete Midterm Evaluation

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

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Step 9: Complete Final Evaluation

- Login to CALIPSO (step two)
- Select the desired "Class" and click "change."
- Click "Student Information" then "evaluations" located to the right of the student's name.
- Identify the evaluation completed at midterm and click on "Make a duplicate of this evaluation."
- The duplicated evaluation will appear in the evaluations list*.
    - *If an error message appears stating the evaluation you are attempting to duplicate is not of the current evaluation question set, then you will not be able to duplicate the evaluation, and you will need to start a "New" evaluation, following the instructions in Step 8. You will designate the "New" evaluation as a "Final" (rather than a Midterm). This mechanism is in place to prevent old/not-current evaluations from being duplicated.
- Identify the duplicate (noted as "in progress") and click on the "current evaluation" link highlighted in blue.
- Change "Evaluation type" from midterm to final.
- Complete evaluation by changing and/or adding scores for applicable skills across the Big 9 using the provided scoring method and saving frequently to avoid loss of data.
- Once the evaluation is complete, review it with the student. Type his/her name with the corresponding date as well as your name with the corresponding date located at the bottom of the page.
- Check the "final submission" box located just below the signatures.
- Click "save."
- Receive message stating "evaluation recorded."

Step 10: Approve Clock Hours

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

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Step 11: View Your Supervisory Summary

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

Step 12: View Your Supervisory Feedback

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

Step 13: Update Your Information

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

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