



VITERBOUNIVERSITY

Master of Science in Speech-
Language Pathology

STUDENT HANDBOOK

Open Letter to MSSLP Students

Dear Student:

Thank you for choosing Viterbo University, Department of Communication Disorders and Sciences, Master of Science in Speech-Language Pathology (MSSLP) program. The Viterbo administration and the faculty in the Department of Communication Disorders and Sciences believe that each student is a unique human being with inherent dignity, worth, and the right to an accessible educational opportunity. Our vision is to boldly provide you with a transformational clinical educational experience that develops your unique talents, passions, and leadership potential. This distinctive Viterbo education fulfills our mission to prepare you for faithful service and ethical leadership as a speech-language pathologist wherever you eventually live and work.

We understand that your primary goals are to successfully complete your clinical training program and graduate. We also recognize that learning in a clinical setting takes time and energy. You will quickly discover, however, that the Viterbo MSSLP clinical learning experience can be very rewarding. Clinical learning experiences (whether simulated or real-life) help reinforce what you've learned in didactic courses and simultaneously provide opportunity to apply Viterbo's core Franciscan values of contemplation, hospitality, integrity, service, and stewardship.

We want to thank you for your commitment to complete a graduate program of study that requires you to self-reflect to promote personal, intellectual, and spiritual growth. Feel free to contact the Program Director with any questions regarding this handbook or your graduate MSSLP education experience in general. Contact information for the Director of Clinical Education and the academic faculty in the Department of Communication Disorders and Sciences can be found in Appendix A.

Sincerely,

Patti M. Johnstone, Ph.D., CCC-A/SLP

Founding Chair & Program Director
Professor
Department of Communication Disorders and Sciences
College of Nursing and Health Professions
Viterbo University

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Introduction

Purpose of this Handbook

The purpose of this manual is to provide MSSLP students enrolled at Viterbo University with helpful information and effective strategies to optimize graduate-level clinical learning. Please find helpful administrative and faculty contract information in Appendix A.

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 in 1990 with a Master of Arts in Education created to serve K-12 teachers' evolving educational needs. Totalling 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.

The MSSLP Program

The Mission, Values, 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 protected patient/client health information (The Health Insurance Portability and Accountability Act of 1996; HIPAA) and student grade/performance information (The Family Educational Rights and Privacy Act; FERPA).

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 (CAA Administrative Standard 1.6).

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 Resources, Identity, Students, 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.

Student Inclusion and Accessibility Services

Diversity, Equity, and Inclusion

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 3 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 has 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. Viterbo also 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 other 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>

Accessibility Services and Student Adaptations

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 graduate 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 based on disability.
- [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 can 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, quiet 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 5 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 grown the 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>

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 people, from diverse populations, with 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 2023. This replaces the Essential Functions document created by CAPCSD in 2008. Core excerpts from the updated Core Function document have been placed in this handbook and can be found 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/practice/resources/evidence> Retrieved March 3, 2023, from

Professional Knowledge and Skills Requirements

The graduate MSSLP academic curriculum is designed to offer a plan of study in a high-quality learning environment that is learner centered, knowledge and skills centered, and assessment centered, that encompasses the following knowledge and skills domains:

- a. professional practice competencies.
- b. foundations of speech-language pathology practice.
- c. identification and prevention of speech, language, and swallowing disorders and differences.
- d. assessment of speech, language, and swallowing disorders and differences.
- e. intervention utilizing evidence-based and patient-centered therapy approaches to rehabilitate and/or compensate for speech, language, and swallowing disorders and differences
- f. education of patients, students, families, caregivers, and other professionals involved in care to enhance best outcomes and work across multidisciplinary teams
- g. advocate for speech, language, and hearing services utilizing professional verbal and written communication skills in various setting types

Professional Practice Competencies (Knowledge and Skills)

1. Accountability

- a. Adhere to the professional codes of ethics, the speech-language pathology scope of practice documents, professional fiduciary responsibility for each client/patient/student served, and federal state, and institutional regulations and policies related to the profession of speech-language pathology and its services, including compliance with confidentiality issues related to the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA).
- b. Differentiate service delivery models based on practice sites (e.g., hospital, school, private practice).
- c. Demonstrate an understanding of the effects of their actions and make appropriate changes as needed.
- d. Explain the health care and education landscapes and how to facilitate access to services in both sectors.

2. Effective Communication Skills

- a. Demonstrate the ability to communicate in a responsive and responsible manner with clients/patients/students, communities, and interprofessional team colleagues and other professionals.

3. Evidence-Based Practice

- a. Access and critically evaluate information sources, apply information to appropriate populations, and integrate evidence in provision of speech-language pathology services.

4. Professional Duty

- a. Demonstrate knowledge of one's own role and those of other professions to appropriately assess and address the needs of the individuals and populations served.

- b. Demonstrate knowledge of the roles and importance of interdisciplinary/interprofessional assessment and intervention and be able to interact and coordinate care effectively with other disciplines and community resources.
- c. Demonstrate knowledge of the roles and importance of individual and collective (e.g., local, national organizations) advocacy for clients/patients/students' right to care.
- d. Demonstrate knowledge of the role of clinical teaching and clinical modeling as well as supervision of students and other support personnel.

Foundations of Speech-Language Pathology Practice (Knowledge & Skills Competencies)

1. **Knowledge of the Discipline** of human communication and swallowing.
2. **Knowledge of the Basic Processes** of human communication and swallowing
 - a. biological,
 - b. neurological,
 - c. acoustic,
 - d. psychological,
 - e. developmental,
 - f. linguistic,
 - g. and cultural bases.
3. **Skills to Integrate Information** pertaining to normal and abnormal human development across the life span.
4. **Knowledge of the Nature of Nine** human communication and swallowing processes
 - a. **Speech sound production**, to encompass articulation, motor planning and execution, phonology, and accent modification
 - b. **Fluency and fluency disorders**
 - c. **Voice and resonance**, including respiration and phonation
 - d. **Receptive and expressive language**, including phonology, morphology, syntax, semantics, pragmatics (language use and social aspects of communication), prelinguistic communication, paralinguistic communication (e.g., gestures, signs, body language), and literacy in speaking, listening, reading, and writing.
 - e. **Hearing**, including the impact on speech and language.
 - f. **Swallowing/feeding**, including (a) structure and function of orofacial myology and (b) oral, pharyngeal, laryngeal, pulmonary, esophageal, gastrointestinal, and related functions across the life span.
 - g. **Cognitive aspects of communication**, including attention, memory, sequencing, problem solving, and executive functioning.
 - h. **Social aspects of communication**, including challenging behavior, ineffective social skills, and lack of communication opportunities.
 - i. **Augmentative and alternative communication** modalities

Communication and Swallowing Disorders (Clinical Skills Competencies).

Success in the MSSLP program is based on achieving adequate skills competency levels (as per ASHA standard V-B) in the three (3) areas listed below. These skills must be applied across the nine (9) major knowledge competency areas in ASHA Standard IV (listed above). These skills may be demonstrated through direct clinical contact with individuals receiving services in clinical sites; academic coursework; labs; simulations; examinations; and the completion of independent capstone project.

1. Assessment/Identification/Prevention

- a. Conduct screening and prevention procedures, including prevention activities.
- b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, and relevant others, including other professionals.
- c. Select and administer appropriate evaluation procedures, such as behavioral observations, non-standardized and standardized tests, and instrumental procedures.
- d. Adapt evaluation procedures to meet the needs of individuals receiving services.
- e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention.
- f. Complete administrative and reporting functions necessary to support evaluation.
- g. Refer clients/patients for appropriate services.

2. Intervention

- a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process.
- b. Implement intervention plans that involve clients/patients and relevant others in the intervention process.
- c. Select or develop and use appropriate materials and instrumentation for prevention and intervention.
- d. Measure and evaluate clients'/patients' performance and progress.
- e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients.
- f. Complete administrative and reporting functions necessary to support intervention.
- g. Identify and refer clients/patients for services, as appropriate.

3. Interaction and Personal Qualities

- a. Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the individual(s) receiving services, family, caregivers, and relevant others.
- b. Manage the care of individuals receiving services to ensure an interprofessional, team-based collaborative practice.
- c. Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.
- d. Demonstrate understanding and adherence to the ASHA Code of Ethics as evidenced by professional demeanor across various settings.

Program Admissions

Graduate Program Admissions Webpage: <https://www.viterbo.edu/graduate-admissions>

MSSLP Promise to Viterbo University Students

One of the greatest challenges facing undergraduate students who major in communication disorders is getting into graduate school. Students interested in a career in speech-language pathology, audiology, or speech and hearing science must gain admission to a graduate clinical training program. Each year, more students graduate with an undergraduate degree in communication disorders and sciences than are admitted to graduate school. For students of Viterbo University who have completed their undergraduate coursework and earned a BS in Communication Disorders and Sciences, AND who also minored in one of seven specific area, will be given priority admission to Viterbo's MSSLP program. This apply-but-not-compete model is essential to ensure that students can successfully gain entry and graduate from a Masters Degree program.

As stated, Viterbo undergraduates seeking to apply but not compete must have graduated with a BS in Communication Disorders and Sciences, meet graduate admission requirements, and have minored in one of seven areas to be given top admission consideration. The seven minor areas of study that trigger priority graduate school admissions prepare students for ethical leadership, professional collaborations, and faithful service in diverse and ever-changing communities. These minor areas of study include: healthcare management; servant leadership; interpreting studies; Spanish; American Sign Language; Latin American studies; and Latina/Latino studies.

Prospective students

All prospective students, including Viterbo COMD undergraduates, may apply to the Viterbo MS-SLP program via CSDCAS (the Communication Sciences and Disorders Centralized Application Service <https://www.capcsd.org/> by accessing the Speech-Language Pathology Applicant website at <https://csdcas.liaisoncas.com>.

Basic Admission Requirements

<https://www.viterbo.edu/graduate-student-admissions/graduate-speech-language-pathology-admission-requirements>

All materials required to support the student application process for the Master of Science in Speech-Language Pathology degree program should be uploaded to the application portal or sent directly to CSDCAS. Additional guidance will be found in CSDCAS.

- Essay
- Three letters of Recommendation
- Official transcripts from all degree-granting and institutions where pre-enrollment courses were complete.
- Required General Foundational courses (must have a minimum grade of 'C' or better)
 - American Sign Language 1
 - Statistics

- Biology
- Physics or Chemistry
- Psychology or Sociology
- Required Communication Disorders Foundational courses (must have a minimum grade of 'B' or better)
 - Anatomy and Physiology of Speech and Hearing Mechanisms
 - Introduction to Phonetics
 - Introduction to Speech and Hearing Science
 - Normal Speech and Language Development
 - Introduction to Speech Sound Disorders
 - Introduction to Language Disorders
 - Introduction to Hearing Disorders and Aural Rehabilitation

Non-native English speakers must provide a Test of English as a Foreign Language (TOEFL) Score Report documenting a paper-based score of 550 or above, a computer-based score of 213 or above, or an internet-based score of 79 or above.

Exceptions/Conditional Admittance Requirements:

Below are listed several items that are strongly encouraged for admission, though will not automatically eliminate a student from being admitted to Viterbo's MSSLP program. Students looking to apply for the graduate program should be aware that further courses, in addition to their graduate courses, may be required if the below items have not been completed prior to admission.

1. American Sign Language (ASL)

American Sign Language is a pivotal, though often neglected, part of speech language pathology curriculum. While many programs have no ASL requirements, Viterbo University strongly feels this is a detriment to future SLPs. Undergraduates majoring in COMD at Viterbo University are required to take 6 credits of ASL (ASL 1 and 2, 3 credits each). For graduate students admitted to the program with no ASL background, they will be required to take ASL 1 in the fall semester of their first year of graduate school. They will not be required to take ASL 2.

2. 25-Observation Hours

Undergraduates at Viterbo University are required to complete 25 hours of observation. Prospective graduate students will not be automatically declined admission if they have not gained the necessary 25 observation hours (must show documentation of this from their previous university, submitted to the Director of Clinical Education). Graduate students admitted to the MSSLP program will be required to complete the necessary 25 hours of observation within their first fall semester.

Transfer of Credit

Please see the below information as well as further details found on this link:

<https://www.viterbo.edu/graduate-student-admissions/transferring-graduate-credit>

Transfer Credits Upon Admission

Individual consideration will be granted in the awarding of transfer credits based upon documentation of each course, if equivalent.

- Up to six graduate-level credits may be transferred into the 60+-hour program.

Credits must have been earned from a regionally accredited and [ASHA](#) accredited program, taken within the last seven years, have an earned grade of B or better, and be equivalent to the course it is replacing in the requirements at Viterbo. Coursework older than five years may be waived or given credit based on an individual review. Students who wish to transfer credits need to contact the Office of Graduate Admissions for details on the process. Courses will be evaluated for equivalency and written notification of acceptance of transfer credit will be provided to the student by the director. Transfer credit is only eligible for coursework taken prior to enrollment and petitioned for prior to matriculation.

Transfer Credits after Admission

The faculty of the Viterbo University Master of Science in Speech-Language Pathology program has carefully planned and developed a curriculum to meet the necessary requirements for potential graduates to become Speech-Language Pathologists. The content for the curriculum was designed for the curricular and graduate outcomes unique to this program and the specific role preparation.

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

Advising

Graduate students will be assigned a faculty member for advisement throughout the MSSLP program. To avoid the overloading of faculty and to ensure the best advising experiences possible, students will be randomly assigned to advisors at the beginning of the academic year. Approximately 3 faculty members will advise all first-year graduate students and 3 faculty will advise all second year students. For example, if 20 graduates are admitted per cohort, first year advisors (i.e. Dr. Johnstone, Dr. Culpitt, and Dr. Smith*) would each take 6 to 7 students, and the same would be for second year students with the remaining 3 faculty.

Advisors will meet a minimum of 1 time with students throughout each semester. This meeting will be documented in Viterbo's internal system of Starfish. Starfish is an application used for attendance and advising purposes throughout each program at Viterbo University. Any advising meeting forms and notes will be kept secure on Starfish and can be retrieved/reviewed by the faculty advisor at any later date or time. Students also can receive notifications from their advisors via Starfish, either positive feedback or advising notes/suggestions for improvements. Any major concerns that are brought forth during advising meetings, or at any time during the MSSLP program, may result in the creation of a Remediation Plan (see page 26).

Each advising meeting will be approximately 30 minutes. Advisors will review classes, hours being obtained in practicum and/or simulation, and assist with capstone advising as indicated. For fall, it is recommended advisors meet with each student individually in October or November. For spring, it is recommended advisors meet in March or April. Advisors will update their Outlook calendars for bookable time or may communicate with the student face-to-face or via email in order to schedule times for advising. Students and advisors are encouraged to meet more often/as much as needed or desired each semester. Further, faculty advisors will contact their advisee to provide support and guidance if indicated at other times during the semester.

Advising is also a time where concerns will be discussed, such as if students have program concerns or complaints (see page 59), as well as if advisors must address other faculty/clinical supervisor concerns for the student, which may include professionalism, written or oral language skills, etc. During advising, concerns for student's performance, including language proficiency, will be addressed with the student. A Remediation Plan (page 26), if necessary, will be implemented to ensure student success. Students may be referred for additional tutoring or individual sessions with a faculty member for language support and/or for ELS support through the Office of Diversity, Equity, and Inclusion (see page 12-13).

Remediation Plan

Viterbo University holds paramount the success and wellbeing of each student across any of its various academic programs. While graduate school is rigorous and challenging, students are supported throughout each step of this academic journey. If a student is struggling in the program, from issues related to either professional conduct/attitude and/or academic grades, a remediation plan will be enacted. The student will have a support committee of at least three faculty members (e.g., faculty academic advisor, Director of Clinical Education, and Program Director) to assist with the development of a plan. The remediation plan form can be found on Etrieve, an electronic platform located within Viterbo's intraweb, at the following link: <https://etcentral.viterbo.edu/#/form/1293>. This form can only be accessed from a Viterbo computer or with Viterbo login. For a printed example and link to the Remediation Plan form, please see Appendix B.

The remediation plan will be filled in by a remediation team member with the student present, participating, and having knowledge of what is being put forth in the remediation plan. Options for remediation include but are not limited to: 1) additional clinical assignment in the area(s) of weakness; 2) reading assignments to enhance the student's knowledge; 3) assignment to a specific clinical mentor; 4) observation of other student clinicians who are performing well; 5) video recording of clinical sessions and analyzing them with a clinical supervisor; and 6) additional semester(s) of clinic which may delay graduation. If a student's final clinic grade falls below a B, or if the advisor/graduate faculty/clinical faculty have significant concerns, an individual remediation plan will be provided for that student. The goal of a remediation plan is to alert the student, the clinical faculty, and the academic advisor(s) of the need for specific guidance and planning to establish clinical knowledge and skills. The Remediation Plan can be added to/updated throughout the remediation process. All files are kept securely on Viterbo's intraweb system and a report can be run to show what plans have been initiated, and with what students, for any given semester.

If the student meets the goals of the established and agreed upon Remediation Plan, no further course of action is required. If the student does not meet the goals of the plan, the Program Director will meet individually with the student and/or faculty advisor to discuss the next steps. For clinic grades that fall consistently below a C or D with no improvements despite the presence and work of the faculty/staff with the student on the Remediation Plan, the student may be considered for dismissal from the MSSLP program. The Program Director, Director of Clinical Education, and all faculty/staff would come together to meet and discuss such cases, if they were to occur.

Clinical Program of Study

On- and off-campus clinical training refers to those clinical education experiences obtained by students enrolled in the Viterbo MSSLP program in a clinical setting at the campus-based Clinical Simulation Learning Center located in the College of Nursing and Health in La Crosse, WI or at real-life clinical sites that are off-campus (not campus based). As Viterbo University does not yet have an on-campus teaching clinic for students to gain hours, clinical education experiences may be part-time (occurring two to four days a week) or full-time depending on the class load for that semester. Please see the Graduate Program Overview on page 24 for more details of class scheduling.

Both types of clinical training (on-campus and off-campus) are essential to the education of MSSLP students. In the United States, MSSLP students must demonstrate knowledge and skills competencies working with children and adults in specialty areas such as dysphagia, augmentative and alternative communication, stuttering, speech-language disorders, cognitive and social disorders, disorders of voice and resonance, and aural rehabilitation. These competency requirements necessitate MSSLP students receive clinical training in a variety of healthcare and educational settings under the direction of different preceptors to meet the requirements for graduation, Clinical Fellowship Year, state licensure, and ASHA certification.

Students enrolled in the Viterbo MSSLP program must complete a program of study that includes a minimum of 400 hours of supervised clinical practicum experience sufficient in depth and breadth to achieve the knowledge and skills competencies stipulated in ASHA Standard IV (Knowledge and Skills Outcomes) and the Council on Academic Accreditation (CAA). The supervision must be provided by individuals who can provide proof of current membership in ASHA, have completed at least 2 hours (0.2 CEUs) of supervisory training, have been a certified member of ASHA for at least 9 months, and have a valid state license to practice speech-language pathology if required or available.

A combined minimum of 10 semester credit hours of clinical practicum in medical and/or educational settings is required throughout the course of study. At least 4 credit hours must be obtained during the 5th semester practicum. Clinical practicum placements are based on the skills competencies that are needed. One academic credit hour requires the opportunity for at least 3 hours of patient/client contact per week.

Clinical Practicum Prerequisites

1. Observation/Job-shadowing Requirements

Most students who enter the graduate program have completed the required 25 hours of supervised observations of communication disorders assessment and therapy as part of their undergraduate program in communication disorders. It is expected that the student observed treatment and /or assessments were of services included in the ASHA scope of practice and that all hours were supervised and signed by an ASHA certified clinician. Documentation of signed clinic observation hours must be on file in the students' on-line Calipso files and submitted for review and approval by the Director of Clinical Education. Graduate students who have not completed the necessary 25-hours of observation must do so in their first fall semester of the graduate program. The Director of Clinical Education will assist with this process. Obtaining the observation hours in the first fall semester will align

them to have more experience when entering into simulation and real-life clinical experiences. All observation hours will be tracked using Calipso.

2. Communication Competency Requirement

Students need to comprehend the English language expressed orally and in written form. They must also demonstrate oral English speech and language production that is readily understandable by clients. Moreover, students must be able to appropriately model articulation, voice, fluency, vocabulary, and grammar of the English language. A student's speech and language skills must be intelligible and comprehensible enough for administration of speech, language, and swallowing assessment techniques and intervention strategies in a reliable and valid manner. Any concerns regarding student communication competence should be brought to the attention of the Director of Clinical Education, who will meet with the student and faculty academic advisor to discuss further resources the student may benefit from (Student Inclusion and Accessibility Services pages 12-14; Advising Page 25) Viterbo has a strong international student presence and resources for tutoring and writing support for these students. Students whose first language is not English must achieve a score level of Advanced High on the OPIc test before being considered for placement into Clinical Practicum.

3. Enrollment in Calipso

Incoming students will be sent an e-mail message to provide a PIN and written instructions about how to register for and use Calipso, the on-line application used to track student patient/client contact hours and competency acquisition. It is very easy to register to use Calipso. See copy of written instructions in Appendix C). Calipso requires no software downloads and provides "anytime anywhere" on-line access to our clinical forms that you will use with both on- and off-campus clinical preceptors. A meeting for incoming new students with the Viterbo MSSLP Director of Clinical Education will be arranged to provide a formal introduction to Calipso.

Calipso will help each student confidentially record patient/client contact, evaluate the quality of clinical supervision, evaluate off-campus placement sites, self-evaluate clinic competencies, track acquisition of required knowledge and skills, and confidentially store immunization and training records throughout their program of study.

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

Prerequisites for Off-Campus Clinic Practicum Placement

A registration hold will be administratively placed on students who do not upload an official immunization record to Calipso; or who do not keep their immunizations current; or who fail to upload electronic proof documents supporting current immunization status. The Department of Communication Disorders and Sciences does not guarantee MSSLP students' clinical education requirements can be met if immunization record precludes them

from off-site placements sites. The student is responsible for the cost of required immunizations, physical examinations, and trainings.

Health Requirements

1. *Physical Examination*: Before beginning the off-campus clinical course in the second semester of the first year, the MSSLP student is required to have a physical examination. This report is to be submitted to the Director of Clinical Education and uploaded into Calipso. A student who does not submit the physical examination report according to policy will not be allowed in clinical areas.
2. *Tuberculin Skin Test (TST)*: The student is required to have a TST. Another name for the TST is the PPD or Mantoux test. If this is the first TST or if it has been more than 12 months since the last negative TST, a two-step test is required. If the first test is negative, the second TST must be administered 1-3 weeks after the first test is read. Documentation is required of all test results. Also, the QuantiFERON-TB Gold (QFT) blood test an acceptable alternative to the 26 TST, PPD or Mantoux. If student has had the BCG vaccine, it is recommended that they do the QuantiFERON Gold test. All MSSLP students are required to have a repeated test for tuberculosis every 12 months. Documentation is required of all test results which must be submitted to Calipso. A student who has reacted positively to the TST is required to have an initial chest x-ray, and a copy of the results must be provided to the Director of Health Services at Viterbo University as well as the Director of Clinical Education. A student who has had a previous positive tuberculin test and has had medical treatment will be required to have a chest x-ray prior to participating in clinical practicums in the sophomore year. Each year these students will complete a health questionnaire rather than the TB test. Repeated chest x-rays are not required unless symptoms develop that could be attributed to TB.
3. *Immunizations*: Before beginning off-campus clinical courses, the student must present evidence of current immunizations including specific dates into the Calipso system. A student who does not submit the physical examination report and/or who is not immunized/tested according to policy will not be allowed in the clinical areas.
 - a. Tetanus, Diphtheria, Pertussis (TDaP) with Td update
 - b. Measles, Mumps and Rubella (MMR)
 - c. Hepatitis B (complete series) or evidence of immunity via titer test
 - d. Chickenpox / Varicella (complete series) or evidence of immunity via titer test
 - e. Meningitis B or MenACWY (complete series).
 - f. Influenza – annual requirement by October 31st
 - g. COVID-19 (complete series, if required)

Note: This is the best immunization information available and required as of Fall 2023. Based on CDC, local, and state guidelines, requirements for students may change. Viterbo University will strive to stay abreast of these changes and communicate any requirements or changes with students. The Director of Clinical Education will also be communicating with site locations regarding any further immunization requirements.

Titers: A titer test is a measure of antibodies in the blood, providing a check of disease immunity. Titers are also required if there are no records of required immunizations. Titers are required to show immunity to MMR and Varicella;

however, the immunization series is acceptable. Titers also are acceptable for Hepatitis B; however, the immunization series is preferred. Results of these blood tests must be uploaded into Calipso system.

If a student is unable to obtain a complete vaccination history, titers must be drawn showing immunity or new vaccinations must be completed. A student who is not immunized/tested according to policy will not be allowed into clinical areas.

4. Professional Liability Insurance Coverage: At the present time, MSSLP students are not asked to obtain personal professional liability insurance. The University carries a liability plan covering students while they work in their approved practicum settings, but only during the specific periods of registration for that course. However, students may schedule practicum hours outside of the official course start and end period provided they purchase and supply proof of independent professional liability insurance. The independent professional liability insurance provides coverage for immersion experiences outside of course dates, during “make up” time for an incomplete course grade, international study opportunities, employment, or other situations as deemed necessary. Once obtained, students must share this coverage with the Director of Clinical Education by either hard copy or electronic copy. The Director of Clinical Education will acquire and maintain these professional liability insurance records. Student professional liability insurance can be purchased via this link [Audiologists & Speech Language Pathologists \(proliability.com\)](http://proliability.com)

Required Training

1. Cardiopulmonary Resuscitation (CPR) and Basic Life Support (BLS) Certification All students engaged in clinical training are required to complete CPR/BLS certification by completing an American Heart Association Health Care Professional (two-person, adult, infant, child) CPR/BLS course which involves hands-on skills verification. Documentation of current CPR/BLS certification must be uploaded into Calipso and reported to the Director of Clinical Education.
2. Family Educational Rights & Privacy Act (FERPA) (Individual CITI \$110) MSSLP students are expected to complete on-line FERPA training and provide proof of completion prior to starting off-campus clinical training. Also see Appendix D.
3. The Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law 104-191. (CITI Training \$99) MSSLP students are expected to complete on-line HIPAA training and provide proof of completion prior to starting off-campus clinic. In addition, students must also participate in all HIPAA related in-service presentations offered by the College of Nursing and Health and/or the Department of Communicative Disorders and Sciences. See more HIPAA information in Appendix E. **Individuals shall not reveal without authorization, any professional or personal information about the person served professionally, unless required by law to do so, or unless doing so is necessary to protect the welfare of the person or of the community (ASHA Code of Ethics) (Appendix F).** Breach of confidentiality is a serious legal offense that could result in prosecution.
4. Infection Control in Health Care Settings (CITI Training \$99)

Criminal Background/Child Abuse Clearances

The College of Nursing and Health, the Department of Communication Disorders, and various off-campus practicum sites require students pass state-mandated background checks. In addition, off-campus educational and medical settings may require students pass additional criminal background checks prior to placement and, in some cases, drug checks; they may require finger printing and original/new documentation of these clearances before the student can participate in clinical activities at their site. Students are responsible for the costs of criminal background checks. The Department does not guarantee a student's clinical education requirements can be met if their background precludes them from placements in required sites.

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-language pathology. The Viterbo Department of Communication Disorders and Sciences has established guidelines on how students may represent themselves:

- 1) At no time may a student represent herself or himself as having any degree or clinical certification that has not yet been conferred.
- 2) Students in the program should use the title *SLP Graduate Student* when interacting with patients or signing clinic-related documents.
- 3) Students must always wear their official name tags during clinical training experiences (simulations or real-life).
- 4) At off-campus sites, students must adhere to the external facility's guidelines if different than those mentioned above, as long as they do not violate the first item above.

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 25 observation hours (usually 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

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 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. 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 throughout the semester. Additionally, all clinical supervisors have access to the 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, and 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 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 G) and also reported to the DCE immediately. The MSSLP program faculty and staff must have documentation that issues were addressed 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 (3-5 year) 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 changed 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 or use of "standardized patients/clients" allowing faculty and staff to conduct or observe the simulation behind a one-way mirror, which ensures the clinical simulation is conducted in a realistic manner. The Clinical Simulation Learning Center also works with "standardized patients" who are actors depicting certain disorders which allow students to evaluate and intervene as needed.

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 always 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 the Etrieve, found within Viterbo University intraweb. A print version can be found in Appendix H.

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 placement, with the Program Director/Chair being the second point of contact if needed. Viterbo follows 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 of the site, as they are the individuals able to review and sign contracts in most cases.
2. The DCE sends a blank contract for review, letter to prospective sites, 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 upcoming 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 their ASHA numbers and ensuring they have met the necessary requirements to be a supervisor in addition to having their CCC's and state licensure in good standing. 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 parties 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 at 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 I) should be filled out by the student, clinic supervisor, and then forwarded to the Director of Clinical Education for review and signature. Copies of this can be obtained from the DCE or student Moodle site. The program director/chair can sign if the DCE is unable to do so. Please see Viterbo University's overarching attendance policy, found here:

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 I) and attempt to find another student to substitute if able. Copies of this can be obtained from the DCE or student Moodle site. 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 often 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

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.

Health and Safety Procedures

Student Clinician 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. 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 (Appendix I) 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>

Infection Control Policy/Procedures

Each clinician is responsible for infection control during a clinic session. Students should not report to clinic when ill with a potentially contagious infection/virus (i.e. fever, vomiting, etc.).

Statement of Policy

In brief, Centers for Disease Control and Prevention (CDC) recommend that appropriate barrier precautions including gloves, gowns/aprons, and masks/eyewear be utilized when exposed to blood or body fluids and materials visibly contaminated with blood.

Body fluids to which Universal Precautions apply include: blood, a body fluid containing visible blood, cerebrospinal fluid (CSF), synovial fluid, pleural fluid, semen, and vaginal secretions.

Although universal precautions do not apply to feces, nasal secretions, sputum, sweat, tears, urine and vomitus, gloves should be worn when contacting these substances. The risk for saliva is unclear, and universal precautions should be applied if the saliva contains visible blood.

Protocol #1: Surface Disinfection

Surface disinfection is a two-step process. The process requires cleaning to remove gross contamination and disinfecting to kill germs. Many products contain a cleaning agent compounded with a disinfectant, allowing one product to both clean and disinfect. Once a tuberculocidal, hospital grade, EPA registered disinfectant/cleaner has been selected in either spray or pre-moistened wipe form, the following two-steps should be implemented:

1. Spray the surface with disinfectant/cleaner and wipe away all gross contamination using a paper towel or course brush. If using a pre-moistened wipe, be sure to wipe surface thoroughly.

2. Spray or wipe surface again, this time leaving the surface wet for the time specified on the label, then wipe dry or allow it to air dry. It is during this time, when the surface is wet, that the pathogens are killed.

Protocol #2: Waiting Room and Motivational Toys

Children often place office toys in their mouths. These mouthed toys are common sources for passing disease. The following steps address this issue and ensure a safer environment for children and those who work with them.

1. Always use nonporous, easily cleaned toys, preferably those that can get wet. This allows the use of disinfectant sprays and wipes.
2. Disinfect these toys daily or on a routine basis.
3. Be careful when handling these toys and be sure to wash your hands thoroughly using an antibacterial soap after touching them. Wearing gloves to handle toys would be advisable.
4. Replace old, broken, and worn-out toys.
5. Avoid placing stuffed animals, small toys, and non-washable items in environments frequented by young children. Machine washable stuffed animals are acceptable.
6. Designate a storage bin with a cover clearly marked "To Be Disinfected" in which to place soiled toys or items to be disinfected.

Protocol #3: Hand washing

The single most important activity that limits the spread of infectious disease is regular, thorough hand washing. It is important to always wash hands before and after eating, adjusting contact lenses, handling waiting room toys, performing sterilization procedures, applying cosmetics or lip balm, smoking, or handling ear molds, cochlear implants, or hearing aids that have not been disinfected. Always wash hands after removing gloves that may have contacted any potential or actual contamination, toileting, or completing a day's work. Using the following hand washing guidelines will help prevent the spread of infectious diseases:

1. Remove all rings and put them in a safe place. Micro-organisms cannot be eliminated from skin beneath jewelry, and growth is facilitated in warm, moist, dark spaces such as those that exist under rings. Such colonization is a risk to the patient and to the employee.
2. Wash hands before and after each patient. When water is not available, or time does not permit, use a no-rinse antibacterial disinfectant. However, washing with soap and water must be performed as soon as possible. When water is available use a medical grade antibacterial soap containing emollients to keep hands from drying out.

Hand washing Procedure:

- Start the water and apply medical grade liquid antibacterial soap. Lather up the soap, scrubbing your palms, the backs of your hands, up over your wrists, and onto your forearms for a minimum of 15 seconds. Clean all surfaces, especially under fingernails and between fingers.
- Thoroughly rinse off the soap under running water.
- Dry your hands by blotting with a paper towel. Rubbing with a paper towel will cause chafing.
- Turn off the water using the paper towel, not your clean hands.

- Use hand lotion as needed to keep hands from chapping. Avoid petroleum based lotions as these negatively affect latex gloves.

Protocol #4: Gloves

Guidelines for proper use of gloves:

1. Select latex (or vinyl if patient or client shows sensitivity to latex) examination gloves that fit properly. Properly fitted gloves will fit tightly, like a second skin. This is important because loose fitting gloves reduce dexterity (the main reason people do not use gloves).
2. Always change gloves between patients. If a glove becomes torn or perforated in any way, replace it. Never reuse disposable gloves.
3. If questioned about the use of gloves, explain that gloves are worn to protect patients and to provide the best in modern care. Most people expect gloves to be worn. Audiologists and speech-language pathologists as well as other healthcare professions wear gloves as a precautionary measure.
4. Place bandages on open cuts or sores prior to putting on gloves.
5. Double-glove when treating patients known to be identified with HIV or Hepatitis C.
6. Use the following procedure to safely remove gloves, making sure that hands do not make contact with potentially infectious material on the surface of the glove. First, peel off one glove from the wrist to fingertip, and then grasp it in the gloved hand. Next, using the bared hand, peel off the second glove from the inside, tucking the first glove inside the second glove as it is removed. Wash hands thoroughly when complete.

Integration into Off-Campus Clinical Sites

Initial Contact and Meeting with Off-Campus Supervisors

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.

Introduction to the Setting

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

Determining Your Level of Responsibility and Autonomy

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 J.

Scheduling for Clinical Practicum Assignments

Prior to the start of each semester, students must meet with their academic advisor. In addition, each student will be asked to submit an MSSLP Clinical Education Availability form (see Appendix K) . Copies of this can be obtained from the DCE or student Moodle site. Students should ONLY mark out all class meeting times/university meeting times (this is when they are unavailable). Time that a student chooses to work outside of class, such as at a local restaurant or retail store, may not be included on this schedule. Outside work is acceptable to complete and Viterbo University understands this is often required for students to pay bills, tuition, etc. Due to the highly variable nature of student work schedules, this should not be included on the clinical education schedule. Evenings, weekends, and holidays are most often times that clinical education is not in session and therefore should be the first choice of students to pick up employment hours if pursuing outside work. The Director of Clinical Education will make every effort to notify students of their site placements well in advance so that students can make arrangements at their place of work. This stated, Viterbo University class schedule and clinical education schedule are expected to come first for the student and outside work hours to fit around this schedule. Graduate school is a commitment from both Viterbo University and the student, and is successful when students can fully commit and invest in this full-time program.

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.

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.

Student Considerations for Successful Supervision

Below are considerations that both students and supervisors may consider to make the supervision experience as successful as possible. For students, please find more helpful resources by exploring the ASHA website: <https://www.asha.org/students/externships/>

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. Students should ask for clear schedule parameters throughout the supervision experience so they are where they need to be at any designated time.

Creating an Inclusive & Safe Learning Environment

Students are encouraged to remain open-minded and reflective regarding their clinical experiences. Students will certainly encounter individuals from different backgrounds and should at all times remain professional, accommodating, inclusive, and respectful. Student clinicians have just as much responsibility in making patients/clients feel welcomed and valued as their supervisors do.

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

Clinical supervisors receive different training/CEUs, resources, and information to improve their supervisory skills. This stated, each clinical supervisor is a fallible human being who may make mistakes, provide poor feedback, or be difficult to get along with at times for various reasons. Often these difficulties come from a mismatch in communication between

the supervisor and the MSSLP student. Students should gain experience communicating effectively and professionally with their supervisors and speaking clearly about their areas of strength and weakness. Supervisors may have had past students who had vast knowledge in an area, such as dysphagia, and think that their new Viterbo MSSLP student has that same level of knowledge or comfort. Each student is responsible for discussing their goals, interests, preferences for supervision style, and request feedback frequently from their supervisors. Many professional problems or miscommunications can be stopped before they start with this strong communication approach throughout the supervision process.

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 Viterbo's 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. As students, a useful tool in building clinical skills is to describe what is being done AS it is being done. 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 continuing 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. MSSLP students should take advantage of opportunities to enhance continuity of care, 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

While it may feel somewhat uncomfortable at times, it is important for supervisors to incorporate some direct student observations into the externship plan. Direct observation may initially feel 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 J 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 through 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

Clinic Reports and Chart Documentation: General Information

Clinic reports are prepared by the graduate clinician for:

1. All SLP evaluations on children and adults
2. All interventions require clinical documentation, such as SOAP notes, to be written.

All reports will follow a general format for each type of appointment; however, each supervisor may have some minor preferences and will provide examples to the student.

Organization

A general report template will be provided as a guide. However, each supervisor has a unique style of writing, so portfolios should be developed for each supervisor to ease the report writing challenges. Students are not to copy reports written by other students and submit them as their own work. All identifying information should be removed from any reports that are saved for reference.

All students should follow the guidelines and policies for documentation as outlined by their clinical supervisors. For example, if a hospital has a 24-hour mandatory documentation policy, the student must adhere to this and submit all notes within that time frame or before. Schools, for example, may not utilize consistent reports each day for students. School SLPs may keep binders of data or tally sheets, and synthesize this for quarterly, semester, or annual reports. For practice, SLP students may wish to ask their supervisors for SOAP note templates or other documentation sheets so that they can gain invaluable documentation experience.

Proficiency

Reports reflect professionalism, communication skills and clinical knowledge; therefore, they should be accurate and thorough regarding neatness, accuracy, formatting, spelling etc. It is the responsibility of the student to proofread all information to ensure it is correct. If reports and charts do not follow expected protocols, the student's grade may be reduced. The clinical supervisor will document writing proficiency scores in Calipso at midterm and final semester reports. Deductions in writing may occur if student has consistent grammatical errors, patient/client factual errors such as wrong name, age, diagnoses, etc., or other professional writing concerns. These deductions are cumulative over the semester. Each supervisor should be discussing any oral or written language proficiency skills directly with the student and making these concerns known to the Director of Clinical Education as soon as possible if this could have a potentially negative impact on the student's overall semester grade.

Additional items that warrant deductions:

- Incorrect patient name, age, chart number, date of appointment
- Incorrect report format
- Spelling and grammatical errors
- Incomplete forms, forms filed incorrectly/or not at all
- Inaccurate information in report (i.e. obvious cut/paste)
- Plagiarism

Documentation of SLP Services in Different Settings:

The American Speech-Language Hearing Association (ASHA) has detailed preferred practice patterns, including documentation for SLPs, found here:

<https://www.asha.org/siteassets/publications/pp2004-00191.pdf>. Often, many clinical locations require a prognosis statement. According to the *Webster's Ninth New Collegiate Dictionary*, a prognosis is the prospect of recovery as anticipated from the usual course of disease or peculiarities of the case OR the forecast, prognostication. Diagnostic/Evaluation reports must contain a prognosis statement. The statement must be relevant to the current communication skills, the stability of the communication skills, and the current level of functioning, the consistency of prosthetic devices (if applicable), the attendance/show rate of therapy sessions, etc. ASHA provides more documentation tips and tools, such as those found here: <https://www.asha.org/practice/reimbursement/module-three/>.

Documentation of Clinical Hours in Calipso

For all clinical education experiences, both on and off campus, students are expected to keep track of direct patient contact and administrative hours by entering these data into Calipso. 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.

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.

Student Evaluations

Both at midterm and end of each semester (Fall, Spring, Summer), clinical supervisors will 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.

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.

Clinic Grades and Competencies

All MSSLP clinical training experiences are graded. Students are routinely provided feedback (formative assessments) during and after clinical slots about performance during clinic sessions. A formative assessment tool is utilized by the supervisors following clinical slots 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.

Positive (affirmative) and negative (constructive) feedback 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 clinical training;
- To assist in the student's personal/professional development;
- To build the basis for the final evaluation and assessment of the student's performance.

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

Grading is accomplished via evaluations in Calipso. 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. 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)

Evaluation of Supervision, Clinical Site, and Self

At the end of each semester (Summer, Fall, Spring), 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.

Student Complaints and Concerns

Complaints and Concerns: Reporting to Viterbo University

Students are encouraged to have open, honest, and professional communication with all faculty and staff throughout the entire MSSLP program. Viterbo University, as an institution, has a strong culture of open-door policy. If a student has a concern regarding policies, procedures, or unlawful conduct regarding the MSSLP program specifically, the student should immediately discuss this with the program chair. Should a student not feel comfortable with this, they may report any concerns to a neutral third party and should contact Human Resources by email: humanresources@viterbo.edu. Depending on the nature of the issue, the student may initiate the completion of a university Grievance Procedure, as outlined in the following document:

https://www.viterbo.edu/sites/default/files/2020-11/nondiscrimination_policy_and_grievance_procedures_0.pdf

Complaints and Concerns: Reporting to the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA)

Viterbo University's MSSLP program is accredited through the CAA. Standards for accreditation can be accessed here: <https://caa.asha.org/reporting/standards/>. As such, Viterbo is holding the program to the highest of standards. At any time if a student feels that the program, faculty/staff, and/or Viterbo University are not following guidelines per the CAA accreditation standards, and/or have concerns regarding policies or potential unlawful conduct, they may submit a complaint form at the following website: <https://caa.asha.org/programs/complaints/>. Viterbo University will abide by any and all policies the CAA stipulates for student complaint procedures.

Student Complaints: Record Storage

Informal complaints, such as student going to a faculty member's office to discuss a grade on a test, may not necessarily be documented or stored, as often these are resolved professionally face-to-face or via email by the respective parties. In the event a more serious or ongoing issue arises, the student should report this to the program director as indicated above. The program director will keep a written log of all student complaints, as well as outcomes from the complaint(s). This written log will be shared with CAA upon request.

Should complaints be internally reported to both the program director and Human Resources, Viterbo's MSSLP faculty, staff, and administration will defer to the advice and guidance of the Human Resources and Title IX department, which has processes/procedures for storage, either paper or electronically. Some items, such as written statements, will be stored in the student's records by Human Resources. This office also handles all electronic forms, such as found on Etrieve, that the HR department may utilize when handling complaints. Any of these records may be made available at the request of the CAA, with Human Resources ensuring all HIPAA, FERPA, and other applicable laws and regulations are followed for disclosure of any student information.

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: Remediation Plan Form

This form will be filled out via Etrieve via the following link. <https://etcentral.viterbo.edu/#/form/1293>.
This link is only available to access on Etrieve from a Viterbo computer or with a Viterbo login.
Please see the print example, below.

COMD MSSLP Remediation Plan		 VITERBO UNIVERSITY										
<p>This form is filled out by Faculty and/or Advisor with the student to address concerns related to academics or professional behavior. This form will be routed to the program director and the director of clinical education.</p>												
<p>I am:</p> <p><input type="radio"/> Initiating a new Remediation Plan <input type="radio"/> Adding to an existing student success plan</p>												
<p>Student Lookup Section</p> <p>Select a student</p> <p>Click here and type to filter...</p>												
First Name	Last Name	ID	Email									
<input type="text" value="Lookup"/>	<input type="text" value="Lookup"/>	<input type="text" value="Lookup"/>	<input type="text" value="Lookup"/>									
Class Level	Admit Type											
<input type="text" value="Lookup"/>	<input type="text" value="Lookup"/>											
Academic Advisor Name	Academic Advisor Email											
<input type="text" value="Lookup"/>	<input type="text" value="Lookup"/>											
Major(s)	Minor(s)											
<input type="text" value="Lookup"/>	<input type="text" value="Lookup"/>											
Catalog	Faculty Advisor Email											
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<p>Course for which plan is initiated:</p> <table><thead><tr><th>Term</th><th>Course No.</th><th>Course Title</th></tr></thead><tbody><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></tbody></table>				Term	Course No.	Course Title	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Term	Course No.	Course Title										
<input type="text"/>	<input type="text"/>	<input type="text"/>										
<p>Student Performance Concerns/Challenges:</p> <p><input type="text"/></p>												
<p>Include course and/or clinical performance objectives not met:</p> <p><input type="text"/></p>												
<p>Select recommended resources:</p> <table><tbody><tr><td><input type="checkbox"/> Tutors</td><td><input type="checkbox"/> Academic Resource Center</td><td><input type="checkbox"/> Writing Center</td></tr><tr><td><input type="checkbox"/> School Counselor</td><td><input type="checkbox"/> MSSLP Handbook</td><td><input type="checkbox"/> VU Student Handbook</td></tr><tr><td><input type="checkbox"/> Center for Student Success</td><td><input type="checkbox"/> Health Services</td><td><input type="checkbox"/> Other</td></tr></tbody></table>				<input type="checkbox"/> Tutors	<input type="checkbox"/> Academic Resource Center	<input type="checkbox"/> Writing Center	<input type="checkbox"/> School Counselor	<input type="checkbox"/> MSSLP Handbook	<input type="checkbox"/> VU Student Handbook	<input type="checkbox"/> Center for Student Success	<input type="checkbox"/> Health Services	<input type="checkbox"/> Other
<input type="checkbox"/> Tutors	<input type="checkbox"/> Academic Resource Center	<input type="checkbox"/> Writing Center										
<input type="checkbox"/> School Counselor	<input type="checkbox"/> MSSLP Handbook	<input type="checkbox"/> VU Student Handbook										
<input type="checkbox"/> Center for Student Success	<input type="checkbox"/> Health Services	<input type="checkbox"/> Other										
<p>Learning Objectives to be Achieved:</p>												

1. Develop a specific ongoing plan for success.
2. Meet with faculty who initiated plan to finalize objectives for success.

I have formulated the following ongoing objectives for success (should be specific and measurable): "I will"

Student/Faculty meeting notes: (Faculty: indicate course number, date, and sign/initial all documentation validating student meetings. **DO NOT delete prior comments!**)

The faculty seeks to support you in your quest for success. Faculty can provide support by being aware of your progress and meeting with you at the start of each COMD course. Your responsibility is to fulfill the requirements listed below:

I agree to:

1. Identify the challenges to successful performance and develop a specific ongoing plan for success
2. Meet with my faculty advisor and the faculty initiating the plan prior to the start of the next COMD course
3. Meet with faculty at a minimum within the first week to discuss my plan and at the end of each subsequent course to assess my progress regarding this plan and obtain each faculty member signature.

Failure to complete the goals identified may result in failure of the course. This success plan will be in effect until you complete your COMD coursework.

☐ Student has indicated agreement and understanding

Initiating Faculty

Faculty Email

Date

Aeriana D Culpitt

adculpitt@viterbo.edu

11/30/2023

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 C: CALIPSO Instructions for MSSLP Students

The Director of Clinical Education (DCE) is the main point of contact for all off-campus clinical placements. Documentation of hours is completed using the CALIPSO system. When a student is entered into the Calipso system by the DCE, instructions are automatically sent to the student. These instructions detail how to register for an account and other pertinent information. If needed, instructions can also be resent to the student by emailing a request to the DCE or please see the following attached instructions or follow this link:

[CALIPSO Student Instructions SLP .pdf](#)

CALIPSO Instructions for Students
Page | 1



CALIPSO INSTRUCTIONS
FOR SLP STUDENTS

<https://www.calipsoclient.com/viterbo>

Step 1:  Register as a Student User on CALIPSO

- Before registering, have available the PIN provided in the CALIPSO registration e-mail.
- Go to your school's unique login URL provided in the CALIPSO registration email, or go to <https://www.calipsoclient.com/viterbo>
- Schools are listed alphabetically; locate your school in the list, and click on the school name link.
- Click on the "Student" registration link located below the login button.
- Complete the requested information, being sure to enter your "school" e-mail address, and record your password in a secure location. Click "Register Account."
- Please note: **PIN numbers are valid for 40 days.** Contact your Clinical Coordinator for a new PIN if 40 days has lapsed since receiving the registration e-mail.

Step 2:  Login to CALIPSO

- To login, go to your school's unique login URL listed in the header at the top of this page, or go to <https://www.calipsoclient.com/viterbo>, locate your school, and login to CALIPSO using your school e-mail and **password that you created for yourself during the registration process (Step 1)**.
- Upon logging in for the first time, you will be prompted to pay the student fee (if applicable) and to provide consent for the release of information to clinical practicum sites.

Step 3:  Enter Contact Information

- Click on "Student Information"
- Click on "Contact Info" and then "Edit" for each corresponding address.
- Enter your local, permanent, and emergency contact info. Enter "rotation" contact info when on externships. Return to this link to update as necessary.
- Click "Home" located within the blue stripe to return to the home page.

Step 4:  View and Update Immunization and Compliance Records

- Before each semester, click on “Student Information” and then “Compliance/Immunizations” to view a record of compliance and immunization records.
- Missing or expired records are highlighted in red.
- Upload an electronic file(s) of immunization, training or screening documents as required by your program by clicking on the “Files” link located within the blue stripe at the top of the page.
- Click the “Edit Compliance/Immunization data” link located just beneath the blue strip to enter the effective dates for the immunization, training or screening items as required by your program. Click in the box to the right of the item for which a date is to be entered, and select the effective date from the pop-up calendar. Click the “Save the changes below” button to save the entered dates.
- To create a “Health Record” document to save and/or print for clinical placements, click “Printable view (PDF)” located within the blue stripe.
- Click “Home” located within the blue stripe to return to the home page.

Step 5: View Clinical Assignments & Site Information Forms

- Within “Student Information,” click the [Clinical Assignments](#) link to view information pertaining to the current semester’s placement, including contact information for your Supervisor.
- Note the details of your assignment’s Semester, Clinical Course, Site and Clinical Setting; when entering clock hours (*see Step 7a*), be sure to record your clock hour entries to match the assignment.
- Additional information about the Site may be available under “Site Information Forms” Click the “Home” link to return to the Lobby page, then click **View** > [Site Information Forms](#).
- To view available information, identify the desired site and click “View” located in the fifth column under submitted. [Please note: “In progress” forms are not accessible to students; only “submitted” forms are accessible to students.]

Step 6: View/Upload Documents and Clinical Placement Files

- The file management feature allows you to upload any type of file (e.g. Word, PDF, JPEG, audio/video) to share with your clinical supervisor or clinical administrator.
- From the Lobby, click on “Student Information” and then “Documents” to upload your own file and/or view a file uploaded by your supervisor or clinical administrator.
- **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 supervisor and clinical administrator access or “private” for clinical administrator access only.
- **Move files** by dragging and dropping from one folder to another.
- **Rename folders** by clicking the “rename” link to the right of the folder name.
- **Delete files** by clicking the “delete” button next to the file name. **Delete folders** by deleting all files from the folder. Once all the files within the folder have been deleted, a “delete” link will appear to the right of the folder name.

Rev. Dec 16 2021

Step 7a: Enter Daily Clock Hours

- Click on the “Clockhours” link located on the lobby page or the “Student Information” link then “Clockhours.”
- Click on the “Daily clockhours” link located within the blue stripe.
- Click on the “Add new daily clockhour” link.
- Complete the requested information and click “save.”
- Record clock hours and click “save” located at the bottom of the screen. You will receive a “Clockhour saved” message.

To add clock hours for a ***different*** supervisor, clinical setting, or semester:

- Repeat above steps to enter additional clock hours gained under a different supervisor, clinical setting, or semester.

To add additional clock hours to the ***same*** record:

- Click on the “Daily clockhours” link located within the blue stripe.
 - Select the record you wish to view (posted by supervisor, semester, course, and setting) from the drop-down menu and click “Show.”
 - Click the “Copy” button located next to the date of a previous entry.
 - Record the new clock hours (changing the date if necessary) and click “save” located at the bottom of the screen. You will receive a “Clockhour saved” message.
- To **view/edit** daily clock hours, click on the “Daily clockhours” link located within the blue stripe.
 - Select the record you wish to view (posted by supervisor, semester, course, and setting) from the drop-down menu and click “Show.”
 - Select the desired entry by clicking on the link displaying the entry date located along the top of the chart. Make desired changes and click save.
 - Please note: Supervisors are not notified and are not required to approve daily clock hour submissions.

Step 7b: Submit Clock Hours for Supervisor Approval

- Click on the “Daily clockhours” link located within the blue stripe.
- Select the record you wish to view (posted by supervisor, semester, and course) from the drop-down menu and click “Show.”
- Check the box (located beside the entry date) for all dates you wish to submit for approval then click “Submit selected clockhours for supervisor approval.” Clock hours logged for the dates selected will be consolidated into one record for supervisor approval. The designated supervisor will receive an automatically generated e-mail requesting approval of the clock hour record.
- Please note: Daily entries cannot be edited once approved. However, if you delete the entry from the “Clockhour list” link prior to approval, daily hours may be resubmitted.
- View consolidated clock hour entries by clicking “Clockhours list” located within the blue stripe.

Rev. Dec 16 2021

Step 8: View Clinical Performance Evaluations

- Click on “Student Information” and then “Evaluations.”
- As clinical performance evaluations are completed on you by your supervisors, the evaluations will automatically post to this link.
- View a desired evaluation by clicking on the “current evaluation” link highlighted in blue.

Step 9: View Cumulative Evaluation

- Click on “Student Information” and then “Cumulative evaluation” to view a summary of your clinical competency across the 9 disorder areas.
- Upon graduation, you must demonstrate competency for all clinical competencies listed on the form.
- Please make note of any areas of deficiency which are highlighted in orange.

Step 10: View KASA

- Click on “Student Information” and then “KASA” to view your progress in meeting the academic and clinical requirements for graduation. KASA stands for Knowledge and Skills Acquisition, which is a “roadmap” of academic and clinical standards toward certification requirements.
- Upon graduation, all requirements should have been met, represented with a green check mark.

Step 11: View Performance Summary

- Click on “Student Information” and then “Performance summary” to view a summary of your clinical performance across all clinical courses to date.

Step 12: View My Checklist

- Click on “Student Information” and then “My Checklist” to view your progress in meeting the clinical requirements for graduation.
- Upon graduation, all requirements should have been met, represented with a green check mark.

Step 13: Complete Self-Evaluation

Rev. Dec 16 2021

- At the completion of each clinical course or as directed by your Clinical Coordinator, complete a self-evaluation.
- From the lobby page, click on the “Self-evaluations” link.
- Click on “New self-evaluation.”
- Complete required fields designated with an asterisk and press “save.”
- Continue completing self-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, check the “final submission” box and 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”.
- To view the evaluation, click “Evaluations list” located within the blue stripe.

Step 14: Complete Supervisor Feedback Form

- At the completion of each clinical course or as directed by your Clinical Coordinator, complete feedback for each clinical supervisor.
- From the lobby page, click “Supervisor feedback forms.”
- Click “New supervisor feedback.”
- Complete form and click “Submit feedback.”
- Your completed feedback form will be posted for Clinical Coordinator approval. Once approved, feedback will be posted for the clinical supervisor to view. Until approved, the feedback may be edited by clicking on “View/edit.”

Step 15: Complete Evaluation of Off Campus Placement

- At the completion of each clinical course or as directed by your Clinical Coordinator, complete feedback for each off-campus placement.
- From the lobby page, click “Student Evaluation of Off Campus Placement.”
- Click “New off campus placement evaluation.”
- Complete form and click “Save.”

APPENDIX D: Family Educational Rights and Privacy Acts (FERPA)

(20 U.S.C. § 1232g; 34 CFR Part 99)

Viterbo University expects all students 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 (see page 30). 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.nacweb.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 E: 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 (see page). 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 F: ASHA Code of Ethics, 2023

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

PREAMBLE

The American Speech-Language-Hearing Association (ASHA; hereafter, also known as “the Association”) has been committed to a framework of common principles and standards of practice since ASHA’s inception in 1925. This commitment was formalized in 1952 as the Association’s first Code of Ethics. This code has been modified and adapted 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-to-day 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 self-report 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. 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 G: 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 H: 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, via the following link: <https://etcentral.viterbo.edu/#/form/1098>. This link is only available to access on Etrieve from a Viterbo computer or with a Viterbo login. Please see print version, below :

Simulation Ground Rules and Confidentiality Statement		 VITERBO UNIVERSITY	
Student Information:			
First Name	Last Name	ID	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ground Rules			
<ol style="list-style-type: none">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's 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			
<input type="checkbox"/> 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:	
<input type="text"/>		<input type="text"/>	
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 I : 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
or Program Director

Date

APPENDIX J: Clinical Supervision Requirements & Medicare/Medicaid

ASHA's Response to Medicare Part B Reimbursement of Student Services

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% 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/client, preceptor, and student. If the student is participating in the provision of services, the preceptor 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 approved under current ASHA guidelines if the student is actively participating in the direct delivery of services. Even though the supervisor is directing or assisting the student, clock hours may be awarded for the entire patient/client encounter.

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 of 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 practitioner 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 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 K: MSSLP Clinical Education Availability Form

Note: This form is ONLY for times and days that you are available/unavailable based on class and university meeting times. Outside work (i.e. work at a restaurant or retail store) may NOT be put on this form. Please see the MSSLP Student Handbook for student attendance policy and expectations.

Semester: Please indicate the semester and months of semester (i.e. "Fall: August through December")

Fall:

Spring:

Summer:

Class Meetings: Indicate days and times of class blocks

M: T: W: Th: F:

University Meetings: Indicate days and times you have meetings such as advising meetings (we understand this is subject to change/may come up without advanced notice, please fill out to the best of your availability)

M: T: W: Th: F:

Part-Day Availability: Indicate days and times you have part-day availability (i.e. "MWF from 12pm-4pm")

M: T: W: Th: F:

All-Day Availability: Indicate days and times you have all-day availability (i.e. "Tuesday, Thursday, Friday 8am-4pm")

M: T: W: Th: F: