Clinical Handbook for Educators and Students 2017-2018
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WELCOME

Dear Colleagues and Students,

On behalf of the Phyllis J. Washington College of Education Department of Communicative Sciences and Disorders, we would like to thank you for participating in clinical education. As a clinical educator you are giving back to your profession by sharing your vast knowledge and modeling your expertise for the development of our future colleagues. As a student you are taking advantage of a variety of experiences that will shape your clinical future. Together we promise to build strong clinicians for Montana and beyond.

This handbook speaks to the whole clinical experience. Some of the information is more important for clinical educators while other parts are notable to students. We encourage you to read the handbook completely so you may understand the expectations of your counterpart in the clinical educator/student clinician relationship.

To compliment this booklet, our team has produced manuals for Typhon for both the clinical educator and student clinician. Typhon is the electronic platform used to document clinical clock hours, competencies, and other experiences related to the graduate experience. Student clinicians use this online venue to document their experiences while clinical educators use it to approve clinical clock hours and competencies.

We are happy to offer our graduate student clinicians a variety of experiences and we are grateful to the professionals willing to support them. You are welcome to contact us at any time with questions or concerns. We value your partnership and look forward to working with you.

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INTRODUCTION

Mission Statements

University Of Montana Mission Statement
The University of Montana—Missoula pursues academic excellence as demonstrated by the quality of curriculum and instruction, student performance, and faculty professional accomplishments. The University accomplishes this mission, in part, by providing unique educational experiences through the integration of the liberal arts, graduate study, and professional training with international and interdisciplinary emphases. The University also educates competent and humane professionals and informed, ethical, and engaged citizens of local and global communities; and provides basic and applied research, technology transfer, cultural outreach, and service benefiting the local community, region, State, nation and the world.

Um CSD Mission
The mission of the Department of Communicative Sciences and Disorders is to prepare students for progressive, collaborative, and research-minded careers in speech-language pathology, audiology, and related fields through rigorous academic and clinical training. We strive to be innovative in the use of technology and program delivery to provide services to traditionally underserved regions and populations. Through our emphasis on typical and atypical speech, language, cognition, swallowing, and hearing function, students gain knowledge, and skills along with ethical and culturally competent values that foster a commitment to lifelong learning and civic engagement.

Um DeWit RiteCare Mission
The University of Montana DeWit RiteCare Speech, Language, and Hearing Clinic is committed to providing quality speech, language, literacy, cognition, swallowing, and hearing services locally and globally to people across the lifespan. We prepare future speech-language pathologists with practical experience through exceptional hands-on training and supervision. Intervention is evidence-based and client-centered. We believe that every individual should have access to these services, regardless of financial, geographic, or physical barriers. Scholarships are supported by the Western Montana Scottish Rite Foundation; however, masonic affiliation is not required.

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

Overview
The University of Montana department of Communicative Sciences and Disorders (UM CSD) academic and clinical faculty believe excellence is paramount for the delivery of clinical services to all clients. The on and off campus clinical educators model and support student clinicians in the delivery of services using methods and technologies that are evidence based, timely, and effective, while working in partnership with clients and their families. Furthermore, clinical educators and student clinicians collaborate with community agencies to provide comprehensive and appropriate services within the scope of practice. All clinical educators hold an American Speech-Language Hearing Association (ASHA) Certificate of Clinical Competence (CCC) in speech-language pathology (SLP) or audiology. Student clinicians are paired with clinical educators and sites in a way that reflects their didactic learning experience, or as closely as possible. Clinical educators that choose to support our graduate student clinicians are dedicated to lifelong learning, ethical practice, and consider clinical education to be distinct area of practice in the field of speech language pathology and audiology.

The clinical educatory process is thought of as a pyramid with equal weight given to the client, the student clinician, and the clinical educator. The goal of the clinical educator is to guide graduate students in becoming competent clinicians who are capable of independent problem solving and providing evidence-based practice. The ASHA standards help focus the clinical educatory process relative to the knowledge and skills necessary for clinical certification.

UM CSD and ASHA guidelines for CCC-SLP require that students participate in practicums and acquire a minimum 400 clinical hours with a diversity of ages (infants through adulthood), in all nine disorder areas, demonstrating competency in intervention, diagnostics, prevention, and consultation. Each graduate student clinician is to complete a minimum of three clinical practicums each at a different site. A minimum of 50 supervised hours is required at each site. All students complete their first practicum at the UM DeWit RiteCare Speech, Language, and Hearing Clinic; on-campus students typically complete their first practicum during their first and second semesters and distance students complete their first practicum during their first summer semester. Other practicum sites will involve off-campus affiliations. To meet the clinical requirements, practicum experiences will involve a placement in a variety of settings that may include schools, rehabilitation centers, private practices, assisted living centers, and medical facilities. Clinical experiences are designed to support the interests of graduate students while providing depth and breadth of knowledge and experience. To meet the clinical competency standards each student creates an individualized plan with the clinical externship coordinator.

Clinical Educator Qualifications
Clinical supervision, also called clinical teaching or clinical education, is a distinct area of expertise in speech-language pathology. Clinical educators must have their Certificate of Clinical Competence (CCC) (see Abridged CCC-SLP Requirements/Standards below) and enough experience to confidently mentor a graduate student clinician. ASHA’s guideline is the clinical fellowship (CF) year plus one year of experience. Currently, clinical educators are encouraged to have two hours of clinical education training every two years. It is predicted that this will be mandatory by 2020. These trainings may be in the form of pre-service or in-service curricular offerings, continuing education at professional meetings, practicum at universities, self-study, and/or research.
The CSD Department will use a variety of clinical educators to provide each student with the depth and breadth needed for training with multiple clients, disorders, and sites. Documentation of the clinical educator process is used in all practicum and externships or affiliations. Evaluation information is collected on the experience of both the student clinician and the clinical educator. CSD faculty and staff will use this data to support continued growth in clinical educatory process.

**Abridged CCC-SLP Requirements/Standards**

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

1. **Academic Course Work**: 75 semester credit hours in the professional area, at least 36 hours must be completed at the graduate level (Standard III)
2. **Supervised Clinical Observation and Clinical Practicum**: Students must earn 400 clock hours of clinical practicum in order to qualify for the MS degree. Standard IV- C.
3. **Clinical Observation**: 25 hours must be completed prior to the CSD 571 clinical practicum.
4. Students may receive credit for up to 50 clinical practicum hours earned under the supervision of an SLP professional with CCC-SLP from ASHA during their undergraduate or post baccalaureate education.
5. At least 325 of 400 hours must be completed while engaged in graduate study in an accredited program (Standard V-D).
6. **Clinical Education / Practicum**: 375 hours. Clinical clock hours must be sufficient in breadth and depth to achieve demonstrated skills outcomes in the areas of evaluation, intervention, and client interaction. Up to 20% (i.e., 75 hours) of direct contact hours may be obtained through alternative clinical education (ACE) methods. Only the time spent in active engagement with the ACE may be counted. ACE may include the use of standardized patients and simulation technologies (e.g., virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive programs) (Standard V-C). The scope of practice will include the following nine areas:
   
   A. Language
   B. Articulation/phonology
   C. Cognitive
   D. Voice/resonance
   E. Fluency
   F. Hearing
   G. Swallowing
   H. Social aspects
   I. Communication modalities AAC

**Off-Campus Clinical Affiliations**

The University of Montana offers affiliate practicum experiences at sites that have a written memorandum of understanding (MOU) with The University of Montana and UM CSD. Students must work with the clinical externship coordinator to arrange off-campus practicum sites. Sites are available across the United States with an emphasis on Montana locations.

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

**Guidelines For the UM CSD Clinical Educator Process**

**Progress and Skills Meetings**

*Initial Meeting*
Prior to intervention with clients for assessment, screening, or intervention, the student clinician and the clinical educator will complete the *Clinical Practicum Agreement*. This task allows the clinical educator to develop goals for the student’s clinical skill development and review the timeline for documentation and requirements of client services. All students must follow the site’s procedures with particular attention to confidentiality and HIPAA procedures (see appendices).

*Weekly Supervisory Meetings*
Meetings, e-mails, Skype meetings, video recordings, and written communication are a few of the tools clinical educators will use to support a student’s clinical development. It is the student’s responsibility to arrange weekly meetings and to work with their clinical educator to obtain needed support. All students will document time with their clinical educator that does not involve direct therapy using the Time Logs on Typhon. Clinical educators do not need to sign off on time logs (unlike clinical contact hours).

*Midterm and Final Conferences*
Supervisors will use the Graduate Student Clinician Midterm and Final Evaluation Form in Typhon to evaluate a student’s clinical skills and competencies. The form is based on ASHA recommendations and CSD KASA standards. Additional competencies are noted by disorders or sites on Typhon. Students must schedule a final conference with their clinical educator during finals week. Final clinic grades will be issued at this conference. Students must ensure that all procedures and forms are complete before the completion of the practicum. All closure activities must align with the site’s policies.

If a clinical educator or student requires support through the clinical process, contact with the clinical externship coordinator should be immediate. Utilizing this resource as early as possible in a setting can result in a stronger experience for all parties. The clinical externship coordinator can arrange meetings, make site visits, and/or provide additional resources to support the clinical educator and the student clinician. Clinical educator resources can be found in the appendices of this manual.

**Supervision Requirements for Therapy**
All UM CSD students are required to start their practical process at the DeWit RiteCare Speech, Language, and Hearing Clinic. Effective supervision models have been based on *The Supervisory Process in Speech-Language Pathology and Audiology* (1988) by Jean Anderson. Anderson’s model is designed to capture the career of the professional, but as clinical educators, we must focus on the initial stages. According to Anderson, supervision starts with 100% clinical educator participation, where the clinical educator may be conducting the first few sessions while the student clinician simply observes. ASHA standards require that clinical educators observe a minimum of 25% of therapy, 50% of diagnostics and
must be on site for every session. When considering Anderson’s model, the DeWit RiteCare supervision starts significantly above the 25% required by ASHA.

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

**Supervision Requirements for Therapy**
With the consideration of the supervision guidelines by Anderson, ASHA requires clinical educators to be present for 25% of direct therapy.

![Supervision Requirements for Therapy Diagram]

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**Supervision Requirements for Diagnostics**
With consideration of the supervision guidelines by Anderson, ASHA requires clinical educators to be present for 50% of diagnostics.

![Supervision Requirements for Diagnostics]

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### Additional Requirements

Supervisors may require additional components/assignments for a clinical practicum experience. These aspects of the clinical experience should be explicitly written in the course syllabus. Examples of additional requirements include the following:

1. Hearing screening and Oral mechanism screening: you must perform one per semester. Use the oral mechanism exam observation checklist to document your performance.
2. Clinical Case study
3. Evidence Based Study of specific client intervention or evaluation procedures
4. Assessment profile with client goals and objectives and session lesson plans
   a. Data forms and procedure for each clinical client
   b. Student clinician portfolio and journal
   c. Self-analysis of recorded session
   d. SOAP notes
   e. Final summary report and recommendation for clinical services and evaluation report for diagnostic

### Recording ASHA Standards for Licensure Requirements

**Typhon**

The CSD Department uses a web-based system called Typhon to track clinical and academic competencies. All graduate students are required to use Typhon to document clinical and academic competencies, clinical clock hours, time logs and required clinical and academic forms. The CSD department will provide training and one-on-one sessions to support clinical educators and graduate...
Student clinicians, both on and off campus, in the use of Typhon. Supplemental manuals are available to support users.

**Student Clinician Documentation in Typhon**
Student clinician clock hours or case logs, time logs, and clinical competencies must be submitted weekly and approved by their clinical educators each month. Along with weekly documentation of all clinical activities students complete site and clinical educator evaluations. Clinical educators use Typhon to perform midterm and final evaluations of clinical skills.

**Procedures/Instructions for the Knowledge And Skills Acquisition (KASA)**
The KASA is documentation used by the CSD department for guiding each graduate student in reaching their clinical competency skills. The KASA is not a requirement of ASHA, but is a guide. The KASA details are built from the Council for Clinical Certification in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association. For full understanding, please refer to the 2014 Standards for the Certificate of Clinical Competence in Speech-Language Pathology (rev. 2016).

**Documentation and Forms**
The CSD KASA Summary Form and Competencies are in Typhon and documents the comprehensive program of clinical training of students in the SLP program. The ASHA SLP certification standards have been adapted by the CSD department and integrated into CSD course competencies. Typhon is used to ensure that each student is achieving certain competencies in academic and clinical course work and in clinical practicum experiences.

Students are responsible for ensuring that academic and clinical forms/competencies are up-to-date and accurate. ASHA states that the documentation of competencies to meet the standards is the students’ responsibility and all original documents stay with the student. Clinical educators and support staff are only responsible for copies, approval on forms, and approval of data submitted to Typhon. With this in mind, students must make sure all forms and their portfolio are up-to-date, accurate, and approved by the clinical externship coordinator upon graduation. Students that have not been compliant with Typhon documentation may experience the consequence of delayed graduation.

**The Standards of Clinical Competency and Standards of Academic Accreditation (CAA)**

**Clinical Educator Responsibilities**
The clinical educators will document clinical competency and suggest a letter grade for the practical experience. The CSD clinical externship coordinator will calculate final grades, and will approve course competencies for students who receive a grade higher than a C+. If a student receives a C+ or lower and does not have approval for course competencies, a remediation plan is designed.

The clinical educators will approve the competencies in Typhon within four weeks of the clinical case and by the end of finals week. Students may add documentation of clinical competencies in the Typhon portfolio.
The clinical educator will participate with the clinical externship coordinator, Director of Clinical Education, Graduate Program Director or Department Chair, and the student to develop and administer remedial procedures for competencies in clinical practicums that a student obtains a C+ or lower or does not meet the required course competency.

The clinical externship coordinator will coordinate with all off-campus clinical educators to assure that student clinical competencies and/or remediation plans are documented and approved in Typhon. Please refer to the section on REMEDIATION for the procedural outline. The clinical externship coordinator will assist with this process, and must be notified immediately of any challenges.

**CSD Faculty Responsibilities Relative to the CSD KASA**

The clinical externship coordinator will review the curriculum mapping in Typhon of academic and clinical achievements each semester during pre-registration to ensure that each student is on track to meeting academic and clinical competencies. The student remediation committee (SRC) may assist with remedial procedures in courses in which a C+ or lower is obtained or competencies are not met. Instructors may request assistance from the SRC for competencies that are not met.

**Student Responsibilities Relative to the ASHA Standards of Clinical Competency**

Course competencies will be provided by the instructor in Typhon each semester. It is the student’s responsibility to ensure that each course competency is completed and any remediation plans are completed and documented each semester as instructed. Students are responsible for their learning and communicating with the SRC regarding the completion of tasks or the need for assistance.

Each clinical educator documents (in Typhon) students’ skills by completion of the midterm and final clinical evaluations. Clinical clock hours and clinical competencies will also be documented in Typhon by the student and approved by the clinical educator. Students must obtain verification form of ASHA certification for each clinical educator and work with the clinical externship coordinator to assure that all clinical case logs are approved and accurate in Typhon.

The student and his/her clinical educator will complete and submit the final clinical evaluation form for each semester of clinical experiences. All case logs or clinical clock hours, clinical competencies, and time logs must be approved by the student’s ASHA certified clinical educator. These records are documented in Typhon.

**Student Portfolio**

During the graduate program, students will be asked to build a portfolio. This portfolio will allow documentation of the many of the academic and clinical competencies. During their final externship, students are asked to present case studies and analyze the intervention or assessment procedures they used for a client based on principles of evidence-based practice. Students will also develop data analysis of interventions and/or service. The forms from clinical educators, therapy materials, and materials designed for clients may be part of the portfolio. Students must redact the name and any other identifying information of the client. Students should retain these forms during their graduate program and build the portfolio as per the department’s instructions. Clinical educators will support students with the case study.
**CLINICAL EDUCATION: STUDENT CLINICIAN**

**Practicum Externship Experiences and Sites**
Before participating in clinical practicum, the student must complete all undergraduate or leveling courses. The CSD curriculum requires students to participate in their initial first two semesters (or equivalent) on site at the DeWit RiteCare.

On-campus students begin practicum in their first semester (Fall) of graduate study. Distance students begin practicum on the UM campus during the summer following their first two semesters of course work. All students will do a public school rotation and a medical based (hospital, skilled nursing facility, rehabilitative center, etc.) as part of their rotations.

Students will put in external clinical site suggestions through Typhon. The clinical externship coordinator will make the initial contact with the site. Students may not make initial contact and may be subject to disciplinary measures if this rule is violated. Suggestions must be made in accordance with the following timeline table:

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<th>Semester Suggestion</th>
<th>Due Date</th>
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<td>Summer</td>
<td>December 15th</td>
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<td>Fall</td>
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Local placements are considered to be within a 50-mile radius of Missoula: This radius includes but is not limited to Alberton, Arlee, Bonner, Clinton, Corvallis, Drummond, Florence, Frenchtown, Hamilton, Lolo, Missoula, Potomac, Ronan, Seeley Lake, St. Ignatius, Stevensville, and Victor. Because Montana is rural and Missoula is a relatively small community, students are encouraged to be open-minded about placements. Entering a location (even if we do not have anything set up in that area) can be helpful in finding placements for all students. Think about relatives, friends, Air B&B, etc. that would support you in taking an assignment outside of Missoula.

The Clinical Externship Coordinator will act on your behalf to secure a clinical placement. The Clinical Externship Coordinator will make every effort to secure a suggested placement; however, please understand that suggested clinical sites are not guaranteed. Students are expected to accept their confirmed clinical externship. Those who do not/cannot accept their confirmed placement may need to defer the externship until the following semester. Please understand this may prolong your education program.

**Student Expectations Relative to the CSD KASA**

**Clinical Observations**
Students in the CSD graduate program are required to observe at least 25 hours of clinical observation provided by certified (CCC) speech-language pathologists and/or audiologists prior to starting CSD 571. Students may also use Master Clinician to satisfy this requirement. If Master Clinician observations are not related to a class, the clinical externship coordinator may be asked to approve observations. These observations may not be approved if requisite work in the program itself is not completed.
Documentation of completed 25 hours must be uploaded to Typhon and include the ASHA number of the SLP, date, time, and site. Verification of an ASHA certification can be obtained online through the ASHA Certification Verification System.

Students may observe assessment and evaluation of cognitive, communication and swallowing disorders, speech and language therapy, and client/patient counseling. The clinical observation experiences allow students to become familiar with the client/patient/clinician interaction process, assessment and evaluation procedures, therapy planning, and therapy counseling techniques. The CSD clinical externship coordinator oversees students’ clinical observations and can suggest observation sites. Students that are part of the UM CSD B.A. degree or leveling coursework will accrue the majority of their observation hours through course assignments. Additional hours will need to be obtained independently.

The Missoula area has been saturated with requests to observe, therefore we ask that any observations outside of coursework, on campus offerings, and Master Clinician be done outside the Missoula area, possibly in your home town. Many of Montana’s schools, clinics, private practice, skilled nursing facilities, and hospitals have procedures in place to allow students to observe an ASHA-certified speech-language pathologist. The majority of these sites will require students to have completed an introduction to HIPAA policies (see appendices), provide proof of immunizations, and/or to obtain a background checks. The UM CSD program dress code must be implemented during all clinical observations or professional interactions. All independent observations must be documented on the Clinical Observation Form obtained from the clinical externship coordinator. When a student’s 25 hours are complete, the student may ask the Office of Public Instruction (OPI) Grant Coordinator to upload an electronic copy to their UM CSD student folder.

Protocol must be followed for clinical observations. Students must contact the clinical externship coordinator to learn the protocols for particular sites. Students may not contact sites on their own without permission from the clinical externship coordinator. The best way to approach clinical observation is to take advantage of in-class observations, attend observation opportunities each April in the DeWit RiteCare, and use Master Clinician.

Typically graduate students shadow or observe prior to initiation of their practicum. These observations are not considered part of the 25 observation hours. Observation is part of prerequisite requirements to familiarize the student with a clinical setting or may be part of an interview process for practicum placement decisions.

**Clinical Clock Hours**

375 clinical clock hours of supervised practicum must include experience with client/patient populations across the life span and from culturally/linguistically diverse backgrounds. Up to 20% (75 hours) of direct contact hours may be obtained through alternative clinical education (ACE) methods. Only the time spent in active engagement with the ACE may be counted. ACE may include the use of standardized patients and simulation technologies (e.g., virtual patients, digitized mannequins, immersive reality, task trainers, and computer-based interactive programs). These experiences must represent various types and severities of communication delays and/or related disorders, differences, and disabilities, and meet the requirements of the ASHA 2014 Clinical Competency Standards IV- C - F.
The following is a chart of clinical clock hour guidelines for the UM CSD department. This reflects the minimum a student may obtain, however, students are encouraged to take full advantage of their opportunities while respecting their academic obligations.

<table>
<thead>
<tr>
<th>Semester</th>
<th>Class</th>
<th>Hours (used as a guide)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undergraduate</td>
<td>Varied</td>
<td>25 Observation hours (required)</td>
</tr>
<tr>
<td>Semester 1 Fall DeWit RiteCare Clinic</td>
<td>CSD 571</td>
<td>30 Hours minimum</td>
</tr>
<tr>
<td>Semester 2 Spring DeWit RiteCare Clinic</td>
<td>CSD 576</td>
<td>30 Hours minimum</td>
</tr>
<tr>
<td>Semester 3 Summer Off Campus/DeWit</td>
<td>CSD 576</td>
<td>75-100 Hours</td>
</tr>
<tr>
<td>Semester 4 Fall Off Campus</td>
<td>CSD 576</td>
<td>75-100 Hours</td>
</tr>
<tr>
<td>Semester 5 Spring Off Campus</td>
<td>CSD 675</td>
<td>175-200 Hours</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>400 Hours</td>
</tr>
</tbody>
</table>

Grade Point Average (GPA) Requirements for Clinical Practicum
Students may not receive a grade lower in than a B- in the CSD graduate program. If a C+ or lower is obtained, the SRC (Student Resource Committee) will convene to determine the remediation for the student.

Clinical Policies and Procedures

Essential Functions and Technical Standards for Program Admission and Continued Enrollment
The Essential Functions and Technical Standards for program admission and continued enrollment describe the expectations and requisite abilities considered necessary for professionals in the field of speech-language pathology. The Department of Communication Sciences and Disorders at the University of Montana is committed to preparing all qualified individuals who are capable of performing the essential functions required of the profession, including persons with disabilities, with or without reasonable accommodation. In complying with the Americans with Disabilities Act (ADA) and Section 504 of the Civil Rights Rehabilitation Act of 1973 regarding students and applicants with disabilities, no otherwise qualified and competent individual with a disability shall be denied access to or participation in services, programs, and activities solely on the basis of the disability.

CSD graduate students are to achieve the level of competency required for graduation and practice as applicable. It is recognized that degrees of ability vary widely among individuals. Admission candidates who feel they may not be able to acquire the essential functions set forth are encouraged to contact the CSD Department. Any admission candidates who may require academic modification to fulfill the essential functions and technical standards due to a disability are encouraged to contact the Disability Services for Students Office at (406) 243-2243 or dss@umontana.edu.

Essential Functions
To be successful in the graduate speech-language pathology program and perform the roles of this profession, a student must consistently:
1. Communicate effectively in English with clients/patients and professionals from a variety of cultural backgrounds.
2. Have the ability to learn complex information, be able to perform clinical problem solving, and synthesize and apply information from the discipline of Communicative Sciences and Disorders and related disciplines to formulate diagnostic and treatment judgments.
4. Have the capacity to maintain composure and emotional stability during periods of high stress.
5. Demonstrate affective skills and appropriate demeanor and rapport that relate to professional education and quality client/patient care.
6. Demonstrate flexibility and the ability to adjust to changing situations and uncertainty in an academic or clinical environment.
7. Have the ability to reliably and critically self-evaluate their professional, technical, and personal skills that contribute to positive client outcomes.
8. Have the ability to accept constructive criticism and respond by appropriate modification of behavior.

Technical Standards for Admission and Continued Enrollment
The technical standards for admission to and continued enrollment in the UM CSD graduate degree program reflect the essential qualities and abilities that are considered necessary to a student’s academic and/or clinical performance. Ability to meet these technical standards is required for admission and must be maintained throughout a student’s progress in the CSD graduate degree program. Students should carefully review the technical standards below to determine if assistance is needed to perform any of the required tasks.

Communication Skills
A student must possess adequate communication skills to:
- Communicate effectively and efficiently in English at a level sufficient to meet curricular and clinical demands. (See Students and Professionals Who Speak English with Accents and Nonstandard Dialects: Issues and Recommendations)
- Effectively communicate judgments and treatment information and to observe, recognize and understand non-verbal behavior.
- Elicit information, gather information, and describe findings. This communication should be comprehensible by clients/patients, professionals, and lay-persons.
- Communicate effectively and sensitively with clients/patients and colleagues, including individuals from different cultural and social backgrounds. (See Cultural Competence)

Psychomotor Skills
A student must possess adequate skills to:
- Execute movements reasonably required to move from area to area, maneuver in small places, use equipment, materials and technology (i.e. microphones, hearing aids, computers, AAC devices, etc.) as needed to provide clients with appropriate general care.
- Access transportation to and from clinical and academic placements.
- Participate in classroom and clinical activities for the defined workday.

Intellectual / Cognitive Abilities
A student must possess adequate, ethical, emotional, and cognitive skills to:
- Comprehend, retain, integrate, synthesize, and apply information sufficient to meet curricular and clinical demands.
- Identify relevant findings from history, evaluation, and data to formulate a diagnosis, prognosis, and treatment plan.
- Solve problems, reason, and make sound clinical judgments in patient assessment, diagnostic planning, and therapeutic planning consistent with the principles of evidence-based practice in speech-language pathology.
• Develop and exhibit a sense of ethics and recognize and apply pertinent legal and ethical standards
• Self-evaluate, identify, and communicate limits of one’s own knowledge and skills.

**Sensory / Observational Skills**
A student must possess adequate skills to complete the following:

• Accurately observe clients and interpret and analyze their behaviors to recognize communication disorders.
• Adequately visualize anatomic structures and discriminate findings on various imaging studies, as well as to discriminate text, numbers, tables, and graphs associated with diagnostic instruments and tests.
• Adequately treat clients using the equipment and materials of the profession safely and appropriately.

**Behavioral / Social Skills**
A student must possess adequate behavioral and social attributes to:

• Display mature, empathetic, and effective interpersonal professional relationships by exhibiting compassion, integrity, and concern for others.
• Recognize and show respect for individuals of different ages, genders, races, religions, sexual orientations, cultural and socioeconomic backgrounds, and disabilities.
• Recognize when a client or client’s family does or does not understand the clinician’s written and/or oral communication.
• Maintain emotional and mental health to fully utilize their intellectual abilities and exercise good judgment including prompt completion of all academic and clinical responsibilities.
• Demonstrate honesty, integrity, and professionalism.
• Maintain confidentiality of client/patient information.

**Professional Responsibility**
A student must have the capacity to:

• Manage the use of time effectively and systematize actions to complete professional and technical tasks within realistic time constraints.
• Adhere to policies of the university, their program, and clinical sites including professional dress and behavior, attending to the program’s academic schedule, which may differ from the University’s academic calendar and be subject to change at any time.
• Learn and demonstrate knowledge of and commitment to the code of ethics of their profession and behavior that reflects a sense of right and wrong in the context of care.
• Work cooperatively and collaboratively with other students on assigned projects, and participate willingly in a supervisory process involving evaluation of abilities and reasoning skills.
• Meet the challenges of any medical situation that requires a readiness for immediate and appropriate response without interference of personal or medical problems (e.g. CPR certification, evacuation procedures, infection control, and universal precautions).

If an applicant states he/she can meet the essential functions with modification, the CSD department may review the modification to ensure it does not fundamentally alter the program, cause an undue burden, or cause harm to a fellow student or client. At any time in the course of a student’s enrollment in the department; the student can request accommodation through the Disability Services for Students office; however, retroactive accommodation requests do not have to be honored.
**Student Requirements**
The following prerequisites and ongoing expectations are required throughout your clinical and academic experiences.

**Professional Conduct**
Student clinicians are speech-language pathologists in training. Student clinicians will be held to the highest standards of integrity and ethical principles. Our guiding principle for professional contact comes from the [2016 ASHA Code of Ethics](#), [ASHA Scope of Practice in Speech-Language Pathology](#) and the [UM Student Code of Conduct](#). Student clinicians are responsible for honoring the privacy, confidentiality, communication needs, and individual rights of every client. Student clinicians are responsible for client-centered care, intervention planning and treatment, record keeping, and written reports that are an integral part of the profession of speech-language pathology.

**Dress Code**
All clinic personnel, students, and staff should be neat and professional in appearance when engaged in any clinic activity. Professional appearance is standard during clinic hours and community activities. Remember you are representing the field of CSD as a student speech-language pathologists. Certain activities may require special attire. Always discuss with your assigned clinical educator any needs you may have for particular clothing based on treatment delivery, such as activities on the floor, home visits, or activities that are messy in nature. The following apparel is unacceptable: blue jeans, shorts, halter tops, tank tops, beach wear, sweatshirts, mini-skirts, tops that reveal cleavage or midriff (front or back), visible underwear, and flip-flop shoes. All attire must be clean, neat, and in good repair (no holes). Students must wear their name tags at all times in the Clinic. Remember your professionalism is also based on your posture and interactions with clients, families, and other professionals.

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

**Subscribe to Typhon**
Typhon is a tool used to record clinical clock hours. This electronic data program also records clinical competencies, necessary records, and is used to track and support requests for clinical placements. Each student will receive an email inviting them to Typhon.

**25 Observation Hours (Standard V-C)**
Each student must have 25 hours of observation completed. Documentation sheets will be scanned to Typhon by the OPI Grant Coordinator. If lacking hours, [Master Clinician](#) is a means of obtaining remaining hours.

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

Revised 7/17 Moates
**Immunizations**

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

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

**Proof of Heath Insurance**

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

**Proof of Liability Insurance**

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

**HIPAA Training**

Students are required to complete the Health Insurance Portability and Accountability Act training. A copy of the certificate will be scanned into Typhon by the OPI Grant Coordinator. To participate in the training:

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

**Background Information Check**

Students are required to complete a background check using Verified Credential. Upon completion, please share your report with the OPI Grant Coordinator so it may be reviewed and uploaded to Typhon. Use these steps to complete the background check:

1. Go to Verified Credential
2. At the very top, enter this code: first box: YYBHJ second box: 92447
3. Follow the steps to create an account and complete the background check process
Clinical Educator Feedback Form
At the completion of each semester, students are required to complete a feedback form about their clinical education experience. This form is located in Typhon. Feedback should have positive information as well as constructive feedback. Regardless of feelings about the clinical site or placement, students should keep their comments restricted to the clinical education experience.

Self-Reflection
Students may be asked to write a weekly self-reflection that documents how they perceived the session and the activities were conducted. The focus of the reflection is to develop clinical problem-solving skills. Students will need to reflect on what went well and why, and what they might try differently in their next session. This form is not a part of the client’s file, but will be part of clinician-clinical educator meetings. Pre- and post-semester goals are written each semester and shared with the clinical educator and are part of the off-campus collaborative meetings.

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

Practicum Assignments
The clinical practicum courses are offered for all students providing assessments or therapy services each semester requiring a minimum of 30 credits. On-campus students participate in clinical practicums during the first two semesters of graduate study. Students engage in practicums the following summer, fall, and spring semesters prior to graduation. Distance students participate in their first clinical practicum on campus during the summer following the first two semesters. Distance students are required to complete a change of status form to be eligible for on-campus courses (practicum) during this summer semester only. For more information, please see the following website: https://umonline.umt.edu/distance_form.php. Distance students will continue with fall, spring, and summer externships prior to graduation. On occasion, a student may start the program the summer before the official fall start date by special arrangement. Practical experiences are outlined in each student’s plan of study.

Clinic Practicum Load
The clinic load is a coordination of needs and requirements of clients, student clinicians, and clinical educators. Flexibility is important. For the student’s first and second semester, a typical assignment is three to four contact hours a week. Students should expect to accrue 30 clock hours each semester their first year. Distance students participate in an intensive clinical experience during the summer session. They can expect to gain 60 or more clinical contact hours that first semester unless enrolled in a special program such as OUTREACH.

Dropping Clinic or Changing Credits
If a student clinician finds it necessary to either officially drop or reduce the number of credits for a clinic course once the semester has begun, the Clinical Educator, Director of Clinical Education, and the Clinical Extern Coordinator must approve the request in writing. Because of the disruption and change in
client services, this change is considered ONLY in rare occasions and based on health or extremely unusual circumstances.

Diagnostic Clinic Hours
A specific number of hours is not specified for diagnostic experiences. The CSD Department requires all students to accrue diagnostic hours of “sufficient breadth and depth” to demonstrate assessment and evaluation procedures. This experience is part of clinical practicums CSD 576, CSD 675. Students are offered a didactic course on diagnostics.

Client Accommodations and Sensitivity

Accommodations for Differences and Disabilities
All forms, handouts, and documents are available in alternative formats. All interpersonal activities such as conferences, lectures, and clinical services can be accommodated including the use of text telephone (TTY), amplified phone, note taker, or the services of sign language interpreter. Services are available for a client or client’s family or care providers. All services are free of charge to families.

Multicultural Perspective
The University of Montana and the CSD Department are dedicated to developing each student’s knowledge and understanding of the importance of a multicultural perspective. During clinical and academic training, students will develop skills and techniques to support their preparation for the diversity of clients that will be a part of their profession. The curriculum will focus on the selection of diagnostic tools, the analysis of an evaluation, and the provision of services and intervention that reflect the culture and needs of the client, family, and community.

Certification and Licensure

ASHA Certification Requirements for Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP)
The Council for Clinical Certification (CFCC) is responsible for processing applications by individuals who have graduated from programs accredited by the Council on Academic Accreditation (CAA), and for awarding the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP). The requirements for certification (CCC-SLP) include:
Successful completion of an accredited graduate program in communicative sciences and disorders. The ASHA 2014 Speech-Language Pathology Standards requirements are documented in Typhon and must be completed with supporting documentation and signatures.

1. Accrual of a minimum of 400 hours of supervised clinical practicum experience or equivalent. The 400 hours includes 25 observation hours.
2. A passing score on a National Praxis II examination.
3. Successful completion of a post graduate Clinical Fellowship (CF) year, which is often done during the student’s first year of employment.

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

Revised 7/17 Moates
Montana Licensure Requirements
The Board of Examiners in Speech-Language Pathology and Audiology, a division of the Department of Labor, Licensing, and Regulation, grants licenses to practice in the state of Montana. The UM CSD program requirements are consistent with Montana licensure regulations.

Graduation Form
At graduation time, the Department Chairperson will sign the 2014 Standards for Clinical Certification in Speech-Language Pathology Verification by Program Director. Students will receive a copy of page 4. This page must be retained and submitted with their application to ASHA for the Certificate of Clinical Competence.

Professional Expectations

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

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

THE UNIVERSITY OF MONTANA DEWIT RITECARE SPEECH, LANGUAGE, AND HEARING CLINIC (DeWit RiteCare)
The UM DeWit RiteCare Speech, Language, and Hearing Clinic (DeWit RiteCare Clinic) serves as a practicum site for UM CSD students and is dedicated to providing screening, observations, diagnostic/assessment, and intervention services. Clinical services are open to the general public. The DeWit RiteCare Clinic can bill insurance including Medicare, Medicaid, and other third party providers. The DeWit RiteCare Clinic services are supported philanthropically by the Western Montana Scottish Rite of Free Masonry by providing scholarships for clients in need of services with no insurance coverage or high deductibles.

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

Clinic Hours
Monday through Friday, 8:00 am to 5:00 pm. Special evening sessions by supervisor arrangement.

Clinical Educators
Each student will be assigned to a clinical educator. The educator will assign clients from his/her caseload to each student. Students will have a minimum of 3 hours a week of therapy. Students can expect to have at least 30 hours of clinical contact at the end of the semester.

Week 1: Bootcamp
Bootcamp is part of the didactic course CSD 570 Clinical Procedures I. Students will participate in an intensive learning opportunity to support participation in their first clinical placement. The following is the schedule:

- Monday, August 29th: 9:00-12:00, Room 073
- Tuesday, August 30th: 9:00-10:30, Room 073
- Wednesday, August 31st: 9:00-12:00, Room 073
- Thursday, September 1st: 9:00-10:30, Room 073

Clinical Preparation
Students will meet with their assigned educator. Once clients are assigned, students will do a file review, consult with their educator about scheduling, and prepare an initial lesson plan to be approved by the clinical supervisor. Educator time will also include group and individual instruction. Each educator has a unique approach to clinical intervention. You will adhere to that educator’s expectations for the semester. Students are expected to be available to their clinical educator other than during Bootcamp and scheduled CSD classes.

Document Submission
Students will submit documents required for clinical participation to the OPI Grant Coordinator for upload to Typhon. This must be completed the first week of the semester for on-campus students.

Weeks 2-15
Clinic begins week 2 and continues through the last week of classes, week 15. During the last week of clinic students will participate in wrap-up procedures as planned by the clinical educator. This often means writing a semester summary report, completing Typhon entries, updating Practice Perfect (our electronic health records platform), returning materials, and any other tasks deemed necessary.

DeWit RiteCare Model of Supervision
Taking into consideration ASHA’s adaptation of Anderson’s recommendations, ASHA’s minimal standards, and CAA standards for accreditation, the DeWit RiteCare has the following expectations of clinical educators for each student equating a half day of work per week:
<table>
<thead>
<tr>
<th>Task (1 student)</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Clinical Contact Hours Per week</td>
<td>3</td>
</tr>
<tr>
<td>30 minute weekly meeting with student</td>
<td>0.5</td>
</tr>
<tr>
<td>Other tasks:</td>
<td></td>
</tr>
<tr>
<td>Typhon review of clock hours (each session)</td>
<td>0.5</td>
</tr>
<tr>
<td>Plan of care development/editing</td>
<td></td>
</tr>
<tr>
<td>SOAP note editing approving (each session)</td>
<td></td>
</tr>
<tr>
<td>Practice Perfect log approval (each session)</td>
<td></td>
</tr>
<tr>
<td>Semester summary report development/ editing</td>
<td></td>
</tr>
<tr>
<td>Completion of Clinic forms</td>
<td></td>
</tr>
<tr>
<td>Mid-term evaluation</td>
<td></td>
</tr>
<tr>
<td>Final evaluation</td>
<td></td>
</tr>
<tr>
<td>IEP meetings</td>
<td></td>
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<tr>
<td>Remediation</td>
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<tr>
<td>Consultation</td>
<td></td>
</tr>
<tr>
<td>Total:</td>
<td>4</td>
</tr>
</tbody>
</table>

**REMEDIATION**

**Conflict Resolution**
Conflicts arise in many situations. Most conflicts can be resolved by remaining thoughtful, respectful, and courteous with the other party. In the event that a conflict cannot be resolved, the following procedures are recommended:

1. The student should try to resolve the conflict though a respectful discussion with the other party.
2. The student should discuss the situation with their advisor or clinical educator (if the conflict is with the advisor/clinical educator).
3. The student’s advisor or clinical educator may request a mediated discussion with the other party.
4. If the student’s conflict is not resolved following discussion with their advisor/clinical educator, a meeting will be scheduled with the clinical externship coordinator.
5. If the conflict is not resolved following discussion with the clinical externship coordinator, a meeting with the SRC will be scheduled.

For further information, refer to [ASHA Clinical Education and Supervision](http://www.asha.org/).  

**Clinical Performance Support Plan**
Graduate student clinicians who experience difficulty acquiring and/or demonstrating satisfactory clinical skills may be required to develop a clinical performance support plan. These plans are individualized for the student. The goals and objectives of the plan are determined based on specific feedback from the clinical faculty and the graduate student. The process for remediation is as follows:
- The need for a clinical performance plan may be determined at any time but typically it will be determined at midterm. Student clinicians who earn mostly two grades (Likert of 1-5) on any section of the midterm, or demonstrate at risk behaviors in working with clients or the clinical educator will be required to develop a clinical performance support plan.
- During the midterm grading meetings or clinical educator meeting, the student’s clinical educator(s) will provide specific input regarding areas of concern.
- Each student will help develop his/her own clinical remediation/support plan that includes goals, objectives, and procedures for meeting these goals based on feedback from all clinical educators. The timeline for meeting the goals and objectives will be included in the plan.
- The student will meet with the Director of Clinical Education, clinical externship coordinator, and Graduate Program Director or Department Chair to discuss the details of the clinic performance plan and any necessary changes that may be required, such as number or type of clients, changes in clinical educators, DeWit RiteCare Clinic, or off campus placements.
- The final plan will be signed and dated by the student and all members of the student remediation committee (SRC).
- As described in the remediation plan the student clinician will turn in detailed, type-written feedback documenting how each goal and objective is progressing, along with completing weekly self-evaluation forms. The clinical educator’s observations and progress notes must be included in the final submission of the remediation plan.
- The remediation team will meet with the student to determine if the student met the goals and objectives of the clinic performance plan. See the Clinical Support Plan Flow Chart in the appendices for next steps.
- The student remediation committee (SRC) is comprised of the clinical externship coordinator, Director of Clinical Education, and the Graduate Program Director or Department Chair.

If the goals and objectives of the clinic performance plan were not met in the specified timeline, and the student receives an overall final grade below a B- or continued to score a large percentage of two grades or lower, a new remediation clinical performance plan will be created and approved by the SRC.

Clinical concerns are documented in Typhon using the Student Support Plan document. This document records and/or reviews the concern and outlines the action taken by the student. The flowchart is used as a guide and all meetings must be documented using the Student Support Plan, both found in the appendices.

REFERENCES

American Speech-Language Hearing Association
Council of Academic Programs in Communication Sciences and Disorders
Council on Academic Accreditation

Revised 7/17 Moates
APPENDICES

A. Graduate Student Clinical Competency Remediation Flow Charts and Plan

B. Clinician Check List

C. HIPAA Quick Guide

D. Resources for Clinical Educators

E. School Externship Schedule

F. Healthcare/Clinic Externship Schedule

G. Healthcare/Clinic Externship Schedule (10-week)
Clinical Support Plan Flow Chart

Student identified as "at risk" by Clinical Educator

↓

Clinical Support plan is developed

↓

Student develops skills to satisfactory

↓

Student returns to good standing

↓

Student continues to perform below level of satisfactory

↓

2nd Clinical Support Plan is developed

↓

Student develops skills to satisfactory

↓

Student returns to good standing

↓

Student continues to perform below level of satisfactory

↓

3rd Clinical Support plan is developed OR referral to SRC is made

↓

Student develops skills to satisfactory

↓

Student is referred to SRC

↓

Student clinical activity is modified

↓

Student Resource Committee is Formed

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## Student Co-treating/Observing Supervisor or Removed from Clinical Activity

<table>
<thead>
<tr>
<th>Step</th>
<th>Event</th>
<th>Event</th>
<th>Further Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>SRC meets to devise intensive, individualized remediation</td>
<td>Student completes and documents remediation</td>
<td>Student fails to complete remediation</td>
</tr>
<tr>
<td>2.</td>
<td>SRC meets to consider petition and documentation</td>
<td>SRC makes determination</td>
<td>Further remediation is determined by SRC</td>
</tr>
<tr>
<td>3.</td>
<td>SRC meets to determine future placement considerations or participation in clinical experiences</td>
<td>Student develops skills to satisfactory</td>
<td>Student does not meet satisfactory skill level</td>
</tr>
<tr>
<td>5.</td>
<td>Student returns to good clinical standing with further performance monitoring</td>
<td>Student is dismissed from current clinical experience</td>
<td>SRC meets to determine future placement considerations or participation in clinical experiences</td>
</tr>
</tbody>
</table>
# GRADUATE STUDENT CLINICAL COMPETENCY REMEDIATION PLAN

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Semester:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Developed:</td>
<td>Projected Date of Completion:</td>
</tr>
<tr>
<td>Student Remediation Committee:</td>
<td></td>
</tr>
</tbody>
</table>

| Didactic Course Name & Instructor: |
| Clinical Educator: |
| Clinical Site: |

| Learning indicator (e.g. scores of 2 on the midterm in a particular section, observations, etc.): |
| Description of area of difficulty: |

| Goal(s): |
| Remediation Plan: |

| Signature of student: |
| Signature of SRC Member | Signature of SRC Member | Signature of SRC Member |

| Date of SRC follow-up meeting: |
| Results of plan: | Comments: |

| Remediation was: |
| ___ Satisfactorily Completed |
| ___ Requires further remediation |

| Signature of student: |
| Signature of SRC Member | Signature of SRC Member | Signature of SRC Member |

| Date: |

Use this same template for subsequent remediation plans
Clinician Check List for _____ (client initials) Clinician: _______________________

Semester Start
☐ Review file
   o Write up history for plan of care
☐ Check with the Office Manager to see if your client needs an updated prescription
☐ Talk to your supervisor about scheduling options
   o Schedule your client, clinic must start the second week of classes
   o Request the prescription if needed
   o Put your client in the scheduler of Practice Perfect
   o Reserve a therapy room, both on Practice Perfect and on the room door
☐ Request records
   o May have to wait if Authorization to Exchange Information is not current (good for 1 year)
☐ Complete paperwork with your client (first session)
   o Review demographic and insurance sheet (provided by Office Manager)
      ▪ Have client make changes and sign and date the document
      ▪ Return document to the Office Manager
   o Attendance policy
   o Authorization to Exchange Information
   o HIPAA signature form
      ▪ Be sure to ask if they would like to read the HIPAA information again
      ▪ Ask if they would like a copy of the HIPAA form
   o Treatment and Observation form
   o Semester update form
   o Parking pass
☐ Conduct baseline testing (first and second session if two sessions is needed)
☐ Write goals and have them approved by your supervisor before your next session
   o Insert them into your plan of care
☐ Write plan of care with your supervisor, upload PDF to practice perfect
   o Print hard copies
      ▪ One for parents (if a two family home, send one to each parent)
      ▪ One mailed to primary care or referring physician (whomever wrote the script)

Mid-Semester
☐ KASA Typhon evaluation with supervisor

Semester End
☐ Conduct post-therapy baseline testing
☐ Complete the semester summary with your supervisor, upload PDF to practice perfect
   o Take your Plan of Care and modify it to give a summary of services and speak to each goal and how they progressed
   o Include recommendations
   o Print hard copies and mail
      ▪ Parents
      ▪ Physician
☐ Review summary with family members or client (may be a draft that you review because of timing)
☐ Complete semester return form with your client/family
☐ KASA Typhon evaluation with supervisor

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HIPAA Quick Guide

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

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

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

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

- All new fax numbers are confirmed before use.
- Whenever possible, faxes are sent only to machines at known locations, where the security of the receiving machine can be assured.
- All faxes containing sensitive information include a cover sheet identifying the recipient and including a confidentiality notice. (That notice should request that faxes sent to an incorrect destination be destroyed, and also request notification to the sender of such errors. Note that it’s not clear these notices have any legal effect, but they are a standard practice.)
- Faxes should not be left sitting in or around the machine.
- Whenever possible, postal mail is used for written transmissions. (It’s generally more secure, and there are clear legal protections for it.)

Email

- Care is exercised with every email message received, especially email containing attached files that may be infected. (Spam, spoofs and hoaxes should just be deleted. Do not reply.)
- Every arriving attachment should be confirmed as originating with a trusted source, or checked with antivirus software before opening.
- Links in emails are only accessed when the message is confirmed to originate from a trusted source.
- Sensitive information is not sent in email messages, including email attachments. (Our school email is not secure.)
- If transmission of sensitive information via email cannot be avoided, a confidentiality agreement signed by the client must be included in the chart.
- Email recipients and contents should be re-read before sending. (Confirm that you have the correct “to”, “cc” and “bcc” addresses.)
RESOURCES FOR CLINICAL SUPERVISION

Electronic Resources

Counsel of Academic Programs in Communication Sciences and Disorders Resources

White Paper: Preparation of Speech-Language Pathology Clinical Educators

CAPCSD Clinical Education Modules

1. Go to this site: [http://elearning.capcsd.org](http://elearning.capcsd.org) (you may have to create an account)
2. Select one of the following areas:

<table>
<thead>
<tr>
<th>Course Title/CEU Provider</th>
<th>URL</th>
<th>Enrollment Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foundations of Clinical Education/ ASHA CEUs</td>
<td><a href="http://elearning.capcsd.org/course/view.php?id=6">http://elearning.capcsd.org/course/view.php?id=6</a></td>
<td>r7W@8CRk</td>
</tr>
</tbody>
</table>

American Speech-Language Hearing Association Resources

eWorkshop: Essential Supervisory Skills for Clinical Educators (ASHA), .3 CEUs. The UM CSD Department will reimburse clinical educators for taking this course. Please talk with the clinical externship coordinator about eligibility for reimbursement.

Frequently Asked Questions about Student Supervision

Student Supervision Newsletter Articles

ASHA has developed two official statements about the knowledge and skills requirements for a clinical educator:

Knowledge and Skills Needed by Speech-Language Pathologists Providing Clinical Supervision

Clinical Supervision in Speech-Language Pathology Technical Report

Issues in Ethics: Supervision of Student Clinicians published 2010 by ASHA. This Issues in Ethics statement is a revision of Supervision of Student Clinicians (2003). The Board of Ethics reviews Issues in Ethics statements periodically to ensure that they meet the needs of the professions and are consistent with ASHA policies.

Supervision and the Professions: Resources for Supervision by Cheryl Gunter, PhD, CCC-SLP provides links to the ASHA standards of Supervision, ASHA special interest Group 11, Texts For Clinical supervision in Communication Disorders, Perspectives on Supervision from related Disciplines, Practical Supervision Aids, and Clinical Research and Supervision.
Self-Evaluation of the Supervisor
As noted on ASHA’s Clinical Education and Supervision Practice Portal, “the clinical education process incorporates self-assessment on the part of the student clinician and the clinical educator. Self-assessment enhances professional growth and development and provides an opportunity for each person to identify goals and determine whether these goals are being met.” The Self-Assessment of Competencies in Supervision tool was developed by the 2016 ASHA Ad Hoc Committee on Supervision Training (AHCST) to assist all audiologists and speech-language pathologists engaged in supervision in conducting a self-assessment of the knowledge and skills for supervision identified by the Ad Hoc Committee on Supervision (ASHA, 2013).

Books

Science of Successful Supervision and Mentorship by Linda Carozza, Ph.D.
School Externship Schedule

Schedule for the 14-Week Internship (Includes Suggested Timeline for Assuming Caseload)

Extern Week 1:

Activities/Responsibilities

- begins direct client contact
- participates in sessions as directed by supervisor
- observes all other sessions and services
- E-mail Clinical Externship Coordinator (steven.moates@mso.umt.edu) and to report on first week:
  - Have you completed the Clinical Practicum Agreement?
  - Describe the caseload you will be seeing during this practicum?
    - Do you have any concerns at this time?
  - Begins log of hours, activities, caseload

Extern Week 2:
Activities/Responsibilities

- assumes responsibility for students (approximately 30% - 40% of targeted caseload, at clinical educator’s discretion)
- continues observing and participating in other programs as directed by the clinical educator.

Extern Week 3
Activities/Responsibilities

- assumes responsibility for students (approximately 40% - 60% of targeted caseload, at clinical educator’s discretion)
- participates in other students’ programs as directed by supervisor
- E-mail Clinical Ext Coordinator to report on progress:
  - How is your supervisor providing you with feedback?
  - What things are you enjoying the most and what most challenging and/or frustrating (i.e., kids, aspects of the job, teachers, etc)
  - Any opportunities for interprofessional education or collaboration? If so, please list the other professionals and briefly describe the interaction.

Extern Week 4:
Activities/Responsibilities

- takes over 60% - 85% of targeted caseload at clinical educator’s discretion
- participates in other students’ programs as directed by supervisor

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Extern Week 5:
Activities/Responsibilities

- manages 100% of targeted caseload
- completes other assignments (meetings, conferences, in-services)
- schedule meeting time with Clinical Ext. Coordinator during week 7 for mid-term conference

Extern Week 6:
Activities/Responsibilities

- continues in role of SLP, carrying complete targeted caseload
- completes other assignments (meetings, conferences, in-services)
- Intern and Supervisor: (between weeks 6 and 7) complete mid-term KASA evaluation via Typhon

Extern Week 7:
Activities/Responsibilities

- continues in role of SLP, carrying complete targeted caseload
- completes other assignments (meetings, conferences, in-services)
- Mid-Term Conference: Clinical Ext Coordinator, Student and Supervisor meet to discuss mid-term KASA evaluation

Extern Weeks 8-11:
Activities/Responsibilities

- continues in role of SLP, carrying complete targeted caseload
- completes other assignments (meetings, conferences, in-services)
- At end of week 9, email Clinical Externship Coordinator to report on progress:
  - What service delivery models are you using? (i.e., Group, Individual, Push-in)
  - What are the advantages and disadvantages of the models you are currently using in your internship?
  - How are you relating treatment to the classroom for your students?

Extern Week 12:
Activities/Responsibilities

- continues in role of SLP, carrying complete targeted caseload
- completes other assignments (meetings, conferences, in-services)
- schedule End of Term Meeting with Clinical Externship Coordinator and clinical educator.

Extern Week 13:
Activities/Responsibilities

- continues in role of SLP, carrying complete targeted caseload
- completes other assignments (meetings, conferences, in-services)
- Intern and Supervisor: (between weeks 13 and 14)
- complete Final KASA evaluation via Typhon

**Extern Week 14:
Activities/Responsibilities**

- Completes reports and other paperwork
- Finishes up with students as assigned by clinical educator
- End of Term Conference: Clinical Ext Coordinator, Student and Supervisor meet to discuss mid-term KASA evaluation
Healthcare/Clinic Externship Schedule

Schedule for the 14-Week Internship (Includes Suggested Timeline for Assuming Caseload)

Extern Week 1:
Activities/Responsibilities
• begins direct patient contact
• participates in sessions as directed by supervisor
• observes all other sessions and services
• E-mail Clinical Externship Coordinator (steven.moates@mso.umt.edu) and to report on first week:
  o Have you completed the Clinical Practicum Agreement?
  o Describe the caseload you will be seeing during this practicum?
  o Do you have any concerns at this time?
• Begins log of hours, activities, caseload

Extern Week 2:
Activities/Responsibilities
• assumes responsibility for patients (approximately 30% - 40% of targeted caseload, at clinical educator’s discretion)
• continues observing and participating in other therapy sessions as directed by the clinical educator.

Extern Week 3
Activities/Responsibilities
• assumes responsibility for patients (approximately 40% - 60% of targeted caseload, at clinical educator’s discretion)
• participates in other patients’ therapy sessions as directed by supervisor
• E-mail Clinical Ext Coordinator to report on progress:
  o How is your supervisor providing you with feedback?
  o What things are you enjoying the most about the placement? What do you find the most challenging?
  o Any opportunities for interprofessional education or collaboration? If so, please list the other professionals and briefly describe the interaction.

Extern Week 4:
Activities/Responsibilities
• takes over 60% - 85% of targeted caseload at clinical educator’s discretion
• participates in other patients’ therapy sessions as directed by supervisor
Extern Week 5:
Activities/Responsibilities
- manages 100% of targeted caseload
- completes other assignments (meetings, conferences, in-services)
- schedule meeting time with Clinical Ext. Coordinator during week 7 for mid-term conference

Extern Week 6:
Activities/Responsibilities
- continues in role of SLP, carrying complete targeted caseload
- completes other assignments (meetings, conferences, in-services)
- Intern and Supervisor: (between weeks 6 and 7)
  - complete mid-term KASA evaluation via Typhon

Extern Week 7:
Activities/Responsibilities
- continues in role of SLP, carrying complete targeted caseload
- completes other assignments (meetings, conferences, in-services)
- Mid-Term Conference: Clinical Ext Coordinator, Student and Supervisor meet to discuss mid-term KASA evaluation

Extern Weeks 8-11:
Activities/Responsibilities
- continues in role of SLP, carrying complete targeted caseload
- completes other assignments (meetings, conferences, in-services)
- At end of week 9, email Clinical Externship Coordinator to report on progress:
  - Describe your level of independence with your clients at this point in the practicum.
  - What are some things that are going well in your placement? Any challenges?
  - What organizational systems and billing systems are you using in your placement? Any suggestions for improving those systems?

Extern Week 12:
Activities/Responsibilities
- continues in role of SLP, carrying complete targeted caseload
- completes other assignments (meetings, conferences, in-services)
- schedule End of Term Meeting with Clinical Externship Coordinator and clinical educator.

Extern Week 13:
Activities/Responsibilities
- continues in role of SLP, carrying complete targeted caseload
- completes other assignments (meetings, conferences, in-services)
- Intern and Supervisor: (between weeks 13 and 14)
- complete Final KASA evaluation via Typhon
Extern Week 14:
Activities/Responsibilities

- Completes reports and other paperwork
- Finishes up with patients as assigned by clinical educator
- End of Term Conference: Clinical Ext Coordinator, Student and Supervisor meet to discuss mid-term KASA evaluation
Healthcare/Clinic Externship Schedule (10-week)

Schedule for the 10-Week Internship (Includes Suggested Timeline for Assuming Caseload)

Extern Week 1:

Activities/Responsibilities

- begins direct patient contact
- participates in sessions as directed by supervisor
- observes all other sessions and services
- E-mail Clinical Externship Coordinator (steven.moates@mso.umt.edu) and to report on first week:
  - Have you completed the Clinical Practicum Agreement?
  - Describe the caseload that you are seeing during this practicum?
  - Do you have any concerns at this time?

- Begins log of hours, activities, caseload

Extern Week 2:

Activities/Responsibilities

- assumes responsibility for patients (approximately 30% - 50% of targeted caseload, at clinical educator’s discretion)
- continues observing and participating in other therapy sessions as directed by the clinical educator.

Extern Week 3

Activities/Responsibilities

- assumes responsibility for patients (approximately 50% - 70% of targeted caseload, at clinical educator’s discretion)
- participates in other patients’ therapy sessions as directed by supervisor
- schedule meeting time with Clinical Ext. Coordinator during week 5 for mid-term conference
- E-mails Clinical Externship Coordinator to report on progress:
  - How is your supervisor providing you with feedback?
  - What things are you enjoying the most about the placement? What do you find the most challenging?
  - Any opportunities for interprofessional education or collaboration? If so, please list the other professionals and briefly describe the interaction.
Extern Week 4:
Activities/Responsibilities

- takes over 70% - 100% of targeted caseload at clinical educator’s discretion
- participates in other patients’ therapy sessions as directed by supervisor
- Intern and Supervisor: (between weeks 4 and 5)
  complete mid-term KASA evaluation via Typhon

Extern Week 5:
Activities/Responsibilities

- manages 100% of targeted caseload
- completes other assignments (meetings, conferences, in-services)
- Mid-Term Conference: Clinical Ext Coordinator, Student and Supervisor meet to discuss mid-term KASA evaluation

Extern Weeks 6-7:
Activities/Responsibilities

- continues in role of SLP, carrying complete targeted caseload
- completes other assignments (meetings, conferences, in-services)
- At end of week 7, email Clinical Externship Coordinator to report on progress:
  - Describe your level of independence with your clients at this point in the practicum?
  - What organizational systems and billing systems are you using in your placement?
  - Any suggestions for improving these systems?
  - Any concerns about the number of hours you are obtaining during this placement?

Extern Week 8:
Activities/Responsibilities

- continues in role of SLP, carrying complete targeted caseload
- completes other assignments (meetings, conferences, in-services)
- schedule End of Term Meeting with Clinical Externship Coordinator and clinical educator.

Extern Week 9:
Activities/Responsibilities

- continues in role of SLP, carrying complete targeted caseload
- completes other assignments (meetings, conferences, in-services)
- Intern and Supervisor: (between weeks 13 and 14)
- complete Final KASA evaluation via Typhon
Extern Week 10:
Activities/Responsibilities

- Completes reports and other paperwork
- Finishes up with patients as assigned by clinical educator
- End of Term Conference: Clinical Ext Coordinator, Student and Supervisor meet to discuss mid-term KASA evaluation