

Speech-Language Pathology Clinical Handbook

2021 – 2022



Department of Rehabilitation Sciences
College of Health Professions

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SECTION ONE – INTRODUCTION

WELCOME

Welcome to The Medical University of South Carolina and the College of Health Professions. This is a new and exciting time for you, as well as for the faculty, staff, and clinical educators who will work closely with you during your graduate experience.

The Master of Science (M.S.) education program in speech-language pathology at the Medical University of South Carolina is an Applicant for Candidacy by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) of the American Speech-Language-Hearing Association, 2200 Research Boulevard, #310, Rockville, MD 20850, 800-498-2071 or 301-296- 5700

This is a six-semester program with clinical experience commencing at MUSC clinics during the first semester and progressing each semester to a full-time externship during your final semester prior to graduation. Clinical education is an integral part of your preparation for professional practice.

This Clinical Education Handbook was developed to help you become acquainted with policies and procedures for your clinical education experiences. Each semester, the Director of Clinical Education and your clinical educator will also provide you with site specific information.

If you have questions at any time regarding your clinical education, please schedule an appointment with me. I look forward to working with each of you. At MUSC, we are committed to providing exceptional clinical experiences that will foster professional growth.

Lori-Ann Ferraro, MA, CCC-SLP
SLP Director of Clinical Education
Division of Speech-Language Pathology
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DISCLAIMER

The Clinical Education Handbook is a resource intended for MUSC students, faculty, and clinical educators. The Division reserves the right to add, amend, delete, or deviate from any specifications in the manual at any time and to apply such changes to registered and accepted students. Students are responsible for reading this handbook, the SLP Program Student Handbook, the CHP Student Policies & Procedures Manual, and the MUSC Bulletin. Students are responsible for adhering to Department, Division, College, and University policies and regulations, as well as those outlined by practicum sites.

GENERAL INFORMATION

Medical University of South Carolina (MUSC)

Founded in 1824 as the first school of medicine in the southeastern U.S., MUSC is now the core of the state's largest medical complex and the largest employer in the metropolitan Charleston area with nearly 13,000 employees. A freestanding academic health center, MUSC is the only tertiary/quaternary care referral center in South Carolina for a statewide population of about 4.7 million people.

MUSC's major components are the MUSC Medical Center and six colleges: Medicine, Pharmacy, Nursing, Graduate Studies, Health Professions, and Dental Medicine. The Medical University of South Carolina is fully accredited by the Southern Association of Colleges and Schools (SACS) to award bachelor, master, doctoral and professional degrees. The Joint Commission on Accreditation of Healthcare Organizations and numerous national, professional and specialized accrediting bodies provide additional accreditations. The teaching faculty on campus consists of ~1,200 full-time and >200 part-time members. MUSC offers professional education at undergraduate, graduate and postgraduate levels appropriate to the healthcare disciplines, awarding about 900 degrees annually with enrollment of more than 2,500 degree-seeking students.

College of Health Professions (CHP)

With over 50 years of history educating thousands of students for the state of South Carolina and beyond, the College of Health Professions is a national leader in education, intellectual discovery, and research. Located in beautiful Charleston on the campus of the historic and nationally recognized Medical University of South Carolina (MUSC), our College advances student learning through a nationally recognized faculty, by promoting diversity, and by constantly assessing our programs and activities to better serve our students, our community, and the world at large.

Among the College's most significant developments is the building of a state-of-the-art complex that allows us to take advantage of recent advances in educational technology and growth opportunities for research by faculty and students. Our classrooms are designed to enhance student learning through the use of cutting-edge educational technologies. The College of Health Professions leads the way in the use of advanced educational technology.

The College's staff is student-focused and maintains the highest standards of service through ongoing education and development. Our staff makes the College special in so many ways, but particularly in their care for student's welfare. Our College continues to focus on recruiting a diverse and talented student body that can address the health care needs of the citizens of the state of South Carolina. It is critical that students of all ages, races and ethnic backgrounds have the opportunity to be educated in our programs, to succeed and to become leaders shaping the health care environment of the future.

Department of Rehabilitation Sciences (DRS)

The Department of Rehabilitation Sciences of the College of Health Professions is the home to the three rehabilitation-oriented divisions that house professional practice programs, researchers and clinicians. The newly established Division of Speech-Language Pathology (SLP) that includes Master of Science in Speech-Language Pathology program joins the long-standing Divisions of Occupational Therapy and Physical Therapy that include the nationally ranked Occupational Therapy Doctorate and Doctor of Physical Therapy that are within their respective divisions. The three divisions are collaborating to start an interprofessional Neurorehabilitation Institute (NRI) with the Medical University of South Carolina Hospital Authority that integrates clinical care, education, and research in the spring of 2021.

The department includes nearly 30 faculty members and over 330 students, as well as administrative staff for each program and a dedicated clinical education office of four full-time staff. State-of-the-art classrooms are dedicated to these programs within the college. Interprofessional education is taken from the classroom into practice through initiatives like the NRI and the award-winning Community Aid, Relief, Education and Support (CARES) Therapy Clinic that provide opportunities for students from different professions to work together. We also have a seed grant program to help further develop collaboration between the divisions in DRS and other units in the college and university. We strive to fully integrate research, education and clinical practice for our students and faculty to best serve the people of South Carolina and beyond. This evidence-based integration will ultimately impact the quality of clinical practice and, ultimately, improve patient care.

Division of Speech-Language Pathology (SLP)

The Division of Speech-Language Pathology is home to the Master of Science in Speech-Language Pathology program that prepares students to work as a speech-language pathologist (SLP) upon graduation. While students will be prepared to work across the entire scope of practice, including schools, our program has an emphasis in medical speech-language pathology. The curriculum is designed to focus on clinical training. Students are taught foundational knowledge early on and allowed to hone their clinical skills via interactive classrooms and clinical rotations.

As an academic medical center, MUSC gives students access to top-notch facilities and faculty. Students have will access to a wide range of clinical experiences. At MUSC, SLPs provide care in both hospital and outpatient clinic settings to a diverse patient population including pre-term babies in the neonatal intensive care unit (NICU), inpatients after stroke or traumatic brain injury, and patients with head and neck cancer. Students will have the opportunity to learn from and work alongside practicing clinicians in a variety of patient cases throughout the program, including during their didactic course work.

MISSION STATEMENT, DEGREE, AND OBJECTIVES

Mission Statement

The Master of Science in Speech-Language Pathology program will guide students in developing the knowledge and skills to be successful Speech-Language Pathologists (SLPs) who are well prepared across the scope of practice, with the knowledge and skills to treat complex medically based communication and swallowing disorders.

Degree

The Speech-Language Pathology curriculum leads to a Master of Science (M.S.) degree in Speech-Language Pathology. The program curriculum adheres to CAA standards for program accreditation and is in accordance with CFCC standards for professional certification. It is organized around specific competencies: diagnosis, management and treatment of communication, and swallowing disorders; anatomy and physiology; research methods (including quantitative, qualitative, and single-subject methodologies, as well as evidence-based practice); interdisciplinary practice; professional issues and ethics, the legal foundations of health care delivery and practice, and cultural awareness. The program is designed to ensure that graduates possess the knowledge and abilities to perform competently and proficiently.

Program Objectives

The mission and goals will serve as a guide for all program decisions. All decisions will be made in the best interest of delivering quality education and readying students for their careers as SLPs. Towards the program's mission and goals, the SLP Program will:

- Provide students a quality education, to be evident by high performance on dashboard indices and evaluated frequently via course assessments (didactic and clinical), student surveys and faculty retreats.
- Enhance the ability of the graduate to achieve their career goals, demonstrated by certification exam pass rates, employment outcomes and graduate surveys.
- Emphasize clinical preparedness including clinical checkoffs, active classroom learning, and paired didactic courses to guide all clinical experiences.

Student Learning Objectives

By the end of the program, students will demonstrate the knowledge and abilities necessary to:

1. Provide high-quality services within the scope of practice of speech-language pathology
2. Apply sound problem-solving and clinical reasoning skills to patient/client diagnosis, treatment, and management
3. Work in a collegial and effective manner with colleagues and team members to manage patient's/client's communication, cognitive, hearing, and/or swallowing disorders

4. Develop and implement quality control measures and individualized data-based methods to ensure that diagnostic and rehabilitation services are evidence based when possible
5. Adhere to ASHA's Code of Ethics
6. Adhere to legal principles and institutional practices applicable to clinical practice with individuals with disabilities whom we serve in preschool settings, schools, private practices, hospitals, rehabilitation settings, and long-term care facilities

Evaluation of Mission and Goals

The program faculty will regularly evaluate the congruence of program and institutional missions and the extent to which the goals are achieved.

The Mission of the Medical University of South Carolina (MUSC):

The Medical University of South Carolina (MUSC) is South Carolina's only comprehensive academic health science center. Our purpose is to preserve and optimize human life in South Carolina and beyond. MUSC provides an interprofessional environment for learning, discovery, and healing through (1) education of health care professionals and biomedical scientists, (2) research in the health sciences, and (3) provision of comprehensive health care.

The Mission of the College of Health Professions (CHP):

As a college dedicated to educating a diverse range of health professionals, we benefit our students, the University, and the community through our synergistic approach to creating new knowledge and expertise. Through interprofessional collaboration and innovation, we enrich the learning environment, increase our capacity to conduct research, and augment our ability to provide service. We are a dynamic and responsive college that generates solutions and contributes to the overall health and well-being of the citizens of our state and beyond.

The SLP program will annually review the alignment of the program's mission, the College's mission, and the University's mission. This will occur as part of the annual program review conducted at the Annual Retreat. Additional evaluation will occur whenever there are proposed modifications to any of the missions.

Revisions will be made as needed. The program's mission and goals will also be reviewed and revised periodically to meet SACSCOC (regional accreditation) requirements (to ensure the program's mission and goals are aligned with the university's) and when any changes to the mission or goals of the College or University are proposed.

The Program Outcomes and Student Learning Outcomes will serve as annual guideposts for the fulfillment of program mission and goals. Specifically, these are:

- Program Outcome (PO)
 - PO1: The program performs well on dashboard indices of quality education

- **Metric 1:** Percentage of courses that students rate ≥ 4.0 (on 1-5 scale) for course effectiveness. Threshold: Students will rate at least 90% of courses ≥ 4.0 for course effectiveness.
- **Metric 2:** Percentage of students that graduate in 2 years (the specified program length). Threshold: At least 80% of students will complete the program within the 2-year published program length.
- PO2: The program enhances the ability of the graduate to achieve their career goals.
 - **Metric 1:** First-time pass rate on the Praxis Examination in Speech-Language Pathology certification exam. Threshold: At least 90% of students will pass the Praxis Examination the first time.
 - **Metric 2:** Percent of graduates who are employed 1 year after graduation. Threshold: At least 95% of students, seeking employment, will be employed 1 year after graduation.
- Student Learning Outcomes (SLO):
 - SLO1: Students will demonstrate clinical competency.
 - **Metric 1:** 90% of students will achieve adequate or higher on their final clinical skills check off.
 - **Metric 2:** 90% of students will achieve adequate or higher on their final clinical externship report per the clinical externship rubric.
 - SLO 2: Students will demonstrate content knowledge.
 - **Metric 1:** 90% of students will achieve a passing grade on their comprehensive exam in their fifth semester Professional Issues: Comprehensive Exam course.
 - **Metric 2:** 90% of students will achieve at least adequate on their Capstone project per the project rubric.

PROFESSIONAL ASSOCIATION

The American Speech-Language-Hearing Association (ASHA)

ASHA is the national professional, scientific, and credentialing association for members and affiliates who are audiologists, speech-language pathologists, speech, language, and hearing scientists, audiology and speech-language pathology support personnel, and students. ASHA has been the guardian of the professions since 1926 and initiated the development of national standards for the profession.

The Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA)

The CAA serves the public by promoting excellence in the graduate education of audiologists and speech-language pathologists. Through a peer review process, the CAA establishes accreditation standards and facilitates continuous quality improvement of the programs it accredits. Graduates of CAA-accredited and candidate programs are educated in a core set of skills and knowledge required for entry into independent professional practice. The CAA is committed to quality and dedicated to audiology and speech-language pathology programs' success in preparing future professionals.

[Standards for Accreditation of Graduate Education Programs in Audiology and Speech-Language Pathology](#)

Praxis Examination

Information about the Praxis examination and the application process can be obtained from ASHA, information can be requested by mail, by phone or you can [click here to find Praxis information on the ASHA website](#). The National Testing Service establishes dates for the administration of *Praxis II-Speech/Language Pathology*. The Praxis needs to be taken before application for CCC.

[American Speech-Language-Hearing Association \(ASHA\)](#)

10801 Rockville Pike

Rockville, MD 20852-3279

ASHA Action Center: Members 1-800-498-2071, Non-members 1-800-638-8255

For [information about and registration for the Praxis Tests](#), go to the Educational Testing Service (ETS) website, and link to *Praxis II*.

Students are required by the SLP program to 1) report when they register for the Praxis, 2) have the ETS send a copy of Praxis scores to the SLP program. The reason why we ask students to send Praxis scores to the SLP program is that **CAA requires the program to have pass rates as part of program assessment**. MUSC's ETS code number is #A5407.

Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC)

The CFCC defines the standards for clinical certification and process for applying those standards in the certification of individuals. The CFCC ensures standards promote ethical and excellency in practice and proactively communicates standards and policies to ensure transparency.

[2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology](#)

Clinical Education for the SLP program at MUSC is designed to meet or exceed the accreditation standards for the program (CAA) and the certification standards of program graduates (CFCC).

PROGRAM FACULTY AND STAFF

****PHOTOS AND CONTACT INFORMATION TO BE ADDED.**



SECTION TWO – CLINICAL EDUCATION

SLP CURRICULUM

YEAR 1					
FALL		SPRING		SUMMER	
Course Name	Credit Hours	Course Name	Credit Hours	Course Name	Credit Hours
Professional Issues: Ethical Conduct	1	Professional Issues: Practice Settings & Reimbursement	1	Professional Issues: Multicultural Communication	1
Clinical Rotation 1	1	Clinical Rotation 2	3	Clinical Rotation 3	3
Clinical Rotation Didactic 1	1	Clinical Rotation Didactic 2	1	Clinical Rotation Didactic 3	1
Adult Swallowing	5	Voice	5	Articulation and Phonology	3
Neurogenic Language	4	Motor Speech	2	Childhood Language: Birth to 5	3
Cognitive Aspects of Communication	2	Assessment	2	Childhood Language: School-Age	3
Evidence-Based Practice	1	Patient Care Management	2	Social Aspects of Communication	1
		IP Foundations & TeamSTEPPS	1		
Semester Total	15	Semester Total	17	Semester Total	15
YEAR 2					
FALL		SPRING		SUMMER	
Course Name	Credit Hours	Course Name	Credit Hours	Course Name	Credit Hours
Professional Issues: Accreditation, Certification, Licensure, Specialty, & Advocacy	1	Professional Issues: Comprehensive Exam	1	Clinical Externship	9
Clinical Rotation 4	3	Clinical Rotation 5	3	Clinical Externship Didactic	1
Clinical Rotation Didactic 4	1	Clinical Rotation Didactic 5	1		
Tracheostomy and Ventilator-Dependent Patient Care	1	Communication Modalities	1		
Head and Neck Cancer	2	Hearing	3		
Craniofacial Anomalies & Genetic Syndromes	1	Fluency	2		
Pediatric Swallowing	2				
Introduction to Research Methods in Speech-Language Pathology	2				
IP Teamworks	1				
Semester Total	14	Semester Total	11	Semester Total	10
				Program Total	82

CLINICAL EDUCATION

The SLP program offers a range of clinical experiences, during which students develop and refine the ability to apply theory to practice while developing and refining problem solving and clinical abilities. The process is a “formative” one, in which students will gradually acquire clinical judgment, and will gradually be allowed to assume more independence in their rendering of clinical services (at the discretion of their supervising clinical educator).

Students are expected to work closely with clinical educators and incorporate feedback diligently in order to provide excellent diagnostic, intervention, and consultative services.

Clinical Observation

Students in the SLP Program are required to observe at least 25 hours of clinical services provided by certified speech-language pathologists and/or audiologists. Students may observe assessment and evaluation of communication and swallowing disorders. These observations hours are built in to your first semester clinical rotation.

The clinical observation experiences allow students to become familiar with client/patient/clinician interactions, assessment and evaluation procedures, therapy planning, and counseling techniques.

Student's clinical observation placements are coordinated by the SLP program's Director of Clinical Education. All observations must be documented. CALIPSO will be used to manage documentation and records of clinical information (documentation of clinical education assignments, documenting and tracking clinical practicum clock hours, clinical education practicum evaluations, documentation of clinical clock hours for ASHA certification).

Clinical Education

Clinical education is a vital part of the preparation of students for the practice of speech-language pathology. The clinical education component of the curriculum - including observation and clinical rotations - is graded similar to all other coursework in the curriculum with a focus on mastery of critical knowledge and skills.

Clinical education starts early in the program – the first semester. The clinical rotation experience provides an opportunity for students to learn to provide speech-language pathology services in a closely supervised environment. During the first semester, students will be enrolled in Clinical Rotation 1 & Clinical Rotation Didactic 1. Both will provide preparation hands on procedural training, computer-based simulation <https://www.simucase.com/>, and on-campus placement at a MUSC Health hospital.

Depending on the stage of clinical education, students will be responsible for obtaining pertinent case history information, planning and executing evaluation and treatment, and documenting sessions while always seeking assistance as needed. Clinical clock hours obtained during these experiences will be applied toward the minimum 400-hour requirement mandated by ASHA.

The SLP Director of Clinical Education will arrange all clinical practicum experiences. Students will be required to meet with the SLP Director of Clinical Education at the end of each semester to review evaluations from the clinical educator. The SLP Director of Clinical Education will determine the final High Pass/Pass/No Pass evaluation, based on clinical educator feedback and program expectations.

Students will advance through the clinical education curricula depending on their successful completion of prior academic and clinical coursework.

Students are expected to be knowledgeable regarding the CFCC academic and clinical education requirements and the ASHA Code of Ethics prior to starting clinical practicum. [The ASHA Code of Ethics](#) are covered in the first semester's Professional Issues: Ethical Conduct course. Students are expected to regularly monitor their clinical education hours in various required categories. Students may earn clinical clock hours only for time during which they are involved in providing services for the client or the client's family, as specified by the [CFCC Standards](#).

Clinical Rotation Placement

Clinical Rotations are on-campus and off-campus clinical courses comprising supervised clinical experiences completed at MUSC Health and at our affiliated clinical education sites. Each clinical education experience is completed under the supervision of one or more SLPs.

Off-campus clinical education placements may require clinical work on Saturdays and/or Sundays. Some clinical educators may work on holidays that fall during the regular semester schedule. Some clinical educators also work 10-hour days (versus typical 8-hour days). Students should always be prepared to follow the schedule of their clinical educator, as the experience should mimic the real world. Students should seek guidance from the SLP Director of Clinical Education regarding questions about clinical education schedules.

Clinical activities include, but are not limited to, observation, discussion, preparation, and direct patient contact. In addition to these activities, students are expected to complete report writing and other documentation and to complete assignments or projects assigned by clinical educators. Students are also expected to learn the non-clock hour related knowledge and skills required to work in the different practice settings.

Students, like faculty, must be flexible when involved in clinical services. Flexibility is needed to accommodate fluctuating caseloads and to help each clinical educator accommodate individual student's clinical needs for knowledge and skill attainment, as well as direct contact hour accumulation.

The decision to begin direct patient contact will ultimately be made by the clinical educator. Students should be prepared to initiate discussion regarding their readiness as necessary. Students should seek guidance from the SLP Director of Clinical Education whenever questions arise related to patient contact and student readiness.

Off-campus sites often have specific requirements prior to a student training at the facility. These requirements may include an interview and/or provision of a copy of resume or CV, transcripts, letters of recommendation, copies of immunization records, current CPR certification, 2 stage TB test, proof of health care coverage, drug screen, background check, etc. The SLP Director of Clinical Education will provide information about specific requirements for a given site at the time the clinical assignment is made.

Student requests may be taken into consideration for select placements but cannot be guaranteed for any clinical education experience. The SLP Director of Clinical Education will make the final decision regarding all clinical placements. Rotation placements will be accomplished in a quasi-random order after considering several variables - student educational needs, student preference, clinical educator availability, extenuating circumstances, and location. The SLP faculty led by the SLP Director of Clinical Education will make the assignments assisted by information provided by the Clinical Education Support team.

Supervision During Clinical Education

The clinical education experience of each student will be carefully monitored. Our program incorporates a paired one-credit didactic course with each semester of clinical experience. Each week, competencies and goals related to knowledge and skill development will be identified. Achievement of goals will be reflected in signed supervisory hours, case reports, and student reflections. The program will build on a common clinical preceptor model, such as that used in nursing programs, that monitors specific skill development, utilizes case reports, and emphasizes the importance of student reflection in clinical education.

The amount of direct supervision must be commensurate with the student's knowledge, skills, and experience; must not be less than 25% of the student's total contact with each client/patient; and must occur throughout the practicum. Supervision must be sufficient to ensure the welfare of the individual receiving services. For the vast majority of clinical sites, there will be 100% supervision (per billing regulations). When students advance in non-medical sites, a supervisor may deem them capable of having reduced supervision (never below 25%).

In all instances, clinical educators have the responsibility and authority to ensure that patient needs are prioritized before student experiences / hour acquisition. Supervisors are expected to adjust the amount of direct supervision and the nature of clinician/student/patient involvement to meet the needs of the individual receiving services. In all cases, major decisions by student clinicians regarding evaluation and treatment of a patient are implemented or communicated to the patient only after approval by the clinical educator.

All clinical educators must be available on-site to consult with the student clinician as appropriate during all clinical service delivery. All experiences must meet CFCC (ASHA) standards for clinical education.

Please note: 100% supervision is required for Medicare patients (mandatory line of sight supervision). [Please refer to this website about Medicare Coverage for Students and Clinical Fellow: SLP for further information.](#)

For additional questions regarding this policy, please consult the SLP Director of Clinical Education.

Patient Welfare During Clinical Education

To ensure the welfare of each person served, the care delivered by the student and clinician educator team will be in accordance with recognized standards of ethical practice and relevant state and federal regulations. Each clinical supervisor must ensure that standards of ethical practice and relevant state and federal regulations are compiled with in the clinic in which they serve, including HIPAA regulations. Professional standards of conduct as set forth in the [ASHA Code of Ethics](#) are provided in this handbook, in addition all MUSC students are required to adhere to the [MUSC Professionalism and Standards of Conduct](#). The Code of Ethics and additional relevant regulations will be covered in the Professional Issues sequence and in other didactic courses, as appropriate.

In all instances, clinical supervisors have the responsibility and authority to ensure that patient needs are prioritized before student experiences/hour acquisition. The amount of direct supervision provided, and nature of involvement will be adjusted to meet the needs of the individual receiving services.

Students who fail to adhere to professionalism standards will undergo the same intervention process as students who fail to adhere to academic standards, except in egregious cases. Students can be dismissed from MUSC for unprofessional conduct. Notification regarding any concerns will be provided in writing to students as appropriate throughout the semester.

CLINICAL ROTATION PROGRESSION

YEAR 1		
FALL	SPRING	SUMMER
Clinical Rotation I Clinical Rotation Didactic I Introduction Readiness Training Paired placements, 2:1 Model Adult / MUHA sites only 8 Hours / 1 Day per week Target Hours – 25 Observation hours, 25 Client Contact hours Additional hours: 10 acquired through Simucase™	Clinical Rotation II Clinical Rotation Didactic II Individual Placements, 1:1 Model Adult / MUHA and non-MUHA sites 8 Hours / 1 Day per week Target Hours: 40 Client Contact hours Additional hours: 10 acquired through Simucase™	Clinical Rotation III Clinical Rotation Didactic III Paired placements, 2:1 Model Child / MUHA sites 8 Hours / 1 Day per week Target Hours: 40 Client Contact hours Additional hours: 10 acquired through Simucase™
YEAR 2		
FALL	SPRING	SUMMER
Clinical Rotation IV Clinical Rotation Didactic IV Individual Placements, 1:1 Child / School System 8 Hours / 1 Day per week Target Hours: 60 Client Contact hours	Clinical Rotation V Clinical Rotation Didactic V Individual Placements, 1:1 Specialty / Choice 8 Hours / 1 Day per week Target Hours: 60 Client Contact hours	Clinical Externship Clinical Externship Didactic Full time Individual Placements, 1:1 Site is Student Dependent 8 Hours / 5 Days per week Target Hours: 250 Client Contact hours

CLINICAL HOURS

Key requirements regarding hours include:

- Minimum of 400 direct contact hours required
- Maximum of 50 hours from undergraduate (if applicable).
- Includes 25 observation hours (25 required, no additional observation hours can be counted as part of the 400)
- Hours documenting the acquisition of knowledge and skills must be gathered across the scope of practice (the 9 disorder areas), in intervention, evaluation, and prevention, with different populations, severities, ages, and settings
- May include up to 75 hours of clinical simulation
- Some requirements regarding the counting of hours and supervision requirements are temporarily modified due to COVID-19

This is not a complete list of requirements, refer to the resources below for specifics. See CAA Standard 3.1B and CFCC Standards V-B, V-C, V-D, V-E, V-F.

[Standards for Accreditation of Graduate Education Programs in Audiology and Speech-Language Pathology](#)

[2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology](#)

[CAA & CFCC Corona Virus Guidance](#)

It is the responsibility of each student, in conjunction with the academic advisor and the SLP Director of Clinical Education, to ensure that all necessary practicum requirements are obtained prior to graduation. It is important to begin discussing the arrangements for acquiring those experiences at the onset of the student's enrollment. Refer to the 2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology for more detail regarding these requirements.

All students must demonstrate Knowledge and Skill of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following nine areas for both assessment and treatment.

- Articulation
- Fluency
- Voice and Resonance, including respiration and phonation
- Receptive and Expressive Language – Pediatric and Adult (phonology, morphology, syntax, semantics, pragmatics, pre-linguistic communication and paralinguistic communication) in speaking, listening, reading, writing
- Hearing, including the impact on speech and language
- Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding, orofacial myology)

- Cognitive Aspects of Communication – Pediatric and Adult (attention, memory, sequencing, problem-solving, executive functioning)
- Social Aspects of Communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
- Augmentative and Alternative Communication Modalities

It is our obligation as a graduate program to provide and arrange supervised clinical experiences with client/patient populations **across the life span** and from **culturally/linguistically diverse backgrounds**. Practicum experiences must include a sufficient **depth and breadth of evaluation and intervention** opportunities with client/patient populations with **various types and severities of communication and/or related disorders, differences, and disabilities in a variety of different settings**. We will individualize clinical rotations for each student to best meet the 1) need to provide depth and breadth of experiences, 2) need to ensure that each student has demonstrated mastery in key knowledge and skill areas, and 3) desire to prioritize rotations according to student career goals.

Student Records

It is the responsibility of each student to maintain personal copies of their academic and clinical records. It is difficult to predict exactly what could be needed for future academic or professional endeavors. It is recommended that students save copies of all important documents, program materials (handbooks), and course information (syllabi) for their personal records.

The SLP program will maintain student program records and clinical education records electronically during enrollment. The student record will be maintained electronically for 3 years after graduation at which time a subset will be permanently on the CHP server. Withdrawn student records are maintained in an electronic file in the on the CHP server for 3 years after the last date of attendance.

CLINICAL EDUCATION PROCESS

During or prior to the first week of each academic semester, students should meet with their clinical educator(s) to discuss the clinical education plan. At the midpoint of each semester, the student and clinical educator will meet to discuss the Midterm Evaluation. During the last week of each semester, students and clinical educators will meet to discuss the Final Evaluation and to complete the appropriate assessment forms. The SLP Director of Clinical Education (DCE) will determine if the student's performance meets the requirements to receive a High Pass/Pass for the final grade and will be responsible for assigning this in the student's academic record.

All students are required to log their daily clinical clock hours and have them approved by their clinical educator. All documentation and record keeping will be done in CALIPSO. **Records of hours must be tracked accurately without adjustment.** For example, if 1 hour and 26 minutes are accumulated, only 1 hour and 26 minutes may be recorded, rounding up to 1.5 hours is not allowed.

All clinical educators must provide their ASHA number to ensure current certification by ASHA and valid state license, prior to the clinical rotation start date. SLP clinical hours must be supervised by holders of current ASHA certification for those clinical hours to be counted. In addition, each clinical educator will be required to complete 2 hours of continuing education in supervision which will be documented by the program.

POLICY FOR GRADING CLINICAL PERFORMANCE

The SLP Director of Clinical Education assigns the final grade for each clinical rotation, with primary input from the clinical educator(s). Final grades will be documented as high pass/pass/no pass based on the student's progress and demonstrated competency in the clinical skills mapped to the current rotation. Progress and demonstrated competency will be graduated and vary based on student's progression in the program (first semester vs. full-time externship), clinical site (second rotation in a school setting vs. first rotation in the head and neck cancer center), and specific clinical skill (conducting a cranial nerve exam vs. caring for a ventilator-dependent patient).

Final grades are based upon the information and ratings assigned in the Evaluation of Clinical Performance in CALIPSO.

Core Entrustable Professional Activities are graded based on a five-point rating scale. A grade below the minimum established rating score for each semester in any of the Entrustable Professional Activities on the Final Evaluation yields a failure for the clinical rotation experience. The Professionalism section on the evaluation forms reflects a student's professional performance during the clinical education semester. **With any rating of 1.00-1.99 at Midterm, the student will immediately meet with the SLP Director of Clinical Education.**

1	2	3	4	5
Limited knowledge/ability & insufficient skill to perform task, even with assistance	Allowed to perform activity under direct observation with pro-active full supervision & assistance as needed	Able to independently execute activity when assigned, trusted to ask for help. Clinical supervisor is readily available (indirect supervision)	Trusted to independently execute activity, seeks guidance when needed (key findings or activities checked)	Trusted to perform independently (unsupervised)

The expectation is that students will systematically improve their mastery of skills with increased independence as they progress through their clinical education as addressed in the End-of-Semester Clinical Rotation meeting with the SLP Director of Clinical Education each semester and in the final clinical skills check-off and the final clinical externship report. See table below for an example of the predicted student mastery across clinical rotations.

Semester	Below Expectation	Skill Emerging	Skill Present
Fall 1		100%	
Spring 1		100%	
Summer 1		80%	20%
Fall 2		60%	40%
Spring 2		40%	60%
Externship		30%	70%

The following graduated grading scale, which corresponds to the Entrustable Professional Activities rating scale mentioned above, will be used to determine if a student meets the minimum competency required at each semester. By the end of each semester, the student must achieve a numerical score in the pass or high pass range **for all mandatory clinical skills** for that rotation. *Note: Some advanced clinical activities will not be included in the mastery assessment (i.e., those related to specialty rotations (NICU, HNC, etc.). At the beginning of each semester, students will be provided with a specific check-off list of clinical skills that will be included in the course grade. Information in this table can be read as: in the Fall Year 1 Clinical Rotation, if a student receives a score of 1 on any mandatory clinical skill for that rotation, they will receive a grade of No Pass for the rotation. If a student receives a score of 2 on all mandatory clinical skills for that rotation, they will receive a grade of Pass. If a student receives an average score of 3 or above on all mandatory clinical skills for that rotation, with no individual scores being less than a 2, the student will receive a grade of High Pass.

Semester	No Pass	Pass	High Pass
Fall Year 1 Clinical Rotation	1.00-1.99	2.00-2.99	3.00-5.00
Spring Year 1 Clinical Rotation	1.00-2.24	2.25-3.49	3.50-5.00

Summer Year 1 Clinical Rotation	1.00-2.24	2.25-3.49	3.50-5.00
Fall Year 2 Clinical Rotation	1.00-2.49	2.50-3.49	3.50-5.00
Spring Year 2 Clinical Rotation	1.00-2.49	2.50-3.49	3.50-5.00
Externship	1.00-2.99	3.00-3.99	4.00-5.00

Clinical Probation

Students receiving a No Pass in any SLP Clinical Rotation prior to the final externship will be placed on clinical probation and required to successfully demonstrate the expected knowledge and skills and complete any associated intervention plan before progressing further in the clinical sequence. Earned clinical contact hours may be used to meet the ASHA Council for Clinical Certification (CFCC) requirements, at the discretion of the SLP Director of Clinical Education.

For students placed on clinical probation at any time during the SLP clinical sequence, an intervention plan will be developed jointly by the student, the student's academic adviser, and the SLP Director of Clinical Education in association with feedback provided by the student's clinical educators. This plan will be documented and recorded in the student's program file. Failure to achieve a satisfactory evaluation (Pass or High Pass) in any subsequent clinical course will result in dismissal from the program.

The faculty reserves the right to request the withdrawal of any student whose conduct or performance demonstrates lack of fitness for continuance in a health profession. See Professionalism Policies. Any such student not voluntarily withdrawing will be dismissed from the program.

Students receiving a No Pass in their final externship will be placed on probation and required to repeat the externship along with an intervention plan to qualify for graduation. Students receiving a No Pass in the repeated course will be dismissed from the program.

CONFIDENTIALITY AND PROFESSIONAL CONDUCT

The privilege of seeing patients, clients, and students at MUSC/MUHA, as well as at off-campus clinical education sites, requires that all students demonstrate professional behavior at all times. To assure that clinical education and the clinic processes run smoothly, students are expected to abide by the following guidelines.

- Food and drink are not allowed in the clinic and patient care areas unless they are utilized for patient testing and/or treatment.
- Student clinicians must display conduct reflecting professionalism at all times. There should be NO discussion of patients with anyone other than the clinical educator or course instructor, and such discussions should only take place where privacy and confidentiality can be ensured. Specific areas to avoid such discussions include clinic waiting areas, hallways, elevators, or general workrooms.
- When making introductions to patients, students should provide a pleasant greeting, identify themselves by title and indicate that they are graduate clinicians. For example, "Hello, I am Jane Smith, a graduate clinician in speech-language pathology".
- All conferences with the patient and/or family members should be conducted in appropriate, private settings, not in a public area.
- Students are not typically permitted in the reception area behind the administrative assistants' desks, or in the file and office supply area. Requests of the clinic administrative assistants should always be made through the clinical educator. Questions about schedules, materials, and patient files should also be directed to the clinical educator. This will vary depending by site, please seek guidance from your clinical educator and the SLP Director of Clinical Education.
- Information from patient files is NOT to be photocopied, nor written notes made, without direction and consent of the clinical educator. All identifying information must be removed according to HIPAA guidelines. If uncertain about privacy policies, review HIPAA guidelines and seek guidance from your clinical educator and the SLP Director of Clinical Education. You must log-off from all computers before leaving the terminal to maintain confidentiality.
- The patient's name and other protected health information must be completely removed throughout the report on all rough drafts kept for personal files. Review details on Protected Health Information (PHI) with any questions.
- Students are not permitted to make or receive personal phone calls on the clinic telephones. The telephone number may be given for emergency calls only. Personal cell phone use is prohibited during clinical activities and in the clinic and patient care areas at all times. If use of the internet or other clinical "apps" on your cell phone is needed for patient related care, confirm with your clinical educator prior to using.
- Computers in the clinic area are to be used for clinical purposes (e.g. report writing) only. Personal use of the computers or for checking non-MUSC related email is not allowed.
- Students should not linger in the professional service areas or near the administrative assistants' desks when not engaged in patient care activities as this impedes patient traffic. Please do not occupy needed chairs in the clinic waiting area or in treatment rooms.
- All communication is done through MUSC email, and this should be checked daily at minimum. Use of

personal email accounts for program correspondence is not appropriate and is a security violation.

- Supervision styles will vary from person to person and from site to site. The clinical educator will establish what type of patient care activities the student will be directly involved with and those the student will observe. The care provided to the patients is the responsibility of the clinical educator and the patient's experience is always the priority. The clinical educator will seek out sufficient opportunities to allow the student to build designated skills. Students are expected to respect these differences and to demonstrate flexibility. Open and professional communication is critical to success.

Professional / Courtesy Titles

As a matter of professional courtesy, all students in the graduate program are required to address faculty, staff, and clinical supervisors by title or other appropriate form of address:

Dr.
Professor
Ms., Mrs. or Mr.

Similarly, adult clients and parents should be addressed as Ms., Mrs. or Mr. It is not appropriate to address adult clients by first name unless invited to do so.

First names are not appropriate, unless the student is invited to do so by the faculty member or supervisor. For example, a supervisor working with a child may prefer a title and first name (e.g., "Ms. Diane").

In these environments, the clinical educator will determine how s/he wishes to be addressed by the student. Erring on the side of more formal designations is preferred in the professional environment.

Again, it is considered a privilege to work with clinical educators and patients, clients, and students at MUSC and off-campus clinical education sites.

Socializing between the student and clinical educator via social media networking is discouraged, especially during the clinical experience. Clinical educators and students are expected to maintain professional boundaries at all times. A professional student-clinical educator relationship is essential to ensuring a positive outcome to the clinical mentorship experience. Upon completion of graduate training, everyone will become colleagues. At that time, collegial, supportive, and mentoring relationships are welcomed.

CORE PROFESSIONAL SKILLS

The skills that should be demonstrated and will be evaluated for each student at the midterm and conclusion of each clinical rotation include:

- Interacts appropriately with patients/clients of different ages, cultures, and abilities, and their caregivers
- Shows good rapport with clinical educator(s)
- Demonstrates respect & compassion for all patients

- Demonstrates pride in professional role
- Maintains interest in clinical assignment
- Shows interest in improving performance
- Demonstrates emotional control and stability
- Demonstrates good attendance and punctuality
- Dresses in professional attire
- Appropriately recognizes and incorporates family members into evaluation process
- Communicates with physicians and other professionals about patient issues
- Demonstrates self-evaluation skills regarding professional competencies, such as accountability, integrity, effective communication skills, clinical reasoning, evidence-based practice, concern for individuals served, cultural competence, professional duty, and collaborative practice. [Click here to see additional details of Professional Practice Competencies in CAA Standards for Accreditation 3.1.1B](#) or see details on page 30.

As outlined in the **MUSC Excellence Standards of Professional Behavior** (Section 5), employees of MUSC are committed to practicing professional behaviors by providing COMPASSION in patient care, teaching and research; promoting an environment that promotes TEAMWORK and DIVERSITY; taking ACCOUNTABILITY for outcomes; and embracing INNOVATION. These same standards of professional behavior are expected of students when on clinical rotations.

CONFLICT MANAGEMENT

If minor differences/conflicts arise between a student and any clinical educator (internal or external), the student should meet with his/her clinical educator to reach a resolution. The SLP Director of Clinical Education should be apprised of the situation and the outcome of the meeting. For more complex issues or minor issues that have been discussed but not resolved, the student should request a meeting with the SLP Director of Clinical Education, who will also reach out to the clinical educator. If further resolution is required, the next step is for the student to meet with the Program Director, then the Department Chair. The academic advisor can be brought in at any time. If further resolution is needed, the issue may be referred to a department committee. If a conflict regarding a clinical rotation evaluation arises, please refer to the SLP Student Handbook for the appropriate policy and procedure.

CLINICAL EDUCATION ATTENDANCE

Clinical education is an important part of your professional training and is necessary for the integration of academic material with clinical proficiency and preparation for professional practice. Attendance is expected at all scheduled clinical education times in order for each student to attain clinical competency and to meet the required clinical education hours. Students should report to their clinical education site at least 15 minutes before the scheduled start time. Tardiness and/or absences could affect your evaluations and result in failure for that semester in clinical education.

Clinical education begins the first day of the semester and continues through the last day of classes. There will be two formal meetings with the clinical educator, at midterm and the final. There is also a mandatory final end of clinical rotation meeting with the SLP Director of Clinical Education. Expected dates for clinical rotations should be specified and understood prior to the start of the rotation. Travel and plans during any breaks between semesters should be taken into consideration, as all clinical education requirements that must be met prior to starting at a given site. Any absences during the semester must be made up during the examination period. This is at the discretion and availability of the clinical educator. If the clinical educator is not available during the examination period, the SLP Director of Clinical Education should be notified, and the student may not achieve the targeted experience or the expected number of hours for the semester. Any make-up sessions will be completed before a final clinical education grade can be given. Absences from clinical education for comprehensive examinations or retakes will be acceptable. Clinical educators will be notified by the SLP Director of Clinical Education about absences related to comprehensive exams and any retakes.

If necessary, a student **may request to be absent** from a scheduled clinical education time by submitting a Student Absence/Absence Request Form to the SLP Director of Clinical Education. In the event that a student is aware of a potential conflict with clinical time, including for religious holiday observance, the SLP Director of Clinical Education must be notified as early in the program of study as possible. This is particularly critical for all off-campus clinical placements.

For other **unanticipated future absences**, the Student Absence/Absence Request Form must be submitted at least two weeks prior to the requested date of absence. It must be approved and signed by both the clinical educator and the SLP Director of Clinical Education. The SLP Director of Clinical Education reserves the right to deny any absence request for activities that are not considered necessary or have not been submitted at least two weeks prior. Excessive number of absentee days either during the semester and/or throughout the program can jeopardize the clinical experience.

In the case of **sudden unexpected** absence, the student is responsible for contacting the clinic and her/his clinical educator immediately on the day of absence. An email must be sent to the SLP Director of Clinical Education. The Student Absence/Absence Request Form must be submitted to the clinical educator for signature and then the SLP Director of Clinical Education within 48 hours of the student returning. Student clinicians must make up missed sessions during the semester at the discretion and availability of the clinical educator. Students are expected to discuss attendance policies with the clinical educator at the beginning of each rotation.

A physician's statement approving the student's ability to return to clinical activities may be required for absences of three (3) or more consecutive clinical days or for repeated illness. This statement must be presented to the SLP Director of Clinical Education and the clinical educator before a student may return to clinical activities. A physician's statement for shorter illnesses may be required at the discretion of the SLP

STUDENT CLINICIAN DRESS CODE

When observing, evaluating, or treating patients, students are expected to dress and behave in a professional manner. Dress according to the needs to your patient (i.e., when working with a child with cerebral palsy who requires positioning, wear clothes that give you the necessary freedom of movement needed) but ensure a professional appearance.

First impressions are lasting impressions, so pay particular attention to your dress. For example, in the MUSC inpatient setting Misty Gray Scrubs are worn, while the outpatient setting calls for business attire along with a white lab coat. Often a white lab coat will also be worn while observing in hospitals and working in long-term care facilities unless otherwise directed at the clinical site.

Clothing items and accessories which look particularly non-professional are not permitted. Examples include:

- Jeans
- Open-toe shoes
- Tight shirts
- Shorts
- Tight pants (e.g., leggings)
- Sun dresses
- Loose shirt tails
- Sweat suits, sweatshirts
- Strapless dresses
- Halter tops
- Casual oversize shirts
- Miniskirts (> 2" above the knee)
- Tank tops
- Torn or stained clothes
- Crop tops
- Overalls

Jewelry:

- Watches, wedding bands and /or engagement rings are permissible.
- No excessive bracelets or necklaces.
- No more than two earrings per ear, no dangling or oversized earrings.
- No other visible body piercings are permitted. Other than ear piercings, facial piercings must be removed, covered, or otherwise concealed so they are not visible while at any clinical site.

Nails:

- Fingernails should be kept trimmed and without nail polish. This is for your safety and the safety of your patients and preceptors.

Badges:

- A badge identifying you as a MUSC SLP student is mandatory at all times and must be worn on the upper portion of your lab coat or clothing while at the clinical site. Badges should be worn at the lapel/shoulder level, not along the waistline.

Hair

- Hair should be clean and arranged so as not to interfere with patient care. When working with equipment or leaning over patients, students should pull long hair back.

Footwear/Shoes:

- Shoes must be clean, well-kept (with laces tied) and have an enclosed toe. High heel shoes are not permitted.
- Tennis/running shoes are not typically permitted. Athletic shoes may be considered appropriate with scrubs in some settings. The SLP Director of Clinical Education and your clinical educator can offer

guidance.

Tattoos:

- Tattoos that are excessive or may be construed as vulgar or offensive must be covered.

Supervisors *have the prerogative* of requiring certain dress codes that are more (or less) stringent than the guidelines above, depending on the context (e.g., children, adults, setting, etc.).

CLINICAL DOCUMENTATION

Most medical charting for hospital in-patients and clinic out-patients are completed through the EPIC electronic medical records system. SLP students will complete a mandatory EPIC training session during fall semester of their first year to prepare for subsequent clinical experiences at MUSC Health. Clinical educators will provide experiences for students to learn to use EPIC in an appropriate manner for their patient caseload.

The EPIC system is used to record notes for all patient encounters. Your clinical educator will train you on the specific procedures used for charting in EPIC as well as what documentation will be placed in the patient's paper file, if applicable. Notes also must be made for any missed or canceled appointments and for any telephone contact with the patient, family member, or other involved individuals. Telephone contacts must be designated as such. All clinical notes in EPIC are co-signed by MUHA clinical educators. As students you are not allowed to give information to any person over the phone without your clinical educator's expressed permission.

Some documentation may occur outside of the EPIC system. For these patients, all written entries must be legible and co-signed by a faculty member. Some forms in the chart are not to be written on by students, so it is best to confirm with your clinical educator where your entry should be written. All entries must be written in black ink. If an error is made in the chart, cross it out with a single line, write error above the line, and date and initial it. Never use white out or eraser.

Deadlines for progress notes, evaluations, end of the term notes, and discharge summaries will be identified by individual clinical educators and must be strictly followed. Individual clinical educators will discuss their requirements for lesson plans and reports at the beginning of each rotation. See the SLP Clinical Rotation Expectations template in Section 5 to guide this discussion.

STUDENT SIGNATURES ON CHARTS, DOCUMENTS, EMAILS

SLP students are to use the following format when representing their position at MUSC. These descriptors are to be used on emails, other correspondence, chart notes, and other documents.

Jane Doe, B.S. (or other degree designator)

Graduate Student (or Graduate Student Clinician) Speech-Language Pathology, MUSC

GUIDELINES FOR MEDICAL DOCUMENTATION

The need for appropriate documentation in the medical record should be self-evident. Documentation encourages discipline in the clinical approach to patients and provides others who care for the patient with a necessary database. It also provides the necessary database for legal and economic issues.

All student clinical documentation must be complete on the same date of service. This is the expectation for documentation at MUSC placements, requirements at other sites should be similar.

All entries in the record should be dated and timed. The clinical course of a patient is dynamic as opposed to static. It is important to know when decisions are made about patients since data interpretation at one time of day may be very different when additional data is known later in the day.

All orders must be dated and timed. It is impossible to monitor for the timeliness of order execution if it is unclear when orders were written.

All services rendered should be recorded in the orders. Continuity of care is improved because services can be tracked over time.

Sign all entries and orders. It is important to take responsibility for your interpretations and decisions. Signatures must include first name or initial, surname, and title (M.D., D.O., etc.).

Justify reasons for admission in initial description of patient. This should reflect the reason for admission from the perspective of the attending.

Justify reasons for continued hospital stay.

Justify reasons for diagnostic studies. The logic used in decision making is important to convey to others reading the chart.

Document reasons for major therapeutic interventions.

Summarize discharge plans including discharge medications. This supplies others who subsequently care for the patient with important information in the event that the patient returns for emergency care.

APPOINTMENTS AND BILLING

Outpatient appointments are scheduled in the EPIC system by the administrative assistants. Return appointments are to be made through the clinical educator and the administrative assistant. Plans for use of the therapy rooms or other clinic space are also designated in the schedule. The administrative assistants make all scheduled entries. Under no circumstances are students allowed to make entries to the computer schedule.

STUDENT CLINICAL EDUCATION FILES

Through CALIPSO, the SLP program maintains an online clinical education file for all the students in the which houses student evaluations. The file includes all client contact hours logged, the populations treated, the site and clinical educator information, the skills achieved for each student, and related details. The database is HIPAA and FERPA approved and insures confidentiality for clients and students. Students are trained on the use of this database before beginning their clinical education. External sites are also provided with written information and training as needed on how to approve hours and submit student evaluations.

Clinical hours and skills are reviewed with the SLP Director of Clinical Education and the clinical educator at the end of each academic semester the student is in clinic. Final grades will not be submitted to the Registrar until the semester clinical education meeting is completed and all requirements are finalized. Failure to meet with the SLP Director of Clinical Education at the end of the semester may result in an incomplete or No Pass for that clinical experience.

STUDENT SUPPLIES

Students are required to have some professional supplies for their clinical and academic work. If you have difficulty obtaining an item, please let your advisor know.

- Clean short white lab coat
- Misty gray scrubs (MUSC patch with SLP designation will be provided)
- Portable audio recorder
- Penlight(s)
- Stopwatch or watch with a second hand
- Clipboard
- Nasal emission mirror (optional)
- Reflex hammers (optional)
- Facemasks, gloves, tongue depressors, and a pen, must also be available.

STUDENT HEALTH INSURANCE

MUSC requires students to be covered by a health plan in order to promote health and well-being while protecting the individual from undue financial hardship that a medical emergency could cause. Students may be asked by the SLP Director of Clinical Education and/or external sites to periodically provide proof of health coverage.

PROFESSIONAL LIABILITY INSURANCE

All students are covered under the primary and umbrella liability insurance that MUSC holds while they are enrolled and participating in clinical education courses. **Certificates of Insurance are generated by the**

Office of Risk Management and are sent to the off-campus sites by the CHP Clinical Education Team.

Please Note: Some outside agencies may require students to carry their own additional personal malpractice insurance. This may be purchased at a student rate from NSSHLA (National Student Speech Language Hearing Association).

HEALTH EDUCATION

You will be required to complete annual mandatory training modules (MyQuest) that cover healthcare issues, patient safety, confidentiality, security of records, infection control and pertinent hospital policies of the medical center. **These required modules will be completed during the first month of enrollment and must be updated yearly.**

You will receive an in-service on specific infection control procedures for MUSC clinic's as well as information on clean hand technique and universal precautions.

HEALTHCARE DOCUMENTATION

All students must be compliant with all CHP, SLP Program, clinical site requirements before attending any rotations. Compliance includes scanning each document described below, ensuring it is saved as a PDF file with an appropriate name and providing documentation to the Clinical Education Support Team. The due dates for the required documentation are communicated by the Clinical Education Support Team in advance and provide sufficient time for students to complete this process. A staff member of the Clinical Education Support Team will notify a student if a document does not meet the specified requirements. Any document rejected must be corrected by the affected student. Students shall be notified of rejected documents.

Students who are non-compliant may be delayed in starting their clinical rotation until the requirements are met. If a lapse in the requirements occurs during a rotation, the student may be immediately removed from their rotation and may not return until the requirement(s) is/are fully updated, completed and submitted to the Clinical Education Support Team. Affected students will be required to make-up any clinical time missed from the rotation or repeat the clinical rotation block, and consequently be delayed in program completion date.

You will be required to maintain your own health records, as most off-campus sites will require them before you begin your clinical assignment. Your immunization records, which you provided through LifeNet prior to enrollment, are available through the Office of Student Health. **You will be required to receive the hepatitis b vaccine if you have not already completed the series.** The Hepatitis B Vaccine is available through Student Health Services or through your primary care physician. Several external sites have other requirements such as a **2 stage TB test, drug screen, background check, and/or fingerprinting.** The TB test and drug screen may be obtained through Student Health Services or through your primary care physician. **Some external campus facilities will require that these tests be completed at their site.** The cost of these tests will be the student's responsibility.

Documents should include:

- Hep B Series
- Influenza

- Varicella (chicken pox)
- TB Skin Test, Two-step PPD Mantoux Skin Test or Quantiferon-TB Gold test
- Measles, Mumps, Rubella (MMR)
- Tetanus, Diphtheria, Pertussis (Tdap)
- Current CPR Certification
- MyQuest Modules (Students are required to complete all designated modules annually)
- Proof of health care coverage (required annually)
- Drug screen (as requested)
- Background check (as requested)
- Fingerprinting (as requested)
- OSHA Fit-Testing and Training with N95 Mask (as requested)

Students are also responsible for updating these documents as needed, as well as uploading them as appropriate.

Some clinical sites have additional prerequisites that students are responsible for completing before being permitted to continue the clinical experience. With the exception of background checks, students are responsible for ensuring all site-specific prerequisites that are in addition to CHP and SLP Program requirements are met and provided appropriately before the Clinical Education Support Team sends all packets to preceptors and admitting sites. Students are strongly encouraged to determine if there are any site-specific prerequisites at least 3 months before the rotation is scheduled to begin so that necessary arrangements can be made. Failure to meet any requirements may result in time being taken away from the clinical experience. This will be considered an unexcused absence that could delay the start of a rotation and place the clinical experience at risk.

CPR TRAINING

All SLP students are required to complete American Heart Association CPR training (Health Care Provider CPR) by the end of the first semester of their first year enrolled and to upload a copy of this training to Typhon. CPR training can be obtained through your neighborhood fire department or park district. Fees for CPR training will be the student's responsibility.

RESPIRATORY MASK FIT TESTING

MUHA SLPs are exempt from mandatory pre-employment and annual respiratory mask fit testing. MUHA SLPs are required to complete respiratory fit testing through MUSC Infection Prevention Department prior to working directly with any individual patient that requires MUSC staff to wear a respiratory mask. In compliance with MUSC regulation, all graduate students who will have contact with patients requiring staff to wear a respiratory mask will be notified by the clinical educator and SLP Director of Clinical Education and will work together to make the necessary arrangements.

BACKGROUND CHECKS AND DRUG TESTING

Programs offered in the College of Health Professions often require that clinical rotations, internships, or other learning experiences be successfully completed in hospitals and other health care facilities in order to meet program requirements. Because rotations in these facilities is required, students must be able to successfully complete their assigned rotations in order to fulfill the academic requirements of their program.

Background Check

Hospitals and other health care facilities often have policies requiring criminal background checks for employees, students, and volunteers. These facilities may refuse to accept individuals for clinical, practicum or other experiential rotations based on past criminal convictions. Students should be prepared to comply with the policies and procedures at any facility where they are assigned as part of their educational program and may not request facility assignments in an effort to avoid specific requirements.

Students who have certain types of information in their criminal background checks may be ineligible to complete rotations at specific facilities. Students who are not allowed to participate at assigned facilities or who are terminated from rotations based on the results of a criminal background check may be unable to complete the program requirements for graduation and will be subject to dismissal on academic grounds. Students should also be advised that persons with certain types of criminal convictions may not be eligible for state licensure and/or national registry or certification. In addition, many employers perform criminal background checks and may not hire individuals with certain types of criminal convictions.

Some external sites require drug testing and/or an updated background check. If so, you will be informed of this requirement. These off-campus sites may allow the check to be completed through the college or may require the check to be completed at their site.

The CHP Clinical Education Support Team obtains a copy of the background check run on every new SLP student at the start of the program. If a student's clinical site requires an updated background check, they will coordinate the process.

Drug Testing

The College of Health Professions (CHP) is committed to the health and well-being of its student body. With that in mind, we realize that drug and alcohol abuse can be detrimental to one's overall physical and emotional health, as well as academic and /or professional performance. It is the University's responsibility to protect its members from high-risk and excessive use of alcohol and other drugs and to assist those that may have substance abuse problems. Therefore, in addition to the current MUSC Policy for Substance Abuse and Prevention, the CHP has adopted the following mandatory student drug testing policy.

Any student enrolled in CHP residential programs, in which clinical rotations (patient-care related) are required, must undergo at least one random 10-panel drug test prior to their first clinical experience. Additional tests may be required as specified by the program. A growing number of clinical sites now require drug screenings as part of the affiliation contract and it also helps to ensure that all students on clinical rotations are not impaired by drug use while providing healthcare service.

The SLP program will pay for only a single, random preliminary drug screening at a location (or vendor) of their choosing. Additional screenings will be the financial responsibility of the student. Any student who is taking over the counter or prescription medications, who tests positive for a substance, will be responsible for a confirmatory follow-up test that will evaluate what is causing a positive reading and compare the findings with current prescriptions in the student's name. Students who have an unsatisfactory test are subject to the following actions: referral to the Dean's Office and the CAPS treatment program, a leave of absence or possible termination from the Program. The cost of assessment, treatment and recovery programs is the sole responsibility of the student. All students have the right to due process.

Students who are prescribed controlled substances by a medical practitioner should be able to provide evidence of such prescription, if requested.

GUIDELINES FOR CLINICAL EDUCATORS

Clinical educator(s) hold current license/registration in the practicing state and must submit a copy of license/registration to the College of Health Professions' Clinical Education Support Team.

Clinical educator(s) currently holds ASHA certification and must submit a copy of license/registration to the College of Health Professions' Clinical Education Support Team.

Clinical educators have completed the one-time [required continuing education for supervision](#).

Clinical educator(s) maintain an appropriate student to clinical educator ratio. Student shall be supervised by a limited number of clinical educator(s).

Clinical educator(s) are not related to the student nor have a previous direct relationship.

Supervision shall be performed by an ASHA certified individual. Ideally the clinical educator should have a minimum of 2-3 years post-graduate training experience (including SLP clinical fellowship).

If multiple individuals supervise the student, it is the responsibility of one clinical educator to assemble the evaluation of performance and submit the report to the University.

Minimum supervision levels are:

- 25% for Diagnostic Assessment
- 25% for Treatment
- 100% for Medicare patients - mandatory, in the room with the supervisor/clinical educator leading the session, yet student participating

Program recommended supervision levels are:

- In accordance with site restrictions. For example, all MUHA sites have a 100% supervision requirement.
- In accordance with student abilities and supervising clinician comfort.
- Determined based on the best interest of any individual patient / client.

Recommended student experience may be divided in the following manner:

- Direct patient work including documentation, staffing, rounds (75%)
- Administrative/management (20%)
- Professional activities, such as seminars, in-services, organizational activities (5%)

All required paperwork documenting the student's progression and related activities must be submitted according to department guidelines and the syllabus in order for student grading to be complete.

Note: Only direct patient contact time as outlined by CFCC may be counted toward the 400 minimum hours required.

CLINICAL EXTERNSHIP EXPERIENCE

The clinical externship is an important aspect of each student's clinical experience. It provides a transition from classroom instruction and part-time clinical rotations to full time, intensive clinical training. In the final semester of enrollment, this full-time experience is reflected by enrollment in 9 semester credit hours in addition to a 1 credit hour clinical externship didactic course. Clinical externships entail supervised management of patients displaying a variety of communication and swallowing disorders. Most occur at one setting; however, on rare occasions, may be split among multiple settings. The SLP Director of Clinical Education will ensure the site has the clinical population and personnel to meet the educational needs of the student(s) assigned. The experience will be monitored by the SLP Director of Clinical Education, but it is the student's responsibility to assure that midterm and final evaluations are completed in a timely fashion.

Students are responsible for arranging transportation to any arranged clinical education sites. Optimally, students should have a car available, as public transportation is not always accessible to competitive sites. Students who cannot arrange transportation may jeopardize the opportunity for an external placement in any given semester which may extend the program or may limit their possible clinical education sites. All students should expect to travel for clinical education. Student requests will be taken into consideration whenever possible but cannot be guaranteed.

Externship sites have been established at MUSC hospitals and other cooperating health care, education and private facilities. Affiliation agreements are arranged and maintained with each of our external practicum sites by the college's Clinical Education Support Team.

Placements are arranged by the SLP Director of Clinical Education, on the basis of a review of the student's academic and clinical education records. All contacts and arrangements for externship sites **MUST** be initiated through the SLP Director of Clinical Education. Students are **NOT** allowed to make individual arrangements.

Roles of students in selection of externship sites:

Students interested in a new clinical site, will be able to submit a request for a new site to be reviewed and approved by the program faculty. This will occur well in advance of any potential placement for a given semester. Students also will be able to indicate their preference for placements to the Clinical Education Team from a list of potential sites. This information will be gathered from the students at least two times during the program and discussed with the SLP Director of Clinical Education.

If a student is interested in going out-of-state for the final, full-time placement, the student is allowed to gather initial information and submit this to the SLP Director of Clinical Education. The official request should be submitted via email, containing the following:

- name/location/setting
- link to a website of the site of interest
- contact information for the coordinator of graduate student SLP placements
- Subject line of email: Final Out of State Placement Request followed by first initial and last name

HEARING SCREENINGS

Students may perform hearing screenings as part of their clinical education as well as to fulfill graduation and ASHA requirements for evaluation and treatment within the SLP Scope of Practice. Screenings may be completed for both inpatients and outpatients in the hospital setting, in the school setting, in private practice, as well as at various health fairs, community centers, etc. throughout the program. Students can participate in these community programs and gain clinical education hours. Contact hours for hearing screening should be supervised, logged, and approved by the clinical educator.

CLINICAL EDUCATION HOURS

Students will log direct clinical contact hours through CALIPSO. When computing your contact hours, you may count the time spent in direct patient contact, and patient conferences with family or caregivers. Patient preparation time, discussions with your clinical educator, and report writing are not counted as clock hours, unless the patient/client/student/family member is present and involved. **Records of hours must be tracked accurately, to the minute, without rounding up.**

Students are required to obtain hours across the scope of practice, with different populations, ages, and settings. The program will ensure each student has breadth and depth in their clinical experiences. Progress in these areas will be monitored throughout the duration of the program in CALIPSO.

At the end of your final semester, a record of the total number of clinical hours will be confirmed by the student and the Director Clinical Education in preparation for graduation and beginning your SLP CF (speech-language pathology clinical fellowship).

SECTION THREE – REGULATORY LINKS AND RESOURCES ASHA

LINKS AND RESOURCES

All students must become familiar and comfortable with the information found in the following documents regarding the profession of Speech-Language Pathology prior to starting in any clinical education experience.

[ASHA Code of Ethics](#)

[Scope of Practice in Speech-Language Pathology](#)

[Preferred Practice Patterns for the Profession of Speech-Language Pathology](#)

[ASHA Practice Policy](#)

[Practice Portal for Speech-Language Pathologists](#)

[Interprofessional Education / Interprofessional Practice](#)

[2020 Standards for the Certificate of Clinical Competence in Speech-Language Pathology](#)

[Student Supervision Resources](#)

STATEMENT ON ACADEMIC HONESTY AND STUDENT CONDUCT

Honor Code

All students of the Medical University of South Carolina are bound by the Honor Code. It is the student's responsibility to know rules and regulations governing the Honor Code and the processes governing the Honor Code. [The Honor Code and information about the process can be found in the online MUSC Bulletin \(click here\).](#) Examples of violations may include:

- accessing non-permitted information sources during in an exam.
- posting questions from an exam on a shared page or with other students.
- completing individual assignments in groups.
- plagiarism.
- using protected course information without permission.

Professional Conduct Standards

Under the code of professional conduct, a student enrolled in the SLP Program in the College of Health Professions is expected to, but not limited to these behaviors and values:

- Compassion:
 - Be guided at all times by concern for the welfare of patient/clients entrusted to his/her care via attention, respect, empathy and responsiveness in care.

- Collaborate:
 - Communicate in a direct and respectful manner. Be aware of and adhere to channels of communication for needs associated with the program: 1.) Communicate with the course instructor; 2.) If further advice is required, seek guidance from your academic advisor; 3.) If further advice is warranted, communicate with the Program Director; and 4.) If necessary, contact the Department Chair.
 - Regard as strictly confidential all information concerning each patient/client and refrain from discussing this information with any unauthorized individual, per Health Information Portability and Accountability Act (HIPAA) regulations.
- Respect:
 - Appear and conduct himself/herself in a professionally acceptable manner in accordance with the SLP dress code and the ASHA Code of Ethics
 - Show respect for and be mutually supportive of patient/clients, fellow students, faculty, and staff regardless of race, religion, gender, sexual preference/identity, nationality, or economic status.
 - Demonstrate respect by responding to requests (written, verbal, email, telephone) in a timely manner
- Integrity:
 - Be trustworthy by acting in a reliable and dependable manner
 - Identify truthfully and accurately his/her credentials and professional status.
 - Demonstrate accountability for decisions and actions
 - Refrain from performing any professional service which requires competence that he/she does not possess, or which is prohibited by law, unless the situation morally dictates otherwise.
 - Accept responsibility for reporting unprofessional and unethical conduct to the proper authorities. Adhere to [College and Division specific policies and procedures](#) including but not limited to attendance, dress code etc.
- Innovation:
 - Support and create a culture of discovery

If a student does not adhere to professional conduct standards, the student will be counseled by his/her faculty advisor, the SLP Director of Clinical Education, and/or the clinical educator who observed the behavior. If unprofessional behavior/conduct continues to be noted, the student will receive a written notice of unsatisfactory professional conduct and will be counseled by the Program Director or appropriate member of the faculty.

Determinations of outcomes following the process may include but are not limited to; no action, non-punitive feedback to foster professional growth, supportive interventions, monitoring, mandatory leave of absence or dismissal. Upon recommendation of the Program Director, a student who receives an unsatisfactory evaluation on professional development for one or more semesters may be dismissed from the SLP program.

The College of Health Professions reserves the right to discipline, suspend, and/or dismiss any student who appears physically, morally, psychologically, or academically unsuited to continue studies necessary to complete the requirements for the degree for which he or she is enrolled. The student has the right to appeal a disciplinary action or dismissal; [click here to refer to the Academic Review Policy](#) in the MUSC Bulletin for guidance.

SECTION FOUR – SITE AND CLINICAL EDUCATOR INFORMATION

ROLE OF CLINICAL EDUCATOR / CLINICAL EDUCATOR

“Training the student clinician while ensuring quality clinical service to clients is the primary role of the clinical educator. “ (Hegde and Davis, 1999)

ASHA has identified 13 competencies for clinical educators:

1. Establishes and maintains an effective working relationship.
2. Assists the student to develop clinical goals and objectives.
3. Assists in the development and refinement of assessment skills.
4. Assists in the development and refinement of management skills.
5. Demonstrates and participates in the clinical process.
6. Observes and analyzes assessment and treatment sessions.
7. Assists in the maintenance of clinical records.
8. Assists in planning, executing, and analyzing clinical educatory conferences.
9. Assists in the evaluation of student’s clinical performance.
10. Assists in development of reporting, verbal and written.
11. Shares information on ethical, legal, and regulatory aspects of the professions.
12. Models and facilitates professional conduct.
13. Demonstrates knowledge of clinical education process.

We recognize our role as clinical educators and accept its challenges.

OFF-CAMPUS CLINICAL EDUCATION SITE INFORMATION

Clinical Education sites are initially assessed and periodically re-evaluated to assure quality service delivery and appropriate mentorship of students. Potential new sites are developed on an ongoing basis. Each site undergoes a thorough review of key elements as listed in the telephone intake form on the following page, including review of information found on the website. Before a student is placed at a site, a formal written agreement must be completed and current between the site and the university. These written agreements are developed, monitored, and the responsibility of the CHP Clinical Education Support Team in collaboration with the SLP Director of Clinical Education.

The Speech-Language Pathology program maintains close contact and monitoring of the off campus clinical sites and clinical educators via:

- Email contact
- Telephone contact
- Review of the student’s midterm clinical evaluation
- Review of the student’s final clinical evaluation

- Review of clinical educator evaluation form
- Review of direct contact hours
- On-site visits as necessary and always upon request
- Semester meetings with the students



College of Health Professions
Division of Speech-Language Pathology

SPEECH-LANGUAGE PATHOLOGY PROGRAM CLINICAL SITE INFORMATION FORM

GENERAL INFORMATION

Facility / Site Name:

Type of facility (highlight the setting): Hospital, School, Government Agency, Industry, Private Practice,
College/University, Residential Healthcare Facility, Research Lab, or Other:

Name & Credentials of Contact Person:

Role / Job Title:

Direct Phone:

Fax Number:

Main Facility Phone:

Primary Email:

Secondary Email:

Location Address:

Preferred Mailing Address: *(if different than above)*

Supervisor or SLP Lead:

Phone:

Email:

Preferred Salutation:

Facility / Site Hours:

Office Manager or Administrative Contact:

Title:

Phone:

Email:

1. Share any general facility requirements, such as can accept only 1 MUSC student per term; must arrange for each practicum at least 3 months in advance, etc.

SUPERVISORS / CLINICAL EDUCATOR

2. Please list all potential supervisors/clinical educators currently at this facility (including yourself, if applicable):

Name:	Degree:	Yr Rcvd:	University:		
Yrs of Experience at this facility:	Other Credentials:	ASHA Certification #:	SC License #:	ASHA Supervisor Training?	
				YES	NO

Name:	Degree:	Yr Rcvd:	University:		
Yrs of Experience at this facility:	Other Credentials:	ASHA Certification #:	SC License #:	ASHA Supervisor Training?	
				YES	NO

Name:	Degree:	Yr Rcvd:	University:		
Yrs of Experience at this facility:	Other Credentials:	ASHA Certification #:	SC License #:	ASHA Supervisor Training?	
				YES	NO

Name:	Degree:	Yr Rcvd:	University:		
Yrs of Experience at this facility:	Other Credentials:	ASHA Certification #:	SC License #:	ASHA Supervisor Training?	
				YES	NO

3. Estimated number of supervisors/clinical educators available to MUSC per term:

4. Please, estimate the number of students this site would assign per supervisor/clinical educator. Will they have more than one student with them at any time, such as two student all day on Mondays?

- Number of students per supervisor/clinical educator:
- If greater than 1, will multiple students work with them at the same time? Yes ____ No ____
If Yes, please elaborate.

STUDENTS

5. Indicate academic and any clinical prerequisites for student placement at this facility:

Select Courses that would apply.			
	Adult Swallowing		Social Aspects of Communication
	Neurogenic Language		Head & Neck Cancer
	Cognitive Aspects of Communication		Craniofacial Anomalies & Genetic Syndromes
	Voice		Fluency
	Motor Speech		Hearing
	Articulation & Phonology		Pediatric Swallowing
	Childhood Language: Birth – 5		Communication Modalities
	Childhood Language: School Age		Tracheostomy and Ventilator-Dependent Patient Care
	Other:		

6. Whom should the student contact prior to the start of the rotation?

Name of Contact Person: _____

Preferred Method of Contact: _____

7. How far in advance of the clinical rotation should the student reach out to the contact person?
_____ (Default is 2 weeks)

8. What is the preferred dress code for the student? (*Place "x" next to that which applies*)

- Business casual _____
- Business casual w/ White coat _____
- Professional dress (shirt/tie for males) _____
- Scrubs _____
- Scrubs w/White coat _____

Any other restrictions (e.g., must wear closed toed shoes, no acrylic nails, all tattoos to be covered, no facial piercings other than for earrings):

ACTIVITIES

9. Indicate the activities students are expected to participate in during a clinical rotation experience at this facility (examples: Mini-mental exam, Bedside swallow exam, WAB, FEES, CLQT, Functional goal planning, SOAP note charting, lesson planning). Please, add to the appropriate column below.

Activities to be familiar with prior to an experience at this site.	Activities that students will learn and gain experience with at this site.

10. Will any activities involve telemedicine experiences? Yes___ No ___ If Yes, please elaborate.

11. Will any activities involve experience in team-based practice? Yes___ No ___
If Yes, please elaborate.

12. Typical Hours (days and times): (*Please list as an estimated daily schedule*)

PATIENT POPULATION

13. Briefly describe your patient population:

14. Age range for adults: (18+)

15. Age range for children: (1-17)

16. List the culturally and linguistically diverse populations served:

17. Is your community considered rural or medically underserved? Yes___ No ___

18. Please estimate the average number of daily patient/client visits: _____ Patients / Day

19. Over the course of an average week how many patient contact hours would a student be likely to accrue?

Provide the average number of patients/clients per academic term for the following:

Speech, Language and Swallowing Disorders and Differences			
	Total	Children	Adults
Articulation			
Identification & Prevention			
Evaluation			
Intervention			
Fluency			
Identification & Prevention			
Evaluation			
Intervention			
Voice & Resonance			
Identification & Prevention			
Evaluation			
Intervention			
Receptive and Expressive Language			
Identification & Prevention			
Evaluation			
Intervention			
Hearing			
Identification & Prevention			
Evaluation			
Intervention			
Swallowing			
Identification & Prevention			
Evaluation			
Intervention			
Cognitive Aspects of Communication			
Identification & Prevention			
Evaluation			
Intervention			
Social Aspects of Communication			
Identification & Prevention			
Evaluation			
Intervention			
Augmentative and Alternative Communication Needs			
Identification & Prevention			
Evaluation			
Intervention			
Other (Please elaborate)			
Identification & Prevention			
Evaluation			
Intervention			

PARTIAL LISTING ~ CLINICAL EDUCATION SITES*

Facility Name	City	State
Allison Therapeutics	Mt. Pleasant	SC
Aspire, LLC	Goose Creek	SC
Vantage Speech & Language, LLC	Summerville	SC
Mount Pleasant Pediatric Therapy	Mount Pleasant	SC
Northern Tides Speech and Language Therapy	Charleston	SC
Palmetto Speech and Occupational Therapy (SpOT)	Summerville	SC
Ready, Set, Talk, LLC	Mt Pleasant	SC
Sweet Talkers Speech Therapy, LLC	Charleston	SC
MUSC (Downtown / ART) on-campus	Charleston	SC
MUSC (Shawn Jenkins Children's Hospital) on-campus	Charleston	SC
MUSC (Summey Medical Pavillion)	N Charleston	SC
MUSC (Downtown / Main) on-campus	Charleston	SC
MUSC (Mt Pleasant OT, PT, SLP Clinic)	Mt Pleasant	SC
MUSC (Pediatric Rehab / Leeds Avenue)	N Charleston	SC
Spoken Word Speech Therapy, Inc	Mt Pleasant	SC
Flowertown Speech Therapy	Summerville	SC
Pittard Speech Therapy	Summerville	SC
Trident Medical Center	Charleston	SC
Carolina Speech & Language Center, Inc	Summerville	SC
Roper Rehab Hospital	Charleston	SC
Tri-County Therapy, LLC	Ladson	SC
Well Said, LLC	Ladson	SC
Encompass Health Rehab (MUSC Affiliate)	Charleston	SC
Dorchester District Two Office of Special Services	Summerville	SC
Charleston County School District	Charleston	SC
Berkeley County School District	Moncks Corner	SC
Charleston Pediatric Rehab	West Ashley	SC
For the Children / Por Los Ninos LLC	Charleston	SC
Tara Gay Speech Services /Carolina Milestones, LLC	Summerville	SC
The Village at Summerville	Summerville	SC
Pattison's Academy	Charleston	SC

Charleston Pediatric Rehab, LLC	Charleston	SC
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*Directions to each site as well as other site-specific information will be provided to student once placement has been assigned.

SECTION FIVE – CHECKLISTS, TEMPLATES, REFERENCE DOCUMENTS & FORMS

CLINICAL EDUCATION ORIENTATION CHECKLIST

This is a checklist to assist the clinical educator in orienting the student to the site and clinical education assignment. The Clinical Rotation Expectations Template (next page) recommended for use at all sites.

The clinical educator will orient the student through:

Introductions to administration, staff, essential personnel and clients.	
Review of policies and procedures.	
Discussion of facility philosophy as it relates to patient care.	
Tour of building.	

The clinical educator should discuss the following items with the student during the first days of the assignment or site orientation.

Calendar	
Schedule	
Dress Code	
Absences and make up days	
Clinical educatory Process	
Caseload and responsibilities	
Lesson Plan format and content	
Report Writing format and content	
Self-evaluation	
Grading	
Required meetings and in-services	
Conferences	
Resources	
Presentations/projects	
Emergency procedures for the site	
Other	

The clinical educator and student will:

Complete clinical practicum goals and progress records according to timelines.	
Submit all required paperwork to SLP SLP Director of Clinical Education	



College of Health Professions
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SLP CLINICAL ROTATION EXPECTATIONS TEMPLATE

Student Name: _____ Term: _____ Year: _____
 Clinical Educator Name: _____
 Site Office Hours: _____
 Caseload: _____ Environment: _____

Before your first day in clinical, be sure you have reviewed the following:		
	Notes from the following courses:	
	Articles by:	
	Tests (including manuals):	
	Protocols:	
	Materials in the Clin Meth binder, specifically:	
You are scheduled to be in clinical:		Days: Times:
If clinic has been cancelled, or patient is absent, the following plan will address skills /hours needed:		
If you have an emergency or cannot attend because of illness, do the following:		
<i>Contact your clinical educator that morning & submit absence form to the SLP Director of Clinical Education</i>		
Each day in clinical, make sure you:		
	Are dressed appropriately	
	Have the following materials with you:	
	Record your contact hours	
	Complete other responsibilities: (e.g., room setup)	
Due dates for the following		
	Lesson plans:	
	Progress notes:	
	Reports:	
	Other:	
Tests or other procedures you are likely to get experience with during this clinical are:		

STUDENT ABSENCE / ABSENCE REQUEST FORM

Student: _____ Date: _____
Clinical Site: _____ Clinical Educator: _____

Reason for absence:

Duration: I will be unable to attend my clinical rotation from:

Start Date: _____ End Date: _____

The following coverage has been arranged:

Student Signature: _____ Date: _____

Clinical Educator Signature: _____ Date: _____

SLP DCE Signature: _____ Date: _____

This absences request has been: Approved Not Approved

This form must be submitted at least two weeks prior to the requested date of absence, be approved and signed by both the DCE and the clinical educator. The DCE reserves the right to deny any absence request for activities that are not considered necessary.

CHART REVIEW NOTES TEMPLATE

Date:

Patient Initials/Age/DOB: Location/Room #:	
Past Medical History? Other related medical conditions?	
Date of admission to hospital/level of care?	
Medical Diagnosis for this admission?	
Relevant imaging/surgeries? Timeframe/Implications?	
What has been discussed in the last few MD notes from the referring physician. Nursing notes? Other therapy notes?	
Confirm type of SLP session and order – Dx/Tx?	
Question(s) needing to be answered per SLP assessment:	
Date of last SLP Dx/Tx session?	
Relevant previous SLP treatment history?	
Dietician Snapshot: Click on Diet to see what has been ordered	
Relevant Social History? Family involvement?	
Educational level of patient:	
Other Notes:	

Patient is a _____ year old _____ with a past medical history of _____. S/he was admitted for _____ and is now s/p _____ with resultant _____. Results of recent imaging (date/type) are as follows _____. This is relevant because _____. Results of recent surgeries (date/type) are as follows _____. This is relevant because _____. From an SLP perspective, we are being consulted for _____. History of SLP intervention includes _____ (or "Patient has not been seen by SLP previously"). Additional information includes _____ (current diet, relevant social/educational history, etc.).

STUDENT CLINICAL ACTIVE OBSERVATION FORM

STUDENT: _____

CLINICAL EDUCATOR: _____

PATIENT INITIALS: _____

DATE: _____

****Active Observation Form MUST be filled out completely for ALL PATIENTS observed and submitted to Clinical Educator.**

What items did SLP examine in the patient's chart?	
What did SLP do before entering patient's room? With whom did SLP speak? What did SLP say?	
What did SLP do when entered the patient's room?	
How did SLP address the patient? What words did SLP use? Did SLP speak to the family? What words did SLP use?	
How did SLP modify the environment upon entering? What numbers/information about the patient was observed before beginning the exam?	
How close did SLP stand to the patient? Did SLP touch or make contact with the patient?	
What did SLP say to the patient before beginning the exam?	
What clinical signs/symptoms did the patient demonstrate that made the SLP change or alter the solid or liquid presentations?	
How and with what words did SLP educate the patient/family after the exam?	
Who did the SLP speak with upon leaving the room? How did SLP convey the clinical decisions to ensure compliance?	

Daily Clinical Evaluation

Instructions

Students: Students will create personal knowledge and skills goals weekly to work on during their clinical rotation. These goals will be formulated based on reflections, discussions, and self-evaluation addressed in the Clinical Rotation Didactic course which focuses on the knowledge and skills associated with successful clinical practice.

Some examples are provided below, but they are not conclusive. If you need further guidance with creating goals, please coordinate a time to meet with the Director of Clinical Education outside of class. Note: professionalism, in general, should be rated during each clinical day but does not need to be a specific goal for the day.

At the beginning of your clinical day, please discuss your goals with your clinical instructor and then again at the completion of the day to receive feedback.

Clinical Instructors: Please discuss the knowledge and skills goals the student has provided at the beginning of the clinical day and please use the grading scale below to provide feedback towards the progress of the goals at the completion of the clinical day.

Domains for Goals/Examples

Evaluation Skills: May include patient history/interview, oral mechanism exam, administration, scoring, interpreting of standardized testing, choosing assessment materials, site specific evaluation tools (i.e. modified barium swallow), creating treatment recommendations.

Treatment Skills: May include treatment/lesson planning for each goal to be addressed, flexibility in adjusting treatment as needed, progressing the patient when appropriate, and patient safety.

Documentation: May include plans of care, progress reports, evaluation reports, daily treatment notes, and discharge summaries.

Professionalism: May include interpersonal skills, effective communication with patients, families, staff, and other professionals, patient rapport, appropriate body language, and punctuality.

Daily Clinical Evaluation

Student:

Date:

Clinical Instructor:

Site:

Goals:

1	2	3	4	5
Limited knowledge/ability & insufficient skill to perform task, even with assistance	Allowed to perform activity under direct observation with pro-active full supervision & assistance as needed	Able to independently execute activity when assigned, trusted to ask for help. Clinical supervisor is readily available (indirect supervision)	Trusted to independently execute activity, seeks guidance when needed (key findings or activities checked by supervisor)	Trusted to perform independently (unsupervised)

Rating:

Professionalism: 1 2 3 4 5

Strengths:

Areas for Continued Improvement:

Clinical Educator Signature

Date

Weekly Clinical Evaluation (Externship Use Only)

Instructions

Students: Students will create personal knowledge and skills goals weekly to work on during their clinical rotation. These goals will be formulated based on reflections, discussions, and self-evaluation addressed in the Clinical Externship Didactic course which focuses on the knowledge and skills associated with successful clinical practice.

Some examples are provided below, but they are not conclusive. If you need further guidance with creating goals, please coordinate a time to meet with the Director of Clinical Education outside of class. Note: professionalism, in general, should be rated each week but does not need to be a specific goal for the week. At the beginning of your clinical week, please discuss your goals with your clinical instructor and then again at the completion of the week to receive feedback.

Clinical Instructors: Please discuss the knowledge and skills goals the student has provided at the beginning of the clinical week and please use the grading scale below to provide feedback towards the progress of the goals at the completion of the clinical week.

Domains for Goals/Examples

Evaluation Skills: May include patient history/interview, oral mechanism exam, administration, scoring, interpreting of standardized testing, choosing assessment materials, site specific evaluation tools (i.e. modified barium swallow), creating treatment recommendations.

Treatment Skills: May include treatment/lesson planning for each goal to be addressed, flexibility in adjusting treatment as needed, progressing the patient when appropriate, and patient safety.

Documentation: May include plans of care, progress reports, evaluation reports, daily treatment notes, and discharge summaries.

Professionalism: May include interpersonal skills, effective communication with patients, families, staff, and other professionals, patient rapport, appropriate body language, and punctuality.

Weekly Clinical Evaluation

Student:

Date:

Clinical Instructor:

Site:

Goal/s:

1	2	3	4	5
Limited knowledge/ability & insufficient skill to perform task, even with assistance	Allowed to perform activity under direct observation with pro-active full supervision & assistance as needed	Able to independently execute activity when assigned, trusted to ask for help. Clinical supervisor is readily available (indirect supervision)	Trusted to independently execute activity, seeks guidance when needed (key findings or activities checked by supervisor)	Trusted to perform independently (unsupervised)

Rating:

Professionalism: 1 2 3 4 5

Strengths:

Areas for Continued Improvement:

Clinical Educator Signature

Date

CALIPSO – CLINICAL PERFORMANCE SUMMARY



CALIPSO
Cumulative Evaluation
Doe, Jane

Cohort:

Average:

- ☐ Young Child (0-5)
- ☐ Child (6-17)
- ☐ Adult (18-64)
- ☐ Older adult (65+)

Fall Year 1 Clinical Rotation 1	0.00	Supervisors:
		Sites:
Spring Year 1 Clinical Rotation 2	0.00	Supervisors:
		Sites:
Summer Year 1 Clinical Rotation 3	0.00	Supervisors:
		Sites:
Fall Year 2 Clinical Rotation 4	0.00	Supervisors:
		Sites:
Spring Year 2 Clinical Rotation 5	0.00	Supervisors:
		Sites:
Externship	0.00	Supervisors:
		Sites:
Average:		
0.00		

CALIPSO – STUDENT PERFORMANCE EVALUATION



Medical University of South Carolina
CALIPSO

Clinical Performance Evaluation

Performance Evaluation

Supervisor:

*Student:

*Site:

*Evaluation Type:

*Semester:

*Course number:

*Patient population:

- ☐ Young Child (0-5)
- ☐ Child (6-17)
- ☐ Adult (18-64)
- ☐ Older adult (65+)

Severity of Disorders (check all that apply):

- ☐ Within Normal Limits
- ☐ Mild
- ☐ Moderate
- ☐ Severe

Interprofessional (or collaborative) practice (IPP) includes (check all that apply): [\[?\]](#)

- ☐ Audiologist
- ☐ Dentist
- ☐ Dietitian
- ☐ Family Member
- ☐ Nurse/Nurse Practitioner
- ☐ Occupational Therapist
- ☐ Pharmacist
- ☐ Physical Therapist
- ☐ Physician
- ☐ Physician Assistant
- ☐ Psychologist/School Psychologist
- ☐ Recreational Therapist
- ☐ Respiratory Therapist
- ☐ Social Worker
- ☐ Special Educator
- ☐ Teacher (classroom, ESL, resource, etc.)
- ☐ Vocational Rehabilitation Counselor
- ☐ Other

Client(s)/Patient(s) Multicultural Aspects (check all that apply): [\[?\]](#)

- ☐ Ethnicity
- ☐ Race
- ☐ Culture
- ☐ National origin
- ☐ Socioeconomic status
- ☐ Gender identity
- ☐ Sexual orientation
- ☐ Religion
- ☐ Exceptionality
- ☐ Other

Client(s)/Patient(s) Linguistic Diversity (check all that apply): [\[?\]](#)

- ☐ English
- ☐ English Language Learner
- ☐ Primary English dialect
- ☐ Secondary English dialect
- ☐ Bilingual
- ☐ Polyglot
- ☐ Gender identity
- ☐ Sign Language (ASL or SEE)
- ☐ Cognitive / Physical Ability
- ☐ Other

PERFORMANCE RATING SCALE

[Click to see Rating Scale](#)

Please refer to the Performance Rating Scale for grading criteria. Use a score between 1 and 5, in 0.25 increments (1.25, 1.5 etc.)

- 1 - Not evident 4 - Adequate
2 - Emerging 5 - Consistent
3 - Present

* If n/a, please leave space blank
Evaluation Skills

Evaluation Skills	Speech Sound Production ²	Fluency ²	Voice ²	Language ²	Hearing ²	Swallowing ²	Cognition ²	Social Aspects ²	AAC ²
Refer to Performance Rating Scale above and place number corresponding to skill level in every observed box.									
1. Conducts screening and prevention procedures (std IV-D, std V-B, 1a)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Collects case history information and integrates information from clients/patients and/or relevant others (std V-B, 1b)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Selects appropriate evaluation instruments/procedures (std V-B, 1c)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Administers and scores diagnostic tests correctly (std V-B, 1d)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Adapts evaluation procedures to meet client/patient needs (std V-B, 1d)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Possesses knowledge of otologies and characteristics for each communication and swallowing disorder (std IV-C)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Interprets, integrates, and synthesizes test results, history, and other behavioral observations to develop diagnoses (std V-B, 1e)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Makes appropriate recommendations for intervention (std V-B, 1e)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. Completes administrative and reporting functions necessary to support evaluation (std V-B, 1f)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. Refers clients/patients for appropriate services (std V-B, 1g) ?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Score totals:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total number of items scored: <u>0</u> Total number of points: <u>0</u> Section Average: <u>0</u>									
Comments:									

Treatment Skills

Treatment Skills	Speech Sound Production ²	Fluency ²	Voice ²	Language ²	Hearing ²	Swallowing ²	Cognition ²	Social Aspects ²	AAC ²
Refer to Performance Rating Scale above and place number corresponding to skill level in every observed box.									
1. Develops setting-appropriate intervention plans with measurable and achievable goals. Collaborates with clients/patients and relevant others in the planning process (std V-B, 2a, std 3.1.1B)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Implements intervention plans (involves clients/patients and relevant others in the intervention process) (std V-B, 2b, std 3.1.1B)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Selects or develops and uses appropriate materials/instrumentation (std V-B, 2c)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Sequences tasks to meet objectives	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Provides appropriate introduction/explanation of tasks	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Measures and evaluates clients'/patients' performance and progress (std V-B, 2d)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Uses appropriate models, prompts or cues. Allows time for patient response.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Modifies intervention plans, strategies, materials, or instrumentation to meet individual client/patient needs (std V-B, 2e)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. Completes administrative and reporting functions necessary to support intervention (std V-B, 2f)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. Identifies and refers patients for services as appropriate (std V-B, 2g) ?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Score totals:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total number of items scored: <u>0</u> Total number of points: <u>0</u> Section Average: <u>0</u>									
Comments:									

Professional Practice, Interaction and Personal Qualities	Score
1. Demonstrates knowledge of and interdependence of communication and swallowing processes (std IV-B, std 3.1.6B)	<input type="text"/>
2. Uses clinical reasoning and demonstrates knowledge of and ability to integrate research principles into evidence-based clinical practice (std IV-F, std 3.1.1B) ?	<input type="text"/>
3. Adheres to federal, state, and institutional regulations and demonstrates knowledge of contemporary professional issues and advocacy (includes trends in best professional practices, privacy policies, models of delivery, and reimbursement procedures/fiduciary responsibilities) (std IV-G, IV-H, std 3.1.1B, 3.1.6B, 3.8B) ?	<input type="text"/>
4. Communicates effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the patient, family, caregiver, and relevant others (std V-B, 3a, std 3.1.1B) ?	<input type="text"/>
5. Establishes rapport and shows care, compassion, and appropriate empathy during interactions with clients/patients and relevant others (std 3.1.1B)	<input type="text"/>
6. Uses appropriate rate, pitch, and volume when interacting with patients or others	<input type="text"/>
7. Provides counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others (std V-B, 3c, std 3.1.6B)	<input type="text"/>
8. Collaborates with other professionals in case management (std V-B, 3b, std 3.1.1B, 3.1.6B) ?	<input type="text"/>
9. Displays effective oral communication with patient, family, or other professionals (std V-A, std 3.1.1B) ?	<input type="text"/>
10. Displays effective written communication for all professional correspondence (std V-A, std 3.1.1B) ?	<input type="text"/>
11. Adheres to the ASHA Code of Ethics and Scope of Practice documents and conducts him or herself in a professional, ethical manner (std IV-E, V-B, 3d, std 3.1.1B, 3.1.6B) ?	<input type="text"/>
12. Demonstrates professionalism (std 3.1.1B, 3.1.6B) ?	<input type="text"/>
13. Demonstrates openness and responsiveness to clinical supervision and suggestions	<input type="text"/>
14. Personal appearance is professional and appropriate for the clinical setting	<input type="text"/>
15. Displays organization and preparedness for all clinical sessions	<input type="text"/>
Total number of items scored: <u>0</u> Total number of points: <u>0</u> Section Average: <u>0</u>	

Comments:

Improvements Since Last Evaluation:

Strengths/Weaknesses:

Recommendations for Improving Weaknesses:

Total points (all sections included): 0 Adjustment: 0.0
divided by total number of items: 0
Evaluation score: 0
Letter grade: Fail

By entering the student's name, I verify that this evaluation has been reviewed and discussed with the student prior to final submission.

Student name: Date reviewed:

I verify that this evaluation is being submitted by the assigned clinical supervisor and that I have supervised the above named student.

*Supervisor name: *Date completed:

If you want to save an evaluation in progress and come back to it later, make sure the "final submission" is un-checked and then press Save.

☐ Final submission (if this box is checked, no more changes will be allowed!)

Save

Standards referenced herein are those contained in the Membership and Certification Handbook of the American Speech-Language-Hearing Association. Readers are directed to the [ASHA Web site](#) to access the standards in their entirety.

CALIPSO – CLOCK HOUR LOG FORM



Medical University of South Carolina
CALIPSO
Clockhours for Doe, Jane

Clockhours for Doe, Jane

Student:	Submitted:
*Supervisors: <input type="text"/>	Approved: <input type="text"/>
*Site: <input type="text"/>	*Date: <input type="text"/>
*Semester: <input type="text"/>	*Course number: <input type="text"/>
*Clinical setting: <input type="text"/>	*Training level: <input type="text"/>
*Completion month: <input type="text"/> *Year: <input type="text"/>	

GUIDED OBSERVATION - Evaluation

	Child HH:MM	Adult HH:MM	Total
Speech (articulation, fluency, voice, swallowing, communication modalities)			
Language (expressive/receptive language, cognitive aspects, social aspects)			
Hearing			

GUIDED OBSERVATION - Treatment

	Child HH:MM	Adult HH:MM	Total
Speech (articulation, fluency, voice, swallowing, communication modalities)			
Language (expressive/receptive language, cognitive aspects, social aspects)			
Hearing			
Total Guided Observation Hours			

EVALUATION

	Child HH:MM	Adult HH:MM	Total
Speech sound production			
Fluency and fluency disorders			
Voice and resonance			
Expressive/Receptive language			
Hearing			
Swallowing/Feeding			
Cognitive aspects of communication			
Social aspects of communication			
Augmentative and alternative communication modalities			
Total EVALUATION Hours			

TREATMENT

	Child HH:MM	Adult HH:MM	Total
Speech sound production			
Fluency and fluency disorders			
Voice and resonance			
Expressive/Receptive language			
Hearing			
Swallowing/Feeding			
Cognitive aspects of communication			
Social aspects of communication			
Augmentative and alternative communication modalities			
Total TREATMENT Hours			

Total (non-Observation)			
-------------------------	--	--	--

CALIPSO – CLOCK HOUR EXPERIENCE RECORD



Cohort

CALIPSO
Experience Record
Doe, Jane
Medical University of South Carolina

	Child	Adult	Total
Total Guided Observation Hours:			0:00
GUIDED OBSERVATION - Evaluation			
Speech	0:00	0:00	0:00
Language	0:00	0:00	0:00
Hearing	0:00	0:00	0:00
GUIDED OBSERVATION - Treatment			
Speech	0:00	0:00	0:00
Language	0:00	0:00	0:00
Hearing	0:00	0:00	0:00
EVALUATION			
Speech sound production	0:00	0:00	0:00
Fluency and fluency disorders	0:00	0:00	0:00
Voice and resonance	0:00	0:00	0:00
Expressive/Receptive language	0:00	0:00	0:00
Hearing	0:00	0:00	0:00
Swallowing/Feeding	0:00	0:00	0:00
Cognitive aspects of communication	0:00	0:00	0:00
Social aspects of communication	0:00	0:00	0:00
Augmentative and alternative communication modalities	0:00	0:00	0:00
TREATMENT			
Speech sound production	0:00	0:00	0:00
Fluency and fluency disorders	0:00	0:00	0:00
Voice and resonance	0:00	0:00	0:00
Expressive/Receptive language	0:00	0:00	0:00
Hearing	0:00	0:00	0:00
Swallowing/Feeding	0:00	0:00	0:00
Cognitive aspects of communication	0:00	0:00	0:00
Social aspects of communication	0:00	0:00	0:00
Augmentative and alternative communication modalities	0:00	0:00	0:00
Total Hours	0:00	0:00	0:00
Clockhours Needed (Std. V.C, Std. V.D, non-observation)	375:00		

Guided Observation Hours			
	0:00	0:00	0:00
Dx			
	Child	Adult	Audiology
Speech	0:00	0:00	
Language	0:00	0:00	
Total	0:00	0:00	0:00
Total Dx Hours:			0:00
Tx			
	Child	Adult	Audiology
Speech	0:00	0:00	
Language	0:00	0:00	
Total	0:00	0:00	0:00
Total Tx Hours:			0:00
Totals:	0:00	0:00	0:00

Total Hours Earned in Different Settings	
(none)	-

CALIPSO – OFF CAMPUS PLACEMENT EVALUATION



Medical University of South Carolina CALIPSO Off-campus Placement Evaluations

Off-campus Placement Evaluations

Site: _____ Semester: _____

Using the following scale, rate your agreement: N/A 1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree

OVERALL

This practicum experience met my training goals and interests

☐ 1 Strongly Disagree ☐ 2 Disagree ☐ 3 Neutral ☐ 4 Agree ☐ 5 Strongly Agree

This practicum experience met expectations regarding clinical population, workload, and documentation

☐ 1 Strongly Disagree ☐ 2 Disagree ☐ 3 Neutral ☐ 4 Agree ☐ 5 Strongly Agree

The site furthered my efforts to achieve my professional goals

☐ 1 Strongly Disagree ☐ 2 Disagree ☐ 3 Neutral ☐ 4 Agree ☐ 5 Strongly Agree

The site provided a reasonable balance between direct clinical contact hours vs. related clinical responsibilities

☐ 1 Strongly Disagree ☐ 2 Disagree ☐ 3 Neutral ☐ 4 Agree ☐ 5 Strongly Agree

There were opportunities to discuss the process of ethical decision making

☐ 1 Strongly Disagree ☐ 2 Disagree ☐ 3 Neutral ☐ 4 Agree ☐ 5 Strongly Agree

Evidence-based clinical practice was utilized

☐ 1 Strongly Disagree ☐ 2 Disagree ☐ 3 Neutral ☐ 4 Agree ☐ 5 Strongly Agree

In general, I felt welcomed at this site

☐ 1 Strongly Disagree ☐ 2 Disagree ☐ 3 Neutral ☐ 4 Agree ☐ 5 Strongly Agree

I felt prepared to meet the challenges and expectations of this practicum site

☐ 1 Strongly Disagree ☐ 2 Disagree ☐ 3 Neutral ☐ 4 Agree ☐ 5 Strongly Agree

I would recommend that this site be used for future practicum placements

☐ 1 Strongly Disagree ☐ 2 Disagree ☐ 3 Neutral ☐ 4 Agree ☐ 5 Strongly Agree

THE PRACTICUM SITE PROVIDED ADEQUATE:

Supervision by clinical supervisor

☐ 1 Strongly Disagree ☐ 2 Disagree ☐ 3 Neutral ☐ 4 Agree ☐ 5 Strongly Agree

Training and orientation

☐ 1 Strongly Disagree ☐ 2 Disagree ☐ 3 Neutral ☐ 4 Agree ☐ 5 Strongly Agree

Physical facilities and work space

☐ 1 Strongly Disagree ☐ 2 Disagree ☐ 3 Neutral ☐ 4 Agree ☐ 5 Strongly Agree

Equipment and materials to engage in effective service delivery

☐ 1 Strongly Disagree ☐ 2 Disagree ☐ 3 Neutral ☐ 4 Agree ☐ 5 Strongly Agree

Administrative/clerical support

☐ 1 Strongly Disagree ☐ 2 Disagree ☐ 3 Neutral ☐ 4 Agree ☐ 5 Strongly Agree

THE PRACTICUM SITE ALLOWED APPROPRIATE OPPORTUNITIES FOR:

Diagnostic experiences

- ☐ 1 Strongly Disagree ☐ 2 Disagree ☐ 3 Neutral ☐ 4 Agree ☐ 5 Strongly Agree

Treatment

- ☐ 1 Strongly Disagree ☐ 2 Disagree ☐ 3 Neutral ☐ 4 Agree ☐ 5 Strongly Agree

Client and family interactions

- ☐ 1 Strongly Disagree ☐ 2 Disagree ☐ 3 Neutral ☐ 4 Agree ☐ 5 Strongly Agree

Interactions with other professionals

- ☐ 1 Strongly Disagree ☐ 2 Disagree ☐ 3 Neutral ☐ 4 Agree ☐ 5 Strongly Agree

Interactions with culturally and linguistically diversified populations

- ☐ 1 Strongly Disagree ☐ 2 Disagree ☐ 3 Neutral ☐ 4 Agree ☐ 5 Strongly Agree

PROVIDE COMMENTS ON THE FOLLOWING:

What were the strengths/positive aspects of this practicum site?

What might you suggest to strengthen the experience at this practicum site?

What advice would you give the next student placed at this site?

CALIPSO – SUPERVISOR/CLINICAL EDUCATOR FEEDBACK FORM



Supervisor Feedback Form

* Supervisor:

* Site:

* Semester:

1. Provided an orientation to the facility and caseload.

☐ N/A

☐ No orientation provided.
Student oriented him/herself.

☐ Informal orientation
provided.

☐ Formal orientation provided
with supplemental
documentation.

2. Provided the student with feedback regarding the skills used in diagnostics.

☐ N/A

☐ Comments were vague; and
therefore, difficult to apply.

☐ Comments were useful but
lacked specifics or concrete
examples.

☐ Comments were useful,
specific, and constructive.

3. Provided the student with feedback regarding the skills used in interviewing.

☐ N/A

☐ Comments were vague; and
therefore, difficult to apply.

☐ Comments were useful but
lacked specifics or concrete
examples.

☐ Comments were useful,
specific, and constructive.

4. Provided the student with feedback regarding the skills used in conferences.

☐ N/A

☐ Comments were vague; and
therefore, difficult to apply.

☐ Comments were useful but
lacked specifics or concrete
examples.

☐ Comments were useful,
specific, and constructive.

5. Provided the student with feedback regarding the skills used in behavioral management.

☐ N/A

☐ Comments were vague; and
therefore, difficult to apply.

☐ Comments were useful but
lacked specifics or concrete
examples.

☐ Comments were useful,
specific, and constructive.

6. Provided the student with feedback regarding the skills used in therapy.

☐ N/A

☐ Comments were vague; and
therefore, difficult to apply.

☐ Comments were useful but
lacked specifics or concrete
examples.

☐ Comments were useful,
specific, and constructive.

7. Provided the student with feedback regarding his/her selection of diagnostic or therapy materials.

☐ N/A

☐ Comments were vague; and
therefore, difficult to apply.

☐ Comments were useful but
lacked specifics or concrete
examples.

☐ Comments were useful,
specific, and constructive.

8. Explained and/or demonstrated clinical procedures to assist student in clinical skills development.

- | | | | |
|-------|--|--|---|
| ● N/A | ● Provided minimal explanations and/or demonstrations. | ● Provided adequate explanations and/or demonstrations when requested. | ● Provided thorough explanations and/or demonstrations for all clinical procedures. |
|-------|--|--|---|

9. Utilized evidence-based practice.

- | | | | |
|-------|---|---|---|
| ● N/A | ● Rarely referenced current literature. | ● Occasionally referenced current literature. | ● Frequently referenced current literature. |
|-------|---|---|---|

10. Encouraged student independence and creativity.

- | | | | |
|-------|--|--|---|
| ● N/A | ● Minimally receptive to new ideas and differing techniques. | ● Somewhat receptive to new ideas and differing techniques but did not encourage them. | ● Very receptive to new ideas and encouraged use of own techniques. |
|-------|--|--|---|

11. Provided positive reinforcement of student's successes and efforts.

- | | | | |
|-------|--|--|--|
| ● N/A | ● Rarely commented on successes and efforts. | ● Occasionally commented on successes and efforts. | ● Frequently commented on successes and efforts. |
|-------|--|--|--|

12. Provided student with written and/or verbal recommendations for improvement.

- | | | | |
|-------|--|---|---|
| ● N/A | ● Rarely provided written and/or verbal recommendations except on midterm and final evaluations. | ● Occasionally provided written and/or verbal recommendations in addition to the midterm and final evaluations. | ● Systematically provided written and/or verbal recommendations in addition to the midterm and final evaluations. |
|-------|--|---|---|

13. Demonstrated enthusiasm and interest in the profession and in providing clinical services.

- | | | | |
|-------|--|--|--|
| ● N/A | ● Enthusiasm and interest rarely observed; frequent negative comments. | ● Enthusiasm and interest occasionally observed; occasional negative comments. | ● Enthusiasm and interest regularly observed; frequent positive and optimistic comments. |
|-------|--|--|--|

14. Demonstrated effective interpersonal communication with student.

- | | | | |
|-------|---|---|--|
| ● N/A | ● Seemed uninterested and/or unwilling to listen or respond to student's needs. | ● Some interest in student's needs shown, but communication lacked sensitivity. | ● Aware of and sensitive to student's needs; open and effective communication. |
|-------|---|---|--|

15. Receptive to questions.

- | | | | |
|-------|---|--------------------------------------|--|
| ● N/A | ● Unwilling to take time to answer questions. | ● Answered questions inconsistently. | ● Answered questions with helpful information or additional resources which encouraged me to think for myself. |
|-------|---|--------------------------------------|--|

16. Available to me when I requested assistance.

- ☐ N/A ☐ Supervisor was rarely available. ☐ Supervisor was occasionally available. ☐ Supervisor was always available.

17. Utilized effective organizational and management skills.

- ☐ N/A ☐ Rarely organized; showed difficulty balancing supervisory and clinical responsibilities. ☐ Somewhat organized; balanced supervisory and clinical responsibilities with little difficulty. ☐ Always organized; balanced supervisory and clinical responsibilities with ease.

18. Referred me to or provided me with additional resources (materials, articles, video tapes, etc.)

- ☐ N/A ☐ Provided minimal or no additional resources. ☐ Provided helpful resources upon student request. ☐ Provided helpful resources without student request.

19. Realistically demanding of me as a student intern.

- ☐ N/A ☐ Expectations were either too high or too low for level of experience with no attempts to adjust. ☐ Expectations were generally appropriate for my level of experience. ☐ Expectations were individualized and adjusted according to my strengths and weaknesses.

Overall, how would you rate this clinical experience?

Additional comments?

What experience during this practicum provided you with the greatest learning opportunity

MUSC EXCELLENCE STANDARDS OF BEHAVIOR

MUSC EXCELLENCE STANDARDS OF PROFESSIONAL BEHAVIOR				
<u>COMPASSION</u>	<u>TEAMWORK</u>	<u>DIVERSITY</u>	<u>ACCOUNTABILITY</u>	<u>INNOVATION</u>
<p>I will:</p> <ul style="list-style-type: none"> Pleasantly greet and introduce myself to others. Be an active listener by maintaining eye contact and using appropriate body language to communicate that I am listening. Strive to be attentive, respectful, and responsive in caring for the needs of patients. Use kind words and actions to show empathy when others are distressed. Advocate for the wellbeing and concerns of patients and families. Help others when asked or communicate the need for assistance if I cannot be of help. 	<p>I will:</p> <ul style="list-style-type: none"> Welcome new members to my team and offer them my assistance and support. Listen to and try to understand the needs and opinions of my team. Share ideas, knowledge, and information required by my team and others to do their work. Engage team members in key decisions that affect our work. Promote inter-professional and interdisciplinary collaboration and understanding. Offer to assist my teammates when my tasks are completed. Seek to resolve differences by communicating in a direct and respectful manner. Hold my team and myself accountable for appropriate safe behavior by speaking up. 	<p>I will:</p> <ul style="list-style-type: none"> Respect the individuality, privacy, and dignity of patients, visitors, and colleagues. Provide a welcoming environment for all. Show respect for all employees regardless of their position or role in the organization. Support equality and inclusion for all by remaining nonbiased in my interactions and not treating anyone differently on the basis of gender, religion, sexual orientation, age, national origin, race, economic status or physical characteristics. Speak up or intervene when workplace bullying or discrimination is observed. 	<p>I will:</p> <ul style="list-style-type: none"> Demonstrate pride in my work and do what is expected of me with timeliness and quality. Know and abide by the policies that specifically pertain to my work area and role. Uphold patient, employee, and institutional confidentiality. Be on time and ready for work and meetings. Dress appropriately for my position or while on the premises of MUSC including wearing my badge at lapel level. Practice etiquette by allowing visitors to enter and exit doorways, hallways, and elevators first and offering to assist them if they are lost or need directions. Take pride in the MUSC campus by maintaining a safe and clean work environment. Share information and respond to communications in a timely and professional manner. Refrain from negatively commenting on MUSC's culture, services, patients, employees, or guests. Be fiscally conservative by not wasting time or resources. 	<p>I will:</p> <ul style="list-style-type: none"> Support a focus on positive changes in the institution. Bring forward opportunities for improvement and not wait for an adverse event to happen. Support a culture of innovation by asking and accepting questions. Encourage ideas from others. Contribute my ideas for the purpose of continuous improvement, problem solving, and learning. Accept responsibility for my own learning.



Last updated: 1/2015

Toolkit Pillar:



SECTION SIX – POLICY AND PROCEDURES

What is HIPPA?

HIPAA comprises several components aimed at reducing paperwork, improving the efficiency of health systems, and protecting the confidentiality and security of health care information.

An important part of HIPAA addresses the need for "administrative simplification." To promote administrative simplification in health care, HIPAA has mandated a set of standards for receiving, transmitting and maintaining health care information. These standards also are intended to ensure the privacy and security of what's known as "individually identifiable health information" -- that is, specific information that on its own or in conjunction with other information serves to identify a particular patient. These standards must be adopted by any organization that maintains or transmits health information -- all health care providers, health plans and health clearinghouses (such as outside billing or claims processing services).

HIPAA is administrative simplification.

The purpose of administrative simplification is to streamline electronic transactions throughout the health care system. To do this, electronic transaction standards have been created for claims processing, eligibility inquiries, claims payment inquiries and similar transactions. The transaction standards cover content and format, as well as how information is arranged and sent. The standards apply to all related data that exist at any time in electronic format. For example, electronic claims must be submitted to payers in standard format and payers must accept the standard transmission.

HIPAA is privacy.

HIPAA's privacy rule creates a framework for ensuring the safety, security and integrity of electronically stored and transmitted health care information, as well as health care information in paper form or communicated verbally.

The goals of the privacy rule are to:

Protect and enhance patient rights by providing access to and controlling inappropriate use of health care information.

Improve health care quality by maintaining trust between patients, providers and payers.

Improve efficiency and effectiveness of care delivery by creating a national framework for privacy protection.

HIPAA is security.

In order to administer their programs, federal and state agencies, private health plans, health care providers, and health care clearinghouses must assure their customers that the confidentiality and privacy of health care information that they electronically collect, maintain, use or transmit is secure.

Security of health information is especially important when health information can be directly linked to an individual. These rules propose standards for the security of individual health information and electronic signature use by health plans, health care clearinghouses and health care providers. Such standards would be used to develop and maintain the security of all electronic individual health information. The electronic signature standard is applicable only in relation to use with the specific transactions as outlined under HIPAA, when it has been determined that an electronic signature must be used.

HIPAA represents a new and complex regulatory infrastructure governing the creation, use and disclosure of health information about individuals. Major areas of focus include allowing portability of pre-existing condition exemptions between employer group health plans; implementing measures to prevent health care fraud and abuse, standardizing electronic transactions in health care, and implementing privacy protections for patients' health care information.

In addition to administrative simplification provisions (privacy, security and data code sets), the HIPAA regulations also address insurance portability and fraud and abuse prevention.

PROTECTED HEALTH INFORMATION – PATIENT IDENTIFIERS

Below is the list of data elements that HIPAA includes as making information patient identifiable.

- Names
- All geographical subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code, if according to the current publicly available data from the Bureau of the Census: (1) The geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and (2) The initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000
- All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older
- Phone numbers
- Fax numbers
- Electronic mail addresses
- Social Security numbers
- Medical record numbers
- Health plan beneficiary numbers
- Account numbers
- Certificate/license numbers
- Vehicle identifiers and serial numbers, including license plate numbers

- Device identifiers and serial numbers
- Web Universal Resource Locators (URLs)
- Internet Protocol (IP) address numbers
- Biometric identifiers, including finger and voiceprints
- Full face photographic images and any comparable images; and
- Any other unique identifying number, characteristic, or code (note this does not mean the unique code assigned by the investigator to code the data)

HIPAA applies when students discuss cases in class, present a case study, or participate in a Grand Rounds.

POLICY FOR REPORTING SUSPECTED ABUSE

Any clinical student suspecting or becoming aware of child/client/patient abuse (physical, emotional, or sexual) is required to inform his/her clinical educator and/or facility administrator. State rules as well as facility policies must be followed in making reports regarding child abuse. This is for the practicum student's protection as well as safeguarding the child/student. The practicum student may contact the clinical educator or SLP DCE if questions arise.

POLICY FOR RADIATION EXPOSURE

VIDEO FLUOROSCOPIC SWALLOW STUDIES (VFSS)

According to IEMA-Division of Nuclear Safety regulations, radiation workers can receive up to 5000mrem exposure per calendar year. We are required to badge anyone who has the potential to receive 10% of the annual limit. The employees in the MUSC speech-language pathology program do not come close to 500mrem. If regular employees with a typical workload are not receiving any significant exposure, it is highly unlikely that students will come close to the 10% limit. If any student wishes to wear a film badge to track exposure, they can be provided with one following a written request. Any employees/students who are pregnant must declare their pregnancy in person at MUSC and receive appropriate instructions. The fetal badges have a 500mrem exposure limit per gestational period. The fetal badge is worn under the lead apron. Regular film badges are monitored on a bi-monthly frequency, while the fetal badges are monitored on a monthly basis.

SOCIAL MEDIA GUIDELINES

Please be aware that protected confidential student and/or patient information may not be shared or posted. All comments, photos, or other information shared via this social media platform should remain appropriate and professional and should in no way infringe upon regulations as stated in the Family Educational Rights and Privacy Act (FERPA). [To read more about FERPA, please visit this US Department of Education website.](#)

Per MUSC social media guidelines, you should...

- Identify yourself as a MUSC student only when appropriate and provide an appropriate disclaimer that helps distinguish your views from those of MUSC.
- Be thoughtful of your social media content. Remember, off-campus and off-duty, you still represent MUSC and your profession.
- Maintain professional boundaries with patients and their families and do not post anything about a patient.
- Do not use any University or Medical Center computer that handles sensitive data or supports critical functions to access social networking sites or personal email accounts.

Review [MUSC's Enterprise-wide social media guidelines here](#).

MUSC HEALTH – POLICIES AND PROCEDURES

[MUSC Health Policy Toolbox](#) (NetID Required)

[Emergency Management](#)

[Infection Control](#) (NetID Required)

[Quality Management](#) (NetID Required)

[Code of Conduct & Ethical Standards](#)

[Material Safety Data Sheets \(MSDS\)](#) (NetID Required)

[Occupational Safety](#) (NetID Required)

THANK YOU!

Students, Clinical Educators, and Coordinators –

At MUSC, we are committed to providing exceptional clinical experiences that will foster professional growth. We would like to acknowledge the efforts of all clinical educators, both on-campus and off-campus, who provide our SLP graduate students with excellent learning experiences during their formative training.

We are grateful to all of you who provide these experiences to our students throughout the year! We are especially grateful to so many of you who continuously provide high quality learning experiences year after year.

If you have questions at any time regarding any aspects of the clinical education process, please do not hesitate to contact me or schedule an appointment for a site visit. I look forward to working with each of you.

Sincerely,

Lori-Ann Ferraro, MA, CCC-SLP

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