

CScD Medical Speech-Language Pathology

Years 3-5

Handbook

Department of Communication Science & Disorders

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Welcome!

This handbook is for Doctor of Clinical Science (CScD) in Medical Speech-Language Pathology resident (with CCC-SLP) and clinical fellow (without CCC-SLP) entering the Department of Communication Science and Disorders (CSD) in the Summer term of 2009 (also known as 2097) and the Fall Term of 2009 (also known as 2010).

This handbook is organized into 3 sections:

General information affecting *all* students enrolled at the University of Pittsburgh

- I. information relating to the didactic components of the CScD degree
- II. information relating to the clinical components of the CScD degree

You should become familiar with the information in the School of Health and Rehabilitation Sciences (SHRS) Bulletin, the SHRS Graduate Student Handbook, the University Course Description Booklet, the University Schedule of Classes, the University Guidelines on Academic Integrity, and the Membership and Certification Handbook of the American Speech-Language-Hearing Association (ASHA).

Certificate of Clinical Competence (awarded by the American Speech-Language-Hearing Association): some Y3-4 CScD clinical fellows will be working towards this certification and will complete the Clinical Fellowship during Y3-4.

Your academic advisors and Plan of Study Committee will guide you throughout your doctoral studies. Knowledge of, and compliance with the rules and regulations governing programs at the University are ultimately and finally the responsibility of the CScD resident (and clinical fellow). Becoming familiar with the information in this manual will ensure that your progress is smooth and free of last-minute surprises. Please take the time to read it, and consult it often during your studies.

We, the faculty and staff of the CSD department look forward to meeting you and wish you every success in your CScD career at the University of Pittsburgh.

May 2009

Note: The faculty and staff reserve the right to make changes and corrections to this document as necessary.

If you have questions about the information contained in this handbook please speak with your academic advisor.

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General Information

Students are responsible for knowledge of the content of the SHRS Graduate Handbook as discussed during the school orientation session. The handbook can be found here:

<http://www.shrs.pitt.edu/cms/>

Further University information on *Regulations Governing Graduate Study at the University of Pittsburgh*:

<http://www.pitt.edu/~graduate/regtoc.html>

Information on policies and procedures:

<http://www.bc.pitt.edu/policies>

Other useful information can be found on the new student services webpage:

www.shrs.pitt.edu/studentservices

Information Specific to CSD Degree Programs

Annual Review

CSD faculty and staff members conduct a yearly review of all students. The purpose of this review is to verify progress toward the degree, to identify students who are experiencing difficulty, and to discuss solutions to problems that are faced. Additional academic reviews will be conducted as necessary if concerns are identified by the faculty. The clinic mentors also review student performance on an ongoing basis.

Appeals

Students are referred to this document for the academic integrity and appeals procedure:

<http://www.shrs.pitt.edu/CMS/uploadedfiles/handbooks/AIGuidelines06.pdf>

Certificate of Clinical Competence (CCC)

The Certificate of Clinical Competence (CCC), provided by the American Speech-Language-Hearing Association (ASHA), indicates professional certification in speech-language pathology or audiology. For more information on obtaining the CCC, please see ASHA's current Membership and Certification Handbook. Specific issues about ASHA's requirements for the CCC should be addressed to the ASHA Telephone Hotline (1-800-498-2071). The ASHA website (<http://www.asha.org>) also contains helpful information about certification.

Comprehensive Examinations

Residents (and clinical fellows) in the CScD degree program are required to successfully complete oral and written comprehensive examinations before the Doctor of Clinical Science

degree is awarded. The format of all comprehensive exams in CSD is currently under review and so details of the nature of these exams is not available. The requirements will be posted at least one semester before any CScD candidate is expected to sit the exams.

Faculty, Staff, and Clinical Educators

The CSD faculty and staff are available to assist students with any aspect of their didactic and clinical education. Current biographical sketches can be found on the department's website (<http://www.shrs.pitt.edu/csd/index.html>).

Pennsylvania State Licensure

In order to engage in unsupervised clinical practice, graduates must obtain a valid Pennsylvania State License. Questions about Licenses for speech-language pathology or audiology may be addressed to the Pennsylvania State Board of Examiners in Speech-Language and Hearing:

<http://www.dos.state.pa.us/bpoa/cwp/view.asp?a=1104&q=433205>

Tel-(717) 783-1389

Fax-(717) 787-7769

ST-SPEECH@state.pa.us

Research Projects

All graduate students are strongly encouraged to contact individual faculty members to learn about opportunities to participate in research projects within the department. Information on research opportunities is available on the department's website, as well as in the "Research Opportunities" notebook in the department office, 4033 Forbes Tower.

Section I: Didactic Components

Overview

The CScD is an advanced professional doctorate degree recommended for the student or Speech-Language Pathologist aiming for clinical excellence and leadership as an SLP in settings such as modern primary, tertiary or rehabilitation medical centers, and institutions of higher education. This handbook contains basic information about the CScD degree - for additional information, please contact your academic advisors.

The primary objectives of the CScD degree are to provide new and continuing graduate students and returning clinicians with:

- advanced didactic coursework
- clinical skills
- case-based learning experiences
- medical team rotations
- extensive Clinical Mentored Experience
- theory and practice in clinical teaching

Such experiences will enable residents (and clinical fellows) to excel in their medical specialties and assume leadership roles in health service and clinical academia settings.

All students must complete a minimum of 87 credits to satisfy didactic and clinical requirements for the degree during years 3-5. Those entering the CScD degree with an earned CCC will waive 8 credits of Clinical Mentored Experience. A maximum of 6 qualifying credits of appropriate substitute coursework may be transferred by clinicians entering with a Master's or PhD degree in CSD for courses beyond that required for the MA/MS degree.

Other requirements include the successful completion of written and oral comprehensive examinations, clinical writing projects, research and clinical forums, medical service rotations, didactic courses, and the clinical mentored experience.

The degree requirements listed in the table below cover the broad topic areas that residents (and clinical fellows) are expected to cover. For some topics the course required is specific, for others there is flexibility to allow for an individual's areas of interest and clinical timetables. Specific courses will be agreed between the resident (or clinical fellow) and the Plan of Study Committee.

Plan of Study Committee

All CScD residents (and clinical fellows) will have a Plan of Study Committee consisting of a minimum of two members of Faculty. The CScD Coordinator will sit on all Plan of Study committees and is the listed *Advisor* and the other person(s) will be chosen with regard to the academic interests expressed by the resident (or clinical fellow).

Medical rotations

During Y4-Y5 all residents will develop theoretical and clinical knowledge and skills through observation, discussion, and participation in other medical based disciplines. The resident will

complete 15 weeks (50%FTE) rotations which will typically be three 5-week half-time clinical rotations. These clinical experiences may include such disciplines as physical medicine and rehabilitation, otolaryngology, neurology, neurosurgery, pulmonary medicine, and other medical or non-medicine related clinical services. Assessment detail is given in Appendix A.

Course Substitution

Where a course and/or clinical/teaching experience is/are being considered as a substitute for a CScD requirement, the resident (or clinical fellow) must show evidence of having attained the CScD course objectives. The request will be considered by the Plan of Study Committee. Approval by both members of the committee and the course instructor of record (for CSD courses) are required for approval of the course substitute.

Course Assessment

Individual courses will follow the assessment guidelines given in each specific course syllabus.

Degree Requirements

<p>Clinical Instrumentation in Speech-Language Pathology Plus Lab</p>	<p>This course and associated laboratory are designed to provide advanced study of the processes involved in speech production and the methods used in its physical analysis. Through a combination of lecture and seminar formats the acoustic, aerodynamic, kinematic, and neural mechanisms involved in speech production will be explored. Laboratory practice will provide hands-on experience in acoustic and physiologic analyses. Instrumentation will be used to improve the student's understanding of both normal and disordered speech production.</p>
<p>Medical Speech-Language Pathology</p>	<p>The course is designed to enhance the skill and knowledge base of medical speech-language pathologists. Topics include pathophysiology of neurogenic communication and swallowing disorders, tracheostomy assessment and management, neurological assessment and advanced applied neuroscience, pediatric feeding assessment and management, structure and function of respiratory and digestive systems and medical ethics. Advanced clinical practice methods and review of evolving technologies in clinical practice are explored. Design of single-subject studies and use of qualitative (visual inspection) and quantitative methods of analysis (celeration line, 2 sd band, c-statistic, etc.) to document changes in client performance will be addressed.</p>
<p>Case Based Learning</p>	<p>A problem based learning format will be used to explore situations encountered in medical speech-language pathology. Problems relevant to an array of theoretical, diagnostic and management issues will be presented in a format where residents (and clinical fellows) will assume responsibility for collecting, analyzing, interpreting and summarizing findings with class members.</p>
<p>Research & Clinical Forum</p>	<p>This component encourages residents (and clinical fellows) to attend clinical and research meetings offered by CSD/Pitt/UPMC/VA etc to gain experience of the various aspects of clinical and research fields relevant to the discipline of communication science and disorders. Residents (and clinical fellows) will attend 4 documented events per semester from the full range of activities available throughout the University of Pittsburgh and its associated medical center's extensive network of institutional and regional clinical, research, and scientific educational offerings.</p>
<p>Clinical Writing Project (1-3)</p>	<p>This course will be composed of a 1-credit didactic class on the art of succinct professional writing. The nature of "the readership" will be examined and how writing style must be modified to suit a specific audience. Assessment will be based on the production of several items including a scientific abstract for conference peer review, an administrative work such as an evidence based business plan for specific service development, and an information leaflet for caregivers (lay language use). Some of these may require submission to an outside body if appropriate. The second credit in this series will be a scholarly work in which the resident (or clinical fellow) will be mentored by a departmental faculty member on the development of a specific project. It is a requirement that this scholarly component be submitted to an outside institution for peer review.</p>
<p>Clinical Teaching Course</p>	<p>This course will use a seminar-based approach for students to obtain a foundation in clinical teaching. Residents (and clinical fellows) will learn the basic principles of clinical instruction across speech-language pathology, audiology and other clinical fields. Students will review content focusing on historical perspectives as well as current theories and will review research findings.</p>
<p>Clinical Teaching Practicum</p>	<p>A supervised practicum in clinical teaching is also required and may be taken during or after the didactic portion of this course has been completed.</p>
<p>Oral Dissemination Skills</p>	<p>This course will address the techniques and the technology required to present data clearly by oral communication and basic visual aids. Participants will have acquired the professional skills necessary to communicate scientific/research/clinical concepts clearly using appropriate oral presentation techniques.</p>
<p>Comprehensive Exams</p>	<p>The focus of these assessments is to critically evaluate the resident's knowledge, skills and abilities in the assessment and management of communication and swallowing disorders. Residents will be able to pose a clinical question relevant to their area of practice, locate and critique the evidence, and successfully present a case derived from their clinical setting.</p>
<p>Clinical Mentored Experience</p>	<p>The focus of this assignment is to develop, refine and enhance the resident's (or clinical fellow's) knowledge, skills and abilities in clinical case management in the context of their weekly caseload. All aspects of communication and swallowing will be assessed relative to the role of a medical SLP. Mentoring will be facilitated through regular interactions with designated faculty members.</p>
<p>Complex Decisions & Ethics</p>	<p>The focus of this course is to introduce students to the principles of medical ethics relative to clinical practice and research with humans. Ethical principles of autonomy, beneficence, nonmaleficence, and justice, and the ethical imperatives driven by these principles in clinical practice and human research may be explored. Topics will include: end of life decisions, advance directives, counseling, separation of personal bias from clinical decision making, role of spirituality and religion in health care among various cultures, and the ethics of evidence based practice.</p>

Head & Neck Anatomy	This course is will explore the anatomy of the head and neck, specific to the mechanisms responsible for speech production and swallowing. Content may include: gross anatomy of the brain and brainstem, craniofacial osteology and arthrology, myology of the face/mandible/sphenoid/maxillae/palatine/hyoid bones, anatomy of the pharynx/larynx/upper esophagus/respiratory musculature, anatomy and pathways of the peripheral cranial and upper segment spinal nerves and associated sensory &/or motor fields, dentition and soft tissue of the oral cavity, and salivary glands.
Human Physiology	This course studies the organization of human physiological systems and their interactions with one another, in order to enhance understanding of the impact of disease processes on cognitive, communication, and swallowing functions. The course includes discussion of the general principles of membrane and cellular physiology as it relates to applied physiologic functions of the central and peripheral nervous systems, cardiovascular, pulmonary, digestive, musculoskeletal, circulatory, autonomic, renal and endocrine systems.
Neuroscience	Basic and applied neuroscientific principles of sensorimotor, cognitive, affective, and other functions in humans with a wide variety of medical, congenital, psychiatric conditions will be examined. Content may include: ontogeny of central and peripheral nervous systems, developmental neuroscience, physiologic systems subserving communication, genetics, gross neuroanatomy, comparative neuroanatomy, principles of neuroplasticity, regenerative neuroscience, foundations of biomedical science, neurophysiology of aging, and neuropharmacology.
Cognitive Science	This course covers the basic foundations of cognitive science, including the processes of sensation, perception, transformation, storage, retrieval and production of information, as well as attention. Attention will be paid to mental operations as seen from a variety of theoretical perspectives, as relevant to a variety of human functions including communication, sensorimotor activity, emotions, and intellect. The course may also cover information about neurophysiological correlates of cognitive function.
Statistical Methods 1	This course provides an introduction to descriptive and inferential statistics. Topics include frequency distributions, graphs, stem-and-leaf displays, boxplots, scatter diagrams, measures of central tendency, measures of variability, correlation, sampling distributions, point estimation, introduction to hypothesis testing, and introduction to interval estimation.
Statistical Methods 2	This course provides an in-depth discussion of standard statistical analyses. Topics include one- and two-sample tests of hypothesis for means, variances, proportions, correlation coefficients, regression, one-way analysis of variance, and multiple comparisons.
Fundamentals of Evidence-Based Practice	This focuses on the skills for asking clinical questions, searching for the best evidence to answer questions, and critically appraising the evidence. The scientific methods and research methods associated with hierarchies of evidence will be examined.
3 Graduate Seminars/Courses	Resident's (or clinical fellow's) area of interest. Courses within the CSD Department, SHRS, the University of Pittsburgh, or other accredited university that enhance the knowledge base. These courses will be broadly related to the area of Medical Speech-Language Pathology.
Medical Clinical Rotations	The resident (or clinical fellow) will develop theoretical and clinical knowledge and skills through observation, discussion, and participation in other medical based disciplines. A 15 week (50%FTE) program which will typically be three 5-week half-time clinical rotations. These clinical experiences may include such disciplines as Physical Medicine and Rehabilitation, Otolaryngology, Neurology, and other related (e.g. Clinical or Neuropsychology) clinical services.

Section II: Clinical Components

Philosophy of CScD Clinical Education

Our objective is to help residents (and clinical fellows) acquire advanced knowledge and skills through in-depth didactic content, clinical mentored experience, and formal learning assignments. The clinical education component is viewed as a dynamic process where residents (and clinical fellows) participate actively in learning to apply didactic information to clinical practice with people who have a wide range of disorders. The goal is to prepare clinicians who demonstrate strengths in the following:

- The ability to analyze and synthesize information from a broad-based fund of knowledge in medical communication and swallowing science and disorders
- A problem-solving attitude of inquiry and decision making based on evidence-based practice
- An advanced level of clinical competency in prevention, screening, evaluation, diagnosis, and treatment of patients with medical communication and swallowing disorders
- The ability to communicate effectively and professionally in multidisciplinary health settings, with professionals outside of healthcare and with patients and family members
- Self-evaluation resulting in active steps to develop new skills & acquire knowledge
- Ethical and responsible professional conduct

The long term goal of clinical education is to provide clinicians with a solid foundation to enable them to succeed as leaders in diverse medical speech-language environments. Clinicians with the CScD will also take leadership roles supporting the disciplines and professions that contribute to the practice and knowledge base of communication science and disorders.

CScD Clinical Mentoring

An important part of the CScD ethos is to recognize that the knowledge base in speech-language pathology is rapidly increasing. Students cannot be taught “everything” they need to know by the end of their degree and clinicians must continue to update their knowledge during their professional careers. This degree provides a foundation for life-long learning so CScD qualified clinicians will provide the highest quality clinical services and education throughout their career. CScD clinicians will become skilled clinical problem solvers who can locate and critically evaluate information and apply it appropriately.

This Clinical Mentoring Curriculum provides a consistent set of expectations for mentors and residents (and clinical fellows) across the range of clinical settings. The Clinical Mentored Experience is a critical component of the CScD degree and there is a set of standard procedures that are systematically implemented by mentors. The variation in clinical activities, teaching strategies, and learning activities that mentors provide are strengths of the CScD degree.

Throughout the Clinical Mentored Experience mentors and residents (and clinical fellows) are supported by the resources of the CSD Department. Communication with the Clinical Mentored Experience Coordinator can be initiated whenever questions or concerns arise.

Goals of Clinical Mentored Experience

- To provide a supportive and challenging learning environment for residents (and clinical fellows) to enable them to become experts in the field of medical communication and swallowing disorders
- To provide residents (and clinical fellows) with clinical experiences in evidence based prevention, assessment and intervention over the range of medical communication and swallowing disorders
- To develop the clinical and interpersonal skills needed to be a leader in the field of medical communication and swallowing disorders
- To provide opportunities for residents (and clinical fellows) to interact and build relationships with other professionals in relevant clinical and academic disciplines
- To provide mentors with an opportunity to develop and refine their clinical instruction skills while working with CScD residents (and clinical fellows).

Clinical Mentored Experience Coordinator

The Clinical Mentored Experience Coordinator is an employee of the University of Pittsburgh and serves as the liaison between the University, the mentor and the resident (or clinical fellow). Concerns that the Clinical Mentored Experience Coordinator has will be communicated to the CSD Director of Clinical Education.

It is the Clinical Mentored Experience Coordinator's responsibility to monitor the clinical education experience and facilitate communication between residents (and clinical fellows) and mentors. The Clinical Mentored Experience Coordinator also helps to ensure that department requirements are met. Additional responsibilities include the following:

- To maintain on-going relationships with clinical sites to help insure optimal educational experiences for residents (and clinical fellows)
- To facilitate interviews with the mentor and to confirm the start and end dates of the session
- To ensure that residents (and clinical fellows) understand their role and responsibilities when participating in the Clinical Mentored Experience (e.g., CSD Department requirements, certification and licensure requirements, professional expectations, basic safety/health precautions, and clinical competencies)
- To monitor the performance of residents (and clinical fellows) on a regular basis
- To ensure that education experiences are clearly and accurately documented

Clinical Mentor

The mentor is a CSD Faculty member who has accepted the responsibility of providing mentorship to residents (and clinical fellows) following professional and ethical guidelines. A mentor must hold a current Certificate of Clinical Competence (CCC) from the American Speech-Language-Hearing Association, or equivalent credentials relevant to their discipline.

A mentor should also meet the following requirements:

- Recognized by the CSD Faculty as an expert in their area of clinical specialization
- Have relevant, documented academic experience (typically having met the requirements for a doctoral degree)

- Have documented advanced clinical education experience teaching SLPs and other health professionals as relevant to their discipline and at a level consistent with the goals of the CScD degree
- Have a sincere interest in helping residents (and clinical fellows) develop advanced skills and knowledge and in gaining an understanding of the professional expectations of the discipline

The mentor supports the resident (or clinical fellow) and has the following responsibilities:

- Is familiar with the ASHA Position Statement *Clinical Supervision in Speech-Language Pathology and Audiology* (June 1985, pp 57-60, <http://www.asha.org/docs/html/PS1985-00220.html>)
- Maintains on-going and open communication with the resident (or clinical fellow) and the Clinical Mentored Experience Coordinator
- Provides an orientation meeting with the resident (or clinical fellow) to review expectations, define responsibilities, and identify optimal education experiences. This orientation should include a review of the resident's (or clinical fellow's) **Clinical Mentored Experience Learning Contract** (see p15, and Appendix B)
- Helps the resident (or clinical fellow) to develop their clinical problem solving skills to an expert level (e.g., gather information from research and case history sources; observe, describe and quantify observations, analyze results, document effectiveness)
- Helps the resident (or clinical fellow) develop effective communication skills with other professionals
- Provides ongoing feedback to the resident (or clinical fellow) to facilitate optimal progress in clinical education:
 - ◊ establish and maintain a consistent meeting time with the resident (or clinical fellow) (depending on their needs), discuss progress on clinical education goals and skills (e.g. identify areas of strength/needing improvement, identify objectives for the next step of education)
 - ◊ provides verbal and written feedback
 - ◊ facilitates the resident's (or clinical fellow's) development of self-evaluation skills
 - ◊ promotes discussion of the mentor's strengths/areas for improvement based on resident (or clinical fellow) input and modifies mentoring strategies as appropriate
- Completes written evaluations of resident (or clinical fellow) provided by the CSD department. Reviews information verbally with resident (or clinical fellow) and provides copies to the resident (or clinical fellow) and the Clinical Mentored Experience Coordinator by the specified date
- Verifies resident's (or clinical fellow's) employment hours log at the end of each semester (Appendix C)

Styles of Clinical Mentoring

Clinical mentors often interact in a manner similar to the style that they experienced as a student. Participants in clinical mentoring should be aware of their own style tendencies. Both the characteristics of the individual resident (or clinical fellow) and the mentor should be considered. Residents (and clinical fellows) benefit from a range of styles and strategies rather than one approach. Resident (or clinical fellow) needs will vary in relation to the clinical placement, specific patients, and the experience with that clinical problem.

What Makes a Good Mentor?

Being a mentor requires continuing education and practice just as all other aspects of the professional role require active participation in learning. CScD residents (and clinical fellows) develop skills in mentoring similar to the quality of the mentoring that they receive. Both parties are encouraged to read the BMJ article in Appendix D in order to enhance understanding of the concept of *supervising* versus *mentoring*.

Development of CScD Skills

Clinical education at the doctoral level focuses on facilitating the acquisition of advanced knowledge, skills, and professionalism. Further detail will be given in the syllabus for each semester of Clinical Mentored Experience. The following broad areas are targeted:

- Professional responsibilities
- Interpersonal skills
- Communication proficiencies: verbal, nonverbal, & written
- Interviewing & counseling competencies
- Prevention and screening skills
- Self evaluation skills
- Evaluation/assessment/treatment competencies
- Clinical teaching of SLPs
- Educating SLP and other health related professionals

CScD Skills Progression

Residents (and clinical fellows) in good standing within the CScD degree will be operating at Level I by the end of Y3 and at Level III by the time of graduation. The criteria for each level are deliberately loose to allow for the wide variation in clinical experience that will be covered by the CScD degree. This structure is aligned with the requirements of Board Recognized Specialization from other disciplines. A resident entering the degree having acquired the certificate of clinical competence from the American Speech-Language-Hearing Association and attaining Level III should have the majority of requirements for relevant Board Certification. Examples of learning/experience targets are given in Appendix E. The academic advisors will work with the residents towards attaining these requirements.

Table 1 Clinical Skills Level

Level	Approximate time point	CScD Resident Performance	Clinical Mentor Role
I	CF complete	Residents at this level consistently demonstrate independent & creative problem solving. Initiates the development of new skills. Consults supervisor/mentor occasionally as needed (e.g., difficult case, new diagnosis) with questions & possible solutions.	Focus of interaction is on clinical problem solving with agenda initiated by resident. Progress on goals monitored by resident with input from mentor.
		During the CF the clinical fellow will have a workplace CF supervisor as required for ASHA certification and a CSD Faculty Clinical Mentor. Both will be working with the clinical fellow.	
II	End Y4	Residents at this level are providing input to multidisciplinary teams, are competent at assessing and managing complex cases within their clinical area, are teaching graduate SLP students and educating other professions at a basic level in medical communication and swallowing disorders.	Focus of interaction is on complex clinical problem solving, clinical teaching of SLP-Master-level students, basic multidiscipline education, with agenda initiated. Progress on goals monitored by the resident with input from mentor.
III	End Y5	Residents at this level are competent to teach junior SLPs with simple cases in their clinical area; are providing CEU-type education to SLPs, are contributing to regional/national forms on clinical/professional issues.	Focus of interaction is on complex clinical case load management, leadership, professional issues with agenda initiated by resident. Progress on goals monitored by resident with input from mentor.

There will be three broad levels of skill assessment to match the Levels above. Residents (or clinical fellows) will do one written piece and one oral piece as outlined below, per semester of clinical mentored experience. Residents (and clinical fellows) may be required do more or less than the two components in each level depending on a) how many credits they are registered for, and b) their level of competency. Both the written and oral formats will be assessed because the production and presentation of the information is very different and requires separate skills. Residents (and clinical fellows) are expected to search out appropriate opportunities for presentation in their own workplaces. The individual goals set up in the Learning Contract with individual mentors each semester will reflect the number of credits that a student is registered for (CSD 2520). Students registered for more credits will be expected to do achieve correspondingly more outcomes.

There is a progression of complexity and demand from Level I through level III. Clinical fellows entering at Y3 without their CCC would be expected typically to do 10 credits per level covering all components resulting in 30 credits of clinical mentored experience. Residents with the CCC will do approximately 7-8 credits at each level resulting in 22 credits total. More than two component tasks can be required in any level before verifying completion at that level.

Level I (Approx Y3) Audience: peer colleagues and other CSD students

Level I is focusing on straightforward case reporting skills and the link with evidence.

References required for all in APA 5 format.

A. In-depth Case Review

Narrative, clinical summary demonstrating *concise* writing of *relevant* issues. including complete social and medical history, review of relevant evidence. Proposed diagnostic plan after consideration of the confounding factors that affect a case such as co-morbidities, social circumstances, etc. (based on risk factors highlighted by the evidence).

B. In-depth Clinical Presentation

Based on A including evidence and moving towards a prognosis and treatment plan. Presentation 20 minutes followed by 35 minutes question time.

Level II (Approx Y4) Audience: multidisciplinary healthcare, generalist level

Level II will focus on the communication or swallow impairments caused by a *particular disease* and linked explicitly with evidence.

References required for all in APA 5 format.

A. Written Assessment of a Specific Disease and its management

What are the common findings, how are those findings managed/treated with reference to the evidence at both the impairment and global health outcome levels e.g., nutrition, hydration, pneumonia in the case of dysphagia.

B. Clinical Assessment Presentation

Based on A - as might be presented at a local disorder specific meeting which might involve health professionals and the lay public. Presentation 30 minutes followed by 25 minutes question time.

Level III (Approx Y5) Audience: local, regional, national specialists

Level III will focus on a *particular communication or swallow impairment* caused by *different* pathophysiologies (comparing and contrasting) and the link with evidence.

References required for all in APA 5 format.

A. Complex Medical SLP Case (written)

Follow pattern from Level II with a case that illustrates the multiple considerations of a medically complex case as opposed to the typical features of a disease. For example a case with primary diagnoses in two or more systems or multiple medical diagnoses, socio-economic, familial factors etc.

B. Complex Medical SLP Case Presentation (oral)

Oral equivalent of A. Presentation 25 minutes followed by 30 minutes question time.

Typically this presentation will be delivered to an *Intermediate* or *Advanced* level seminar for a regional/national meeting of a multidisciplinary or specialist SLP group.

Documentation Procedures

Grades will be assigned at the end of semester for each mentored experience to provide measures of clinician progress on developing competencies. The end of semester documentation will be maintained in each resident's (or clinical fellow's) academic department file. Copies of mid

semester paperwork may also be maintained when there are concerns about performance. This paperwork will provide measures of clinician progress across educational experiences. Residents (and clinical fellows) are required to make & retain copies of all clinical paperwork for their own files before turning in original items to the Administrative Assistant. It is the resident's (or clinical fellow's) responsibility to ensure that paperwork is turned in by the due date. People not turning in all of their paperwork will receive an "I" grade for that semester.

Employment Hours Logs

The responsibility for documenting employment hours is the residents (or clinical fellows). They must record their hours weekly and obtain employers initials on a monthly basis. Log sheets will be turned in each semester for verification by the Clinical Mentored Experience Coordinator. Residents (and clinical fellows) should keep a hard copy for their own files (see Appendix C).

Learning Contract

CScD residents (and clinical fellows) at Y3 and beyond should develop the ability to evaluate their own knowledge/skill status and identify objectives to continue the learning process. This constant attention to learning is the hallmark of expert clinicians and leaders in the field of medical communication and swallowing disorders. The clinician should discuss with the mentor specific learning goals for that semester and how to achieve them as a team. The contract should clearly state what both the clinician and the mentor will contribute to achieve the learning target.

Submit the contract to the Clinical Mentored Experience Coordinator by the end of the third week of the semester.

Submit a report addressing how you achieved the objectives and what you measured to provide evidence of achieving your goal by the end of week 15 of the semester

Reflective Journal

Constructive self evaluation and progression is the hallmark of an advanced professional. During each Clinical Mentored Experience residents (and clinical fellows) will complete a section in their Reflective Journal. This should focus on their observations, concerns, and questions related to Clinical Mentored Experiences, what they have targeted as learning goals and how the learning has contributed to their expertise as a clinician. The purpose of the Reflective Journals is to provide residents (and clinical fellows) with a formal mechanism to develop self evaluation and reflection skills. Reflective journals provide mentors with a format for responding to residents' (and clinical fellows') needs/concerns and for increasing awareness of resident (or clinical fellow) understanding of the clinical process. They provide evidence of changes in resident (or clinical fellow) understanding of the clinical process in medical communication and swallowing disorders.

Residents (and clinical fellows) will be required to complete an entry in their reflective journals at least bi-weekly each semester in which they are enrolled in the program. Mentors may decide to require journal reflections more frequently. Residents (and clinical fellows) should record their journal entries in an electronic file to be printed as hard copy. Mentors will review the journal entries frequently but no less than monthly.

Mentors may find it initially helpful to have the resident (or clinical fellow) reflect on any

aspects of the clinical process that is meaningful to them. Later in the term it may be helpful to have the resident (or clinical fellow) reflect on specific aspects of the clinical process that are being targeted in their personal goals (e.g. clinical observation skills; ability to complete specific clinical tasks; challenging aspects of a session).

Clinical Portfolio

The Clinical Portfolio will provide evidence of progress. The resident (or clinical fellow) should develop a collection of artifacts that are used to convey information on their major accomplishments. The portfolio items should be prepared and presented at the end of semester meeting. Portfolio items can include a wide variety of materials: copies of feedback from mentors, samples of clinical work, self-evaluation summaries, complex medical communication and swallowing cases might be included and/or a list of advanced diagnostic tools and techniques which have been learned/mastered. Care must be taken to ensure the confidentiality of all submissions and that HIPAA regulations are followed

Compulsory items in the portfolio are:

- Academic Curriculum Vitae (NIH Format)
- Employment Résumé
- Case Reports (number to match credit requirement for Clinical Mentored Experience)
- Case Presentation PowerPoint handout (number to match credit requirement for Clinical Mentored Experience)
- Employment hours Log
- Learning Contracts

Feedback

Timely and appropriate feedback is an important component of the learning experience. Feedback procedures for didactic courses will follow the guidelines in the individual syllabi. Mentor feedback will occur during the semester at appropriate times. The structure of this is left up to the individual mentors to allow for the range of experiences we expect to offer.

Evaluation of Mentorship

Residents (and clinical fellows) are encouraged to maintain open channels of communication with their mentor throughout the term. They should talk to the mentor about their clinical education needs/goals and should keep the mentor informed about mentor strategies which are/are not facilitating their development.

Before the end of each semester the clinical mentoring evaluation form (see Appendix F) must be completed. These forms provide valuable input to the clinical education program and are used to identify strengths as well as areas to improve. The forms must be returned to the Director of Clinical Education before the end of semester meeting between the resident (or clinical fellow) and mentor. Where the Director of Clinical Education is the mentor then the form should be submitted to the Clinical Mentored Experience Coordinator.

This information will be initially reviewed by the Clinical Mentored Experience Coordinator, the Director of Clinical Education and the Department Chair. Copies of the Mentor Evaluation form

will then be sent to the mentors after grades have been turned in for the term (usually this occurs well after the start of the next term). Resident (or clinical fellow) names are not included when the mentors receive the hard copy. The Mentor Evaluations provide the program with one source of information to for improving the quality of clinical education. Note that the Mentor Evaluation form always includes a page where residents (and clinical fellows) can express confidential information that will not be shared with the mentor, but will be reviewed by the Clinical Mentored Experience Coordinator, Director of Clinical Education, and the Department Chair.

The Clinical Mentored Experience Coordinator and the Director of Clinical Education are always available to meet with residents (and clinical fellows) individually regarding any concerns about Clinic Education. Residents (and clinical fellows) are encouraged to make an appointment to share ideas and concerns regarding mentorship or clinical education issues.

Requirements for Clinical Fellowship

The requirements and procedures are specified by the American Speech-Language-Hearing Association and can be found at:

http://www.asha.org/about/membership-certification/handbooks/slp/slp_clinical_fellowship.htm

Clinical Mentored Experience Registration

Residents (and clinical fellows) must be enrolled in course CSD 2520 for the number of credits appropriate for their assignment (1-6) in each semester. There are separate codes for each mentor.

Scheduling of Academic Requirements

The Clinical Mentored Experience is governed by the resident's (or clinical fellow's) employment contract. Timing of clinical sessions will be set by the employing agency in consultation with the CScD Coordinator. Didactic classes are balanced with the requirements of the Clinical Mentored Experience hours.

Equipment

You may be expected to have equipment for professional use. Follow the guidelines of your employer.

Professional Liability Insurance/Certification

Residents (and clinical fellows) must be covered by their employer's liability insurance and undertake all certification as required e.g. CPR, FBI, Act 33/34 Clearance etc.

During the Medical Rotations clinicians will have to ensure that they are appropriately covered by insurance. This is unlikely to be provided by your employer and so you should seek advice from Student Services.

HIPAA

All clinicians must take the HIPAA modules listed below unless they can demonstrate that they have taken an equivalent course in the work setting within the last year. These must be renewed annually.

A copy of the certificate must be turned in to the appropriate CSD Department administrative assistant. A copy should also be retained by clinicians for their own files. Clinicians may also be required by sites to complete additional agency-specific HIPAA training.

HIPAA Privacy Awareness for Faculty, Students, Health Professionals and Trainees (Formerly RPF Module 8)

<https://cme.hs.pitt.edu/servlet/IteachControllerServlet?actiontotake=loadmodule&moduleid=1683>

HIPAA Researchers Privacy Requirements (Formerly RPF Module 6)

<https://cme.hs.pitt.edu/servlet/IteachControllerServlet?actiontotake=loadmodule&moduleid=1662>

CSD Department Clinic Committee

Clinical education goals, procedures and issues are overseen by the CSD Clinic Committee which is chaired by the Director of Clinical Education and includes all full-time and some part-time clinical faculty members. A student representative from each of the disciplines (SLP and Audiology) is also requested annually to serve as a member of this committee and to serve as a conduit for information and suggestions from audiology and SLP students.

Clinic Committee meetings are typically scheduled for the fourth Tuesday of the month (11:15-12:30) as needed, with at least two meetings held per term. The Clinic Committee works to review, modify, and develop guidelines, activities and procedures for clinical education. When new guidelines are developed they are sent to the curriculum committee for initial review (if needed) and then are presented to the full faculty for final approval.

Professional Expectations

When participating in Clinical Mentored Experience activities residents (and clinical fellows) are expected to behave in a professional manner at all times. Unacceptable professional behavior can result in disciplinary procedures by the employer.

Clinical Procedures

Each clinic site will have specific Policies and Procedures. Residents (and clinical fellows) are in employment at the site and must follow the regulations concerning:

- Confidentiality
- General Clinical Documentation
- Appearance
- Name/Identification Badges
- Health & Safety

Residents (and clinical fellows) are expected to comply with site specific Health & Safety regulations concerning:

- ◇ universal precautions
- ◇ routine hand washing
- ◇ use of disposable gloves
- ◇ use of protective eye wear
- ◇ disinfection

Appendix A Medical Rotation Assessment

The resident will meet with each of the three instructors before the start of and at the end of each medical rotation placement.

The resident has the responsibility to initiate meetings and draw up the contract. The instructor must agree (with input) to design.

Academic advisors are to be involved so that people are kept broadly in line with the CScD degree goals. Academic advisors can be involved by email where the medical rotation instructor is familiar with the CScD degree.

It is the responsibility of the resident to discuss with the instructor a specific learning goal(s) for the medical rotation placement and how to achieve it as a team:

- Goal: target skill or knowledge to be achieved
- Objectives: specific, measurable steps to goal
- Outcome: how will I know I've achieved my goal?

Write learning contract based on these points. The contract should clearly state what both the resident and the instructor will contribute to achieve the learning target.

Submit the contract to the Clinical Mentored Experience Coordinator by the start of the placement.

The resident will present their experience and learning to the CSD Department in the semester following the medical rotations.

Appendix B Clinical Mentorship Learning Contract

CScD residents (and clinical fellows) at Y3 and beyond should develop the ability to evaluate their own knowledge/skill status and identify objectives to continue the learning process. This constant attention to learning is the hallmark of expert clinicians and leaders in the field of medical communication and swallowing disorders.

The resident (or clinical fellow) should discuss with the mentor specific learning goals for that semester and how to achieve them as a team:

- Goal: target skill or knowledge to be achieved
- Objectives: specific, measurable steps to goal
- Outcome: how will I know I've achieved my goal?

Write learning contract based on these points. The contract should clearly state what both the resident (or clinical fellow) and the mentor will contribute to achieve the learning target.

Submit the contract to the Clinical Mentored Experience Coordinator by the end of the third week of the semester.

Submit a report addressing how you achieved the objectives and what you measured to provide evidence of achieving your goal by the end of week 15 of the semester.

Appendix C Employment Hours Log

Week	Summary of Clinical Experience	Hours	Mentor Meeting hours	Mentor Initials
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Total mentored experience clinical hours* _____

Date _____

* should = 300 per semester, if not please document why

CScD resident (or clinical fellow) signature

Employer signature

Appendix D BMJ Article

<http://careerfocus.bmj.com/cgi/reprint/324/7353/S201> pp s203-s203

Full article is provided in CSD hardcopy for residents (and clinical fellows).

Appendix E Clinical Skills Assessment

Examples of activities fulfilling qualification criteria for Level III (based on ASHA BRS-Swallowing as just one type of Board Certification guide) include:

Education/Mentorship Category

- Taught graduate course on swallowing and swallowing disorders in ASHA CAA accredited university program in the past 3 years. The course syllabus should be attached.
- Educational presentation at major regional, national and/or international conferences and/or post graduate workshops on swallowing and/or swallowing disorders. These lectures must have been presented to an audience that extended beyond the applicant's institution. Title of presentation, date, participant objectives, and audience should be delineated.
- Developed and published clinical educational programs and/or materials on swallowing and swallowing disorders that are disseminated outside of the institution/ program in which the applicant works. The product can be in the form of electronic media or hard copy. Copy of the program or material should be attached.

Leadership Category

- Held leadership positions in ASHA or other professional organizations focusing on swallowing and swallowing disorders (chair of committee, officer, etc). Give specifics.
- Participated in development of ASHA or state association position papers or guidelines on swallowing and swallowing disorders. Give specifics. Attach document if completed.
- Served on major committees of regional, national or state organizations dealing with swallowing and swallowing disorders. Describe the work of the committee.
- Served in official supervisory position(s) at hospital, rehabilitation, education, or university programs in swallowing and swallowing disorders involving supervision of staff clinicians providing dysphagia services. Describe these services.
- Developed a formal swallowing program within the institution with regular staffing of patients and involvement of multiple disciplines. Describe the program in detail.

Scholarship/Research Category

- Published at least one peer-reviewed research article with the applicant as primary or secondary author of this article. Attach the article.
- Published a chapter directly related to normal swallowing or swallowing disorders in a peer reviewed textbook. Give specific reference or attach chapter.
- Presented a peer reviewed research paper or poster at a scientific meeting.
- Actively engaged in research activities in normal swallowing and/or swallowing disorders involving some form of direct patient contact such as conducting a survey or applying research methods under study (diagnostic tools or treatments). State the specific research questions of the project, the results, and publications or presentations emanating from it - or if still underway, state the progress to date, the anticipated completion of the project, and plans for publication.

(ASHA BRS-S webpage updated 22 December 2008)

Appendix F Evaluation of Clinical Mentoring

Complete form for each mentor *before* you do your end of semester wrap-up with your mentor(s). Submit to the Clinical Director (or Clinical Mentored Experience Coordinator if the Clinical Director is the Mentor).

Mentor (Site) **Semester** **Credits**

1. How many contact hours have been completed with the mentor this term?

The information provided below will be given to the mentor the following term (after grades have been turned in). If the resident (or clinical fellow) has information that they would prefer to be kept confidential, they should contact the Clinical Director in a separate email. Residents (and clinical fellows) may also make an appointment to discuss their concerns. This confidential information will NOT be directly shared with the mentor.

For items #2-12, mark the letter of the following category that best describes your judgment.

Mark only one answer for each item

A Hardly at all **B To a small degree** **C To a moderate degree**
D To a considerable degree **E To a very high degree** **NA - Not applicable**

The Clinical Mentor. . .

		A	B	C	D	E
2	Helped me to develop my learning contract					
3	Provided a structured opportunity for learning					
4	Recognized when help was needed and gave it willingly					
5	Provided feedback and input in a constructive manner					
6	Stressed important concepts and techniques					
7	Guided me through the process of complex problem solving					
8	Was receptive to questions and/or alternative opinions					
9	Treated me in a respectful manner					
10	Was enthusiastic about discussions in the clinical/academic setting					
11	Contributed to growth in my clinical competence level					
12	To what extent would you recommend this mentor to another clinician?					

14. Please circle the answer that best expresses your judgment of this clinical instructor's overall teaching effectiveness using the categories below.

- A. Clinical Mentoring was excellent
- B. Clinical Mentoring was well above average
- C. Clinical Mentoring was competent
- D. Clinical Mentoring was only fair
- E. Clinical Mentoring was ineffective

15. What did this mentor do that most effectively contributed to your clinical learning?

16. What did this mentor do that least effectively contributed to your clinical learning?

17. Describe the major strengths/weaknesses of this site as a clinical education experience.

Strengths

Weaknesses

18. What else would you like to say about this clinical learning experience?