

CLINICAL EDUCATION HANDBOOK

**for the Professional Degree Programs:
M.A. /M.S. Speech-Language Pathology
Au.D. Audiology**



**Communication Science & Disorders Department
School of Health and Rehabilitation Sciences
University of Pittsburgh**

**6035 Forbes Tower
Pittsburgh, PA 15260**

**Department Phone: (412) 383-6540
Department Fax: (412) 383-6555**

Academic Year 2018- 2019

Modified August 2018

CLINICAL EDUCATION HANDBOOK
For Graduate Student Clinical Education
Speech-Language Pathology and Audiology

Table of Contents

INTRODUCTION TO REVIEWING CLINICAL EDUCATION HANDBOOK	6
Self-Study Guide for Initial Review of Clinical Education Handbook	7
PART I: BACKGROUND TO CLINICAL EDUCATION	8
Philosophy of Clinical Education	8
Student Role in Clinical Education	8
ASHA Standards	8
Sequence of Clinical Education Experiences	9
Development & Measurement of Clinical Skills.....	11
Feedback on Clinical Performance.....	11
Formative Assessment of Clinical Competency.....	12
Typhon Allied Health Clinic Administration & Tracking System.....	15
Measurement and Tracking of Clinical Competencies.....	15
Audiology	18
General Tips: Typhon Electronic Portfolio	18
Tracking Patient/Client Contact Time.....	22
Clinic Administration Tools	24
PART II: PREREQUISITES TO CLINICAL EDUCATION	27
Email Communication.....	27
Practicum Registration	27
Observation Requirements	27
Academic Background	28
Communication Competency Requirement.....	29
Equipment (SLP)	29
Professional Liability Insurance	29
Medical Clearances & Drug Screening	29
Cardio Pulmonary Resuscitation (CPR) Certification.....	31
Clearances (Pennsylvania & FBI) & Mandatory Child Abuse Reporting.....	31
Student Clinical Laboratory Fee.....	32
HIPAA Training	32
PART III: CLINICAL EDUCATION GUIDELINES AND EXPECTATIONS	33
Clinical education coordinators.....	33
CSD Department Clinic Committee.....	33

Determination of Practicum Assignments (Network, Outplacement and School Practicum)...	33
Enrollment in Clinical Practicum	34
Practicum for the AuD (Clinical Doctorate in Audiology)	35
PA Educational Certification for School-Based SLP	36
Professional Expectations.....	37
Social Media & Professional Considerations	38
Learning Modules.....	38
Clinical Grading Procedures.....	38
Documentation of Clinical Education (Network & Outplacement Practicum).....	40
Client/Patient Contact Time	41
Hard Copy Documentation of Contact Time.....	42
Electronic Case Logs (Typhon).....	43
Clinic Remediation Plan.....	47
Student-Clinical Instructor Problem Solving Procedures.....	48
Evaluation of Clinical Teaching.....	49
Tracking of Clinical Performance	50
Clinical Requirements	50
SLP	50
Audiology	52
General Clinical Procedures	52
Clinical Instruction/Supervision	52
Defining Placement Expectations: Students & Clinical Instructors.....	53
Client Confidentiality	53
General Clinical Documentation Guidelines.....	54
Appearance Policy.....	54
Name/Identification Badge.....	55
Attendance	55
Clinic Environment	56
Inclement Weather Conditions	56
Health & Safety Procedures	56
Universal Precautions	56
Routine Hand Washing.....	56
Use of Disposable Gloves	56
Protective Eye Wear	57
Disinfection	57
Student Injuries.....	57
PART IV: NETWORK CLINICAL EDUCATION	58
Background Regarding the CSD Clinical Network.....	58
Mission Statement	58

Training Sites in the CSD Network 2017 – 2018 Year	58
Approach to Clinical Teaching.....	58
Network Clinical Learning Activities & Requirements	59
Basic Clinical Competencies	59
Network Core Clinical Skills.....	59
Required Network Clinical Learning Activities	60
Clinical Documentation Activities	60
Reflective Journals	61
SLP and Audiology Clinic Practicum Review (SLP/AuD CPR)	62
Electronic Clinical Portfolio.....	63
Network Clinical Faculty/Instructors	64
PART V: CLINICAL OUTPLACEMENT & EXTERNSHIP.....	66
Requirements for Enrollment in Outplacement Practicum	66
Outplacement Practicum Placements (2nd year SLP & Audiology).....	68
Outplacement & School Practicum Handbooks	68
AuD Fourth Year Externship Placements	69

LISTING OF APPENDICES -- SLP

Appendix A: Clinical Training Action Plan

Appendix B: Supplemental Materials Section

- Formative Assessment of Clinical Competency Forms
 1. Formative Assessment of Network Clinical Competency: SLP
 2. Hours Log: SLP Case Log Form (Hardcopy)
 3. SLP Clinical Simulation (CS) Documentation Form
 4. Evaluation of Clinical Teaching Form
 5. Summary of Clinical Hours (SLP) – hard copy of electronic tracking form
 6. Placement Expectation Worksheet

- Professional Information and Materials
 1. 2014 Standards and Implementation for the Certificate of Clinical competency in Speech/Language Pathology.
 2. Scope of Practice in Speech-Language Pathology
 3. Code of Ethics (American Speech Language Hearing Association)

LISTING OF APPENDICES -- Audiology

Appendix A: Clinical Training Action Plan

Appendix B: Supplemental Materials Section

- Formative Assessment of Clinical Competency Forms
 1. Formative Assessment of Clinical Competency: Audiology

2. Evaluation of Clinical Teaching Form
 3. Audiology Practicum Log
 4. Placement Expectation Worksheet
- Professional Information and Materials
 1. 2012 Audiology Standards and Implementation for the Certificate of Clinical Competency
 2. Scope of Practice in Audiology
 3. Code of Ethics (American Speech Language Hearing Association)

Appendix C: Timeline for AuD Externship Planning

★ INTRODUCTION TO REVIEWING CLINICAL EDUCATION HANDBOOK

This manual has been prepared to provide incoming Speech-Language Pathology and Audiology professional degree students (MA-SLP, & AuD) with information about the clinical education policies and expectations of the Communication Science and Disorders (CSD) Department. The manual is intended to be used in conjunction with academic tracking forms, the Typhon clinical tracking system, the University of Pittsburgh graduate handbook, and the Department of Communication Science and Disorders Academic Handbook, and policy/procedure handbooks at individual clinic sites. For your initial review of the **Clinical Education Handbook** it is recommended that you focus on the sections marked with the star icon: ★

All information marked with a star (including the sections on the CSD Clinic Network) should be reviewed by students *before* they begin their first day of practicum experiences. A study guide appears on the next page to help you summarize the “star icon” information. After completing the study guide, check with your fellow students and/or Clinical Instructor to be sure that your answers are correct.

Please note that the remainder of the information in the Clinical Education Handbook should be read by *the end of the first two weeks of clinic*. All students need to complete the sign off sheet and turn it in to the CSD Office, for your student file indicating that you have read the complete *Academic Handbook* and *Clinical Education* handbooks. You will also be completing an on-line quiz through the ProSeminar courseweb site (details to be provided by Dr. Ellen Cohn) to ensure that you have read and understand the details outlined in this handbook.

In addition to requirements for the Masters degree in Speech/Language Pathology and the AuD degree in Audiology, the CSD clinical degree programs provide the opportunity for students to meet clinical education requirements for:

- ASHA Clinical Certification www.asha.org
- Pennsylvania State Licensure <http://www.dos.state.pa.us/bpoa>
- Pennsylvania Educational Certification in Speech/Language Impaired (SLP only)
 - <http://www.pde.state.pa.us/>

Since each of the above has separate requirements, students need to continually monitor their progress toward completion of the requirements. They should check the content on the above web sites periodically across their program and check in with their academic advisor if they have questions.

Note that all policies, guidelines and forms appearing in this manual are subject to modification during your enrollment in the program. Students will be informed in the event of any such modifications. If you have any questions or concerns about the information contained in this manual, please contact the appropriate Clinical Education Coordinator or the Vice Chair for Clinical Education.



Vice Chair for Clinical Education
Audiology Clinical Education Coordinator
emormer@pitt.edu



SLP Clinical Education Coordinator
Coordinator of PA Ed Certification Speech-Language Impaired
lundblom@pitt.edu

★ Self-Study Guide for Initial Review of Clinical Education Handbook

This **Clinical Education Handbook** contains a wealth of information to guide you through the clinical training steps of your graduate training program. We recognize the challenge of sifting through it all during your first weeks here, so the following set of questions were designed to help you learn the “up-front” information that you need to know for your first week of Network practicum. If you can’t answer a question, ask a fellow student! (Clue: the answers can be found in the sections labeled with the star icon).

1. What does the term “CSD NETWORK PRACTICUM” refer to?
- 2a. How/when are graduate student clinical competencies measured?
- 2b. How is my clinic grade determined each semester?
- 3a. Professional Responsibilities include?
- 3b. How is performance on Professional Responsibilities measured?
4. What medical & background clearances are needed before participating in practicum, and how often are they obtained?
5. What is the purpose of HIPAA training and what does it focus on?
6. What are ***BASIC CLINICAL COMPETENCIES*** and how are they focused on in Network Practicum?
7. What are ***NETWORK CORE CLINICAL SKILLS***? When should they be mastered?
8. What are the required learning activities in all network practicum?
- 9a. What are examples of appropriate dress for clinical education?
- 9b. List examples of characteristics that would be considered inappropriate in clinical education settings.
10. Who should I contact if I have questions about clinical education for SLP? For Audiology?

PART I: BACKGROUND TO CLINICAL EDUCATION

Philosophy of Clinical Education

The CSD Department's objective is to help students acquire the knowledge and skills of their discipline through in-depth academic content, sequential structured clinical education experiences, and learning assignments. The clinical education component is viewed as a dynamic process where students participate actively in learning to apply academic information to clinical practice while working with clients who have varied types of communication disorders. The goal is to prepare clinicians who demonstrate strengths in the following:

- The ability to analyze and synthesize information from a broad base of knowledge in communication science and disorders
- A problem-solving attitude of inquiry and decision-making using evidence-based practice
- Clinical competency in prevention, screening, evaluation, diagnosis, and treatment of patients with varied communication disorders
- The ability to communicate effectively and professionally
- Self-evaluation skills resulting in active steps to develop/refine clinical competencies & extend their knowledge base
- Ethical and responsible professional conduct
- Skills to work in interprofessional settings

The long term result of clinical education is to prepare students with a solid foundation to succeed in diverse educational, healthcare and rehabilitation environments.

Student Role in Clinical Education

When making the transition from undergraduate education to graduate education with a clinical component, it is important that students understand that they are responsible for their own learning. CSD Department faculty and staff are here to facilitate your successful completion of all degree, clinical education, and professional standards. However, we can only help guide you through this process. Students must focus in clinical education on understanding why and how clinical decisions are made. They should be active participants taking initiative to gather information on their own, ask questions of their clinical instructors, and incorporate content from their courses to the clinical practice. Students need to refine their self-evaluation skills so that they have heightened awareness of what they know, what they don't know, and strategies for obtaining information and developing clinical skills needed. The goal is to acquire the knowledge and skills to enable you to be independent and successful in an entry-level position to implement screening, prevention, assessment, and treatment services with patients who have varied types of communication disorders.

When students are having difficulties in clinical education they are required to immediately contact the appropriate Clinical Education Coordinator to discuss the concerns. Early discussions can prevent later difficulties. Students are also encouraged at all times to communicate with their academic advisors regarding any aspect of their graduate program.

Council on Academic Accreditation Standards

The class entering graduate study in the Fall of 2018 will be following the requirements of the Council on Academic Accreditation (CAA) standards. Copies of the current CAA standards for Audiology and Speech-Language Pathology are available on the ASHA website at:

Students should become familiar with these standards during their first term of study, and review the standards periodically during their graduate program. Under current CAA standards, the CSD department and the students graduating from the program organize formative and summative evidence to demonstrate that the graduates of the program have achieved the level of knowledge and skills needed for entry level professional work (i.e. your first professional year of work; CF position for SLP students).

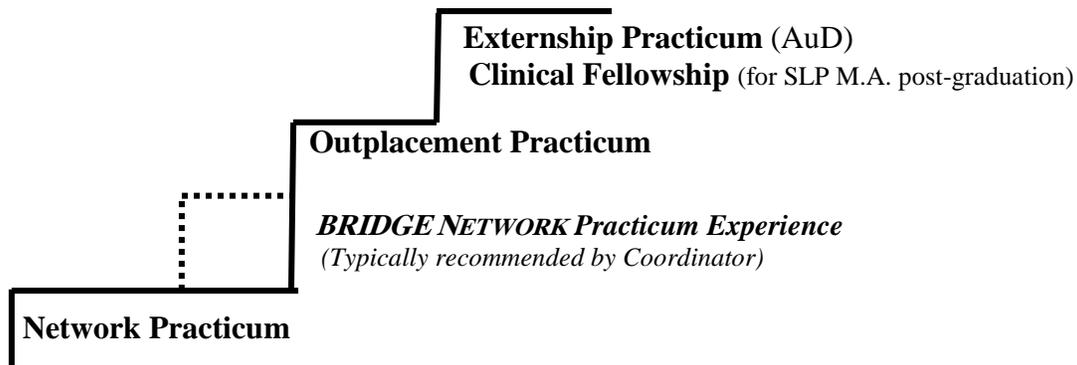
Across the program it is critical for each student to track their progress towards meeting the standards. In practicum experiences, students work with their Clinical Instructors to develop, refine and maintain clinical competencies. Formative assessment of progress is formally conducted at least two times per term in each practicum experience. Electronic case logs (recorded through the Typhon System) are used by students to track their progress meeting clinical hour requirements and demonstrating required clinical competencies. All students will develop an electronic Portfolio in Typhon organizing artifacts each term from their practicum experiences to document acquisition of clinical competencies.

Students will need to work closely with their clinical education coordinator, clinical instructors, and academic adviser to help develop ample opportunities to achieve all of the standards. ***It is each student's responsibility to monitor their progress (using the plan of study and Typhon) and initiate plans and communication with CSD faculty to facilitate their progress and achievement of ASHA and CAA requirements.***

Sequence of Clinical Education Experiences

The CSD Department has developed a clinical education sequence that ensures students master clinical competencies and become independent at a level for their first entry-level professional position by the time they complete the graduate program.

Figure 1. Sequence & Levels of Clinical Experience



Initial practicum experiences take place in the **CSD Clinical Network** working with Network instructors to acquire an understanding of the clinical process and to master **Basic Clinical Competencies**. Students typically remain in the Network for three semesters, with the length of time in Network training determined by a student's individual rate of progress in meeting Network requirements (see PART IV: NETWORK CLINICAL EDUCATION). Some students are recommended for transition to Outplacements in Summer #1 term, while most make that transition in Fall #2 term. In the Network, students receive 1.5-2 hours per week of teaching time with their assigned Network Clinical Instructor and 2 hours of client-contact time. Students typically work with their Clinical Instructor a day per week for .5-1.0 day blocks of time. Assignment schedules vary based on the Clinical Instructor's caseload, schedule, & setting.

Network Clinical Instructors work closely with each student providing direct instruction, modeling clinical behaviors, suggesting resources, and developing learning activities. Teaching focuses on helping students develop and master *Basic Clinical Competencies* and *Network Core Clinical Skills* (see Network Clinical Learning Activities & Requirements). Network clinical education focuses on teaching the underlying structure of the clinical processes involved in prevention, screening, evaluation and treatment. Understanding the foundations for clinical decision making is also taught in academic courses. Students in the Network participate in a series of required activities (see details in Network Training section) in order to develop the competency level necessary for moving to community based Outplacement assignments.

Students vary in the rate at which they acquire and meet Network requirements and the number of terms they participate in Network clinical education activities. Occasionally a student is able to meet many of the Network requirements, but continues to show difficulties in certain aspects of clinical performance which hampers their ability to successfully transition to Outplacement education. Students who do not meet expectations in Outplacement practicum may also benefit from returning to Network Clinical Education. In those situations, a student may be recommended to participate in a BRIDGE Practicum experience.

The **BRIDGE** experience provides an interim level of clinical education between Network and Outplacement for students who need extra assistance. It provides a level of training for a student who still may need/benefit from the support of structured teaching time that is not available in Outplacement settings. In a BRIDGE practicum students register for Network practicum and are assigned a Network level experience. As they demonstrate a solid level of competency and require less structured teaching time, the instructor increases the patient contact time while decreasing the teaching time. Increases in level of independence must be demonstrated by the student before the changes can be made. The recommendation for a student to be considered for a BRIDGE experience can be initiated by the student, the current clinical instructor, the Clinical Education Coordinator or Vice Chair for Clinical Education. Approval for the BRIDGE experience will be made by the Clinical Education Coordinator and the Vice Chair for Clinical Education with input from the current Clinical Instructor and student. Students recommended to participate in a Network BRIDGE practicum, are required to successfully complete that practicum experience before being considered for further practicum experiences (i.e., Outplacement).

After students have met the requirements and competencies of the CSD Network, they participate in *Outplacement Practicum*. Outplacement clinic typically begins during the 2nd year of graduate education. In Outplacement practicum teaching time is significantly reduced with less intensive direct teaching, while patient contact time is increased (compared to the Network Practicum). Outplacement assignments occur 1-5 days/week, with placements changing each term so that students experience a variety of different settings and services. All SLP students are required to complete *at least* one adult and one pediatric outplacement during their graduate program each of which includes a 4 day/week experience. Most SLP students participate in School Practicum as one of their pediatric outplacement experiences. AuD students participate in a collection of outplacement clinical experiences across the second and third years of the program. In Outplacement practicum, students are expected to demonstrate basic level knowledge of clinical processes and to apply information learned in academic coursework. Clinical Instructors help students better understand the intricacies of service delivery in their setting with a range of different patients. The CSD Department has clinical affiliations with an extensive collection of agencies throughout the region (Western Pennsylvania, West Virginia, & Ohio), providing students with a vast range of possible SLP & Audiology Outplacements. Settings include public schools, early intervention sites, private practice offices, not-for-profit agencies, acute care hospitals, rehabilitation centers, community hospitals, home-based services and skilled nursing facilities.

AuD students' clinical education culminates in an externship placement in the 4th year where they work independently with the collaborative oversight of a Clinical Preceptor. Options for AuD 4th Year Externships exist both locally and in geographic areas across the country remote from Pittsburgh (see AuD Externship handbook and Typhon Clinic Directory). SLP master's students complete a 9-month Clinical Fellowship (CF) experience as their first professional position after they graduate with their master's degree. The CF position for SLP students is arranged by the student through application & interview processes.



Development & Measurement of Clinical Skills

The basic areas of clinical education focus on facilitating the acquisition of knowledge, skills, and professional attributes needed for professional practice. While participating in clinic practicum the following broad competency areas are targeted:

1. Professional Responsibilities
2. Interpersonal Skills
3. Communication Proficiencies: verbal, nonverbal, & written
4. Interviewing & Counseling Competencies
5. Self-Evaluation Skills
6. Assessment Competencies (planning, implementing, post-session)
7. Treatment Competencies (planning, implementing, post-session)

Within each of the above areas a collection of sub-skills are included on the clinical evaluation forms. Skills 1-5 are the same for SLP and AuD students. Evaluation and treatment competencies (6 & 7) are discipline specific. The focus of competencies in the CSD Clinical Education program was developed for each discipline based on the current CAA (Council on Academic Accreditation) standards and Scope of Practice guidelines. Copies of the current Network, Outplacement, and School Practicum Formative Assessment forms for SLP and Audiology practicum are contained in the Supplemental Materials section of this manual and are administered through Typhon. ***Clinical evaluation forms &/or grading systems may be modified or changed during the duration of your enrollment in the program.*** Students will be informed of any changes made.

Measurement of student performance on clinical competencies is determined using two slightly different 9-point scoring systems (one for Network practicum and a different one for Outplacement Practicum). These systems allow for consideration of the student's quality of implementing a skill and the Clinical Instructor's level of support and guidance. The scoring system (see Table 1 and 2) was developed to provide a method of formative assessment for describing and tracking acquisition of clinical competencies from the first term of clinical education through the end of graduate education. When AuD student's transition to their 4th Year Externships a seven-point system is used to describe and track their skill level (details in AuD Externship Handbook).

Feedback on Clinical Performance

The purpose of clinical feedback is to monitor progress towards attainment of clinical competencies. Clinical scores on clinical evaluation forms provide a continuous record of student performance across the graduate program and allow students to track their progress on meeting ASHA & CSD department clinical competencies. Students are formally evaluated (in writing and in an oral conference) at least twice per term: at mid-term and at the end of each semester using the Formative Assessment tool for their discipline (SLP; Audiology). Mid-term grading provides a mechanism for identifying student strengths and areas to improve. They also provide a structure for setting up learning goals for the remainder of the term. A student's actual grade for the term is based on performance at the end of the semester as measured across the last 3-4 weeks of the grading period.

According to academic guidelines set forth by the University and the CSD department, successful completion of a practicum requires a passing grade. Neither the credit, nor the contact hours obtained from a failing practicum experience may be counted toward degree or ASHA requirements. A student receiving a failing grade may be required to successfully complete a Network/Bridge placement before participating in outplacement training. A Clinic remediation plan will be developed by the student and their Clinical

Education Coordinator to help the student work towards improving areas of concern. A failing grade may also be assigned if required paperwork is not completed, or if there is a serious breach in professionalism. ***Students who earn a failing grade in two practicum experiences*** (Network, Outplacement, School Practicum &/or Externship practicum) ***will no longer be permitted to participate in practicum education.*** See Academic Handbook regarding options for completing a non-clinical degree.

Formative Assessment of Clinical Competency

In addition to documentation of hours, measures will be completed at midterm and end of term for each practicum experience to provide formative evaluation of student progress on developing clinical competencies. The *Formative Assessment of Clinical Competency* forms (SLP; AUD) are used to provide formal written feedback. Student competency level of relevant behaviors (sub-skills experienced on three or more occasions during the last 4 weeks of the grading period) are scored using the CSD Clinical Skills Scoring System (Tables 1 & 2). Determination of the appropriate score requires that both the Student Clinician Behavior column and the Clinical Instructor Role column are considered when assigning a score to describe competency level.

Students will develop an electronic Portfolio that provides additional supportive evidence of clinical skill acquisition & refinement across the program. Each student is also responsible for tracking acquisition of clinical skills and knowledge required by the CAA standards (details in Academic Handbook). This will be done via the Typhon Tracking case logs.

Table 1. NETWORK SCORING SYSTEM – 9 point (modified July 2010)

Points	STUDENT CLINICIAN PERFORMANCE	CLINICAL INSTRUCTOR SUPPORT
1	ABSENT SKILL or implemented with difficulty. Efforts to modify behavior unsuccessful. Demonstrates incomplete understanding of clinical disorder/process. Observes & assists instructor. Difficulty evaluating self. Difficulty focusing on client's needs.	MAXIMUM INSTRUCTION. Direct instruction, background info and demonstration necessary all/most of time. Client service is provided by clinical educator.
2	EMERGING SKILL. Efforts to modify behavior occ successful. Needs instruction to modify skill. Implements skill if previously discussed/modeled. Focused primarily on own needs not client needs. Limited self-evaluation skills.	CONSTANT DIRECTION. Helps student understand relevant client needs majority of time. Clarifies priorities. Some assistance/demo is needed during session. Provides post-session input to facilitate appropriate follow-up. Facilitates student self-evaluation.
3		
4	INCONSISTENT SKILL. Skill is under-developed. Implemented appropriately but inconsistently. Does not independently modify behavior during session. Post-session, student aware of need to modify behavior, and able to identify <u>some</u> solutions, but may not be optimal methods.	ONGOING GUIDANCE. Oversees session plan. Occasional input needed during session to insure accurate, appropriate, and optimal services. Focus on increasing student awareness of when/how to improve the skill. Instruction frequently required to facilitate understanding of client needs
5		
6	CONSISTENT WITH OCC PROMPTS. Skill implemented appropriately <u>most</u> of the time. Working on refining skill (i.e., increase consistency, efficiency, <u>or</u> effectiveness). During session aware of need for change and modifies behavior <u>some</u> of time. Initiates new suggestions <u>some</u> of the time.	INTERMITTENT PROMPTING. Monitors student performance & plans. Gives prompts regarding client needs & possible alternatives to consider <u>some</u> of time. Seldom intervenes during session.
7		
8	CONSISTENT & CAPABLE. In most situations: implements skills consistently & proficiently; modifies behavior as needed; demonstrates independent clinical problem solving. Generates accurate self-evaluation.	REGULAR OVERSIGHT. Supervisor confirms student hypotheses & plans most of the time. Collaborates with student regarding client needs & suggests alternative areas to consider some of the time. Promotes student independence.
9	EXCEPTIONAL. Skill consistently implemented independently & competently. Takes initiative in case management. Self-evaluation insightful.	COLLABORATIVE INPUT. Supervisor provides input when student indicates they need assistance in a specific area. Supervisor plays role of an advisor. Provides mentoring to support growth.

Table 2. OUTPLACEMENT SCORING SYSTEM (modified July 2010)

Points	STUDENT CLINICIAN PERFORMANCE	CLINICAL INSTRUCTOR SUPPORT
1	EMERGING SKILL. Efforts to modify behavior occasionally successful. Needs instruction to modify skill. Implements skill if previously discussed/modeled. Focused primarily on own needs not client needs. Limited self-evaluation skills.	CONSTANT DIRECTION. Helps student understand relevant client needs majority of time. Clarifies priorities. Some assistance/demo is needed during session. Provides post-session input to facilitate appropriate follow-up. Facilitates student self-evaluation.
2	INCONSISTENT SKILL. Skill is under-developed. Implemented appropriately but inconsistently. Does not independently modify behavior during session. Post-session, student aware of need to modify behavior, and able to identify <u>some</u> solutions, but may not be optimal methods.	ONGOING GUIDANCE. Oversees session plan. Occasional input needed during session to insure accurate, appropriate, and optimal services. Focus on increasing student awareness of when/how to improve the skill. Instruction frequently required to facilitate understanding of client needs
3		
4	CONSISTENT WITH OCCASIONAL PROMPTS. Skill implemented appropriately <u>most</u> of the time. Working on refining skill (i.e., increase consistency, efficiency, <u>or</u> effectiveness). During session aware of need for change and modifies behavior <u>some</u> of time. Initiates new suggestions <u>some</u> of the time.	INTERMITTENT PROMPTING. Monitors student performance & plans. Gives prompts regarding client needs & possible alternatives to consider <u>some</u> of time. Seldom intervenes during session.
5		
6	CONSISTENT & CAPABLE. In most situations: implements skills consistently & proficiently; modifies behavior as needed; demonstrates independent clinical problem solving. Generates accurate self-evaluation.	REGULAR OVERSIGHT. Supervisor confirms student hypotheses & plans most of the time. Collaborates with student regarding client needs & suggests alternative areas to consider some of the time. Promotes student independence.
7		
8	INDEPENDENTLY COMPETENT. Skill implemented independently, competently, & consistently. Takes initiative in case management. Self-evaluation insightful.	COLLABORATIVE INPUT. Supervisor provides input when student indicates they need assistance in a specific area. Supervisor plays role of an external advisor. Provides mentoring to support growth. Serves as licensed professional.
9	EXCEPTIONAL. Highly proficient. Able to problem solve with ease in challenging cases. Automaticity & efficiency in managing caseload. Takes full responsibility & initiative for all duties. Solicits input from colleagues appropriate to areas of expertise.	COLLEGIAL RELATIONSHIP. Instructor seeks advice from student clinician. Discusses clinical challenges. Supports professional growth through guidance towards goals. Creates opportunities for continued learning.

Typhon All Health Student Tracking System

The CSD department uses the Typhon Group web-based system for clinic administration and tracking of SLP and AuD clinical education. Annually the department pays a licensing fee for each discipline (SLP, AuD). Students pay a one-time fee that covers their use of the program across their entire graduate program through 5 years post-graduation. Students receive initial training on Typhon during Clinic Orientation prior to the start of the program.

The Typhon system is used for many different purposes, here we will focus on a few of the features which are used frequently by students and Clinical Education Coordinators/Administrators to help ensure that all clinical education requirements are tracked across the program and met. Across the first term it will be important for you to take time to learn how to use Typhon effectively.

Measurement and Tracking of Clinical Competencies

Formative Assessment. The EASI component of Typhon is used to administer the Formative Assessments of student clinician performance at midterm and end of term. Clinical instructors access the appropriate forms via the web, and students access self-evaluation forms via the EASI link in their Typhon home page. Across a student's program their self-evaluations and clinical instructor's evaluation forms are housed in Typhon allowing students to monitor their progress across the program on key clinical skills. It is the student's responsibility to make sure that they meet all required competencies (as listed on the Formative Assessment forms) and to communicate with the appropriate Clinical Education Coordinator if they need specific clinical experiences to fill in gaps in their clinical education.

At *midterm* clinical instructors and students hold a midterm meeting to discuss student progress and skill level up to that point in the term. Another objective of the midterm evaluation is to define goals for the remainder of the term. Note that clinical instructors are required to independently score the student's performance prior to the midterm meeting; students are required to complete the self-evaluation prior to the meeting. They should each bring a hard copy of the form to the meeting to share with one another. The appropriate Coordinator (AuD; SLP) should be contacted by the student clinician immediately **if an instructor copies the student's self-evaluation form** and submits it as their own evaluation of student performance. Students are scored only on clinical competencies that they have had a chance to implement a few times across the last 3-4 weeks of the grading period; competencies not implemented should not be rated.

At the *end of the term* the supervisor and student will again use the appropriate *Formative Assessment* forms survey to complete an end of term evaluation/self-evaluation. The clinical instructor and student will meet for a discussion of the student's performance. SLP Students are also required to create at least three different artifacts and AuD students are required to create at least 1 artifact. These are uploaded to the Typhon electronic portfolio each term (see details in Electronic Portfolio section).

Although we are moving towards paperless documentation students are required to submit the following original hard-copy items either weekly, or at the end of each term to the Clinical Administrator.

- Signed hours log, with clinical instructor initials and signature on bottom of each page-**weekly**
- Signed Observation Log – end of term
- Core Clinical Skills form (copy turned in, until the entire form is completed when the original is turned in)- end of term
- Print out of Page 1 of student's *Evaluation of Clinical Teaching* completed on each clinical instructor (due 2-3 weeks before end of the term with your name on it & turned in to CSD office) – used to track completion of this requirement

Students should ALWAYS make copies of any clinic paperwork turned in for their own files. Occasionally items get lost, and it is the student's responsibility to have copies at all times.

Practicum grades will not be submitted by the Clinic Education Coordinator until all required paperwork has been turned in. Missing paperwork will result in an "I" (incomplete) grade for clinic. Copies of midterm paperwork may also be retained when there are concerns about a student's performance in practicum. ***Students are required to make & retain copies of all clinical paperwork for their own files before turning in original items to the Clinic Administrator.*** Note that all hours logs (contact time and observation time) must be written and signed in ink, NOT PENCIL, as these are legal documents.

Clinical Competencies. In the Case Logs (see *Tracking Patient/Client Contact Time* section) students will self-report their participation on key skills on a patient by patient basis. SLP & AuD students are required to accurately record the clinical competencies section for 100% of the cases logged in Network and Outplacement clinics (not externship). The major heading categories for competencies in speech/language pathology and audiology are listed on the right hand side of the electronic Case Log forms. Students should click on the broad category names relevant to each case and indicate which sub-skills they have *observed, assisted, or performed independently*. At the end of the graduate program SLP students will attach a summary of the competencies information to their student file to provide evidence of the clinical skills participated in across the graduate program.

Electronic Portfolio. All students will create an electronic portfolio in Typhon to document achievement of clinical competencies. Each semester prior to initiating contact with their new clinical instructor they will update the portfolio. Clinical Instructors have access to view their assigned student's portfolio prior to the start of each semester's clinical activities.

The Typhon electronic portfolio system includes the option of creating up to 10 different pages of materials. Students often use the Home page to post their updated vita. Examples of common sections in the portfolio used by students in the past are listed in Table 3. Each semester SLP students are required to create **at least 3** different artifacts and AuD students are required to create at least 1 artifact, which demonstrates significant areas of growth/accomplishment in their practicum experiences that term. Artifacts should be shown to the clinical instructor at the end of the term (in the wrap-up meeting) with items de-identified in terms of client, clinical instructor, and site identification to ensure that HIPAA guidelines are followed. **All clinical portfolio items must be de-identified.**

Electronic portfolio items will be reviewed by the Clinical Education Coordinator during clinical advising sessions and through email exchanges on a periodic basis. At the end of the program the portfolio will be reviewed as part of the clinic check-out process.

TABLE 3. SAMPLE SECTIONS FOR ELECTRONIC PORTFOLIO

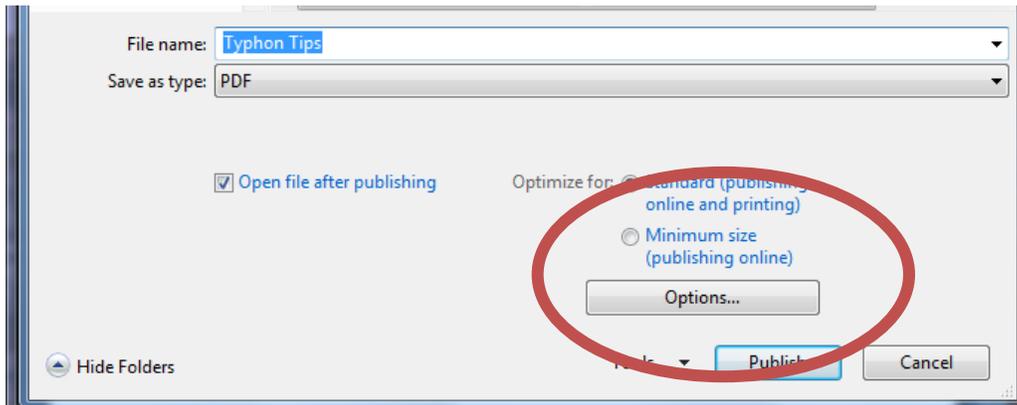
DISCIPLINE	POSSIBLE CONTENT AREAS	EXAMPLES OF ARTIFACTS
SPEECH- LANGUAGE PATHOLOGY	Home Page	<ul style="list-style-type: none"> • Photo (head-shot) • Vita summarizing academic courses and practicum work completed to date (updated each term)
	Diversity of Caseload	<ul style="list-style-type: none"> • Typhon Graphical Summary (PDF) of overall experiences (PDF updated each term) • Excel spread sheet: Clinical Hours tracking form (PDF updated each term) • Document presenting examples of various adult/pediatric cases one has worked with describing disorder type, age, & focus of the clinical services provided
	Cultural Linguistic Diversity	<ul style="list-style-type: none"> • Reference sheet for Somalian speech sound system • Cultural Guidelines: working with families from Orthodox Jewish backgrounds • Sample GFTA-2 results with interpretation incorporating AAE dialectical variation considerations • Diet recommendations related to swallowing disorder with consideration of family's cultural background
	Prevention/ Screening Skills	<ul style="list-style-type: none"> • Screening: Summary describing screening experiences to date (across pediatric & adult practicum & community screens. • List of screening techniques and tools used with self-rating of competency level • Prevention: <ul style="list-style-type: none"> ○ Handout created regarding swallowing recommendations ○ Vocal Hygiene Guidelines (created in Voice Disorders) ○ Phonological Awareness lesson plan for kindergarten class ○ Training program for nurses on swallowing rec. for a patient
	Assessment Skills	<ul style="list-style-type: none"> • Sample dx reports (de-identified) for adults and children • Self-Rating Summary of Diagnostic Tools: summary of dx tools administered (adults; pediatrics) and self-rating on competency level with each tool
	Treatment Skills	<ul style="list-style-type: none"> • Sample progress notes/reports (de-identified) for adults and children • Sample lesson plan for collection of target areas • Sample cueing hierarchies developed for working with children with autism • Description/Listing of treatment techniques used with various populations • Comps case clinical write-up
	School Practicum Artifacts	<ul style="list-style-type: none"> • Sample ER and IEP • Sample group treatment lesson for children with speech sound goals • Sample data collection form for group treatment • Curriculum-based lesson plan for teaching target vocabulary for science lesson on planets (3rd grade level) • Visual schedule system (used in classroom for children with autism)

<u>Audiology</u>	Home Page	<ul style="list-style-type: none"> • Photo (head-shot) • Vita summarizing academic courses and practicum work completed to date (updated each term)
	Diversity of Caseload	<ul style="list-style-type: none"> • Typhon Graphical Summary (PDF) of overall experiences (PDF updated each term)
	Competency Report	<ul style="list-style-type: none"> • Screening: Summary describing performance of competencies to date •
	Clinic Artifacts	<ul style="list-style-type: none"> • Sample reports (de-identified) for adults and children • Examples of test findings and interpretation • Sample progress notes/reports (de-identified) for adults and children • Description of amplification treatment outcomes
	Course Artifacts	<ul style="list-style-type: none"> • Samples of course projects completed • Description/Listing of •
	Courses Completed	<ul style="list-style-type: none"> • Name of courses completed with associated skills & knowledge • •

Students in the past have found that there are a few tricks to posting items into the Typhon electronic portfolio. Documents up to 2 MB in size can now be uploaded in Typhon (effective July 2013). Below is information from Typhon regarding how to best format portfolio items:

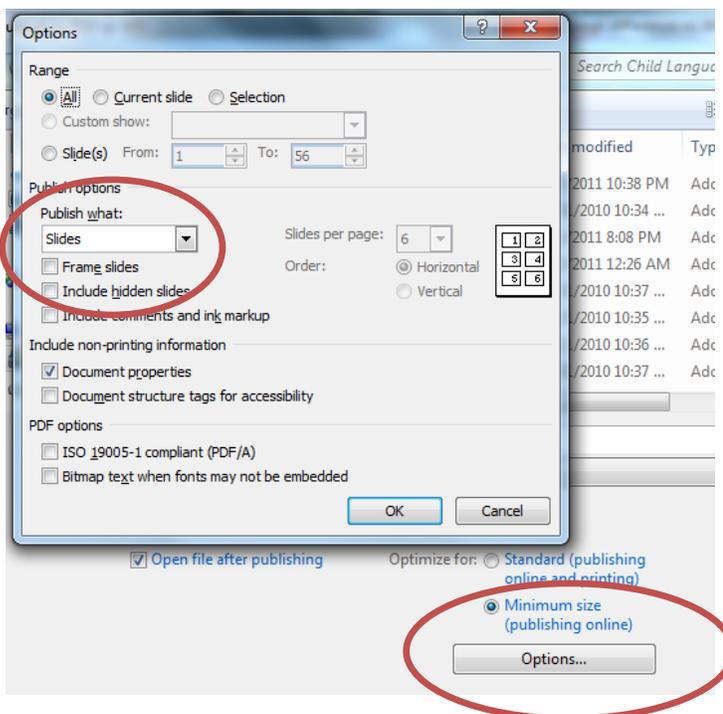
General Tips: Typhon Electronic Portfolio

1. Do NOT copy and paste from Word, formatting will not work properly.
2. Convert documents to PDF files, they will be smaller and will be easier for any individual visiting your site to access.
3. Most Microsoft Office programs will allow you to convert a file to a PDF by selecting Save As --> PDF, once you have made this selection there should be an option to Optimize for: Standard Publishing or Minimum Size. **Select minimum size as Typhon has a size restriction of 2 MB.**



4. If your file is still too large there are simple steps to try to minimize the size.
 - a. Include only relevant portions of the document.
 - b. Delete any images or use lower resolution media.
 - c. Try using a different program: a brochure that is too large when converted to a PDF from Microsoft Word may be the right size when recreated in Microsoft Publisher and converted to a PDF.

5. When converting power points to PDF documents you can convert them as slides OR as handouts. To convert to a PDF handout, select Save As > PDF then click 'Options' once the 'Options' box has opened find the drop down menu titled 'Publish what' and select Handouts. Again remember to select 'Optimized for Minimum size'.



6. For documents that are not on your computer there are several options: items can be scanned, you can take a picture and paste pictures into a word, or you can use the copy machines in Forbes Tower that convert documents into PDF files.
7. You will need to upload any documents you wish to use to Typhon. You can do this by logging into Typhon, on your home page there is a section titled Other Logs & Reports, in this section select 'My External Documents'. When you upload documents identify the type of document as a 'My Portfolio' document. Typhon will ask you for a brief description of the file. Make sure the description is clear as this will serve as the file title and you will want to be able to quickly and easily identify which document you want when you are making links in your Portfolio. See information on the next page for detailed steps on how to upload documents with links developed by SLP alumni Leah Nestlerode
8. For more information watch the My Portfolio tutorial on the Typhon website, consult with other students, and make use of any sample portfolios made available!

HOW TO UPLOAD DOCUMENTS INTO PORTFOLIO ON TYPHON

- Login to Typhon
- Under '*Other Activities and Reports*': click on **My External Documents**.
- On the top left, click **Add Document**.
- Fill in all of the relevant information regarding the portfolio item (i.e. date created, clinical site, etc.)
- Select **Save Data**.
- Your portfolio item is now saved to your external documents. If you are uploading more than one portfolio item, add all the documents at the same time before going to the next step. It saves you time later.
- Go back to the main menu.
- Click on **My Portfolio** under '*Other Activities and Reports*'.
- Scroll down to '*Page Titles & Editing*'. This is where you will upload the artifacts. You can divide the pages up however you'd like (i.e. clinic site, ax/dx/screen, etc.) I found using clinical sites was easiest, with extra pages for multicultural and screening if needed.
- Choose the page you would like to upload an artifact and select **Edit Page**.
- On the right side of the screen, scroll to the bottom. There will be a list of all of the external documents you have uploaded, with links for each. Select the link and copy it for the artifact you want to upload.
- Type the title of the desired artifact into the blank field on the left. Then you will highlight the title of the artifact, and click on the 'insert link' symbol . A box will appear which is where you paste the link you just copied. Click OK.
- The title you typed should appear in blue, underlined. This means the link is active, and will go to your artifact. Underneath each title of the artifact that you create, type when it was completed, the source, and your rationale for choosing to include it in your portfolio.
 - Here is an example of what it might look like.

[Cultural Diversity Observation](#)

Completed: Summer 2013

Source: Pittsburgh Obama PreK Program, Pittsburgh Public Schools

Rationale: This artifact narrates my experience observing in a culturally diverse classroom. I gained a lot of insight from this experience honing in specifically on the diverse children. I was able to get a view of what accommodations are or are not being made for these children in the classroom, how they communicate with their peers, and what changes I would have implemented as a speech-language pathologist to really help these kids succeed.

- Repeat this process for all artifacts, being sure to group them accordingly. When you return to the My Portfolio page, you can preview each page. Do this to be sure you like the way it looks, and the links actually work.

Note: Try to keep your artifacts small. If the documents are too large, they will not upload. You can compress PDF documents if you need to, but it is easier to just avoid it if you can, and choose small, simple artifacts that showcase your abilities.

Tracking Patient/Client Contact Time

Recording Patient Contact Time. Students are required to record their contact time with each individual client in terms of the hour categories (see Table 6 for SLP hour categories). They are also required to have their instructor confirm the contact time daily in Network placements and weekly in outplacements. Follow the instructions below for SLP and AuD students regarding tracking of daily/weekly hours.

SLP Students: If you are in **paired clinical experiences** – you may only log contact time for hours when YOU are the clinician. If client time is shared between two students, it is divided between the two students. Example: if the client is present for 60 minutes, the total time logged between two students cannot exceed 60 minutes (e.g., Student A can get 30 minutes and Student B can get 30 minutes). If there is a situation where you are paired and one of you is working with a parent/spouse and the other student is working with the client – you can each get the time spent with those individuals (example: patient is there for one hour, one student works for 60 minutes with patient and logs that time; other student interviews the parent for 30 minutes and gets 30 minutes).

AUD Students: Recorded clinical practicum hours can include direct patient/client contact, consultation, record keeping, and administrative duties relevant to audiology service delivery. In a clinic session where there is more than one student, the contact time may be credited to both students if each student is engaged simultaneously in different aspects of the patient care (example: patient is seen for 20 minutes, one student is making earmold impressions while a different student is ordering hearing aids and completing record keeping activities).

When you are conducting **group therapy or large group screenings/diagnostics** with multiple patients simultaneously (e.g., group language treatment in a school setting) follow these steps for tracking hours:

- Record the group time on your hard copy or electronic log in one column, clearly indicating “group” where the client initials go.
 - When you create the Typhon case log check the “GROUP” box at the top of the case log form and record it as a “group interaction”.
 - SLP students should maintain a log in your clinic notebook noting each client’s initials AND details about what each patient’s focus was
 - SLP students should put the initials of the patients involved in that group interaction in the notes section of Typhon case log
- **Group diagnostics** are rare and may only be recorded if:
 - a group (more than 1 patient) was administered the dx test at the same time (There are a few group dx tests)
 - a group (more than 1 patient) rotates through stations where one station involves dx proceduresThe clinical instructor should be consulted in instances as described above for input if dx hours should be recorded.

INSTRUCTIONS FOR SLP STUDENTS

1. Use the yellow Case Log forms to record your contact time on site daily & have your supervisor initialize the contact time BEFORE you leave the site
 - a. At the end of the week draw a dark (using a marker) vertical line to better delineate one week from the next on the log form
2. At the end of each week, Xerox the current copy of your case log form & turn it into the Alphabetized File folder for SLP students on the counter at the front desk in FT 6035 (or deliver it to the CSD Department drop box if the office is closed). Be sure to put your hour’s documentation into the correct folder. Weekly logs must be turned in within two weeks of being completed

3. For each patient/patient group seen for contact time, create a CASE LOG in Typhon.
 - a. When seeing the same patients across different sessions, be sure to use the “link” feature in Typhon, which will help reduce some of the repetitive fields which need to be completed for each case
 - b. Always put the initials of the client(s) in the NOTES section of the case log
Be sure to go into the Clinical Competency fields to check off which competencies you “observed”, “assisted”, “performed”.

SLP students are provided with an excel Clinic Tracking form that they will update each term, allowing them to track their progress towards meeting department and ASHA contact time requirements.

INSTRUCTIONS FOR AuD STUDENTS

1. RECORD DAILY CONTACT TIME IN ONE OF TWO WAYS:

- Use the **hard copy Hours Log Form** to document the time and competencies associated with each patient so that there is an accurate record of clinic time by sub-categories. Have the clinical instructor initial the hours daily to confirm them. Then enter your data into the Typhon Case Log system by the end of the week and bring a print out of the hours for the week to your instructor for their signature
 - **On-Site Case Log Data Entry.** Students can enter their contact time into Typhon from their smartphone or via the web using the Case Log formats that are in the Typhon System. If the site is amenable to the student using a computer, you can enter the hours into the computer, print it out for the day and have your instructor sign off on the hours for that day
 - **IN EITHER CASE YOU MUST TURN IN SIGNED HOURS FROM CLINIC EVERY WEEK OF THE TERM. IF YOU DO NOT HAVE SIGNED HOURS TO TURN IN ON ANY GIVEN WEEK YOU MUST TURN IN AN EXPLANATION OF WHY YOU HAVE NO HOURS TO REPORT E.G “was ill this week, clinic cancelled by instructor, holiday, etc...”.**
2. **Weekly logs, with instructor signature, should be turned in to the File folders** in FT 6035 (or labeled and put in the drop box if the office is closed). Note there is one Alphabetized folder for AuD students. Be sure to put your hour’s documentation into the correct folder. Weekly logs must be turned in within two weeks of being completed. All students enrolled in clinic must turn in either a signed weekly log, or a note/documentation of why no logs were submitted.
 3. Case logs from each week of clinic, **or explanation of absence**, are considered a requirement for successful completion of the credits associated with clinic.
 4. For each patient/patient group (screenings should be entered as a group) seen for contact time, create a CASE LOG in Typhon.
 - c. When seeing the same patients across different sessions, be sure to use the “link” feature in Typhon, which will help reduce some of the repetitive fields which need to be completed for each case
 - d. Always put the initials of the client(s) in the NOTES section of the case log
 - e. Be sure to go into the Procedures/Skills fields to check off which competencies you “observed”, “assisted”, “performed”.

Note that the Typhon system is set so that students can only enter contact hours within 7 days of being completed. If a student does not complete their logs within that time frame those hours **will be lost. That is, they will not be added into the student's case logs and will not count towards CSD and ASHA clinical education requirements.** Students should remember to enter all pre-approved “extra” contact time experiences (i.e., community screenings; counter discipline hours with CSD Screening team) within the 7-day window as well. The case logs will be locked (so they cannot be modified) AFTER 10 days from entry.

It is the student's responsibility to ensure that case logs are current and up to date at all times. Students and clinic administrators are able to track a student's progress on patient contact time requirements by running “Graphical Summaries” in Typhon, and then filtering those hours by adult-only, and pediatric- only filters. This provides students and the program with up to date information on a student's progress towards meeting clinic hour requirements across the program. The time stipulations for case log creation and data entry are used to help students keep their contact time up to date.

Note that during the first year of the program (Network Practicum) students do not need to focus on “hours” as much as they need to focus on learning and acquiring Basic Clinical Skills and Core Clinical Skills. Beginning when they transition to outplacement practicum, it becomes critical to carefully and frequently monitor contact time progress at each outplacement. For example, when students have an adult outplacement they must monitor their clinic hours frequently to ensure that they meet all adult hour requirements in each area for minimum hour requirements).

SLP students will enter a summary of their clinical hours onto the *Clinical Hours Tracking Form – SLP* (Appendix B) at the end of each term to allow for on-going monitoring of progress on meeting clinical hour requirements (an electronic copy of the excel-based *Clinical Hours Tracking Form* is stored in the ProSem Courseweb site in the Tracking Forms section). If there are challenges getting hours in specific categories students should talk to their Clinical education coordinator and their clinical instructor to see what steps can be taken to help, ensure that they meet the hour requirements. At the same time, students need to focus on meeting clinical competencies and becoming more independent in clinical service delivery.

For AuD students, there is ample time to complete contact hour requirements across Outplacement and Externship practicum experiences. AuD students will work with the Clinical Education Coordinator Vice Chair for Clinical Education to ensure that they obtain a range of different clinical experiences and meet all clinical competencies.

Clinic Administration Tools

Current Contact Information. The Typhon system is used as the primary data base of student contact for current and alumni students in the AuD and MA-SLP programs. **Therefore, it is critical that students keep their contact information up to date in Typhon while in the program and for five years post-graduation.** Students should periodically go to the YOUR ACCOUNT Section on the right side of their Typhon main page and check the information in the *Account Settings & Defaults* link. Contact information including current address, phone numbers, and alternate email addresses should be correct at all times. When you start the program please complete the address, phone number, and alternate email fields. Then make sure you keep this information current, even after you graduate. Be sure to include your alternate email address (at the bottom of that page—scroll down), which will be used for communicating post-graduation information to you from our department.

Tracking of Clinical Paperwork & Post-Graduation Employment. The Typhon system is used to track student paperwork including updated medical examinations, TB testing, clearances (PA Criminal; PA Child Abuse; FBI Clearance), HIPAA training, and CPR certification. Again in the *Account Settings & Defaults* section of Typhon, students should scroll down to see the paperwork requirements which must be current at all times while participating in clinical education activities. The date recorded in the boxes indicates the last

date when the paperwork is considered “current”. Additionally, students are required to upload copies of their clearances and certificates for required training modules (CPR, HIPAA, Reporting Child Abuse). **STUDENTS SHOULD NOT UPLOAD ANY FORMS THAT INCLUDE HEALTH /MEDICAL INFORMATION INTO TYPHON.** Hard copies of all required paperwork must be turned in to the CSD department.

According to Pennsylvania law and SHRS Affiliation Contracts with our clinical education sites, information must be current within one year; although some sites require currency within 6 months. Sixty days prior to one of the requirements being considered out of date, you will see a note in the MESSAGE section of your Typhon home page (lower right hand corner). Be sure you scroll down periodically on your home page, so that you notice those announcements. The warnings are there so that you can take the necessary steps to keep your paperwork up to date so that you will be able to remain in clinical education activities across the program. Prior to updating any of the items check in with your Clinical Education Coordinator to ensure that you have an understanding of which requirements need to be renewed and where/how to renew them – this is important because state and University requirements may change. Students should upload copies of all required clearances/certifications to Typhon. **STUDENTS WILL NOT BE PERMITTED TO PARTICIPATE IN PRACTICUM WHEN THEIR PAPERWORK IS NOT CURRENT AND COMPLETE.** Under these circumstances, clinic absences will be considered **unexcused**. This may result in extending a student’s program. **Additionally, a student’s score in clinic can be lowered if they are unable to attend clinic because they did not ensure that requirements were current and complete at all times. This circumstance puts students at risk for a failing clinic score.**

Clinical Site Directory & Clinical Instructor Directory. Typhon provides the CSD department with a current data base of our Clinical Instructors and Clinical Sites. You will use these two directories both when you submit a request form for practicum and when you are scheduled for a new placement. It is important to review the content in Typhon to determine if the site has requirements that you need to take care of prior to beginning the placement (e.g., return forms; secure badge; drug screening, complete HIPAA). The *Clinical Instructor Directory* will provide you with the contact information to confirm your placement with a new instructor.

EASI Survey System. In terms of other Typhon features used frequently by students, the EASI section of Typhon provides a vehicle for conducting a variety of survey instruments including the following (in addition to Formative Assessment of Clinical Competencies):

- To request a Clinic Placement for an upcoming term
- To evaluate clinical instructors (Evaluation of Clinical Teaching form)
- To complete required Self-Evaluations of clinical performance two times each term

Students receive an email from the appropriate Coordinator telling them when each of these tasks should be done along with the deadline for completion. Students access the appropriate form through the [My Evaluations & Surveys](#) section of their Typhon home page. For each of these forms students must remember the following features of Typhon:

- To save the form before exiting Typhon if it is only partially completed
- To click the “submit” button immediately after completing the form – otherwise the data entered will not be saved
- To print a hardcopy of the form immediately after submitting it. For some surveys students cannot re-access the tool once they have left the window after submitting the form

Scheduling. The Typhon System is used to schedule and notify students of their clinical placement assignments. When students receive their clinic assignment for a future term they should **immediately** contact the instructor (their email link and phone number should be visible in the [My Schedule](#) section of Typhon, after clicking on “Upcoming” and “Expand”).

PART II: PREREQUISITES TO CLINICAL EDUCATION

The sections below describe activities and requirements which must be met prior to and throughout participation in clinical education courses.

Email Communication

CSD students are required to use only their University of Pittsburgh email account for communication related to academic and clinical education. **All email communication between the CSD Faculty, Clinical education coordinators, clinical instructors and practicum students will occur only via the Pitt email system.** Students are expected to check their student email account regularly and respond in a timely manner to communications sent by faculty/staff. Faculty are not permitted to communicate with students via personal email accounts such as Gmail or Yahoo. Note that Pitt email forwarded to some accounts (e.g., a Yahoo account) may result in a BOUNCED message, leaving the student uninformed of critical information. Thus, if you are forwarding your Pitt email to another account it is important that you check your Pitt account directly for messages. Additionally, the Pitt accounts allow for limited storage capacity for each student. It is important to empty your Pitt mail account regularly.

Practicum Registration

Only graduate students are eligible for participating in clinical education activities in the CSD program. Students must be enrolled in one of the practicum courses (CSD 2065, 2056, 2066, 2057, 2656, 2659 or 2067) for the number of credits appropriate for their assignment. When enrolled in Network practicum students are typically registered for 1-2 credits. One credit of Network practicum covers one assignment and typically includes approximately two hours of patient contact time and two hours of clinical teaching time per week. The day/time of each Network assignment varies in relation to the Network Instructor's caseload and setting, with placements ranging between ½ to 1 full day/week.

There are different section numbers of Network Practicum courses (CSD 2065 and 2056) for specific Clinical Faculty members. To ensure that students are registered for the correct section of Network Practicum, they should not register for that course until the Clinical Education Coordinator has made their Network Practicum assignment and told them via the Typhon scheduler which section to sign up for. Each term it is the student's responsibility to ensure that he/she is registered for the appropriate clinic course, section, and credits prior to the add/drop period. Registration errors can lead to an "I" grade (incomplete) or missing grades, resulting in possible graduation delay and/or extra expense.

Outplacement Practicum credit varies in relation to the number of days per week at the site. One credit covers up to one day/week of Outplacement practicum in Fall & Spring terms. When students are enrolled as full-time students during the Fall and Spring terms, they may register for the maximum number of practicum credits possible for the scheduled experience they are assigned without going into "overload" status (over 15 credits). For example, if the student is enrolled in 13 credits of academic coursework, and they want a 3 day/week outplacement, they may register for 2 credits of outplacement practicum but participate in training 3 days per week. Registration for Summer term Outplacement Practicum follows a somewhat different formula as the term is only 12 weeks in length. The formula is: 1 credit = up to 2 day/wk of outplacement practicum, 2 credits = 2 ½ to 5 days/week outplacement practicum.

Observation Requirements

Observations of certified professionals providing services to clients with communication disorders help students develop an understanding of the disorders, the clinical processes and the professional's role. Students

often participate in some observational experiences *before* participating in patient-contact time at the start of a term and observations may occur at other times throughout their clinical training activities. Client observations should be supplemented by post-session discussions with the professionals providing the services, and/or by post-session reflections completed by the graduate student clinician.

Before starting practicum training, CSD students must complete at least 15 hours of observation of clinical activities, with at least 10 of those being within their discipline area (SLP or Audiology). Students who have not met the minimum observation hour requirements prior to the start of the graduate program may not be able to begin clinical education the first term of the graduate program.

Observation activities (live or through video-taped sessions) should include experiences with varied age levels and disorder types, and should include evaluation and treatment activities. Observation hours completed in undergraduate programs or through community visits can count towards the 15-hour requirement if the observations were completed with ASHA certified professionals. A copy of the documentation of observation experiences must be given to the CSD Clinical Administrator (Tonya Martin) for filing in the student's CSD folder before the student participates in practicum training. (See requirements of the documentation below.)

Students are required to document the observation hours completed at each practicum assignment *each term using an observation log form, turning them in with end-of-the-term paperwork*. AS part of CAA requirements SLP students are required to complete a minimum of 25 hours of observation in their discipline. OBSERVATION HOURS MUST CONTINUE TO BE DOCUMENTED EVEN AFTER MEETING THE 25 HOUR REQUIREMENT. When a student spends some time with a patient as an observer, and other portions of the time engaged in patient contact time, they record observation time on the Observation Log and contact time on the hard copy Case Log form both of which are then entered into a Typhon Case Log. Observation hours completed without contact time are only documented on the hard-copy observation logs.

Documentation of observation experiences completed *during the graduate program* should minimally include the following information:

- Date (month, day, year)
- Client age characteristics: (I/T = 0-2 yr, PK = 3-5 yr, SA (school age) = 6-18 yr, EA (early adult) = 19-29, MA (middle age) = 30-64, GR (geriatric) = 65+ years)
- Diagnosis/communication disorder
- Length of observation in minutes
- Name, signature, and ASHA certification number of the professional who supervised the observation

Documentation of observation hours are turned in at the end of each semester with copies maintained by the student.

Academic Background

Students must have completed the majority of post-baccalaureate academic requirements at the undergraduate level (see Academic Handbook) prior to enrollment in practicum. SLP students must be enrolled in or have completed the *Introduction to Clinical Decision Making* course when initial practicum experiences begin.

Communication Competency Requirement

Before participating in clinical practicum, students must be able to comprehend and communicate intelligibly and effectively in English. This includes the ability to understand oral and written instructions and to write reports of clinical observations, evaluation & treatment sessions, and outcomes. Students must demonstrate English writing that is grammatically correct and uses basic rules of technical writing (e.g. punctuation; capitalization) appropriately.

Students must be able to comprehend English language expressed orally and in written form. Also, they must demonstrate oral English speech and language production that is readily understandable by clients. Moreover, students must be able to appropriately model articulation, voice, fluency, vocabulary and grammar of the English language. Students' speech and language must be intelligible and comprehensible enough for administration of speech, language, and hearing screening/assessment techniques and intervention strategies, in a reliable and valid manner.

Informal screening/assessment techniques will be utilized by the Clinical Education Coordinators/Vice Chair for Clinical Education to determine communication adequacy for clinical education. ***Students not meeting communication competency will not be able to participate in clinical education until adequacy of English language skills are demonstrated.*** Any concerns regarding student communication competence should be brought to the appropriate Clinical Education Coordinator's attention immediately. A student may initiate discussion regarding their own communication skills. Academic advisors, faculty members, or clinical instructors may also identify students who are not demonstrating adequate communication competence in one or more areas.

Equipment (SLP)

Graduate students in speech-language pathology are expected to have an audio-recording device to record speech/language behaviors in clinic. Many students use a recording App on their phone for this purpose. Clients must provide permission before recordings are made and HIPAA guidelines related to recording speech must be met. Audio files should be deleted once the student has recorded the needed data.

Professional Liability Insurance

All student clinicians will carry malpractice insurance through a policy written for the University through the School of Health & Rehabilitation Sciences. The insurance covers each student for claims up to five hundred thousand dollars (\$500,000).

Medical Clearances & Drug Screening

All students participating in practicum through the School of Health and Rehabilitation Sciences (SHRS) must have a medical examination by a physician including blood work and appropriate immunizations. Physical exams and TB Mantoux (two-step) test series must be done annually. The CSD department uses an adaptation of the SHRS Health Appraisal form plus a Children's Hospital medical verification form which are sent to students electronically. There is one version of the CSD-SHRS form for the initial physical (used when you begin the program) and one for subsequent annual physicals. Both forms should be completed by a physician with the following steps taken:

- Students will **retain original forms**; some clinical training sites will ask the student to provide this documentation.
- TB testing is required annually (two-step)

- Students must bring a copy of the initial form and annual updates to the CSD Clinic Administrator so that documentation of the date of the physical exam and the TB tests can be entered into Typhon. Students are not required to upload their medical information into Typhon, but need to submit the medical information form, documenting that the health assessment has been completed.

Documentation requested by clinical sites (e.g., medical; clearances; HIPAA) will be provided by the student, in most cases. When necessary, the CSD Department will provide documentation to clinical sites, after a student has signed the appropriate release forms. *Students may not engage in clinic practice unless there is a current (within the last 12 months) medical examination form on file at all times.*

An increasing number of sites are requiring additional health reviews, such as drug testing (**some 5 panel, some 10 panel and some within a specified time frame**). If you are assigned to a site that requires drug screening you will need to complete the measure according to the requirements of the site. Drug testing may be available through the site, or may need to be obtained at a community site. **Be sure to bring to the drug screening any prescription medications you take to prevent delays in the review process.**

Below is a summary of drug screening options (last updated May 2015 **July 2017**): **Does this need to be updated?**

DRUG SCREENING OPTIONS has someone checked to see if this information is still accurate???

(Updated 7/19/17)

Students placed at some sites will be required to complete drug screening tests. Currently Centers for Rehab Services (CRS) sites (including UPMC Mercy; UPMC Passavant), Allegheny General and some school districts require drug testing. It seems like they are looking for a **5-STEP PANEL DRUG SCREEN**. Your first steps in the drug screening process include:

- Check your health insurance plan to see what they cover in terms of costs and whether they have specific providers you should go to if using your insurance plan.
- Check with your family physician to see if they have a particular referral source for the drug testing.

Drug screening options in the greater Pittsburgh area include:

1. **QUEST DIAGNOSTICS** – Requires a physician referral/prescription. Note that Student Health will schedule you with a physician to write a prescription so that you can get it done at quest diagnostics. (The student health visit is free as long as you are a full time student – **full-time in the summer for grad students is 9 credits**. If you are taking fewer than 9 credits you could pay \$85 fee – whereby you could use Student Health services all summer, and then could get the Rx for the screen.

The drug screen through Quest is covered by Pitt Student Health Insurance. If you have to self-pay for an 8-panel tox screen at Quest they charge \$298.70

To find the Quest Diagnostic location closest to you <http://www.questdiagnostics.com/home/patients.html>. While they take walk-ins, it is recommended that you make an appointment for efficient services.

University Center
120 Lytton Ave Ste. 100C Pittsburgh, PA 15213
Phone: (412) 681-7669 Fax: (412) 681-7672
Hours: 8:00 am - 4:30 pm (Monday-Friday)
Drug Screen Hours: 10:00 am - 4:30 pm (Monday-Friday)

2. **MED EXPRESS.** A physician referral/prescription is not needed and they do not take insurance. Need a letter from the department confirming you need this for clinical and not for personal needs (the fee will then be \$35). Contact your clinical education coordinator for a letter 48 hours before you intend to go

- \$37.50 for a 5-panel drug rapid screen (with Department referral letter)
- \$57.50 for a send out 5-panel drug screen

Closest one to campus is at 5201 Baum Blvd Pittsburgh, (412) 687-3627 <https://www.medexpress.com/>. No appointment needed, but suggested. This site is on the Pitt shuttle bus line.

3. **CONCENTRA URGENT CARE** – near the Holiday Inn in Oakland. Before going over it is recommended that you call to confirm the above details

University Center
120 Lytton Ave Ste. 275 Pittsburgh, PA 15213
Phone: (412) 621-5430 Fax: (412) 621-5460
Hours: 8:00 am - 5:00 pm (Monday-Friday)

Concentra has other locations throughout the USA, including the Pittsburgh area:
<http://maps.concentra.com/corporate/>

Concentra operates on a “private pay” basis -

- \$74.00 for 5-panel (takes 2-3 days to get results back)
- \$70.00 for rapid 5-panel (for immediate results)

Cardio Pulmonary Resuscitation (CPR) Certification

Students participating in practicum through the School of Health and Rehabilitation Sciences (SHRS) are required to have completed a CPR training course, and to maintain current CPR certification. CPR training will be offered by SHRS every year during orientation for incoming and returning students. Documentation of current CPR certification) must be uploaded by the student into Typhon. On-line only CPR training programs, or CPR training that focuses only on infants cannot be used to meet the CPR requirement for SHRS. Some clinical sites require American Heart Association CPR training; the CPR training offered by SHRS meets this requirement.



Clearances (Pennsylvania & FBI) & Mandatory Child Abuse Reporting

The School of Health & Rehabilitation Sciences (SHRS) requires that clinical students meet the background checks required by the state and for the site(s) in which they obtain their clinical education. In the Commonwealth of Pennsylvania anyone working with children or the elderly must have PA criminal background and child-abuse checks (Act 33/34). The Commonwealth of Pennsylvania (effective April 1, 2007) also requires anyone who works/volunteers/engages in interaction in a school setting (public &/or private school settings) or child care facility have current FBI background checks on file, therefore all CSD students are required to have current FBI checks. Changes in a student’s status during the year (e.g., change in criminal history) should be reported by the student to the appropriate Clinical Education Coordinator immediately. ***The University does not guarantee a student’s clinical education requirements can be met if their background precludes them from participating in placements in required settings.*** Students should be aware that in most employment settings for audiologists and speech/language pathologists background clearances are required.

There are several versions of the FBI check that Pennsylvania offers. First year CSD students should have the Department of Human Services (DHS)-FBI check. During the second year of clinical education

recommendations will be made by the Clinical Education Coordinators regarding whether individual students should file for the DHS-FBI check or the Department of Education FBI check (required for the schools). The FBI checks can take up to 8-10 weeks to be completed the first time. ***These procedures are required annually while enrolled in practicum training experiences in the CSD department.*** Copies of clearances are required to be uploaded into Typhon annually by the student. Note that the FBI documentation indicates that it is an “unofficial copy”, as official copies are housed electronically.

State law requires that students and professionals who work with children 16 years old and younger are required to complete a Pennsylvania training module on ***Mandated Reporting of Child Abuse/Neglect.*** Protecting children from abuse and neglect in Pennsylvania is a shared responsibility. The University of Pittsburgh houses a training module that is used by professionals in Pennsylvania (to meet Act 31 (of 2014) and Act 126 (of 2013) requirements). Prior to participation in clinic students are required to complete the training module, turn in a copy of the certificate & upload the certificate in Typhon. The training module can be accessed at (to access you will use your Pitt log-in information):

[https://www.reportabusepa.pitt.edu/webapps/portal/execute/tabs/tabAction?tab_group_id= 2 1](https://www.reportabusepa.pitt.edu/webapps/portal/execute/tabs/tabAction?tab_group_id=21)

For clearances and training modules students are required to retain the originals and submit a copy of the documentation to the CSD office and upload relevant documents in Typhon. Some practicum training sites (e.g. some skilled nursing facilities; all school settings) will require the student to provide documentation of clearances and training modules. **Note: It is typically the student’s responsibility to release clearances and medical information to each clinical site to which they are assigned. However, occasionally the sites want the information from the university. You are required to complete a release form allowing the university to release this information when requested by your clinical sites.**



Student Clinical Laboratory Fee

Students will be billed for a clinic laboratory fee at the beginning of each term in which they are registered for a practicum course. These fees will be paid through registration in the course. The clinical fees are applicable to both speech-language pathology and audiology students. Fees are used to replenish the diagnostic collection and purchase of clinical tools used in graduate student training. Suggestions for acquisition of new materials are welcomed. Submit your ideas in writing to the appropriate Clinical Education Coordinator.



HIPAA Training

Prior to participating in clinical education or observation activities in the graduate program, students must complete the University of Pittsburgh Medical Center (UPMC) [HIPAA training](#) on privacy protection for patients. Students receive information on how to access the web-based training program and certification for UPMC before starting their graduate program. After students have successfully completed the program they should download the HIPAA Certificate and upload a PDF copy in Typhon, keeping the original in their own files. Students may need to provide evidence of the HIPAA certification to clinical training sites. Note that students may also be required by practicum sites to complete additional agency-specific HIPAA training.

PART III: CLINICAL EDUCATION GUIDELINES AND EXPECTATIONS



Clinical Education Coordinators

In the CSD Department Clinical education coordinators oversee clinical practicum as follows:

Erin Lundblom **412-383- 6623**

Coordinator of SLP Clinical Education including SLP Network Practicum for Audiology students
CSD Department Coordinator for PA Educational Certification in Special Ed: Speech/Language Impaired

Elaine Mormer **412-383-6610** **emormer@pitt.edu**

Coordinator of AuD Network & Outplacement Practicum & AuD Practicum for SLP students
Vice Chair for Clinical Education

Barbara Vento **412-383-6611** **barbv@pitt.edu**

Coordinator of AuD 4th Year Externships

Students are encouraged to communicate with the relevant coordinators on a frequent basis and to convey requests, concerns, suggestions, questions or compliments. Coordinators work to develop a clinical education program of the highest quality to meet the needs of all clinical graduate students. Input from students helps to ensure that the clinical education experiences are effective and optimal. Clinical education coordinators are available for clinical advising sessions by appointment. Students are also encouraged to talk to the Vice Chair for Clinical Education (Elaine Mormer) any time.

CSD Department Clinical Leadership Team

Clinical education goals, procedures and issues are overseen by the Vice Chair for Clinical Education and the Clinical Education Coordinators with input from appropriate faculty members who serve on the Clinical Education Leadership Team.

The Clinical Education Leadership Team interactions occur via email and periodic meetings. The Team reviews, modifies, and develops guidelines, activities and procedures for clinical education for AuD & SLP clinical (professional) programs. When new guidelines are developed they are discussed with the SLP and AuD Program Directors and then shared with the Department Chair. The Clinical Education Leadership Team also reviews student performance in clinic on an on-going basis, as needed. Students performing below expectations in clinical education will be discussed by the team.

Determination of Practicum Assignments (Network, Outplacement and School Practicum)

Before registration each term students should meet with &/or communicate with the appropriate clinical education coordinator (in a face-to-face meeting or via email). Students must submit a Practicum Request form (through Typhon) each term by the defined deadline in order to be scheduled for a practicum assignment. Planning for clinical education needs are greatly facilitated through clinical advising sessions with times posted by Coordinators each term. Students should consider preferred setting types, possible sites, type of hours sought, types of communication disorders, long term career goals and number of credits to be completed. If a student has a specific interest they should talk to the relevant coordinator early in their graduate program so that plans can be developed to meet primary goals.

Students can learn about the range of clinical sites where students are placed using the *Clinic Site Directory* in Typhon. Coordinators will make recommendations to students regarding possible outplacement/externship placements. Guidance regarding optimal sites for an individual's needs and goals will be discussed. Clinical Education Coordinators have a history of working with sites and can often provide insights on the viability

and availability as well as pros and cons of a particular placement or type of clinical setting. Clinical education coordinators have the experience and the authority to determine the most appropriate placement for each student based on the options available. It is the Clinical Education Coordinator's responsibility to help develop a series of practicum experiences for each student to enable them to meet ASHA, CAA and CSD Department requirements, and to pursue individual goals. The Clinical Education Coordinator manages placements for all students in the program, and individual requests cannot always be accommodated. Attempts are made to meet student requests as possible while also meeting the needs of the entire group of current graduate student clinicians.

Note that students are required to provide their own transportation to practicum assignments. Across a student's graduate program, they should be prepared to have some placements that are located close to campus, and others that require a longer commute. As possible, placements for students who rely solely on public transportation will be arranged at sites that are reachable by Port Authority Transportation (PAT), but may also require extended commute times including walking. Students who do not have access to a vehicle may be limited in the types of settings and the specific sites where they can participate in clinic. With on-going cut-backs in the public transportation system serving the greater Pittsburgh area, it has become increasingly difficult to secure placements that can be reached via public transportation. In the SLP program public transportation can easily be used during the first year of the program. When students transition to outplacement practicum it is highly recommended that they have access to a car, allowing them to access a wider array of clinical options. If relying solely on public transportation a student may not be able to pursue the types of settings, they would prefer to experience.

Clinic assignments must always be arranged by the appropriate Clinical Education Coordinator. Students will not receive credit and cannot count contact time towards requirements for practicum hours obtained under the supervision of a non-approved/pre-approved clinical instructor. As defined by CAA guidelines, ***students may NOT make their own arrangements for practicum assignments or clinical experiences.*** Note that affiliation contracts must be secured with all sites prior to a student being placed; coordination of affiliation contracts is done by SHRS staff in conjunction with clinical education coordinators.

Enrollment in clinic practicum is dependent on the successful completion (letter grade of **C**, or pass/fail course grade of **S** - satisfactory) in coursework and clinic in the prior semester. A failing grade, may preclude the student from participating in clinical practicum. Deficits in performance on professional expectations, including unexcused attendance, may also be cause for removal from practicum. Clinic Remediation Plans and/or restrictions from practicum will be made at the discretion of the Clinical Education Coordinator and the Vice Chair for Clinical Education.

Enrollment in Clinical Practicum

Credit requirements for practicum in each graduate program are defined in the academic handbook. Most students complete more than the minimum required practicum credits during their graduate program. One of the required credits of practicum must be completed in the student's counter area (details below), with the remaining credits in their own discipline.

In the first fall term, students typically register for one credit of Network Practicum in their discipline area (CSD 2065 for Network Speech Practicum; CSD 2056 for Network Audiology Practicum). In subsequent semesters during the first year, students register for 1 or more clinic credits as determined by the recommendation of the Clinical Education Coordinator, the student's academic advisor, and individual time and placement constraints. Typically, 1 credit of Network practicum is equal to 0.5 to 1 day per week of onsite clinical activities. In Outplacement practicum one day/week of practicum is typically 1 credit. Amount of time assigned to a practicum is determined by the site (how much time they can offer or how much time they require), by student request, and overall needs across the graduate

program for student placements. There are a number of different practicum courses and registration varies depending on a student’s level in clinical education and their discipline as follows:

Table 4. Practicum Courses by Discipline	
SLP PRACTICUM COURSES	AuD PRACTICUM COURSES
CSD 2065 Network Speech Practicum	CSD 2056 Network Audiology Practicum:
CSD 2059 Network Audiology Practicum (Counter Area for SLP students)	CSD 2068 Network Speech Practicum (Counter Area for Audiology students)
CSD 2066 Outplacement Practicum (SLP)	CSD 2057 Outplacement Practicum (AuD)
CSD 2067 School Practicum (SLP)	CSD 2656 Advanced Network Audiology Practicum
	CSD 2659 AuD 4 th Year Externship

All students in the CSD clinical education programs participate in *Counter Area* clinical education requirements that include academic and clinical education experiences. *Counter Area* experiences refer to the acquisition of knowledge/skills in the student’s *related* discipline area (audiology background for SLP students; SLP background for audiology students). Counter area coursework and clinical experiences help students to understand the inter-relationship between hearing and speech/language abilities. It also provides an opportunity for students to understand how hearing loss impacts communication skills, and how communication disorders manifest themselves and sometimes co-occur with hearing disorders. The *Counter Area* practicum typically occurs either in the first or second term of clinical education.

Counter-area experiences focus on skills within the scope of practice of the student’s discipline including screening, prevention, trouble-shooting, describing behaviors, and making appropriate referrals. For example, both audiology and SLP students learn to screen speech, language, & hearing, and to make appropriate referrals. During the first year of the program SLP students achieve counter-area competencies by enrolling in one credit of Network Audiology Practicum (CSD 2056), and audiology students complete one credit of Network SLP Practicum (CSD 2065). In addition to the CSD Clinical Education counter area practicum experience, opportunities will be periodically announced for students to participate in speech, language & hearing screening experiences in the community. Students are expected, and may be required, to participate in several community screening programs during their graduate program. Students typically have more flexibility in their schedules to complete such screening experiences during their first year in the graduate program.

Practicum for the AuD (Clinical Doctorate in Audiology)

AuD students will follow the general outline for clinical placements as described above for the first two years of study. In year two students are placed in clinical practicum where the focus is on developing independence and speed in administering a basic audiologic test battery and or amplification assessment and dispensing. Towards this goal, most students should expect to be assigned to the “VEMP Team” (Vestibular Evoked Myogenic Potential) at the UPMC Center for Audiology for **at least one semester** prior to their 4th year Externship.

In the fourth year of the AuD program students move into full-time externships. Prior to Externship assignment they must demonstrate passing skill levels in Audiological Testing and Treatment. Externship assignments are developed with the AuD Externship Coordinator. The process of securing an externship position begins in the student’s 3rd year of the AuD program when students receive a copy of the CSD ***Audiology Externship Handbook***. Externship positions provide an intensive clinical education experience for students to apply classroom knowledge to complex clinical settings. Students are supervised in their externship experiences by University of Pittsburgh-affiliated master clinicians. Students are encouraged to identify possible externship sites of interest, but the Externship Coordinator ***always*** makes the initial contact with the facility. Externship placements include options in the greater Pittsburgh area, as well as opportunities throughout the United States. The American Academy of Audiology website has a listing of facilities that

are accepting applications for externs and this is a good starting point for students to learn about options across the country.

Fourth year AuD Externship students participate in the ongoing Advanced Clinical Seminar via an online format. This is a required course in the AuD curriculum. AuD externships typically begin no later than June 1 and students must successfully complete 47 weeks of clinical practicum by April of the 4th year in order to graduate in that month. Students who begin AuD externships after June 1 and/or do not successfully complete 47 weeks of practicum before graduation will graduate in subsequent terms (e.g., August/December of the fourth year).

PA Educational Certification for School-Based SLP

Most states require that SLP'S practicing in the schools complete educational certification requirements that exceed the ASHA requirements for clinical certification. Educational certification (and state licensure) requirements differ from state to state. SLP students interested in meeting the requirements for Pennsylvania Educational Certification for Speech-Language Impaired (required for SLPs working in the schools in PA), will need to successfully complete a 4 day/wk School Practicum experience (CSD 2067) during their second year of graduate clinical education. The School Practicum will serve as one of the student's outplacement practicum experiences. Prior to the School Practicum students working towards certification must complete the *School-Based Services* (1 credit) course. The *Checklist for PA Educational Certification in Speech-Language Impaired* provides a summary of the requirements for educational certification.

All SLP students will be required to complete an *Application for Admission to PA Certification* form as a means of documenting the school certification requirements which they complete during the program (including students who do not intend to become school certified in Pennsylvania). Dr. Lundblom holds a meeting for all SLP students during the winter term of the first year, where the requirements are described and paperwork is distributed. Those students interested in learning about the current school certification requirements prior to Winter term can pick-up the *Checklist for PA Educational Certification* and the *Application for Admission to PA Certification Form* (forms are located in 6034 Forbes Tower). Please refer all questions regarding these requirements to Dr. Lundblom who is the CSD Coordinator for PA Certification in speech-language impaired at the University of Pittsburgh.

The *Application for Admission to PA Certification Form* starts the process of documentation and completion of the requirements for the PA educational certification program. Students are advised to periodically check the Pennsylvania Department of Education web site at http://www.teaching.state.pa.us/portal/server.pt/community/pennsylvania_department_of_education/7237 <http://www.education.pa.gov/Educators/Certification/Pages/default.aspx> throughout their graduate program to stay abreast of any changes implemented by the state. Students should review the *School Practicum Handbook* for details regarding the requirements for educational certification (included in appendices section of *Clinical Education Handbook*). Students take a one credit *School-Based Services* course in their first summer term. This course is a requirement for PA Certification, and provides a solid foundation for students prior to participating in the School Practicum.

A School Practicum experience can serve as a pediatric outplacement option for any SLP student, even if the student is not interested in meeting all of the requirements for school certification in Pennsylvania. School-based practicum experiences provide an exciting and interesting setting for students to acquire and meet pediatric-based clinical competencies with varied populations. Within the school systems there are different types of school placement settings including traditional SLP, early intervention (3-5 year old focus), or special education schools (e.g., Western Pennsylvania School for the Blind; Children's Institute; Watson, Friendship Academy). All students are encouraged to participate in a school practicum placement, as one's career interests often change across time. Students should also take time during the first year of the graduate program to arrange observations through the SLP Clinical education coordinator Education and the School

Liaison (Linda Sustich) to visit different types of school settings so that they have a better understanding of the options available.

Students who might seek employment in a school setting in another state should contact the educational certification board for that state to determine the requirements. Many states have reciprocity for those with Pennsylvania Certification. There are some states where ASHA certification is the sole requirement for provision of services in the schools.

Students may apply for educational certification once they have completed all master's degree requirements and PA Certification requirements. Applications for PDE certification in SLP will go through the CSD Department if completed within five years of graduation. As recommended by the University of Pittsburgh School of Education, alumni who apply for certification more than five years after graduation will have to be approved directly through the Pennsylvania Department of Education (PDE), as the University cannot validate competency levels after 5 years have passed. It should be noted that in 2016 the state of Pennsylvania created a second type of educational certificate for speech-language pathologists – the Educational Specialist certificate. We currently have not been approved for this program, but are in the process of completing the application. Details will follow.



Professional Expectations

When participating in practicum, students are expected to behave in a professional manner at all times. Students are expected to demonstrate appropriate behavior in all interactions, including those with clients, family members, staff, & clinical instructors. Graduate student clinicians are expected to meet professional responsibilities (e.g. arrive early, come prepared, take responsibility for their actions), without being instructed directly to do so. Regular attendance at all scheduled clinical sessions is expected throughout the semester.

As noted by Dr. Michael Chial, (ASHA Leader) the notion of **Professionalism** refers to “the manner, spirit, and methods of a profession” and reflects the “underlying principles and values of practitioners” including the following:

One accepts that the idea of “on time”, “prepared”, “appropriate”, and “properly” are defined by the situations, by the nature of the task, or by another person.

One places the importance of professional duties, tasks, and problem solving above your own convenience.

One takes active responsibility for expanding the limits of your knowledge, understanding, and skill. You take responsibility for your actions, your reactions, and your inaction. This means you do not avoid responsibility by offering excuses, by blaming others, by emotional displays, or by helplessness.

Opinions, actions, and relations are developed with others upon sound empirical evidence and upon examined personal values consistent with the discipline

It is important for students to take initiative in all aspects of their clinical education including planning for future needs, meeting clinical responsibilities, initiating communication, documenting one's progress in the program and monitoring achievement of clinical competencies and contact hour requirements.

Student attainment of professional expectations will be formally measured across a standard set of items at midterm and end of term in each practicum experience (see Formative Assessment forms in Appendix B). It should be noted that the Clinical Education Leadership Team developed the list of Professional Expectations based on the assumption that they were behaviors **required in any work/professional setting**, and that they could and should be demonstrated by all students, including first term Network students. Unacceptable

performance on Professional Expectations will result in lowering of a student's clinic score and can result in removal from practicum experiences. A student may be required to participate in a Clinic Remediation Plan when they have difficulties with professionalism.

Social Media & Professional Considerations

Students should take caution in posting comments related to graduate education activities on social media sites or any other public communication venues. HIPAA guidelines must be followed at all times and clients should never be discussed in public arenas. Note that potential employers often search social media sites prior to hiring an employee. A student's professionalism may be judged by others from social media activity. When participating in clinical education one should not access or post on social media sites.



Learning Modules

Students enrolled in clinical education (Network, Outplacement, School Practicum, and AuD Externships) must have working knowledge of a variety of professional constructs that apply to the practice of SLP and audiology services. Areas of knowledge of concern for practicum include the following: ***Scope of Practice*** of the discipline; the ***ASHA Code of Ethics; Universal Precautions; medical terminology, and client confidentiality/HIPAA***. While these topic areas are covered at in the curriculum in academic coursework, students will also complete required learning modules on the topics each fall and spring term that they are enrolled in practicum. A quiz will also be completed in CourseWeb during a student's initial weeks of the graduate program focusing on reading and understanding the Academic and Clinical Handbooks.

Students are required to visit the ProSem CourseWeb site (Courseweb.pitt.edu- CSD 2060) to complete the learning modules identified each term. Students are expected to obtain a passing grade (80%) on each learning module. Quizzes may be taken multiple times. A student's grade in practicum may be lowered if they have not satisfactorily completed the required learning modules for that term. The specific topic areas of focus will be indicated on the CourseWeb site. If you have questions about the learning modules contact Dr. Ellen Cohn, who administers and manages Pro-Seminar modules and requirements.



Clinical Grading Procedures

The purpose of clinical grades is to evaluate and document progress towards attainment of clinical competencies and ***Professional Responsibilities***. Clinical grades provide formative measures of student performance across their clinical education program in meeting ASHA/CAA & CSD Department clinical requirements. Students are formally evaluated in writing at least twice per term (mid-term and end- of-term). The mid-term grading provides a formal touch-point for identifying student strengths, areas to improve and to develop a plan for the remainder of the term. The final semester grade is based on the student's performance at the end of the semester across the last 3-4 weeks of the term as measured on the relevant clinical competencies.

Each term students and Clinical Instructors receive a Clinic Calendar defining the dates and deadlines for the term, including midterm and end of term evaluations. ***Students are expected to schedule their midterm and end of term meeting with their clinical instructor at least one week before the events are to occur.***

CSD Department Clinical Formative Assessment Forms are used to measure student levels of performance on ***Professional Expectations*** and ***Clinical Competencies***. The appropriate clinical evaluation form and scoring system will be made available online for midterm and end of term evaluations. A student's grade in clinic will be determined by the Clinical Education Coordinator converting the overall percentage score on the end of term into a grade.

A 9-point scoring system is used to describe a student’s performance level across a wide array of skills. In our program we have used a grade conversion scale developed from student clinician data across several years, using mean and standard deviation scores. These data provide normative guidelines on student performance at specific levels of clinical education (see Table 5). Each student’s performance is compared to that of peer graduate student clinicians who were at the same level of clinical education and there are separate grade conversion scales for each level of student practicum (see below).

Table 5. Grade Conversion Scale	
Network Grade Conversion Scales	Outplacement Grade Conversion Scales
First Network Practicum (SLP & AuD)	First Outplacement Practicum (SLP) School Practicum as first Outplacement (SLP) First and 2 nd Outplacement Practicum (AuD)
Second+ Network Practicum (SLP & AuD)	Second+ SLP Outplacement Practicum (SLP) School Practicum as 2 nd (plus) Outplacement (SLP) Third+ AuD Outplacement Practicum (AuD)

The Clinical Instructors’ responsibility is to provide accurate feedback on the quality and level of independence with which the student has performed each relevant sub-competency using the CSD 9-point scoring system. The CSD Department Clinical Education Coordinator will convert the score earned into a grade based on our normative guidelines. Your Clinical Instructors will **not** have a copy of how the mean performance scores convert into final grades. Further, students are not permitted to share the grading scale with the instructors. The rationale for clinical instructors to be “blind” to the student’s grade in clinic is to allow clinical instructors to focus on giving clear and accurate feedback on student performance without having to consider grades. The grade conversion scales are used to provide students and Clinical Education Coordinators with a comparison of how the student is doing compared to expectations for their current level of clinic experience based on the past performance of peers. This approach to grading provides students with a metric of how they are performing compared to expectations for their level in the program.

Students assigned to more than one practicum site in a term should be registered for **separate sections of clinic** so that a grade can be calculated for each assigned experience.

It is the student’s responsibility to ensure that all paperwork requirements are completed on time. Students who need constant reminders to complete tasks may be placed on a remediation plan. The clinical education program is working towards minimizing reliance of hard-copy documentation and increasing electronic documentation in clinical documentation as possible. Formative Assessment forms completed by clinical instructors, and self-evaluations completed by students are stored in Typhon. At midterm all paperwork will be completed and stored electronically (students are encouraged to print out a hard copy of their self-evaluation). The following signed hard copy items will be turned in at end of term: signed hours logs; signed observation logs; Core Clinical Skills form; Evaluation of Clinical teaching form. Students who have not turned in the required paperwork by the due date will receive an “I” grade for that semester.

Students are *always* required to retain a copy of their clinic paperwork before turning in originals to the department. Students should keep their own file of clinical documentation across the program.

Documentation of Clinical Education (Network & Outplacement Practicum)

We are required by CAA and PA Department of Education to have documentation to track progress towards meeting the clinical education requirements while in the program. Students are responsible for completing this documentation and doing so ethically, accurately, and in a timely manner. Documenting your progress on clinical education goals is no different or less important than accurately documenting service delivery with patients. Significant concerns regarding a student's accuracy and timeliness in completing documentation requirements may result in the development of a formal Remediation Plan and/or a failing grade in practicum.

A variety of methods are used to document performance and to help students track progress on meeting Clinical Education requirements through the Typhon Student Tracking System. For example, students either document their contact time daily with patients using hard-copy CSD log forms on site (with supervisor initials and signatures to confirm the data), and then enter the data into Typhon Case Logs creating an electronic record, enter clinical hours directly into Typhon case logs. Typhon Case Logs provide current data on student progress in meeting patient contact time requirements.

Student acquisition of clinical competencies in Network and Outplacement education is tracked using the Typhon Case Log Clinical Competency listings and Midterm and End of Term Formative Assessment forms. Students also track competencies tied to the case logs in terms of skills observed, assisted and performed.

In the case logs data is entered regarding patient demographics for each client on the following aspects:

- Patient ID: Patient initials
- Site & Instructor
- ICD-10 Codes
- Time: total time with patient; time with instructor (without patient)
- Patient Background: Sex, Age, Severity; race; primary language; impairment type
- Setting of Service (and for SLP cases also *context of service*)
- Contact time by relevant categories (SLP; AuD)
- Clinical Competencies

The Notes section provides a field where students can document a variety of aspects of the case, while maintaining client confidentiality. **Students should always record patient initials as the first item in the Notes field.** Other aspects which might be noted here include: unusual/advanced tools/techniques utilized; unusual patient diagnoses (which may not appear in ICD10 code fields); tx objectives; and diagnostic tools used. Students who record details regarding their cases are then able to share the rich range of clinical experiences they have had when they interview for positions at the end of the graduate program. Network AuD students use the notes section to store the required clinic experience reflections, using an optional reflection template.

Students in 4th Year AuD Externship practicum document their clinical experiences in Time Logs, not Case Logs (details in Externship Handbook).

Recording Clinic Hours

Client/patient clinical contact time refers to:

- Time spent in active engagement of face-to-face interactions with a client or group of clients to
 - Screen or assess communication skills
 - Treat communication disorders
 - Convey clinical information including counseling, interviewing, and educating
- Time spent programming a device for a specific client's needs. This includes programming of AAC devices, assistive listening devices, hearing aids, etc.

For SLP students, contact time is **not** allowed for planning for sessions, analyzing session data, or documentation activities. For AuD students, recorded hours should reflect time spent during clinical experiences in direct patient/client contact, consultation, record keeping, and administrative duties relevant to audiology service delivery.

Clinical Simulations (CS) in SLP

The Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC), which defines the standards for certification as a speech language pathologist, made a revision in the 2017 Standards for the Certificate of Clinical Competence in Speech-Language Pathology to include the use of Clinical Simulation (CS). As part of Standard V-B, students can obtain up to 75 hours of clinical contact through the use of CS.

Up to 20% (i.e., 75 hours) of direct contact hours may be obtained through clinical simulation (CS) methods. Only the time spent in active engagement with the CS may be counted. CS may include the use of standardized patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive).

At the University of Pittsburgh, a student in the graduate program in speech language pathology can accumulate up to 75 simulation hours. CS contact hours can supplement the accrual of at least 375 hours of client contact with live patients. In other words, simulation experiences can be used to exceed the minimum requirement by our program.

DOCUMENTATION:

1. PRE-APPROVAL IS REQUIRED FOR ALL CLINICAL SIMULATIONS. CONTACT THE SLP CLINICAL EDUCATOR COORDINATOR – Dr. Erin Lundblom.
2. A **documentation form** is required to be completed by the student and signed by the faculty member/clinical instructor supervising the simulation experience.
3. The student should **enter the simulation experience into Typhon**, after completing the documentation form, using *context of service* code – *g simulation*.

CS activities may be provided by an academic or clinical instructor, and may include:

- standardized patients
- virtual patients
- digitized mannequins
- immersive reality
- task trainers
- computer-based interactive experiences (i.e., SimuCase)
- other simulation technologies

CS experiences allow students to (a) interpret, integrate, and synthesize core concepts and knowledge; (b) demonstrate appropriate professional and clinical skills; and (c) incorporate critical thinking and decision-making skills while engaged in identification, evaluation, diagnosis, planning, implementation, and/or intervention.

Instructors for courses containing simulation will advise you regarding the amount of time that may be counted for each simulation in which you participate.

SUPERVISION OF CS ACTIVITIES may be asynchronous or synchronous. Supervision must meet Standard V-E.

Supervision must be provided by individuals who hold the Certificate of Clinical Competence in the appropriate profession. 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 take place periodically throughout the practicum. Supervision must be sufficient to ensure the welfare of the client/patient.

An important component of CS experiences is de-briefing. Debriefing can occur in the form of a face to face discussion, self-reflection with feedback, and/or written self-evaluation with feedback.

Debriefing is **not** counted as contact time, but it can fulfill the 25% supervision requirement in asynchronous learning (i.e., 15 minutes of debriefing for a 60 minute CS). Additional guidance about the use of CS can be found at:

<http://www.asha.org/Certification/Certification-Standards-for-SLP--Clinical-Simulation/>

Hard Copy Documentation of Contact Time

Students should use the CSD Case Hours Log forms to document their patient contact time DAILY IN INK (not pencil) and obtain their Clinical Instructor's initials (in ink) to confirm the contact time for each patient seen that week. Alternatively, if students have access to the web they may enter their hours directly into Typhon, print out a copy of the hours for the day and have their instructor sign the printout. Note that clinical instructor signatures on the hard copy case log report must match the name of the clinical instructor listed for that case. Hard-copy forms for documenting hours are located in 6034 Forbes Tower. Hard copy log sheets are turned in weekly, each term, for verification by the clinic administrator. ***Make sure you keep a hard copy for your files as well before giving any paperwork to the CSD office &/or Clinical Education Coordinator(s).*** As described earlier, Observation Hour Logs must be logged on a separate hard copy form and must be documented across the program.

Both SLP and AuD students will code the characteristics of each patient experience as described in the CSD hard copy logs and the Typhon case logs (see Tables 7 and 8). ***These logs ensure that patient confidentiality and HIPAA standards are adhered to.***

It is the ***student's responsibility*** to be able to use the documentation codes appropriately and independently. In the first terms of clinical education, students should check with their Network Clinical Instructor daily regarding the total patient-contact time AND the sub-categories of that time. By the end of the first term of Network clinical education students should be able to clearly explain the documentation categories & system. When students move to Outplacement practicum their clinical instructors are typically not as familiar with the various types of information required in current documentation (ASHA/CAA). Please contact the appropriate Clinical Education Coordinator if you have questions about coding of hours.

Weekly, students are required to turn in a signed copy of the Case Log form to the CSD office so that weekly hours can be tracked. (See earlier instructions re documentation of clinical hours in Typhon).

Electronic Case Logs (Typhon)

The Typhon system will allow entry of case log data up to 7 days from the date of service. **Students who do not enter their contact time within 7 days of the event will lose those hours.** When participating in Network assignments enter your hours daily and for outplacements enter the hours by the end of the week.

Students should enter the case logs into Typhon in the same order in which they appear on the hard copy logs. For individual patient sessions the patient's initials should be recorded into the notes section of Typhon allowing reliability checks on data entry to be completed with ease by Administrative staff. Clients seen multiple times can be linked allowing some of the identifying information to be pre-populated by Typhon and decreasing data entry time.

Table 6. CAA Nine Communication Disorder Categories (SLP)

BROAD AREA	DISORDER TYPE	EXAMPLES (applies to diagnostic & treatment services)
SPEECH	Speech Sound Disorders	Production of phonemes Strategies to improve motor speech production Production of multisyllabic word forms Increase intelligibility
	Fluency	Stuttering behaviors Cluttering Rate of production
	Voice & Resonance including respiration & phonation	Loudness level; hyper-nasality; pitch Intonation variation Vocal hygiene techniques Electro-larynx tx
	Swallowing: oral, pharyngeal, esophageal, related functions including oral function for feeding, orofacial myofunction.	Video fluoroscopy measures Strategies to decrease aspiration Feeding & swallowing strategies
LANGUAGE	Receptive & Expressive Language (phonology, morphology, syntax, semantics, & pragmatics) in speaking, listening, reading, writing & manual modalities	Increasing length & complexity of utterances Expanding expressive/receptive vocabulary Improving communication effectiveness (e.g., through clarifying when assistance is needed)
	Cognitive Aspects of Communication (attention, memory, sequencing, problem-solving, executive functioning)	Cognitive notebook use to improve access of long term memory about family Word retrieval strategies Symbolic play skills Executive functioning strategies
	Social aspects of Communication including challenging behavior, ineffective social skills, lack of communication opportunities	Pragmatic skills; social skills training Behavior management techniques to increase socially appropriate behaviors Developing more effective peer interaction patterns
	Communication Modalities including oral, manual AAC techniques & assistive technology	Identifying appropriate AAC devices & strategies Increasing use of effectiveness of AAC techniques (e.g. PECs; picture notebook; sign language) Programming AAC device for an individual client
AURAL REHAB	Hearing impact on speech & language. Aural rehabilitation	Hearing aid trouble shooting Speech reading skills Speech/voice production as influenced by hearing impairment Language deficits as influenced by hearing impairment
SCREENING	Hearing screening Speech/Language/Swallowing screening	Pure tone hearing screenings Speech/Language screening in headstart program Bedside swallow exam Informal observations on fluency, voice, cognitive areas suggesting normal skills
PREVENTION	Prevention of a possible hearing, speech, language, swallowing disorder Diminishing the effects of a potential hearing/communication/swallowing disorder	Language Stimulation lessons done in a Pre-K or kindergarten class Phonological awareness activities that are not on a client's treatment plan Guidelines to help prevent aspiration developed for family members or other professionals Vocal Hygiene guidelines to reduce vocal abuse behaviors

When a student begins clinical placement for the term, they need to define the default settings in Typhon by going to the “YOUR ACCOUNT” section of their main Typhon page and clicking on *Setup Default Choices*. The fields below should be defined, and then each time you enter a case log for the term those fields will pre-populate.

- Semester (required)
- Course (required)
- Clinical Instructor (required)
- Clinical Site (required)
- Race (optional)
- Notes* (optional) – just enter patient initials here (single patient or for members of a group)

*AuD students should find a clinic reflection template in the Clinical Notes section. Clinic reflections can be copied and pasted or directly entered into the notes section, after the client initials.

Note that other fields in Typhon cannot be pre-populated because they were individually designed by our program.

The case logs automatically calculate total values in each required category, allowing one to track progress on hours requirements. Note that Clinical Education Coordinator/Clinical Education Coordinators check student hours when considering placement arrangements and need to be able to see where the gaps are in your clinical education to develop optimum practicum experiences for you. SLP students are also provided with an excel *Clinical Hours Tracking Form* (housed in ProSem website) to provide a quick summary on a term-by-term basis of progress towards meeting the minimum requirements in sub-categories of hours. Electronic Tracking of **clinical competencies** is also done via Typhon Case Logs in the Clinical Competencies drop down menu sections where students indicate activities they have *observed*, *assisted* or *performed*. Formative Evaluation measures at midterm/end of term provide a depiction of clinical skill acquisition supplementing student recording of clinical skills in case logs.

When students are in outplacement settings it is particularly important to keep their electronic hours logs current so that they can monitor progress towards meeting hour requirements in anticipation of graduation. In Outplacements students are participating in clinic 1-4 days/week and it is critical that case logs are kept up to date and that hours are not lost because of not meeting the 7-day window for data entry. Data from case logs are maintained on the Typhon web site and it is recommended that students always save a current copy of the Graphical Summary for total hours as well as for Adult-Only and Pediatric-Only hours for themselves. Data entered into case logs from hard copy forms is audited for accuracy by a CSD Clinical staff member. Specific directions on Case Log Data entry will be provided during the Typhon Training session.

Table 7 Audiology Typhon Case Data Form (to be completed electronically)

Case #:

▶ = REQUIRED FIELD

Date of Service:

Student Information

- ▶ Semester: _____
- ▶ Course: _____
- ▶ Clinical Instructor: _____
- ▶ Clinical Site: _____
 - ___ Rural Visit
 - ___ Underserved Area/Population
 - ___ Public Health

Patient Demographics (ignore if Group Encounter)

- ▶ Age: ____ yrs/mos/wks/days
- ▶ Gender: M / F / T
- ▶ Race: _____

Clinical Information

- ▶ Time with Patient: ____ minutes
- Consult with Clinical Instructor: ____ minutes (not part of patient time)
- ▶ Student Participation: ____ Observation only
 - ___ Basic skills used
 - ___ Complex skills used

Patient Education: _____

ICD-10 Diagnosis Codes

- #1 _____ #3 _____
- #2 _____ #4 _____

Other Questions About This Case

- ▶ Setting: _____
- ▶ Age Group: _____
- ▶ Severity of Communication Impairment: _____
- ▶ Patient's Primary Language: _____
- Evaluation: _____
- Treatment: _____
- Amplification & HAT: _____
- Hearing Screening: _____
- Speech Screening: _____

Procedures/Skills

Write in procedures & skills and mark observed, assisted or done. Printable skills list available on main menu.
 OBS | ASST | DONE | _____ ITEM _____

Clinical Notes:

Table 8. SLP Typhon Case Data Form (to be completed electronically)

<p>Case #: _____</p> <p>▶ = REQUIRED FIELD</p> <div style="background-color: black; color: white; padding: 2px; text-align: center; font-weight: bold;">Student Information</div> <p>▶ Semester: _____</p> <p>▶ Course: _____</p> <p>▶ Clinical Instructor: _____</p> <p>▶ Clinical Site: _____</p> <div style="background-color: black; color: white; padding: 2px; text-align: center; font-weight: bold;">Patient Demographics (Ignore if Group Encounter)</div> <p>▶ Age: _____ yrs/mos/wks/days</p> <p>▶ Gender: M / F / T</p> <p>▶ Race: _____</p> <div style="background-color: black; color: white; padding: 2px; text-align: center; font-weight: bold;">Clinical Information</div> <p>▶ Time with Patient: _____ minutes</p> <p>Consult with Clinical Instructor: _____ minutes (not part of patient time)</p> <p>Patient Education: _____</p> <div style="background-color: black; color: white; padding: 2px; text-align: center; font-weight: bold;">Medical Diagnosis/ICD Codes</div> <p>#1 _____ #3 _____</p> <p>#2 _____ #4 _____</p> <div style="background-color: black; color: white; padding: 2px; text-align: center; font-weight: bold;">Other Questions About This Encounter</div> <p>▶ Setting: _____</p> <p>▶ Age Group: _____</p> <p>▶ Severity of Communication Impairment: _____</p> <p>▶ Patient's primary language: _____</p> <p>▶ Context: _____</p> <p>Receptive/Expressive Language TX: _____</p> <p>Social Communication TX: _____</p> <p>Cognitive Communication TX: _____</p> <p>Alternate Modalities TX: _____</p> <p>Speech Sound TX: _____</p> <p>Fluency TX: _____</p> <p>Voice TX: _____</p> <p>Swallowing TX: _____</p> <p>Aural Rehabilitation TX: _____</p> <p>Receptive/Expressive Language DX: _____</p> <p>Social Communication DX: _____</p> <p>Cognitive Communication DX: _____</p> <p>Alternate Modalities DX: _____</p> <p>Speech Sound DX: _____</p> <p>Fluency DX: _____</p> <p>Voice DX: _____</p> <p>Swallowing DX: _____</p> <p>Prevention: _____</p> <p>Speech/Language Screening: _____</p> <p>Hearing Screening: _____</p>	<p>Date of Service: _____</p> <div style="background-color: black; color: white; padding: 2px; text-align: center; font-weight: bold;">Competencies</div> <p>Write in competencies and mark observed, assisted or performed. Printable competency list available on main menu.</p> <p>OBS ASST PERF _____ ITEM _____</p> <div style="background-color: black; color: white; padding: 2px; text-align: center; font-weight: bold;">Clinical Notes:</div>
--	--

Clinic Remediation Plan

When a student is having significant difficulties performing satisfactorily in practicum a ***Clinic Remediation Plan*** will be developed. The Clinic Remediation Plan is a written document that includes a definition of the difficulties being experienced, specific objectives that need to be met, and mechanisms for assisting the student to achieve the objectives (e.g. specific experiences, support, or learning assignments). Difficulties may be in one particular area of performance or may include a number of problems. For example, difficulties may include deficits in clinical skills, reduced rate of improvement, &/or not meeting Professional Responsibilities.

The nature of the ***Clinic Remediation Plan*** is individually determined and is defined largely by the particular problem(s) a student presents. The Plan may focus intensively on one aspect of clinical work, or may be more general focusing on a broad set of concerns. For example, a remediation plan may focus on professional expectations, clinical competencies, self-evaluation skills, interpersonal difficulties and/or weaknesses in integrating academic information into clinical practice. The student will meet with the Clinical Education Coordinator in order to help develop and/or review the Remediation goals, objectives, and requirements. The

Clinical Instructor may be asked to contribute to &/or review the plan. The student's academic adviser may be involved in the remediation process; they will be kept informed of the student's progress throughout the term. The student is encouraged to discuss the Remediation Plan with their current Clinical Instructor(s), so that they can help develop learning experiences to assist the student to improve performance in areas of concern. In some cases, members of the Clinical Education Leadership Team and/or CSD Faculty may be asked to review and contribute to the Clinic Remediation Plan.

Once the plan has been developed by the student with the Clinical Education Coordinator, the student must successfully meet the goals of the Remediation Plan before being permitted to participate in any subsequent practicum experiences. Registration for a Clinic Remediation is typically done under one of the clinical courses (e.g., CSD 2065/2056 Network Practicum).

The student must achieve the set criterion levels defined in the ***Clinic Remediation Plan*** to obtain a passing grade in practicum before they are permitted to resume the regular sequence of clinical education practicum. During a Remediation Plan if the student is still participating in regular clinical education activities (i.e. Network Practicum; Outplacement practicum) the student's performance in clinic will be evaluated by their Clinical Instructor using the standard ***Formative Assessment of Clinical Competencies*** form for that practicum. Their performance on the Clinic Remediation Plan will be determined by the Clinical Education Coordinator, based on the measures defined in the Remediation Plan.

When a student is participating in a ***Clinic Remediation Plan***, their grade for practicum is determined as follows:

1. If the student fails to meet the criterion level of the Remediation plan they will receive a failing grade in Practicum (regardless of their performance on the ***Formative Assessment of Clinical Competencies***)
2. If they meet the criterion of the Remediation plan, their grade in practicum will be determined by their score on the ***Formative Assessment of Clinical Competencies*** form

Failure to meet Remediation requirements will be grounds for dismissal from clinical education. Across a student's graduate education program, they will be permitted to participate in no more than two formal clinic Remediation Plans.

Student-Clinical Instructor Problem Solving Procedures

Occasionally a student or clinical instructor will perceive a problem in the clinical instructor/student relationship. If not resolved, such problems may interfere with the clinical education experience and could affect client care. The Clinic Committee has developed procedures for coping with problems between students and clinical instructors to provide early, fair and speedy resolution of problems. These procedures help to ensure fair treatment of students and Clinical Instructors in the problem solving process.

As soon as a student or Clinical Instructor perceives that a problem exists, the following procedures should be implemented:

1. Discuss the problem together - often simple misunderstandings can be resolved by discussion.
2. The Clinical Education Coordinator should be informed of any issues and can be called in to facilitate problem solving.
3. If discussion does not resolve the problem, the Clinical Education Coordinator should be re-contacted immediately. The Clinical Education Coordinator along with the student & Clinic Instructor will formulate a plan using the ***Clinical Training Action Plan Form*** (Appendix A) to help with changes in the behavior of one or both people. Together the Clinical Instructor and the student should implement the plan and review it regularly to determine their progress. If the plan

does not resolve the problem, the plan should be modified or a new plan initiated. The Clinical Education Coordinator should remain informed about the plan and the progress made.

4. If both the student and Clinical Instructor feel that they can make no further progress, they may decide to request re-assignment of the student to a new clinical instructor or to consult with the Clinical Education Coordinator to discuss other mediating options. (Note: options for a new clinic assignment may not be possible until the new term begins.)

If this procedure does not resolve the issues, then the student may wish to bring the problem to the Chair of the Department of Communication Science and Disorders for discussion.

★ Students are recommended to contact their Clinical Education Coordinator immediately when there are any concerns (even minor ones) and to seek the Coordinator's input on ways to work with and communicate effectively with their clinical instructor. Waiting until the end of a semester to discuss concerns can result in an ineffective practicum experience, whereas early mediation and advice from the Clinical Education Coordinator can result in improving things before the effects are too serious to repair.

Evaluation of Clinical Teaching

Students are encouraged to maintain open channels of communication with their Clinical Instructor throughout the term. They should talk to the instructor about their clinical education needs, preferences and goals. Students should keep the instructor informed about clinical instructor strategies which are and are not facilitating learning. While in the graduate program it is important for students to develop and practice techniques for discussing their concerns in an open and professional manner with Clinical Instructors & Clinical Education Coordinators.

Approximately two-three weeks before the end of each semester students will complete the *Evaluation of Clinical Teaching* form via Typhon to provide feedback on the clinical teaching provided by each clinical instructor. A hard copy of the first page of the form (with your name written on it) must be returned to the CSD office by the due date. The hard copy with name is required so that office staff can track who has completed this requirement as the forms themselves do not include student names.

It is critical that it is turned in before your end-of-term wrap-up meeting with your clinical instructor occurs. The information you include on the form provides valuable input to the CSD clinical education program. This information will be reviewed by the Vice Chair for Clinical Education, and the Clinical Education Coordinator after the end of the term. **The Evaluation of Clinical Teaching form will be made available to the Clinical Instructor via Typhon 1-2 semesters after the term ends, and well after clinical grades have been assigned.**

The *Evaluation of Clinical Teaching* forms provide the program with one source of information for improving the quality of clinical education that students receive. ***Note that students always have the option of providing their Clinical Education Coordinator or the Vice Chair for Clinical Education with confidential information regarding a clinical education experience in writing or through a meeting.*** Students who are not comfortable providing all relevant details on the form that is seen by the clinical instructor should discuss their concerns with the Coordinator/Vice Chair of Clinical Education as soon as possible. Such information is confidential but could influence our use of an instructor/site in practicum for future students.

Clinical Education Coordinators and/or the Vice Chair of Clinical Education are available to meet with students individually regarding any concerns about Clinic Education. Please do not hesitate to make an appointment to share your ideas and concerns regarding instructor or clinical education issues. The Clinical Education Coordinator &/or Vice Chair for Clinical Education need to be aware of any issues affecting the clinical education of CSD students. They are also available to help you develop strategies for working more effectively with the Clinical Instructors. Clinical Education Coordinators welcome one-on-one insights from

students regarding clinical teaching effectiveness, so please be sure to share your thoughts (on strengths and possible areas to improve).

Tracking of Clinical Performance

A variety of mechanisms are used to provide formative measures of student progress in demonstrating clinical skills. Students receive written/verbal feedback weekly from their clinical instructor as a means of monitoring progress throughout the term. Clinical Practicum Review (CPR) experiences and performance on ***Network Core Clinical Skills*** (details to follow) provide another format for considering progress in specific areas. Student self-evaluation steps also provide an indication of awareness of strengths and areas to improve.

The primary yardstick for determining progress on clinical skills occurs through the midterm and end-of-term clinical evaluations (formative assessments). Students are encouraged to review their end of term forms to identify areas of achievement and areas to develop further in upcoming terms. Note that a student's performance may vary from term to term due to factors such as the type of setting, type of disorders, severity of the client communication disorders, service type (treatment vs. diagnostic), and clinical instructor characteristics. Students need to monitor their own performance and track their performance both in terms of the range of scores within a competency area and the average score. Typhon System reports will be used to help students monitor their progress. The end-of-term forms are available via the web. This allows students and Clinical Education Coordinators a pathway for viewing progress across the program at any time.

Students should play an active role in keeping their clinical instructors, clinical education coordinators, and academic advisors informed regarding progress on achieving clinical competencies. Instructors and faculty members can help a student take steps to develop or improve clinical competencies, but it is each student's responsibility to ensure that they can implement the skills at a 7-8 level on the 9-point Outplacement Scoring system before exiting the program for SLP students, and at a *Consistent/Capable* level on the Externship Rating Scale before exiting the program for AuD students.

Clinical Requirements

Clinical education requirements under the current ASHA/CAA standards are defined in terms of the specific skills that must be achieved before completing the graduate program. Students should be familiar with the standards of their discipline to ensure that they meet those standards by the end of their program. In the CSD Clinical Education program, clinical competencies are approached in a parallel structure for audiology and SLP students, although the specific focus and requirements vary for each discipline.

Note that the requirements in each discipline represent a minimum level goal. Students should work towards exceeding these requirements and obtaining a collection of clinical education experiences that will prepare them to be a professional in the field of speech-language pathology and audiology.

SLP

A minimum of 375 supervised hours of direct client contact plus, plus a minimum of 25 observation hours, is required by ASHA/CAA. The CSD Clinic Committee recommends that SLP students complete at least **425** patient contact hours by the end of their graduate program. Note that contact hours do not include time spent in preparation, post-session analysis, documentation, or conferences with supervisors or other professionals. Clinical education experiences must include experiences with patients who cover 1) the lifespan from children to adults, 2) a range of varied communication disorders, and 3) a range of severity levels. Students must also demonstrate competencies in working with populations from varied cultural/linguistic backgrounds. The Typhon tracking system provides students with an ongoing mechanism to track their progress towards meeting these requirements.

The CSD department has defined minimum hour requirements for students completing clinical training in SLP based on historical ASHA standards. It is important that students meet these minimum hour requirements by sub-categories in order to be eligible for licensure in all states. The minimum requirements are defined in Table 10. They are based on past ASHA requirements to ensure that students will be able to meet licensure requirements in varied states.

SLP students must demonstrate skill in providing prevention, screening, evaluation, and treatment. They must also have evidence that they are competent (have knowledge and skills) to provide services to patients from the nine major disorder types: language, cognitive, social, AAC, articulation, voice, fluency, dysphagia, and aural rehab/auditory. (The KASA form is the primary form for documenting completion of all ASHA knowledge & skill requirements).

Table 9. CSD Department Minimum Hour Requirements for SLP Patient Contact Time

	Min Hours	PREVENTION/SCREENING	EVALUATION	TREATMENT
ADULTS	80	10 hours prevention (Ad + Ch) 10 hours SL screening (total across Ch and Adults)**	20 hour speech dx* 20 hr lang dx *	20 hour speech tx* 20 hr lang tx *
PEDIATRIC	80		20 hour speech dx* 20 hr lang dx *	20 hour speech tx* 20 hr lang tx *
9 DISORDER CATEGORIES				
<i>Articulation (Sp)</i>	No minimum hour requirements in each of the 9 disorder areas. Each student must demonstrate SKILL and KNOWLEDGE in the 9 areas and demonstrate depth & breadth in clinical training in terms of disorder types, cultural/linguistic diversity, and age levels. AR : includes Hearing Aid Troubleshooting; speech reading; etc.			
<i>Fluency (Sp)</i>				
<i>Voice (Sp)</i>				
<i>Swallowing (Sp)</i>				
Language (Lang)				
Cognition (Lang)				
Social (Lang)				
Comm Modalities/ AAC (Lang)				
AURAL REHAB				
AUD SCREEN	10**	Competencies must be met for Audiology that are within the Scope of Practice of SLPs		
SETTINGS	Must have at least 50 hours of experience in each of three different types of settings/contexts (e.g., outpatient rehab; school; early intervention; acute care; skilled nursing facility; private practice)			

Note:

*It is required that 20 hrs of speech dx/tx and 20 hrs of language dx/tx be obtained for Adults and for Pediatrics in order to be eligible for licensure across all states.

** Students must meet screening competencies & have artifact evidence to demonstrate competency if they are unable to meet the 10 hour requirement in this category

Audiology

A minimum of 1820 hours of supervised clinical and patient-related administrative activity is required by ASHA/CAA by the end of a student's AuD degree. These hours must be accrued across a variety of clinical practicum experiences in different work settings and with different populations so that students can demonstrate skills across the scope of practice of audiology.

Although ASHA does not specify amounts and/or types of clinical experiences under the current standards, the CSD Department has defined minimum hour requirements for students completing clinical training in Audiology. The minimum requirements are defined in Table 10. These requirements are based on historical ASHA standards to ensure that students will be able to meet licensure requirements in various states. Students must demonstrate skill in providing prevention, screening, evaluation, amplification, and treatment.

Table 10. CSD Department Minimum Hour Requirements for AuD Clinical Training

	Min # Hrs	Evaluation	Amplification & HAT	Treatment	SLP Screening	Hearing Screening/Prevention
Adults	50	40	10			
Pediatric	50	40	10			
TOTAL	1820	80	80	20	10*	10
Settings	Must have at least 30 hours of experience in each of three different types of settings (i.e., school, private practice, hospital, otology/ENT).					

* Students must meet screening competencies & have artifact evidence to demonstrate competency if they are unable to meet the 10 hour requirement for these categories

General Clinical Procedures

Clinical sites will often have their own *Policies and Procedures Guidelines* which students are expected to follow. Check with your Clinical Instructor when you confirm your placement to determine orientation and orientation requirements that you may need to complete before beginning the placement.

Clinical Instruction

When participating in Network clinical education a Clinical Instructor is present with the student close to 100% of the time. In Outplacement settings an assigned Clinical Instructor must be present at all times in the building and a student must receive the level of supervision "needed" for their experience, knowledge, and skill level, while meeting the specifications for supervision of the site. ***It is a CSD Department requirement that outplacement students must be supervised minimally 25% of the time in patient contact time, AND always at a level needed for the student's experience and knowledge, and at a level appropriate to meet the patient's needs.*** Note that AuD students in their fourth year will not be directly observed during most contact time with patients after the first months of the Externship, but they will have a Clinical Preceptor who meets with them at least weekly.

Students should never provide services to patients if they are uncomfortable or feel that they are not capable of providing appropriate services. Discuss your concerns immediately with your Clinical Instructor/Preceptor. If problems continue contact the Clinical Education Coordinator immediately.

Defining Placement Expectations: Students & Clinical Instructors

At the very beginning of each semester students should set up an appointment with their clinical instructor to become familiar with the site, the caseload, and the clinical instructor's expectations. Additionally, students should share their background and experiences via a link to their electronic portfolio and vita, and discussing their goals for the semester. The *Placement Expectation Worksheet* provides a format for students and clinical instructors to use to structure the discussion regarding communication pathways, logistical expectations, and clinical learning requirements in order to provide a solid foundation for beginning the term with common and well defined expectations. The road to satisfaction in clinical learning is facilitated by defining expectations from both the clinical instructor and student clinician's viewpoints. See Appendix B for a hardcopy of the *Placement Expectation Worksheet*; an electronic form is housed in ProSem CourseWeb site under tracking forms, and in Typhon Program Documents.



Client Confidentiality

Confidentiality of client information is crucial. In order for students to have a thorough understanding of the issues inherent in client confidentiality they must complete the University of Pittsburgh HIPAA modules and submit a certificate of completion **before** they begin practicum activities. HIPAA modules are current for three years.

Do not discuss clients by name or with other identifying information in any public areas (i.e., hallways, elevators, restaurants, student lounge or waiting room areas). If a familiar patient is discussed in a class, do not convey information related to their identity. **Students should never discuss patient related issues or experiences in online social networking sites or other communication venues. VIOLATION OF HIPPA OR ANY OF THESE GUIDELINES CAN BE GROUNDS FOR REMOVAL FROM CLINICAL EDUCATION ACTIVITIES.**

NO DOCUMENT CONTAINING INFORMATION IDENTIFYING A CLIENT SHOULD EVER BE REMOVED FROM A CLINIC. In student records of patients (for purposes such as portfolio items; comprehensive exam cases; clinic case presentations; or clinical preparation) information related to specific clients must be de-identified at all times so that the following items are modified or removed:

- NAMES of people including client/patient, parents/spouse/family members, supervising clinician, physician's name. Instead of real names: use pseudonym or initials.
- ADDRESSES/PHONE NUMBERS of client/patient, agency, physician, referral sources or where copies of the report was mailed
- AGENCY NAME where client/patient was seen. Do not include letterhead stationery on artifact, remove name of agency and refer instead to the type of setting in which the client/patient was seen (e.g., outpatient clinic; hospital; private practice; school).
- Date of service: remove and replace with year only (e.g., 2015; 2016)
- Any other information that could potentially allow someone to identify the patient/client (e.g., DOB; name of school attending; name of specific referral source)

If you work on clinical documents in a computer lab the documents **must not** contain information identifying a client. Delete all clinical information from the system when you have finished so that it cannot be accessed by other users. Files on your personal computer should also be purged of confidential information. Be aware of confidentiality issues when photocopying client information. In order to ensure that students remain aware of client confidentiality guidelines they will complete the *Client Confidentiality* module on the Pro-Seminar CourseWeb site annually in addition to the University of Pittsburgh HIPAA modules which is required to be

completed every three years. Students are also directed to their Clinical Instructor and the guidelines of individual clinical sites as other sources of information on this issue.

Release of information authorization must be obtained from patients/guardians before any clinical information is shared. This includes permission to discuss the patient on the phone with other professionals or sending written information. Student clinicians are not permitted to contact patients, family members, or professionals without first receiving permission and guidelines from their Clinical Instructor. Confidentiality guidelines must be followed specific to each site.

General Clinical Documentation Guidelines

General report writing guidelines are as follows:

- Follow the guidelines and procedures of each site
- Be as concise as possible
- Document *all* contact and attempts at contact (e.g. phone calls; unreturned calls)
- Do *not* erase or use white-out to alter a report. If an error is made in a record draw a line through the error and initial it, and add corrected information
- Never use pencil in documentation paperwork, including test protocol forms
- Be sure that your clinical instructor counter-signs all official documentation

Appearance Policy

Students are expected to present a professional, image at all times when representing the Communication Science & Disorders Department, the School of Health & Rehabilitation Sciences, and the University of Pittsburgh. Appearance guidelines for practicum are written to promote a positive public image and to ensure infection control and safety.

Students should ensure that their appearance does not distract the client or family members from participating effectively in clinical services. In clinical settings students work with clients of varied ages and from a range of backgrounds and cultures; students should be aware of how their appearance impacts on others. Extremes of dress are not appropriate for clinic practicum placements. Casual dress style is also inappropriate. When in doubt students should lean towards a more professional, more conservative style of dress. Good grooming and personal hygiene is always essential. The following general guidelines should be followed:

1. **Clothing should be professional:** clean, in good repair, and appropriate in size and length.
 - Clothing must cover shoulders, back, chest, midriff, buttocks, and undergarments *at all times* regardless of body movement or position. Undergarments should never be visible (e.g. extending beyond outerwear, or visible through clothing)
 - Skirts should be no shorter than 2 inches above the knees when standing
 - Clothing should be neither too tight nor excessively baggy
 - Cleavage should not be visible (check for views when you bend at the waist)
 - Footwear must be clean, closed-toe, and not excessively high. Sandals are not permitted.
 - Examples of clothing that should not be worn in practicum: jeans; clothing with prominent logos/advertisements; sleeveless shirts/dresses; shorts; low cut necklines; tank tops; flip flops; leggings; spaghetti strap tops
2. **Jewelry, tattoos and body piercings:**
 - Jewelry should be kept to an absolute minimum

- Body piercings should not be visible except minimal ear piercing (two per lobe maximum)
- Dangling earrings or hoops larger than one inch are not permitted
- Ear gauges are not permitted
- Facial and oral jewelry is not permitted
- Tattoos should not be visible

3. **Miscellaneous**

- Hair should be groomed and well maintained. Long hair (below the collar) should be tied back
- Cologne, perfume, and aftershave should not be worn due to the allergies of many patients
- Nails should be well groomed and kept to a length that is not detrimental to patient safety

It should be noted that individual clinical facilities may have additional clothing & appearance guidelines. Students are expected to learn about the dress code before beginning a placement and to follow the guidelines of each site. When students initially contact a clinical instructor they should ask their clinical instructor about the dress guidelines at the facility.

Name/Identification Badge

Students are expected to wear an ID badge **AT ALL TIMES** at clinical sites. Badge should be worn chest high and be clearly readable. **CAA requires that student clinicians wear an ID badge that stipulates professional status as a student, rather than a licensed professional.**

All students will receive a CSD department identification badge with their photo, name and University of Pittsburgh affiliation at the beginning of their graduate program. Lost badges will be replaced at a cost of \$5.00 to the student. Students will be provided agency identification badges at some clinic sites, and should wear the agency badge at those sites. When students participate in any clinical activities in the community which are part of their graduate clinical education program (e.g., clinical practicum, observations; community screenings; health fairs) they should always wear their CSD Department ID badge.

Attendance

Student clinicians are expected to attend all scheduled clinic sessions. Unexcused or excessive absences can result in a lowering of the clinic score, leading to possible unsatisfactory (failing) grade. Legitimate absences include illness and pre-approved attendance at professional conferences. During any given semester students accruing more than 3 clinic absences due to illness must provide signed medical documentation. All missed clinic sessions are expected to be made up.

Please check with your Clinical Instructor and make arrangements for how you should reach them if you need to cancel due to illness. Planned absences (e.g. conference attendance) should be known early enough to allow for rescheduling of the clinic time if possible.

Cancellation of clinic practice to study or complete academic course assignments is NEVER acceptable. Comprehensive exams should also not take precedence over clinic practicum schedules. **Students are required to email or call their Clinical Education Coordinator whenever a clinic absence occurs (planned or unplanned). Additionally, documentation of clinic absences needs to be submitted each week, in place of clinic case logs. In the absence of medical documentation, inconsistent attendance in clinic can result in a failing grade. Clinical hours accrued during a failed clinic term cannot be counted towards requirements for graduation or certification.**

Clinic Environment

Please do your part to keep clinical work spaces clean and neat. Treatment rooms should always be left in their original condition (or better) for the next clinician. The way you leave the room is the way the next clinician and client will find it, so please take the time to ensure the best possible working environment. Return all materials to their correct location on a daily basis.

Inclement Weather Conditions

In situations of extreme inclement weather students should communicate with their site/clinical instructor to determine whether clinical services are being offered. In the event that the University of Pittsburgh closes the student should still follow the guidelines of their clinical site. At all times students should use their own judgment regarding the safety of traveling in adverse conditions and keep their clinical instructor and clinical education coordinator informed.

Health & Safety Procedures

Universal Precautions

These procedures are designed to protect both the student and the client from transmission of communicable diseases. To minimize risk of transmission of disease, assume that blood and all body fluids from all clients are potentially infected. All clinics will have specific Universal Precaution Guidelines. It is the responsibility of the student clinician to familiarize themselves with the clinic site's policies at the beginning of each term. All students are required to log on to the CSD (2060) Pro-Seminar CourseWeb web site to complete the Universal Precautions on-line module. This quiz must be completed at the beginning of each fall semester of enrollment in practicum.

Routine Hand Washing

The simplest way to control spread of infection is by thorough hand washing. The following website posted by the New England Medical Journal is an excellent website for learning details regarding optimal hand washing: <http://www.nejm.org/doi/full/10.1056/NEJMvcm0903599?emp=marcom>

It is recommended that you wash hands with soap and hot water for at least 20 seconds:

1. *Before* and *after* each client session
2. After sneezing, coughing or wiping a nose
3. After using the toilet
4. After handling soiled items such as a diaper, used tissues or dirty toys
5. Before preparing or eating food

Use of Disposable Gloves

Wear disposable gloves when you could be in contact with body fluids. At times, hospitals will require professionals working with certain patients to wear gloves in diagnostic services. Examples of this include when an audiologist conducts a hearing screening on an infant, or when a speech-language pathologist conducts an oral mechanism exam or removes a voice prosthesis device.

Hands should be washed before wearing gloves. Gloves should be disposed of after each patient, with hands washed again after removing the gloves. If a student clinician has a break in their skin, it should be covered with a Band-Aid and the use of gloves is strongly recommended.

Protective Eye Wear

Protective eye gear is recommended when doing oral peripheral examinations, and when working with patients who have a laryngectomy. They should be worn in any situation where body fluids may splash.

Disinfection

Any potentially contaminated surface or object will require disinfection. For example:

- Table tops used by clients should be wiped with disinfectant after each session.
- Objects/toys should be wiped with disinfectant after each use
- Mouthed objects should be disinfected immediately. If soiled with blood, feces, or urine the objects should be disinfected or discarded.
- Ear probe tips, probe microphones, specula and ear molds should be disinfected. Many Audiology clinics will have ultrasonic electronic cleaning devices for these items. Some of the items may be single use and should be disposed of properly.
- Earphone cushions should be wiped off with disinfectant after each use.

Student Injuries

If a student is injured while at their clinical setting, they should seek immediate medical attention as needed. Their clinical instructor AND the clinical education coordinator should be informed about the event as soon as possible, for minor as well as major injurious conditions. It is University policy that injuries which occur within the context of University of Pittsburgh educational activities will be reported to the Chair of the Department and to other required University offices.

PART IV: NETWORK CLINICAL EDUCATION

Background Regarding the CSD Clinical Network

Mission Statement

The CSD Clinic Network provides intensive clinical education to graduate students in their initial practicum experiences to facilitate understanding of the structure of clinical processes and to promote the development of clinical decision making skills. While interactions with patients is a major component of Network education, of equal or more importance, is the intense level of clinical teaching and mentoring provided to students while in Network practicum.

Training Sites in the CSD Network 2018-2019 Year

CSD Network sites in the –2018-2019 year include the following:

- AAC Institute/I Can Talk Clinic
- UPMC Children’s Hospital of Pittsburgh (Lawrenceville, East, North & South satellites)
- Children’s Institute
- Pittsburgh Public Schools – Early Intervention program & School Age program
- Allegheny Intermediate Unit – DART (Early Intervention)
- Mt. Oliver Intermediate Unit
- Nathan Speech Services (private practice specializing in services to people with autism spectrum disorders)
- PLEA – school for children with behavioral & developmental challenges not for speech – for AuD?
- River & Associates (private practice)
- Shuman Juvenile Detention Center Still?
- Western PA School for the Deaf
- Allegheny Intermediate Unit #3
- UPMC Center for Assistive Technology
- UPMC Eye and Ear Institute
 - Center for Audiology
 - Swallowing Center
- UPMC Mercy Hospital & UPMC Voice Center at Mercy Hospital
- UPMC Passavant Hospital
- Veteran’s Administration Medical Center of Pittsburgh
- Asbury Heights Skilled Nursing Facility
- LifeCenter of Beaver

Approach to Clinical Teaching

The Network teaching focuses on the development of **Basic Clinical Competencies** and **Network Core Clinical Skills**. Network practicum provides students with an opportunity to work with master clinicians whose primary objective is to provide clinical teaching to beginning level student clinicians in the context of service delivery. The Network Clinical Instructors help students make connections between academic learning and patient services across a range of communication and swallowing disorders.

Student clinicians develop skills through participation in client contact time with their Clinical Instructor. They also receive intensive teaching time to provide background knowledge and build clinical skills needed in their practicum assignment. The CSD Network includes opportunities for all phases of screening, evaluation, treatment, and management of varied communication/swallowing disorders with adults and children. In the CSD Network students are directly supervised more than 90% of the time and receive mentoring and support to help establish a foundation of clinical competencies.

Network Clinical Learning Activities & Requirements



Basic Clinical Competencies

Basic Clinical Competencies are specific skills that provide a foundation for building the clinical competencies required for professional practice. **Basic Clinical Competencies** are the initial skills that students work to develop in Network Practicum experiences. **Basic Clinical Competencies:**

1. Can be achieved with ease by students in their initial practicum experiences and lab classes
&/OR
2. Must be mastered and maintained by students before they transition to Outplacement Practicum

For SLP students the skills are listed on the *Formative Assessment of Network Clinical Competency: SLP* form. For AuD students the skills are identified on the PDF version of the Audiology Clinical Evaluation form in *italics*.

Each Network Clinical Instructor focuses on the **Basic Clinical Competencies** that can be targeted in their setting. For example, some SLP Network placements include intervention services while other Network placements focus on diagnostic services. Some students are assigned to Network practicum with adult clients while other students are assigned to work with pediatric patients. The various Network settings give students the opportunity to work on different **Basic Clinical Competencies** in each of the Network placements. Network Clinical Instructors work with students to develop realistic clinical education goals that are formally defined in the first weeks of the term, and reviewed approximately every 4-7 weeks. Goals should be developed and modified several times across the term to facilitate student acquisition of **Basic Clinical Competencies** and **Network Core Clinical Skills** (see below).

Prior to transitioning to Outplacement Practicum, a student must perform at a 6-7 score level on the Network 9-point scoring system on a majority of the Basic Clinical Competencies (see Scoring System).



Network Core Clinical Skills

Network Core Clinical Skills are critical skills that a student **must** demonstrate skill in implementing before they begin Outplacement practicum. Each discipline has a defined set of **Network Core Clinical Skills** listed in Table 11. Achievement of a Network Core Clinical Skill is determined by attainment of a score of 6 or better on the skill on at least two separate occasions. Students are expected to maintain their competency level after being signed off on Core Clinical Skills.

A student's competency level in implementing a **Network Core Clinical Skill** must be measured at specific points in time (an **event** measurement) using the Network 1-9 scoring system. The student should pre-arrange to demonstrate the skill to a **Clinical Instructor, Faculty Member, or Lab Instructor** and ask to be scored

on their performance. A student’s performance level should be demonstrated and scored multiple times, providing formative measures of their development, attainment, and maintenance of the *Network Core Clinical Skill*. The same person may sign off on a *Network Core Clinical Skill* more than once but it must be demonstrated on separate occasions.

Each term the student should focus on developing and demonstrating the *Network Core Clinical Skills* possible in their Network assignment/academic courses and labs. For example, if a student has a diagnostic practicum assignment they should focus on the *Network Core Clinical Skills* that occur through the diagnostic experiences (Audiology Dx Core Skills #1-6, 10 & 11; SLP Dx Core Skills 1, 2, 4-6, 7 & 8).

It is the student’s responsibility to make arrangements with the clinical and course instructors to demonstrate a *Network Core Clinical Skill*. The student will ensure that the instructor scores the demonstrated skill and provides their signature on the students *Network Core Clinical Skills* form. It is also the student’s responsibility to ensure that they have achieved all *Network Core Clinical Skills* and submit copies of their Core Clinical Skills form each term. They should turn in the original copy to the Clinic Administrator (to be filed in Student Folder) before Outplacement Practicum training begins and once they have achieved all Core Clinical Skill requirements.

Table 11. Network Core Clinical Skills

AUDIOLOGY	SLP
<ol style="list-style-type: none"> 1. Performs a routine listening check of test equipment & trouble shoots difficulties <ol style="list-style-type: none"> a. Pure tone audiometer b. Tympanometer 2. Performs an otoscopic examination 3. Provides appropriate test instructions to a client 4. Administers a basic test battery <ol style="list-style-type: none"> a. SRT b. WRS c. Pure tone thresholds d. Masking 5. Explains test results to a patient or family member 6. Makes appropriate rec. based on test results 7. Makes successful ear mold impressions 8. “Troubleshoots” a hearing aid 9. Completes progress notes according to SOAP format 10. Completes formal clinical report 11. Demonstrates an awareness of limitations in experience & knowledge and asks for clinical instructor’s help when appropriate 	<ol style="list-style-type: none"> 1. Able to perform oral-facial examination, detect abnormalities, and summarize the results clearly 2. Appropriately administers, scores, & interprets standardized test according to protocol 3. Records session data accurately 4. Documents treatment effectiveness by analyzing & interpreting session data 5. Writes behavioral objectives for a treatment plan 6. Reviews case history information, summarizes relevant information, and identifies areas requiring further investigation 7. Writes complete summary/description of a client’s communication characteristics 8. Completes daily progress note 9. Writes a clinical report (progress; diagnostic; &/or consultation) 10. Discusses the results/recommendations of a session with a patient/family member/professional, or with the clinical instructor in a “mock” counseling session 11. Demonstrates awareness of limitations in experience & knowledge and asks for clinical instructor’s help when appropriate.

Required Network Clinical Learning Activities



Clinical Documentation Activities

Each term students in the Network are required to complete at least 10 written documentation activities/assignments. It is recommended that students participate in documentation activities weekly. These activities may include multiple drafts of a single document or components of one document across time (e.g. 3 drafts of one report; daily progress notes; a written case history of several patients). Students

should work with the Clinical Instructor to develop opportunities to practice various types of written documentation each term (e.g. SOAP note format; monthly progress report; consultation report; and/or diagnostic report) as possible in their setting.

Whether a clinical setting involves primarily diagnostic or treatment activities, audiology or speech-language pathology services, pediatric or adult clients, common threads occur in clinical writing activities. All cases contain historical components, gathering, describing and analyzing data by formal and informal means, interpretation of data collected, and decision making or recommendations. The following components are recommended to be included in Network clinical documentation activities to provide students with a foundation for effective written communication skills in their profession:

- Diagnostic Writing Components.
 1. History
 2. Client/family report of symptoms, communication and other related problems
 3. Informal/non-instrumental assessment data gathered
 4. Diagnostic/formal/instrumental assessment data gathered
 5. Formation of diagnostic impressions, diagnosis, prognosis
 6. Recommendations

- Treatment/Intervention Settings Writing Components
 1. Updated case history including history of prior treatment/intervention
 2. Brief description of current communication and related behaviors
 3. Quantitative measures of performance or change during session or over treatment period by target/goal
 4. Formal statement of impressions based on assessment of data gathered and analyzed
 5. Recommendations for next treatment/intervention period

When students' work on clinical documentation outside of their clinical site, they must adhere to HIPAA and client confidentiality guidelines. Items retained for a clinical portfolio must be reviewed and approved by the Clinical Instructor. At the end of the term at least one written documentation artifact should be posted in the electronic portfolio.



Reflective Journals

Students in the Network are required to complete at least 8 Reflective Journal entries focusing on their observations, experiences, concerns, and questions related to Network Practicum. It is recommended that journal reflections be done weekly. The format for reflective journals will be available in Typhon External Documents. AuD students can access the reflective journal template in case log notes for each patient. **Journal reflections must be submitted to and reviewed by Network Clinical Instructors.** Reflective Journal entries provide students with a formal mechanism to begin to develop self-evaluation and analysis skills. Reflective journals help Clinical Instructors to discern student understanding of the clinical process. The reflective journals provide a format for responding to student needs/concerns. They also provide another formative indication of changes in student knowledge and skill.

Students may record their journal entries in an electronic file, in Typhon, or on an electronic or hard copy (preferences should be discussed with their Clinical Instructor). Clinical Instructor's will review the journal entries and send feedback periodically (at least 3 times before the midterm, and 3 times after the midterm).



SLP and Audiology Clinic Practicum Review (SLP/AuD CPR)

SLP students enrolled in Network Practicum will participate in a *Clinical Practicum Review* (CPR) experience each term. The CPR experiences consist of an oral presentation by each student to a group of CSD faculty members and peers, focusing on the Network clinical training experience. The overall purposes of the CPR experiences are:

- To provide students with a formal opportunity to develop oral communication skills including presentation of information and answering of questions posed by faculty
- To provide a format for developing and demonstrating self-evaluation skills
- To create an opportunity to promote integration of content from academic teaching and clinical education
- To provide clinical faculty members with an opportunity to be more familiar with the range of clinical training experiences within the network

The CPR sessions also provide structured opportunities to help students begin to develop competencies necessary for successful performance on the oral comprehensive examination at the end of their graduate program. Students prepare a written outline and present a time limited oral summary. Students are welcome to use a written outline while summarizing their case but should not simply read the presentation. Students present to a group of peers and faculty and questions follow from the audience. The specific goals and requirements of the CPR experience change each term.

The sessions are often video-recorded allowing students to review and critique their performance. Once the self-evaluation has been turned in to the coordinator, the student will receive a copy of the feedback from their CPR experience. The written feedback includes a copy of each faculty member's feedback *and* an overall CPR rating provided by the faculty group as a whole; students also receive the peer feedback forms. A copy of the CPR faculty feedback is attached to the student's department file in the clinical training section along with a copy of the student's self-evaluation.

The CPR sessions (CPR1, CPR2, and CPR3) are done by SLP and AuD students at different points in their program. SLP students complete each experience during the first year of their program (CPR1-Fall #1; SPR-2 Spring #1; CPR3-Summer #1). AuD students complete CPR1 Spring #1, CPR2 Fall #2, and CPR3 Fall #3.

CPR #1. Students prepare an oral summary of a data-based research article. There will be a 5 minute question-answer period following the presentation. The purpose of this experience is:

- To provide students with an opportunity to develop/refine verbal presentation skills.
- To provide students with an opportunity to practice summarizing and critiquing data based research
- To create an opportunity for students to present verbal information to a group of faculty & peers in a formal setting and to respond to "on the spot" questions
- To provide a format for students to learn from their peers, and to practice providing meaningful feedback that will promote the development of oral communication skills

Each student's presentation will vary in content and focus depending on the research article they select. Details on CPR-1 requirements will be provided.

CPR #2. The CPR-2 case presentation focuses on providing a summary of one specific clinical case that the student worked with during the term. The summary should provide an opportunity for the student to demonstrate their ability to describe the client's communication disorder and to discuss the clinical processes used with the client/patient. The verbal presentation should include at least the following components:

1. **Ten-minute** summary of a clinical case the student has worked with that term including description of the communication disorder; summary of diagnostic measures; definition of severity level(s); prognosis for improvement; recommended plan of treatment; summary of progress; and identification of factors influencing patient performance
2. **Five-minute** summary of information from one recent research article that is relevant to the case with a clear description of how the information relates to the case
3. **Ten minutes** will be allotted for question-answers

The specific objectives of the second CPR experience include the following:

- To prepare a well-organized and descriptive summary of one patient seen this term
- To encourage students to evaluate and use current research in the clinical process
- To practice answering questions and expanding verbally on ideas related to a clinical case
- To learn from peers and to practice providing meaningful feedback to classmates to promote their development of oral communication skills
- To assess the strength of communication skills towards readiness of Outplacement expectations

Students who do not perform strongly on their CPR-2 experience may be asked to remediate over the summer term and complete the CPR-2 experience in the following fall/spring term at a satisfactory level. Recommendations regarding readiness for movement to outplacement practicum in the Summer term are partly based on student performance on CPR-2.

CPR-3: CPR-3 is comprised of several parts:

- Students are provided with a brief set of information about a case, with 30 minutes to review the information and prepare for the session
- Students prepare a brief presentation, and make recommendations regarding how they would approach the next session with the patient (i.e. what assessment measures would they do; what additional information do they need; possible approaches to take in treatment with the patient, etc.). The case is then presented by the student to faculty and classmates, followed by Q&A from peers and faculty.
- Audiology only: Students will be handed previously unseen test data and patient information and be asked to immediately interpret results and define recommendations/implications for patient management

The goals of the CPR-3 are to:

1. Assess the student's ability to retrieve information routinely used in audiologic/SLP practice
2. To assess the student's ability to apply routine SLP/audiologic clinical decision making strategies and information to relevant cases
3. To assess the student's ability to field case-related questions from faculty and classmates

Students who do not perform satisfactorily on the CPR-3 may be asked to repeat the experience in the subsequent term. For AuD student's movement to the AuD extern may be influenced by inadequate performance on CPR #3.



Electronic Clinical Portfolio

Students will develop an electronic clinical portfolio in Typhon that provides formative evidence of their acquisition of clinical competencies across the program. At the end of the program, student course records

and the Typhon clinical tracking reports contribute to evidence that students have achieved the knowledge and skills required by the program and by ASHA. The clinical portfolio provides more qualitative evidence of achievement of clinical competence and can better illustrate the scope and depth of growth achieved across the graduate program.

At the end of each semester each student is required to organize a set of portfolio pieces that demonstrate growth in clinical competencies that term. In Network practicum, SLP students will develop a collection of at least *three* items, while AuD students will develop one item, used to convey information on their major accomplishments for the term. The portfolio items should be prepared and presented at the end-of-term meeting with their Network Clinical Instructor while discussing clinical accomplishments for the term. Portfolio items will be organized into the Typhon portfolio and will be discussed and reviewed by the Clinical Education Coordinator in clinic advising sessions.

Portfolio items can include a wide variety of materials including copies of feedback from Clinical Instructors, samples of clinical work including lesson plans, data collection systems, clinical, and self-evaluation summaries (See Table 3 for examples). A list of the types of different communication disorders seen might be included and/or a list of diagnostic tools and techniques which have been learned/mastered. Progress notes and sample clinic reports with clinical instructor feedback are also appropriate. Students might develop a section showing progress on achievement of clinical competencies. It is also suggested that students incorporate assignments and accomplishments from academic coursework into their portfolio (e.g. copies of team projects; case based learning assignments; and research papers).

The items should be organized into a cumulative clinical portfolio across the graduate program. Students are free to develop their own organizational system. A well-developed portfolio provides an excellent tool to share with future employers when the student graduates and interviews for jobs. It also provides evidence of achievement of the ASHA standards.

Client-Related Information. Any client-related information from practicum experiences that a student considers for possible use outside of their clinical setting must be modified by the student to ensure that client confidentiality and HIPAA guidelines are **STRICTLY** met. The following steps will be taken when considering use of client-related information:

1. First check with your Clinical Instructor to determine whether an artifact may be used in a portfolio and determine the agency-specific requirements of its use. If approval is provided, move to the next steps. If approval is not given, a student may NOT use client related information from that site. Note that some sites/supervisors may require review of the final draft of the artifact before it is filed in the portfolio. Please check with your supervisor.
2. Prepare information following the guidelines given earlier in this handbook.

Network Clinical Faculty/Instructors

Network Clinical faculty have a vast array of experience providing clinical service delivery in varied settings. They have a strong interest in educating graduate students to become future clinicians by providing sequenced learning steps. Full-time clinical faculty/staff in the Department of Communication Science and Disorders whose primary duties include clinical training are listed below. Their areas of clinical expertise, sites where supervision is provided, and contact details are also provided.

James Coyle, PhD, CCC-SLP Adult Speech/Language Services; Dysphagia
UPMC - Passavant Hospital & UPMC - Eye & Ear Inst.

Forbes Tower 6074 is this correct? 412-383-6608 or jcoyle@pitt.edu

Katya Hill, PhD, CCC-SLP AAC Services
PLEA School (Wilkinsburg) and the Eye Can Talk Clinic
Forbes Tower 6071 is this correct? 412 383-6659 or <mailto:khill@pitt.edu>

Catherine Palmer, PhD, CCC-A Adult Rehabilitative Audiology
UPMC Center for Audiology and Hearing Aids
Forbes Tower 6041 412-647-2030 or <mailto:palmercv@upmc.edu>

Linda Sustich, M.A., CCC-S Pediatric/School Based Services
Community Screening Program (SLP Screenings with AuD students)
School Practicum Liaison
Forbes Tower 6062 412-383-6536 or <mailto:lsustich@pitt.edu>

Barbara Vento, PhD, CCC-A Diagnostic Audiology
Community Audiology Evaluation/Screening
Forbes Tower 6038 412-383-6611 or <mailto:barbv@pitt.edu>

Part-time University of Pittsburgh faculty/staff supervisors who serve as Clinical Instructors with Network students include the following:

Geoff Fredricks, PhD, CCC-SLP Adult diagnostic & treatment services
Veteran's Administration Medical Center, Oakland
Geoffrey.Fredericks@va.gov

Chris Matthews, CScD., CCC-SLP Adult Acute care diagnostics & treatment
Veteran's Administration Medical Center, Oakland
c.matthews@va.gov

Robin Metzler, M.S., CCC-SLP Pediatric Diagnostic Services
Children's Hospital of Pittsburgh- Bridgeville
metzr@pitt.edu

Reva Rossman, PhD, CCC-A Adult Rehabilitative Audiology
UPMC Center for Assistive Technology
412-647-9676 or rossman@pitt.edu

Katie Vellody CSD Community Screening Team
Audiology Practicum for SLP students
Katie.Vellody@pitt.edu

In addition to the above, clinicians from the community serve as Network Clinical Instructors providing clinical teaching in a wide variety of sites and settings in the greater Pittsburgh area.

PART V: CLINICAL OUTPLACEMENT & EXTERNSHIP

When students have achieved the requirements of the Clinical Network they participate in practicum in Outplacement Settings. SLP and Audiology students typically begin Outplacement practicum during their third or fourth terms. Initiation of Outplacement training is individually determined and dependent upon when the requirements of Network education are met.

The greater Pittsburgh area offers a wide variety of settings where students participate in outplacement practicum. Opportunities are available to work in settings such as the public schools, acute care hospitals, rehabilitation facilities, extended care facilities, early intervention programs, and private practice. Students can view information on current outplacement opportunities online via the Typhon *Clinical Site Directory*. New facilities can be recruited for outplacement opportunities; however, an affiliation contract must be completed through the Dean's office of SHRS as initiated by the Clinical Education Coordinator.

Requirements for Enrollment in Outplacement Practicum

The following requirements must be met before students are eligible for outplacement practicum:

1. Complete a minimum of twenty-five hours of client contact with a passing grade in the Clinical Network
2. Achieve a majority of the Network Basic Clinical Competencies at a 6-7 level
3. Perform at a satisfactory level on Professional Responsibilities
4. Achieve the Network Core Clinical Skills requirements
5. Demonstrate adequate verbal communication skills as indicated by CPR performance
6. Receive the recommendation of current Clinical Instructor(s)
7. Obtain the approval of the appropriate Clinical Education Coordinator

Below is a summary of the student clinician characteristics indicating that the student is “outplacement ready” as compared to student behaviors suggesting they need to remain in Network practicum.

Table 12. Readiness for Outplacement Practicum – Examples of student characteristics*

Note*: The behaviors below are considered examples. A student would not need to exhibit all of the behaviors within a category. Outplacement readiness is typically indicated by a student exhibiting a good number of behaviors listed in the left hand column below.

BEHAVIORS ASSOCIATED WITH “OUTPLACEMENT READINESS”	BEHAVIORS INDICATING NEED TO REMAIN IN NETWORK PRACTICUM
<ul style="list-style-type: none"> • Shows <u>initiative</u> in clinical planning and decisions (i.e. they give suggestions of recommendations for a client; they propose possible changes in a tx program, some of which are very on-target; they take on extra responsibilities/tasks without being asked to do so; bring in articles relevant to their cases without being asked) • Gives rationale for their ideas – based on their experiences, and info learned in courses (the rationale might not always be correct, but they are able to describe why they think something is a certain way). • Their self-evaluation skills are strong, and they do not overestimate their actual ability level (i.e. they know what they know and know what they don’t know) <ul style="list-style-type: none"> ○ They are able to ID strengths in clinical skills and areas to improve that are not based merely on what you have already told them • Their communication skills are strong – they “appear” comfortable talking to patients, family members, and other professionals • They meet clinical responsibilities and professional expectations without reminders • They bring in content learned in their courses, asking you about the information or sharing the information with you 	<ul style="list-style-type: none"> • The student needs the teaching time to support their learning. This type of student is able to do what they are told, but is not yet showing independent thinking skills on a consistent basis • Student characteristics supporting that a student should remain in the Network include the following examples: <ul style="list-style-type: none"> ▪ Relies on direct instructions &/or modeling of skills/behaviors majority of the time ▪ Utilizes thinking and problem solving skills that are concrete in nature much of the time ▪ Only occasionally gives their own ideas/suggestions regarding clinical cases (e.g., recommendations; changes in treatment plan; ideas from courses/readings) ▪ Waits to be told what to do with a patient most of the time ▪ <u>Appears</u> somewhat timid &/or unconfident when talking with patients, professionals, and/or family members ▪ Does not take initiative in clinical responsibilities most of the time ▪ Demonstrates rate of skill acquisition that is slower than other students at the same level ▪ Uses professional communication skills which are often ineffective or undeveloped ▪ Only occasionally discusses content learned in coursework in relation to clinical work with clients ▪ Only occasionally applies content from courses/readings to their cases ▪ Tends to do what is required, but nothing extra

Outplacement Practicum Placements (2nd year SLP & Audiology)

The Outplacement Practicum experience is designed to facilitate application of principles and procedures gained through academic coursework and clinical observations to the actual delivery of services. In practicum assignments, students gradually develop the clinical skills required for independent functioning as a speech/language pathology clinical fellow, or fourth year audiology extern student.

Student responsibilities during each practicum assignment are determined based on the following: 1) the clinical services provided at the site; 2) the student's level of competence; 3) the Clinical Instructor's guidelines; 4) the guidelines set by the Council on Academic Accreditation (CAA) and the American Speech-Language-Hearing Association (ASHA); and 5) the guidelines/policies of the facility where the student is placed.

When students plan to enroll in Outplacement Practicum they must inform the appropriate Clinical Education Coordinator of their intent to participate in practicum assignments by submitting a Practicum Request form within the timeline required.

Speech/Language Practicum Assignments: **Erin Lundblom**

Audiology Network & Outplacement Assignments: **Elaine Mormer**

The student schedules a Clinical Advising session with the coordinator and submits a Request for Clinic form (via Typhon) typically around midterm time of the preceding semester. The student should define their upcoming clinical needs in terms of preferred setting type, communication disorders of interest, hours sought (e.g. adult vs. pediatric; diagnostic vs. treatment), and days per week of practicum. Requests can be made for specific sites but there is no guarantee that they will be provided. Actual clinic assignments will be developed by the appropriate Clinical Education Coordinator in consultation with the student.

Students will not receive credit for practicum hours obtained under the supervision of a non-approved clinical supervisor. ASHA guidelines state that *students may not make their own arrangements for practicum assignments*. Clinical placements and activities must be assigned by the Clinical Education Coordinator.

Enrollment in clinical practicum is dependent on the successful completion (grade C (or Satisfactory) or better) of coursework and clinic in the prior semester. A failing grade may preclude the student from participating in clinical practicum. Deficits in performance on professional expectations may also be cause for removal from practicum. Such restrictions from clinical practicum will be made at the discretion of the clinical education coordinator and the student's adviser.

Outplacement & School Practicum Handbooks

In this binder you will find a copy of the *Outplacement Handbook* and the *School Practicum Handbook* for graduate student clinicians and their Clinical Instructors. These guides provide suggestions and procedures for optimizing the quality of the clinical teaching experience in outplacement settings. They also include a description of expectations for each of the types of experiences. Graduate student clinicians enrolling in Outplacement Practicum should read the *Outplacement Guidelines* before they begin their first outplacement experience (see Appendix C). Students participating in a school practicum experience should read the **School Practicum Handbook** before they begin their student teaching experience (see Appendix D). Copies of the appropriate handbooks are sent to each supervisor when the student begins the placement.

AuD Fourth Year Externship Placements

Students earning a clinical doctorate degree in audiology (AuD) will complete a full-time fourth year externship. Dr. Barbara Vento oversees all AuD externship arrangements and identifies a site mutually agreed upon with the student, and the site supervisor. Students are encouraged to consult the American Academy of Audiology Registry of Clinical Extern sites for ideas regarding possible options around the country: http://hearcareers.audiology.org/website/36124/index.cfm?_ga=1.137314228.587069830.1403296435

During the summer after year 2 students meet with the externship site coordinator and the placement process will begin. It should be noted that students will typically not be placed in a fourth year externship until all coursework is completed, with the possible exception of part-time students (to be considered on a case-by-case basis). Additionally, students must pass Comprehensive Exam I before engaging in the externship search process. A separate handbook exists defining the expectations and guidelines of AuD 4th Year Externships and will be provided to students by Dr. Vento. The AuD Externship Handbook includes a flow-chart/checklist of the externship site placement process (Appendix D of the AuD Externship Handbook – not included in this handbook).

Externship students must complete and maintain current documentation as defined in the CSD Graduate Manual:

- Complete the Doctoral orientation as required by Ms. Kellie Beach, SHRS Registrar
- Current health/safety requirements (e.g., liability insurance; physical examination requirements as required by SHRS) must be on file with the Student Health Center (SHC). These forms are found at <https://www.shrs.pitt.edu/student-services/forms/>
- Maintain HIPAA training and certification. Complete modules and FAX certificate of completion to Tonya Martin (412-383-6555). Found at <https://cme.hs.pitt.edu/servlet/IteachControllerServlet?actiontotake=loadmodule&moduleid=6381>
- Maintain current Bloodborne Pathogen (BBP) training and certification. Go to <https://cme.hs.pitt.edu/servlet/IteachControllerServlet?actiontotake=loadmodule&moduleid=1685>; complete the module; print and FAX the certification to Tonya Martin (412-383-6555).
- Maintain current liability insurance through SHRS
- ***Externs must also meet any additional health and safety requirements as well as security clearances required by the site.***