Master of Science (MS) in Speech-Language Pathology
Student Clinical Manual

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INTRODUCTION TO CLINICAL EDUCATION

Supervised clinical practice is an integral part of the graduate program in the Department of Speech-Language Pathology within the College of Arts and Sciences at Saint Elizabeth University. Supervision provides the student with an opportunity to apply knowledge to the evaluation and management of individuals with a wide variety of communication disorders.

The primary goal of clinical education is to prepare graduate students to practice independently as a speech-language pathologist who will demonstrate general competence in the scope of practice in nine communication disorders areas across the lifespan from infancy to geriatrics of culturally and linguistically diverse populations. Graduate Student Clinicians (GSCs) need to acquire a minimum of 400 clinical clock hours (75 maximum from simulated clinical experiences). Clinical experiences are required in each of the following areas:

- ***Articulation***, including production of phonemes, strategies to improve motor speech coordination and production of multisyllabic word forms.
- ***Fluency***, including stuttering, cluttering, atypical disfluencies, and rate of production.
- ***Voice and resonance***, including respiration, phonation, pitch, resonance, and intonation variations.
- ***Receptive and expressive language*** (morphology, phonology, syntax, semantics, and pragmatics) in speaking, listening, reading, writing and manual modalities, including increased length and complexity of utterances, expanding expressive/receptive vocabulary, measurements/treatment of phonological use.
- ***Hearing,*** and its impact on speech and language and aural (re)habilitation, including hearing aid troubleshooting, hearing screening, speech reading skills, speech/voice production and language deficits as influenced by hearing impairment.
- ***Swallowing disorders***, including oral, pharyngeal, esophageal, and related functions as well as oral function for feeding; may include modified barium swallow measures, fiber optic evaluation of swallowing, and strategies to decrease aspiration.
- ***Cognitive aspects of communication*** (attention, memory, sequencing, problem-solving and executive functioning), including cognitive notebook use to improve access to long- term memory about family and word retrieval strategies.
- ***Social aspects of communication*** for challenging behavior, ineffective social skills, and lack of communicative opportunities, including behavior management techniques and developing more effective peer interaction.
- ***Communication modalities***, including oral, manual, augmentative and alternative communication (AAC) techniques and assistive technology, identifying appropriate AAC devices and strategies, increasing use of effectiveness of AAC techniques.

Through sequenced clinical experiences and assignments, the GSCs will learn the critical clinical skills to:

- Analyze, synthesize, and evaluate an extensive body of knowledge in communication sciences and disorders.

- Use evidence-based practices in the selection of evaluation and treatment protocols.
- Achieve high levels of competency in prevention, screening, diagnosis, and treatment of clients with a variety of communication disorders.
- Communicate effectively and professionally, both orally and in writing.
- Demonstrate ethical and responsible professional conduct.

ROLES AND RESPONSIBILITIES IN CLINICAL EDUCATION

Student Responsibilities:

The Graduate Student Clinician (GSC) is expected to conform to the policies and procedures of the site at which the clinical practicum takes place. Essentially, the student learns the role of the professional by following the model of the clinical supervisor. The rules and expectations will be discussed at the beginning of the clinical assignment and will vary depending on the site. The student will:

- Assist the supervisor in selecting and administering the appropriate diagnostic tools,
- Set realistic and appropriate therapy objectives,
- Select techniques and materials for implementing the therapy objectives,
- Manage client behavior,
- Motivate clients,
- Document session with professional notes/reports,
- Counsel clients and parents/caregivers,
- Implement suggestions made by supervisors in a timely fashion,
- Act as a member of the profession.

Clinical Supervisor Responsibilities:

The clinical supervisor (CS) will discuss the expectations for the student as early as possible in the practicum. This will allow students time to address any concerns regarding supervision approach, methods of feedback, and administrative matters. To assure that the student is competent, the clinical supervisor will:

- Observe assessment and therapy sessions as required by ASHA and CFCC guidelines,
- Provide feedback (both written and oral) about assessment protocols, treatment plans, therapy sessions, and documentation in real-time and during weekly meetings,
- Demonstrate techniques to facilitate student learning,
- Suggest alternatives for achieving goals,
- Participate in counseling sessions,
- Give the student support and direction while allowing the student independence to plan and problem solve,
- Formalizing and submitting mid-term and final grades

Recommendations regarding care of the client or to the parent/caregiver are the responsibility of the clinical supervisor.

Academic Advisor Responsibilities:

The academic advisor will be responsible for advising the student in both academic and clinical education. The advisor will provide support to the student, the clinical supervisor, and other faculty members during the student's practicum and educational experience.

Director of Clinical Education Responsibilities:
The Director of Clinical Education (DCE) will be responsible for coordinating all clinical activities and assignments for the GSC, both on and off-campus. The DCE or designee will observe sessions to determine the effectiveness of the practicum for both the student and the supervisor and make suggestions for any adjustment to the practicum if needed.

Program Director Responsibilities:
The program director will be responsible for overseeing the entirety of the program and guiding the students towards meeting the requirements for graduation.

THE CLINICAL PRACTICUM

To be eligible for ASHA certification following graduation, all students must complete a minimum of 400 total clinical hours, which consists of at least 25 hours of guided clinical observation and at least 375 hours of direct client/patient contact. These clinical hours are to be achieved through a variety of practice settings with a diversity of clients. For all students, clinical supervisors will determine when students are able to move from guided observation experiences into supervised clinical service delivery. This decision will differ depending upon the clinical knowledge and skills demonstrated by the student and the specific clinical procedures performed.

Typically, coursework related to a procedure should be concurrent or completed prior to clinical participation involving that procedure. All students will rotate through placements in the on-campus clinic and approved off-campus sites. Students may only attend sites that are approved by the program, for which a current affiliation agreement is in place.

When a student enrolls in a clinical practicum, it is expected that the student will participate through the end of the designated clinical assignment (i.e., one semester).

Assignments of each clinical placement will be determined by the student's knowledge, skills, abilities, and schedule. Students should expect to be placed in the on-campus clinic or off-site affiliate for at least two semesters before starting off-campus field placements. The DCE or designee will make the initial contact to inquire if an off-campus site is willing to supervise a student. Once the site has indicated willingness to supervise a student and the program has verified that a signed articulation agreement is in place, the student will be offered the name and contact information so that he or she may further discuss the placement and set up any needed preliminary interview, visit, orientation, or additional clearances.

Clinical Supervisors:
All clinical supervisors will hold the American Speech-Language Hearing Association (ASHA) Certificate of Clinical Competence. ASHA certification will be verified by the program's clinical coordinator, working closely with the director of clinical education, through the CALIPSO web-based application. Verification will occur prior to the first placement of students with a supervisor and then occur on an annual basis, on or about January 1st of each year.

All clinical supervisors will also be required to maintain state licensure and/or teaching certification, as applicable, in the state where the practicum occurs. This too will be verified by the program's clinical coordinator, working closely with the director of clinical education. Verification will occur prior to the first placement of a student with a supervisor and then occur annually, on or about July 1st of each year.

Clinical Supervisors will also be required to verify that they have completed a minimum of 9 months of full-time, post-certification (or its part-time equivalent) clinical experience, and that they have received at least two hours of continuing education or 0.2 ASHA CEUs in clinical supervision. Any changes to credentialing during the student's placement must be brought to the director of clinical education's attention immediately.

Finally, supervisors' contact information and verification of credentialing will be maintained in CALIPSO (see below) and updated regularly.
Supervisors will be sent a google form to fill out with their student in regard to contact information, clinical expectations, and methods of communication.

Amount of Supervision:
According to Standard V-E of 2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology:

> Supervision of students must be provided by a clinical supervisor who holds ASHA certification in the appropriate profession and who, after earning the CCC-A or CCC-SLP, has completed (1) a minimum of nine months of full-time clinical experience, and (2) a minimum of two hours or 0.2 CEUs of professional development in clinical instruction/supervision.

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 individual receiving services (ASHA, 2020).

Clinical Supervisors will also be required to maintain ASHA certification and state licensure and/or certification while supervising as well as abide by the ASHA Code of Ethics and Scope of Practice within their specialty(ies) and clinical setting.

Clinical Supervisors will also be required to verify that they have completed a minimum of 9 months of full-time, post-certification (or its part-time equivalent) clinical experience and participate in at least two hours (0.2 CEUs) of professional development/continuing education in clinical supervision. Any changes to credentialing during the student's placement must be brought to the program's attention immediately.

Finally, clinical supervisors' contact information and credentialing will be maintained and updated regularly in CALIPSO.

Clinical Practicum Overview:
The Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) of the American Speech-Language-Hearing Association (ASHA) requires students to demonstrate knowledge and skills in supervised clinical experiences in prevention, assessment, and intervention across the professional scope of practice. During the MS-SLP master's program, students will have the opportunity to achieve skills within a variety of clinical settings.

Students begin clinical training during their first year at the Saint Elizabeth University Speech-Language Center (SLC) or off-site at one of SEU's affiliate schools after they are enrolled in the master's degree program, have met the prerequisite coursework, and have completed a minimum of 25 hours of guided observation hours.

Practicum Assignments:
Each semester, students will meet with their academic advisor to discuss on-campus and off-campus clinical placements. The academic advisor will submit to the DCE recommendations for clinical practicum based on the student's eligibility and coursework completed. The DCE will be responsible for assigning the student to a clinical practicum and will notify the student of the assignment via email.

After consultation with their academic advisor, students will be enrolled in SLP 501 Clinical Practicum I and SLP 502 Clinical Practicum II for treatment, SLP 555 Diagnostic Clinic for diagnostics, and SLP 515 Hearing Seminar during their first year. Students also participate in SLP 601 Advanced Clinical Practicum I during summer session and have the option to enroll in SLP 602 Advanced Clinical Practicum II: Diverse Populations. During year 2, students then begin 2 field rotations (SLP 610/SLP 620) after approval from their academic advisor and the Director of Clinical Education (DCE).

Prior to beginning a clinical practicum, students are expected to thoroughly review the MS-Speech-Language Pathology Student Handbook and the Core Functions Guide, and to review and adhere to the ASHA Code of Ethics.

Students will follow the sequence of learning practicum assignments outlined by the program, in the order specified. Practicum assignments will be sent via email to the student, the supervisor, and the director of clinical education two to four weeks before the start of each new semester. The program will maintain regular contact with the student and the clinical site throughout the semester to ensure onsite supervision and clinical caseload is appropriate for each level of training.

Different disorders may be encountered at different clinical settings each semester depending on the clients/students/patients served. It is noted that depending on the type of setting, vocabulary and terminology will vary, and the student is expected to know and use the terminology appropriate to the setting. For example, in a medical setting, those receiving services are referred to as "patients", but in a school setting, they are referred to as "students", and in a private practice or clinic setting, those receiving services are referred to as "clients".

Clinic Time Expectations:
Enrollment in clinic practicum and field placements will place significant time demands on students during the week. It is mandatory for students to remain in the clinic for the duration of a clinic assignment block. For each clinical assignment, students should be prepared to devote approximately 15 to 20 hours per week during first year, up to 30 hours per week in summer clinic, and up to 40 hours per week during field placements to planning, implementing, and evaluating the clinical experiences.

Mandatory Meetings/Orientation:
Many clinical practicum sites require meetings prior to beginning or at the onset of the assignment, including an interview, shadowing hours, and orientation. If a student misses the required meetings, then it is at the discretion of the program whether to allow the student into the practicum. Students are responsible for attending all meetings as part of their clinical education.

Clinical Clock Hour Requirements:
The Department of Speech-Language Pathology abides by the practicum requirements as prescribed by ASHA for the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP), as well as

requirements for state licensure and certification. Thus, **students will need to meet the following minimum requirements for clinical practicum hours: 25 hours of guided clinical observation hours and 375 hours of direct patient/client/student contact.**

Transfer of Clinical Clock Hours:
Saint Elizabeth University will accept the transfer of up to 50 clinical hours earned at the graduate level or from another program if they are a transfer student. A minimum of 325 clock hours of supervised clinical practicum must be completed while the student is enrolled in the SEU MS SLP graduate program.

Observations and Observation Hours:
Students must complete a minimum of 25 hours of guided observations of direct Speech-Language Pathology or Audiology services prior to enrolling in clinical practicum. A person holding the Certificate of Clinical Competence (CCC) in Speech-Language Pathology and/or Audiology must supervise these observations and sign documentation of hours. See *Appendix A* for Clinical Observation Hours tracking forms. Use the SEU Clinical Observation form for any observations conducted in a Saint Elizabeth University academic course or in the Saint Elizabeth University Speech-Language Center; you may also use the form for any observations conducted outside of Saint Elizabeth University. Observations must include the date of the observation, time observed (in minutes), client type (adult/child), disorder (articulation, language, fluency, voice, dysphagia/feeding, aural rehabilitation, etc.), the supervising clinician's full name, ASHA number, and signature. Observations should show evidence of active learning during the process; this could include documentation from the professor if observations were part of course or an observation worksheet (Appendix A) in which the observer identified key elements of the session (such as goals, behavior management techniques, data collection, etc.).

Students are encouraged to observe in a variety of settings outside of the SEU SLC including schools, early childhood centers, skilled nursing facilities, rehabilitation hospitals, acute care hospitals, and special needs schools. Students may also observe speech-language therapy sessions online using specialized programs such as Master Clinician Network. Students who use Master Clinician must select a faculty member from the SEU MS-SLP department and notify that faculty member that they are submitting observations for approval. Master Clinician has a one-year membership fee (currently $54).

Summary of direct patient/client/student Clinical Experience – ASHA hours:
All students should obtain a copy of the current ASHA Certification Manual. Each student is responsible for knowing and keeping track of their direct clinical hours. SEU requirements must also be reviewed. Know the targets you need to graduate with your master's degree and become certified by ASHA. Contact your Graduate Advisor if you need help with this important responsibility.

- The Graduate Student Clinician (GSC) is responsible for maintaining an accurate record of daily contact hours accrued during all practicums and to enter them into CALIPSO for approval from the clinical supervisor, see **Appendix B Record of Daily Clinic Hours** form.
- The clinical supervisor must approve all clinical hours through CALIPSO by the end of each semester.

Clinical Clock Hour Records:
The Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) defines a clinical practicum hour as equal to 60 minutes. When counting clinical practicum hours for purposes of ASHA certification, experiences/sessions that total less than 60 minutes (e.g., 45 minutes or 50 minutes)

cannot be rounded up to count as 1 hour. To ensure that hours are counted correctly, students should record clock hours in hours: minutes (e.g., 62 minutes=1:02 and 45 minutes=0:45).

Students may count only those hours for which they have provided **direct client care** as clock hours.

Activities that count as direct client care*:* direct contact with the patient/student/client or the client's family in assessment, management, and/or providing counseling/education can be counted toward the practicum requirement. Only direct contact during simulated experiences as part of the SEU Simulation Lab or online through Simucase can be counted if there is a debrief and supervision by the clinical supervisor.

Activities that do not count as direct client care*:* Time spent on documentation, preparing for a session, preparing material, scoring, and analyzing tests, calling client/family to make appointments, conferencing on client with the supervisor, team meetings, or in rounds, observing a session or an IEP/IFSP meeting.

For each day that a student is participating in a clinical practicum experience, they should track their daily clock hours using the "Record of Daily Clinical Hours" form and have the clinical supervisor sign and approve and submit hours on CALIPSO.

How to record of daily hours on daily hours sheet:

1. Fill out top section and check to make sure all information is accurate
2. Check Child (C) or Adult (A) for the area in which you completed hours
3. Provide hours sheet for your supervisor to verify and sign off on
4. Update date each session
5. Transfer hours to CALIPSO
6. Cross check your hours with manual hours sheet and CALIPSO

**** make sure all hours are entered as hours and minutes (1:02 (1 hour and 2 minutes))*

Students should submit clinic hours each week through CALIPSO for verification by their clinical supervisor. At the end of each semester, a clock hours experience record report will be generated by CALIPSO that summarizes the student's total acquired clinic hours for all assigned clinical courses/experiences. The student's failure to submit clinical hours within the assigned time frame may jeopardize accurate calculation and summary of their clinical experience.

Registration:

To gain access to the system, the student will be emailed a one-time PIN number by the director of clinical education. With the PIN number, the student will receive step-by-step instructions for using the system.

Supervisors will find instructions for approving clock hours and submitting students' midterm and final evaluations on the CALIPSO website. All clock hours should be approved at the end of each clinical day by the supervising clinician before inputting into the system for final verification.

CALIPSO Scoring:

Clinical Performance Evaluation Forms submitted by the clinical supervisor via CALIPSO will be used to determine grading at midterm and at final. The MS-SLP Program uses a graduated grading scale to determine if a student meets their clinical competencies. This grading scale is used for Clinical level I and Clinical level II:

A = >2.26 (Evident)
A– = 2.0 to 2.25 (Emerging)
B+ = 1.76 to 2 (Early Emerging/Emerging)
B = 1.5 to 1.75 (Early Emerging)
B- = <1.5 (Early Emerging)

Clinical Performance Evaluation Forms submitted by the clinical supervisor via CALIPSO will be used to determine grading at midterm and at final. The MS-SLP Program uses a graduated grading scale to determine if a student meets their clinical competencies. This grading scale is used for Advanced Clinical Practicum Levels I and II.

A = 3 to 5 (Evident/Independent)
A- = 2.8 to 2.99 (Emerging)
B+ = 2.65 to 2.79 (Early Emerging/Emerging)
B = 2.5 to 2.64 (Early Emerging)
B- = 2.35 to 2.49 (Early Emerging)

Description and Directions:

1. The grading scale for the Clinical Performance Evaluation form is designed to evaluate the skills of the graduate level student clinician. [Note: The ASHA CFSI is used to evaluate clinical fellows during their year of supervised work experience.]
2. This grading scale will assist the clinical supervisor in assessing the student's performance and to guide the student to improve and strengthen his/her clinical skills throughout the training experience.
3. This Clinical Performance Evaluation Form covers four areas: (a) Evaluation, (b)Intervention, (c) Additional Clinical Skills, and (d) Professional practice/interaction/personal qualities.
4. For each skill area there is a 5-point rating scale. See below and please note the following.
5. The student's performance should be evaluated according to the descriptors provided.
    - Not all skill areas will be covered by every practicum experience. (If a skill area is not covered, leave blank)
    - The student may not receive ratings of 4 or 5 and still receive a satisfactory recommended grade. (Performance evaluation and grading do not need to be equivalent for grading of the course)
    - The clinical supervisor is required to complete the Clinical Performance Evaluation form twice during the practicum (i.e., at both a midterm evaluation [ME] and a final evaluation [FE])
    - At the end of the semester, the clinical supervisor recommends a letter grade for the student's practicum experience in consultation with the supervisor using the following grading guidelines. (These guidelines for grading also appear in the "Grading of Clinical Courses" section of the SEU MA Manual.

CALIPSO Grading Guidelines for Clinical Courses:

1.0	Absent - Early Emerging The clinical skill/behavior is early emerging and not evident most of the time. Student requires direct instruction to modify behavior and is unaware of need to change. Supervisor/clinical educator must model behavior and implement the skill required for client to receive optimal care. Supervisor/clinical educator provides numerous instructions and frequent modeling. Critical thinking/problem solving is early emerging. Student primarily observes and states facts. (Skill is present <25% of the time).
2.0	Emerging Skill is emerging, but is inconsistent or inadequate. Student shows awareness of need to change behavior with supervisor/clinical educator input. Supervisor/clinical educator frequently provides instruction and support for all aspects of case management and services. Critical thinking/problem solving is emerging. The student is beginning to identify problems. (Skill is present 26-50% of the time).
3.0	Evident Skill is present and needs further development. Student is aware of the need to modify behavior, but does not make changes independently. Supervisor/clinical educator provides ongoing monitoring and feedback; focusing on increasing student's critical thinking on how/when to improve skill. Critical thinking/problem solving is developing. The student is identifying and analyzing problems and is beginning to reach conclusions. (Skill is present 51-75% of the time).
4.0	Independent Skill is developed/implemented most of the time and needs continued refinement or consistency. Student is aware and can modify behavior in the session, and can self-evaluate. Supervisor/clinical educator acts as a collaborator to plan and suggest possible alternatives. Critical thinking/problem solving is refining. The student analyzes problems and more consistently reaches appropriate conclusions. (Skill is present 76-90% of the time).
5.0	Clinical Fellowship (CF) Ready Skill is consistent and well developed. Student can modify own behavior as needed and is an independent problem solver. Student can maintain skills with other clients, and in other settings, when appropriate. Supervisor/clinical educator serves as consultant in areas where the student has less experience. The supervisor provides guidance on ideas initiated by the student. Critical thinking/problem solving is independent. The student identifies and analyzes problems, reaches appropriate conclusions and adequately communicates to others. (Skill is present >90% of the time).

A Performance Improvement/Action Plan will be implemented for the skills competencies that fall in the 1:00 to 2.34-point range.

****Students are expected to earn a grade B- or higher in accordance with the degree requirements outlined in the program requirements and Student Handbook for the program. Failure to maintain an overall GPA of 3.0 or earning three or more grades lower than a B will result in expulsion from the Master of Science in Speech-Language Pathology program.*

In accordance with CAA accreditation guidelines that programs ensure students demonstrate appropriate levels of knowledge and clinical skills for certification, students will have activities embedded within each course which are summative assessments aligned with the student learning

objectives specified previously in the syllabus. Students must earn a 'B' or better on these summative activities or a performance improvement action plan will be implemented to ensure students have the appropriate level of knowledge and/or skill needed for clinical practice. The summative assessments for this course are outlined below and include the student learning objectives with which they are aligned.

Graduate Attendance Policy:
The clinical practicum is considered **a graduate level clinic course** and there is an expectation of commitment and integrity that includes **engaging in all classes, arriving prepared and on time, being responsive to email communication, and turning in assignments on or before the due dates.** Only excused absences are allowed for medical or personal reasons. If you plan to be late or miss a class, then you must notify your instructor by email or text as you would for a job. If you need any help with managing your time and completing your work by due dates, please reach out to your instructor and/or the office of accessibility.

If a student does not engage regularly with the clinical supervisor or attend clinic sessions, then their grade will be negatively impacted. It is important that students demonstrate regular engagement both online and in person to do well academically.

Policy for Missing or Late Assignments:
Because this is a clinic course that is designed to prepare you as a future healthcare professional, there is an expectation that you will be able to keep up with your assignments and documentation. Efficient communication regarding missing or late assignments is expected prior to the deadlines. Missing or late assignments will negatively affect the final grade.

Attendance Policy for clinical courses:
This course is considered **a graduate level clinic course** and there is an expectation of commitment and integrity that includes **engaging in all classes, arriving prepared and on time, being responsive to email communication, and turning in assignments on or before the due dates.** Only excused absences are allowed for medical or personal reasons. If you plan to be late or miss a class, then you must notify your instructor by email or text as you would for a job. If you need any help with managing your time and completing your work by due dates, please reach out to your instructor and/or the office of accessibility.

If a student does not engage regularly with the clinical supervisor or attend clinic sessions, then their grade will be negatively impacted. It is important that students demonstrate regular engagement both online and in person in order to do well academically.

Clinical Intervention and Action Plans:
If a student has difficulty achieving Clinical Competencies, Program Learning Outcomes, or CAA Standards, the clinical supervisor, director of clinical education, academic advisor and/or program director will meet with the student to identify the area of knowledge or skill that is deficient. The clinical supervisor, in consultation with the student, and supported by the DCE will design a written intervention and action plan with specific tasks, outcomes, and timelines. The student's knowledge and/or skills will be re-evaluated at the completion of the intervention plan by the clinical supervisor and DCE as needed. If necessary, the students' final grade may be deferred until competency is demonstrated (Refer to the Student Intervention and Action Plan found in Appendix D).

Plans for clinical intervention/action plan may include one or more of the following:

- Observations of clinical sessions

- Additional readings or written assignments
- Faculty advisement on subject matter
- Role-playing with peers/actors/simulation lab
- Computer simulation
- Review and evaluation of recorded sessions
- Co-treatment with supervisor and/or clinical director
- Other activities as determined by the clinical supervisor and/or DCE.

Selection of the above activities will be individualized to the needs of the students and determined by the clinical supervisor and the DCE to guide the student to successful completion of the plan. The remediation plan will be written and approved by the clinical supervisor, and signed by the student, DCE, and/or graduate advisor or program director and copied for the student's file. Regular meetings with the supervisor and student, facilitated by the DCE or designee, will be held to evaluate student progress until (a) the intervention plan is successfully completed and the student functions under the practicum's expectation or (b) during the course of the plan it is determined that the only action is to dismiss the student from the site and then having the student repeat the practicum before continuing with more advanced clinical placements.

Students who do not successfully complete a clinical intervention and action plan will be required to repeat the clinical experience during the following semester. Students who elect to not repeat the practicum will not be recommended for continuation in the program, graduation from the program, or ASHA certification as a speech-language pathologist.

CLINICAL TRAINING /SEQUENCE

Students are not permitted to enroll in a clinical practicum until after they have completed at least 12 credits of prerequisite coursework and 25 hours of clinical observation. Up to 6 credits of prerequisite coursework can be taken concurrently during the student's first year of the graduate program.

There will be at least 4 Clinical practicum experiences during the first year of the graduate program: 2-3 Clinical practicum (TX), 1 Diagnostic Clinic, and 1 Hearing Seminar (Clinic) offered during year-one and 2 field experiences offered during year-two.

Clinical Sequence Year-One:

During fall and spring of a student's first year: students will be enrolled in 2-credits of Clinical Practicum I/II and 2-credits of Diagnostic Clinic and 2-credits of Hearing Seminar. All students will be required to complete an advanced Clinical Practicum I during summer semester and will have the option to enroll in Advanced Clinical Practicum II: Diverse Populations, which can be taken in lieu of the course SLP 615 Assessment and Treatment of Diverse Populations.

The Director of Clinical Education (DCE) will be responsible for the coordination of each clinical assignment. The DCE will track each student's clinical hours once per semester (with the help of graduate student advisors) so that each student will have the opportunity to accrue clinical hours and training across the lifespan and with a wide range of communication disorders in a variety of settings.

Clinical Practicum I and II students will be assigned to either Campus Clinic, off-site educational facility, or Simulated TX clinic (Simucase) for ½ day block-scheduling ("Clinic Block Section"). There will be 3-4 student teams per Clinic Block Section and each section will be supervised by a clinical supervisor. SEU clinical faculty who holds CCC-SLP will be responsible for the supervision of students assigned to Campus Clinic. Clinical field supervisors who hold CCC-SLP and state licensure will supervise students at off-site educational centers.

Diagnostic Clinic students will be assigned to either Campus Clinic or Simulated DX clinic (Simucase) for ½ day block-scheduling ("Clinic Block Section"). There will be 3-4 student teams per Clinic Block Section and each section will be supervised by a clinical supervisor. SEU clinical faculty who hold CCC-SLP will be responsible for the supervision of students assigned to Campus Clinic. Clinical field supervisors who hold CCC-SLP and state licensure will supervise students at off-site educational centers if needed.

Hearing Seminar students: Hearing Seminar students will be assigned to ½ day block-scheduling ("Clinic Block Section"). Only one Hearing Seminar (Clinic) will be required, therefore, the student will be enrolled in this clinic during fall or spring semesters of the first year. Students enrolled in Hearing Seminar will spend ½ semester in the classroom and labs addressing topics including hearing screenings, hearing aids, cochlear implants, assistive technology, hearing-related communication strategies and counseling techniques. During the latter portion of the semester, students will conduct hearings screenings on campus (offered to all SEU students, faculty, and staff), during Campus Clinic evaluations, and at off-site schools and facilities with articulation

agreements with SEU. Supervision will be provided by either Full-time SEU faculty or by adjunct clinical faculty members, who hold CCC-SLP or SLP-A and NJ state licensure.

Advanced Clinical Practicum I: Students enrolled in Advanced Clinical Practicum I will be assigned to one of three summer intensive camp programs or Campus Clinic. Campus Clinic will run at a reduced capacity during Summer Session A only. Up to 8 Students will be assigned to a combination of a diagnostic and treatment block schedule for one full day or two half days at the Campus Clinic. Up to 18 students will be assigned to one of three intensive speech therapy day camp programs: (1) Stuttering/fluency disorders, a camp for children and teens who stutter, (2) DIR Floortime, a small preschool group for children with delayed language and autism, (3) Social Skills Camp, a day camp for children with learning differences who need help developing and improving social skills. Each intensive camp program will run for 2-weeks and provide daily group and individual speech language therapy. Each camp will be directed and supervised by 1-2 clinical faculty. Supervision will be provided by either Full-time SEU faculty or by adjunct clinical faculty members, who hold CCC-SLP or SLP-A and NJ state licensure.

Students will complete pre-camp interviews and evaluations via teletherapy prior to camp enrollment with their supervisor. Each student will be assigned to 1-3 campers and will provide individual therapy daily. Students will also rotate acting as a facilitator of daily group therapy. Students will acquire clinical clock hours for each individual therapy session, group sessions in which they are the facilitator, and for pre-camp assessments.

Advanced Clinical Practicum II: Diverse Populations: Students will have the option to enroll in an additional clinic experience during Summer B (Advanced Clinical Practicum II: Diverse Populations), which can be taken in lieu of SLP 615 Assessment and Treatment of Diverse Populations. Students who choose to enroll in this clinic will participate in a Study Abroad Program or an off-site program that specializes in the treatment of culturally and linguistically diverse populations, where they will have the opportunity to provide hearing screenings, speech-language assessment, and treatment for individuals in a foreign country, and in some cases, another language, provided that the supervising SLP is also fluent in that language. Students enrolled in the Bilingual Emphasis course sequence will be required to take ***both*** SLP 615 and complete Advance Clinical Practicum II: Diverse Populations. Supervision will be provided by either full-time SEU faculty or by adjunct clinical faculty, who hold a CCC-SLP.

Clinical Sequence Year Two:

There will be 2 Field placements offered during year-two. Each semester, the student clinical assignments will be made by the DCE with the help of graduate student advisors taking into consideration the student's previous clinical experiences so that they can have the opportunity to work with people of all ages and across the lifespan. For example, if a student was previously placed in Clinical Practicum I and Advanced Clinical Practicum Intensive with only school-aged children then they would be assigned to a field placement that serves either adults or early childhood. There will be two field practicum experiences offered during year-two: one will be in a medical facility (acute care or rehab) and the other will be in either an out-patient, school setting, or early intervention facility. Students enrolled in the Bilingual Emphasis track will be

assigned to a field site that serves a culturally/linguistically diverse population. Each field practicum will require the student to be supervised by a Speech-Language Pathologist who holds a CCC-SLP and State Licensure.

Advanced Field Practicum:

Students begin field practicum ("FIELD") in their second year after satisfactory completion (no grade lower than B-) of Clinical Practicum I and II, Diagnostic Clinic, Hearing Screenings Clinic, at least one advanced clinical practicum, and approval from their academic advisor and the Director of Clinical Education. Before starting a field placement, students must have completed relevant coursework.

Students meet with their academic advisor in the fall and spring of each academic year to review academic and clinical progress. During these meetings, graduate advisors complete an Advising Form notifying the Director of Clinical Education of the clinical placements for which a student has met the eligibility requirements. The student will also fill out a schedule (work, study, and other commitments) and transportation availability before submitting this to the Director of Clinical Education. A variety of factors are considered in determining a students' field placement each semester including their schedule, prior coursework completed, clinical preparation, and semester in the program. While transportation mode (pubic versus car) is considered in placement, distance less than 90 minutes from a student's home is not a factor in student placement.

Advanced field placements (Field practicum I and II) include schools, preschools, early intervention, pediatric hospitals, adult hospitals, rehabilitation facilities, home care, skilled nursing facilities, group residences, adult day programs. Students interested in a field placement outside of New Jersey, PA, or NY during their second year should discuss this early in their program with their advisor and the Director of Clinical Education. The Director of Clinical Education arranges all practicum placements with our field affiliates. Students ***may not*** arrange their own placement with an outside facility.

Students are notified of their field placement approximately 3-6 weeks prior to the start date via email. Students should acknowledge receipt of the assignment by email to the Director of Clinical Education. Once assigned, students should then contact their field supervisor(s) or the site's student coordinator via phone or email to introduce themselves. Occasionally, acceptance at a field site for a practicum requires a student interview prior to the start date, sometimes as early as 6-9 months prior. Students should treat these as "real" interviews including preparing a professional student resume, bringing clearances to the interview, researching the site (type of facility, populations treated, etc.), and reviewing relevant course material.

All students in a field practicum in a state other than New Jersey should review the licensing requirements and scope of practice for their discipline in that state. Completion of an internship/field experience in another state does NOT assure that you will be eligible to be licensed in that state upon graduation. Students wishing to practice in other states after graduation should review the following link to assist them in understanding state licensure for Speech-Language-Pathology: http://www.asha.org/advocacy/state/.

Field Practicum I: This practicum assignment will be made with an external field affiliate site.

Field Practicum II: This practicum assignment will be made with an external field site

PROFESSIONAL SKILLS

Professional Conduct:
Students are expected to adhere to the ASHA Code of Ethics (Appendix E). When participating in a clinical practicum (on-campus or field), students are expected to represent themselves and the University with professional conduct and dress. Students will be expected to adhere to the dress code and conduct policy of the agency in which they are placed including the SEU SLC.

For on-campus practicum, instructors are looking for the following attributes and competencies to show awareness of professional demeanor and responsibilities**:**

- Arrives on time.
- Stays for designated allotted time.
- Wears name tag (this is important as we rotate through many kinds of sites) on campus and for off-site speech-language and hearing screenings; may be required at your field site.
- Maintains confidentiality and client dignity.
- Uses active listening skills.
- Demonstrates flexibility and adaptability along with a positive attitude.
- Follows through with requests.
- Good personal hygiene.
- Professional attire.

For virtual session/zoom, instructors are looking for the following attributes and competencies to show awareness of professional demeanor and responsibilities**:**

- Stays for designated allotted time.
- Maintains confidentiality and client dignity. (make sure to be in a space with a door or privacy)
- Uses active listening skills.
- Demonstrates flexibility and adaptability along with a positive attitude.
- Follows through with requests.
- Logs onto zoom at least 15 minutes before session and stays on after to debrief with supervisor

Team Interactions:
Speech-Language Pathologists become active members of many kinds of teams depending upon specialty and site of practice. Students begin to become conscious masters of their ability to set people at ease and work well with any kind of personality, outlook, religion, or cultural attribute of their fellow humans.

The following attributes and skills are highly valued in the profession:

- Introduce self affably,
- Establishes rapport by exuding warmth and a welcoming demeanor,
- Respects values and cultural differences (many Americans will shake hands warmly upon introduction – other cultures shun such intimacy. A watchful awareness of body language and culture will help you determine whether a handshake is appropriate upon introduction).
- Displays a nonjudgmental manner,

- Uses appropriate language (no jargon),
- Involve others in problem solving discussions,
- Offers suggestions to the team,
- Completes documentation using appropriate and professional communications,
- Maintains open and continuous communication – not afraid to ask questions or appear unknowledgeable in the quest of clarification.

Goals and Consultation:

- Familiarizes self thoroughly with the client's history, reason for concern, and any previously written goals,
- Obtains information from client and significant others,
- Creative formulation of adaptations, compensatory, and new learning strategies to aid the daily communication needs of the client,
- Aware of and communicates in writing and verbally the rationale for the above ideas, ● Utilizes available program resources,
- Accesses new resources.

Implementation of Therapy:

- Establishes genuine rapport and warmth as evidenced by a client who is quickly put at ease and returns eagerly or curiously to subsequent sessions.
- Room arrangement – seat clients and self in an arrangement that will allow the supervisor to observe and to video-record both client and GSC easily while also maintaining the comfort of the individual.
- Accommodates individual needs. You should sit in an open posture, as close as the client will tolerate. Avoid yawning, holding your face in your hands, slouching, crossing arms and legs. Make sure the client is comfortably seated, not too hot, able to see and hear well (seat yourself on the best side of a hard of hearing client – always check for hearing loss).
- Designs activities and implement strategies that will captivate and motivate a client to attempt changing communication skills. You must use graduated levels of complexity to ensure success at every step. Once successful, the level of complexity must be increased to continue challenge and growth. Scanning your client's face and body posture periodically will help you predict boredom, restlessness, confusion, or fatigue and allow you to change the session strategy accordingly.
- Facilitates and reinforces clients' attempts at change. Facilitation includes prompts and cues. Demonstrates positive reinforcement strategies. You must become adept at giving corrections in a way that does not discourage the client and provides accurate feedback.

Policy on Gifts and Gratuities:

- Students may not accept cash tips or gifts of value from clients or their family members. Modest tokens and small gifts of appreciation that are of minimal value are permitted (for example, baked goods or a child's artwork). Clients who wish to show appreciation for services received at the Center may make tax-deductible donations or gifts of books or toys directly to the Saint Elizabeth University Speech-Language Center (SLC).

Policy on Socializing with Clients:

- Student clinicians are not permitted to socialize (in-person or via social media) with clients from SLC or from field affiliates during the time in which they are enrolled in the graduate program.

PROTOCOLS FOR SERVICES AND ENGAGING IN CLINICAL TRAINING

Criminal Background Checks and Fingerprinting:
The SEU MS-SLP Program prepares students for a career in agencies that require close examination of a person's background and health status before engaging in clinical training. Affiliated agencies providing field education placements require that students obtain criminal background checks, medical clearances, and some field affiliates may also require drug screening. Field affiliates are not required to accept a medical marijuana exemption from graduate students.

Students should begin gathering the required medical and background clearances as soon as they are accepted into the graduate program so that you have sufficient time to complete your documentation and clearances. Delays in retrieving this information in a timely manner could pre-empt a practicum placement and thus extend a student's time toward their degree. Refer to **Appendix F** for a complete list of medical forms and clearances required (see *seu-slp-med-reqs package form*) and **Appendix G** NJ Background Check and FBI Fingerprinting form.

Conviction of a misdemeanor, felony, or felonious or illegal act may prevent a graduate from becoming credentialed and/or licensed in speech-language pathology; it is the responsibility of any student with concerns to contact the state licensing board in the state in which they intend to practice as early as possible.
Students will not be permitted to interact directly with clients/patients until they have completed the orientation training and show evidence of the following medical clearances and criminal background checks:

- NJ FBI fingerprinting: https://www.nj.gov/education/crimhist/new.shtml
    - Go to the above link and follow the directions to register for finger printing
- Criminal Background check https://www.nj.gov/education/crimhist/
    - Go to the above link and login/register based on the situation that applies to you
- Medical Clearances, See "SEU SLP Medical Requirements Package"

Clearances:
Students are responsible for obtaining and uploading their clearances (medical and criminal background checks) to CALIPSO and Student Health Services, and for completing any additional site-specific clearances by a field affiliate prior to the start date of the practicum.

Some field affiliates may require additional training sessions prior to the start date of the practicum. These may include, but are not limited to, CPR, restraint training, facility orientation, and digital documentation. Sites may require additional clearances that include drug testing or a health physical. The student is responsible for any associated costs for additional clearances required by the field site. Students who are rejected from a field site based on not completing or passing additional clearances will not be guaranteed an alternative practicum that semester and may have to delay graduation.

Students whose field sites require the university to review and submit background checks and medical clearances directly from the university rather than from the student must complete the Authorization to Release Information to Placement Site and submit this to the Director of Clinical Education prior to the start of the field practicum; failure to do so may delay the start of the student's field practicum.

Students whose clearances are not complete will not be permitted to begin practicum (on- campus or external fieldwork) which may delay time to graduation. Students who engage in fieldwork without approved clearances will be removed from the practicum, will not accrue ASHA contact hours, and may risk failing the associated course.

Students should refer to CAPCSD Core Functions Guide (see Appendix) to determine if there are core functions for which they may need accommodations to participate fully in their clinical experiences and arrange to meet privately with the Director of Clinical Education to discuss their accessibility needs so that accommodation can be requested from outside field affiliates in a timely manner.

Students whose clearances are not complete and current in CALIPSO will not be permitted to begin practicum (on- campus or external fieldwork) which may delay graduation. Students who engage in fieldwork without approved clearances will be removed from the practicum, will not accrue ASHA contact hours, and will fail the associated course.

ClinicNote:
Students will be sent emails to create a ClinicNote account. Formal training and guides will be provided to students on how to use ClinicNote, basic functions, how to send notes to supervisors, and how to communicate with clients.

Directions for Supervisor sign off on ClinicNote:

1. Graduate student (GS) will make sure the appointment is correct (date, time, and client)
2. Once the session is complete the GSC will mark if the session was completed or canceled, etc.
3. GSC will initiate a note and pick the appropriate template
4. Once the note is complete the GSC sends the note to their supervisor who reviews and sends back.
    a. If the note does not have any revisions, supervisor will leave a comment that it is ready to be signed and student will sign and send to supervisor for the final approval/signature
    b. If there are edits, GSC will send the note to their supervisor without a signature when the note is finalized both parties will sign. *** the student must sign first and the supervisor is the final signature

Email Template for caregivers/clients:

"Hello _____ (caregiver/client name),

You should be receiving an email from Clinic Note with a link to a personal portal login. There you can update personal information and fill out forms requested by the clinic. Your username is your

email and you will be prompted to create a password. If you do not see this email in your inbox please also check your spam.

Thank you,
(name)

Health Requirements and Medical Clearances:
Proof of adequate immunization and updated PPD records are REQUIREMENTS for all graduate students in our program as your first clinical placement is at the Saint Elizabeth University Speech-Language Center. Meeting these requirements before you matriculate is an important first step to protecting your health and the health of your patients. Failure to provide proof of compliant immunizations/ titers throughout your program will prevent you from conducting clinical work or clinical observations.

Many internship sites require that student clinicians medical and background checks have been vetted prior to acceptance and are eligible for placement via a typical compliance package. The typical compliance package would include background checks and, for some affiliates, a urine drug screening, a physical examination and completion of identified immunizations, completion of training modules (e.g., HIPAA) and required documentation. Some of these steps may take time to complete, such as the Hepatitis B vaccine series, which can take up to **seven months** if the individual has not started this series. Please plan accordingly.

Students must submit all medical documentation and clearances to (1) Student Health Services **AND (**2) upload clearances to CALIPSO prior to matriculation. If your medical insurance does not cover the titers or the antibody testing, you may arrange for these at a low cost at Student Health Services (SHS).

Below are the pre-matriculation requirements:

1. DTP Booster (within the past 10 years)
2. PPD (normal result or chest x-ray with clearance by SHS MD)
3. Hepatitis B Antibody Titer (positive or cleared by SHS MD)
4. Measles Antibody Titer (positive or cleared by SHS MD)
5. Mumps Antibody Titer (positive or cleared by SHS MD)
6. Rubella Antibody Titer (positive or cleared by SHS MD)
7. Varicella Antibody Titer (positive or cleared by SHS MD)
8. COVID-19 Vaccine
9. Completed Pre-Matriculation Physical

Annual PPD Testing is **Required**. Flu Immunization, CPR Certification for Healthcare Workers, Drug Testing, or additional background checks may be required for some field placements.

Download and print out the **Saint Elizabeth Required Forms Checklist**
(*seu-slp-med-reqs-package)* and bring to your physician during your physical.

The MS SLP Program promotes and advances best practice in all matters pertaining to clinical education. This includes protecting the rights of students to quality and appropriate field education opportunities and protecting the health and safety of clients and patients served by student clinicians. Students will be protected from unlawful discrimination based on health condition or disability. The MS SLP Program follows the 2012 CDC recommendations and the Society for Healthcare Epidemiology of America (SHEA)

regarding the management of students who are infected with hepatitis B virus (HBV), Hepatitis C virus (HVC), and/or Human Immunodeficiency Virus (HIV). In general, students with these viruses should not be precluded from the study or practice of health-related professions. Students who do not perform invasive procedures but who practice minimally invasive procedures should not be subject to any restrictions of their student training activities. Therefore, pre-notification to clients and patients, as well as clinical educators, of the virus status of their student trainees will be discouraged in these instances. Students who do perform invasive procedures or are potentially involved with SHEA Category III activities are ethically obligated to know their infection status with respect to HBV, HCV, and to follow optimal infection control and The MS-SLP program maintains a comprehensive set of policies and procedures designed to protect the health, safety, and welfare of every individual served by student clinicians, spanning infection control training, adherence to current national guidance on bloodborne pathogens, and broader commitments to quality clinical education.

Infection Control and Universal Precautions

Prior to treating clients, all student clinicians are required to complete mandatory training in universal precautions. Students are responsible for understanding and adhering to the program's infection control policies, as well as any additional infection control policies implemented at their externship sites. Additional, setting-specific infection control training is provided as part of first-year clinical education coursework, addressing the procedures used specifically within the university's SLP Clinic. These infection control procedures are documented in the student handbook, ensuring students have consistent access to this information throughout their training. Students are expected to demonstrate, through their clinical performance, that they understand and correctly apply the principles of universal precautions to prevent the transmission of infectious and contagious diseases to the individuals they serve.

Program Commitment to Client Welfare and Quality Clinical Education:

The MS-SLP program promotes and advances best practice in all matters pertaining to clinical education. This commitment includes protecting students' rights to quality and appropriate field education opportunities, while simultaneously protecting the health and safety of the clients and patients served by student clinicians. These two priorities are treated as complementary rather than competing: appropriately supervised, well-trained student clinicians are essential to ensuring safe, high-quality service delivery.

Non-Discrimination and Management of Student Health Conditions:

The program's management of students who are living with hepatitis B virus (HBV), hepatitis C virus (HCV), and/or human immunodeficiency virus (HIV) is guided by current national infection-prevention guidance, consistent with the Society for Healthcare Epidemiology of America's (SHEA) 2020 white paper, *Management of Healthcare Personnel Living with Hepatitis B, Hepatitis C, or Human Immunodeficiency Virus in United States Healthcare Institutions* (Henderson et al., 2020), which updated SHEA's prior 2010 guideline and reflects both the low risk of provider-to-patient transmission and substantial advances in antiviral treatment. This guidance aligns with CDC's recommendations for the management of HBV-infected health-care providers and students. Consistent with this guidance, students living with these viruses are not, in general, precluded from the study or practice of health-related professions on that basis

alone; oversight instead focuses on individualized, treatment-informed risk management, particularly for students who will perform exposure-prone procedures. At the same time, the program ensures that students are protected from unlawful discrimination on the basis of a health condition or disability, consistent with applicable federal and state law, while continuing to apply all infection control and clinical safety standards necessary to protect client welfare.

Integration with Broader Clinical Oversight:
These infection control and health-management policies operate alongside the program's broader supervision framework, which independently safeguards client welfare through ASHA-mandated minimum levels of direct supervision, ongoing CALIPSO-based performance monitoring, and structured, credentialed oversight by clinical supervisors and preceptors across all placements. Together, these layered protections — infection control training and compliance, adherence to current national guidance on bloodborne pathogens, non-discrimination protections for students, and rigorous clinical supervision — ensure that the welfare of every individual served by the program's student clinicians is comprehensively protected.

Liability Insurance:
For students to do practicum at both on- and off-campus sites, they must be covered by liability insurance. Currently Saint Elizabeth University provides coverage to students under the Saint Elizabeth University policy.

Health Insurance:
All students enrolled in the Department of Speech-Language Pathology must be enrolled in, or have proof of health insurance coverage, as a condition of enrollment at the University. The Office of Student Affairs is available to assist students in accessing information for health coverage if necessary. Refer to the Student Health Insurance policy at: https://www.steu.edu/student-life/health-services/university-health-insurance

Transportation:
It is the responsibility of the student to provide transportation to and from all lab experiences, clinical sites and off-campus experiences. Students may be required to provide proof of automobile insurance (i.e., declaration page). Due to potential risks and hazards, the student may not transport clients to and from any experiences.

Cell Phone Usage:
The use of personal cell phones is not permitted while clients are being treated. Students should turn cell phones off when seeing clients. If students wish to use their phones for therapeutic or communication purposes during a session (i.e., to access email or for apps use), the supervisor will give permission at that time.

Personal Safety:
There are assumed risks associated with attending field sites in locations other than the. SEU campus. Our program requires that students travel to community sites outside of classroom learning and for field education. The University does not assume responsibility for students' safety while traveling off-campus for academically related activities such as community service learning or field education.

Events such as home visits and meetings in the community are a regular part of some placements. Agencies are expected to take appropriate measures to ensure student safety; minimally, students should receive the same consideration as staff. Additionally, students are expected to exercise common sense and follow the safety guidelines of their agencies. If concerns regarding safety arise, these should be discussed with the Director of Clinical Education.

Travel:
Students assume all risks when using personal vehicles for travel to and from and during field education and other required curriculum activities. Personal auto insurance must cover the student and any other passengers. Students are NOT to transport clients/constituents they are serving during their field placement in their personal vehicle for any reason. Students may commute up to 1 ½ hours (90 minutes) for some field placements (driving or on public transportation).

Schedules:
Students typically complete 2 field placements (one pediatric and one adult setting). Students interested in medical speech-language pathology may indicate a preference for either medical adult or medical pediatrics; preferences will be taken into consideration in placement but cannot be guaranteed.
Each field practicum is one semester long (12 - 14 weeks). Students should expect to spend 4-5 full days a week at their field site; the exact schedule is determined by the type of site, supervisor schedule and preference, the student's academic schedule, and the Director of Clinical Education. Students are expected to make-up missed days at their practicum if the site permits. Excessive absences interfere with a student's ability to gain the skills required to achieve mandated competencies and may result in dismissal from the field practicum site by the affiliate.

At off campus sites, students should follow the schedule of the field affiliate, not the Saint Elizabeth University calendar. For example, if a student is completing a rotation that is open during Thanksgiving break, the student follows the field site's schedule even though SEU does not hold classes that day. Students are expected to be at their field placements during Fall Break and Spring Break. Students may not withdraw from the internship once the semester has begun. Students must notify the DCE and their field supervisor for each absence at their field site.

SPEECH LANGUAGE CENTER REGULATIONS

Mailboxes:
All faculty, M.S. students and staff have a mailbox. Faculty and staff mailboxes are located in room 204 Annunciation Center. Student mailboxes are in Room 113 Annunciation Center. Students should check their mailboxes daily.

Name Tags:
Students will be issued a name tag and are expected to wear it when they are providing services in the Center. Name tags will be issued by the clinical coordinator or director of clinical education.

Telephone Use:

- Telephone calls to clients are to be made on the phone in room 113 AC or in your clinical supervisor's office.
- Calls can be made from a personal cell phone; however, it is recommended that you use Caller ID Blocking.
- No calls are to be made from the Department Coordinator's phone.

Waiting Area located next to Room 114 AC:

- This area is reserved for clients.
- Inform your clients of the waiting area location and check here for their arrival.
- Be very mindful of socializing and conversing while in this area. Any discussion of cases or clients must not be conducted here.

Clinic Coordinator's Office - Room 114 AC:

- The Clinic Coordinator is responsible for scheduling, phone reception, client files, and diagnostic test maintenance.

Student Work Room - Room 113 AC:

- This room is reserved for students to prepare for sessions and to review client files, tests, and therapy materials. Please respect the area, keep noise to a minimum, and do not remove office equipment (stapler, hole punch, pens, laminator etc.) from this area.
- A "Shred" Box is in this room for ALL Client Related or Protected Health Information (PHI) that needs to be discarded safely and securely. Do not place non-PHI paperwork in the shred box.
- There are designated computers and a printer in this office for student use.

Keys/Access:
Keys are available to unlock therapy, evaluation, and material rooms. Please see the clinical coordinator in room 114 for keys. GSC's are responsible for unlocking and relocking their own therapy rooms, diagnostic rooms, and materials cabinets.

Equipment and Materials:

- Clinic laptops and iPads are available to use for Therapy and Diagnostic sessions. They may be signed out/in with the Clinic Coordinator in room 114. Note the number of the laptop or iPad on the sign out sheet. Please return the laptops and/or iPads with the power cords/stylus.

- Voice Lab and Audiological Equipment are in the large exam room 112. Students are responsible for maintaining all equipment for the large exam.

SLC Schedule:

- Holidays- The Center follows the Saint Elizabeth University Calendar for holidays. We are closed on university recognized holidays only.
- Snow Emergencies: The Center follows the Saint Elizabeth University policies for snow emergencies. If the University is closed due to weather, the Center will be closed. Student clinicians should remain in touch with their clinic supervisor or Clinic Director who may cancel an individual clinical practicum for changes in weather.

Photocopier Procedures:

In general, the copier may not be used to copy anything from a client's file that is of a confidential nature. Copies may be made for the client, if directed by a supervisor. Approved copies could include client homework assignments, copies of reports, etc. Materials for class assignments are not to be copied or printed in the clinic.

Materials for use in therapy may be copied. Request assistance from staff as needed.

Recording Therapy and Diagnostic Sessions:

As the clinic is a training facility, SLC depends on various supervisory tools, including audio/video recordings and observations. All sessions may be recorded and observed. These recordings are used for supervision and training purposes and are only viewed by the student, his/her supervisor, and other graduate students in training. All students are bound by the same level of privacy and confidentiality as the supervisors and other professionals. Students are encouraged to audiotape their sessions using a password protected encrypted digital recorder for the purposes of listening back to their sessions when needed. Students should delete audio recordings when no longer needed or by the end of each semester. Video recordings can only be made by clinical supervisors by setting up a secure Zoom cloud recording. All zoom sessions must be observed from a university issued laptop, desktop, or iPad.

Remote supervision for supervisors in case of emergency or inability to come to campus:

1. The supervisor can use a university laptop (their university laptop or an SLP Clinic laptop) or, if they could not get the laptop or couldn't come in contact with others due to the illness, they can use a home computer and VPN into their office PC and connect to Zoom that way. The VPN connection to the office computer is encrypted and then they are using their university computer where they can record the Zoom session.
2. To set up remote access to VPN office computer: https://sites.google.com/steu.edu/it-knowledge-base/working-remotely

Dress Code:

The purpose of the dress code is to ensure that professional and safety standards are consistently adhered to in the clinic. The dress code does not necessarily reflect the personal taste of students, but rather reflects expected professionalism within the field. The dress code applies to apparel to be worn while conducting any on- and off- campus clinical

business, activities, and interactions. Identification badges must be always worn when involved in any clinical activity (direct or observation).

Students are encouraged to wear either business casual attire or scrubs.

- Scrub attire should be limited to SEU school colors (blue, black, white).
- Closed-toed shoes must be worn.
- Knit shirts and sweaters can be worn. Shoulders, cleavage, midriff, navel, small of back, and/or bottom must be always covered (T-shirts, halter tops, tank tops, tube tops, strapless tops/dresses, and off the-shoulder attire are not).
- Blue or other denim jeans, pants with patches, frayed or unraveled edges, excessively worn spots, holes or cut-off edges are not permissible.
- Shorts and sweats are not appropriate. Yoga pants and leggings are permitted if they adhere to proper coverage. Exceptions will be made for summer camp programs during summer months or activity dependent.
- Hats are not acceptable.
- Facial hair, if worn, must be neat and not obstruct the view of the mouth.
- Minimize jewelry so that it is not distracting or able to be pulled on or caught on something.
- Maintain neutral body odor by minimizing fragrances as it can be distracting or irritating to sensitive clients.

All students involved in practicum should exercise discretion in the amount and type of jewelry and body rings worn while providing clinical services. Students should consult the supervisor or director of clinical education with any questions regarding proper attire.

Off-campus assignments may have dress codes that differ; some sites may have required dress such as scrubs or a white lab coat. Students will be required to follow the off-campus site's particular dress code.

Identification Badge:
Students are required to wear a Saint Elizabeth University identification badge. Badges are issued to students who have completed their required clearances. Some sites require a facility-specific identification badge, which is an acceptable substitute, at that site.

Forms of Address:
Students are expected to act in a respectful, professional manner using appropriate titles (i.e., Mr., Mrs., or another professional title) when addressing clients, their family members and clinical supervisors and faculty.

SLP Clinic Entry & Check-In Procedure:

1. Arrival at the Clinic
   - Clients and caregivers should arrive no more than 10 minutes prior to their scheduled appointment.
   - The clinic entrance will remain secured; all visitors must follow the procedure below to gain access.

2. Entry to the Clinic
    - Enter the Annunciation center either through the lower level or side entrance. *Enter the annunciation center quietly and proceed directly to* the Reception or Check-In Desk at the lower level.
    - If entering through the upper level, you may take the stairs or elevator down to the lower level where the clinic is located.
    - If no one is sitting at the welcome window, press the doorbell button located near the entrance.
    - Wait patiently for a response from clinic staff. A staff member or student clinician will greet you shortly.
3. Check-In Process
    - Upon entering, all clients and caregivers should go to the Reception or designated Check-In Area.
    - A staff member or supervised student clinician will confirm the client's name, appointment time, and clinician.
4. Identification of Clinic Personnel
    - All SLP staff, faculty, and student clinicians will be wearing official name badges for easy identification.
    - Name badges will include:
        - Full Name
        - Role (e.g., Staff, Graduate Clinician, Supervisor)
        - Clinic/University logo or branding
5. Waiting Area
    - After check-in, please have a seat in the waiting area until your clinician comes to escort you.
    - For safety and privacy, do not wander into clinic hallways or therapy rooms unless accompanied.

SLC SAFETY, MEDICAL EMERGENCIES, AND GENERAL EMERGENCY PROCEDURES

SEU Campus Security:
Phone: (973) 290-4090
Email: security@steu.edu

Emergency Procedures:
SEU's Emergency Task Force Committee has prepared a plan for students, faculty, and staff to follow in multiple emergency situations. The Emergency Response Plan has been issued to individuals required to act. If you are interested in getting this plan, please contact the Director of Security at (973) 290-4290.

Emergency Contact Numbers:
Emergency - Florham Park 911
Campus Security (973) 290-4090
Emergency Information Line (973) 290-INFO (4636)
Non-Emergency - Florham Park (973) 377-2200
Morris Twp. Police, Fire, Ambulance (973) 539-0777
New Jersey Poison Control (800) 962-1253
New Jersey Transit Police (800) 242-0236

About Campus Advisories:
SEU recognizes and monitors ongoing activities at both the local and national levels. If an emergency arises, please check the Safety and Security web page for updates or call SEU's Emergency Information Line at (973) 290-INFO (4636).

Students, faculty, and staff are strongly encouraged to stay alert and report any unusual activity to Campus Security at (973) 290-4090.

Emergency "Blue Light" Phone System:
An emergency telephone system is located throughout the SEU campus. Emergency Call Boxes are located outside the main entrances to both Founders and O'Connor Hall. In addition, “blue light" emergency call stations are in the lower-level parking lot of Saint Joseph Hall, the O'Connor Hall residence parking lot, the Annunciation Center parking lot, and on the pathway between Founders Hall and Henderson Hall. By touching just one button, these stations enable students to directly contact either campus security or the Florham Park Police Department.

Emergency Response:
When a serious incident is reported, SEU implements its emergency response plan. In an emergency or a criminal action endangering some or all of the campus community or its neighbors, the President will consult with appropriate administrators and local authorities to establish a plan of action including the means of communicating with all persons affected or at risk. In other cases, the administrator within whose scope of responsibility the incident occurs is responsible for evaluating possible recurrence and future risk potential. Based on this assessment, they may recommend corrective policy and/or procedure to the President. In the event of a campus-wide emergency, all members of SEU's community will be contacted through our **LiveSafe notification system**. This system allows SEU officials to simultaneously send messages to all office phones, home phones, cell phones and email addresses listed in the central administrative computing system at SEU. This emergency message will provide detailed response instructions for students, staff, and faculty. It is expected that all members of the campus community will

cooperate fully with the instructions provided. It is also expected that all SEU students and employees will keep their contact information in the system up to date.

Client Safety:

- Graduate Student Clinician (GSC)s should escort pediatric clients from the waiting area to a therapy room and bring the child directly back to the parent/caregiver in the waiting area after a session.
- Children must not be left unattended. If a child needs to go to a restroom during a session, the parent/caregiver may take them. When the client is with a student clinician, the clinician is responsible for guarding against any injury or exposure to hazards (e.g., climbing on the furniture, playing with electrical outlets, running in the hallways, etc.).
- Parents must remain on the ground floor of the Annunciation Center for all clients aged 17 or under.
- Call 911 immediately if a client or family member appears to be having a medical emergency (for example, stroke, seizures, heart attack, etc.)

Injury:

- If a client or clinician injures himself/herself, the student clinician is to report it to the clinical supervisor and clinic coordinator.
- A written incident report may be required. Band-Aids and a first aid kit for minor cuts are kept in the materials cabinet. (See Appendix I)

Building Evacuation (Annunciation Center):

- Alarms: Everyone (students, staff, and clients) must immediately exit the building through the main doors and wait across from the parking lot so that the entrances to the Annunciation Center are clear.
- Doors of rooms being vacated are to be closed and unlocked.
- Student clinicians should assist their clients with evacuation and must stay with them until they can safely return to the building.

FERPA Memorandum:

According to the Family Education Rights and Privacy Act of 1974 (FERPA), information on student coursework and/or performance may not be shared with individuals other than faculty members with a legitimate educational interest. This means that information related to the coursework and/or performance can be shared with other faculty supervisors. Student clinicians will be asked to sign a FERPA permission form to allow the Program Director and/or the Director of Clinical Education to discuss the coursework and/or performance with off-campus supervisors. The purpose of that type of communication is to allow off-campus supervisors to determine whether students have the skills and knowledge to succeed at the site and to determine the types of clinical activities in which students might participate. Failure to permit this information exchange could result in a supervisor refusing training at the clinical site.

Student Right to Privacy:

Under the Family Educational Rights and Privacy Act (FERPA) faculty are not permitted to share information related to academic performance with a field placement site unless given written permission by the student. Students may provide site with academic performance history. Students seeking accommodations at a field affiliate must be registered with Disability Resources and Services (DRS). It is

recommended that students requiring accommodations communicate this to their DRS coordinator and to the Director of Clinical Education at the start of their academic program. Prior to the start of a practicum, it is the responsibility of the student to disclose any request for accommodations to the field affiliate and/or field supervisor or to request in writing that the SEU instructor disclose the request for accommodations to the field supervisor.

Harassment and Discrimination Policy:
Saint Elizabeth University is committed to providing a learning and working environment that emphasizes the dignity and worth of every member of its community, free from harassment and discriminatory conduct. Harassment is unwelcome conduct that is based on race, color, sex, religion, national origin, disability, and/or age. Discrimination and harassment in any form or context is contrary to this commitment and will not be tolerated. Harassment subverts the mission and the work of the university, and can threaten the career, educational experience, and well-being of students. During your internship, you are encouraged to report to your internship site supervisor or other site official any concerns you have about safety, harassment/discrimination, or other issues. You should also report your concerns the Director of Clinical Education and/or your faculty advisor so that they can assist the site with a prompt resolution for your concerns. If you are uncomfortable reporting your concerns to the site directly, you should notify the DCE to request assistance with resolving your concerns.

SUSPECTED ABUSE/NEGLECT

All student clinicians and supervisors are considered mandatory reporters and, as such, should any student or supervisor suspect that a client is either being abused and/or neglected, the student or supervisor should report this directly to the Director of Clinical Education and take steps to appropriately report suspected abuse/neglect to the authorities. If the DCI is not available, then the report should be submitted by the clinical supervisor.

In the State of New Jersey, all reports of child abuse and neglect, including those occurring in institutional settings such as childcare centers, schools, foster homes, and residential treatment centers, must be reported to the State Central Registry (SCR). This is a toll-free, 24-hour, seven-days-a-week hotline.

Child Abuse Hotline (State Central Registry)
1-877 NJ ABUSE (1-877-652-2873)
TTY 1-800-835-5510

If someone is over the age of 18, living in Morris County, and is suspected of being the subject of abuse, neglect and/or exploitation, contact the county APS office. For all other NJ counties, you can find their local county APS office on the State of New Jersey Department of Human Services website at https://www.state.nj.us/humanservices/doas/services/aps/

ADULT PROTECTIVE SERVICES (APS)
Morris County Division of Aging, Disabilities and Community Programming
340 West Hanover Avenue
Morristown, NJ 07960
Phone: 973-326-7282
After Hrs: 973-326-7282

National Domestic Violence Hotline: (800) 799-7233

CONFIDENTIALITY

1. All information concerning clients is confidential. Instruction in specific guidelines regarding Protected Health Information (PHI) as it relates to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) will occur during orientation and throughout the graduate education.

2. Clients may be discussed with supervisors, faculty members, and fellow students only when such discussions serve a clinical or educational purpose.

3. Clients are not to be identified or discussed with friends, roommates, or any other person outside of the clinic or academic settings.

4. Extreme care should be taken when having conversations in SLI and other clinical placements as clients and families/caregivers are likely to be within hearing distance. Please follow confidentiality guidelines.

5. Information in the client's record may never be taken from the designated/appropriate areas of left unattended.

6. Materials from a client's record MAY NOT BE PHOTOCOPIED. Records will remain locked in the appropriate storage cabinet until needed for services and then immediately returned to the locked cabinet.

7. Written drafts of reports and other client information must be destroyed. Take these items to the front office for proper disposal in the HIPAA box, located next to the copier.

8. Student clinicians are not to exchange information regarding clients with other agencies without verbal and/or written permission from the supervisor and a signed release from the client/parent/caregiver.

HIPAA Overview & Training:
The HIPAA overview and training take place in several forms. Students are required to complete a course through CastleBranch and submit a certificate for approval. The HIPAA policies are reviewed during the clinic orientation sessions. It is also introduced in clinical and didactic coursework.

Externship sites may require additional HIPAA training. Finally, students and faculty are directed to participate in University's training and review, with documentation of participation to be submitted to the Director of Clinical Education. All faculty and students participating in a clinical activity are required to complete the HIPAA training and refresher courses on an annual basis.

Additional information on HIPAA may be found at:
https://www.hhs.gov/hipaa/index.html and
https://www.asha.org/practice/reimbursement/hipaa/

Policy - HIPAA Sanction Policy:
This policy outlines sanctions against employees and students in the Masters in Speech-Language Pathology Program (MS-SLP) and the Saint Elizabeth University Speech Language Clinic (SLC) for breaching privacy policies and procedures under the Health Insurance Portability and Accountability Act of 1996, 45 CFR § 164.520 ("HIPAA").

Saint Elizabeth University (SEU) is committed to educating its students and employees. It expects to hold all accountable for maintaining strict confidentiality for all records and information, hard-copy or digital, that contain Personal Health Information (PHI or ePHI) protected under HIPAA. Any breach of that policy will be subject to tiered sanctions as described below. SEU retains the right to impose different or additional sanctions regardless of the level of the violation based on the circumstances.

This policy does not replace any part of the IT Acceptable Use Policy, which is in effect for SLC operations as well.

Exceptions:
Sanctions as described in this policy shall not be imposed against employees, students, or business associates for the following actions:

- Engaging in whistleblower activities.
- Submitting a complaint to the Secretary of the Department of Health and Human Services.
- Participating in an investigation.
- Registering opposition to a violation of this HIPAA Sanction Policy.

Level I Violation:
A Level I violation is accidental or due to lack of privacy/security education, such as, but not limited to:

- Leaving a computer terminal unattended with privacy information accessible.
- Accessing a client's personal health record without authorization.
- Discussing a client's personal health information in a public location.
- Leaving printed client-related records containing PHI unattended at a printer terminal.

Corrective action for a Level I violation may include:

- Verbal or written warning and retraining in policy and procedure related to HIPAA.

Level II Violation:
A Level II violation is a purposeful disregard for the University's HIPAA privacy policy, such as, but not limited to:

- Purposefully accessing a medical record without a legitimate reason to do so.
- Sharing password(s) for computer login with other students or employees.
- Using another employee or student's password.
- Accessing and using aggregate data from ClinicNote or other computer systems that contain or process PHI/ePHI without the approval of the supervising clinician, Director of Clinical Education, or institutional approval.
- Releasing PHI/ePHI without obtaining proper identification and/or correct disclosure authorization.

- Entering PHI/ePHI into generative AI tools such as ChatGPT, Claude, and Gemini.
- Repeat of a Level I violation after appropriate retraining has occurred.

Corrective action for a Level II violation may include:

- A remediation and action plan determined by the Program Director and the Director of Clinical Education, including a written warning, recommendations for additional training, and a letter in the personnel file related to the incident.
- Limits placed on clinical duties (dependent on the severity of the violation, as determined by the Program Director and the Director of Clinical Education), which could jeopardize the student's ability to obtain the number of clinical hours needed for ASHA certification.
- A failed grade in the clinical practicum course and revocation of any or all accrued clinic hours, which may require the student to repeat a clinical practicum and delay graduation.

Level III Violation:

A Level III violation is a malicious disregard of the University's HIPAA privacy policy, such as, but not limited to:

- Releasing PHI/ePHI for personal gain or gain from outside an entity.
- Releasing PHI/ePHI or any data with the intent to harm an individual or the University.
- Altering or destroying PHI/ePHI or any health data.
- Repeat of a Level II violation.

Corrective action for a Level III violation will be a failed grade in the clinical practicum course and possible expulsion from the MS-SLP program or termination of employment, as determined by the Program Director or their designee.

Reporting:

All reports of privacy violations, regardless of level, will be treated with respect and confidentiality for both the individual involved and the person whose PHI/ePHI is implicated. Reports will be filed with Human Resources.

Retention and Accounting for Disclosures:

- Privacy violation records will be recorded and maintained in the student's file or in the employee's Human Resources personnel file.
- All confirmed violations will be tracked in the Disclosure Log for PHI/ePHI disclosures and authorizations.

Emergency Mode Operation Plan under the HIPAA Security Rule:

This Emergency Mode Operation Plan (EMOP) is developed in compliance with the HIPAA Security Rule to ensure the continuation of critical business processes for the protection and availability of electronic protected health information (ePHI) during and immediately after an emergency or disaster.
This plan applies to all systems, personnel, and processes involved in the storage, access, and transmission of ePHI within the SEU Speech Language Clinic , including:

- Electronic health records (EHR)
- Patient communication systems (email, portals)
- Voice recordings and therapy documentation

Definitions:

- **Emergency:** Any natural or man-made event (e.g., fire, flood, cyberattack, power outage) that significantly disrupts normal operations.
- **ePHI:** Electronic Protected Health Information.
- **Critical Systems:** Systems required to continue minimum clinic operations and safeguard ePHI.

Emergency Contacts:

- Rebecca Azevedo
  Role: Director of Clinical Education
  Email: razevedo@steu.edu
  Phone Number: 267-2315954
- **Kim Sabourin**
  Role: Program Director
  Email: ksabourin@steu.edu
  Phone: 215-310-8033
- **Ron Loneker**
  Role: Director, IT Special Projects
  Email: rloneker@steu.edu

Emergency Mode Procedures:

1. Activation Criteria

- Severe system failure, natural disaster, cyberattack, or power outage.
- Declaration by the Clinic Director or Security Officer.

2. Emergency Operations Protocols

- Immediate Actions:
  - Notify all staff of emergency mode activation.
  - Disconnect vulnerable systems if under attack.
  - Cancel all clinic operations
- EHR Access:
  - Use secure cloud access from alternate devices if on-site access is unavailable.
  - Limit access to essential personnel only.
- Documentation:
  - Use secure paper documentation or encrypted USBs.
  - All manually documented data must be input into the EHR once systems are restored.
- Telehealth Continuity:
  - Switch to HIPAA-compliant mobile devices or alternate platforms. If the network is working, the supervisor can VPN and set up a zoom link if the client agrees to telehealth.
  - If the network is down and in an event that HSS lifts specific restrictions, clinic operations may continue via telehealth if the supervisor is able to supervise the session.
  - Inform patients of modified procedures.
- Remote supervision for supervisors in case of emergency or inability to come to campus:
  - The supervisor can use a University laptop (their University laptop or an SLP Clinic laptop) or, if they could not get the laptop or couldn't come in contact with others due to the illness, they can use a home computer and VPN into their office PC and

connect to Zoom that way. The VPN connection to the office computer is encrypted and then they are using their University computer where they can record the Zoom session.
    - To set up remote access to VPN office computer: https://sites.google.com/steu.edu/it-knowledge-base/working-remotely
    - If you have any questions, please reach out to the Help Desk and they can assist you.

Data Backup and Recovery:
- Daily cloud backups performed automatically.
- Recovery plans include prioritization of critical patient data and therapy records.

Security and Access Controls:
- Only designated emergency staff will have access to ePHI during emergencies.
- Authentication and access logs must be maintained and reviewed post-event.
- All laptops and desktop computers must use VPN and two-factor authentication (2FA).

Training and Testing:
- Staff trained on EMOP procedures during onboarding and annually.
- Plan reviewed and updated annually or after any real incident.

Restoration and Return to Normal Operations:
- Conduct post-incident audit and document lessons learned.
- Report any breach to affected individuals and regulatory bodies, if required.

Plan Maintenance:
This EMOP will be reviewed at least once a year or after each incident. Any changes to systems, processes, or regulations will prompt a revision.

Policy- Clinical Integrity:
The Clinical Integrity Policy applied to all MS-SLP students enrolled in clinical courses, practicums, placements, and externships.

The purpose of this policy is to establish clear expectations for honest, accurate, and ethical conduct in all clinical activities undertaken by MS-SLP students. Clinical integrity is foundational to client welfare, to the credibility of the clinical record, and to a student's development as a trustworthy professional. This policy is grounded in the ASHA Code of Ethics and operates alongside, and in support of, the Program's Professionalism policy (MS SLP Student Professional Behaviors), the Use of Artificial Intelligence (AI) in Clinical Writing policy, and the HIPAA Sanction Policy.

Grounding in the ASHA Code of Ethics: This policy translates the ASHA Code of Ethics into specific, program-level expectations for student clinicians. Consistent with the Code's core Principles of Ethics, MS-SLP students are expected to: hold paramount the welfare of the individuals they serve and provide services with honesty and compassion; practice only within the boundaries of their competence and level of clinical supervision; represent their credentials, student status, and services accurately to clients, families, and the public; and maintain honest, accountable relationships with clinical supervisors, faculty, and fellow student clinicians, including reporting suspected violations of ethical or professional standards.

Based on the Clinical Integrity requirements, students are expected to:

- Document clinical services, observations, and clinical reasoning accurately and honestly, reflecting only what was actually observed or performed.
- Accurately record and report clinical clock hours and the nature, duration, and type of supervision received for each client contact.
- Provide clinical services only within the scope of practice and level of independence authorized by their clinical supervisor.
- Represent their status as a student clinician accurately to clients, families, and facility staff at all times.
- Submit documentation for supervisor review and approval prior to representing it as reviewed or finalized, and never sign or initial documentation on behalf of a supervisor.
- Maintain the confidentiality of client information in accordance with HIPAA and the Program's HIPAA Sanction Policy.
- Produce original clinical work; students may not copy or adapt another clinician's evaluation report, treatment plan, or clinical materials and present them as their own.
- Comply with the Program's Use of Artificial Intelligence (AI) in Clinical Writing policy, which restricts the use of generative AI tools in clinical documentation.

Examples of Clinical Integrity Violations include, but are not limited to:

- Falsifying, altering, or fabricating clinical documentation, evaluation results, or treatment data.
- Misrepresenting clinical clock hours, client contact time, or the level or type of supervision received.
- Providing clinical services beyond one's authorized scope of practice or level of supervision without express supervisor approval.
- Signing, initialing, or otherwise representing documentation as supervisor-reviewed or supervisor-approved when it has not been.
- Misrepresenting one's status as a student clinician to a client, family member, or facility staff.
- Billing or clinical coding misrepresentation.
- Plagiarizing or fabricating clinical materials, including copying another clinician's evaluation report or treatment plan and presenting it as original work.
- Unauthorized use of generative AI tools in clinical documentation, as further addressed in the Use of Artificial Intelligence (AI) in Clinical Writing policy.
- Breach of client confidentiality, as further addressed in the Program's HIPAA Sanction Policy.

Tiered Response to Clinical Integrity Violations: Consistent with the Program's Professionalism policy and HIPAA Sanction Policy, violations of this Clinical Integrity Policy are addressed on a tiered basis, scaled to the nature and severity of the violation:

1. Level I – Inadvertent or Minor Violation – reflects an unintentional error or a gap in understanding of documentation or supervision requirements (e.g., an inadvertent documentation inaccuracy that is self-corrected or corrected upon supervisor review). Addressed through a verbal or written warning and retraining on clinical documentation and integrity expectations.

2. Level II – Deliberate or Repeated Violation – reflects a knowing disregard for clinical integrity expectations, or a repeated Level I violation (e.g., misrepresenting clock hours or supervision received, submitting documentation as supervisor-approved without actual review, or unauthorized use of generative AI in clinical documentation). May result in a written warning, a remediation plan developed jointly by the clinical supervisor and the Director of Clinical Education (DCE), professional probation, a clinical course grade reduction, and/or limits on clinical duties that may affect a student's ability to accrue sufficient clinical hours for ASHA certification.
3. Level III – Serious or Malicious Violation – reflects a deliberate act of dishonesty or misconduct with the potential to harm a client or misrepresent services rendered (e.g., deliberate falsification of clinical records with intent to deceive, billing or coding fraud, or providing services outside authorized supervision in a manner that places client welfare at risk). Results in a failing grade in the clinical practicum course, revocation of clock hours accrued during the semester, and may result in dismissal from the Program, consistent with the Professionalism policy's warning/probation/dismissal structure. Consistent with the Program's Probationary Status policy, serious infractions warranting dismissal may also be reported to applicable state licensing boards.

Reporting:
Students who witness or have reason to suspect a violation of clinical integrity are expected to report the concern to their clinical supervisor, the Director of Clinical Education, or the Program Director, consistent with the Ethical Behavior expectations outlined in the Program's Professionalism policy.

Policy - Use of Artificial Intelligence (AI) in Clinical Writing:
The Use of Artificial Intelligence (AI) in Clinical Writing Policy applied to all MS-SLP students enrolled in clinical courses, practicums, placements, and internships.

The purpose of this policy is to maintain the integrity, accuracy, and professional standards of clinical documentation. Clinical documentation such as patient SOAP notes, lesson plans, semester plans, evaluation reports, treatment summaries, progress documentation, and speech language sample analysis must reflect the student's own clinical reasoning, observation, and professional judgment. The use of Artificial Intelligence (AI) tools to generate, edit, or influence clinical writing compromises ethical standards and may violate HIPAA laws, and is therefore not allowed.

Definitions of AI:
Assistive Artificial Intelligence (AAI): Many commonly accepted tools have artificial intelligence embedded within to aid in their operation. Unless specifically prohibited, use of these tools is permissible when an individual creates content and applies the tool to refine their work. Examples include: spelling and grammar programs ("Grammerly"), search engines, and navigation maps. Use of AAI is permitted.

Generative Artificial Intelligence (GAI):
For the purpose of academic classroom and clinical management at SEU, Generative AI shall be referred to as GAI and is a set of tools/algorithms capable of generating original text, images, audio, video, and computer code, among other digital content.

Permitted Use of GAI:
Authorizes use of GAI with appropriate citation in a specifically identified course and/or assignment, as determined by the course faculty; and as appropriate, approved by the department and/or college and documented in the course syllabus.

Restricted Use of GAI:
Identifies limits around or prohibits the use of GAI in an identified course and/or assignment as determined as determined by the course faculty; and as appropriate, approved by the department and/or college and documented in the course syllabus.

AI Use Policy:
GAI is *restricted* on all clinical documentation, electronic medical records (ClinicNote), and official legal documents that could potentially be subpoenaed in a courtroom.
MS-SLP Students are strictly prohibited from using GAI tools including but not limited to ChatGPT, Bard, Claude, Copilot, generative writing tools, automated clinical note generators, or any similar technologies to produce, revise, summarize, translate, or enhance clinical writing of any kind.
Documentation with restricted GAI use includes:

- Patient documentation (real or simulated)
- Clinical reflections and discussion posts that rely on assessment or clinical reasoning
- Case studies or scenario-based clinical assignments
- SOAP notes, lesson plans, semester plans, progress reports, discharge summaries, or evaluation reports
- Treatment, intervention, or lesson plans
- Any written work derived from clinical experiences or observations

Why is GAI restricted on clinical documents?

1. Use of AI in clinical documentation may violate legal, ethical, confidentiality, or accreditation requirements. Confidential information, even if de-identified, gets released into the internet and is considered a HIPAA violation and a breach of ASHA Code of Ethics.

2. Clinical writing requires original professional judgment and must demonstrate the student's competence. As future healthcare professionals, students must learn to communicate professionally without reliance on automated systems. The use of GAI delays the student's ability to learn and improve their clinical writing skills, which will make it difficult to demonstrate whether the student is meeting the standards and competencies required by ASHA.

3. AI tools may produce inaccurate, fabricated, or unsafe clinical information. Use of GAI without full and complete clinical knowledge often results in inaccurate and confusing information, which requires more effort and time for a clinical supervisor to edit the writing.

4. GAI when cut and pasted directly from the AI application often includes formatting and program codes which can interfere with the electronic medical records formatting when finalized. This requires the clinical supervisor to delete official documents from ClinicNote, which puts them at risk for violating ASHA Code of Ethics.

Using GAI for clinical writing constitutes:

- Academic misconduct

- Professional conduct violation
- Potential breach of confidentiality or ethics standards

Violations:
If a student is suspected of using GAI on any legal, medical, clinical documents, they will be subject to the following penalties:

1. First Offense – a verbal warning with rating reduction on professional clinical competencies by the clinical supervisor and the student(s) will be asked to re-write or retype the document.
2. Second Offense – Will result in a clinical course grade reduction and implementation of a performance review and action plan that will be developed by the faculty member and may include meeting with a peer tutor, arranging sessions with the Writing Center, additional writing assignments, review of medical records, and other recommendations as determined by the faculty member.
3. Third Offense - Failure of the Clinic Course and loss of clock hours accumulated during that semester. This will require that the student repeat the SLP clinic course again, which will delay graduation and restrict the amount of time they could be at their field placement.

Allowed Uses of AI:
AI may be used only when explicitly authorized in writing by the instructor and only for non-clinical academic tasks (e.g., grammar checking for non-patient-related work).
AI may not be used for any content involving clinical reasoning, client information, patient scenarios, or documentation, even if de-identified, unless specifically permitted by the instructor.

Reporting and Accountability:
Students are responsible for ensuring their work is original and AI-free. Faculty may use AI-detection tools, writing comparisons, oral defenses, or follow-up questioning to confirm authorship.

PARTICIPATION AGREEMENT, AUTHORIZATION AND LIABILITY RELEASE

I, _____, desire to pursue the Masters in Speech-Language Pathology Program starting August 2025, at Saint Elizabeth University and, in consideration of being allowed to participate in the Program, I hereby agree and certify as follows:

1. I understand that the Program requires mandatory clinical externships in schools, healthcare or other facilities (Facility/Facilities). I am also aware that I will not be able to complete and graduate from this Program without successfully completing the required clinical courses and internships.
2. I further acknowledge that to be accepted for clinical internships I would have to complete the requirements established by such Facilities, including but not limited to:

   • **Physical Exam and Proof of Immunizations** – I acknowledge that I will be required to show proof of a physical exam, immunization records and health insurance to Saint Elizabeth University and the Facility prior to the start of a clinical internship.

   • **Criminal Background Check** – I understand that I will be required to submit a criminal background check, at my own cost, to Saint Elizabeth University and the Facility prior to a placement.

   • **Drug Screening** – I understand that I may be asked by a Facility to submit a drug screen test result prior to a placement.

   • **Office of Inspector General and General Service Administration** – I understand that pursuant to a Facility's requirements, Saint Elizabeth University or the Facility may conduct searches in my name for any fraud against any federally funded health care program, i.e. Medicare, Medicaid or any other healthcare violations.

3. I further understand that a history of conviction, indictment, pre-trial intervention, violation of a law, ordinance, felony, misdemeanor, or disorderly persons offense may result in a Facility refusing me for internship, which would delay and/or result in me not being able to complete and graduate from the Program.
4. I further understand and acknowledge that Saint Elizabeth University is obligated to provide my immunization records, criminal background check results and drug screening results to the Facilities on my behalf prior to the start of any placement.
5. I understand that prior to my placement at a Facility, my Program coordinator or faculty may review my discipline record to ensure my suitability for a placement and consent to such disclosure.
6. I understand and agree that the Facility has the right to reject my application or dismiss me from a placement if my records do not meet their requirements, including those listed above.
7. I agree that it is my responsibility to comply with all placement requirements.

In signing this Agreement, I acknowledge and represent that I have carefully read this Agreement and understand its content and that I sign this document of my own free act and deed.

Name: _____

Signature: _____ **Date:** _____

USE of ARTIFICIAL INTELLEGENCE (AI) in CLINICAL WRITING POLICY ACKNOWLEDGEMENT

I, _____ (student name), acknowledge that I have read, understood, and agree to comply with the Policy on Prohibiting the Use of Artificial Intelligence (AI) in Clinical Writing.

By signing this form, I affirm that:

1. I will not use AI tools to generate, revise, translate, or assist with any clinical writing, including but not limited to patient notes, case reports, assessments, reflections, or treatment plans.
2. All clinical writing I submit will be entirely my own work, based on my own observations, skills, and professional judgment.
3. I understand that using AI for clinical writing constitutes academic misconduct and may result in disciplinary action, including failure of assignments or courses and potential removal from clinical placement.
4. I understand that it is my responsibility to seek clarification from faculty if I am unsure whether AI use is permitted in any context.

Student Name (print): _____

Signature: _____

Date: _____

Instructor/Program Representative: _____

Signature: _____

Date: _____

REFERENCES

American Speech-Language-Hearing Association. (n.d.). *2020 certification standards in speech-language pathology*. American Speech-Language-Hearing Association. Retrieved March 28, 2023, from https://www.asha.org/certification/2020-slp-certification-standards/.

American Speech-Language-Hearing Association. (n.d.-b). *Code of Ethics*. https://inte.asha.org/Code-of-Ethics

American Speech-Language-Hearing Association. (n.d.-b). *Scope of practice in Speech-Language Pathology*. https://www.asha.org/policy/sp2016-00343/

APPENDICES

A. **Guided Observations Hours Log**
B. **Record of Daily Clinic Hours**
C. **How to record Daily Clinic Hours**
D. **SLP CALIPSO Grading Scales and Student Instructions**
E. **Performance Improvement and Action Plan**
F. **ASHA Code of Ethics**
G. **Medical Requirements Package**
H. **NJ Background Check and FBI Fingerprinting**
I. **Incident report**
J. **SEU Clinic Manual Acknowledgement Signature Page**