



MGH INSTITUTE OF HEALTH PROFESSIONS

Department of Communication Sciences and Disorders School of Health and Rehabilitation Sciences

Clinical Handbook 2019-2021

MGH Institute of Health Professions is committed to ensuring a welcoming community for all. Our inclusive environment is enriched by our differences including age, color, disability, gender, gender identity and expression, genetic information, marital status, national and ethnic origin, race, religion, status as a parent, socio-economic background, veteran or active military status.

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Note: This is an active document that is updated and redistributed to incorporate changes in national, state, and institutional process and procedures

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INTRODUCTION

The clinical manual is designed to assist CSD students throughout the clinical practicum components of their graduate program. The manual includes clinical policies and procedures for internal and external practicum experiences, American Speech-Language-Hearing Association (ASHA) certification standards, and MA State and Department of Elementary and Secondary Education (DESE) licensing standards, as well as operating guidelines and procedures for the MGH Institute's IMPACT Practice Center. Clinical practica are part of the preparation for mastery in the six domains of the IHP's Core Competencies (<https://www.mghihp.edu/impact-practice-core-competencies>). In addition, students will be oriented in class and clinical meetings to clinical policies, forms, and procedures that are accessible through the Institute's D2L Courseware.

Overview: Entry Level Practicum Experiences

One Term of Entry Level Practicum Experience

All beginning CSD students complete their first two terms of clinical practicum in the MGH Institute's Speech Language and Literacy Center (SLLC) supervised by CSD faculty. The SLLC is housed within the Institute's inter-professional IMPACT Practice Center. Students spend one term working with children with oral disorders of communication and one term working with children and adults utilizing explicit, structured and systematic approaches to intervention for written language disorders.

The purpose of the initial clinical experiences is the establishment of foundational competencies related to excellence in clinical practice, professional practice competencies, and the integration of academic coursework knowledge into clinical skill application through faculty mentorship.

Each beginning student is assigned as lead clinician to one client and to a graduate dyad partner and client. Dyad partners share equally in the provision of services in each session. Clients come twice weekly for sessions, with some exceptions as allowed by clinical faculty. Experiences with clients are accompanied by three hours a week of practicum seminars, taught by faculty, that focus on diagnosis and remediation of communication disorders. In addition, students attend faculty guided clinical team meetings (CT Groups) weekly where they present their clients, analyze cases, and learn to apply theoretical information to practice. Experiences are closely linked to coursework in academic courses.

Overview: Intermediate/Advanced Practicum Experiences

Three Terms of Intermediate/Advanced Practicum Experiences

All students participate in nine credits of intermediate to advanced clinical practice. Students work with clients across the lifespan with diverse disorders of varied severity. All students work with culturally and linguistically diverse populations and participate in intervention, diagnosis, and prevention activities. All students will complete a school-based

placement, which will make them eligible for licensure by the MA Department of Elementary and Secondary Education as a Specialist in Speech, Language, and Hearing Disorders. The CSD Department is affiliated with over 200 hospitals, schools, early intervention centers and special settings in the New England area.

The Speech Language and Literacy Center (SLLC) within the IMPACT Practice Center also has an Advanced Acquired Disorders Center, which provides services to adults with acquired communication disorders, such as aphasia, and conducts research in the area of acquired disorders. Students may participate in this advanced clinic during their terms of advanced clinical practice. Advanced students see multiple clients weekly. Generally, 8 graduate students each term are assigned to this practicum and are supervised by faculty experts.

Concentration Practica

All students who choose to enroll in a concentration area (autism, adult neurogenic disorders, medical, literacy with licensure, literacy without licensure, early intervention, or voice) will participate in one clinical rotation within their concentration population.

MA State DESE Reading Licensure Practicum

All students who concentrate in literacy and who want to become licensed by the MA Department of Elementary & Secondary Education (DESE) as Reading Specialists will spend 150 hours in a reading practicum. This practicum will be based in the schools and supervised by a MA-licensed Reading Specialist, in addition to the three above-mentioned SLP settings (a 4th placement). This 3-credit 4th placement, under the supervision of a DESE licensed Reading Specialist, does not count toward ASHA hours or the minimum academic/clinical credits needed to graduate. Students concentrating in Literacy who do not wish to become eligible for MA licensure are not required to complete a 4th placement.

MA State Early Intervention Licensure Practicum

Students who want to be licensed by the MA Department of Public Health as Early Intervention Specialists must do one of their 3 required advanced clinical outplacements in a Massachusetts Early Intervention setting and complete the Early Intervention elective.

IMPACT Practice Center's Speech Language and Literacy Center

The Speech, Language and Literacy Center (SLLC) is operated by the Department of Communication Sciences and Disorders at the MGH Institute of Health Professions. The Center is an integral part of the department's clinical education curriculum. The clinical education experiences within the SLLC have been designed to integrate science, theory, and practice under the mentorship and direction of licensed CSD faculty supervisors. These clinical experiences are coordinated closely with classroom-based coursework and practicum seminars to promote knowledge and skills integration and to meet knowledge and skill standards established by ASHA.

The SLLC provides prevention, assessment, and intervention services in the areas of speech, language, and literacy to children and adults. It does not discriminate in the delivery of professional services on the basis of race, ethnicity, gender, age, religion, national origin, sexual orientation, or the ability to pay. The graduate student clinicians, working under the supervision of nationally-certified and state-licensed faculty, perform the services provided at the SLLC. The faculty of record on each case is the individual responsible for all aspects of that client's care and co-signs all documents. Supervision is provided through direct observation, collaborative hands-on work with clients, review and revision of documentation, and weekly case discussion/clinical team meetings which include video review of sessions. Students are generally observed directly by their faculty supervisor 100% of the time initially, with a goal of increased independence over the course of two terms. ASHA standards for 25% direct observation of intervention and assessment are met. Supervision is based on client and student needs and modified accordingly. There is always a licensed faculty member on site and in charge of the SLLC when clients are being seen.

CERTIFICATION AND LICENSURE INFORMATION

The American Speech-Language-Hearing Association (ASHA)

ASHA is the national scientific, professional, and credentialing association for speech - language pathology/hearing scientists. ASHA promotes appropriate academic and clinical preparation and provides opportunities for continuing professional development to keep practitioners current with the latest knowledge. ASHA can be reached at www.asha.org or 800-498-2071.

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

The CAA accredits clinical doctoral programs in audiology and master's degree programs in speech-language pathology. The CAA establishes accreditation standards and facilitates continuous quality improvement of accredited programs. The MGH Institute master's education program in Communication Sciences and Disorders is accredited by the CAA. The CAA can be reached at 800-498-2071, 2200 Research Boulevard, #310, Rockville, MD. <https://caa.asha.org/>

Standards and Implementation Procedures for the Certificate of Clinical Competence (CCC) in Speech-Language Pathology

Students are oriented to the Standards and Implementation Procedures for the Certificate of Clinical Competence (CCC) in Speech-Language Pathology in the context of their clinical practicum seminar, which takes place during their first term in the program. Standards and

application procedures for membership and certification are reviewed during clinical seminars prior to graduation. The current standards can be viewed at the following link: <http://www.asha.org/Certification/2014-Speech-Language-Pathology-Certification-Standards/>.

American Speech Language and Hearing Association Praxis Examination

The national examination in speech-language pathology is designed to assess, in a comprehensive fashion, the applicant's mastery of knowledge of professional concepts and issues to which the applicant has been exposed throughout professional education and clinical practica. To be eligible for certification by ASHA, graduates must obtain a passing score on the Praxis Series examination in speech-language pathology. The program recommends that students take the examination no earlier than the summer of their final term in the program, when the majority of coursework has been completed and studying for the program's summative comprehensive examination has prepared them for this exam.

ASHA provides information about the Praxis examination at: http://www.asha.org/certification/praxis/praxis_registration/

Registration for the examination can be completed online at: <http://www.ets.org/praxis/asha/>

Students should send their scores directly to ASHA (code: R5031), to the state licensure board where the student plans to work (MA: R7421), and to the Massachusetts State Department of Elementary & Secondary Education (copies are accepted).

Massachusetts Department of Education Teaching Licensure

The program is accredited by the Massachusetts Department of Elementary & Secondary Education (DESE) to prepare students for an Initial License in the areas of Teacher of Students with Speech Language and Hearing Impairments, and the Initial License for Reading Specialist. All graduating students must meet the academic and clinical standards for an Initial License in the areas of Teacher of Students with Speech, Language, and Hearing Impairments. In addition to completing the program's academic and clinical requirements, all applicants for DESE licensure in Massachusetts must pass the ASHA Praxis examination and the Massachusetts Tests for Educator Licensure in the areas of Communication and Literacy Skills.

Graduates of the CSD master's program who want to apply for licensure as Reading Specialist must pass the Reading Subject Matter Test of the Massachusetts Tests for Educator Licensure (MTEL) and hold an Initial License in another area. Graduates who do not already hold an Initial Teaching License can make an application for Reading Specialist following one year of employment in MA in the role of SLP under an Initial License.

Students will be advised on the process of obtaining DESE licensure through advising seminars. The MA DESE can be reached at: <http://www.doe.mass.edu/licensure/>

All students must complete an Educator Licensure and Recruitment (ELAR) profile with DESE by following the link above. This results in the assignment of a Massachusetts Education Personnel ID (MEPID) number, which allows the program to endorse students for licensure upon graduation.

Questions should be addressed to Patricia Kelley-Nazzaro, DESE liaison, at pkelley-nazzaro@mghihp.edu.

Massachusetts Department of Public Health (DPH) Early Intervention (EI) Specialist

Students who want to become certified by the Massachusetts Department of Public Health in Early Intervention (ages 0-3) must complete a placement in EI at a DPH- approved site and successfully complete the class, “Early Intervention: Birth to 3”. Graduates are eligible for Provisional Certification with Advance Standing as Early Intervention Specialists. Students will be oriented to the EI specialization process in the clinical seminars. For more information on this EI certification, contact the DPH at www.eitrainingcenter.org.

GENERAL CLINICAL POLICIES AND PROCEDURES

Observation Hours

The observation of patients in the diagnosis and treatment of speech and language disorders has a two-fold purpose:

1. To introduce students to a variety of disorders and their manifestations.
2. To observe the application of theory and the clinical management of the patient by the clinician.

ASHA requires the completion of 25 hours of guided observation within the scope of practice of speech-language pathology. The program maintains documentation of these hours in the program office (see D2L for a copy of the Supervised Observation Hours form). Students are initially oriented to this process through D2L “Orientation 101” following admission. Students who have completed their 25 hours of guided observation in other settings prior to entering this program must submit written documentation of the obtained hours along with the supervisors’ signatures and ASHA certification numbers. These hours must be provided to the Department Office prior to beginning the program. (See Appendix A).

Total Hours Required by ASHA

ASHA requires that applicants complete at least 375 hours of supervised clinical practica that include the evaluation and treatment of client/patient populations across the life span and from culturally/linguistically diverse backgrounds. Practicum must include experience with client/patient populations with various types and severities of communication and/or related disorders, differences, and disabilities. Applicants for certification must have had experience with multi-linguistic and multi-cultural populations. At least 325 hours must be completed at the graduate level. Students with undergraduate practicum experience must submit copies of official documentation from their undergraduate programs to the CSD Department Office. Students will be oriented to clinical practicum standards in the context of clinical seminars. Clinical hours are recorded by students and approved by supervisors in our online data system, E*Value. Students track their hour totals and their progress towards completion using E*Value at <https://www.e-value.net/login.cfm> and submit those totals to the CSD Department each term in the context of a Total Hours Tracking Form. (See Appendix B)

Evaluation of Clinical Competency

Overview

The clinical evaluation system is used to evaluate clinical competency and skills across settings. All grading for clinical practice is Pass/Fail. The system uses definitions for performance in each area of competency based on amount of supervisory support with standards for independence that change as students move from an entry level to an advanced level of practice. The evaluation measure is correlated with ASHA standards for clinical knowledge and skills, CAA Professional Practice Competencies, and the MGH Institute's Core Interprofessional Competencies.

Students are evaluated by clinical supervisors each term at midterm and during the final weeks of practicum. Self-evaluation is a central part of the clinical evaluation process across terms. Developmental goals, a list of strengths, and a plan with strategies for meeting these goals are co-created by the student and supervisor as part of each clinical evaluation and are documented in the evaluation.

Clinical evaluations are conducted in written and verbal form. Evaluations are recorded electronically by supervisors in the E*Value electronic record keeping system in individual student portfolios. Students will be oriented to E*Value in seminars during their first term in the program.

The same process is followed in external sites. A faculty practicum coordinator meets with the student and the clinical supervisor on site at midterm and facilitates the student's reflection on their growth and their learning goals as part of the evaluation process.

A formative assessment of oral communication skills is conducted in the context of a formal self-evaluation process, which occurs progressively over the first two terms of practicum in the SLLC. In addition, there are items related to oral communication on the clinical evaluation measure. Students keep copies of these assessments, and copies are kept on file in the Department Office. Forms relating to these assessments are available on the online D2L courseware. Written communication of clinical information is evaluated using a writing rubric developed by CSD faculty to assess critical thinking, content, organization, style and form. The rubric is used as a writing guide, as a self-reflection tool, and as an evaluative tool during Term I and Term II of Entry Level practice. Systematic implementation in advanced settings is planned to be piloted in 2019-20.

The clinical evaluation system is reviewed with each student during their first term of enrollment in the in-house Clinical Practicum. All checklists, point systems, and definitions are accessible to all on the online D2L Courseware. A copy of the Clinical Evaluation will be reviewed with students in clinical team meetings during the first term. It is the student's responsibility to review the competencies and definitions of performance relating to his or her level of practice each term. Copies of the forms can be found in E*Value and online in the CSD Student Resource Module on D2L (See Appendixes C, D, E).

Student Attestation

Students are asked to acknowledge that the evaluation has been reviewed with them via an attestation. They are given the opportunity to choose "agree" or "disagree" with the evaluation. If a student chooses "disagree", they will be given the option of meeting with their direct clinical educator; they may also request a meeting with the Director of the SLLC and/or the Director of Clinical Education or another faculty member.

Evaluation of Supervision and Practicum

Students complete a supervisor evaluation each term. The supervisor evaluation is designed to give feedback to the supervisor in how effective they were in supporting the students towards developing clinical skills and foundational competencies such as critical thinking, effective communication, collaboration, accountability, and self-knowledge and reflection. Students are oriented to the process of supervision during clinical team meeting activities during Term I. Anonymous supervisor evaluations are submitted at the end of the term in E*Value for in-house placements. Supervisor evaluations are used as part of the annual review process for faculty, and as part of the practicum placement process by clinical practicum coordinators. In external placements where there is often only one student assigned, supervisor evaluations are not anonymous. Students learn to give feedback and discuss supervisory strategies that they find facilitative to learning in a professional manner using the supervisor evaluation process.

Students also evaluate their practicum sites each term. The practicum self-reflection and evaluation process require students to reflect on how their experience has expanded their clinical knowledge and skills, their collaborative ability, critical thinking, innovation and

creativity, communication and perspective taking, growth mindset in response to challenges, and self- knowledge and reflection in each term. All of these forms can be found in E*Value. (Please see Appendixes F, G)

Professional Conduct

All students must adhere to the principles of ethics described in the ASHA Code of Ethics which is posted online in the CSD Student Resource module and reviewed in Seminars. In addition, students in the CSD Program are expected to adhere to the guidelines for professional conduct as stated in the MGH Institute’s IMPACT Practice Center Policies and Procedures Manual, and to the Department of Communication Sciences and Disorders Policies and Procedures Manual, as well as following all guidelines specific to the professional role of speech-language pathologists.

These guidelines have been established to protect the rights of students, faculty, and clients, and can be found here:

<http://www.asha.org/Code-of-Ethics/>

<https://www.mghihp.edu/faculty-staff/handbooks-manuals-and-guides>

[Impact Practice Center Manual \(See IMPACT Practice module in D2L\)](#)

Supervision

The manner and amount of supervision provided to students is determined and adjusted to reflect the competence of each student and to allow each student to progress towards the independence required to enter professional practice. Supervision is adjusted to ensure that specific needs are met for each individual receiving service. The clinical competency evaluation utilized to evaluate students each term at midterm and final is based on a 1-5 scale. The amount of direct instruction needed is correlated with the stage of development of the student.

5 = demonstrates behavior independently

4 = demonstrates behavior with minimal guidance from supervisor

3 = demonstrates behavior with general guidance from supervisor

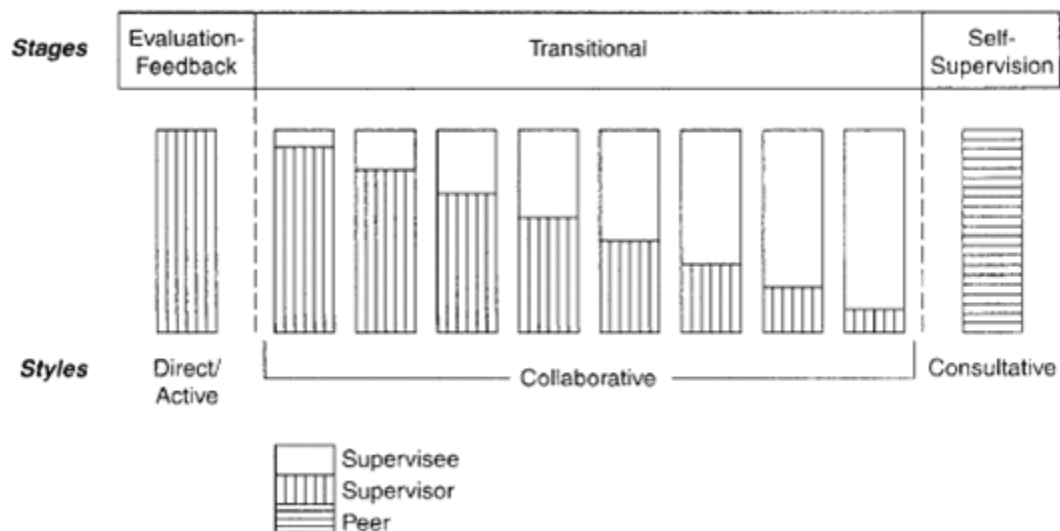
2 = demonstrates behavior with specific instruction from supervisor

1 = fails to demonstrate behavior despite specific instruction from supervisor

Competency Scale Based Upon Level of Experience				
	High Pass	Pass	Pass with Concerns	Fail
CD 761 (Fall)	3.0-5.0	2.0-2.99	1.5-1.99	1.0-1.49
CD 762 (Spring)	3.5-5.0	2.5-3.49	2.0-2.49	1.0-1.99

CD 771, CD 871, CD 872	4.0-5.0	3.0-3.99	2.5-2.99	1.0-2.49
CD 873	4.5-5.0	3.5-4.49	3.0-3.49	1.0-2.99

Using Anderson’s continuum of supervision (1988) students who enter into all clinical placements (both internal and external practicum sites) are understood to begin in the evaluation/feedback stage of the continuum for each new experience and advance to the transitional and self-supervision stages with support.



Supervisors are responsible for making final decisions regarding all client care conducted by student clinicians. Supervisors must directly supervise a minimum of 25% of the student’s total contact time with each client during intervention and assessment in accordance with ASHA standards. Practicum sites can and will establish their own guidelines regarding the specific issues addressed below. Students must always collaborate with supervisors in the planning and provision of services. (Appendix H)

Referrals

Students should not make referrals to outside sources without specific permission from their supervisor. All service delivery must be provided in collaboration with the supervisor.

Client Schedules

Students should not alter a client’s schedule without consulting their supervisor. All service delivery must be provided in collaboration with the supervisor.

Contact with Family and Professionals

Students provide care and interact with clients and families in accordance with recognized standards of ethical practice. All interactions with persons associated with the client should be made only with specific approval of the supervisor. Supervisors are responsible for

overseeing the form and content of all interactions associated with client care. Students should not interact with clients in non-professional contexts. Students are not allowed to provide personal services (babysitting, petsitting, housesitting) while they are directly involved with a client and/or client's family.

Client Plan of Care

Supervisors are responsible for all final decisions regarding client care. Discussions of alternative care plans should be conducted within the context of supervisory meetings.

Cancellations by Client and Absence of Students due to Illness

Students are responsible for knowing the procedures pertaining to client and clinician cancellation as outlined by each clinical setting. Students must notify their supervisor and establish a plan of action for client coverage in the event that they are absent due to illness, personal emergencies or religious observance. Most absences other than illness are not allowed during clinical terms. Vacations must be planned during the breaks between academic terms. Except for exceptional situations, illness is the only approved reason for cancellation by students. Exceptional situations must be approved by the supervisor and the practicum coordinator.

Professional Practice

Accountability and Integrity

Students are responsible for practicing in a manner that is consistent with the ASHA code of ethics and the scope of practice documents for speech-language pathology. Students must adhere to all state and institutional regulations and policies and use the highest level of integrity with each individual served.

Professional Duty

Students must understand and follow all site rules related to maintaining the safety of all individuals served. Confidentiality rules must be strictly followed to protect the privacy and rights of those that are served. Students must meet all clinical responsibilities in a timely and punctual manner. Students should plan to arrive early and be consistently well prepared for clinical practice. Standards for timely submission of documentation may be established by each clinical setting. Students are responsible for understanding and adhering to all standards for each setting.

Communication

During the 1st semester in the SLLC, an Oral Communication Self-Evaluation is completed by all students and reviewed with their assigned in-house clinical supervisor. Areas addressed include fluency, articulation, voice and language proficiency. If any areas are identified by the student and/or faculty supervisor as needing action, a plan will be established to ensure the student meets effective communication standards. In all clinical

settings, students should utilize professional communication and appropriate code-switching when interacting with those around them.

Clinical Documentation

All drafts of clinical documentation should be edited and proofed for accuracy, grammar, spelling, and punctuation prior to submission. Students should make every effort to complete documentation as if every draft were a final draft.

Cultural Competence

Students should understand the impact of his or her own set of cultural and linguistic variables and those of individuals served on the delivery of effective care. These include, but are not limited to, variables such as age, ethnicity, linguistic background, national origin, race, religion, gender and sexual orientation. Students should understand the characteristics of individuals served (e.g., age, demographics, cultural and linguistic diversity, educational history and status, medical and cognitive history and status, socio economic status, and physical and sensory abilities) and how these characteristics relate to providing care to individuals served. Collaborative Practice Students should understand and demonstrate interprofessional team competencies and utilize those competencies to perform effectively on IP teams to deliver client centered care.

OUTPLACEMENT PRACTICUM: ADDITIONAL POLICIES AND PROCEDURES

(Please review the prior sections for general guidelines)

Clinical Placements in External Sites

Prerequisites for enrolling in *CD 871, 872, 873: Outplacement practicum* include the following:

- a cumulative grade point average of 3.0
- meet the following for clinical competencies during the in-house clinical practicum:
 1. a passing grade of at least a 2.5 at the end of CD 762 across all clinical competency areas **OR**
 2. completion of an action and/or intervention plan if triggered at the end of CD 762 (see Grades section reported below under the SLLC)
- status as a matriculated student, including up-to-date immunizations
- sufficient course work related to the population to be served

Practicum Committee

The members of the Practicum Committee include the Director of Clinical Education, the Assistant Coordinator of External Clinical Education, Concentration Coordinators, the Director of the SLLC, Clinical Instructors in the SLLC, and other faculty as needed. The Practicum Committee is responsible for overseeing clinical education in Intermediate and Advanced placements, monitoring and mentoring each student's clinical competency

growth during CD 871, 872 and 873, assigning placements, and developing plans of action for issues related to placements. Students should take concerns related to placements directly to the placement coordinator assigned for that placement. Concerns that the coordinator is unable to mediate will be referred by the coordinator to the Practicum Committee.

Factors Considered for Placement

Introduction

Each student is expected to participate actively in their clinical competency development by setting personal goals for development utilizing on-going assessment and feedback from supervisors and self-reflection. Clinical placements are determined by the Practicum Committee and are individualized for each student based on their own learning needs.

Ultimately, the Practicum Committee makes all clinical education assignments. Factors will include student clinical growth goals, prior academic and clinical performance, and characteristics of the learning environment at the clinical site. Clinical placements must meet requirements for graduation and eligibility for the ASHA Clinical Fellowship. *Students may not decline a clinical placement; such action will be considered refusal to take a required course.*

Students are advised that not all facilities are available for all clinical education experiences. Availability is based on resource constraints of the clinical facilities and on the Practicum Committee's decisions regarding appropriateness of the facility to specific clinical experiences in the curriculum and/or to a specific student's learning needs.

Timing and Schedule of Clinical Experiences

The specific timing (including start and end dates, day(s) of week, and hours) of any given clinical education experience may vary from facility to facility and year to year based on resource availability. Students are expected to comply with the facility's timing of clinical education experiences and must flex their personal schedules to accommodate specific time constraints of the facility. Students may need to participate in clinical placement activities outside of the academic semester timeframe.

The Practicum Committee will include anticipated timing of clinical placements in information provided to students as part of the clinical education match process. If the timing of a clinical education experience is changed by a clinical facility, the Practicum Committee will communicate the change to the student(s) immediately upon notification by the facility.

Expenses and Travel

Students are responsible for all expenses associated with clinical education. Clinical education, especially a full-time clinical experience, typically involves some expense to the student. The cost associated with a given clinical education experience will depend on many variables including, but not limited to, the cost of transportation, and meals.

Students are responsible for all travel to and from clinical education experiences. This

includes local travel (e.g. daily or weekly travel for a full-time experience or practicum). Students are advised to plan for such expenses, as students will be assigned to clinical facilities requiring travel outside of the Boston area and/or outside the public transportation system. The public transportation system includes buses (including express buses), subways, commuter rails, and ferries. Every student should anticipate needing a form of transportation other than the public transportation system for some portion of the clinical education component of the curriculum. Resources for transportation can be found at: <https://www.mghihp.edu/directions-parking-information-and-commuting-options>

Different Sites

To meet ASHA certification requirements, students are required to complete 375 ASHA direct contact hours. In order to meet the Massachusetts DESE requirements for initial licensure, one of these sites must consist of 100 onsite hours in a M.G.L. c 71-approved private school, an educational collaborative, a public school, or any combination.

A fourth term of outplacement clinical practicum in reading is required for students seeking licensure as a Reading Specialist from the Massachusetts DESE. The credits from this practicum do not count toward the CSD Program minimum credit requirements to graduate, nor do the hours count toward ASHA's 375-hour requirement, unless the supervisor is ASHA-certified and the work is within the scope of practice for written language as outlined by ASHA.

Grades

Practicum is graded on a Pass/Fail basis. Supervisors determine a recommended grade using the Clinical Practicum Evaluation of Clinical Competency Checklists. The Director of Clinical Education, in consultation with the Practicum Committee, is responsible for assigning the final grades for those courses.

Non-Passing Grades

Students receiving a Fail any two terms of clinical practicum will be dismissed from the Program. Students receiving a non-passing grade in practicum or who are asked to leave their placement must participate in a Clinical and Academic Review where an Intervention Plan is developed, based upon ASHA and program clinical competency requirements, with strategies to support acquisition of clinical competencies.

Students must pass each clinical competency area to meet ASHA's standards for clinical skill competency. Students falling below this standard in practicum must participate in a Clinical and Academic Review where an Action Plan or Intervention Plan may be developed, based upon ASHA and program clinical competency requirements, with strategies to support acquisition of clinical competencies.

Refusal of Practicum

Practicum courses are a requirement of this program. Refusing to participate in a clinical

practicum will be considered refusal to take a required course. Students enrolled in clinical practicum are expected to attend their assigned placement. Students who refuse a clinical placement will not be assigned to another placement for that term and may not graduate on time.

Termination of Practicum

There are four categories of issues that are considered grounds for removal of a student from a clinical practicum experience by the Practicum Committee. Categories of issues considered grounds for termination of a practicum are listed below:

1. Unethical behavior, according to the ASHA Code of Ethics, on the part of student or supervisor.
2. Unprofessional behavior on the part of the student or supervisor that is unable to be mediated.
3. Significant safety or health issues.
4. Significant and persistent deviations from accepted ASHA practice patterns across clinical contexts at the practice site.

Students removed from placement for unethical behavior on their part will receive a grade of Fail.

Students who have a placement terminated due to site-related issues or illness will receive a grade of Incomplete and will work with the Practicum Committee to develop an appropriate plan.

Mediation

Issues can be referred by the Practicum Coordinator to the Practicum Committee for mediation, whereupon a mediation process led by the Practicum Committee will follow. The following areas of concern are considered grounds for the initiation of a mediation process:

- Concerns regarding the supervisory process.
- Communication breakdowns between supervisor and student.
- Personal style conflicts between the supervisor and student.
- Health issues pertaining to the placement.
- Unprofessional behavior on the part of the student or supervisor.
- Contract issues related to time, student or supervisor responsibilities, and opportunities for learning.

Mediation Process

1. Contact the IHP Practicum Coordinator assigned to your site.
2. Provide a summary of issue(s) related to items above.
3. Practicum Coordinator may schedule a meeting with student and supervisor to develop a plan of action. Plan of action may include:
 - a. Formal Action or Intervention Plan, Clinical Academic Review (CAR)
 - b. Continued communication with site, supervisor, and student
 - c. Additional visits

Policy for Documentation of Supervised Clinical Hours and Clinical Practicum Evaluations

Submission of Completed Forms

Documentation for clinical practicum is submitted utilizing two systems, E*Value and D2L. Documentation must be completed by the final day of classes each semester. Students will be oriented to the clinical documentation system during the first term in the Speech Language and Literacy Center and in an external clinical placement meeting during Term II.

All documentation must be checked by the student for accuracy prior to submission. Documentation submitted following that date will result in a grade of Incomplete for the term. Students submitting incomplete, inaccurate, and/or late documentation will receive a notation in the area of Professional Competency on their Clinical Evaluation for the term.

Students are required to keep copies of all completed forms.

Location of Forms

Copies of forms for clinical documentation can be found online in the CSD Student Resource Module under External Placements in D2L and in the electronic E*Value system.

SPEECH LANGUAGE AND LITERACY CENTER POLICIES AND PROCEDURES

(Please review the IMPACT Practice Center (IPC) Manual for policies and procedures related to all practice in the IPC. The following policies and procedures are specific to the CSD Department's programs):

Patient Files

REDCap

All client demographic and background information will be electronically stored in REDCap. REDCap is a secure, web-based application system that supports data storage. All clients attending the SLLC will be provided with a link to the program and complete all necessary permission forms, demographic information and case history forms for student review. Further procedures regarding student access to the REDCap program will be provided during the beginning of the Fall semester.

Paper Files

Many of the SLLC client information, specifically clinical assignments, attendance records, outside information and reports and other materials will continue to be stored in paper file folders. ***Files and file contents do not leave the IMPACT Practice Center and students may not copy or carry anything with client identifiers including testing protocols outside of the center.*** Hours of access to client files is based on the operating hours of the IPC and will be posted in the student workroom in the IPC.

Getting Started

Check to make sure that your client has a hanging file with a manila file in the client file cabinet located in the student work room in the IPC. Report to your supervisor any missing materials.

Contents of Paper Client Files Should Contain:

- Attendance sheets
- Outside contact sheets
- Outside evaluations and treatment plans (as applicable)
- Tab section dividers for clinical assignments

Ongoing Responsibilities for Maintenance of Client Files

1. All client related contact must be approved by the faculty supervisor and authorization forms signed by the client or the client's caregivers (forms are located in the client chart).
2. File information should be maintained in the tabbed sections.
3. File all client information as soon as it is received.
4. Document attendance for each session the day of the session.
5. Client audits will occur at the end of each semester to ensure all materials are present and currently organized.

Confidentiality and Communication

Confidentiality is central to protection of client privacy and rights. The procedures will be reviewed in orientation to clinic and seminar term I. Please Review General Policies and Procedures stated in the IPC's Policies and Procedures Manual. Students will be asked to sign the Confidentiality Agreement located in the IPC Manual.

Documentation of Clinical Practice

Format

All paperwork should be computer generated and edited for grammar, spelling, and punctuation prior to submission to your supervisor. Final drafts of documentation must contain no errors. **All electronic submission of client related paperwork should include client initials *only*.**

Lesson Plans

Lesson plans must be submitted weekly to the supervisor at least 24 hours prior to each session via the distance learning courseware or email. Supervisors may request specific timelines related to their schedules that require submission of plans more than 24 hours in advance of sessions. Email may be utilized with permission of the supervisor and adherence to confidentiality policies.

Evaluation of Documentation

The use of report models and supervisor written feedback will be provided to students for all clinical writing assignments. The use of the Clinical Writing Rubric will be used on the

Diagnostic Report/Assignment and the Final Progress Note. (see form in Appendix and in D2L Seminar).

Supervision

Students will be provided with guidelines for moving towards independence over the course of Term I and Term II with the goal of decreased specific feedback and increased self-supervision. No student will be supervised less than 25% of the time for intervention or 25% of the time for assessment.

Hour Documentation

ASHA hours and onsite hours must be submitted weekly via the E*Value electronic system. Students can create a computer-generated Total Hour Report with their hour totals so they can track their progress towards graduation. The CSD Department will generate a total hour sheet at the end of each term to track student progress.

Materials

Tests

Tests and materials do not leave the building and must be used within the IPC or other designated areas in 2CC.

Sign out tests that you are reviewing or using in the Center on the sign out form that can be found in the Student Work Room. Replace all tests in the appropriate file when finished.

Audio Recorders and iPads

Digital recorders and iPads are available for use in assessment and intervention sessions. Sign out sheets should be used for both. *All electronic items need to be returned as soon as a session is over.*

Toys and Treatment Materials

Clean and replace all toys and materials on the appropriate shelf or container immediately following a therapy session (please refer to cleaning procedures outlined in the IMPACT Practice Center's Policies and Procedures Manual). Cleaning guidelines are also posted on the toy closet door in the IPC.

Therapy Rooms and Sessions

No eating or drinking is permitted in the therapy rooms. No water or gum chewing is allowed during sessions.

Clean and replace all materials following each session. Remove all garbage and wipe down tables and chairs with disinfectant (provided in each treatment room) following each session. Clean writing boards and replace pens in their appropriate slots.

Scheduling

The clinical faculty conducts all scheduling and schedule changes. Clinicians must not change their client's session time without first clearing changes with their supervisor.

Holidays

The IPC is a neutral entity that honors all cultural and religious beliefs and seeks to create an inclusive environment. In support of this policy, no religious holidays are celebrated or represented by the faculty and graduate students providing services in the center. This means no decorations for holidays or gifts or holiday specific activities are utilized. Clients are welcome to bring items related to their celebrations and beliefs into the center if they choose to do so.

Snow Cancellations

The center operates on the snow cancellation schedule of the Institute. Clinicians will be notified by email, phone, or text depending on preference through the automated online system or they can call the IHP Snow Hotline at 617-724-8484 if the Institute closes due to weather. Student clinicians must notify their clients if the center is closed due to weather.

Edibles in Therapy

Both the parents/guardians and the supervisor must approve any edibles used in sessions before the therapy session begins. Disinfect all surfaces that come in contact with food products. Edibles for the client should be provided by the client and/or parent/caregiver, and should not include any peanut products.

Gifts

Students should not give gifts to their clients. Prizes will be available for all clients and supplied by the center. Clients may give small gifts to students if they choose to do so. Students are not allowed to accept gifts of cash.

Clinical Team Case Discussions (CT) Groups

Please refer to procedures in the CSD Clinical Seminars D2L. You will be oriented to these procedures by faculty in the context of CT groups during September and in weekly Clinical Team Meeting agendas provided by your supervisor.

Mission/Outcomes

Students will develop their ability to apply theory to clinical practice while learning to think critically, analyze and synthesize information, collaborate and communicate professionally.

Structure

Students participate in faculty mentored clinical team meetings for 2 hours weekly in groups of 4-8. Students present their clinical cases weekly for discussion by the group. An agenda for the team meetings will be provided by clinical supervisors prior to the scheduled meetings.

Student Expectations

- Come to CT-Group meetings on time.
- Communicate with the supervisor prior to the group meeting time if the discussion group has to be missed due to illness or family emergency.
- Prepare a 15-minute discussion of the client each week. Presentations should include:
 - digital system cued to key aspects of the session
 - a summarization of the session or task's objectives
 - a summarization of the theoretical rationales supporting the objectives and the procedures
 - a discussion of the session's strengths and weaknesses
 - questions for the supervisor and for the team
 - considerations/plan for future sessions based upon the data from the session under discussion
- Participate actively in group discussions of all clients by:
 - asking questions
 - making suggestions
 - adding information
 - listening actively
- Use professional communication style, specifically:
 - profession specific vocabulary and grammar
 - appropriate speech rate
 - clear articulation
 - professional voice quality

Grades

Like external placements, grades for 761 and 762 are pass/fail. The following grading procedures are outlined here:

- **CD 761:**
 - If at the end of CD 761 a student has a 'passing with concerns' (1.5-1.99) or 'failing' (1.0-1.49) in 1 or more clinical competency area, an action or intervention plan will be developed for implementation in CD 762
 - The student will be allowed to complete CD 762 with support
- **CD 762:**
 - If at the end of CD 762 a student has a 'passing with concerns' (2.0-2.49) or 'failing' (1.0-1.99) in 1 or more clinical competency area, an action plan or intervention plan will be developed
 - The student will need to complete the plan and receive a 'passing grade' (2.5-3.49) in all targeted clinical competency areas
 - Continuation into external practicum experiences will be decided by the Practicum Committee

Students will be asked to complete the Clinical Competency Checklist mid-point in their fall

and spring semesters during the in-house clinical practicum (CD 761 and CD 762) as a means of self-reflection and self-evaluation.

Student Attestation

Students are asked to acknowledge that the evaluation has been reviewed with them via an attestation. They are given the opportunity to choose “agree” or “disagree” with the evaluation. If a student chooses “disagree”, they will be given the option of meeting with their direct clinical educator; they may also request a meeting with the Director of the SLLC and/or the Director of Clinical Education or another faculty member.

Electronic Client Documentation and Information

- No identifying information regarding clients should be transmitted via email in any setting.
- All drafts of client documentation should include the client’s code (first initial and last initial of the client) in lieu of any identifying personal information.
- All client information that includes identifying information, such as case histories, outside evaluations, etc. must be filed in the client’s official file in the IPC designated area. **CLIENT CHARTS MUST NEVER LEAVE THE CENTER** or other settings (unless instructed by a faculty supervisor).
- All final drafts of documentation containing identifying information on student’s H: drives should be deleted following final approval of the document by supervisors.
- Client-specific identifying information will be included only in the final copy of diagnostic reports, and other documentation, and will be filed in the IPC’s client file storage system. Files will be locked by IHP security based on hours of operation of the 2CW.

Essential Functions/Technical Standards

Approved by CSD Faculty on December 8, 2016

Introduction

The MGH Institute of Health Professions Department of Communication Science and Disorders offers a Master of Science in Speech-Language Pathology. The program is accredited by the Council on Academic Accreditation of Audiology and Speech-Language Pathology (CAA) and the Massachusetts Board of Elementary and Secondary Education. Academic and clinical coursework is designed to incorporate the department’s commitment to all areas in the field of Communication Sciences and Disorders, with emphasis on literacy and medical speech-language pathology, as well as the Institute’s commitment to interprofessional practice. The Department strives to exceed the requirements set by the CAA and graduate students who meet the ASHA standards for the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP).

To ensure students meet the academic and clinical competencies needed to practice as a Speech-Language Pathologist, students are required to maintain a cumulative GPA of 3.0 in both academic and clinical coursework, as well as demonstrate competencies outlined on

the Knowledge and Skills Assessment (KASA) form. Specific details regarding academic standards can be found in the CSD Policies and Procedures Manual. ASHA's Council for Clinical Certification (CFCC) developed the KASA to define prerequisite standards for individuals entering the Clinical Fellowship (CF), a planned period of mentorship required for obtaining the CCC-SLP.

The MGH Institute of Health Professions takes seriously the Inclusive Excellence Model of Diversity. We do not discriminate on the basis of color, race, creed, gender, sexual orientation, gender identity or expression, age, disability, veteran status, marital status, status as a parent, or national origin. The Institute respects and values the diverse backgrounds of all people and welcomes them to fully participate in campus life.

Technical Standards

The MGH Institute of Health Professions Communication Science and Disorders Department has a responsibility to ensure its graduates have demonstrated the competencies necessary for a Speech-Language Pathologist to provide quality, evidence-based services to the public. Individuals matriculating in the program must demonstrate essential functions for the education and practice of Speech-Language Pathology. Technical standards are the fundamental skills or essential functions related to the cognitive, physical, social and behavioral abilities needed for successful completion of the academic and clinical competencies required for graduation. These technical standards align with the essential functions (2007) needed to meet the standards of practice established by the American Speech-Language-Hearing Association (ASHA, 2014).

The Communication Sciences and Disorders Department at the MGH Institute of Health Professions is committed to assisting qualified students with disabilities through reasonable means and accommodations to complete a Master's degree in Speech-Language Pathology. Prospective students, who need accommodations to meet these technical standards, should contact Disability Services within the Office of Student and Alumni Services. Current students are encouraged to contact the Communication Sciences and Disorders Department if they feel they may not be able to meet the technical standards explained below.

There are five identified essential function domains, each described below.

Communication

Prospective and current students must possess adequate communication skills to:

- Read and write sufficiently to meet curricular and clinical demands (e.g., medical records, standardized assessments, clinical reports, etc.).
- Perceive and demonstrate appropriate verbal and nonverbal communication effectively and respectfully in one-on-one and group settings in academic, community and clinical environments.
- Communicate proficiently in both spoken and written English language.

The MGH Institute of Health Professions Communication Science and Disorders Department is in agreement with and upholds the position of ASHA (1998), regarding professionals who speak with accents and/or non-mainstream dialects. ASHA's policy states:

"It is the position of the American Speech-Language-Hearing Association (ASHA) that students and professionals in communication sciences and disorders who speak with accents and/or dialects can effectively provide speech, language, and audiological services to persons with communication disorders as long as they have the expected level of knowledge in normal and disordered communication, the expected level of diagnostic and clinical case management skills, and if modeling is necessary, are able to model the target phoneme, grammatical feature, or other aspect of speech and language that characterizes the client's particular problem."

Physical Health/Motor Skills

Prospective and current students must be able to:

- Sustain the necessary level of physical activity in required classroom and clinical activities including, but not limited to sitting and/or standing for long periods of time.
- Negotiate patient/client care environments, and be able to move between settings such as the classroom, health care facility, educational, or community settings.
- Participate in diagnostic and therapeutic procedures.
- Access technology for clinical management (e.g., billing, charting, therapy programs, etc.), diagnostic testing and treatment protocols.

Sensory/Observational

Prospective and current students must possess adequate sensory skills of vision, hearing, and touch to:

- Identify normal and disordered oral and written language, speech, voice, swallowing, cognition, hearing, and social interaction related to communication.
- Identify anatomic structures and imaging findings (e.g., MBSS, FEES, etc.).
- Discriminate text, numbers, tables, and graphs associated with diagnostic instruments and tests.

Intellectual/Cognitive

Prospective and current students must possess and demonstrate adequate intellectual and cognitive skills to:

- Comprehend, retain, integrate, synthesize, infer, evaluate and apply written and verbal information sufficient to meet curricular and clinical demands.
- Self evaluate, identify and communicate limits on one's own knowledge and skill to appropriate professional levels and be able to identify and utilize resources to increase knowledge.
- Utilize detailed written and verbal instructions to make unique and independent decisions.

Behavioral/Social

Prospective and current students must possess adequate behavioral and social attributes to:

- Display mature, empathetic and effective professional relationships by exhibiting compassion, integrity, and concern for others.
- Recognize and show respect for individuals with disabilities and for individuals of different ages, race, religions, sexual orientation, and cultural and socioeconomic backgrounds.

- Conduct oneself in an ethical and legal manner, upholding the ASHA Code of Ethics and Institute and federal privacy policies.
- Adapt to changing and demanding environments (which includes maintaining both professional demeanor and emotional health) in academic, clinical and community settings.
- Accept appropriate suggestions and constructive criticism and respond by modifications of behaviors.

This policy was developed utilizing the following resources:

American Speech-Language-Hearing Association (2014). 2014 Standards and Implementation for the Certificate of Clinical Competence in Speech-Language Pathology. Retrieved from <http://www.asha.org/Certification/2014-Speech-Language-Pathology-Certification-Standards/>

American Speech-Language-Hearing Association (1998). Students and Professionals Who Speak English with Accents and Nonstandard Dialects: Issues and Recommendations. Retrieved from the internet at <http://www.asha.org/policy/PS1998-00117/>

Department of Communicative Disorders (2009). Essential Functions of Candidates for Graduate Program Admissions and Continuance. West Chester University, West Chester, PA.

Essential Functions Committee (2007). Eligibility Requirements and Essential Functions. Proceedings of the Council of Academic Programs in Communicative Sciences and Disorders. Retrieved from <http://www.capcsd.org/proceedings/2007/talks/EFChecklist.pdf>

Essential Functions Committee (2007). Disability Law in Higher Education. Proceedings of the Council of Academic Programs in Communicative Sciences and Disorders Essential Functions Committee. Retrieved from the internet at <http://www.capcsd.org/proceedings/2007/talks/EFslides.pdf>

Department of Physician Assistant Studies (2015). Technical Standards for Participation in Master of Physician Assistant Studies Program at the MGH Institute of Health Professions. Retrieved from the internet at <https://www.mghihp.edu/technical-standards>



MGH INSTITUTE
OF HEALTH PROFESSIONS
Communication
Sciences and Disorders

Clinical Handbook 2019-2021

This confirms that I have reviewed the 2019-2021 Clinical Handbook of the Master's Degree Program in Communication Sciences and Disorders. I understand that this manual is also posted online in D2L for me to review any time during my graduate program.

This manual has been reviewed by the faculty and I have had an opportunity to ask questions regarding the content.

I have read the Technical Standards and can meet them with or without reasonable accommodations.

I have read the Technical Standards and would like to meet with a faculty member and/or the Office of Accessibility Resources.

Print your name:

Sign your name:

Date:
