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INTRODUCTION

The clinical handbook is designed to assist students throughout the clinical practicum components of the graduate program. The handbook includes clinical policies and procedures, American Speech-Language-Hearing Association (ASHA) standards and MA state and Department of Education licensing standards, operating guidelines and procedures for the MGH Institute’s Speech, Language and Literacy Center. In addition, clinical policies, forms and procedures are accessible online through the Institute D2L Courseware in the CSD Class of 2017 resource module and are reviewed with students in the context of clinical practicum seminars each term.

The MGH Institute 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 Speech, Language and Literacy Center 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 the American Speech Language and Hearing Association.

The Center provides prevention, assessment, and intervention services in the areas of speech, language, and literacy to children and adults. The SLLC 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. Center services are provided free of charge. 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. There is always a licensed faculty member on site and in charge of the SLLC when clients are being seen.

Overview: Entry Level Practicum Experiences

All beginning CSD students complete their first two terms of clinical practicum in the Speech, Language and Literacy Center supervised by CSD faculty. 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 in the area of written language disorders.

The purpose of the initial clinical experiences is the establishment of an attitude and set of abilities related to excellence in clinical practice, knowledge and skills, and the integration of academic coursework into clinical application through faculty mentorship.
Each beginning student is assigned to one client and to a dyad partner and client. Clients come twice weekly for one hour sessions. 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 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 three terms of 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 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. While every effort is made to find suitable placements within each student’s geographical area, a significant commute may be required.

The Speech, Language and Literacy 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, 5-7 graduate students each term are assigned to this practicum, and supervised by one full time faculty supervisor and by one additional faculty member on a part time basis.

**Concentration Practica:**
All students who choose to enroll in a concentration area (autism, neurogenics, medical, literacy, early intervention, or voice) will participate in a clinical rotation with 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 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 and 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 rotations in an Early Intervention setting.

CONTENTS OF THIS CLINICAL HANDBOOK

The first segment of this clinical handbook provides students with information about the American Speech-Language-Hearing Association (ASHA), requirements for the Certificate of Clinical Competence, the National Student Speech-Language-Hearing Association (NSSSLHA), Massachusetts state licensure requirements, and Massachusetts State Department of Education licensure.

The second segment of this handbook describes the policies and procedures which students are required to follow during clinical practicum. Because initial placements take place within the Speech, Language and Literacy Center, the policies and procedures in effect in this Center are described in detail. Policies and procedures in external settings are determined by the individual facility and will be provided during on-site orientation sessions at the beginning of each external placement.

CERTIFICATION 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 is ASHA’s accrediting body. The MGH Institute master’s education program in speech-language pathology is accredited by the CAA of ASHA. The CAA can be contacted at: ASHA, 10801 Rockville Pike, Rockville, MD 20853 (301-897-5700).

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 during their first term of enrollment in the program. Standards and procedures for application 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 practicum. To be eligible for certification by ASHA, graduates must have obtained 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).

The MGH Institute CSD Program had a pass rate of 100% on the ASHA examination for the graduating class of 2014.

Massachusetts State Licensure in Speech-Language Pathology

Graduates of the program meet all of the academic and clinical requirements to apply for licensure in the state of Massachusetts. Individuals must file a Supervised Professional Practice Plan within 30 days of employment and complete their Clinical Fellowship (CF) to receive their formal license. Application for licensure can be made following the issue of the final program transcript at: www.mass.gov/dpl/boards/sp/ or by calling 617-727-3071. Students who have graduated must have a state license to work in the majority of states regardless of the setting. Students from out of state should contact their state licensing board during their first term in the program to clarify requirements. Meetings will be held during clinical seminars during Year 1 and 2 to orient students to Massachusetts state licensure and national certification requirements. Questions regarding licensure should be directed to Lesley Maxwell, Director of Clinical Education at lmaxwell@mghihp.edu or 617-724-6305 or by appointment.

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 will 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 masters program wishing to apply for licensure in the area of 
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 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: 

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

Questions should be addressed to Dr. Marjorie Nicholas, DESE liaison, 
mnicholas1@mghihp.edu or Melissa Feller mfeller@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 the area of 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](http://www.eitrainingcenter.org) or 617-236-7210.
Required Hours

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, and (2) to observe the application of theory and the clinical management of the patient by the clinician.

ASHA requires that 25 hours of observation within the scope of practice of speech language pathology be completed. The program maintains documentation of these hours in the program office (see D2L Class of 2017 for a copy of the Supervised Observation Hours form). Students are initially oriented to this process through Orientation 101 following admission. Students who have completed their 25 hours of observation in other settings prior to entering this program must submit written documentation of the obtained hours along with the supervisor(s) signatures and ASHA certification numbers. These hours must be provided to the Department Office prior to beginning the program. Participation in the course: Introduction to Communication Disorders is recommended for students who have not previously completed their 25 hours of observation. Observation hours are included in the course, which is offered during the summer semester

Total Hours Required by ASHA
ASHA requires that applicants complete at least 375 hours of supervised clinical practicum that includes the evaluation and treatment of individuals across the lifespan with a variety of disorders and levels of severity. 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 can track their hour totals and their progress towards completion using the E*Value system.
**Evaluation of Clinical Competency: Practicum**

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 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. **A program emphasis is placed on developing clinical excellence through critical thinking, collaboration, innovation, advanced perspective taking, and self-evaluation/ reflection development.**

Students are evaluated at midterm and during the final weeks of practicum each term. Self-evaluation is a central part of the clinical evaluation process across terms. A list of strengths, developmental goals and a plan for meeting those goals is part of each clinical evaluation and 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 where each student has a portfolio.

In external sites the same process is followed. 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.

In the first two terms of practicum in the Speech, Language and Literacy Center, formative assessment of *oral communication skills* is conducted over time in the context of a formal self-evaluation process during Term I and weekly in the context of Clinical Team Discussion Group Meetings. 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 Program Office. Forms relating to these assessments are available on the online D2L courseware.

The clinical evaluation system is reviewed with each student during their first term of enrollment in the in-house Clinical Practicum in the Speech, Language and Literacy Center. All checklists, point systems, and definitions are on file on the online courseware where they are readily accessible to all students. 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 their level of practice each term. **Forms can be found online in the CSD Student Resource Module on D2L.**
**Evaluation of Supervision and Practicum**

Students complete a supervisor evaluation each term. Supervisor evaluations are completed at midterm in the in-house clinical practicum as part of the midterm meeting and feedback process. Anonymous supervisor evaluations are submitted at the end of the term in E*Value. 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.

Students also evaluate their practicum sites each term. Practicum evaluation forms are completed at the end of each term and are anonymous in the context of the in-house placements. In addition, students complete practicum self-reflections each term. **Forms can be found in the CSD Class of 2017 module on D2L.**

**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 of Health Professions Student Handbook and 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.

**Professional Decorum**

**Dress**
Supervisors and site dress codes determine the appropriateness of attire in all clinical settings. Students must follow any dress codes established by practicum sites and are expected to dress in a conservative and professional manner when representing the Institute at clinical sites. Direct feedback and guidelines regarding professional dress will be given during in-house practicum placement terms and in clinical seminars.

**Verbal**
Students must use language and interaction styles appropriate to the professional practice context. Supervisors and faculty have the right to make judgments and provide feedback regarding professionally appropriate verbal interaction.
Confidentiality and Communication

All interactions with and about clients are considered to be confidential. Students must adhere to the standards below and to **additional confidentiality requirements specified by each practicum site**.

Communication with Clients
All communication with clients by students should be approved by the supervising clinician in charge of the case. Students should not initiate communication or respond to communication independent of supervisory input. All communication should be documented.

Cell Phones:
Clients should use official communication channels to communicate with the supervisor, site, and student. Students may offer their personal phone numbers to clients with supervisory permission for use in the event of emergency cancellations etc. Students may decide that they do not want to offer clients access to their personal cell information at any time even if suggested by a supervisor. Clients should be given written guidelines by each site related to the use of personal cell phone numbers for contact with students.

Verbal
**No discussions of clients should take place at any time outside of the clinical setting where the client is served.** Examples of outside settings and contexts include (but not limited to): waiting rooms, classrooms, elevators, restrooms, restaurants, and interactions with friends and family. Client conferences should be held in a private space and not in center waiting areas. Students will not leave messages regarding clients on voicemail machines.

Email
All communication with faculty must be conducted to and from the student’s official mghihp.edu email address. Students are not allowed to communicate with clients via email without express permission from the supervisor and the supervisor’s review and approval of any email communication that goes out. **All email communications should include an approved privacy statement at their conclusion.** Students will be instructed in this procedure during their first term in practicum.

Electronic Client Documentation and Information

- **No identifying information regarding clients should be transmitted via email in any setting.**

- **Client information must be worked on and stored on the Institute’s shared and password protected H drive. No client information should reside on student hard drives or external drives in any setting.**
• SLLC: All initial drafts of client documentation should include no identifying information and only the client’s code.

• SLLC: All client information that is identifying such as case histories is filed only in the client’s official file in the badge accessible SLLC file and that documentation MUST NEVER LEAVE THE CENTER.

• SLLC: All final drafts of documentation containing identifying information on student H drives should be deleted following signature of the document by supervisors.

• SLCC: All clients should be assigned a code as an identifier, which will be used on drafts of documents. Client specific identifying information shall be included only in the final copy of diagnostic reports and other documentation, which will be filed in the client’s locked file in the center.

Faxing of client information is prohibited.

Digital Images
• Students must have a written permission from clients and/or their guardians to take digital images and audiotapes for use in therapy.

• No digital images can be used publically without written permission from clients or families for presentations, marketing or other uses.

• No digital images or audiotapes of clients will leave secure Institute sites at any time (see Imaging Policy below).

Imaging Policy

All students must review the imaging policies and procedures. It is the student’s responsibility to know and adhere to this policy.

Purposes of Center Digital Recording
Digital recordings of sessions will be used as an educational tool to:
• provide student clinicians with visual feedback for self-evaluation of clinical sessions with regard to client behavior and performance, clinician behavior and performance, materials usage, etc.;
• provide clinical supervisors with examples of clinical applications for use during theoretical instruction and practicum sessions; and
• for teaching purposes within the institution by faculty, as needed.

Policy for Digital Recording:
• All sessions are recorded on the center’s digital system.
• Faculty and students can only access to the system within Building 36.
• Students are allowed to review their sessions only within the student work spaces within the SLLC using a password protected log in.
• Digital files to be saved are backed up on an external server which is password protected and open only to approved faculty and technological support staff of the Institute.
• Digital files are deleted from the viewing system at the end of each term.
• Any formal request for digital images to be used by family or others is subject to existing laws concerning access to records.
• Families may view live sessions at the viewing stations designated for each therapy room. Privacy screens are provided so that only logged on family members can view a session.

All students and faculty must agree to follow all terms set for digital use as determined by the Department of Communication Sciences and Disorders of the MGH Institute of Health Professions.

**Supervision**

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.**

**Referrals**

Students should not make referrals to outside sources without specific permission from their supervisor. All referrals to outside sources must be discussed by the Clinical Faculty Committee and approved by the Clinical Director prior to being made.

**Client Schedules**

Students should not alter a client’s schedule without consulting the supervisor.

**Contact with Family and Professionals**

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.
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 Clients 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. 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 should be approved by the supervisor and by the practicum coordinator.

Professional Practice

**Punctuality**
Students are responsible for meeting 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 the standards for each setting.

*Students who do not meet these site standards consistently will receive a failing grade under the professionalism competency for that term and will be required to improve that competency prior to graduation to a minimum value of 3. Students with failing or low professionalism grades will not be considered for advanced practica in highly professional settings.*

**Writing**
All drafts of clinical documentation should be edited and proofed for grammar, spelling, and punctuation prior to submission. **Students should make every effort to complete documentation as if every draft were a final draft.**
Outplacement Practicum
Additional Policies and Procedures

(Please review the prior sections for general guidelines)

Clinical Placements in External Sites:

Prerequisites for Enrolling in Outplacement Practicum:
Prerequisites for enrolling in CD870: Outplacement practicum include the following:
• a cumulative grade point average of 3.0;
• passing grades in two terms of CD 760-01 and 02 (in-house clinical);
• status as a matriculated student; and
• 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 Practicum Coordinator, the Assistant Practicum Coordinator, and an academic faculty member appointed annually. The Practicum Committee is responsible for assigning placements, and developing plans of action for issues related to placements. Students should take concerns related to placements directly to their placement coordinator. Concerns that the coordinator is unable to mediate will be referred by the coordinator to the Practicum Committee.

Matching Students to Clinical Practicum

INTRODUCTION
Each student is expected to participate actively setting personal goals for development utilizing on-going assessment and feedback from supervisors and self-reflection. Facilitated by this self-assessment and in consultation with the Clinical Practicum Committee, Academic Advisor, other academic faculty, and/or clinical instructors, students are expected to play an active role in identifying and requesting clinical education experiences that will foster growth in identified developmental areas.

Ultimately, the Clinical Practicum Committee makes all clinical education assignments. Factors will include accuracy of student self-assessment, prior academic and clinical performance, and characteristics of the learning environment at the clinical site. Students may not decline a clinical placement; such action will be considered refusal to take a required course.

There is no guarantee that assignments will be in the facilities or geographic locations requested by students or that students will complete a full-time clinical experience or internship in the metropolitan Boston area.
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 Clinical 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.**

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

EXPENSES
**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 advised to plan ahead for such expenses, as students will be assigned to clinical facilities requiring travel outside of the Boston area or outside the public transportation system.**

TRAVEL
**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). Many clinical education facilities are not accessible by public transportation. Every student should anticipate needing access to a car for some portion of the clinical education component of the curriculum.

Different Sites:
In order to meet ASHA certification requirements, students are required to complete 375 hours of clinical practicum. In order to meet the Massachusetts DESE requirements for initial licensure, one of these three sites must consist of 100 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 the area of 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 and the hours do not count towards ASHA 375 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 coordinators is the faculty of record for all clinical practicum courses and is responsible for assigning the final grades for those courses.

Non-Passing Cumulative Grades in Practicum:
Students receiving a non-passing grade in any two terms of clinical practicum will be dismissed from the Program. Students receiving a non-passing grade in practicum must participate in a Clinical and Academic Review where a remediation plan is developed, based upon ASHA and program clinical competency requirements, with strategies to support acquisition of clinical competencies.

Non-Passing Specific Competency Grades:
Students must pass each clinical competency with an average grade across terms of 3 or higher 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 a remediation plan is developed, based upon ASHA and program clinical competency requirements, with strategies to support acquisition of clinical competencies.

Refusal of Practicum:
Practica are courses that are required similar to academic courses. 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 Clinical Director in collaboration with the Practicum Coordinators. Students removed from placement for unethical behavior on their part will receive a grade of Fail as will students who are not able to meet clinical competencies related to professionalism. Students who have a placement terminated due to site related issues or illness will receive a grade of Incomplete. Every effort will be made to find a new site in these cases. 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.
Mediation:
The following areas of concern are considered grounds for the initiation of a mediation process. Practicum Coordinators lead mediation processes. Issues can be referred by the Practicum Coordinator to the Practicum Committee for mediation.

1. Concerns regarding the supervisory process.
2. Communication breakdowns between supervisor and student.
3. Personal style conflicts between the supervisor and student.
4. Health issues pertaining to the placement.
5. Unprofessional behavior on the part of the student or supervisor.
6. 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. IHP Coordinator may schedule a meeting with student and supervisor to develop a plan of action. Plan of action may include:
   a. Formal remediation plan
   b. Continued current 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 Placement in D2L.
Dress Code for the Speech, Language and Literacy Center

During center hours, students working with clients or working on projects in the Center area should dress in a professional manner. Clothing should be neat, and skin should be covered. Clothing should fit comfortably and allow for movement. Overly tight tops and bottoms should be avoided. Maintaining personal hygiene is expected. The following clothing and accessories are NOT appropriate to be worn in the clinic:

- Blue jeans, black jeans, skinny pants with short tops, pants with low waist bands, cargo pants, shorts; leggings as bottoms; long sweaters without bottoms
- Mini skirts; tight skirts; skirts when working on the floor with young children
- Hats; message T-shirts
- Tank tops, low cut shirts, visible lingerie and lace camisoles;
- Flip-Flops, sneakers, extremely high heels; rain boots/"wellies"; hiking shoes
- Visible piercing other than ears
- Visible tattoos
- Extremely long finger nails
- Earrings longer than two inches

No perfume or scent is allowed in clinic due to possible allergic reactions of clients

Patient Files

Remember! Files do not leave the SLLC and you may not copy and carry with you anything with client identifiers including testing protocols.

Getting Started
1. Check to make sure that your client has a hanging file with a manila file. Report to your supervisor any missing materials.
2. New client files should contain:
   - Release forms
   - Attendance sheets
   - Contact sheets
   - Tab section dividers

Contents of Established Files
Established files from 2014-15 or prior should contain:
- All information listed for new files (see above);
- A completed case history form
- Written information provided by parents such as IEPs (Individual Educational Plans written by school systems) and previous reports;
- SLLC diagnostic information one with identifying information and one without
- Parent handout summarizing diagnostic information
- 2 sample lesson plans;
- Final Progress Note summarizing the progress for the year

**Ongoing Responsibilities**

1. All client related contact must be approved by your supervisor.
2. File information should be maintained in the tabbed sections.
3. File all client information such as case history, reports, test protocols as soon as you receive it.
4. **Document attendance for each session the day of the session**
5. Document the following on the contact sheet:
   - phone calls in and out;
   - emails
   - conversations with other professionals
   - any Clinical Director approved referrals to other professionals
6. **Diagnostic Information** should be filed as soon as it is completed.
7. **Two Sample Lesson Plans** at the end of each term
8. **Final Progress Note** no later than the last day of the term.

**Confidentiality and Communication (Please Review General Policies and Procedures)**

**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.

**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.

**Grading of Documentation**
Written information will be graded using the Clinical Writing Rubric (see form in D2L)

**Supervision**
Students will be provided with guidelines for independence over the course of the term 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.

Students requiring 100% supervision by Term II will be considered in danger of not passing practicum and issues will be documented in the Clinical Evaluation Process and a Remediation Plan will be developed.
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.

Materials

Tests and materials do not leave the building and must be used within the center.

Tests
Tests are kept in alphabetical order in the gray file cabinets in the Speech, Language and Literacy Center. Test manuals are kept in plastic boxes and forms are kept in the hanging files. Some larger tests may be stored in the shelves above the files or in the supervisor room. Please return the tests to where you found them. Please do not pull out more than one file drawer at a time or you will cause the drawers to jam.

Each test file contains original forms and copies of these forms. Use originals of forms for delivering formal tests to your client. Use copies of the forms for practice or for double scoring by partners. Please do not use the final form in a file. Notify a supervisor or one of the graduate assistants assigned to the SLLC if we are low on forms.

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

Toys
Clean and replace all toys and materials on the appropriate shelf or container immediately following a therapy session.

Toys must be disinfected following each use (see the Infection Control Procedures section below).

Therapy Rooms

No eating or drinking is permitted in the therapy rooms or waiting area in the Center. No water or gum chewing is allowed during sessions. Students may eat lunch in the student workroom.

Clean and replace all materials following each session. Remove all garbage and wipe down tables with disinfectant following each session. Clean writing boards and replace pens in their appropriate slots.

Students may work in room 107 the Group Room with confidential materials when it is not in use as well as in any therapy room in the SLLC when not in use.
**Therapy Sessions**

**Beginning/ending sessions**
All therapy sessions must begin and end on time; not early and not late.

Sessions last for **50** minutes. To allow for clean up and set up of next session, it is essential that you end your session exactly on time. Plan parent conferencing as part of your 50 minute session.

**Scheduling Changes**
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/Cancellations**
Student clinicians are responsible for notifying their clients of holidays or cancellations. Clinicians must notify their supervisor if their client has canceled. **The SLLC 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 Ionline 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 have come in contact with food 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 money.

**Monitor Room**
Students should not operate the digital equipment in the monitor room except to with permission of a faculty member.

The clinical faculty assigned to the first sessions of the day will open the monitor and observation rooms and turn on the equipment. The supervisors are also responsible for turning off the monitors and audio equipment and locking the doors at the end of each center day.
Please do not congregate in the monitor room while supervisors are monitoring sessions unless it is absolutely necessary.

Supervisory meetings can be held in therapy rooms when they are available but should not be conducted in the monitoring room.

**Clinical Team Case Discussion (CT) Groups**

Please refer to procedures in the CSD Student Resource Module on D2L. You will be oriented to these procedures by faculty in the context of CT groups during September.

**Mission/Outcomes:**

Students will develop their ability to apply theory to clinical practice while learning to **think critically, analyze and synthesize information, and 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. A formal self-evaluation process is used to facilitate competency development and acts as a formative assessment measure at the end of each term.

**Students are expected to:**

- 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 discussion group;
  - 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;
  - SAE grammar;
  - appropriate speech rate;
  - clear articulation;
Safety Procedures

I.C.A.R.E
Institute Crisis Awareness and Response to Emergencies

The I.C.A.R.E campaign encompasses planning and training to facilitate calm, quick and thorough responses should an emergency arise and promotes personal responsibility in emergency and crisis situations.

The new ConnectEd system will enable the community to be notified promptly via e-mail, text message and phone in the event of an emergency. As the campaign begins, we remind you to update your personal contact information in IONLINE to ensure that you will be notified in an emergency situation.

More I.C.A.R.E information will be provided in the coming months including a new Emergency Preparedness Webpage on the IHP website. Students will be oriented to these procedures as they are developed.

Medical emergencies
Notify the supervisor immediately. Call MGH Police and Security at 726-0528. The center phone is located in the video supervision room and the emergency number is posted on the phone and on the wall. In the event that the room is not accessible, notify the security guard at the front desk, which is immediately outside the center.

Security Incidents
Call MGH/IHP emergency number 726-5400. Thefts or personal security should also be immediately reported to the CSD Program Office and to the MGH Police and Security at 726-5400.

Fire Evacuation Procedures
Center supervisors will assume a leadership role in evacuating center clients, families, students, and they will account for everyone once outside of the building using the Center schedule checklist for that time. Students should accompany their clients out of the Center. Everyone should exit out the rear door of the building to the left as you exit the center and they must gather next to the Korean War Memorial. The last supervisor in the Center will search all therapy rooms and bathroom stalls.
Infection Control Procedures

All students and faculty will be expected to maintain all equipment according to the infection procedures outlined below:

1. A bottle of alcohol-based hand disinfectant is located in each room in the Center.
2. All toys, tables, chairs, and center equipment should be wiped with the disinfectant after every therapy session. The materials must then be placed in the appropriate storage area.
3. Hand hygiene procedures include both disinfection with an alcohol-based waterless hand rub (ex. Purell) and/or handwashing with soap and water followed by an alcohol-based hand rub. Follow guidelines and appropriate procedures as indicated below:

   Alcohol-based hand disinfectant (ex. Purell) is indicated for the following, but not limited to:

   - Before and After each session
   - After contact or cleaning session materials (e.g. toys or letter tiles)
   - After contact with any body fluids, secretions or mucous membranes when hands are not visibly soiled.
   - Before donning gloves
   - Before inserting invasive devices (e.g. tongue depressors)

   Hand washing followed by alcohol-based hand rub is indicated for the following, but not limited to:

   - When hands are visibly soiled
   - After using bathroom facilities
   - After handling cosmetics, lip balms and contact lenses
   - Before eating (handwashing alone)
   - After contact with a patient suspected to have a communicable disease

Procedures for Hand Disinfection with Alcohol-Based Rub

- Apply alcohol hand rub. Use an adequate amount to cover hands (usually 1-2 squirts).
- Cover all surfaces of hands, fingers and nails and rub vigorously until dry, usually about 15-25 seconds.

Procedures for Hand Washing

- A pump or pull paper towel dispenser needs to be readily accessible.
- Turn on faucets.
- Wet hands.
- Keeping hands lower than elbows, apply hand washing liquid soap.
- Work up a lather, using friction over all surfaces and fingers, including wrists. Pay particular attention to fingertips and nails. A vigorous scrub for at least 15 seconds and a thorough rinse are essential for
hand washing to be effective, since much of the benefit results from the physical removal of contaminants.

- Rinse hands well, in a downward position.
- Take paper towels and pat dry the hands, to avoid unnecessary roughness to skin.
- Turn off faucets with paper towels.
- Discard towels in trash receptacle.
- Apply alcohol hand rub, covering all hand surfaces and rub vigorously until dry.

4. Students with any suspected or confirmed diagnosis of communicable disease or illness, which might be hazardous to the public’s health, must report it immediately to the supervisor and/or the Clinical Director who will then contact the MGH Employee Health Service at 726-2217. These include, but may not be limited to: chickenpox, shingles, conjunctivitis, measles, German measles, tuberculosis, meningitis, lice, hepatitis A, Salmonella, Shingella, Herpes.

5. Students who become aware of any suspected or confirmed diagnosis of a communicable disease or illness on the part of a client must notify the immediate supervisor and the Director of the Center immediately.

6. Infection guidelines, although specific to each placement, are generally universal. Please adhere to all procedures and adopt them as good habits.

7. Please refer to the MGH Infection Control Policies for hospital-wide guidelines and details. Pay specific attention to those guidelines outlined under Speech-Language Pathology.
MGH Institute Policy on Immunizations
The MGH Institute of Health Professions mandates that students adhere to all state and federal laws as well as Institute policies regarding immunizations for the duration of their program.

New Students

For new students who have just matriculated (Fall) or will be matriculating later this year (Spring), listed below is a quick checklist of your immunization requirements that you should provide documentation to Sentry MD at least a month before the first day of classes.

☑ MMR (Measles, Mumps, Rubella)
☑ Chickenpox (Varicella)
☑ Tdap (Tetanus, Diphtheria, and Pertussis)
☑ Hep B, 3 shots (Hepatitis B, completed series)
☑ Tb (Tuberculosis skin test)
☑ Flu (Influenza Vaccine)
☑ CPR (For health care professionals)

Enrolled Students: Ongoing Compliance
This policy states that all students need to provide annually:

☑ Tb (Tuberculosis skin test) BEFORE EXPIRATION
☑ Flu (Influenza Vaccine) BY NOVEMBER 15

All students need to provide BEFORE Expiration

☑ Tdap (Tetanus, Diphtheria, and Pertussis) EVERY 10 YEARS
☑ CPR (For health care professionals) EVERY TWO YEARS

Additional information on those policies can be found on the Institute’s website at: http://www.mghihp.edu/current-students/newly-admitted-students/Health-History-and-CPR-Certification-Requirement/default.aspx

Students are notified by Sentry MD in advance of falling out of compliance by mail and electronic mail.
Department of Communication Sciences and Disorders
Immunization Non-Compliance Policy on Removal from Clinical Placement

All CSD students must be in compliance with the Institute’s immunization requirements to participate in clinical practicum.

Failure to comply with these policies will result in delays in receiving a clinical placement assignment and/or in removal from a clinical placement.

Absences from a clinical assignment due to non-compliance are considered to be evidence of poor professionalism and this will be reflected in the student’s clinical competency evaluation. Lengthy absences may also result in non-passing grades.

All documentation and questions regarding compliance should be directed to Sentry MD, not the department office.

Sentry MD
Fax: 1-817-251-9593 & 1-214-619-1830
Email as one pdf attachment to mghihp@sentrymd.com

New students: These forms must be returned to Sentry MD one month prior to the first date of each semester. August 1, 2015 of Fall 2015 Admission; December 1, 2015 for Spring 2016 Admission and April 1, 2015 for Summer 2015 Admission.

CPR
CPR certification is required for all students and faculty. CPR courses will be provided to first year CSD students in the fall prior to the beginning of center services on site at the Institute and free of charge. A schedule will be announced via Orientation 101.