



MISERICORDIA UNIVERSITY

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SPEECH-LANGUAGE PATHOLOGY DEPARTMENT HANDBOOK

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Speech-Language Pathology Overview

Description of Program

The Speech-Language Pathology program at Misericordia University is a full-time 5-year program leading to the Master of Science Degree in Speech-Language Pathology. Students admitted as freshmen or undergraduate transfers who successfully complete all major and university requirements will be awarded a Bachelor of Science degree in Health Sciences in addition to a Master of Science degree in Speech-Language Pathology. Students admitted with a Baccalaureate degree will be awarded a Master of Science degree in Speech-Language Pathology upon successful completion of the professional program.

Mission Statement

The Speech-Language Pathology program is committed to providing an educational experience which produces competent speech-language pathologists who are critical thinkers and educated consumers of research, and which prepares its graduates students for productive careers in speech-language pathology and as advocates for, and participants in, life-long learning. As an entry-level professional program, the speech-language pathology curriculum reflects a commitment to the complementary relationship between liberal arts and professional studies that enables graduates to adapt to constantly evolving societal and professional needs that includes distance/digital education. The Department of Speech-Language Pathology is committed to the provision of affordable, quality professional education that expresses the founding Sisters' values and attitudes of hospitality, justice, mercy, and service.

The overall goal is to develop a well-rounded empathetic competent professional who will provide the highest quality of care to individuals with communication disorders.

Program Philosophy

The Speech-Language Pathology department is based on the belief that graduates of entry-level allied health professional programs should possess the clinical decision making and problem-solving skills which enable them to function as peer colleagues in the contemporary, dynamic health care and educational systems. Speech-language pathologists need to be sensitive to the needs of a culturally diverse society as evident in their interactions with clients, families, and fellow health care and education professionals in the community in which they practice.

An educational program for speech-language pathologists should reflect the concepts of andragogy (adult education) to include problem solving, critical thinking and analysis, integration of theory and practice, clinical decision making, mentoring, and self-directed learning.

Speech-language pathologists should have the ability to articulate and exchange knowledge and seek additional knowledge and skills. They should also have the ability and desire to remain open to input from and collaboration with other health care and education professionals. Speech-language pathologists value collaboration and communication in a spirit of mutual collegiality among health care and education providers as essential to meeting the healthcare needs of society.

A speech-language pathology professional education program prepares students to be practicing generalists but also provides graduates with the tools that enable them to develop specialty expertise through the application of critical thinking and problem-solving skills and a wholistic approach to health care.

The academic and clinical faculty and the academic and clinical education environments must reflect and foster professional values and behaviors. The academic and clinical faculty and curriculum components must be inextricably linked for the provision of professional education programs preparing competent health care practitioners.

A diverse faculty whose members have responsibilities and activities consistent with their areas of teaching and scholarly expertise strengthens and enhances a professional education program in speech- language pathology.

Program Goals

The goals of the Speech-Language Pathology department at Misericordia University are to prepare graduates who:

1. Engage in contemporary, competent, legal, and ethical practice.
2. Value the critical inquiry in the validation and advancement of the science of speech language pathology and audiology.
3. Describe the roles and responsibilities of speech-language pathologists as professionally autonomous practitioners within the health care and educational systems.
4. Accept the responsibility for education of self, the community, the profession, clients, and colleagues in the health care and educational systems.
5. Value and foster communication and interaction with colleagues for the benefit of optimal service to clients with communication disorders.
6. Respect and respond to contemporary bio-psycho-social diversity in interactions with clients, families, colleagues, and the community.

It is the mission of the Speech-Language Pathology program to educate and prepare students who will be ethical and competent clinicians in the provision of services to persons with speech-language hearing disorders.

Curriculum Objectives

To ensure that graduates of the Speech-Language Pathology program will be prepared for their professional roles and responsibilities, the following are the program's curriculum objectives. Upon successful completion of the Speech-Language Pathology program, graduates will be able to:

1. Provide prevention, screening, consultation, assessment and diagnosis, treatment, intervention, management, counseling, and follow-up services for disorders of:
 - a. Speech (i.e., articulation, fluency, resonance, and voice including aeromechanical components of respiration).
 - b. Language (i.e., phonology, morphology, syntax, semantics, and pragmatic/social aspects of communication) including comprehension and expression in oral,

- written, graphic, and manual modalities; language processing; preliteracy and language-based literacy skills, including phonological awareness.
- c. Swallowing or other upper aerodigestive functions such as infant feeding and aeromechanical events (evaluation of esophageal function is for the purpose of referral to medical professionals));
 - d. Cognitive aspects of communication (e.g., attention, memory, problem solving, executive functions).
 - e. Sensory awareness related to communication, swallowing, or other upper aerodigestive functions.
2. Establish augmentative and alternative communication (AAC) techniques and strategies including developing, selecting, and prescribing of such systems and devices (e.g., speech generating devices).
 3. Provide services to individuals with hearing loss and their families/caregivers (e.g., auditory training; speech reading; speech and language intervention secondary to hearing loss).
 4. Screen hearing of individuals who can participate in conventional pure-tone air conduction methods, as well as screening for middle ear pathology through screening tympanometry for the purpose of referral of individuals for further evaluation and management.
 5. Use instrumentation (e.g. video fluoroscopy, EMG, nasendoscopy, stroboscopy, computer technology) to observe, collect data, and measure parameters of communication and swallowing, or other upper aerodigestive functions in accordance with the principles of evidence-based practice.
 6. Select, fit, and establish effective use of prosthetic/adaptive devices for communication, swallowing, or other upper aerodigestive functions (e.g., tracheoesophageal prostheses, speaking valves, and electrolarynges). This does not include sensory devices used by individuals with hearing loss or other auditory perceptual deficits.
 7. Collaborate in the assessment of central auditory processing disorders and providing intervention where there is evidence of speech, language, and/or other cognitive-communication disorders.
 8. Educate and counsel individuals, families, co-workers, educators, and other persons in the community regarding acceptance, adaptation, and decision making about communication, swallowing, or other upper aerodigestive concerns.
 9. Advocate for individuals through community awareness, education, and training programs to promote and facilitate access to full participation in communication, including the elimination of societal barriers.
 10. Collaborate with and provide referrals and information to audiologists, educators, and other health professionals as individual needs dictate.
 11. Address behaviors (e.g., perseverative or disruptive actions) and environments (e.g., seating, positioning for swallowing safety or attention, communication opportunities) that affect communication, swallowing, or other upper aerodigestive functions.
 12. Provide services to modify or enhance communication performance (e.g., accent modification, transgendered voice, care and improvement of the professional voice, personal/professional communication effectiveness).
 13. Recognize the need to provide and appropriately accommodate diagnostic and treatment services to individuals from diverse cultural backgrounds and adjust treatment and

assessment services accordingly.

14. Be critical consumers of professional literature.

15. Accept responsibility for service to one's fellow human beings.

Accreditation Status

Accreditation is a voluntary process that professional programs in communication sciences and disorders (not individual people) undergo to ensure that their academic and clinical curricula meet the minimum standards of quality as delineated by a governing board. The governing board for speech-language pathology and audiology programs is the *Council on Academic Accreditation (CAA)*, a semiautonomous body of the American Speech-Language-Hearing Association (ASHA). Accreditation is a "seal of approval" by the CAA that the professional program in question provides a quality education to prospective students.

As part of the requirements for earning the Certificate of Clinical Competence (CCC), a speech-language pathologist must obtain his or her education at a college or university professional program that has been accredited by the CAA. For new programs, the first step in the accreditation process is candidacy. Candidacy can be considered a probationary period during which the new program must come to compliance with all accreditation standards. Once all accreditation standards are met, the program is then awarded accreditation. Upon earning accreditation, professional programs must continue to meet all accreditation standards or run the risk of being placed on probation, or worse yet, lose accreditation altogether. If a student attends a professional program and graduates from that program while it is in candidacy, he or she is still eligible for the CCC, even if the program does not earn full accreditation after the student graduates.

The Master of Science (M.S.) education program in speech-language pathology (residential program, distance education) at Misericordia University is accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association, 2200 Research Boulevard, #310, Rockville, MD 20850, 800-498-2071 or 301-296-5700.

Student Organizations (NSSLHA, PSHA)

The *National Student Speech-Language-Hearing Association (NSSLHA)* is the student affiliate of the *American Speech-Language-Hearing Association (ASHA)*. Membership in NSSLHA is open to any student who has an interest in communication sciences and disorders. ASHA has special incentive programs for students who remain NSSLHA members throughout their studies. NSSLHA members also receive a discount in the registration fee to the Annual Convention of the association and receive several of the publications that are made available to full ASHA members.

Students in speech-language pathology have organized a local chapter of NSSLHA at Misericordia University. All students in the major are encouraged to join NSSLHA at the national and local level. Students usually register for NSSLHA in the fall semester of their first

year. Dues for membership are added to the students' semester bill. Students are also encouraged to become members of the [*Pennsylvania State Speech and Hearing Association \(PSHA\)*](#). Students who are members of this state division receive a discount to the annual state convention.

The Speech-Language Pathology Academic Curriculum

Academic Advising

Upon entering the program, students are assigned to an advisor from within the Department of Speech- Language Pathology. This advisor remains the same throughout the student's entire course of study. Student and advisor meet during advisement week in the student's first semester. At this meeting, students are given an advising sheet and a plan of study form. Transfer students and post-baccalaureate students meet with either their advisor or the chair of the department to develop a plan of study before their first semester of study. Once a plan of study is determined, student and advisor sign a document indicating approximate date of graduation and acceptance of department requirements. Student and advisor meet every semester during advisement week to review the student's progress through the plan of study and update forms as necessary.

Suggested Sequencing of Courses

The sequence of courses for a traditional student is provided on the following page. For traditional students, the program typically takes five years to complete.

Undergraduate transfer students must first have their transcripts evaluated to determine what courses will transfer. Once that decision is made, a plan of study is established, and an anticipated graduation date is determined.

Students who have earned a Baccalaureate degree in communication sciences and disorders enter the program at the graduate level (i.e., senior year). Transcripts are reviewed to determine if the student has satisfied the ASHA course requirements at the undergraduate level. A plan of study is established, and an anticipated graduation date is determined.

The most up-to-date sequence of courses may be found here: [*Misericordia University Speech-Language Pathology 5-Year Curriculum*](#)

International/Intercultural Opportunities

International and intercultural study, research, and service abroad opportunities at Misericordia University are designed and developed so that students have the opportunity to explore, grow, and shape their experiences not only as Misericordia students but as citizens of the world, demonstrating the charisms of mercy, service, justice, and hospitality in the increasingly global environment in which they live.

Students and faculty interested in becoming involved in study, research, or service abroad are highly encouraged to do so through this series of well-planned opportunities. These programs vary in duration, but all provide important intercultural experiences that prepare students for future success.

Any Speech-Language Pathology student who is interested in these opportunities will be able to enroll in the study abroad program during the fall semester of the Sophomore year; however, the student must email the Speech-Language Pathology Department Chair about two weeks before the start of Freshmen year fall classes and meet with the Speech-Language Pathology Department advisor during the first week of classes in the fall semester of the Freshmen year because the student will be advised to take certain Sophomore level SLP classes (e.g., SLP 220 – Anatomy and Physiology), during the fall semester of the Freshmen year.

Below are opportunities associated with the various programs:

Misericordia University works with affiliated institutions (e.g., The Umbra Institute, Perugia, Italy; University of Limerick, Ireland; St. Mary's University, Twickenham, London, England; University of Wales Trinity St. David, - Carmarthen, Lampeter or Swansea campuses; Southern Cross University, Lismore – Gold Coast, Australia) and a program provider (Arcadia University) for study abroad opportunities. Students may choose to study abroad for a full semester or during the summer. Consultation with an academic advisor regarding courses and number of credits to be taken at the institution abroad is required. Those who wish to use courses taken abroad to satisfy specific course requirements at Misericordia University, whether in the core or the major, must secure the approval of the appropriate department chair in advance by filling out an Off-Campus Request Form, found on the Students tab on myMU. To learn more, please see Misericordia's [*Off-Campus Course Policy*](#).

Study abroad credits earned through an affiliated program are considered part of the student's regular course load and carry full academic credit and grade value. Study abroad credits earned through non-affiliated providers (Arcadia University) are treated as transfer credits and governed by the Off-Campus Course policy. Students planning a study abroad experience must consult with the director of student financial services to determine appropriate financial responsibility. Misericordia University tuition applies and a student's MU funding, in most cases, will follow the student abroad for fall and spring semester programs. Any student interested in exploring this opportunity may contact: studyabroad@misericordia.edu.

Transfer of Graduate Credits

Students accepted into the Speech-Language Pathology program for graduate study as a transfer from an accredited Speech-Language Pathology program at another institution of higher education will have their transcripts reviewed to determine which courses are transferable. The student must show evidence that the course(s) taken are similar in content to the corresponding courses offered at Misericordia University. Evidence may be provided in the form of a course syllabus and/or catalog description of the course. A plan of study will then be established accordingly.

If the graduate transfer student obtained clock hour credit for clinical practicum, up to 75 clock hours will be accepted (including 25 observation hours) toward the requirements for certification as long as they were obtained while attending an accredited institution of higher education and under the requirements set forth by the Council on Academic Accreditation of the American Speech-Language-Hearing Association.

English Proficiency Requirements

The Department of Speech-Language Pathology is committed to offering its educational programs to students from a broad range of backgrounds, cultures, and languages. In doing so, it recognizes its responsibility to ensure that students whose first language is not English, have sufficient proficiency to undertake the program of their choice. Proficiency in English is required for graduate study. Each applicant whose native language is not English must demonstrate English language proficiency. Proficiency can be demonstrated in one of the following four ways:

1. A bachelor's, master's, or doctoral degree from a regionally accredited institution in the United States or internationally where English is the medium of instruction at the university.
2. Official documentation from the institution verifying that the applicant's undergraduate degree is from an institution (in a country other than the United States) where all instruction is in English. The undergraduate degree must be equivalent to a US bachelor's degree. Documentation must be presented for verification.
3. The following minimum English language proficiency test scores will be accepted:
 - a. 92 on the TOEFLiBT
 - b. 237 on the TOEFLC
 - c. 580 on the TOEFL

Important: Test scores are valid for two years and must be valid on the date the application is submitted.

Retention of Student Information and Files

All students who are currently in the Speech-Language Pathology Department have access to their files which are located in the Department Administrative Specialists office. These files are kept in a locked cabinet. Students have access to their files but must review all information in the department office. Upon graduation, all academic and clinical files are scanned and saved in digital form. These files are saved and stored on a digital server and backed up. Students may request a copy of their files at any time.

Course Descriptions

SLP 210 Introduction to Communication Disorders (3 credits)

This course is designed to give the student an overview of the speech-language pathology profession by describing the types of disorders that are likely to be encountered in a typical caseload. Additionally, the student is given basic information about the profession: typical work settings, certification and licensure requirements, and the profession's Code of Ethics.

SLP 215 Development Across the Lifespan (3 credits)

To understand what constitutes a delay or disorder of speech and/or language comprehension or production, the speech-language pathologist must understand the nature and sequence of normal speech and language development. This course is designed to address how humans typically develop speech and language abilities, both in terms of comprehension and production.

SLP 220 Anatomy and Physiology of Speech and Hearing (3 credits)

This course covers anatomy and physiology of the speech and hearing mechanism, including nomenclature, respiration, phonation, articulation/resonance, the nervous system, and the auditory system. A laboratory is included to assist the student in learning the anatomy, utilizing models, charts, videotapes, and cadavers.

SLP 230 Phonetics (3 credits)

Principles of phonetics and their application to speech is covered in this course. Classification of speech sounds according to various systems including, but not limited to, manner and place, distinctive features, and phonological processes. Exercises in phonetic transcription utilizing the International Phonetic Alphabet will be provided.

SLP 250 Speech and Hearing Science (3 credits)

The study of speech and hearing physiology, acoustic phonetics, and speech perception is covered in this course.

SLP 260 Articulation, Phonology, and Language Disorders (3 credits)

This course includes an exploration of the processes related to developmental articulation, phonology, and language disorders from birth through adolescence. Instruction in the principles underlying modification of these disorders is provided.

SLP 301 Literacy and SLP in the Schools (3 credits)

This course includes the establishment and maintenance of speech and hearing programs within various administrative organizations, particularly in public schools. Emphasis is placed on the individual educational plan (IEP) process including referral, assessment, evaluation, identification, and development of a meaningful IEP. Techniques of scheduling, record keeping, material and equipment selection, counseling, and behavior management are discussed. In addition, the development of coordinated professional and interdisciplinary procedures and issues of ethical practice and cultural diversity are addressed. This course also addresses the relationship between language and literacy, and the role of the school SLP in prevention, assessment, and treatment of literacy issues through consultative, collaborative and pull-out methods.

SLP 305 Observation and Clinical Procedures I (2 credits)

This course includes clinical procedures for working in various practicum settings, using diagnostic and therapeutic techniques, writing behavioral objectives, procedures for report writing, and practical experience with clinician-made and commercial materials. This course also provides direct clinical observation of the evaluation and rehabilitation of individuals with speech, language, and hearing problems. A minimum of 25 clock hours of observation will be required.

SLP 310/512 Methods and Critical Consumerism in Research (3 credits)

A study of research design and statistical analysis as it pertains to communication disorders are covered in this course. Topics will include levels of measurement, single and group research designs, nonparametric and parametric statistics, and the organization and implementation of research from formulation of research questions through dissemination of results. The seminar

will involve the critical review of representative samples of research in the speech-language pathology literature.

SLP 325 Stuttering, Voice, and Cleft Palate (3 credits)

An introduction to the developmental, psychogenic, and organic bases for stuttering, voice disorders, and cleft palate is covered in this course. Instruction in principles underlying treatment of these disorders with emphasis on anatomical deviations and laryngeal dysfunction is provided.

SLP 330 Introduction to Audiology (3 credits)

This course provides an introduction to theories of hearing. Students will be exposed to basic audiometric principles used in hearing measurement. Auditory tests include pure tone audiometry, speech audiometry, and electrophysiological measures used to assess hearing sensitivity in clients across the lifespan.

SLP 350 Adult Communication Disorders (3 credits)

An overview of basic anatomy of those portions of the central nervous system that control swallowing and human communication will be provided. The course will prepare students for an advanced study of speech and language development and neurogenic communication disorders of children and adults.

SLP 415 Observation and Clinical Procedures II (2 credits)

This course prepares students for the first clinical experience. Student will plan, implement, and evaluate at least one (1) therapy session with a client based on the information learned in class. A minimum of 5 clock hours of observation will be required.

SLP 435 Communication Disorders in Autism (3 credit)

This course provides students with a working knowledge regarding speech-language disorders in autism. Foundation knowledge will be presented in understanding current research regarding speech- language issues in autism, including diagnostic language markers and speech, language, fluency, and voice characteristics in autism. Students will complete coursework focusing on adaptation of diagnostic and treatment planning to the autistic population and identification and use of evidence- based treatment protocols related to the specific diagnosis of autism.

SLP 445 Medical Speech-Language Pathology (3 credits)

Anatomy, early development, and function of the central and peripheral nervous system will be covered in this course. There will be a focus on neurological structures important to communication which will form the basis of communication disorders encountered in a medical environment. Also covered will be information concerning the role of the speech-language pathologist in management of tracheostomy, ventilator dependent patients, and options to improve voice following laryngectomy.

SLP 450 Optional Clinic (3 credits)

This is an undergraduate in-house practicum assignment for exceptional students in the second semester of the junior year. This course includes writing lesson plans, reports, and case histories of a detailed nature for individuals or groups of persons who exhibit speech, language, or hearing problems. An experience in working with individuals or groups of persons who exhibit speech or

hearing problems is included.

SLP 455 Counseling and Interviewing in Speech-Language Pathology (3 credits)

This course will provide students with an overview of the goals and procedures of counseling people with communication disorders. Objectives for the course are designed to help students develop a thorough understanding of the process of change so they will be better able to understand and support their clients' experiences in therapy, while giving students the opportunity to develop basic counseling microskills used in daily practice. This course will provide an introduction to the basic interviewing and counseling skills necessary to help speech-language pathologists achieve the greatest success possible when working with children and adults exhibiting communication disorders, as well as their caregivers and significant others.

SLP 500 Articulation and Phonological Disorders (3 credits)

An examination of normal and deviant articulatory acquisition and behavior will be covered. Presentation of major theoretical orientations and the therapeutic principles will be discussed.

SLP 505 Clinic I (sec I-IV) (3 credits)

This is an in-house or off-campus practicum assignment for students in the senior year of study. The student will receive hands-on clinical experience in the assessment and remediation of communication disorders in persons with a variety of speech, language, and hearing impairments. This practicum is intended to supplement what students are learning in the academic coursework and will be accomplished under the supervision of a faculty member, clinical staff, or a licensed Speech-Language Pathologist who holds the Certificate of Clinical Competence from the American Speech-Language- Hearing Association.

SLP 510 Fluency Disorders (3 credits)

Theories, assessment, and treatment techniques for persons with fluency disorders across the lifespan will be covered.

SLP 515 Hearing Seminar (1 credit)

Students will receive hands-on experiences in audiometric testing and audiological intervention within the scope of practice for speech-language pathology students.

SLP 525 Child Language Disorders (3 credits)

This course provides an overview and evaluation of the language skills of preschool and school aged children including metalinguistic and discourse development. Contemporary theory and practice in language assessment and intervention for children from birth through high school will be reviewed.

SLP 530 Vocal and Velopharyngeal Disorders (3 credits)

The study of etiology, symptoms, and treatment strategies for a variety of vocal and velopharyngeal disorders will be covered.

SLP 540 Augmentative and Alternative Communication (3 credits)

Assessment and intervention strategies and technology for individuals with severe communication impairments will be covered.

SLP 545 Aphasia and Cognitive Communication Disorders (3 credits)

Neurological and psychological aspects of aphasia and other cognitive communication disorders will be covered. Assessment and intervention approaches will be discussed and evaluated.

SLP 555 Diagnostic Clinic in Communication Disorders (1 credit)

Supervised practicum experience in performing in-depth diagnostic evaluations with individuals exhibiting any type of speech, hearing, or language dysfunction will be included. Students will gain experience in obtaining case history information, administering diagnostic tests, conferring with parents or their responsible party, and writing reports. This course is taken concurrently with SLP 560.

SLP 560 Differential Diagnosis in Communication Disorders (3 credits)

This course covers an introduction to formal and informal procedures for evaluating and diagnosing speech and language disorders, selection of tests and techniques, validity and reliability of procedures, interview techniques appropriate to a case history, preparation of evaluation and case history reports, as well as preparation of management programs. This course is taken concurrently with SLP 555.

SLP 565 Speech Language Pathology Seminar I (1 credit)

This course will cover the American Speech-Language Pathology code of ethics, Licensure handbook of Pennsylvania, clinical policies and procedures, clinical documentation, and clinical issues regarding client care.

SLP 566 Speech Language Pathology Seminar II (1 credit)

This course will cover resume building, school and hospital issues in speech-language pathology, development of therapeutic intervention strategies and materials, and clinical issues regarding client care.

SLP 575 Motor Speech Disorders (3 credits)

A study of the medical, physical, occupational, speech, language and hearing problems of the neuro- motorically impaired client will be covered. Assessment and therapy techniques are reviewed and evaluated.

SLP 590 Dysphagia (3 credits)

Information and training in the evaluation and treatment of swallowing disorders throughout the lifespan is covered in this course.

SLP 601 Summer Clinic I (sections I-IV) (3 credits)

This is an in-house or off-campus practicum assignment for students in the senior year of study. The course is offered in the summer semester. The student will receive hands-on clinical experience in the assessment and remediation of communication disorders in persons with a variety of speech, language, and hearing impairments. This practicum is intended to supplement what students learn in academic coursework and will be accomplished under the supervision of a faculty member, clinical staff, or a licensed Speech-Language Pathologist who holds the Certificate of Clinical Competence from the American Speech-Language-Hearing Association.

SLP 602 Summer Clinic II (sections I-IV) (3 credits)

This is an in-house or off-campus practicum assignment for students in the senior year of study. The course is offered in the summer semester and is typically taken after the student has completed SLP 505, SLP 605, or SLP 601. The student will receive hands-on clinical experience in the assessment and remediation of communication disorders in persons with a variety of speech, language, and hearing impairments. This practicum is intended to supplement what students learn in academic coursework and will be accomplished under the supervision of a faculty member, clinical staff, or a licensed Speech-Language Pathologist who holds the Certificate of Clinical Competence from the American Speech-Language-Hearing Association.

SLP 605 Clinic II (sec I-IV) (3 credits)

This is an in-house or off-campus practicum assignment for students in the senior year of study. The course is usually taken after a student has completed SLP 505. The student will receive hands-on clinical experience in the assessment and remediation of communication disorders in persons with a variety of speech, language, and hearing impairments. This practicum is intended to supplement what students learn in academic coursework and will be accomplished under the supervision of a faculty member, clinical staff, or a licensed Speech-Language Pathologist who holds the Certificate of Clinical Competence from the American Speech-Language-Hearing Association.

SLP 610 Fieldwork I (9 credits)

Students receive supervised clinical experience with persons presenting various speech and/or language disorders, fluency disorders, voice disorders, and dysphagia. This off-campus practicum experience is to be taken in the student's fifth year of study.

SLP 620 Fieldwork II (9 credits)

Students receive supervised clinical experience with persons presenting various speech and/or language disorders, fluency disorders, voice disorders, and dysphagia. This off-campus practicum experience is to be taken in the student's fifth year of study. This practicum experience is to be taken in the student's fifth year of study. This course is typically taken after the student has completed SLP 610.

SLP 630 Fieldwork III (6 credits)

Students receive supervised clinical experience with persons presenting various speech and/or language disorders, fluency disorders, voice disorders, and dysphagia. This practicum is to be taken during the summer term following the student's fifth year of study and/or if all practicum requirements have not been met.

SLP 650 Professional Issues (3 credits)

A seminar devoted to issues pertinent to the field of speech-language pathology, including but not limited to pre-professional academic and practicum requirements, accreditation standards, ASHA practice policies and guidelines, legislative and regulatory policies, business practices, reimbursement issues, certification requirements, specialty recognition, licensure requirements, and professional ethics.

SLP 660 Comprehensive Seminar in Communication Disorders (3 credits)

This graduate level course provides extensive study that covers all aspects of the Speech-Language Pathology Program from undergraduate coursework through graduate coursework. The course is designed to cover all nine ASHA areas of specialty, including articulation/phonological disorders, child language disorders, adult language/neurological disorders, voice disorders, fluency disorders, augmentative and alternative communication, dysphagia, research methods, and cultural aspects of communication disorders. The course also covers all seven areas of the PRAXIS SLP, including, basic human communication, phonological and language disorders, speech disorders, neurogenic disorders, audiology/hearing, clinical management, professional issues, psychometrics, and research.

SLP 680 Thesis Option (3 credits)

Independent design and implementation of a research study under the supervision of a faculty member.

Academic Policies and Procedures

University Requirements**Core Requirements**

All undergraduate students, regardless of major, are required to complete a minimum of 48 credit hours of core courses. These courses must be taken in accordance with the distribution of credit hours by area of study described below and must be selected from the list of core course titles listed in the student catalog.

Some courses must be taken in sequence, and both semesters of courses which are offered over two semesters must be completed.

Area of Study	Credits	Area of Study	Credits
Behavioral Science	6	Philosophy	6
English Literature	6	Religious Studies	6
Fine Arts	6	Natural Science	6
History or Political Science	6		
Mathematics	6		

Grade Point Average

Students who do not maintain the Speech-Language Pathology Department required GPA of a 3.3 and who are not accepted into the graduate program must maintain a minimum 2.0 cumulative GPA overall in the core curriculum to graduate with a Baccalaureate degree in Professional Studies.

Department Requirements

Grade Point Average

Advancement to the Undergraduate Speech-Language Pathology Program

For both traditional five-year students and transfer students, advancement to the undergraduate program (traditionally the junior year) is continuous. Students who are admitted to the program take Speech-Language Pathology undergraduate courses in their freshmen, sophomore, and junior years. See catalog for more details about undergraduate requirements.

Advancement to Graduate Study in Speech-language Pathology

To advance to the graduate portion of the speech-language pathology program (typically the senior and fifth years of study), students must:

1. Have an overall GPA of at least 3.3 throughout the program.
2. Receive a grade of “C-” or better in the undergraduate speech-language pathology courses.
3. Successfully master all course objectives for all speech-language pathology courses taken prior to the senior year (first year graduate school).

Advancement within the Graduate Portion of the Speech-language Pathology Program

To advance from the first year (traditionally the senior year) to the second year (traditionally the fifth year) of study, students must:

1. Have an overall GPA of at least 3.3.
2. Receive a grade of “B-” or better in all graduate level **academic** courses (500 and 600 level). Any students who receive a “C+” or lower in any graduate level academic course (excluding clinic) have one opportunity to retake that course and receive a “B-” or better. Failure to achieve a grade of “B-” or better in that repeated course will result in dismissal from the program. Students who receive a C+ or lower in two or more 500 and/or 600 level academic courses regardless of cumulative GPA or passing a previously failed academic class, will be dismissed from the program. Students who receive a C+ grade or lower in two academic courses in one semester, will be dismissed from the program and will not have the opportunity to retake those courses regardless of cumulative GPA or passing a previously failed class.
3. Students who receive a C+ grade or lower in an academic course and B- or lower in a 500 and/or 600 level graduate clinic/fieldwork in the same semester, will be dismissed from the program regardless of cumulative GPA or passing a previously failed class or clinic/fieldwork. Students who receive a C+ grade or lower in an academic course and B- or lower in a 500 and/or 600 level graduate clinic/fieldwork in 2 separate semesters, will be dismissed from the program regardless of cumulative GPA or passing a previously failed class or clinic/fieldwork.
4. Successfully master all course objectives for all speech-language pathology courses taken during the senior year and 5th year.

If students have not met the expectations for the acquisition of knowledge and skills in the academic component of the program, they will be referred to the student Success Center. If a student receives a grade of less than 80% on academic courses in a test, quiz, or assignment, the student will be referred for tutoring to the Student Success Center. The student will also need to complete another assignment that the professor assigns (this could include but is not limited to an

oral defense, redoing the assignment, completing a different assignment, etc.) to demonstrate competency in the area. The student will not receive extra credit for the new assignment. The new assignment does not replace the old grade on the test, quiz, assignment, etc. To ensure that this procedure is applied consistently across all students who are identified as needing intervention, we complete a form that indicates whether or not a student has met, partially met, or not met the course objectives. If a student has not met or partially met an objective the deficiency will be noted on the form and the appropriate remediation plan will also be noted.

If a student receives a B- grade or lower (less than 83%) in a clinical course at mid-term, as identified by their performance on the *Clinical Education Evaluation Form*, the Student Success Center (SSC) will be notified by the clinical instructor and the student will be referred for tutoring and/or clinical counseling. The student can refuse services from the SSC; however, it is strongly encouraged that they use the services. During the second half of the semester, the student may need to complete additional assignments that the clinical supervisor assigns (this could include but is not limited to observing therapy or Simucases, viewing and critiquing past clinical sessions, researching speech disorders, etc.). The student will not receive extra credit for the completion of additional assignments. Completion of additional assignments and interaction with the Student Success Center is designed to assist the student in improving skills; however, it will not necessarily result in a grade increase at the end of the semester. The clinical supervisor will keep track of the student's progress via detailed observation summary reports and written documentation. This documentation will be used to justify the student's final grade on the *Clinical Education Evaluation Form* at the end of the semester. All documentation will be housed in the student's clinical binder and then scanned to a digital format when the student leaves, is dismissed, or graduates from the program. If a student receives a B- or lower at the end of the semester, the student will be placed on clinical probation and have one opportunity to retake a clinic and receive a passing grade. To ensure that this procedure is applied consistently across all students who are identified as needing intervention, we complete a form that indicates whether or not a student has met, partially met, or not met the course objectives. If a student has not met or partially met an objective the deficiency will be noted on the form and the appropriate remediation plan will also be noted.

Comprehensive Examination Policy

The comprehensive examination is a culminating requirement of the Speech-Language Pathology Program. The comprehensive examination is taken during the 5th year (second year graduate school). Students who complete a graduate thesis are not required to take the comprehensive examination. The purpose of the comprehensive examination is to determine whether the student has mastered all work related to speech-language pathology.

Procedures:

1. Students will be given four essay questions randomly assigned from the 9 areas listed below: Articulation/Phonology, Child Language/Literacy, Aphasia, Motor Speech Disorders, Voice, Fluency, AAC, Dysphagia, and Research Methods. Questions that relate to cultural diversity may be included in these areas.
2. Each essay question will be developed and graded by the faculty/staff member who is currently teaching that specific area.
3. Students will be given four hours to complete the comprehensive examination. Students

MUST answer all four essay questions in the allotted 4-hour time period. If a student fails to answer a question, he/she WILL NOT be given an opportunity to answer that question in an oral defense and therefore, will fail both the oral and written components of the comprehensive examination and will need to retake the class that pertains to the question (e.g., stuttering, voice, etc.) when it is next offered.

4. To ensure that all four questions are answered, students will be given one hour to answer each question. On the hour, the proctor of the examination will announce that it is time to move on to the next question. Students MUST then begin to answer their next question. Once all four questions are completed, students may go back to review and revise any previous questions. If a student finishes answering a question in less than an hour, he/she will be permitted to move on to the next question; however, he/she will still only have that hour to complete the question and when time is called, MUST move on to the next question. Students, who finish their examinations early, will be permitted to go back and review and revise their responses. Once time is called, all students MUST immediately hand in their examination to the Proctor.
5. Responses to all essay questions will be typed using Respondus Lockdown browser.
6. The length of a response will vary according to the question posed. Students should include all the information they believe is necessary to appropriately answer the essay question.
7. Students MUST use proper grammar and spelling. Points will be deducted for grammatical and spelling errors.
8. Each essay will be worth 25 points for a total of 100 points for all four essays.
9. The passing score for each essay is a minimum of 20/25 points.
10. A student who fails the criteria (20/25 per question), MUST complete an oral defense of that question on a specified date. If a student fails the written examination, he/she will be notified within 1 week of the oral defense. Questions for the oral defense will comprise information the student failed to answer completely or accurately during the written portion and may also include additional questions within that subject matter.
11. Prior to the oral defense, the student may review, in person, his/her written essay(s) as well as the faculty members' comments on the failed topic(s), only if provided. Students will not be allowed to directly ask faculty questions about their comments or the questions prior to or on the day of the oral defense.
12. During the oral defense the faculty member who developed the question(s) and a minimum of one other faculty/staff member will be responsible for questioning and grading the student's oral response. They will decide whether the student has sufficiently defended his/her response(s). The oral defense will be video/audio taped for documentation.
13. Should a student fail to obtain a passing score following the oral component of the comprehensive examination, the student will not be permitted to take SLP 620 (Fieldwork II) in the spring semester. The student will return in six weeks to complete a new written comprehensive examination for the subject (s) that was previously failed. If the student passes on the second attempt, the student will be allowed to register for the SLP 600 level fieldwork course that is applicable to their course of study in the following semester. If the student was planning to take a fieldwork placement in an educational setting in the spring semester, the student will need to wait until the fall semester to complete that fieldwork. If the student fails any portion of the written component of the

comprehensive examination on the second attempt, no oral defense will be permitted, and the student will be automatically dismissed from the program.

Criteria for Graduation

The following criteria must be met to be awarded the master's degree in Speech-Language Pathology:

1. Complete all required course work
2. Thesis/Comprehensive Examination
3. Show evidence of taking the Praxis - SLP
4. Successfully complete 400 clinical practicum hours
5. Exit interview/survey

ASHA Requirements

As of January 1, 2014, individuals applying for certification in speech-language pathology must have completed a course in each of the following areas: biological science, physical science, statistics, and behavioral/social sciences. Acceptable courses in biological sciences should emphasize a content area related to human or animal sciences (e.g., biology, human anatomy and physiology, neuroanatomy and neurophysiology, human genetics, veterinary science). Acceptable courses in physical sciences should include physics or chemistry. Acceptable courses in social/behavioral sciences should include psychology, sociology, anthropology, or public health. A stand-alone course in statistics is required. Research methodology courses in communication sciences and disorders (CSD) may not be used to satisfy the statistics requirement. A course in biological and physical sciences specifically related to CSD may not be applied for certification purposes to this category unless the course fulfills a university requirement in one of these areas.

Applicants must also have been assessed to ensure that they have achieved the knowledge and skills outlined in the [2020 Standards for Certification in Speech-Language Pathology](#) in a graduate program holding accreditation by the Council on Academic Accreditation (CAA) in Audiology and Speech-Language Pathology. Achievement of the knowledge areas outlined in the standards is typically through completion of academic course work. Skill areas in the standards would typically be achieved through participation in clinical practicum (400 clock hours total, including 25 hours of clinical observation, 375 clock hours in direct client/patient contact of which 325 are at the graduate level); however, academic programs may assess compliance with the standards in any manner they wish.

Upon completion of the academic course work and clinical practicum requirements, individuals applying for certification in speech-language pathology must complete a Speech-Language Pathology Clinical Fellowship (SLPCF) experience under the mentorship of an individual holding ASHA certification. This experience must consist of the equivalent of 36 weeks of full-time clinical practice, with full-time defined as 35 hours per week.

Applicants for certification in speech-language pathology must also successfully complete the Praxis examination in speech-language pathology that is administered by the Educational Testing Service (ETS). Results of the examination must be submitted to ASHA directly from ETS no

more than five years prior to submission of the application for certification and no less than two years following completion of the knowledge and skills required for certification.

Once certification has been granted, individuals must comply with the Certification Maintenance requirements outlined in the 2020 standards and must also remit a yearly certification fee.

Education Specialist Certification Requirements

The Speech-Language Pathology program at Misericordia University is approved to provide Education Specialist Certification for graduate students by the Pennsylvania Department of Education. Students will need to complete a fieldwork in an educational setting and all coursework, pass the PRAXIS-SLP, and obtain a master's degree in Speech-Language Pathology.

State Licensure

The academic and clinical curricula of the Speech-Language Pathology program at Misericordia University meet the pre-professional requirements for licensure in the Commonwealth of Pennsylvania and the surrounding states.

Academic Probation and Dismissal

Misericordia University's Academic Integrity Policy (as stated in the 2022-2023 Undergraduate Academic Catalog).

Academic Integrity

Any form of cheating or dishonesty, including plagiarism, as well as the misuse of AI programs (when not permitted by the instructor), is strictly prohibited. Such behavior will not be tolerated and will result in severe consequences. This includes, but is not limited to, lowered grades, receiving a failing grade in the class, dismissal from the program, and, in the most serious cases, dismissal from the university. Students are responsible for ensuring that they properly document all sources, including the use of AI, and adhere to their ethical and legal implications.

Plagiarism is using someone else's ideas or words and claiming them as one's own. Students who use another person's words must copy them accurately, enclose them in quotations marks, and identify the source clearly. If another person's ideas are used in a student paper, the source must still be identified, and the author of the ideas given credit. Students are responsible to make sure they are using sources properly and documenting them properly.

The responsibility for maintaining personal integrity and honor in academic activities rests with the student. Each faculty member will provide information on academic integrity to students in the course outline at the beginning of the semester, including any necessary explanation of violations, possible infractions of academic integrity and the scope of sanctions, e.g., warning, lowering of the grade on the assignment or course, course failure, or dismissal from the program or university.

Should a violation of academic integrity occur, the faculty member must inform the student of the violation before imposing any sanction. Should the violation be considered serious enough to merit any grade of "D" or lower on any major assignment, or a more serious penalty, such as

course failure or dismissal from the program, the faculty member must notify the Vice President of Academic Affairs (VPAA) and supply any supporting evidence. In the case of multiple violations, the VPAA will discuss this issue with the student and may impose additional sanctions up to and including dismissal from the university. In a case where dismissal from the university is contemplated, the VPAA will consult with the faculty member, student's advisor, department chair/program director, and college dean.

In cases where the student contests the accusations of academic dishonesty, the student may file a grievance under either the undergraduate or graduate grievance procedure, whichever one is applicable.

Department Probation and Dismissal Criteria

Students need to maintain a cumulative GPA of 3.3 or above throughout the program. If the cumulative GPA falls below 3.3, the student will be placed on **probation** for one **semester**. After the semester on probation, if the cumulative GPA is still below 3.3, the student will be dismissed from the program and **cannot take** any more SLP classes. **Students understand and agree that they can only fall below the required GPA once during the entire program.**

Students must receive a grade of B- or better in all graduate level **academic** courses (500 and 600 level). If students receive a C+ or lower in any graduate level academic course (excluding clinic), they have one opportunity to retake that course and receive a B- or better. Failure to achieve a grade of B- or better in that repeated course will result in dismissal from the program. If students receive a C+ or lower in two or more 500 and/or 600 level academic courses, they will be dismissed from the program regardless of the cumulative GPA or passing a previously failed academic class. If students receive a C+ grade or lower in two academic courses in one semester, they will be dismissed from the program and will not have the opportunity to retake those courses regardless of the cumulative GPA or passing a previously failed class. If students receive a C+ grade or lower in an academic course and B- or lower in a 500 and/or 600 level graduate clinic/fieldwork in the same semester, they will be dismissed from the program regardless of the cumulative GPA or passing a previously failed class or clinic/fieldwork. If students receive a C+ grade or lower in an academic course and B- or lower in a 500 and/or 600 level graduate clinic/fieldwork in two separate semesters, they will be dismissed from the program regardless of the cumulative GPA or passing a previously failed class or clinic/fieldwork.

If students receive a grade B- or lower in any 500 and/or 600 level graduate **clinic/fieldwork course**, they will be placed on clinical probation. Students will have one opportunity in the following semester to achieve a B or better in a subsequent clinic/fieldwork course. If the failed fieldwork course is in an educational setting in the spring semester, students will need to take the subsequent fieldwork course in the following fall semester. If students achieve a B or better in a subsequent clinic/fieldwork, they will be removed from clinical probation; however, the previous failing grade (B- or lower) will remain the transcript (refer to Graduate Academic Policies and Procedures - Graduate Program Standing in the catalog). If students fail to achieve a grade of B or better in a subsequent 500 and/or 600 graduate clinic/fieldwork or if they fail a subsequent clinic/fieldwork course, they will be dismissed from the program. If students fail any two clinic courses and/or fieldwork (or a combination of clinic and a fieldwork), they will be dismissed

from the program regardless of the cumulative GPA or passing a previously failed clinic.

Students understand that they must pass all comprehensive examination questions as a requirement for graduation. If they fail any question on the first attempt at the written examination, they will return to orally defend the failed question(s). Should they fail to obtain a passing score following the oral component of the comprehensive examination, they will not be permitted to take SLP 620 (Fieldwork in the spring semester). Students will return in 6 weeks to complete a new written comprehensive examination for the subject that was previously failed. If students pass on the second attempt, they will be allowed to register in the following semester for the SLP 600 level fieldwork course that is applicable to their course of study. If students were planning to take a fieldwork placement in an educational setting in the spring semester, they will need to wait until the fall semester to complete that fieldwork. If students fail any portion of the written component of the comprehensive examination on the second attempt, no oral defense will be permitted, and the student will be automatically dismissed from the program.

If students are dismissed by a Clinical Instructor or University Clinical Supervisor from any 500 and/or 600 graduate clinic/fieldwork course during a semester, they will be placed on clinical probation and be given a failing clinical grade commensurate with their performance at the time of dismissal (e.g., B- or lower). Students will not be reassigned to a clinic/fieldwork site or placed at another site until the following semester. If students are dismissed from a school placement during the spring semester, they will not be placed in another school setting until the fall semester of that year. If students achieve a B or better in a subsequent clinic/fieldwork, they will be removed from clinical probation; however, the previous failing grade (B- or lower) will remain on my transcript (refer to Graduate Academic Policies and Procedures - Graduate Program Standing in the catalog). If they fail to achieve a grade of B or better in a subsequent 500 and/or 600 graduate clinic/fieldwork or if they fail a subsequent clinic/fieldwork course, they will be dismissed from the program. If they fail any two clinic courses and/or fieldwork (or a combination of clinic and a fieldwork), they will be dismissed from the program regardless of the cumulative GPA or passing a previously failed clinic. Students cannot fail more than one clinic/fieldwork course.

If students drop their enrollment in any 500 and/or 600 level graduate clinical course, they will be placed on clinical probation and receive an IP grade. Students will not be reassigned to a clinic or be placed at another site until the following semester. If students drop their enrollment from a school placement during the spring semester, they will not be placed in another school setting until the fall semester of that year. *Reasons deemed excusable for choosing to leave any clinic/fieldwork placement are dependent upon the discretion of the Clinical Director.

- First year (seniors) graduate students who are placed on clinical probation may be placed on or off-campus, at the discretion of the Clinical Director.
- Second year graduate students who are placed on clinical probation must complete all their fieldwork placements within 30 miles of Misericordia University.

Students in the SLP program cannot work in the schools under emergency certification and/or will not provide speech therapy services until they receive their master's degree from Misericordia. Failure to comply with this requirement will result in immediate dismissal from the

program.

**Exceptions for dropping a clinic may be made for severe illness, family emergencies, etc. If a student drops a second clinical course, he/she will be dismissed from the program.*

Students understand and agree to the following:

- If a student does not complete and submit all required background check clearances and *initial health clearance* by advising week during the fall semester of the freshmen year, the student will not be approved to register for classes in the spring semester of the freshmen year.
- Students will be required to renew their background clearances again prior to July 31st of the final year of graduate school. Students may need to obtain additional clearances or tests (e.g., drug screening, flu shot, etc.) at their own expense, if requested by the fieldwork site.
- Students are required to get an annual health clearance. If they do not complete a *follow-up health clearance* by July 31st of each year from the summer before the sophomore year to the 5th year in the program, they will **not be allowed** to participate in SLP 305 Observation and Clinical Procedures I, SLP 415 Observation and Clinical Procedures II, and/or clinical and/or fieldwork placement scheduled for the upcoming semester of that academic year.

A positive Criminal Record Check (Federal and/or State), positive Child Abuse History and/or a positive drug screening may result in any of the following: inability to find a clinical placement, delay in clinical placement, dismissal from a clinical placement, inability to obtain professional licensure, legal ramifications, inability to matriculate or continue in the SLP program, and/or inability to meet requirements for graduation from the program. As a result, a student may not be able to complete the requirements of the SLP program, may not be eligible for federal or state credentialing/licensing required for practice, and may be dismissed from the program.

Grievance Procedures

Misericordia University has academic policies to ensure that students are treated equitably. According to the University policy, a student who has an issue that is grievance can file a complaint in accordance with the Misericordia University's Student Complaint Process. This complaint process differs for an undergraduate versus a graduate student. The speech-language pathology program follows the same grievance policy as the University. To date, there have been no grievances against the department.

Undergraduate Academic Grievance Procedures

The university provides a uniform method by which students can pursue a grievance. Grievances are either complaints about alleged violations of the institution's academic policies or about unfairness in the application of policies.

In all cases, formal grievances must be filed and resolved within one semester of the occurrence of the event being grieved. Summer enrollment period is considered as a semester.

A student who has a grievance must attempt to resolve it by using the following procedures:

- Prior to initiating a formal grievance, the student must attempt to resolve the matter on an informal basis by speaking to the person with whom the complaint rests.
- If unable to reach a resolution, the student must discuss the matter with the program director or department chair who supervises the person against whom the complaint is lodged to attempt to resolve the matter.
- If the matter is not resolved at that level, the student proceeds to the dean of the college in which the grievance resides.
- If the matter is not resolved at that level, the student proceeds to the Office of the Vice President of Academic Affairs where a formal grievance may be filed.

To initiate the formal grievance process, the student informs the Vice President of Academic Affairs in writing of his or her intent to seek formal redress through the grievance procedure, indicating the nature of the complaint.

Within 14 calendar days of receipt of the written complaint, the Vice President of Academic Affairs will convene the academic grievance committee and provide the chair of the committee with the student's statement of complaint. The academic grievance committee is composed of one administrator and one faculty member appointed by the Vice President of Academic Affairs, and the academic affairs coordinator of student government.

At least two days in advance of the hearing, the chair of the committee will notify the grievant and the individual charged with the complaint of the date, time and place of the hearing, the specification and nature of the complaint, and the composition of the committee.

The grievance hearing is an internal review and, as such, shall be private. The grievant may be assisted by a faculty representative. However, persons external to the university shall be excluded. The use of outside counsel is prohibited.

Both the grievant and the person being grieved have the right to be present when charges and evidence are presented to the committee, and to provide evidence in support of their respective positions. Committee members may question witnesses to evaluate all the relevant facts of a given case. Witnesses shall be excluded except for the period of their questioning.

The report and recommendation of the committee shall be in writing, including the committee's rationale for the decision; the report may include any dissenting opinions. Only those committee members who have heard all testimony and evidence in a given case may vote on the committee's recommendation.

The committee's report and recommendation shall be forwarded to the Vice President of Academic Affairs within 10 calendar days of the hearing. The Vice President of Academic Affairs will make the final determination and formally advise the parties involved in the grievance. Penalties for violations of the university's academic integrity policy range from a warning to dismissal from the university. The university reserves the right, depending upon the severity of the conduct, to dismiss a student for a single violation of the university's academic integrity policy. In cases where a student previously has been found to have violated the university's academic integrity policy, for which he/she received a penalty less than dismissal

from the university, and the student is subsequently found to have violated the policy once again, the Vice President of Academic Affairs may take more severe action for the subsequent violation than that previously imposed for the prior violation(s), up to and including dismissal from the university.

Students who wish to grieve circumstances that prohibit immediate continuation in a program or in a sequence of courses (e.g. dismissal from a program or a failing grade), will not be permitted to sit in on program or sequenced courses unless and until the grievance is favorably resolved. Under such circumstances, the student must file a grievance immediately upon receipt of the grade or of the dismissal notification. An expedited grievance process is then followed, and the process must be completed before the end of the Add Period.

Graduate Grievance Procedures

The university provides a uniform method by which students can pursue a grievance. Grievances are either complaints about alleged violations of the institution's academic policies, including the academic integrity policy, or about unfairness in the application of policies.

In all cases, formal grievances must be filed and resolved within one semester of the occurrence of the event being grieved. Summer enrollment period is considered as a semester.

A student who has a grievance must attempt to resolve it by using the following procedures:

- Prior to initiating a formal grievance, the student must attempt to resolve the matter on an informal basis by speaking to the person with whom the complaint rests.
- If unable to reach a resolution, the student must discuss the matter with the program director who supervises the person against whom the complaint is lodged to attempt to resolve the matter.
- If the matter is not resolved at that level, the student proceeds to the chair of the department in which the grievance resides.
- If the matter is not resolved at that level, the student proceeds to the dean of the college in which the grievance resides.
- If the matter is not resolved at that level, the student proceeds to the office of the Vice President of Academic Affairs, where a formal grievance may be filed.

To initiate the formal grievance, process the student informs the Vice President of Academic Affairs, in writing, of her/his intent to seek formal redress through the grievance procedure indicating the nature of the complaint.

Within fourteen (14) calendar days of receipt of the written complaint, the Vice President of Academic Affairs will convene an academic grievance committee and provide the chair of the committee with the student's statement of complaint. The academic grievance committee is composed of: The Dean of Adult and Continuing Education; the chair of the graduate council; one faculty member who teaches in a graduate program, other than the one in which the grievance resides; and one graduate student appointed by the Vice President of Academic Affairs.

At least two (2) days in advance of the hearing, the chair of the committee will notify the

grievant and the individual charged with the complaint of the date, time, and place of the hearing; the specification and nature of the complaint; and the composition of the committee.

The grievance hearing is an internal review and, as such, shall be private. The grievant may be assisted by a faculty representative. However, persons external to the university shall be excluded. The use of outside counsel is prohibited.

Both the grievant and the person being grieved have the right to be present when charges and evidence are presented to the committee, and to provide evidence in support of their respective positions. Committee members may question witnesses to evaluate all relevant facts of a given case. Witnesses shall be excluded except for the period of their questioning.

The report and recommendation of the committee shall be in writing, including the committee's rationale for the decision; the report may include any dissenting opinions. Only those committee members who have heard all testimony and evidence in a given case may vote on the committee's recommendation.

The committee report and recommendation shall be forwarded to the Vice President of Academic Affairs within ten calendar days of the hearing. The Vice President of Academic Affairs will make the final determination and formally advise the parties involved in the grievance. Penalties for violations of the Misericordia University's Academic Integrity Policy range from a warning to dismissal from the university. The university reserves the right, depending upon the severity of the conduct, to dismiss a student for a single violation of the university's academic integrity policy. In cases where a student previously has been found to have violated the university's academic integrity policy, for which he/she received a penalty less than dismissal from the university, and the student is subsequently found to have violated the policy once again, the Vice President of Academic Affairs may take more severe action for the subsequent violation than that previously imposed for the prior violation(s), up to and including dismissal from the university.

Council on Academic Accreditation (CAA) Complaint Procedures

A complaint about any accredited program or program in Candidacy status may be submitted by any student, instructional staff member, speech-language pathologist, audiologist, and/or member of the public.

Criteria for Complaints Against Graduate Education Programs

For a complaint to be considered by the CAA, it must:

- Be against an accredited education program or program in Candidacy status in speech-language pathology and/or audiology,
- Relate to the Standards for Accreditation of Graduate Education Programs in Audiology and Speech-Language Pathology, and specify where possible the relevant standards,
- Include verification and documentation (e.g., copies of grievance processes, communications verifying completion of processes, etc.) if the complaint is from a student or faculty/instructional staff member at that institution, that the complainant exhausted all relevant institutional grievance and review mechanisms before submitting a complaint to the CAA, if relevant to the complaint.

The complaint must clearly describe the specific nature of the complaint and the relationship of

the complaint to the accreditation standards and provide supporting data for the charge. The burden of proof rests with the complainant. All written testimony must include the complainant's name, address, and telephone contact information and the complainant's relationship to the program in order for the Accreditation Office to verify and communicate with the source of the complaint.

All complaints must be signed and submitted in writing to the Chair, Council on Academic Accreditation in Audiology and Speech-Language Pathology, American Speech Language-Hearing Association, 2200 Research Boulevard #310 Rockville, MD 20850. Complaints will not be accepted by email or facsimile.

Determination of Jurisdiction

Within 15 days of receipt of the complaint, Accreditation Office staff will acknowledge receipt of the complaint and will forward a redacted copy of the complaint to the Executive Committee of the CAA. The original letter of complaint is placed in an Accreditation Office file separate from the program's accreditation file.

The Executive Committee determines whether the complaint meets the above-specified criteria. Staff, because of the need to redact the complaint, verifies the accreditation status of the program against which the complaint is filed, and communicates this information to the Executive Committee with the redacted complaint. Although complainants are encouraged to specify the accreditation standards as the basis for the complaint, the Executive Committee will verify the relevant standards related to the complaint as part of its jurisdiction review.

An affirmative vote by two-thirds of the voting members of the Executive Committee, exclusive of the chair, is required to proceed with an investigation of a complaint. If the Executive Committee of the CAA makes the determination that the complaint does not meet the above-listed criteria, the complainant is informed within 30 days of the letter transmitting the complaint to the EC that the CAA will not review the complaint.

Evaluation of Complaint

If the Executive Committee of the CAA determines that the complaint satisfies the above-listed criteria, the CAA will evaluate the complaint. The chair of the CAA informs the complainant within 30 days of the letter transmitting the complaint to the chair that the Council will proceed with an evaluation, including the specification of the standards upon which the investigation will be based. Because it may be necessary to reveal the identity of the complainant to the affected program or to other potential sources of relevant information, the complainant will be required to sign a waiver of confidentiality within 30 days of the letter indicating that the CAA will proceed with its evaluation. The complainant is given the opportunity to withdraw the complaint during that time. If the complainant does not wish to pursue the matter, the investigation is concluded. If the complainant does not wish to withdraw the complaint, the complainant is asked to keep the initiation of an investigation confidential.

Within 15 days of receipt of the waiver of confidentiality, the chair of the CAA notifies the program director and the institution's president or president's designee by certified return receipt mail that a complaint has been registered against the program, including the specification of the

standards upon which the investigation will be based. The notification includes a redacted copy of the complaint without revealing the identity of the complainant. The program's director and the institution's president or president's designee are requested to provide complete responsive information and supporting documentation that they consider relevant to the complaint within 45 days of the date of the notification letter. Within 15 days of receipt of the program's response to the complaint, the chair of the CAA forwards the complaint and the program's response to the complaint to the CAA. The materials are redacted and the identity of the complainant and the program under investigation is not revealed to the members of the CAA or to recipients of requests for information unless a majority of CAA members consider such disclosure necessary for the proper investigation of the complaint. If the majority of Council members conclude that individuals other than the complainant, the program director, and the institution's president or president's designee may have information relevant to the complaint, the chair of the CAA requests such information.

After reviewing all relevant information, the CAA determines the course of action within 30 days. Such actions include, but are not limited to the following:

- Dismissal of the complaint
- Recommending changes in the program within a specified period of time and as they relate to standards (except for those areas that are solely within the purview of the institution)
- Continuing the investigation through an on-site visit to the program
- Placing the program on probation
- Withholding/withdrawing accreditation

If the CAA determines that a site visit is necessary, the program director and the institution's president or president's designee are notified, and a date for the site visit is expeditiously scheduled. The program is responsible for expenses of the site visit. The site visit team is selected from the current roster of CAA site visitors. During the site visit, emphasis is given only to those standards with which the program is allegedly not in compliance. The site visit team submits a written report to the CAA no later than 30 days following the site visit. As with all other site visits, only the observations of the site visitors are reported; site visitors do not make accreditation recommendations. The CAA forwards the report to the program director and the institution's president or president's designee within 15 days. The program or institution should provide a written response to the chair of the CAA within 30 days of the date on which the report is postmarked to the program director and the president or president's designee. The purpose of the response is to verify the accuracy of the site visit report.

The CAA reviews all evidence before it, including the site visit report and the program's response to the report, and takes one of the following actions within 21 days:

- Dismisses the complaint
- Recommends modifications of the program within a specified period of time (except for those areas that are solely within the purview of the institution)
- Places the program on probation
- Withholds/withdraws accreditation

If the CAA withholds/withdraws accreditation, the program director and the institution's president or president's designee are informed within 15 days of the CAA decision that

accreditation has been withheld/withdrawn. Notification also includes justification for the decision and informs the program of its option to request Further Consideration. Further consideration is the mechanism whereby the program can present documentary evidence of compliance with the appropriate standards and ask the CAA to reevaluate its decision to withhold/withdraw accreditation.

If the program does not exercise its Further Consideration option, the CAA's decision to withhold/withdraw accreditation is final, and no further appeal may be taken. If accreditation is withheld/withdrawn, the chair of the CAA notifies the Secretary of the U.S. Department of Education at the same time that it notifies the program of the decision.

If the program chooses to request Further Consideration, the CAA must receive the request within 30 days from the date of the notification letter. With the request for Further Consideration, the program must submit additional written documentation to justify why accreditation should not be withheld/withdrawn. A hearing with the CAA is not provided for Further Consideration requests. The CAA will evaluate the request for Further Consideration and take one of the following actions within 30 days:

- Recommends modifications of the program within a specified period of time (except for those areas that are solely within the purview of the institution)
- Places the program on probation
- Withholds/withdraws accreditation

Within 15 days of its decision the CAA notifies the program and the complainant of its decision. If the CAA decision after Further Consideration is to withhold/withdraw accreditation, the program may appeal the decision in accord with the Appeal Procedures described in Chapter VI of this manual.

Summary of Timelines

The following summarizes the timelines in the complaint process, beginning from the date a complaint is received.

- Complaint is acknowledged within 15 days of receipt and forwarded to CAA Executive Committee (EC)
- If EC determines that complaint does not meet criteria for complaints, complainant is informed within 30 days that CAA will not review
- If EC determines that complaint meets criteria, complainant is informed within 30 days of the determination that CAA will proceed with evaluation
- Complainant is given 30 days to sign waiver of confidentiality or withdraw the complaint
- Within 15 days of receipt of waiver of confidentiality, the complaint is sent to the program for response within 45 days
- Within 15 days of receipt of program's response, Chair forwards complaint and program response to CAA for review
- Within 30 days, CAA determines course of action
- If CAA determines that a site visit is necessary, it is scheduled, and site visit team submits report to CAA within 30 days of visit
- Site visit report is forwarded to program for response within 30 days
- CAA takes action within 21 days of program response

- If CAA withholds or withdraws accreditation, program is notified within 15 days of CAA decision
- If program does not request Further Consideration, decision is final and CAA notifies Secretary of U.S. Department of Education; if program requests Further Consideration, CAA must receive within 30 days from notification and takes action within thirty 30 days
- CAA informs program and complainant within 15 days of decision

Procedures for Complaints Against the Council on Academic Accreditation

Criteria for Complaints Against CAA

Complaints against the Council on Academic Accreditation (CAA) in Audiology and Speech-Language Pathology must relate to the accreditation process, decisions, or actions or activities of the council.

Complaints may be filed by any student, instructional staff member, speech-language pathologist, audiologist, and/or member of the public. All complaints must be signed and in writing to the vice president for academic affairs (vice president), American Speech-Language-Hearing Association, 2200 Research Boulevard #310 Rockville, MD 20850. The burden of proof rests with the complainant. Complaints will not be accepted by email or facsimile.

Determination of Jurisdiction

Receipt of a complaint is acknowledged by the CAA Office staff and forwarded to the vice president within 15 days of receipt of the complaint. The original letter of complaint is filed in the CAA Office. The vice president determines whether the complaint meets the above-specified criteria. If the vice president makes the determination that the complaint does not meet the above criteria, the complainant is informed within 30 days of transmitting the complaint to the vice president that the complaint will not be evaluated.

Evaluation of Complaint

If the vice-president determines that the complaint meets the above criteria, the complaint will be evaluated as specified below.

1. The vice president informs the complainant within 30 days of the letter transmitting the complaint to the vice president that the evaluation will precede. Because it may be necessary to identify the complainant to the CAA, a review committee, or to other sources of relevant information, the complainant will be required to sign a waiver of confidentiality within 30 days of the letter indicating that the complaint will be evaluated. The complainant is given the opportunity to withdraw the complaint during that time. If the complainant does not wish to pursue the matter, the process is concluded. If the complainant wishes to proceed, the complainant is asked to keep the initiation of an investigation confidential.
2. Within 15 days of receipt of the complainant's waiver of confidentiality, the vice-president notifies the CAA that a complaint has been registered against the Council and that an evaluation is in process. Notification includes a redacted copy of the complaint without revealing the identity of the complainant. The CAA is requested to provide complete responsive information and supporting documentation that it considers relevant to the complaint within 45 days of the date of the notification letter.
3. Within 30 days of receipt of the complainant's waiver of confidentiality, the vice

president shall appoint a Review Committee to review the complaint against the Council. To assure that the committee is thoroughly familiar with accreditation standards and Council policies and procedures, the Committee shall consist of three past members of the CAA who have served during the preceding five years, none of whom shall have any relationship or conflict of interest with the complainant. Within 15 days of receipt of the CAA's response to the complaint, the vice-president forwards the complaint and the CAA response to the complaint to the Review Committee.

4. After reviewing all relevant information, the Review Committee shall determine the course of action within 60 days from the date material related to the complaint is mailed to the Review Committee. Such recommendations may include, but are not limited to:
 - a. Dismissal of the complaint
 - b. Recommended changes in Council policies and procedures within a specified time period
 - c. Other recommendations
5. Within 15 days of the conclusion of its evaluation of the complaint, the Review Committee will forward its recommendations to the vice president. Such recommendations will be disseminated to the CAA for its review. A full discussion of the recommendations of the Review Committee shall be placed on the agenda for the next regularly scheduled meeting of the CAA and for consideration of appropriate Council action. In the event that more immediate action is required, the CAA may have a conference call for discussion and consideration of appropriate Council action.
6. The vice president will notify the complainant of Council action on the complaint within 15 days of the Council's decision in the matter. Decisions of the Council relative to complaints may not be appealed.

Summary of Timelines

- Complaint is acknowledged and forwarded to vice president within 30 days of receipt
- If vice president determines that complaint does not meet criteria for complaints, complainant is informed within 30 days that complaint will not be evaluated
- If the vice president determines that complaint meets criteria, complainant is informed within 30 days that evaluation will proceed
- Complainant is given thirty (30) days to sign waiver of confidentiality or withdraw the complaint
- Within 15 days of receipt of waiver of confidentiality, the complaint is sent to the CAA for response within 45 days
- Within 30 days of receipt of waiver of confidentiality, the vice president appoints Review Committee to review complaint
- Within 15 days of receipt of CAA's response, the vice president forwards complaint and CAA response to Review Committee
- Within 60 days, Review Committee determines course of action
- Review Committee forwards recommendations to vice-president within 15 days of decision, and vice president disseminates recommendations to CAA
- CAA discusses Review Committee recommendations at its next regularly scheduled meeting (or by conference call if immediate action is required) and takes appropriate action
- Vice President notifies complainant of CAA action within 15 days of CAA decision

Scholarships/Assistantships

Scholarships and/or assistantships may be available through the department. This availability is on a year-by-year basis. Contact the department chair for details.

Alumni Survey

All alumni will be contacted approximately six months after graduation to complete a survey that addresses the preparation that the students received from the Speech-Language Pathology program at Misericordia University.

Clinical Practicum

Introduction

The clinical education experience is designed to provide speech-language pathology students with opportunities to integrate academically acquired education with practice. It is during the students' experiences in clinic and practicum that they can learn, apply, practice, and refine skills of observation, evaluation, treatment, planning and implementation, documentation and communication. In the clinical setting, the students begin to define their future role as practicing speech-language pathologists, and can develop the necessary personal and professional skills essential to meeting the demands of this challenging field.

Principles of Speech-Language Pathology Ethics

The Department of Speech-Language Pathology is committed to facilitating an individual's ability to function to their potential within his or her total environment. In this role, speech-language pathologists serve and collaborate with consumers in all stages of health and illness, institutions, other professionals, colleagues, students, and the general public.

In order to further this commitment, the [*American Speech-Language-Hearing Association \(ASHA\) established the Code of Ethics*](#). These principles are intended for use by all speech-language pathology practitioners, including students. Students are encouraged to dialogue with faculty regarding issues of ethics. Violations of ethical principles may result in dismissal from the speech-language pathology program.

Requirements for Advancement to Clinical Experience Students must successfully complete all professional courses preceding the clinical education experience to participate in the scheduled experience. Failure to meet the academic and observation requirements may result in delaying advancement within the professional program. Such cases will be dealt with on an individual basis.

Prior to the first clinical education experience, each student must be enrolled in the professional liability insurance program, meet health requirements, receive HIPAA and CPR certification, and obtain a Pennsylvania Child Abuse Clearance from the PA Department of Welfare, Pennsylvania Criminal Record Check from the Pennsylvania State Police and a Federal Bureau Investigation (FBI) Clearance from the Department of Education. *For online students residing outside of PA,

an equivalent clearance from state of residence is required.

Clinical Education Courses

- SLP 305 Observation and Clinical Procedures I SLP 415 Observation and Clinical Procedures II SLP 450 Optional Clinic
- SLP 505 Clinic I
- SLP 555 Diagnostic Clinic
- SLP 560 Differential Diagnosis of Communication Disorders
- SLP 605 Clinic II
- SLP 601 Summer Clinic I SLP 602 Summer Clinic II SLP 610 Fieldwork I
- SLP 620 Fieldwork II
- SLP 630 Fieldwork III (If needed)

Clinical Education Course Objectives

1. Students will interpret, integrate, and synthesize core concepts and knowledge as they relate to theory and practice for a variety of speech, language, cognitive, social, swallowing, and hearing disorders by working directly with persons exhibiting various communication disorders.
2. Students will demonstrate appropriate professional skills and clinical competence in developing, modifying, and implementing treatment for individuals exhibiting a variety of speech, language, cognitive, social, swallowing, and hearing disorders.
3. Students will incorporate critical thinking and decision-making skills while engaged in identification, evaluation, diagnosis, planning, implementation, and intervention for a variety of speech, language, cognitive, social, swallowing, and hearing disorders by working directly with persons exhibiting various communication disorders.
4. Students will provide evidence of documented clock hours of practicum experience that can be used to meet the professional practicum standards mandated by the American Speech-Language-Hearing Association (ASHA).

Essential Functions of Speech-Language Pathology

In compliance with Title III of the Federal Americans with Disabilities Act of 1990, this document presents a list of essential functions for students in the Speech-Language Pathology Major at Misericordia University. Essential functions are defined as those skills that all Speech-Language Pathology students must have the capacity to complete with or without reasonable accommodations. To ensure that students, faculty, colleagues, and patients are not placed in jeopardy by students with impaired intellectual, physical, or emotional functions a qualified student must:

- Have vocationally adequate hearing and visual acuity with or without an aide
- Be able to read, write, and speak English with efficiency
- Have independent gross and fine motor capabilities that are within functional limits for daily provisions of therapy
- Be able to learn, think critically, analyze, assess, and reason appropriately
- Demonstrate emotional stability and the ability to accept responsibility and accountability in demanding situations
- Speak English intelligibly

- Maintain attention and concentration for an extended period of time (1-2 hours/session or class)

Students are responsible for signing [the Essential Functions of Speech-Language Pathology Document](#), [Student Confidentiality Statement](#), and the [Academic, Clinical, and Safety Understanding Agreement](#) located on the freshmen orientation link on myMU before entering the program as a freshman. Students are also required to have their family physician complete the essential functions document before their freshmen year. The essential functions document is then signed by the student's physician each subsequent year through the student's senior year. This form is part of the student's health clearance and is submitted to the Clinical Director with the student's clinical clearances by July 31 prior to the commencement of each school year. This form is then filed in the student's clinic file. If a student cannot demonstrate the skills and abilities listed above, it is the responsibility of the student to request accommodations by applying to the Student Success Center (SSC) or by completing the Disability Declaration form provided by Admissions. Once it is determined those accommodations are appropriate then a plan of accommodation (POA) will be developed collaboratively by the ALP Specialist and designated health science representative. After the first semester of the freshman year, students MUST electronically sign the [Student Confidentiality Statement](#) and [Academic, Clinical, and Safety Policy Understanding Agreement](#) each semester through their final semester of graduate school.

If a student's health status should change and the student is no longer able to participate in the classroom or clinical setting, it is the responsibility of the student to notify the Department Chair and the Clinical Director. The person notified would ensure that the proper documentation is received from the student's health care provider and uploaded to the student's clinic file. If a student requests clinic or fieldwork accommodations, written documentation from the student's physician is required, and the Clinical Director and the site MUST agree to the accommodations. Full-time students must complete two full-time (35-40 hours/week), 15-week semester externships. If students request to shorten the length of their clinical day/week, the students will be required to extend the placement so that the placement equals 15-weeks. For more information regarding requesting accommodations, refer to the current Misericordia University Undergraduate Catalog or contact the Assistant Dean of Students.

Required Clinical Hours

The following clock hour criteria for students completing a master's degree in speech-language pathology are those currently required by ASHA for people seeking the Certificate of Clinical Competence. These requirements have been approved for individuals applying for the Certificate of Clinical Competence after December 1992.

ASHA requires completion of a minimum of 400 clock hours of supervised clinical experience. Each student must complete a minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology. Twenty-five hours must be spent in clinical observation, and 375 hours must be spent in direct client/patient contact. Supervised practicum must include experience with client/patient populations across the lifespan 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. Each student's clinical clock hours accrue from clinical

services (assessment/diagnosis/evaluation, screening, Simucases, treatment, family/client consultation, and/or counseling) related to the management of populations that fit within the [ASHA Scope of Practice in Speech-Language Pathology](#); An ASHA certified SLP may supervise screening audiology hours.

At the end of each clinical and externship period, the Clinical Director/supervisor verifies the clinical clock hours the student has earned. The student is responsible for keeping an accurate daily record of hours accrued using the [Semester to Date Hours Record](#). The student is responsible for having the hours' forms verified with a signature and ASHA certification number of the supervisor and turning them into the Clinical Director at Misericordia University. The hours will then be given to the Clinical Administrative Assistant and further verified with the student's hours logged in the SharePoint database at the end of each clinical experience.

In-House Clinical Assignments

Students assigned to the on-site clinic will receive their clinical assignments 4-5 days before the beginning of the semester. Students will generally have a schedule that includes individual clients and, where possible, groups. Students who choose to complete a clinic in their junior year will be assigned one client per semester. They may be asked to see additional clients if the clinical supervisor believes that the student can handle additional clients. Students assigned to a regular clinic will be assigned several clients per semester for hands-on clinical experience. Every attempt will be made to ensure that each student experiences a caseload that is culturally diverse; however, as the in-house clientele are limited, a diverse caseload cannot be guaranteed for every student. Simucases may be assigned to enhance the cultural diversity of a student's caseload. As current health care changes are increasing students' difficulty in earning all hours in externship experiences, students should accrue as many clinical hours as possible during their initial practicum experiences.

Upon receiving the clinic schedule, students will need to review their client(s) electronic file(s). After completing the initial preparations, students need to make an appointment with their assigned supervisor to review their cases and decide on a weekly supervisory conference meeting time. At the beginning of the semester, each supervisor will post available meeting times for students on their office door. Students should not hesitate to ask for assistance.

The initial meeting with the supervisor will allow for discussion and planning for each client. Students must contact their client(s) to inform them of scheduled appointment times. **Students should not contact clients until after they have completed the initial meeting with their supervisor.** Clients are generally anxious for this information, and students are encouraged to make initial contact calls promptly. All clients must be contacted independent of the service delivery model, and all contacts must be documented on the [Communication Log](#). All log entries must be signed with the full name of the student and dated. Students should refer to the [Contact Consent and Updated Case History](#) form before contacting their clients to determine the preferred way the clients would like to be contacted and if it is acceptable to leave a voice message. Students who leave voice messages should state their name and indicate that they are calling from Misericordia University. Students should **not** say that they are calling from the Speech-Language and Hearing Center.

Students assigned to a clinical site off campus will need to follow the aforementioned regulations in addition to any policies set forth by that facility.

If a student receives a B- or lower (less than 83%) in a 500 or 600 level clinical course at the end of a semester, the student will be placed on clinical probation and must repeat the clinic. Students may be placed in a clinic with less than four students for that clinical section and may have additional supervisors to ensure that the student receives at least 25% supervision with each client per session. In addition to providing written and verbal feedback, the supervisor(s) may also assist these students in their treatment sessions to maximize the learning experience. These procedures will assure the faculty and supervisors that the amount of supervision provided is proportional to the student's needs. The clinical instructor from the previously failed clinic will devise an individualized remediation plan with assistance from the Clinical Director. This individualized plan will be based on the specific needs of the student as outlined by the clinical instructor's written feedback, documentation, and information provided on the [Clinical Education Evaluation](#) form. The new clinical instructor will follow the remediation plan and meet with the student at the end of each clinical day to review the student's performance and progress and provide ongoing feedback. Therapy observation summary reports, written documentation, and the [Clinical Education Evaluation](#) form will be used to evaluate the student's performance throughout the repeated clinic. All documentation will be housed in the student's electronic clinical file for reference. If the student receives a B- or lower in a second clinic, the student will be dismissed from the program. To ensure that this procedure is applied consistently across all students who are identified as needing intervention, we complete a form that indicates whether or not a student has met, partially met, or not met the course objectives. If a student has not met or partially met an objective the deficiency will be noted on the form, and the appropriate remediation plan will also be noted.

For a description of the most current clinic and diagnostic clinic expectations, students should refer to the [General Expectations of Clinic Students](#) and the [General Expectations of Diagnostic Clinic Students](#).

Externship Assignments

Before being assigned to an externship site:

- Students must have completed all 600 graduate level courses except for SLP 660 Comprehensive Seminar in Speech Language Pathology and SLP 650 Professional Issues.
- Students must obtain a grade of B or better for all in-house and off-campus clinical assignments.
- Students must accrue at least 40 clinical clock hours.
- Students must maintain proof of all clinical clearance requirements including continued medical insurance coverage.
- Students must be approved for an off-campus placement by all clinical staff and faculty.

Upon Approval:

- Students must complete an externship application provided by the Clinical Director listing preferences for placement.
- Students must attend an externship orientation meeting at the beginning of the semester before the first externship and a practicum meeting at the end of the semester.
- Students must make an appointment with the Clinical Director to discuss individual needs

and suitable placements.

- Students are not allowed to contact an off-campus clinical site or supervisor to establish a fieldwork site or inquire about the availability of a site without the permission of the Clinical Director. This policy applies to family members or representatives of the student. If a student or family member contacts a site without the permission of the Clinical Director, it may result in a reduction of the student's clinic grade and may jeopardize placement in a facility.
- Students can select sites from a list of established sites on file; however, it is up to the discretion of the Clinical Director to determine which sites are suitable for a student based on the student's clinical and academic ability. A student could request a site that is not on the list of established sites; however, there is no guarantee that the site can be established, and it may take longer to establish than the typical two-month window to set up the site. If a student chooses to wait for the site of his/her choice, the student may not receive confirmation until just before the start date of the fieldwork or possibly after the start date—which would require the student to extend the placement to complete the required full 15-weeks. There is no guarantee students will be placed in a site they request or at a site near their place of residence.
- If a fieldwork site is not established within two months of the start date (from the list of established sites or the sites that a student provides), the Clinical Director may suggest a site that may not be in a location of the student's choice. The student can refuse the site, but it may mean that the student will not receive a placement that semester and may not graduate on time.
- The Clinical Director will notify the student when successful contact has been made and/or a site has been secured. The student may call the site supervisor to make an appointment for a personal interview or to discuss details of the placement **once given permission** from the Clinical Director.
- The student and site supervisor will finalize the terms of externship and complete and sign the [*Agreement for Off-Campus Fieldwork Supervisor*](#) form. The student will return this form to the Clinical Director

Students Roles and Responsibilities for Fieldwork Placement

1. Full-time students must complete two full-time (35-40 hours/week), 15-week semester externships. Each semester long commitment must be fulfilled even if the clinical clock hour requirement (400 hours) is met within the first few weeks of the externship. The site supervisor, in conjunction with the Clinical Director, has the discretionary authority to require the student to extend the externship if the expected skills have not been acquired.
2. Guidelines for professional conduct at each externship site are those established by the site coordinators and supervisors of the individual sites. The student is responsible for following all guidelines outlined in the Misericordia University Speech-Language Pathology Handbook, as well as the externship site's policies and procedures manual to learn what is expected of him/her regarding such issues as dress code, schedules, attendance, report formats, confidentiality, conferences, and other matters.
3. Students should meet with the externship supervisor on site to discuss the externship and work schedule. The terms of the externship must be written down and signed by both the student and the supervisor at the beginning of the externship. This procedure will avoid any misunderstandings once the externship has commenced.

4. The work schedule at the externship site is to be followed by the student. For example, students should not plan to take off university holidays or days to study for exams or personal business. If attendance becomes a problem, the student's grade may be affected. "Call in" procedures for absences should be arranged in advance with the supervisor and should follow facility policy. All missed time must be made up at the end of the externship.
5. Students will assume responsibility for their own housing, transportation, parking, meals, lab coats, name badges (if required), and physical exams and inoculations (if required).
6. Students and supervisors must abide by the [*ASHA Code of Ethics*](#). **If the student has a question about ethical conduct, it is the student's responsibility to contact the Clinical Director immediately.**
7. Students must understand that the first responsibility of the off-campus supervisor is to his/her own facility, and to the clients being served.
8. Once the externship begins the student is responsible for:
 - a. Maintaining confidentiality of client and facility information.
 - b. Reading and gaining familiarity with client records and pertinent background information.
 - c. Observing therapy and diagnostics for a period of time until the supervisor approves the student for beginning therapy (hours of observation time are not counted as clinical contact time).
 - d. Seeking information needed to do a diagnostic, plan a therapy program, and execute a therapy program. This may include independent research or specific assignments given to the student by the supervisor.
 - e. Documenting client's performance according to the facility's common practice including progress notes, notes on charts, SOAP notes, etc.
 - f. Participating in related clinical activities when requested by the supervisor such as staffing, team meetings, conferences with faculty members or families, and grand rounds.
 - g. Establishing harmonious working relationships with colleagues and members of other professions within the facility.
 - h. Keeping a record of his/her clinical clock hours. The form provided by Misericordia University must be used. If you find you are in jeopardy of not completing your required hours, please notify the Clinical Director well in advance of the end of the semester. This form must be initialed by the externship supervisor and must include his/her ASHA certification number, at the conclusion of the externship. The student is responsible for turning the original record of these forms to the Clinical Director. (The student maintains a copy of his or her clinical clock hours).
 - i. Completing an externship facility evaluation to the University's externship coordinator. This evaluation is used to maintain current information on our off-campus sites, and is particularly helpful to fellow students in familiarizing themselves with various externship sites. The completed evaluation may be shared with the off-campus supervisor.
 - j. Attending bimonthly online seminars to keep in close contact with Misericordia University's Clinical Director in the event of any concerns or difficulties. Don't wait until problems compound themselves before asking for help.

Student Speech-Language Pathology Immunization Requirements

Students must obtain the essential immunizations necessary to participate in Misericordia University's speech-language pathology program. These immunizations are needed to participate in clinic on campus as well as to complete off-campus clinical and fieldwork assignments.

1. Prior to admittance into the speech-language pathology program at Misericordia University, students must undergo a physical examination by their family physician and have their family physician complete the *Speech-Language Pathology Initial Health Clearance* form as well as the attached *Essential Functions of Speech-Language Pathology Document* form.
2. On the required form, all students must provide proof of the following immunizations:
 - a. Rubella Titer
 - b. 2-STEP Tuberculin skin test:
 - i. 2-STEP PPD test VIA MANTOUX (fully documented)
 - ii. Chest x-ray report (only if PPD via MANTOUX is positive)
 - iii. Chest x-ray is necessary every three years following initial x-ray unless required by an off-campus site
 - c. Tetanus Toxoid Booster within 10 years
 - d. MMR2 Vaccine or Titer
 - e. Poliomyelitis
 - f. Hepatitis B (must have three in series) *
 - g. Varicella Vaccine or Titer
 - h. COVID-19 Vaccine *
 - i. Any other site-specific requirements (e.g., flu vaccine, etc.)
3. Incoming freshmen will need to log onto the freshman portal on myMU to obtain a copy of the speech-language pathology *initial health clearance* and *essential functions* forms. Students will need to submit the completed forms to the speech-language pathology department on or before August 31st prior to beginning their freshmen year.
4. Students will need to have a yearly physical and have their physician complete the *Speech-Language Pathology Follow-Up Health Clearance* form as well as the attached *Essential Functions of Speech-Language Pathology form* by **July 31st of each year following submission of the *initial health clearance*.**
5. Misericordia University follows the current CDC Hepatitis, COVID-19, and influenza vaccination recommendations when Hepatitis B, COVID-19, and/or influenza vaccinations may be required by your program or clinical fieldwork site. Students who choose not to obtain all of the required immunizations or who fail to obtain subsequent immunizations may not be able to obtain clinical site placement and thus meet the clinical requirements set forth by our accrediting body, the American Speech-Language and Hearing Association (ASHA) and therefore will not be able to meet the standards to complete the speech-language pathology program at Misericordia University.

Policy for providing protection against the spread of COVID-19 and other Infectious Viruses in the Misericordia University Speech-Language and Hearing Clinic

Purpose:

To outline the standard procedures students, faculty, and staff must follow in the Misericordia University Speech-Language and Hearing Center to minimize the spread of COVID-19 and other

infectious viruses.

Procedure:

1. Students, both vaccinated and unvaccinated against COVID-19, are permitted to treat clients in person at the Misericordia University Speech-Language and Hearing Center. Masks covering the face and mouth are no longer required when treating clients in the Center; however, students, faculty, and staff may still wear masks if they so choose for their own personal safety. KN95, three ply, and clear masks are available in PAS 206 for anyone who wishes to use one.
2. Student clinicians **MUST** notify the clinic director, clinical supervisor, and Cougar Care immediately of any illness or exposure. If cleared to return to clinic despite feeling ill, the student must notify their clients of their illness and give them the option of either being seen virtually or in person. If the family chooses to be in person, the student clinician must wear a mask to prevent the spread of illness.
3. Students, faculty, and staff must use the hand sanitizer available in all clinic rooms and labs to sanitize their hands before and after meeting their clients. Frequent handwashing with soap and water is highly recommended.
4. Student clinicians **MUST** use disinfectant wipes to sanitize their clinic room between clients and at the end of their clinical day (e.g., tables, chairs, light switches, doorknobs, etc.) All toys and materials also need to be sanitized with disinfectant wipes.
5. The use of clean, non-sterile gloves **MUST** be worn when touching body fluids, secretions, excretions, or areas contaminated by these items. Refer to the [Standard Precautions](#) policy in the student handbook for procedures when cleaning items soiled with body fluids, secretions, excretions.

COVID-19 remains an ever-changing and fluid situation. We will continue to monitor the guidelines of the CDC and University regarding the COVID- 19 pandemic throughout the academic year and modify this policy accordingly.

General Clinical and Fieldwork Policies and Procedures

Clearances

Criminal Background Check Clearances

Purpose:

To outline the procedure for obtaining the essential criminal background check clearances necessary to obtain the required 25 observation hours prior to beginning clinic complete coursework assignments and provide clinical services.

Procedure:

1. All traditional students will need to obtain the following essential criminal background check clearances prior to entering the Misericordia University Speech-Language Pathology program:
 - a. Pennsylvania Criminal Background Check
 - b. Pennsylvania Child Abuse Clearance
 - c. FBI Clearance (Department of Education) *For online students residing outside of PA, an equivalent clearance from state of residence is required.

2. Students should check with the Clinical Director for the most up-to-date link(s) and codes to obtain PA criminal background check clearances.
3. All students must obtain the three aforementioned Pennsylvania clearances prior to beginning their freshmen year (45-day Grace Period).
4. The Pennsylvania Child Abuse Clearance, Criminal Background Check, and FBI clearance will need to be obtained prior to the student's freshman year and again by July 31st just prior to entering the student's 2nd year of graduate school. Student's participating in a fieldwork placement outside of PA will not be required to renew their PA clearances; however, they will need to obtain clearances required by the state in which they will be residing for their fieldwork placement. If no, clearances are required for an out of state placement, the student must obtain Pennsylvania clearances.
5. Students who are placed off campus for a clinical rotation may be asked to renew these clearances sooner. The clinical director will let students know if clearances need to be renewed at an earlier date.
6. The cost of all clearances will be at the student's expense.
7. If a student fails to submit any of the required clearances prior to their freshmen year (45-day Grace Period), that student may have difficulty obtaining observation hours and will not be allowed to complete coursework assignments outside the classroom. No faculty or staff member or the Clinical Director will be held accountable for any student who is unable to obtain his/her observation hours and/or complete assignments due to insufficient clearances, as it is the student's responsibility to obtain the required clearances.
8. If a student fails to follow the guidelines for renewal of clearances, that student will not be allowed to participate in any fieldwork practicum.
9. The Administrative Assistant will log all clearance information into an electronic data base.
10. Students should keep copies of their clearances, so they have proof when they begin setting up observations.
11. Non-traditional students will need to obtain the required clearances on their own. The Clinical Director in conjunction with the Clinical Administrative Assistant will guide the student through the clinical clearance process prior to the start of clinic.

*Please see the [*College of Health Sciences and Education Clinical Policies*](#) for specific information about obtaining clinical clearances and procedures for a positive finding in any criminal clearance or drug screening.

Cardiopulmonary Resuscitation (CPR) Certification Policy

Purpose:

To outline the procedures for obtaining Health Care Provider CPR Certification (one-two person, Infant-child-adult, Heimlich and AED).

Procedure:

1. All students must obtain CPR certification prior to entering the clinical setting and maintain certification throughout their clinical experience while a student at Misericordia University.
2. Students will first obtain CPR certification (good for two years) in the spring semester of

their sophomore year and then again in the spring semester of their senior (first year of graduate school).

3. Students will need to register online to take a course through Public Health and Safety Training. Students should register in the fall semester of their sophomore and senior (first year of graduate school) years. All classes will be offered on the MU campus and include an online section that students need to complete on their own, with the in-person hands-on portion (taking approximately 2 hours). If a student chooses to take a course through Public Health and Safety Training at a different location, the cost of the course may be slightly higher than if taken on campus. The cost for certification is the sole responsibility of the student.
4. Students who wish to obtain certification on their own can go to a Red Cross facility of their choice. Students who choose to receive certification on their own are responsible for making sure that the course they take is a Health Care Provider CPR Course (one-two person, Infant-child-adult, Heimlich and AED) and is good for two years. Should a student receive certification that is only good for one year, they will need to be recertified the following year or they will not meet the clinical clearance requirements to participate in clinic or fieldwork.

HIPAA

Purpose:

To outline the procedure that upholds privacy act regulations and confidentiality.

Procedure:

1. All students will be required to complete the two-part HIPAA training online course following the completion of their freshmen year. Transfer students will be required to complete HIPAA training upon acceptance into the speech-language pathology program.
2. Students will receive an email from WordPress during the fall semester of their freshmen year. Transfer students will receive the link upon admittance into the program. WordPress will provide each student with a username, temporary password, and a link to reset their passwords.
3. To change the temporary password, it may be necessary for students to log off and back on to access the courses.
4. Once a new password has been created, students should follow the instructions to take the courses.
 - a. *Accessing and Sharing; Provider*
 - b. *Understanding HIPAA*
5. Following successful completion of both courses, students will need to download and print their certificate of completion.
6. Students will provide a copy of this certificate to the Clinical Administrative Assistant following completion of the course.
7. The Clinical Administrative Assistant will record each student's training on the SharePoint Network and place a copy of the certificate in each student's clinical binder.
8. Any student who has not successfully completed the online HIPAA training course will not be allowed to participate in activities in the clinic until the training is complete.

Any student who violates a HIPAA regulation will be subject to a letter grade reduction and/or dismissal from the Speech-Language Pathology program. Consequences for violation of any

HIPAA regulation will be at the discretion of the faculty member, clinical director, or clinical supervisor, working with the student at the time the violation is identified.

Policy for Completing the *Recognizing and Reporting Child Abuse: Mandated and Permissive Reporting in Pennsylvania Online Training Course*

Purpose:

To outline the standard procedures for completing the *Recognizing and Reporting Child Abuse: Mandated and Permissive Reporting in Pennsylvania Online Training course*.

Procedure:

1. Students must take the *Recognizing and Reporting Child Abuse: Mandated and Permissive Reporting in Pennsylvania Online Training* course as part of SLP 305 (Observations and Clinical Procedures I) in the spring semester of the sophomore year. The certificate of completion **MUST** be turned in to the course instructor at the time designated in the course syllabus. Students who do not complete the required training course will not be allowed to participate in any clinical courses in the following semester.
2. Students must re-take the *Recognizing and Reporting Child Abuse: Mandated and Permissive Reporting in Pennsylvania Online Training* course as part of SLP 566 (Seminar II) in the spring semester of the senior (first year of graduate school) year. The certificate of completion **MUST** be turned in to the course instructor at the time designated in the course syllabus. Students who do not complete the required training course will not be allowed to participate in fieldwork in the following semester.
3. The Clinical Director will inform transfer students and other non-traditional students who do take SLP 305 regarding the need to take the *Recognizing and Reporting Child Abuse: Mandated and Permissive Reporting in Pennsylvania Online Training* course. The certificate of completion **MUST** be turned in to the Clinical Director before the student's clinical experience can begin.

Observation Policies

Clinical Observation

Purpose:

To outline the procedure for clinical observation.

Procedure:

1. Students are required to complete 25 hours of guided clinical observation of a certified speech-language pathologist.
2. All 25 hours of the ASHA required clinical observation must be done as part of the requirements of SLP 305-Observation and Clinical Procedures I, which is taken by traditional students in the spring semester of their sophomore year. It is necessary that each student observe: five hours of pediatric/school-based therapy, five hours of adult therapy (inpatient, outpatient and / or acute), and 15 additional hours in any combination of these two populations for the total of 25 hours. Simucases may be used as part of the observation class and can count toward some but not all of a student's observations if approved and verified in writing by the course instructor.
3. Any non-traditional student who has had SLP 305-Observation and Clinical Procedures I waived must complete observation of: five hours of pediatric/school-based therapy, five

hours of adult therapy inpatient, outpatient and / or acute), and 15 additional hours in any combination of these two populations for the total of 25 hours before commencing SLP 415-Observation and Clinical Procedures II. Observations can be a mix of “live” clinical sessions and recorded sessions as long as the recorded sessions are completed as part of a class or given to the student by a clinical supervisor.

4. Students will complete three additional observation hours through the Misericordia University Speech, Language, and Hearing Center in conjunction with assignments for SLP 415-Observation and Clinical Methods II. These observation hours will be part of a student clinician shadowing experience and will culminate in each student’s first .25/.5-hour clinical intervention experience (Please refer to SLP 415-Observation and Clinical Procedures II Syllabus).
5. All 25 observation hours must be completed prior to participating in any active clinical intervention.
6. Documentation for each clinical observation must be completed on a *Guided Clinical Observation Summary Report* form.
7. All clinical observation summary report forms must be completed by the student and signed by the certified speech-language pathologist who has been observed. Each form must contain the certified speech-language pathologist’s ASHA certification number in order to be valid. For the additional observation hours completed as part of the SLP 415 shadowing experience, the signature and ASHA number of the clinical supervisor observing each session must be obtained.
8. All documentation for clinical observations will be filed in the student’s clinic file. The student should keep copies for their records.

On- and Off-Campus Clinical Supervisor Observation Policy

Purpose:

To outline the procedure for the supervision of student clinicians assigned to a clinic on-campus or at an off-campus site.

Procedure:

1. The Clinical Director, clinical supervisor and/or any SLP faculty member may supervise a student working in the Speech-Language and Hearing Center at Misericordia University.
2. Supervision must be provided by individuals who hold the Certificate of Clinical Competence in the appropriate profession and meet ASHA’s supervision requirements. The amount of direct supervision a student receives must be commensurate with the student’s knowledge, skills, and experience, must not be less than 25% of the student’s total contact with each client/patient, and must take place periodically throughout the clinic. Supervision must be sufficient to ensure the welfare of the client/patient.
3. In cases where the student is clinically weak or may be treating a challenging patient, additional supervision will be provided. These weaker students are also given fewer clients initially. The Clinical Director assists with supervision as needed to ensure that all students receive adequate supervision. Off-campus supervisors only supervise one student at any given time.
4. Clinical supervisors may monitor sessions from behind the observation window or they may choose to go directly into the therapy room to observe and/or assist the student. At times the supervisor may choose to view a session using the VALT system.

5. Students may be supervised by more than one supervisor per semester depending on the clinical case and, the style of supervision will vary slightly depending on the clinical supervisor.
6. Students will receive written and/or verbal feedback following most sessions. Printed feedback will be written on *the Clinical Supervisors Observation Report of Therapy Session* or the *Clinical Supervisors Observation Report of Diagnostic Session*. The clinical supervisor will keep a copy of each observation until the end of the semester, and the students will receive a copy for their records. In cases where the student is clinically weaker, the observation forms will be uploaded to the student's file.
7. Students are required to schedule a weekly supervisory meeting with their supervisor. During this time clinical feedback from previous sessions will be discussed further if necessary.

Fieldwork Clinical Instructor Observation Policy

Purpose:

To outline the procedures for the supervision of student clinicians in fieldwork.

Procedure:

1. The assigned Clinical Instructor (CI), or another certified and licensed SLP who meets ASHA's supervision requirements, may supervise a student working in an off-campus setting.
2. Supervision must be provided by individuals who hold the Certificate of Clinical Competence in the appropriate profession. The amount of direct supervision a student receives must be commensurate with the student's knowledge, skills, and experience, must not be less than 25% of the student's total contact with each client/patient, and must take place periodically throughout the clinic. Supervision must be sufficient to ensure the welfare of the client/patient. At times the CI will assist the student in the treatment session to optimize training.
3. Supervisors are required to provide students with verbal feedback following all sessions and written feedback following at least six sessions throughout the course of the semester. Printed feedback will be written on *the Clinical Supervisors Observation Report of Therapy Session* or on a form the CI chooses to use. Students will obtain copies of all written feedback for their records. Copies will also be sent to the Clinical Director along with the *Clinical Education Evaluation* form at mid-term and at the end of the semester.

Students are required to schedule a weekly supervisory meeting with their CI. During this time clinical feedback from previous sessions will be discussed further if necessary.

Placement Assignment Policies

Clinical Assignments Policy

Purpose:

To outline the procedure for the distribution of students into sections for clinical education courses.

Procedure:

1. The Clinical Director in conjunction with the Department Chair will assign students to clinic.
2. Each student will complete two clinical rotations and a diagnostic clinic prior to beginning their fieldwork experience.
3. The Clinical Director and Department Chair will assign students to a clinic based on their academic schedule. A student's work schedule will not be considered when assigning clinics. A student can request a change in his/her clinic schedule; however, there is no guarantee that the clinic will be changed. The student must present legitimate reason to change his/her schedule. Changes to a schedule will be made at the discretion of the Clinical Director and Department Chair.
4. Students will be assigned to one clinic and a diagnostic clinic on campus. The student's third clinic may or may not be off campus and the decision to place a student off campus will be based on the student's performance in a previous clinic.
5. The Clinical Director will assign clients to student clinicians working on campus. Therapy times will also be assigned by the Clinical Director. The supervisors working at off-campus clinical sites will assign clients to students. At no time can a student refuse to treat a client population based on their own reservations.
6. Clients may be scheduled up to 2 times per week and may be scheduled for individual therapy, group therapy, or both.
7. During a regular semester, students will be assigned to a clinic totaling five to eight hours of treatment/week. Students' hours during summer clinics will be longer to accommodate for the shortened semester. If students are performing exceptionally well in a clinic, the Clinical Director may ask the students if they would like an additional client.
8. Students assigned to a clinic off campus may need to contact the Clinical Instructor at that site to set up a schedule. The Clinical Director will inform the student in such cases. Students assigned to a clinic off campus may be required to work one full day or two half days for a total of four-six hours per week.
9. Student clinicians will follow the assigned schedule for the entire semester
10. Students assigned to a clinic on campus must contact their patients within two working days prior to the initial session to introduce themselves and to confirm the scheduled appointment. If contact cannot be made, it is the student clinician's responsibility to inform the Clinical Director.
11. Students should use the telephones in the clinic to call their clients/patients and leave the Clinical Administrative Assistant's office number (570) 674-6724, should they need to leave a message. Students who choose to use their personal cell phones to call clients/patients should still give the Clinical Administrative Assistant's office number for all return calls.
12. Students should not contact their patient's until they have met with their assigned supervisor and discussed the case first.

For an outline of specific on-campus clinic and diagnostic clinic procedures students should refer to the [*In-person and Hybrid Clinic Procedures Checklist for Students*](#) and the [*Diagnostic Procedure Checklist for Students*](#).

Fieldwork Assignment Policy

Purpose:

To outline the procedure for the establishment of fieldwork assignments.

Procedure:

1. The Clinical Director will assign students to fieldwork sites.
2. At the beginning of each academic year, the Clinical Director will give each student who is planning to begin their fieldwork placement in the subsequent academic year a *Fieldwork Request* form. This form will allow the student to select three possible sites for their fieldwork placements.
3. Students should refer to the SharePoint Network and to the hard copies in the file room for a list of current clinical affiliations when selecting and ranking your fieldwork sites.
4. Students will have until mid-December to complete this form. Students who do not submit this form by the specified deadline will not be guaranteed a placement for the fall semester.
5. Students must select sites within a 200-mile radius of Misericordia University so it is possible for the Clinical Director or University Supervisor to make a site visit (s). A student can request a site that exceeds the allotted miles requirement; however, there is no guarantee that the student will be placed at that site. A student must present with exceptional clinical and
6. academic skills to be considered for a placement located further than 200 miles from the University. All sites will be assigned at the discretion of the Clinical Director.
7. **Students are not allowed to contact an off-campus clinical site or supervisor to establish a fieldwork site or inquire about availability of a site without the permission of the Clinical Director.** This policy applies to family members or representatives of the student. **Any attempt to contact a site will result in a reduction in a clinical grade and will jeopardize placement in a facility.**
8. The Clinical Director will notify the student via e-mail or by phone when a site has been secured and/or if changes in a site have occurred.

In the event that more than one student requests a particular site, the Clinical Director will determine which student will attend the site. Decisions will be made based on the student's ability to work in that particular setting and be at the discretion of the Clinical Director.

Evaluation Policies**Clinical/Fieldwork Student Evaluation Policy****Purpose:**

The faculty and staff of Misericordia University's Department of Speech-Language Pathology designed clinical education to give our undergraduate and graduate students an opportunity to immerse themselves in the daily operation of classrooms and clinics run by certified speech-language pathologists. In doing so, our students can learn more about speech-language pathology by applying the knowledge and skills they learned while enrolled in Misericordia University's speech- language pathology classes.

Procedure:

1. University Clinical Supervisors will formally evaluate students assigned to an on-site or off-campus clinic twice each fall and spring semester (mid-term and final) using the *Clinical Education Evaluation* form. Students will only receive one performance evaluation during summer sessions. This student performance assessment appraises the competency levels for evaluation, intervention, and interaction and personal quality skills

necessary for graduate students of speech-language pathology to ensure readiness for entry level practice. Instructions for the use of the form are provided in the introduction section of the form.

2. Using this evaluation form, university supervisors will assign grades based on the total number of points received for each competency and any additional information documented throughout the course of the clinical rotation (i.e., timely completion of paperwork, completion of self-evaluations, journals, and attendance).
3. Clinical Instructors (CI), who are not employees of Misericordia University, assigned to supervise students during an off-campus clinic or Fieldwork I, II, or III placement will use the *Clinical Education Evaluation* form twice each semester (mid-term and final) to evaluate a student's performance. CI is only responsible for allotting a student a specific number of points in any competency area. It is the responsibility of the University Clinical Supervisor to assign a student's final clinical grade based on total number of points received for each competency, telephone and/or personal supervisory conferences, written information documented in the CI report, information documented by the University Clinical Supervisor during the fieldwork site visit (if applicable), and any additional information obtained and documented between the CI and the University Clinical Supervisor (if applicable).
4. Graduate Students, completing externships for the Education Specialist Certification, will be evaluated by the University Clinical Supervisor using the *Pennsylvania Statewide Evaluation* form for Student Professional Knowledge and Practice in addition to the aforementioned procedures. University Clinical Supervisors do not issue a student greater than 89 points in any area at mid-term. A CI assigned to supervise students off campus will follow the same policy. If a student receives less than 83 points in any area at mid-term, detailed notes and documentation must accompany all evaluation reports (mid-term and final) so the student is aware of the reason for the points received. If a student receives less than 83 points in any area at mid-term, then weekly documentation and notes are necessary to provide the student with feedback about clinical performance. All students must sign all documents and feedback provided by the supervisor.

Student Evaluation of Clinical Supervisor/Clinical Site Policy

Purpose:

To outline the procedure for evaluating internal/external site supervisors and/or external sites.

Procedure:

1. Students must complete an evaluation of their on-campus/off-campus clinical supervisors as well as fieldwork supervisor(s) and external clinical sites at the end of their clinical/fieldwork experience using the *Student Evaluation of Clinical Supervisor/Clinical Site* form (fieldwork) or the *Student Evaluation of Clinical Supervisor* survey (on-campus/off-campus clinic).
2. Clinic students assigned to an on-campus or off-campus clinic will complete an evaluation of their supervisor(s) at midterm as well. The Clinical Director will then review this information with each supervisor, so they are aware of their student's needs for the remainder of the semester.
3. Clinic students must complete the online survey by the date specified by the Clinical Director at the end of their clinical placement. The Chair and Clinical Director will then

review the survey results and share the information with each clinical supervisor for continuous improvement.

4. For fieldwork evaluations, the Clinical Director reviews the information and then the Clinical Administrative Assistant inputs the data into SharePoint and an excel data base and generates a full report. For on-campus/off-campus evaluations, the Clinical Director reviews the information with each supervisor for continuous improvement.
5. The Clinical Administrative Assistant copies the fieldwork evaluation reports and sends the reports to the Clinical Director for review. Once reviewed by the Clinical Director, the report is kept on file. If the student agrees, the Clinical Director will also send a copy of the evaluation to the fieldwork Clinical Instructor.
6. The Clinical Director refers to the clinical supervisor/clinical site report to set up future sites for students to ensure that the sites and supervisors are superior.

The Clinical Director will not place students with supervisors and/or at a site that has not received a rating of three or higher in previous student evaluations.

Professional Behavior & Expectations

Professional Behaviors Policy

Purpose:

To outline the professional guidelines in the areas of personal conduct, clinical absences, tardiness, unpreparedness, and clinical responsibilities.

Procedure:

Students must:

1. Demonstrate respect to clients, caregivers, peers, staff, and faculty in any clinical environment and classroom settings.
2. Immediately contact the Clinical Director at Misericordia University and the Clinical Supervisor to cancel therapy in the event of an injury or illness. Once the Clinical Director and supervisor has been informed and approves the absence, the Administrative Assistant and client(s) should be notified if appropriate. Clinical practicum is not to be cancelled for any reason other than an illness or emergency situation.
3. Notify the Clinical Supervisor and client, if appropriate, if they are going to be late for a therapy session.
4. Have a lesson plan and equipment ready ahead of time for each clinical day. For diagnostics, have equipment, tests, and pertinent data on hand.
5. Ensure that the Clinical Supervisor is continually informed about each client through lesson plans, consultation, client evaluations, and semester reports. It is also the student's duty to get needed information and complete follow-up procedures that have been discussed.

Professional Behaviors and Incident Procedures Policy

Purpose:

To outline the procedure to be followed for completing the *Professional Behavior Incident* form in the event a student violates any professional behavior.

Procedure:

1. Students are required to follow the professional behaviors as listed above. **Students who breach any of the professional behaviors either in the classroom or clinical site, may be subject to delay in completion of the program or may face dismissal from the program.**
2. Any breach of a professional behavior, will be recorded by the University Clinical Supervisor on the *Professional Behavior Incident* form. The instructor and student will review the incident and the repercussions. The student will be given the opportunity to write comments on the *Professional Behaviors Incident* form before signing and dating that the incident was reviewed with him/her. The instructor will place the signed *Professional Behaviors Incident* form in the student's clinic file.
3. Should a second professional incident occur, the Clinical Director, the clinical supervisor, or the clinical instructor, and the student will review the second violation and a meeting will be established with the student and all the above parties. A plan of action will be determined. All appropriate parties will be forwarded a copy of the signed and dated *Professional Behaviors Incident* form.
4. Repercussions may include, but are not limited to:
 - a. Refer for counseling evaluation
 - b. Remedial plan
 - c. Delay in completion of the program
 - d. 1-year probationary period
 - e. Dismissal from the program

In most instances a second violation will result in dismissal from the program.

Dress Code/Personal Hygiene

The faculty and staff of the Misericordia University Speech-Language Pathology Department believe it is imperative that students dress professionally at all times when observing and/or working in any clinical setting on and off-campus. Students assigned to on-campus clinic, who are not in acceptable professional attire, will not be permitted to observe and/or perform patient/client care. The following dress code is strictly enforced.

Appropriate attire for students includes:

- Casual pants
- Skirts/dresses (stockings are required with dresses and skirts)
- Casual shirts/sweaters (ties optional)
- Casual, dress shoes
- Dangling jewelry and tongue/nose piercing should be worn with caution as they can be distracting to young clients

Students are not permitted to wear:

- Jeans
- Sweatpants/sweatshirts
- tank tops, halters, sleeveless tops, T-shirts
- shirts exposing the mid-drift area

- sandals/ flip flops/sneakers/shoes with opened toes (unless a stocking is worn)
- shorts

With regard to personal hygiene:

- Hair should be worn in good taste, out of the face, and if necessary, tied back to prevent it from coming in contact with the patient/client.
- Deodorants and perfumes or colognes may be worn; however, the scent must be minimal and non-offensive.
- Fingernail length should not be excessive for patient/client comfort and safety.
- Beards and/or mustaches must be neatly groomed.

Name Tags:

- A Misericordia University name badge must be worn at all times during on and off-site clinical and fieldwork education experiences unless otherwise determined by the individual clinical facility. Students will be issued name tags at the commencement of their clinical experience. Students may be required to wear lab coats or scrubs at certain practicum sites. Lab coats and scrubs may be purchased at any uniform store at the student's expense.

Off Campus/Fieldwork:

- Students assigned to a clinic off campus or who are in fieldwork **MUST** follow the dress code of the facility to which they are assigned. If certain attire is required (e.g., lab coat, scrubs, etc.), students are responsible for obtaining the necessary attire at their own expense.

Attendance Policy

Purpose:

To outline the procedure for canceling clinic due to an illness or emergency situation.

Procedure:

1. Attendance is **mandatory** during all on and off-site clinical education experiences and fieldwork experiences.
2. Students will be allowed up to two absences per clinical and/or fieldwork rotation.
3. Should a student need to cancel clinic he/she must notify their clinical and/or fieldwork supervisor, and the Clinical Director and/or the Clinical Administrative Assistant at Misericordia University of any absence via email and by telephone at least one hour prior to the beginning of a clinic day.
4. The student must personally speak with his/her supervisor and the Clinical Administrative Assistant and/or Clinical Director in addition to sending an email.
5. Students working in the on-campus clinic must maintain an updated copy of their clients' phone numbers. Should the Clinical Director or clinical supervisor be unable to find coverage for or cancel the student's clients, it will be the student's responsibility to contact his/her clients to inform them of their cancellation. Students must document all phone calls made to family members using the client *Communication Log* located in the client's electronic file.
6. Sickness and emergencies are excused absences; however, written documentation may be

required. A physician's excuse is required if illness exceeds one day. Students cannot take days off from clinic or fieldwork to study for examinations or work on projects (e.g., thesis, fieldwork presentation, etc.). Students who need to take time off for personal/religious reasons will be required to make the time up if the time off exceeds the allotted two absences. If the student is requesting time off for religious reasons, the student will need to provide documentation from the church, temple, mosque, etc. If a student takes time off for personal/religious reasons, the student will need to complete the missed clinical days. Students in fieldwork may be permitted to take a few hours off to interview for a fieldwork placement or employment opportunity with approval from the Clinical Director and CI. Students in regular clinic will need to schedule interviews around their clinic times.

7. Rescheduling of missed clinical time is dependent on the discretion of the clinical or fieldwork supervisor and/or Clinical Director. These arrangements will be made at the convenience of the faculty and the affiliating agency.
8. If the student anticipates being late or needs to leave the clinical site early, the student must notify his/her clinical and/or fieldwork supervisor, and the Clinical Director and/or the Clinical Administrative Assistant at Misericordia University via email and telephone. Additionally, all fieldwork students must notify the Clinical Director at Misericordia University via email or telephone of any changes in their clinical schedule that relate to supervisor illness, scheduled in-services, etc.
9. Every effort must be made to avoid absences and tardiness during clinical education.
10. A student who accumulates more than two inexcusable absences and/or who fails to appropriately notify the clinical supervisor and/or externship supervisor and Clinical Director and/or Clinical Administrative Assistant at Misericordia University of any absence or tardiness will be subject to disciplinary action by the Clinical Director which may include a letter grade reduction for each unexcused absence or tardiness.
11. Consequences for failure to adequately follow this attendance policy will be at the discretion of the clinical/fieldwork supervisor and/or Clinical Director.

Make-up of Clinical Hours Policy

Purpose:

To outline the procedure for rescheduling cancelled clinical assignments.

Procedure:

1. Clinical make up time is defined as time owed for cancellations by the student.
2. Upon returning to the clinical/fieldwork site, the student shall arrange to make up the absent/tardy time agreed upon by the clinical supervisor or clinical instructor (CI). Students owing make up time at the completion of any clinical semester will be issued a grade of "I" (Incomplete). The incomplete grade will remain until the time is made up and the incomplete contract is fulfilled.
3. If the student fails to make time up the time owed, the clinical supervisor or CI will notify the Clinical Director and Department Chair and the student will be subject to clinical probation.

Illness and Injury during the Clinical Day

Purpose:

To outline the procedure for action regarding the student who becomes ill or is injured during the clinical day.

Procedure:

1. The student must notify the clinical supervisor or CI and the Clinical Director of any illness or injury that occurs during the clinical day.
2. The student will incur expenses if such arise due to this illness or injury.
3. If a student is injured at the clinical education center or at an offsite center, a *Clinical Incident Report* must be completed and signed by the student and the supervisor or CI and given to the Clinical Director. This form will be uploaded to the student's clinic file and the original form will be sent to the Controller's office.
4. If the student refuses emergency room treatment, the Clinical Director **MUST** be notified and a *Clinical Incident Report* **MUST** be completed even if treatment was not received.
5. Individual situations will be left to the discretion of the Clinical Director.

Cell Phone Policy

Purpose:

To outline the guidelines for cell phone use in the Misericordia University Speech-Language and Hearing Center.

Procedure:

1. To provide quality services to our clients and to be courteous to other students, the use of personal cell phones is prohibited in the Speech-Language and Hearing Clinic during hours of operation.
2. Students are not permitted to use personal phones in the treatment rooms, when walking within the clinic, or when engaged in any clinic related activities.
3. Students are permitted to use cell phones in the student work room; however, personal calls in the student area should be kept to a minimum so as not to distract other students who are trying to complete their paperwork.
4. Students assigned to a fieldwork site must be courteous and limit their use of personal cell phones during scheduled working hours.
5. Cell phones should only be used in emergency situations. Students should have their phones with them at all times in "vibrate" mode to ensure they receive emergency alerts.
6. Failure to follow these guidelines will result in disciplinary action.

Social Media Policy

Purpose:

To outline the manner in which Speech-Language Pathology students will be expected to utilize social media sites during their education. To define actions to be taken for failure to comply with rules of the social media policy.

Procedure:

The Misericordia University Speech-Language Pathology Department recognizes that social networking websites and applications, including but not limited to Facebook, Instagram, Twitter, Snap Chat, YouTube and blogs, are currently a common form of communication. There is the potential for misinterpretation of the relationship or the potential of sharing protected information via these social media sites.

Relationships such as faculty-student, student-patient, supervisor-student, and staff- student merit close consideration of the implications and the nature of the social interaction as a student in the Speech-Language Pathology program. Students are reminded that they should have no expectation of privacy on social networking sites. Students must also be aware that posting certain information is illegal. Violation may expose the offender to criminal and civil liability. Offenses may be considered non-academic misconduct or a violation of professional behaviors and be subject to the university and departmental policies and procedures and may even result in immediate dismissal from the Speech-Language Pathology Program.

Students will adhere to the [*ASHA Code of Ethics*](#) when interacting in the public domain on social media sites of any kind. The Speech-Language Pathology faculty and department maintain that students are representing the Misericordia University Health Sciences- directly or indirectly- when interacting in the public domain of the Internet.

The following is a list of examples of online behaviors that are considered violations of the social media policy as they reflect unprofessional behavior and may constitute disciplinary action and/or dismissal from the program:

1. It is a HIPAA violation if you mention a patient with enough information that the person might be identified, even if you avoid personal health information. This includes posting of images. The consequences for violations are severe.
2. Posting on social media the names, negative comments, or criticisms of faculty, staff or any other clinical or university personnel. Making negative comments or criticisms about the facility or what is occurring in the Speech-Language Pathology Department, Misericordia Speech- Language Hearing Center, or any other clinical site (off-campus or fieldwork) at any time.
3. Display of vulgar language. Display of language or photographs that imply disrespect for any individual or group because of, but not limited to, age, race, gender, ethnicity or sexual orientation, Presentation of personal photographs or photographs of others that may reasonably be interpreted as condoning irresponsible use of alcohol, substance abuse or sexual promiscuity, Presentation of personal engagement in illegal activities including use of recreational drugs, Posting of potentially inflammatory or unflattering material on another individual's website, e.g. on the "wall" of that individual's Facebook site.
4. To write defamatory or degrading remarks that target any faculty, staff or student members of the Misericordia Community. Remarks may be a violation of the code of ethics and professional behaviors policy and may result in disciplinary action.
5. Asking your faculty, clinical instructors, clinical supervisors (on- or off-campus), or any university or clinical site employee to "friend" you on any social media while a student in the Speech- Language Pathology Department. This request puts Misericordia employees and yourself in an awkward situation with personal information about each other.
6. Individuals should make every effort to present themselves in a mature, responsible, and professional manner while utilizing social media. Discourse should always be civil and respectful.

Student Clinician-Client/Caregiver Endowment Policy

Purpose:

To outline the procedure for students who receive gifts from clients/patients and/or caregivers.

Procedure:

1. Students who receive gifts, in any amount, must immediately make their clinical supervisor and the Clinical Director aware of the gift(s) received. The Clinical Director will decide if the gift is within reason and appropriate to accept.
2. Students may accept inexpensive, tangible gifts (up to \$50.00) or monetary gifts (up to \$50.00) from clients/patients and/or caregivers that are given as a token of appreciation for their clinical services in any on-campus or off-campus clinical/fieldwork placement. These inexpensive gifts may be kept by the recipient for personal use.
3. Tangible and monetary gifts in excess of \$50.00 will need to be returned to the donor or, if the donor prefers, donate any amount over \$50.00 to the Misericordia University Speech-Language and Hearing Center (the student will be allowed to keep a maximum \$50.00 of the total donation). All tangible and monetary gifts donated to the Center will be used in the Center. If a tangible gift is not appropriate for use in the Center, the donor will be asked if he/she would like to donate the amount of the gift (minus \$50.00) to the Center. All monetary gifts donated to the Center will be used to purchase materials/equipment for use in the Center.
4. It will be the responsibility of the gift recipient to ask the donor how he/ he would like the gift to be used if the gift exceeds the allotted amount.
5. If the donor chooses to donate part of the gift to the Center, it will be the responsibility of the gift recipient to then notify the client, family member, and/or caregiver as to how the gift will be used in the Center.
6. For all gifts exceeding \$50.00, the recipient of the gift, in conjunction with the Clinical Director, will be responsible for writing a note of thanks to the donor to show appreciation for the donation to the Center.

Practices & Procedures**Clinical Clock Hours Policy (On- and Off-Campus Clinics)****Purpose:**

To outline the procedure for documenting clinical clock hours for students assigned to clinic on-campus or an off-campus sites.

Procedure:

1. Students assigned to clinic on-campus or at an off-campus site must document their clinical hours on SharePoint at the end of each clinical day.
2. In addition, students must complete the *Semester to Date Hours Record* form on a weekly basis using the Excel spreadsheet provided to them via SharePoint. This form must be printed and signed by the site supervisor at the end of each clinical week.
3. Students must return their signed *Semester to Date Hours Record* forms to their clinical supervisor at mid-term and at the end of the semester. The clinical supervisor will then turn the signed forms into the Clinical Administrative Assistant.
4. The Clinical Administrative Assistant will verify the hours documented on the signed *Semester to Date Hours Record* forms by comparing them to those submitted on SharePoint and record the data into the SharePoint network.
5. At mid-term and at the end of the semester the Clinical Administrative Assistant will transfer the student's approved clinical hours into the Clinical Hours Database.

6. A hardcopy of the student's total clinical hours for the semester will be placed in the student's file at the end of each semester. A student may request a hardcopy of their total hours at the end of each semester.
7. Students must keep copies of all their signed *Semester to Date Hours Record* forms obtained during any given semester. The Clinical Director, clinical/fieldwork supervisor and the Clinical Administrative Assistant will not be held responsible for any *Semester to Date Hours Record* forms that are misplaced or lost. Students will not receive credit for clinical clock hours if the required forms are not signed and/or turned in correctly.

Clinical Clock Hours Policy (Fieldwork)

Purpose:

To outline the procedure for documenting clinical clock hours for students assigned to fieldwork:

Procedure:

1. Students assigned to a fieldwork site must document their clinical hours on SharePoint at the end of each clinical day.
2. In addition, students must complete the *Semester to Date Hours Record* form on a daily basis using the Excel spreadsheet provided to them via SharePoint. This form must be printed and signed by the site supervisor at the end of each week.
3. Students must return the signed *Semester to Date Hours Record* forms to the Clinical Director at mid-term and at the end of the semester.
4. The Clinical Administrative Assistant will verify the hours documented on the signed *Semester to Date Hours Record* forms by comparing them to those submitted on SharePoint and record the data into the SharePoint network.
5. At mid-term and at the end of the semester the Clinical Administrative Assistant will transfer the student's approved clinical hours into the Clinical Hours Database.
6. A hardcopy of the student's total clinical hours for the semester will be placed in the student's file at the end of each semester. A student may request a hardcopy of their total hours at the end of each semester.
7. Students **must** keep copies of all their signed *Semester to Date Hours Records* forms obtained during any given semester. The Clinical Director, clinical/fieldwork supervisor and the Clinical Administrative Assistant will not be held responsible for any *Semester to Date Hours Records* forms that are misplaced or lost. Students will not receive credit for clinical clock hours if the required forms are not signed and/or turned in correctly.

Clinic File Checkout Policy

Purpose:

To outline the procedure for signing out clinical files to ensure patient/client confidentiality of clinical records.

Procedure:

1. Clients' charts are electronic and accessible only to those students who have access to the secure network.
2. Some charts are also on file in the room outside the Clinical Administrative Assistant's office in a secured room—accessible only to clinical students and faculty by electronic admission.

3. Student clinicians and faculty must sign out the time they remove and sign in the time they return a clinical file using the Medical Records Checkout form.
4. Hard copies of clinical charts are not permitted to be taken from the Speech-Language and Hearing Center floor at any time.
5. All clinical charts signed out by student clinicians or faculty must be returned to the secured room by the end of the day.
6. At no time should a student leave a chart unattended in the clinical area. Files found unattended will subject the student to half a letter grade reduction and/or other consequence deemed appropriate by the Clinical Director.

Clinic Materials Checkout Policy

Purpose:

To outline the procedure for signing out clinical materials.

Procedure:

1. On-campus clinical students **DO NOT** need to sign out materials for use in the clinic.
2. Clinicians assigned to an off-campus clinic must sign out all clinical materials using the Diagnostic Tests/Clinical Materials Checkout form located in the Sensory-Motor Gym after they receive permission from the Clinical Director.
3. Materials taken from the clinic, for use at St Paul's, **MUST NOT** be removed from the clinic until the end of the clinical day and **MUST** be returned to the clinic the next day at the end of the student's clinical day.
4. Faculty and students who wish to sign out therapy materials for review in class may do so however, the materials **MUST** be signed out just before the class and returned immediately following the class. Priority for reviewing materials will be given to those students who are participating in SLP 450 (Optional Clinic), SLP 505 (Clinic I), SLP 605 (Clinic II), SLP 560 (Diagnostic Methods), and SLP 555 (Diagnostic Clinic).
5. Any missing therapy materials will be billed to the party who was last to sign them out for full replacement value.

Electronic Equipment Checkout Policy

Purpose:

To outline the procedure for signing out all electronic equipment (i.e., Audiometers, Augmentative and Alternative Communication (AAC) devices, Wii, iPads, etc.)

Procedure:

1. All electronic equipment will be housed in a locked cabinet or in a secure room.
2. Students who wish to use an electronic device **MUST** sign it out using the Electronic Equipment Checkout Request located in the area where the device is located.
3. Electronic equipment is not permitted to be taken from the Misericordia University Speech-Language and Hearing Center. Students are only allowed to use the equipment in the Center.
4. All students **MUST** use the Electronic Equipment Checkout Request to denote the return of the device they used.
5. Any damaged or missing equipment will be billed to the student who signed it out for full replacement value.

Diagnostic Evaluation/ Re-evaluation Policy

Purpose:

To outline the procedure for completing diagnostic evaluations.

Procedure:

1. The Clinical Director will assign diagnostic evaluations with scheduled evaluation times to student clinicians in Diagnostic Clinic.
2. In most cases evaluations will be assigned in pairs; however, there may be times when a student is assigned to complete an evaluation by themselves.
3. Students will review the case history form and all available medical records in the clients file prior to the evaluation.
4. Students assigned to Diagnostic Clinic will complete a *Diagnostic Report Work-Up Plan* and send it to their clinical supervisor according to the timelines specified in the syllabus.
5. The clinical supervisor will then set up a meeting to discuss the plan and any necessary changes.
6. Students will be responsible for all preparations for the evaluation session. Diagnostic tests are located in the diagnostic room and MUST be checked out using the Diagnostic Test/Clinical Materials Checkout form. Students are responsible for returning all diagnostic tests according to the Diagnostic Check-Out Policy.
7. All patients scheduled for a diagnostic evaluation must be contacted two working days prior to the evaluation by the student clinician assigned to the case, to introduce themselves and to confirm the scheduled appointment. If contact cannot be made, it is the student clinician's responsibility to inform the Clinical Director. Students should not contact their patients until they first meet with their supervisor to discuss the case.
8. Students assigned to Diagnostic clinic will follow the guidelines for diagnostic evaluations as outlined in their course syllabus.
9. Students assigned to clinic will re-evaluate their clients if a year has passed since their last evaluation/re-evaluation or if the student clinician or clinic supervisors believes that a re-evaluation is necessary.

Diagnostic Materials Checkout Policy

Purpose:

To outline the procedure for signing out diagnostic tests.

Procedure:

1. All diagnostic materials will be kept locked in the diagnostic closet at all times.
2. Clinicians and faculty must sign out diagnostic materials using the Diagnostic/Clinical Materials Checkout form located in the Clinical Director's office.
3. Diagnostic materials are not permitted to be taken from The Speech-Language and Hearing Center without approval from the Clinical Director.
4. Faculty and student clinicians who wish to sign out diagnostic materials for review in class or within the clinic may do so during any given clinic day. Priority for reviewing materials will be given to those students who are participating in SLP 450 (Optional Clinic), SLP 505 (Clinic I), SLP 605 (Clinic II), SLP 560 (Diagnostic Methods), and SLP 555 (Diagnostic Clinic).
5. Any missing materials will be billed to the party who was last to sign them out for full

replacement value.

Diagnostic Report Writing Policy

Purpose:

To outline the procedure for writing diagnostic reports.

Procedure:

1. Students are required to follow the guidelines outlined in the *Diagnostic Evaluation Report-Child* when writing a report involving a child with a communication disorder.
2. Students are required to follow the guidelines outlined in the *Diagnostic Evaluation Report-Adult* when writing a report involving an adult with a communication disorder.
3. Report Writing Skills will be evaluated using the *Documentation Rubric*.

Hearing Screening Policy

Purpose:

To outline the procedure for performing hearing screenings.

Procedure:

1. Children under 18 years of age will be screened at 20 dB in both ears at 500 Hz, 2,000 Hz, and 4000 Hz.
2. Adults 18 years and older will be screened at 25 dB in both ears at 500 Hz, 1,000 Hz, 2,000 Hz, and 4,000 Hz.
3. Criteria for passing the hearing screening is that the client must pass all frequencies in both ears.
4. Referral for full audiological testing by a certified audiologist will be made for all clients that fail the hearing screening.
5. *Hearing Screening* forms will be placed in the client's permanent file.
6. Children under three years of age or who are unable to follow the instructions for a hearing screening using a traditional audiometer will be screened using the Otoacoustic Emissions device (OAE).

Treatment Documentation Guidelines Policy

Purpose:

To outline the documentation guidelines for treatment procedures that will take place within Misericordia University's Speech-Language and Hearing Center.

Procedure:

Treatment Plan (TP)

1. A Treatment Plan will be completed at the beginning of each semester as requested by the clinical supervisor. The TP will include the following:
 - a. Functional outcome goal
 - b. Semester objectives
 - c. Treatment rationale
 - d. Treatment techniques/strategies/approaches
 - e. Home program plan
2. Treatment plans will be due as stated by each clinical supervisor in the treatment

guidelines.

3. All TPs must be signed by the student and the supervisor.
4. It is the student's responsibility to upload approved TPs to each client's file. Hard copies of TPs must be discarded in the locked shredder container located in Passan Hall.

Lesson Plan (LP)

1. Students are required to complete individual/group lesson plans for each patient they will be treating. The following criteria apply:
 - a. Students are required to write a weekly lesson plan for every client. If a client is scheduled for more than one session per week, only one lesson plan is required unless the patient's goals change. In the advent that a patient's goals change, a new lesson plan will need to be written and submitted to the supervisor for approval prior to the client's next session.
 - b. Lesson plans for the following week will be due as stated by each clinical supervisor in the treatment guidelines.
 - c. Lesson plans will be reviewed and revised by the clinical supervisor. Students will not be required to re-write lesson plans unless the supervisor requests a revised copy.
 - d. The lesson plan will be returned to the student. Revised lesson plans will be submitted to the clinical supervisor on the day of treatment. All students should keep a copy of their lesson plan for their sessions.
 - e. It is the student's responsibility to upload approved LPs to each client's file. Hard copies of any LPs must be discarded in the locked shredder container located in Passan Hall.

Soap Note (SN)

1. Student clinicians will write a soap note for every session completed. The following criteria apply:
 - a. All soap notes for the week are due as stated by each clinical supervisor in the treatment guidelines.
 - b. Soap notes will be reviewed and revised by the clinical supervisor then returned to the student clinician's mailbox.
 - c. All SNs must be signed by the student and the supervisor.
 - d. It is the student's responsibility to upload approved SNs to each client's file. Hard copies of any SNs must be discarded in the locked shredder container located in Passan Hall.

Progress Summary Report (PSR)

1. Progress summary reports will be written for all clients during the last two weeks of clinic. The following criteria apply:
 - a. Rough drafts of progress reports will be turned into the clinical supervisor prior to the last week of clinic. Progress reports will be reviewed and revised by the clinical supervisor then returned to the student.
 - b. Final drafts of progress reports will be due as stated by the clinical supervisor after the rough draft of the progress report is returned to the student.
 - c. All PSRs must be signed by the student and the supervisor.

- d. It is the student's responsibility to upload approved PSRs to each client's file. Hard copies of any PSRs must be discarded in the locked shredder container located in Passan Hall.

Discharge Summary Report (DSR)

1. Discharge summary reports will be written when a patient has met criteria for all established goals and no longer requires speech-language services or when a patient believes that there is no longer a need to continue receiving therapy. The following criteria apply:
 - a. Rough drafts of DSRs will be turned into the clinical supervisor three days following the patient's discharge. Discharge reports will be reviewed and revised by the clinical supervisor then returned to the student clinician's mailbox.
 - b. Final drafts of discharge reports will be due three working days after the rough draft of the report is returned to the student's mailbox.
 - c. All DSRs must be signed by the student and the supervisor.
 - d. It is the student's responsibility to upload approved DSRs to each client's file. Hard copies of any DSRs must be discarded in the locked shredder container located in Passan Hall.

***There will be no exceptions to timelines established by the supervisor. Failure to meet documentation timelines will result in a half letter grade reduction for each clinical document that is turned in late.**

Clinical Documentation Policy (On-Campus Clinic)

Purpose:

To outline the procedure for appropriate completion of clinical documentation

Procedure:

1. At the commencement clinic students are provided private directories on Microsoft SharePoint to store their clinical documentation.
2. Outlines for all on-site clinical documentation are provided on Microsoft SharePoint for use by students assigned to a clinic on campus.
3. Students are required to complete all clinical documents in their personal One-Drive on the SharePoint server and submit it to their supervisor via their University email to ensure client confidentiality.
4. Students are **not permitted** to work on clinical documents outside the Speech-Language and Hearing Center or on their own personal computers. Students must complete all clinical documentation on terminals located in the Speech-Language Pathology Department. Students caught working on clinical documentation from personal computers or in an area other than the clinic will be subject to disciplinary action.

Clinical Documentation Policy (Off-Campus Clinic)

Purpose:

To outline the procedure for appropriate completion of clinical documentation

Procedure:

1. Students assigned to the clinic at St. Paul's must complete their daily paperwork and treatment logs in MS Word format (using the client's initials only to maintain confidentiality) and upload them to Google Drive for editing. Once edited, all documentation is uploaded to a secure Drop Box designated for all paperwork pertaining to St. Paul's. Students are responsible for uploading approved billing to Google Drive. Supervisors are responsible for uploading all approved clinical documents to the Home and Community Service Information System (HCSIS).
2. Students who are completing clinical assignments at off-campus sites will need to follow the clinic expectations and documentation guidelines established by that particular site.

Videotaping/Audio-taping Policy**Purpose:**

To outline the procedure to follow when videotaping and audio-taping clinical sessions for assessment, self-evaluation, and research purposes.

Procedure:

1. All clients are required to sign the *General Consent* form acknowledging consent for evaluation, re-evaluations, and treatment, videotaping, audio-taping and observations, and receipt of notice of privacy acts before receiving services in Misericordia University's Speech-Language and Hearing Center. Clients who choose to waive consent to video tape will be assured that their sessions will not be taped and/or viewed by students for teaching purposes.
2. Students must verify that all patients have signed the appropriate consent form prior to video and/or audio-taping any clinical sessions.
3. If a consent form is not present in a patient's clinical chart it is the student's responsibility to have the patient complete this form. Without consent a patient cannot be videotaped.
4. Should a family decline videotaping, it is the student's responsibility to notify the clinical supervisor of this request.
5. Before taping or observing a clinical session, students must also verbally inform patients of their plans to do so.

Taking Clients On/Off Campus for Therapy Policy**Purpose:**

To outline the procedure for clinical students who would like to take clients, who are minors (aged 5-17), on/off campus for the purpose of generalizing techniques learned in the therapy room to more realistic settings.

Procedure:

1. Student clinicians who plan to take a client on/off campus for therapy must first plan and execute two-three simulated activities on the clinic floor and/or in Passan Hall located at 100 Lake Street, Dallas, PA.
2. Once the student clinician and clinical supervisor agree the client is ready to go on/off campus, the student clinician must notify the client's caregiver of their need to go on/off campus and have the *General Consent for On- Off-Campus Therapy* form signed by the

- client's legal guardian at least one week prior to the scheduled event.
3. Student clinicians must schedule an on/off-campus event at least one week prior to the scheduled session. The on/off-campus activity must be clearly outlined in the student clinician's lesson plan and approved by the clinical supervisor prior to its execution.
 4. When planning on/off-campus therapy sessions, student clinicians should make every effort to plan the activity as close to Passan Hall as possible, preferably in walking distance. If an activity is not within walking distance, and transportation is required, the student must meet the client and caregiver at the designated location.
 5. The client's caregiver should be present to observe the activity to learn strategies and techniques for continued practice across all environments.
 6. Following the on/off-campus activity, the student clinician, client, and caregiver need to return to campus and discuss the outcome of the session. The student clinician must then suggest a similar activity that the client and caregiver can practice at home and follow up on the outcome of this home activity in the next session.

Photocopy Policy

Purpose:

To outline the procedure for making photocopies within the SLP department.

Procedure:

1. Students in need of photocopies for clinic must submit a request to the Clinical Administrative Assistant at least 24 hours before the copies are needed. The request should be placed in the "Copy Bin" located near the student mailboxes.
2. A Work Study or the Clinical Administrative Assistant will make the copies and place them in the student's mailbox before or by the time designated on the request form.
3. Students are NOT allowed to make their own copies. Any student caught making copies will lose their rights to have further copies made within the SLP department.
4. Students may ask to have pages copied from a book for clinical purposes but under NO circumstances should a student request that a book be copied in its entirety as this infringes on copyright laws.
5. Students are not allowed to copy complete diagnostic test forms for diagnostic purposes as this infringes on copyright laws. Students may copy a page from a form if they plan to score a test along with a peer; however, one original form must be used.
6. Students in need of copies for a class assignment or presentation must do so at their own expense.

Computer-Printer Policy

Purpose:

To outline the procedure for use of printers located in the Student Room.

Procedure:

1. Clinical students will be issued 750 prints from the Department for use in the clinic.
2. Print usage will be tracked by IT using a P Counter located in the Student Room.
3. Students who use their print allotment before the semester ends will need to contact the SLP Department Administrative Assistant to receive additional paper at the expense of the student.

4. All paper for clinical use will be housed in the clinic file room.
5. Paper usage will be monitored by the Clinical Administrative Assistant and Clinical Director.
6. Students should contact the Clinical Director, Clinical Administrative Assistant, Department Assistant, or a Clinical Supervisor should if there is no paper in the clinic file room.

At no time should a student remove paper from the copy machine in the waiting area without permission from a faculty or staff member.

Confidentiality Statement

Purpose:

To outline the procedure to ensure students maintain patient confidentiality during coursework, supervised observations, and practicum experiences.

Procedure:

1. All speech-language pathology students will review and sign the *Student Confidentiality Statement* prior to participating in any observation or clinical education experiences.
2. Traditional students will sign this statement in the presence of a faculty member when they take
3. SLP 305- Observations and Clinical Procedures I in the spring of their sophomore year.
4. Non-traditional students will need to contact the Clinical Director or a faculty member to obtain and sign this statement.
5. All students will sign the *Confidentiality Statement* again during their initial clinical orientation and at the commencement of all subsequent clinics.
6. Signed *Confidentiality Statement* forms will be kept on file in the student's clinic file.
7. Any student who violates a patient's confidentiality will be subject to a letter grade reduction and/or dismissal from the Speech-Language Pathology program. Consequences for violation of patient confidentiality will be at the discretion of the faculty member, Clinical Director, or clinical supervisor, working with the student at the time the violation is identified.

Health and Safety Policies & Procedures

Communicable Disease (Blood Borne Pathogen)

Purpose:

To outline the standard clinical procedure for patients and students identified as having a communicable disease as well as to establish a code of professional conduct/patient care for student behavior with regard to a fellow student, hospital employee, or patient identified or perceived to have a communicable disease.

Procedure:

1. Students will follow the Communicable Disease Policy relative to patients as subscribed to by the clinical education center to which they are assigned as well as those described by the Center for Disease Control (CDC).
2. Students will follow the Communicable Disease Policy of the clinical education center to which they are assigned relative to employment of infected employees in the event he/she identifies themselves or is identified as having a communicable disease.

3. In the event the clinical education center to which you are assigned does not have a policy regarding employment of employees with a communicable disease, the Department of Speech- Language Pathology supports and will follow the university policy which subscribes to the following philosophy: “Access to Academics: Where under the control of the University, persons with HIV infection (sic-communicable disease) will not be denied access to classes, field placement, internship programs, etc.” (Excerpt from Misericordia University’s policy on file in the Dean of Student’s office).
4. Because Universal precautions are required when dealing with any and all patients, this applies to all students experiencing their clinical portion of the program as well. In turn, reciprocity to protect patients should already be occurring.
5. As stated in the current, clinical education center agreement between Misericordia University and each facility, the facility will provide the same medical care as if afforded paid employees of the institution regarding emergency care relative to the communicable disease, e.g. HIV infection.
6. Any student who refuses or fails to work with a fellow student or hospital employee or provide proper care for a patient in their charge known or perceived to have a communicable disease, will be required to undergo counseling with respect to communicable diseases and the care and treatment of such infected patients and/or coworkers.
7. In the event a student continues to refuse to perform their clinical duties as expected, they will be subject to the Program’s disciplinary process.

Standard Universal Precautions

Purpose:

To outline the procedures necessary to decrease the spread of illness and infectious diseases in the Misericordia University Speech-Language, and Hearing Center.

Procedure:

1. *Hand Washing*
 - a. Wash hands after touching blood, body fluids, secretions, excretions, and contaminated items, whether or not gloves are worn. Wash hands immediately after gloves are removed, between patient contacts, and when otherwise indicated to avoid transfer of microorganisms to other patients or environments. It may be necessary to wash hands between tasks and procedures on the same patient to prevent cross-contamination of different body sites.
 - b. Use a plain (non-antimicrobial) soap for routine hand washing.
 - c. Use an antimicrobial agent or a waterless antiseptic agent for specific circumstances (e.g., control of outbreaks or hyper endemic infections), as defined by the infection control program.
2. *Gloves*
 - a. Wear gloves (clean, non-sterile gloves are adequate) when touching blood, body fluids, secretions, excretions, and contaminated items.
 - b. Put on clean gloves just before touching mucous membranes and non-intact skin.
 - c. Change gloves between tasks and procedures on the same patient after contact with material that may contain a high concentration of microorganisms.
 - d. Remove gloves promptly after use, before touching non-contaminated items and

environmental surfaces, and before going to another patient, and wash hands immediately to avoid transfer of microorganisms to other patients or environments.

3. *Masks*

- a. Wear a facial mask/shield when working with clients suspected of having an illness and especially during times when there is a high incidence of illness within the community (e.g., pandemic).

4. *Patient-Care Equipment*

- a. Handle used patient-care equipment soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of microorganisms to other patients and environments.
- b. Ensure that reusable equipment is not used for the care of another patient until it has been cleaned and reprocessed appropriately.
- c. Ensure that items are discarded properly. All toys and therapy materials that have been contaminated with bodily fluids must be disinfected using MadaCide FD Germicidal Spray or Citrace Germicide Spray immediately following the client's session. The standard procedure for cleaning toys and equipment is as follows:
 - i. Wipe item thoroughly with disinfectant wipes
 - ii. Hold Spray 10-inches from the surface of the item, press atomizer with quick short strokes, spraying evenly until wet
 - iii. Wait 10-minutes and wipe

5. *Environmental Control*

- a. Tables and chairs must be disinfected using disinfectant wipes following each clinical session.

6. *Occupational Health and Blood Borne Pathogens*

- a. Mouthpieces, resuscitation bags, or other ventilation devices can be used as an alternative to mouth-to-mouth resuscitation methods in areas where the need for resuscitation is enhanced.

**Taken with some modification from the [Centers of Disease Control](#) guidelines.*

Client/Patient/Student Safety Policy

Purpose:

To outline the procedure for maintaining student/ patient/client safety within the Misericordia University Speech-language and Hearing Center and on campus.

Procedure:

1. Specific policies to be followed in the event of a fire, bomb threat, hostile intruder, psychological crisis, crime, or utility failure can be found on the university website.
2. During clinical orientation, students are instructed to review the policies and procedures in the Misericordia University Campus Safety Handbook located on the myMU campus website.
3. Students are informed that they must know and follow these policies and procedures.
4. Students sign the [Academic, Clinical, and Safety Policy Understanding Agreement](#) form indicating that they have read and understand the procedures outlined in the MU Campus

Safety Handbook.

5. Faculty, staff, and students are required to be certified by the American Red Cross in Health Care Provider CPR.
6. In the event of illness or injury, faculty, staff, and students are to follow the procedures learned in their CPR training course to ensure the well-being of the injured or ill person.

On-Campus Fire Safety Policy

Purpose:

To provide the procedures to follow in the event of a fire.

Procedure:

1. Fire safety is of primary importance and the Campus Safety Department recommends the following measures to maintain a safe environment:
 - a. If you observe or suspect a fire, activate the building fire alarm immediately. All fires, regardless of the size, must be reported to the Campus Safety Department.
 - b. If the fire alarm sounds while you are in your room, don't panic.
 - c. Keep calm, turn on the lights, and dress for the weather.
 - d. Before you open the door, feel for excessive heat.
 - e. If the door feels normal, leave by the nearest exit. Do not use the elevator.
 - f. Be familiar with the location of disabled people in your building and, if necessary, assist them in reaching a safe location. Notify the Campus Safety Department of their location.
 - g. Leave the building and stay 500 feet from the building. Remain at that location until directed to reenter the building by a Campus Safety Officer or the Fire Department.
 - h. If the door feels hot, do not open the door.
 - i. Seal the cracks and openings with towels, sheets, etc.
 - j. To attract attention, hang clothes or bedding out of the window and shut the window promptly.
 - k. Don't break the window or leave it open unless the room is filling up with smoke.
 - l. Stay calm and wait for help.
2. The Campus Safety Department conducts one fire drill in each residence hall and office/classroom building each semester. The purpose of these drills is to allow the occupants of the buildings to become familiar with the sounds of the fire alarm, the location of exits, and building evacuation plans. Students are responsible for learning specific fire safety policies at each fieldwork site.

Weather Emergencies Policy

Purpose:

To describe the procedures to be followed in the event of an emergency, weather-related or otherwise.

Procedure:

1. In the event that the university or clinical education center (to which a student is assigned) declares a weather emergency, the student will not be required to attend clinic. This is considered an excused absence and will not count toward one of the students two allotted absences.

2. In the event that the university moves classes online and the university remains open during a weather emergency, the Clinical Director may choose to close the clinic. In this instance, students will not be required to attend clinic. This is considered an excused absence and will not count toward one of the students two allotted absences. Students should check their email regularly for notification that the clinic is closed.
3. In the event of poor weather conditions (in which a weather emergency has NOT been declared by either the clinical education center or university), students will be responsible for determining their ability to attend clinical duty. Students who deem it impossible to get to the clinical site, must contact their clinical supervisor/instructor and the Clinical Director via the telephone and follow the instructions given by person they contacted regarding canceling and/or rescheduling clients. This absence will not count toward one of the students two allotted absences; however, students may be asked to make up their missed sessions.
4. In the event of a compressed schedule at the university or a delay at the clinical education site, the student will report to the speech-language and hearing center or clinical education site when the site opens. If the university or site then closes after the delay announcement, the student should return home and the time off will not be counted as an absence. At the discretion of the clinical instructor, students may be asked to make up canceled sessions.
5. Delay or Cancellation of Classes by University Administration due to weather emergency will be made on the local radio and television stations.
6. Delay or Cancellation of Classes by University Administration due to circumstances other than weather will be made by the Department Chair, in consultation with the department faculty on a case-by-case basis. For example, if classes are suspended for the scheduled funeral of a University employee, students will be credited benefit time equal to the amount of the time classes are suspended, allowing for students to attend the funeral. If classes are suspended, or school is closed due to an on-campus emergency (e.g., water main break, heating problem, bomb scare, etc.), the Speech-Language and Hearing Center at Misericordia University will be closed; however, off-campus clinics will remain in session as off-campus students will be unaffected.
7. There may be a time when a clinical supervisor/instructor calls off and is unable to supervise at the university or clinical site. If the clinical instructor is on campus, the Clinical Director will make every effort to find an on-call supervisor to cover clinic. Students should report to clinic as scheduled unless informed otherwise by their clinical/ supervisor/ instructor or the Clinical Director.
8. If the clinical instructor is at an off-campus site and there is no other licensed and certified instructor to cover, the student will not be allowed to attend clinic on that day. This absence will not count toward one of the student's two allotted absences; however, the student may be asked to make up therapy sessions.

Clinical Incident Report Policy

Purpose:

To outline the procedure for reporting incidents or unusual occurrences involving a Misericordia University Health Sciences student who is participating in a clinical education experience. An incident is defined as any occurrence out of the normal operation of the institution. The incident may result in an injury or a situation that could cause an injury to a patient, staff, or student. Any

situation when an incident report is filed at a clinical education site, a Misericordia University *Clinical Incident Report* must be completed.

Procedure:

1. See the clinical education site's documentation for specific policies regarding reporting of clinical incidents.
2. Only in the event of any student injury is the signature of the student (in the appropriate space) required in section V of the *Clinical Incident Report*.
3. In the event of any student injury where treatment is not covered by the individual clinical education site, the student will incur the expense.
4. Forms for reporting clinical incidents may be obtained from the Clinical Director.
5. This form must be completed by the student's clinical supervisor and signed by both the student and the clinical supervisor.
6. The Clinical Director will send the original form to the controller's office and place a copy in the student's clinic file.

Policy for Reporting Suspected Abuse of Clients in the Misericordia University Speech-Language and Hearing Center

Purpose:

To outline the standard clinical procedures for reporting suspected abuse of any clients who are being evaluated and/or treated in the Misericordia University Speech-Language and Hearing Center.

Procedure:

1. Students must take the *Recognizing and Reporting Child Abuse: Mandated and Permissive Reporting in Pennsylvania Online Training* course as part of SLP 305 (Observations and Clinical Procedures 1) in the spring semester of the sophomore year. The Clinical Director will inform transfer students regarding the need to take this course.
2. Students who suspect their client may be being abused **MUST** immediately report their suspicions to their clinical supervisor and the clinical director.
3. The clinical director and/ or the clinical supervisor will report the matter immediately to Misericordia University's Title IX Coordinator and the Director of Campus Safety so the University can ensure timely compliance with this law and enhance the protection of children and adults.
4. For the purposes of this reporting obligation, suspected abuse involves physical, sexual, or other forms of abuse or neglect that may have occurred on or off campus. The duty to report is triggered by reasonable suspicion or belief and there is no requirement that you have actual evidence of abuse.
5. It is **not** the responsibility of any employee, student, or volunteer to investigate suspected abuse. The suspected perpetrator, regardless of identity, should not be notified. Child protective services and law enforcement authorities are best positioned to conduct the investigation.
6. A report should be made as follows:
 - a. If a client is in **immediate danger**, call the police (911).
 - b. If there is **no immediate danger**, call all of the following:
 - i. Misericordia University Director of Campus Safety and Security: (570)

674-6300

- ii. Misericordia University Title IX Coordinator: (570) 674-6310
- iii. Misericordia University Deputy Title IX Coordinator: (570) 674- 8324
- 7. The Misericordia University officials stated above will make the mandated call to:
 - a. Dallas Township Police Department: (570) 674-2003 or 911
 - b. Child Protective Services ChildLine: 1 (800)-932-0313
- 8. In the event that the abuse was not alleged to have occurred in Pennsylvania, Campus Safety and the Title IX Coordinator will assist in identifying the correct jurisdiction for reporting.
- 9. Failure to follow the established procedures for reporting suspected abuse will result in dismissal from the Misericordia University Speech-Language Pathology Program.

Policy for Reporting Suspected Abuse at an Off-Campus Clinic/Fieldwork Site

Purpose:

To outline the standard procedures for reporting suspected abuse at an off-campus clinic/fieldwork site.

Procedure:

- 4. Students must re-take the *Recognizing and Reporting Child Abuse: Mandated and Permissive Reporting in Pennsylvania Online Training* course as part of [SLP 566 Seminar II](#) in the spring semester of the senior (first year of graduate school) year. The Clinical Director will inform transfer students regarding the need to take this course.
- 5. Students who suspect their client/patient is being abused or witness abuse at the off-campus clinic/fieldwork site **MUST** immediately report their suspicions to the Clinical Instructor (CI), the University Fieldwork Supervisor, and the University Clinical Director. The student will then work with the CI and the university supervisor/clinical director to report the incident.
- 6. Students who have a legitimate concern about abuse that involves their CI **MUST** immediately report their suspicions to the University Fieldwork Supervisor and the University Clinical Director. The student will then work with the university supervisor/clinical director to resolve/report the incident.
- 7. For the purposes of this reporting obligation, suspected abuse involves physical, sexual, or other forms of abuse or neglect that may have occurred on or off campus. The duty to report is triggered by reasonable suspicion or belief and there is no requirement that you have actual evidence of abuse.
- 8. It is **not** the responsibility of any employee, student, or volunteer to investigate suspected abuse. The suspected perpetrator, regardless of identity, should not be notified. Child protective services and law enforcement authorities are best positioned to conduct the investigation.
- 9. A report should be made as follows:
 - a. If a client is in **immediate danger**, call the police (911).
 - b. If there is **no immediate danger**, call Child Protective Services
ChildLine: 1 (800)-932-0313
- 10. Under **NO** circumstances should a student contact Child Protective Services before notifying the appropriate licensed and certified professionals (CI, fieldwork supervisor, clinical director).

11. Failure to follow the established procedures for reporting suspected abuse will result in dismissal from the Misericordia University Speech-Language Pathology Program.
12. In cases where a student is uncomfortable at the clinical site, the student will be removed from the site and placed at an alternate site as soon one can be established. In the event an alternate site cannot be found immediately, the student may need to extend their placement to complete the required full-time, 15-week placement.

Policy for Reporting Verbal/Sexual Harassment by a Client, Peer, Faculty, or Staff

Purpose:

To outline the standard clinical procedure students must follow for reporting verbal/sexual harassment suspected by a client, peer, faculty, or staff while working as a student clinician in the Misericordia University Speech-Language and Hearing Center.

Procedure:

1. Students who become uncomfortable when working with a client due to the nature of the client's behavior and/ or actions should immediately report their concerns, in writing, using the [*Misericordia Speech-Language Pathology Verbal/Sexual Harassment Complaint Form*](#), to their clinical supervisor.
2. The clinical supervisor, once receiving the complaint, will immediately address the issue with the client and let the client know that the client's actions are not acceptable and will not be tolerated in the clinic.
3. Should a student report a second occurrence, in writing, with the same client, the client will be dismissed from therapy and no further services will be provided to the client in the Misericordia University Speech-Language and Hearing Center.
4. All meetings between the client and clinical supervisor will be documented in writing, on the [*Misericordia University Sexual/Verbal Harassment Complaint Form*](#) and signed by both the client and the clinical supervisor. The signed documentation form will be housed in the client's clinical chart.

Students who believe they have been harassed by a peer, faculty, or staff member due to the nature of their behavior and/or actions should refer to the University website for information regarding sexual harassment and the process for reporting suspected abuse.

Remediation Policies

Clinic Remediation Policy

Purpose:

To outline the procedure that is necessary for students who fail, are dismissed, or drop a clinic placement.

Procedure:

1. Students who receive a B- or lower in a graduate clinical course (SLP 505/605/601/602), will be placed on clinical probation for one semester and must retake the clinic in accordance with timelines outlined in the Department Requirements.
2. The clinical supervisor from the clinic the student failed will work with the Clinic Director to devise an individualized remediation plan that the student will follow in the repeated clinic. The [*Clinical Education Evaluation*](#) form and any documentation provided

by the clinical supervisor will be used to devise the remediation plan specific to the student's needs. This remediation plan may require the student to complete additional assignments (e.g., observing therapy or Simucases, viewing and critiquing past clinical sessions, researching speech disorders, evaluating and treating clients in our on-campus clinic or off-campus, etc.). This plan will be reviewed with the student at the end of the failed clinic and again at the beginning of the repeated clinic. The supervisor overseeing the repeated clinic will meet with the student at times specified in the remediation plan to review the student's performance and progress. The student may also be referred to the Student Success Center (SSC) for additional support during this time.

3. Detailed written documentation, observation summary reports, and/ or a rubric will be used to evaluate the student's performance and, if the student demonstrates improvement and meets criteria, he/she will receive a passing grade. All documentation will be housed in the student's clinic file.
4. If the student receives a B- or lower in a repeated clinic or fails a 500 or 600 graduate level course, the student will be dismissed from the program. To ensure that this procedure is applied consistently across all students who are identified as needing intervention, a form that indicates whether or not a student has met, partially met, or not met the course objectives will be completed. If a student has not met or partially met an objective, the deficiency will be noted on the form and the appropriate remediation plan will also be noted.

Fieldwork Remediation Policy

Purpose:

To outline the procedure that is necessary for students who fail, are dismissed, or drop a fieldwork placement.

Procedure:

1. Students who receive a B- or lower in a fieldwork course (SLP 610/SLP620), will be placed on clinical probation and must take SLP 630 in accordance with timelines outlined in the Clinical Probation Dismissal Policy.
2. The Clinic Director, will use the *Clinical Education Evaluation* form and any documentation provided by the fieldwork CI to devise an individualized remediation plan specific to the needs of the student. This remediation plan may require the student to complete additional assignments that the Clinical Director deems appropriate (this could include but is not limited to observing additional therapy or Simucases, viewing and critiquing past clinical sessions, researching speech disorders, evaluating, and treating clients in our on-campus clinic or off-campus, etc.). In cases where the student is given additional assignments, the Clinical Director will meet with the student at times specified in the remediation plan to review the student's performance and progress. The student may also be referred to the SSC for additional support during this time.
3. Detailed written documentation, observation summary reports (if applicable), and/ or a rubric will be used to evaluate the student's performance and, if the student meets criteria and demonstrates improvement, they will be placed at a site similar to the one the student failed. The site will be within a 30-mile radius of Misericordia University so the Clinical Director can make frequent visits if necessary. All documentation will be housed in the student's clinic file.

4. If the student receives a B- or lower in a second fieldwork, the student will be dismissed from the program. To ensure that this procedure is applied consistently across all students who are identified as needing intervention, a form that indicates whether or not a student has met, partially met, or not met the course objectives will be completed. If a student has not met or partially met an objective the deficiency will be noted on the form and the appropriate remediation plan will also be noted.

Speech-Language Pathology Academic and Clinical Ethics Policy

Purpose:

To outline professional principles in Speech-Language Pathology ethics to be followed by all speech-language therapy practitioners as well as students enrolled the Speech-Language Pathology Program at Misericordia University.

Principles of Speech-Language Pathology Ethics

The Speech-Language Pathology Department of Misericordia University is committed to facilitating an individual's ability to function at their potential within his or her total environment. In this role, speech-language therapists serve and collaborate with consumers in all stages of health and illness, institutions, other professionals, colleagues, students, and the general public.

In order to further this commitment, the [*American Speech-Language and Hearing Association \(ASHA\)*](#) *has established the Principles of Speech-Language and Hearing Ethics*. These principles were intended for use by all speech therapy practitioners, to include students. They were also intended to be action oriented, guiding and preventive as opposed to being reactive or disciplinary in nature.

The Principles were developed to be an integral part of the education of speech-language therapists. In acknowledging the importance of a Code of Ethics to our students' professional growth, the ASHA Code of Ethics has been adopted as the basis of ethical behaviors among our students.

American Speech-Language and Hearing (ASHA) Code of Ethics

Procedure:

1. Students are required to abide by the [*2010 ASHA Code of Ethics*](#) as stated on the ASHA website (www.asha.org) and above. **Students who breach any part of the principles of ethics stated in the ASHA Code of Ethics in either the classroom or clinical/fieldwork setting may be subject to delay in completion of the program or may face dismissal from the program.**
2. Any breach of a professional ethics, will be recorded in writing by a faculty member and/or the clinical director and clinical supervisor, on an Academic/ Clinical Documentation Form and housed in the student's academic or clinical binder
3. The faculty member and/or clinical director/supervisor and student will review the incident and the repercussions. The student will be given the opportunity to write

comments on the documentation form before signing and dating that the incident was reviewed with him/her.

4. The faculty member or clinical director will place the signed Academic/Clinical Documentation Form in the student's corresponding file.
5. Repercussions may include, but are not limited to:
 - a. Referral for counseling evaluation
 - b. Remedial plan
 - c. Delay in completion of the program
 - d. One-year probationary period
 - e. Dismissal from the program
6. Should a second ethical violation occur, the faculty member and/ or clinical director/clinical supervisor and the student will review the second violation and a meeting will be established with the student and all the above parties. In most instances of unethical behavior, a second violation will result in dismissal from the program.
7. Immediate dismissal from the program will occur in instances where a student engages in any of the following:
 - a. Unlawful harassment, including sexual harassment or power abuse
 - b. Nonsexual relationship or activities (dinner date, movie, etc.) with a recipient of service, while the recipient is receiving services or after the patient is discharged from services, in any on-campus or off-campus clinical site
 - c. Sexual relationship or activities; whether consensual or nonconsensual, with a recipient of service, including family or significant others, while the recipient is receiving services or after the patient is discharged from services, in any on-campus or off-campus clinical site
 - d. Sexual relationship or activities; whether consensual or nonconsensual, with students, or research participants over whom they exercise professional authority or power.
8. The final responsibility of all ethical behavior rests with the students. Students are encouraged to dialogue with faculty and /or clinical instructors regarding issues of ethics should they have questions or concerns.

Equitable Treatment Statement

Misericordia University does not discriminate on the basis of race, age, color, disability, religion, gender, nationality, marital status, sexual orientation or ethnic origin. Faculty, staff, students and clients are treated equitably – that is, without regard to gender, sexual orientation, age, race, creed, national origin, or disability. The institution and program comply with all applicable laws, regulations, and executive orders pertaining thereto.

Student Adaptations

The Department of Speech-Language Pathology embraces cultural, linguistic, and individual diversity in students. In the admission process, internal/external clinical placements, English proficiency, and retention of students, we welcome diverse students and believe that our program will be enriched and enhanced by diversity that includes but is not limited to gender and gender

identity, race, ethnicity and national origins, sexuality, class, and religion.

Professional Behaviors

Each student is assessed and reviewed throughout his/her tenure in the program. These evaluations occur during academic courses, clinical assignments, clinical courses, and during off-campus externships. While it is difficult to define all characteristics associated with professionalism, students are expected to continually work towards achieving:

Interpersonal Skills

- Demonstrate interest in clients as individuals.
- Respect cultural and personal differences of others (non-judgmental about client's lifestyle).
- Respect personal space of client's and others.
- Respect role of other healthcare professionals and support staff.
- Establish trust.
- Demonstrate the ability to work with persons of various ages; ethnic, gender, socioeconomic, racial backgrounds; and lifestyles in an appropriate and professional manner.
- Accept the role of team player.

Communication Skills

- Articulate thoughtful contribution to discussion in an appropriate manner.
- Select a communication style (verbal and written) to meet the needs of different audiences.
- Present verbal and written messages with logical organization and sequencing.
- Maintain and provide an open and constructive communication.
- Communicate in a professional manner.
- Address questions/concerns in a timely manner.
- Listen to and hear others before responding to what is being said.
- Communicate with others in a respectful, confident manner.
- Recognize impact of non-verbal communication and respond accordingly.
- Talk about difficult issues with sensitivity and objectivity.
- Collaborate with others by approaching others to discuss differences in opinion.
- Clearly express own opinions and concerns.

Use of Constructive Feedback

- Acknowledge errors and/or assets.
- Demonstrate a positive attitude toward feedback.
- Ask for clarification and/or clarifying one's position.
- Reconcile differences with sensitivity.
- Engage in non-judgmental, constructive problem-solving discussions.
- Use self-assessment for professional growth.
- Recognize that criticism is directed at a behavior, not a person.

Effective Use of Time

- Complete assignments and meet all deadlines as required.
- Use unscheduled time efficiently.
- Demonstrate flexibility.
- Plan ahead.
- Set priorities and reorganize as needed.
- Perform multiple tasks simultaneously.
- Demonstrate initiative.

Responsibilities

- Is dependable, reliable and accountable with all assigned tasks.
- Follow through with commitments.
- Recognize one's limitations and work towards improving them.
- Accept responsibilities for own actions and outcomes.
- Offer and accept help when appropriate.
- Follow appropriate chain of command and represent own concerns/issues during conflict resolution.

Commitment to Learning

- Seek assistance when appropriate.
- Identify and locate appropriate resources, both internal and external.
- Identify needs for further information.
- Seek out alternative professional literature.
- Set personal and professional goals.
- Elicit input, opinions, and participation from others.
- Welcome and seek new learning opportunities.
- Accept that there is more than one right answer.
- Demonstrate willingness in sharing knowledge.
- Consult other professionals.

Stress Management

- Recognize own signs of stress.
- Become aware of how signs of stress may be perceived by others.
- Respond in a calm and professional manner to potential stressors such as confrontation, emergency, challenge, and change in schedule/plans.
- Modulate emotional response to a level appropriate to the situation and context.
- Demonstrate the ability to identify and utilize a range of internal and external supports as coping mechanisms.
- Demonstrate the ability to utilize a coping strategy appropriate for the setting and situation.

Adheres to Ethics

- **Principle of Ethics I:** Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities, and they shall treat animals involved in research in a humane manner.

- **Principle of Ethics II:** Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence and performance
- **Principle of Ethics III:** Individuals shall honor their responsibility to the public by promoting public understanding of the professions, by supporting the development of services designed to fulfill the unmet needs of the public, and by providing accurate information in all communications involving any aspect of the professions, including the dissemination of research findings and scholarly activities, and the promotion, marketing, and advertising of products and services.
- **Principle of Ethics IV:** Individuals shall honor their responsibilities to the professions and their relationships with colleagues, students, and members of other professions and disciplines.

[Click here for the policy for a Professional Behavior Incident and the Professional Behavior Incident Policy form.](#)

Student Outcomes

For the Student Learning Outcomes, the Speech-Language Pathology Program strives to use: ***Nine Principles of Good Practice for Assessing Student Learning***

1. **The assessment of student learning begins with educational values.** Assessment is not an end in itself but a vehicle for educational improvement. Its effective practice, then, begins with and enacts a vision of the kinds of learning we most value for students and strive to help them achieve. Educational values should drive not only what we choose to assess but also how we do so. Where questions about educational mission and values are skipped over, assessment threatens to be an exercise in measuring what's easy, rather than a process of improving what we really care about.
2. **Assessment is most effective when it reflects an understanding of learning as multidimensional, integrated, and revealed in performance over time.** Learning is a complex process. It entails not only what students know but what they can do with what they know; it involves not only knowledge and abilities but values, attitudes, and habits of mind that affect both academic success and performance beyond the classroom. Assessment should reflect these understandings by employing a diverse array of methods, including those that call for actual performance, using them over time so as to reveal change, growth, and increasing degrees of integration. Such an approach aims for a more complete and more accurate picture of learning, and therefore firmer bases for improving our students' educational experience.
3. **Assessment works best when the programs it seeks to improve have clear, explicitly stated purposes. Assessment is a goal-oriented process.** It entails comparing educational performance with educational purposes and expectations--these derived from the institution's mission, from faculty intentions in program and course design, and from knowledge of students' own goals. Where program purposes lack specificity or agreement, assessment as a process pushes a campus toward clarity about where to aim and what standards to apply; assessment also prompts attention to where and how program goals will be taught and learned. Clear, shared, implementable goals are the cornerstone for assessment that is focused and useful.
4. **Assessment requires attention to outcomes but also and equally to the experiences**

that lead to those outcomes. Information about outcomes is of high importance; where students “end up” matters greatly. But to improve outcomes, we need to know about student experience along the way—about the curricula, teaching, and kind of student effort that lead to particular outcomes. Assessment can help us understand which students learn best under what conditions; with such knowledge comes the capacity to improve the whole of their learning.

5. **Assessment works best when it is ongoing, not episodic.** Assessment is a process whose power is cumulative. Though isolated, “one-shot” assessment can be better than none, improvement over time is best fostered when assessment entails a linked series of cohorts of students; it may mean collecting the same examples of student performance or using the same instrument semester after semester. The point is to monitor progress toward intended goals in a spirit of continuous improvement. Along the way, the assessment process itself should be evaluated and refined in light of emerging insights.
6. **Assessment fosters wider improvement when representatives from across the educational community are involved.** Student learning is a campus-wide responsibility, and assessment is a way of enacting that responsibility. Thus, while assessment efforts may start small, the aim over time is to involve people from across the educational community. Faculty plays an especially important role, but assessment’s questions can’t be fully addressed without participation by student-affairs educators, librarians, administrators, and students. Assessment may also involve individuals from beyond the campus (alumni/ae, trustees, employers) whose experience can enrich the sense of appropriate aims and standards for learning. Thus understood, assessment is not a task for small groups of experts but a collaborative activity; its aim is wider, better-informed attention to student learning by all parties with a stake in its improvement.
7. **Assessment makes a difference when it begins with issues of use and illuminates questions that people really care about.** Assessment recognizes the value of information in the process of improvement. But to be useful, information must be connected to issues or questions that people really care about. This implies assessment approaches that produce evidence that relevant parties will find credible, suggestive, and applicable to decisions that need to be made. It means thinking in advance about how the information will be used, and by whom. The point of assessment is not to gather data and return “results”; it is a process that starts with the questions of decision-makers, that involves them in the gathering and interpreting of data, and that informs and helps guide continuous improvement.
8. **Assessment is most likely to lead to improvement when it is part of a larger set of conditions that promote change.** Assessment alone changes little. Its greatest contribution comes on campuses where the quality of teaching and learning is visibly valued and worked at. On such campuses, the push to improve educational performance is a visible and primary goal of leadership; improving the quality of undergraduate education is central to the institution’s planning, budgeting, and personnel decisions. On such campuses, information about learning outcomes is seen as an integral part of decision making, and avidly sought.
9. **Through assessment, educators meet responsibilities to students and to the public. There is a compelling public stake in education.** As educators, we have a responsibility to the publics that support or depend on us to provide information about the ways in which our students meet goals and expectations. But that responsibility goes beyond the

reporting of such information; our deeper obligation--to ourselves, our students, and society--is to improve. Those to whom educators are accountable have a corresponding obligation to support such attempts at improvement.

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Competency Based Objectives for Fieldwork in Clinic, Hospitals, and Rehabilitation Settings

Competencies student clinicians will demonstrate by the end of fieldwork education in medical settings:

1. *Professionalism* – Demonstrates A Professional Attitude and Work Ethic by:
 - a. Effectively balancing work and personal responsibilities
 - b. Attending professional meetings
 - c. Exhibiting interest and enthusiasm about his/her work
 - d. Interacting appropriately with cooperating therapist
 - e. Arriving on time
 - f. Regular attendance
 - g. Showing initiative
 - h. Being dependable
 - i. Dressing appropriately
 - j. Utilizing appropriate voice quality, rate, and intonation
2. *Daily Planning Procedures:*
 - a. Write lesson plans in advance
 - b. Read and interpret patient's medical chart/records
 - c. Write progress notes
 - d. Plan therapy that addresses multiple goals in a session
 - e. Collaborate effectively with other rehabilitation personnel
 - f. Use information and evaluations from previous therapy sessions
 - g. Utilize a variety of materials appropriate to patient's interests, abilities, and age level
 - h. Manipulate equipment and materials before therapy sessions
 - i. Keep daily billing and client care logs
 - j. Keep weekly clinical hours

3. *Diagnosis:*

- a. Informally assess the need for further testing
- b. Select appropriate diagnostic instruments and procedures
- c. Effectively complete:
 - i. An oral – facial examination
 - ii. Diagnostic tests for aphasia
 - iii. Diagnostic tests for motor speech
 - iv. Diagnostic tests for cognitive impairment
 - v. Diagnostic tests for articulation / phonology
 - vi. Diagnostic tests for language 107
 - vii. Spontaneous language sample analysis
 - viii. A diagnostic assessment for voice
 - ix. A diagnostic assessment for fluency
 - x. Hearing screening/thresholds
- d. Interpret and communicate diagnostic results:
 - i. Verbal
 - ii. Written

4. *Therapy:*

- a. Establish and maintain good rapport with patient
- b. Provide the rationale for selection of specific therapy techniques
- c. Employ therapy procedures appropriate to patients:
 - i. Age level
 - ii. Ability level
 - iii. Interests
- d. Give directions clearly to:
 - i. Individual
 - ii. Group
- e. Communicate goals, therapy techniques and progress to family members, physician, other
- f. Communicate goals, therapy techniques and progress to rehabilitation personnel

5. *Aphasia Therapy:*

- a. Conduct Aphasia therapy techniques appropriate to patient's needs
- b. Conduct therapy consistent with goals
- c. Provide appropriate type and level of cue
- d. Obtain maximum number of responses per therapy session
- e. Provide reinforcement
- f. Be flexible in therapy situations
- g. Evaluate the patient's performance with respect to moving on to the next therapy step

6. *Motor Speech Therapy:*

- a. Conduct motor speech (Dysarthria/Apraxia) therapy techniques appropriate to patient's needs
- b. Conduct therapy consistent with goals

- c. Provide appropriate type and level of cue
 - d. Implement oral/motor exercises
 - e. Obtain maximum number of responses per therapy session
 - f. Provide reinforcement
 - g. Be flexible in therapy situations
 - h. Evaluate patient's performance with respect to moving on to the next therapy step
 - i. Record progress on a consistent basis for a specific goal
7. *Cognitive Therapy:*
- a. Conduct cognitive/memory therapy techniques appropriate to the patient's needs
 - b. Provide appropriate levels of models and prompts
 - c. Obtain appropriate number of responses per therapy session
 - d. Utilize a variety of appropriate activities to teach compensatory strategies
 - e. Record progress on a consistent basis for a specific goal
8. *Fluency Therapy:*
- a. Provide information and consultation to patient and family
 - b. Conduct fluency therapy appropriate to patient's needs
 - c. Be flexible in therapy situations
 - d. Record progress on a consistent basis for a specific goal
9. *Voice Therapy:*
- a. Conduct appropriate therapy techniques
 - b. Conduct therapy consistent with goals
 - c. Counsel patient about vocal hygiene
 - d. Discriminate appropriate voice production
 - e. Be flexible in therapy situations
 - f. Provide appropriate reinforcement
 - g. Provide patient with self-evaluation and self-management techniques for appropriate vocal behavior
 - h. Explain the steps of making a medical referral
 - i. Record progress on a consistent basis on a specific goal
10. *Articulation Therapy:*
- a. Conduct articulation/phonology therapy techniques appropriate to patient's needs
 - b. Conduct therapy consistent with goals
 - c. Discriminate correct/incorrect sound production with 85 percent agreement with cooperating therapist
 - d. Provide appropriate type and level of cue
 - e. Implement oral motor exercises
 - f. Obtain maximum number of responses per therapy session
 - g. Provide reinforcement
 - h. Be flexible in therapy situations
 - i. Evaluate the patient's performance with respect to moving on to the next therapy step

11. *Language Therapy:*

- a. Conduct language therapy techniques appropriate to patient's needs
- b. Recognize correct/incorrect language productions with 85 percent agreement with the other cooperating therapist
- c. Provide appropriate level of models and prompts
- d. Obtain appropriate number of responses per therapy session
- e. Utilize a variety of appropriate activities
- f. Record progress on a consistent basis for a specific goal

12. *Augmentative/Alternative Communication Systems:*

- a. Identify a variety of systems (sign, communication board, electronic devices, hearing aids, and so on.)
- b. Collaborate with students, peers, teachers/family in order to select vocabulary
- c. Prepare and/or program systems appropriate to patient's level of functioning
- d. Train student, teacher, and family in use of communication systems

13. *Feeding/Oral Motor Therapy:*

- a. Collaborate with support personnel on diagnostic results and intervention strategies
- b. Implement strategies (positioning, textures, cues, and safety precautions)
- c. Implement oral motor exercises

14. *Self-Evaluation:*

- a. **Evaluate therapy through weekly reflective *journals*. (Weekly journals need to be signed by the externship site supervisor and turned into the Clinical Director at Misericordia University at the end of the semester)**
- b. Follow through on suggestions from the cooperating therapist
- c. Set personal objectives for change as a result of self-evaluation

Competency Based Objectives for Student Teaching (Public School Setting) in Speech-Language Pathology and Audiology

Competencies student teachers will demonstrate by the end of student teaching:

1. *Professionalism* – Demonstrates A Professional Attitude and Work Ethic by:

- a. Effectively balancing work and personal responsibilities
- b. Attending professional meetings
- c. Exhibiting interest and enthusiasm about his/her work
- d. Interacting appropriately with cooperating therapist
- e. Arriving at school on time
- f. Regular attendance
- g. Showing initiative
- h. Being dependable
- i. Dressing appropriately
- j. Utilizing appropriate voice quality, rate and intonation

2. *Laws and Standards:*

- a. Explain IDEA (Individual with Disabilities Education Act)
- b. Participate in Intervention Assistance Team (IAT)
- c. Participate in MFE/IEP Team/Annual Review
- d. Prepare Individualized Education Plans (IEP)
- e. Utilize diagnostic information to determine present levels of performance
- f. Utilize diagnostic information to write measurable objectives

3. *Daily Planning Procedures:*

- a. Write lesson plans in advance
- b. Write plans to meet IEP objectives for:
 - i. Individual/small group
 - ii. Classroom
- c. Plan therapy that addresses multiple goals in a session
- d. Collaborate effectively with other school personnel
- e. Use information and evaluations from previous therapy sessions
- f. Utilize a variety of materials appropriate to client's interests, abilities, age level, and curriculum
- g. Manipulate equipment and materials before therapy sessions

4. *Diagnosis:*

- a. Informally assess the need for further testing
- b. Select appropriate diagnostic instruments and procedures
- c. Effectively complete:
 - i. An oral-facial examination
 - ii. Diagnostic tests for articulation/phonology
 - iii. Diagnostic tests for language
 - iv. A spontaneous language sample analysis
 - v. A diagnostic assessment for voice
 - vi. A diagnostic assessment for fluency
 - vii. Hearing screening/thresholds
 - viii. Classroom observation/teacher consultation
 - ix. A parent checklist or interview
- d. Interpret and communicate diagnostic results:
 - i. Verbal
 - ii. Written

5. *Scheduling:*

- a. Select a caseload based upon eligibility criteria established by school district
- b. Schedule therapy program in relation to total school schedule
- c. Communicate with parents and school personnel about therapy schedule

6. *Therapy:*

- a. Establish and maintain good rapport with client
- b. Provide the rationale for selection of specific therapy techniques
- c. Employ therapy procedures appropriate to child's:
 - i. Age level

- ii. Ability level
 - iii. Curriculum
- d. Give directions clearly to:
 - i. Individual/small group
 - ii. Classroom
- e. Handle child's behavior effectively in
 - i. Individual/small group
 - ii. Classroom
- f. Begin and end therapy on time
- g. Provide for carry-over to classroom and home
- h. Communicate goals, therapy techniques and progress to parents
- i. Communicate goals, therapy techniques and progress to teacher

7. *Articulation Therapy:*

- a. Conduct articulation/phonology therapy techniques appropriate to child's needs
- b. Conduct therapy consistent with goals
- c. Discriminate correct/incorrect sound production with 85 percent agreement with cooperating therapist
- d. Provide appropriate type and level of cue
- e. Implement oral-motor exercises
- f. Obtain maximum number of responses per therapy session
- g. Provide reinforcement
- h. Be flexible in therapy situations
- i. Evaluate the pupil's performance with respect to moving on to the next therapy step
- j. Record progress on a consistent basis for a specific goal

8. *Language Therapy:*

- a. Conduct language therapy techniques appropriate to child's needs
- b. Recognize correct/incorrect language productions with 85 percent agreement with the other cooperating therapist
- c. Provide appropriate level of models and prompts
- d. Obtain appropriate number of responses per therapy session
- e. Utilize a variety of appropriate activities
- f. Record progress on a consistent basis for a specific goal

9. *Fluency Therapy:*

- a. Provide information and consultation to teachers and parents
- b. Conduct fluency therapy appropriate to child's needs
- c. Be flexible in therapy situations
- d. Record progress on a consistent basis for a specific goal

10. *Voice Therapy:*

- a. Conduct appropriate therapy techniques
- b. Conduct therapy consistent with goals
- c. Counsel pupils/parents/teacher about vocal hygiene

- d. Discriminate appropriate voice production
 - e. Be flexible in therapy situations
 - f. Provide appropriate reinforcement
 - g. Provide student with self-evaluation and self-management techniques for appropriate vocal behavior
 - h. Explain the steps of making a medical referral
 - i. Record progress on consistent basis on a specific goal
11. *Self-Evaluation:*
- a. **Evaluate therapy through weekly reflective *journals*. (Weekly journals need to be signed by the externship site supervisor and turned into the Clinical Director at Misericordia University at the end of the semester)**
 - b. Follow through on suggestions from the cooperating therapist
 - c. Set personal objectives for change as a result of self-evaluation
12. *Augmentative/Alternative Communication Systems:*
- a. Identify a variety of systems (sign, communication board, electronic devices hearing aids, and so on.)
 - b. Collaborate with students, peers, teachers/family in order to select vocabulary
 - c. Prepare and/or program systems appropriate to child's level of functioning
 - d. Train student, teacher, and family in use of communication systems
13. *Feeding/Oral Motor Therapy:*
- a. Collaborate with support personnel on diagnostic results and intervention strategies
 - b. Implement strategies (positioning, textures, cues, and safety precautions)
 - c. Implement oral motor exercises
 - d. Record progress and adopt plans as needed
14. *Observation:*
- a. Gain knowledge about a range of disabilities by working with or observing students with a variety of speech/language disorders
 - b. Gain knowledge about a range of related professions by working with or observing professionals in related fields

Educational/Medical Settings

A list of current educational and medical fieldwork sites can be found on the Misericordia University's [Sharepoint](#) page. This site is accessible via secure password to all Misericordia University Speech-Language Pathology students in the spring semester of their junior year. Students who wish to view current sites prior to their junior year can refer to the clinical site charts located outside the Clinical Assistant's office or in the Clinical Site Binder located in the Student Room. This list is continuously updated with new sites.

Clinic Forms and Templates

1. [Academic, Clinical, and Safety Policy Understanding Agreement](#)
2. [Agreement for Off-Campus Fieldwork Supervisor](#)
3. [Clinical Education Evaluation](#)
4. [Clinical Incident Report](#)
5. [Clinical Supervisors Observation Report of Diagnostic Session](#)
6. [Clinical Supervisors Observation Report of Therapy Session](#)
7. [Communication Log](#)
8. [Contact Consent and Updated Case History](#)
9. [Diagnostic Evaluation Report-Adult](#)
10. [Diagnostic Evaluation Report-Child](#)
11. [Diagnostic Procedure Checklist for Students](#)
12. [Diagnostic Report Work-Up Plan](#)
13. [Discharge Summary Report \(DSR\)](#)
14. [Documentation Rubric](#)
15. [Essential Functions of Speech-Language Pathology Document](#)
16. [Fieldwork Request](#)
17. [General Consent](#)
18. [General Consent for On-/Off-Campus Therapy](#)
19. [General Expectations of Clinic Students](#)
20. [General Expectations of Diagnostic Clinic Students](#)
21. [Hearing Screening](#)
22. [In-person and Hybrid Clinic Procedures Checklist for Students](#)
23. [Lesson Plan \(LP\)](#)
24. [Pennsylvania Statewide Evaluation](#)
25. [Professional Behavior Incident](#)
26. [Progress Summary Report \(PSR\)](#)
27. [Semester to Date Hours Record](#)
28. [Soap Note \(SN\)](#)
29. [Speech-Language Pathology Follow-Up Health Clearance](#)
30. [Speech-Language Pathology Initial Health Clearance](#)
31. [Student Confidentiality Statement](#)
32. [Student Evaluation of Clinical Supervisor](#)
33. [Student Evaluation of Clinical Supervisor/Clinical Site](#)
34. [Treatment Plan \(TP\)](#)
35. [Guided Clinical Observation Summary](#)
36. [SLP Curriculum](#)
37. [Weekly Journal](#)

Additional Resources

Code of Ethics

Code of Professional Practice and Conduct for Educators

Family Educational Rights and Privacy Act (FERPA)

Preferred Practice Patterns for Speech-Language Pathology

Scope of Practice in Speech-Language Pathology

Standards of Certificate of Clinical Competence