

Indiana University South Bend
Speech-Language
Pathology
Master's Program

Clinic Handbook

2020-2021

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Section 1: Introduction and Overview

Welcome

Welcome to Indiana University South Bend's Master of Science in Speech-Language Pathology (IUSB MS-SLP) program! The clinical and diagnostic practicum experiences encompass a wide variety of academic and clinical tasks that take place outside the classroom over the course of your graduate career. Augmenting your coursework, this practicum will prepare you to be an independent, thoughtful, analytic, and confident clinician.

Our faculty and staff have partnered with the community to provide you with challenging and transformative clinical experiences that begin in your very first semester. For the growth of our clinical program, the Clinical Director welcomes feedback regarding any and all clinical matters, including policies, procedures, materials, equipment, and community opportunities. This handbook serves as a resource for clinical information and requirements, a location for clinical policies and procedures, and the Appendices provide you with forms and additional information. You are responsible for the information in this handbook. Questions may be directed to the Clinical Director.

Again, welcome! I look forward to seeing your clinical growth over the next two years!

Jerin Burch, Clinical Director

CAA Statement

The MS-SLP program is currently an applicant for candidacy for accreditation.

Codes of Ethics

All student clinicians are responsible for reading [American Speech-Language Hearing Association's \(ASHA's\) Code of Ethics](#). The Code educates professionals in the discipline, as well as students, other professionals, and the public, regarding ethical principles and standards that direct professional conduct. As you begin clinical practicum, it is essential that you recognize the ethical obligations that you have assumed in regards to clients and their families. Violations of clinical conduct will be brought before the Program Director.

Student clinicians should also be aware that individual states may also have a code of ethics in statute or regulation. [Indiana Speech-Language Hearing Association's \(ISHA's\) Bylaws and Code of Ethics](#) should be reviewed by student clinicians.

ASHA's Scope of Practice

ASHA's Scope of Practice in Speech-Language Pathology document is an official policy defining the breadth of practice within the profession of speech-language pathology. Students are encouraged to read the [Scope of Practice](#).

2020 Standards

The [2020 Standards and Implementation Procedures](#) for the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) went into effect on January 1, 2020 and did include some changes from the previous standards.

Statement of Non-discrimination

The Indiana University South Bend Master of Science in Speech-Language Pathology (IUSB MS-SLP) department and clinical program operate within [IU's non-discrimination policy](#) that prohibits discrimination on the basis of age, color, disability, ethnicity, sex, gender identity, gender expression, genetic information, marital status, national origin, race, religion, sexual orientation, or veteran status.

IU's complete policy statement can be found in Section 2 of this handbook.

Violation of the non-discrimination policy will result in disciplinary action.

Non-Standard Dialect

At IUSB, inclusiveness and acceptance of diversity is extended to practitioners and students from culturally and linguistically diverse populations who may not speak Mainstream American English (MAE). In cases where a student has an accent and/or uses MAE, the department references ASHA's position statement, [Students and Professionals Who Speak English with Accents and Nonstandard Dialects: Issues and Recommendations](#).

Reasonable Accommodations

Students with accommodations are encouraged to speak with [IUSB's Disability Support Services](#). Clinical experiences will honor reasonable accommodations whenever able; however, it is important to note that the standards cannot be modified and all students must be able to demonstrate competency in these standards by the time of graduation.

Structure of Clinical Practicum

Fall 1: For clinical practicum, student clinicians will be paired with a partner from his/her cohort and will complete a part-time, supervised placement at a site in the community. Students should anticipate spending up to 3-4 hours/day at their site 2 days per week. Clinical placements will generally target early intervention, preschool, elementary, and pediatric outpatient experiences, though other experiences may occur. Diagnostic practicum will be held on Fridays. For this first diagnostic practicum, emphasis will be on completion of preschool and kindergarten speech and language screenings as well as hearing screenings. Students may not participate in screening opportunities each week. Diagnostic opportunities may take place in the on-campus clinic or at a community site.

Spring 1: Clinical practicum opportunities will continue to occur in community sites on a part time basis, targeting the sites from Fall 1 as well as a focus on increasing opportunities for placements working with adult populations (specifically, skilled nursing facilities and adult outpatient therapy). Students should anticipate spending up to 6-8 hours, 2 days per week on site and can expect to take on a greater load than in Fall 1. Students may also be assigned to a support group. Diagnostic practicum will continue to occur on Fridays and will expand to include full pediatric and adult evaluations. Students will not participate in an evaluation each week. Diagnostic opportunities may take place in the on-campus clinic or at a community site.

Summer: Students will complete a 10 week, full time fieldwork placement (also referred to as "externship") at a community site. It is anticipated that students should work up to carrying approximately 60-75% of the caseload by the time this externship ends. Medical placements are targeted during this placement.

Fall 2: For clinical practicum, student clinicians will complete a final part-time community placement, again increasing the clinical load compared to prior semesters. Students can anticipate spending up to 6-8 hours, 2-3 days per week on site. Site placement will be assigned based on each student clinician's remaining needs in regards to competencies and hours, student preferences, and available opportunities. Diagnostic practicum will be built-in to the community assignment, as well as continued opportunity for students to meet hearing screening volunteer hours. Students may also be assigned a support group.

Spring 2: Students will complete a 12 week long, full time externship at a community site. Students will work up to carrying their supervisor's caseload by the end of this experience. This will generally be a pediatric assignment, generally in a school setting.

By graduation, student clinicians must be able to document attainment of at least 375 clinical clock hours of supervised clinical experience in the practice of speech-language pathology and 25 observation hours. Up to 75 of the direct contact hours may be obtained through clinical simulation. The clinical and diagnostic practicum experiences will provide students opportunities for the following, which are specified in ASHA's 2020 standards:

- interpret, integrate, and synthesize core concepts and knowledge;
- demonstrate appropriate professional and clinical skills; and
- incorporate critical thinking and decision-making skills while engaged in prevention, identification, evaluation, diagnosis, planning, implementation, and/or intervention.

Across clinical experiences, all students are supervised a minimum of 25% of the time they are working with clients and the supervision may exceed this number. All supervisors are licensed and ASHA certified, and will have been verified by the Clinical Director to have met the 2020 standards for supervision. The Clinical Director will verify this information by using ASHA's "Find a Professional" website. Clinical placements are at the discretion of the Clinical Director and will be assigned in such a manner so that student clinicians are able to gain experience across ASHA's "Big 9" competency areas. More information on ASHA's Big 9 competencies can be found in the "Competencies" section of Part 7 of this handbook.

Process of Determining Placements

In fall of the first year, student clinicians complete a Placement Request form. This form includes opportunity for a student to indicate: the types of populations he/she ultimately hopes to work with after graduate school (if known), support group preferences, specific sites requested, willingness to travel and/or requests for geographical areas for full-time placements, as well as the anticipated city of residence during the student's session 2 of the summer semester and second spring. SLP faculty who are familiar with the student clinicians' clinical and academic skills will also be asked to provide the Clinical Director with input regarding placements. In some cases, students may be asked to assist in the process of securing a placement; however, students should not contact community sites for a placement unless directed to do so by the Clinical Director.

The Clinical Director seeks a balance of experience for all students, and ultimately placements depend on a site's ability to accept a student for a given semester. Additionally, some placements must be earned by a student clinician based on an interview that the sites themselves conduct. Therefore, while attempts are made to accommodate each student's needs and preferences, this is not always possible.

The Placement Request form can be found in the Appendix I of this handbook. Student clinicians may refer to the Process of Determining Clinical Placements Policy in Section 2 and Appendix IV of this handbook for more information.

Section 2: Clinical Policies and Procedures

Brief descriptions of the MS-SLP Clinical Policies and Procedures, as well as selected Indiana University and Vera Z. Dwyer College of Health Sciences policies that are particularly important for our clinical experiences, can be found here in Section 2. Students should familiarize themselves with the full policies, which are found in the Appendix of this handbook. Students should also familiarize themselves with the Program policies that are found in the Program Handbook. Any questions regarding Clinical Policies and Procedures are to be directed to the Clinical Director.

Americans with Disabilities Act (ADA) Policy

This policy specifies the University's ADA accommodations and adjustments for its faculty, staff, and students.

Indiana University's Non-Discrimination Policy

This policy specifies the University's commitment to the achievement of equal opportunity and provides Title IX contacts within the University.

Information and Information System Incident Reporting, Management, and Breach Notification

This policy details the University's approach to identifying, investigating, and handling potential information and information system breaches as well as specifies procedures for reporting suspected or actual incidents.

Affiliation Agreement Request and Review

This policy details the responsibilities of those in leadership within the Dwyer College of Health Sciences in regards to the process for requesting affiliation agreements for the clinical programs and maintaining those agreements once established.

Biosafety / Bloodborne Pathogens

The Indiana University South Bend Exposure/Infection Control policies and procedures are based on the concept of Standard Precautions and are in compliance with the current recommendations of the United States Public Health Service and Occupational Safety and Health Administration. This policy outlines the Dwyer College of Health Sciences Biosafety/Bloodborne Pathogen practices.

Confidentiality

This policy outlines the strict guidelines regarding patient information, including computer access, security and documentation, and confidentiality.

Cardiopulmonary Resuscitation (CPR)

This policy outlines the Dwyer College of Health Sciences guidelines for professional-level CPR requirements.

Criminal Background Check

This policy informs students that Criminal Background Checks are required for the Dwyer College of Health Sciences, and details the procedures for meeting this requirement.

Student Drug Screens

This policy informs students that drug testing is required within the Dwyer College of Health Sciences for purposes of both on-campus and clinical affiliation experiences, and details the procedures for meeting this requirement.

Immunizations

This policy outlines the immunization requirements for students prior to entering the clinical portion of their programs.

Social Networking

This policy outlines the Dwyer College of Health Sciences guidelines for appropriate use of internet social networking sites by students engaging in online discourse and identifying themselves with Indiana University South Bend College of Health Sciences.

Cancellations and Tardy Clinic Clients

This policy outlines the guidelines students should follow when a client is tardy or cancels a session.

Clinical Clock Hours

This policy describes the criteria in which previously earned clinical clock hours may be counted toward the 400 minimum required by ASHA.

Client Files

This policy details the guidelines that students must follow when handling confidential client files and when working in the electronic medical record.

Client Gifts and Gratuities

This policy informs students on gifts and gratuities that are not to be accepted from clients and families.

Clinic Materials Checkout

This policy instructs students on the proper procedure for checking out the program's clinical materials.

Clinician Absences and Cancellations

This policy outlines the guidelines for what a student should do if ill when they have a clinical obligation.

Formal Complaint Process

This policy applies to students, faculty and staff, as well as community members, and provides details on the procedures for voicing concerns about clinical issues and/or submitting a complaint.

Injury in Clinic

This policy provides information on how to report and document an injury to a client or student clinician if it occurs during the course of client-care affiliated with IUSB's MS-SLP program.

Locked Areas

This policy alerts students to be aware that certain areas within the Elkhart Center are locked to protect client privacy, and details what students can/cannot do in regards to accessing these areas.

Observation

This policy outlines the guidelines that all students must follow in regards to observation of clinical sessions.

Cleaning of Rooms and Materials

This policy outlines the specific cleaning procedures that all students are to follow within the clinic and when using clinic materials.

Process of Determining Clinical Placements

This policy provides information on the procedures that the Clinical Director follows when assigning clinical and diagnostic placements.

Professional Attire

Students are to dress professionally and wear their name badge for all clinical activities. This policy provides additional information in regards to guidelines for professional dress and presentation.

Professional Liability Insurance

MS-SLP students participating in any clinical practicum or diagnostic experience must obtain and maintain professional liability insurance, at their expense, for the duration of the graduate program. This policy provides additional information on this, as well as states the required limits.

Punctuality

This policy informs students of the importance of punctuality as it relates to the practicum experiences.

Recording Sessions

This policy details the guidelines students must follow when accessing and handling recorded clinical sessions.

Socializing with Clients

This policy informs students on various guidelines related to socializing with clients.

Supervision

This policy informs students about the supervision that will occur throughout their clinical and diagnostic practicum experiences.

Test Checkout and Reservation

This policy details the procedures students must follow when reserving and checking out the program's tests.

Verification of Clinical Experience

This policy specifies procedures that students must follow for recording their clinical clock hours, as well as details procedures that the Clinical Director follows to track and verify hour attainment for each student.

Client Dismissal

This policy outlines the procedural indicators that guide client dismissal from group therapy and/or support groups at the IUSB SLP Clinic.

Referrals and Waitlist

This policy details the procedures followed in regards to scheduling prospective clients for various clinical activities, and includes information on referrals and waitlisting.

Section 3: Record Keeping and Reporting

FERPA

The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education records. Most students will not be in a position to access student records. Some graduate students are employed as students in a clerical setting where they have access to limited information about education records. In order to ensure all students are familiar with and comply with protective practices regarding student records, should they be in a position to access this, each student must successfully complete FERPA training as part of orientation. Please see the Confidentiality Policy in Section 2 of this handbook for more information. [Information on FERPA, including the history of related legislation, may also be found here.](#)

HIPAA

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulates protection and privacy of certain health information. Each student clinician must successfully complete HIPAA training prior to accessing clinical files or participating in any type of clinical client contact. Please see the Confidentiality Policy in Section 2 of this handbook for more information. [Information on HIPAA, including the history of related legislation, may also be found here.](#)

EMR Overview

The MS-SLP program uses WebPT for the electronic medical record (EMR). All documentation of clinical activity that takes place via the IUSB SLP clinic will be completed electronically in this EMR. Student clinicians will only be able to access WebPT from the program-provided laptops; therefore all campus-clinic documentation must take place on-site at the Elkhart Center. Student clinicians are not permitted to access the electronic records of clients for whom they are not treating. Please refer to the HIPAA, FERPA, and Confidentiality policies within this handbook for information on following privacy guidelines.

VALT Overview

The MS-SLP program utilizes VALT software for video recording of diagnostic and clinical sessions. This offers student clinicians a valuable learning tool to go back and watch a session. To access the VALT system, students must be in specified locations within the Elkhart Center, and permissions are restricted to only allow viewing of specific sessions. Students may not download videos. Keep in mind that the policies on HIPAA and Confidentiality apply to use of the VALT software.

Report Formats

Templates for evaluation reports, session SOAP notes, treatment plans, and discharge summaries are built into IUSB's EMR. These are the only formats to be used for in-house documentation. Student clinicians in a clinical placement at an off-campus site will document according to the preferences of that site.

SOAP Note Format

SOAP notes are a common format for documentation, and though documentation procedures will generally be guided by the site placement, student clinicians should be comfortable documenting in this manner. SOAP stands for:

S: Subjective- Describe relevant client behaviors or status which may have influenced performance that session.

O: Objective- Record objective data collected for each task during the session.

A: Assessment- Interpret data collected for current session and compare to client's previous levels of performance. Report any discussions or education provided to family or caregiver.

P: Plan- Identify proposed therapy targets for the next session; report any changes or adjustments made to the plan of care.

Client/Family/Medical Provider Contacts

For clients seen for diagnostic and/or group therapy in the on-campus clinic, conferences with clients and/or families and care providers should be recorded in the EMR. The date and time of the meeting and the attendees should be documented, as well as a summary of the purpose of the conference, the discussion and/or education provided, results/recommendations, and outcome of the conference. Contacts via phone should be documented also, as well as documenting any time a report or progress note is shared with a client's other care providers. No information is to be shared unless the client has a current Release of Information Authorization form on file for the intended recipient. Refer to the HIPAA, FERPA, and Confidentiality policies for detailed information.

Shredding

Per confidentiality guidelines, all notes and papers containing sensitive data are to be shredded as soon as they are no longer needed. Notes about a client should either be kept in the client's file in the locked cabinet, or placed in the designated shred containers within the Elkhart Center. A client's name should never be used on datasheets or observation notes from supervisors; rather, the client's initials are to be used. Even then, these notes should be shredded once no longer needed.

Storage containers designated for shredding shall be placed in non-public locations throughout the clinic and administrative space. Student clinicians can shred their own papers, or may leave papers in these specified shred bins. The Administrative Assistant will periodically shred all papers placed within these designated bins.

[Please refer to Indiana University's policy on Management of Institutional Data for additional information.](#)

Section 4: On-Campus Practicum Experiences

Clinical Assignments

On-campus clinical assignments may include small group therapy but will primarily be made up of assignment to a support group. Student clinicians will be responsible for working with one another to develop a plan before each group session.

- **Parent-Child Play Group:** Get ready to get down on the floor and have some fun! Student clinicians assigned to this group will work with community parents to teach and model techniques to incorporate during play with their child(ren) that enhance a child's speech, language, and pragmatic development. Target age-range for child participants will be toddler-preschooler. Student clinicians will work together to determine the target topic/skill to be highlighted during that session, develop a brief presentation for parents regarding the target topic/skill, present on the topic/skill, then will spend the rest of the session in play-based therapy with the parent-child(ren) groups, modeling the target skill(s), answering parent questions, and providing encouragement and feedback to the parents and children. At the conclusion of each group session, student clinicians will complete documentation, and will be responsible for cleaning and putting away all toys and materials utilized.
- **AAC Communication Group:** AAC users in the community will be welcomed into this group to socialize, practice using their devices, see others who also use AAC, and see AAC modeled for them. Student clinicians assigned to this group will work together to develop a topic/activity and target vocabulary for each session, develop and make low/no tech boards with the relevant vocabulary that can be referenced by any participant during the session, develop goal(s) for each group session, develop instructional scaffolding so group members of all abilities can participate, and then will lead group participants in the activity and model use of AAC. Time will also be spent to encourage socialization and open conversation with their devices. This group is primarily for student clinicians in their second fall semester, to coincide with the AAC didactic course, and is a great opportunity to collaborate with your OT peers. At the conclusion of each group session, student clinicians will complete documentation, and will be responsible for cleaning and putting away all toys and materials utilized.
- **Caregiver Support Group or Cognitive Stimulation Group:** These are two coordinating groups that allow a caregiver / person who is cared for pair to come in together, experience an activity or topic together, then split into their respective groups. Student clinicians assigned to both groups will collaborate to organize session activities that paired participants can enjoy together. Student clinicians assigned to the caregiver group will target things such as strategies, education on new research, caregiver self-care, and therapeutic counseling within the SLP scope of practice; however, student clinicians in this group will likely learn A LOT from the caregivers, too! Depending on the group participants, student clinicians assigned to the cognitive stimulation group will target things like functional strategies, reminiscence therapy, optimal independence in cognitive-communicative based activities of daily living, development and incorporation of a memory book, etc. At the conclusion of each group session, student clinicians will complete documentation, and will be responsible for cleaning and putting away any materials utilized.

Please note that additional groups may be added as the program continues to develop, and based on the needs of the community.

Diagnostic Practicum Experiences

Student clinicians will complete supervised diagnostic practicums in speech-language pathology throughout the graduate program. Diagnostic practicum experiences may include hearing screenings, pediatric speech/language screenings, full pediatric speech or language evaluations, adult cognitive-linguistic screenings, full adult language and/or cognitive evaluations, as well as evaluations of swallowing and/or voice. Some of these evaluations will occur in the on-campus clinic, but many will be completed at sites off-campus. For off-campus diagnostic experiences, transportation may be required and policy indicates that placements may be up to one hour away from The Elkhart Center. Diagnostics will be scheduled for Fridays. Student clinicians are to participate in that which they are assigned.

Depending on the diagnostic experience, student clinicians may complete screenings with little background information, or may be required to review intake paperwork and/or client history and assist with formulating an evaluation plan based on relevant information (including selection of tests / subtests). Diagnostic components also include completion of diagnostic testing, scoring the test protocols, and writing an evaluation report that includes diagnosis and any recommendations. Depending on diagnostic load, students may also be assigned evaluations to be completed on Simucase during the course of the semester. After an evaluation is completed the supervisor will assign a due date for each evaluation report based on amount of testing that was completed. At the conclusion of the semester, student clinicians will write up a summary of their diagnostic experience.

Meeting with Supervisors

As part of the practicum experiences, student clinicians will meet with their supervisors on a basis determined by the supervisor and the placement. It is likely that meetings will be more frequent early in the program and each semester, and decrease as a student progresses through the program and through a semester. These meetings can address development of a therapy plan, session preparation, evidence based practice, strategies for working with clients, professionalism, problem solving, self-reflection, etc. Student clinicians are encouraged to do their best to research and work through a question first before meeting with a supervisor. Supervisors may meet with student clinicians individually or in small groups. Student clinicians are encouraged to discuss any clinical issues with their supervisor(s).

Client Check-In and Waiting Room

Upon their arrival to the Elkhart Center, clinic clients will check in for the session with the Administrative Assistant in the front office area. Student clinicians are to be near the waiting room when they anticipate a client's arrival, and must wait nearby if a client is tardy. IUSB student clinicians, faculty, and staff must all work together to ensure that the waiting room is a confidential, clean, and inviting place for our clients and families. Discussions of progress or session events are not to occur in the waiting room or hallways. Student clinicians are to alert someone on staff, or the Clinical Director, if you notice an issue with cleanliness of the waiting area.

Clinic Rooms

Diagnostic sessions and group therapy sessions will be assigned a clinic room. Check the clinic schedule for information on which room your session is assigned and do not change rooms without permission

from your clinical supervisor. Clinicians are not allowed to have their own food or drinks in the therapy sessions. Food or drink that is to be used during therapy is permissible.

Observation

Family members of clients, SLP faculty supervisors, graduate student clinicians, and qualified undergraduate students utilize the on-campus clinic observation area to observe therapy. **According to fire and building codes, the observation area is limited to eight occupants at a time.** Interested graduate and undergraduate clinicians are encouraged to observe, however, supervisors and parents/caregivers have top priority for observing therapy sessions. Beyond supervisors and family/caregivers, additional observation spots for students are first come first serve until the max occupancy is reached. Confidentiality practices must be followed when observing, including use of the curtain and divider for privacy. Please see the Observation policy for specific procedures to follow while observing.

Maintenance of Equipment

Certain pieces of clinical equipment require consistent maintenance. The audiometers, Alpha OAE, and tympanometer require check and calibration at least every twelve months. Efforts will be made to schedule this maintenance during low-usage times, and when possible, students and faculty will be given advanced notice of when these items will be unavailable.

Section 5: Offsite Clinical Practicum Experiences

Goals of the Experiences

The MS-SLP offsite clinical experiences are intended to provide student clinicians with challenging, real-world opportunities to develop their clinical skills and independence while also working to meet therapeutic need in the surrounding community. It is intended that students will feel supported both by their assigned supervisor(s) as well as the Clinical Director as they progressively take on clinical duties in their placement(s). By working with a variety of supervisors from the program and the community over the course of the graduate semesters, students are exposed to varied approaches and philosophies to professional practice in the field of speech-language pathology. The immersive nature of offsite placements also provides authentic opportunity for interaction with, and learning from, professionals in related disciplines. With all sites who host a student clinician, the Clinical Director will complete at least one site visit per semester, either virtually or in-person depending on need, Supervisor's and site's preferences, and geographical location.

Minimum Requirements

Student clinicians must provide documentation of immunization history, tuberculosis testing (TB testing), drug testing, background check, and CPR certification prior to their first fall clinical rotation. Proof of all of the above should be uploaded by the student clinician into CALIPSO®. Information on immunizations, TB testing, and drug testing must also be turned in to the IUSB Health and Wellness Center for storage of records. Student clinicians need to obtain BLS Provider CPR certification. Please see the following Dwyer College of Health Sciences policies for additional information: CPR, Criminal Background Check, Drug Screen, Immunizations.

Some sites specify certain coursework or other requirements be completed prior to placement. If a student clinician is assigned to a placement where he/she will work with clients with disorders for which coursework has yet to be completed, the student will be required to complete assigned reading(s) and complete a learning module with an overview of the relevant disorder type(s) and placement, with 85% pass rate required for in-module questions. Additionally, students will be given the opportunity to interact with relevant equipment prior to using it with clients. Supervisors will be made aware before the placement begins if a student clinician has not yet completed relevant coursework; in some instances it may be appropriate for the student clinician to exclusively observe his/her supervisor.

Please see Section 6, below, as well as the MS-SLP graduate program handbook regarding probation procedures.

Part-Time Placements

During first fall, first spring, and second fall semesters, student clinicians will be assigned a part-time clinical placement in the community. Transportation may be required and policy indicates that placements may be up to one hour away from The Elkhart Center. Clinical practicum days will generally be either M/W or T/TH, whichever days the cohort does not have the majority of their didactic classes. Student clinicians will take on caseloads and responsibilities commensurate with their progression through the program. Refer to Section 1: Structure of Clinical Practicum, for more details.

Full Time Externships

In the summer semester and second spring semester, student clinicians are at their clinical placement full time. There are no in-person didactic classes during these full time externships, therefore these placements could take place nationwide. If a student is able to live with family or friends outside of the Michiana area during a full time externship, this should be communicated to the Clinical Director on the Placement Request form, as it may open up additional placement opportunities. Refer to Section 1: Structure of Clinical Practicum, for more details.

Participants of the Clinical Experience

The Clinical Director, MS-SLP faculty, and site supervisors will work together with each student to help students develop their clinical skills throughout the clinical practicum. To ensure that the experience is successful in developing students' competence and confidence within the field of speech-language pathology, all parties must create and maintain an atmosphere of trust, open communication, and teamwork. Time must be provided for setting goals, reflecting on practice, and incorporating constructive feedback.

Section 6: Clinical Grades and Evaluation

Clinical Feedback

During orientation, student clinicians will complete a learning styles inventory and are encouraged to share the results with their Clinical Supervisors each semester. Supervisors typically provide informal written and/or verbal feedback on a frequent basis. If student clinicians are looking for feedback on a particular clinical skill, they should discuss this with their supervisor. Student clinicians are continually developing clinical skills throughout the duration of the program and should work to incorporate feedback and constructive criticism as it is provided. Student clinicians, you will make mistakes. It is

how we all learn. Some of the best things you can do are willingly accept a supervisor's feedback, analyze your mistake, and learn from it.

Beneficial clinical feedback stems from adequate supervision. For detailed information on the MS-SLP program's procedures and guidance related to supervision, please refer to the Supervision Policy in Section 2 and Appendix IV of this handbook.

Clinical Grading

The site supervisors and supervising MS-SLP faculty formally evaluate each student clinician twice a semester: at midterm and at the end of each practicum experience, using the CALIPSO® Student Performance Evaluation and a specified rating scale. The midterm evaluation is used to formally document and discuss the student clinician's progress and guide the student in any areas that need improvement. If significant concerns are expressed by any party in the clinical experience, at any point in the semester, a meeting will be held with the student clinician, supervisor, and Clinical Director.

Each semester, the clinical final evaluation guides a student clinician's clinical practicum grade. Students are evaluated on: development of appropriate clinical diagnostic and intervention skills, quality of documentation abilities, appropriate approach to clinical work, treatment planning skills, professional behavior and communication skills, as well as attendance.

The MS-SLP program utilizes Pass/Fail for the clinical practicum and diagnostic practicum grades. As student clinicians progress through the program, the expected performance proficiency increases to meet the expectation of developing clinical and professional competency. The pass/fail cutoff scores by semester/course can be found below.

1st Fall Semester, G575 and G570

2.60-5.00	PASS
2.59 and below	Fail

1st Spring Semester, G585 and G580

2.70-5.00	PASS
2.69 and below	Fail

Summer Semester, G680

3.00-5.00	PASS
2.99 and below	Fail

2nd Fall Semester, G675 and G670

3.30-5.00	PASS
3.29 and below	Fail

2nd Spring Semester, G700

3.33-5.00	PASS
3.32 and below	Fail

If a student clinician earns a grade lower than B- in a clinical practicum experience (resulting in a “fail” for that practicum), or an “unsatisfactory” rating on any core section of the Evaluation of Speech-Language Pathology Student Practicum, he/she will be placed on clinical probation. The student clinician must attend a remediation meeting with the Clinical Director and Program Director to discuss standards and essential functions not being demonstrated, and to develop strategies to promote the student clinician’s success. A student clinician has the greater part of the responsibility for creating intervention strategies. Clinical hours accumulated during the practicum experience in which a grade lower than B- is earned will not count towards the required 375 clinical clock hours, which may delay a student’s graduation.

The CALIPSO® Student Performance Evaluation can be found in Appendix V of this handbook and the performance rating scale can be found in Appendix VI.

Clinical Remediation Plan and Clinical Probation

The Clinical Remediation Plan (CRP) is for students who have not made sufficient progress toward meeting their competencies during a practicum experience. There are two ways in which a student can be put on a CRP: A grade below a B- in any clinical practicum experience, OR identification of the need for a CRP by the supervising faculty member(s).

The CRP will identify specific areas of weakness and goals will be written by the supervising faculty member(s), the Clinical Director, and the student. Once a student has been placed on a CRP the following procedures will be implemented:

- caseload expectations will be reduced
- supervision will be increased
- student and supervisor meetings will increase, to a frequency determined at the remediation meeting to best encourage student success
- other faculty members may assist the primary supervisor(s) by providing additional supervision.

At the end of the semester in which the CRP was in place, another remediation meeting will be held between the student, Clinical Director, and Program Director, to determine next steps. A student clinician can only be taken off of a CRP if he/she meets all goals of the CRP and obtains a grade of at least a B- in that semester’s practicum experiences.

Section 7: Documenting Clinical Hours and Tracking Knowledge and Skills

CALIPSO® Overview

The MS-SLP program uses the secure, web-based program CALIPSO® for the tracking of your clinical experiences, including your clinical competencies, clinical clock hours, clinical evaluations, and academic standards. It allows for seamless communication between a graduate clinician, supervising SLP, and the Clinical Director. Student clinicians will have access to this system over the course of their graduate education and then for one year after graduation to allow and ensure access to clinical hours.

Competencies

Per the 2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP), competencies are sought across the lifespan and across the following areas:

- Speech sound production, to encompass articulation, motor planning and execution, phonology, and accent modification
- Fluency and fluency disorders
- Voice and resonance, including respiration and phonation
- Receptive and expressive language, including phonology, morphology, syntax, semantics, pragmatics (language use and social aspects of communication), prelinguistic communication, paralinguistic communication (e.g., gestures, signs, body language), and literacy in speaking, listening, reading, and writing
- Hearing, including the impact on speech and language
- Swallowing/feeding, including (a) structure and function of orofacial myology and (b) oral, pharyngeal, laryngeal, pulmonary, esophageal, gastrointestinal, and related functions across the life span
- Cognitive aspects of communication, including attention, memory, sequencing, problem solving, and executive functioning
- Social aspects of communication, including challenging behavior, ineffective social skills, and lack of communication opportunities
- Augmentative and alternative communication modalities

Hours: What Counts and What Doesn't

The Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) defines one clinical practicum hour as equal to 60 minutes. When counting clinical practicum hours for purposes of ASHA certification, experiences/sessions that total less than 60 minutes (e.g., 45 minutes or 50 minutes) cannot be rounded up to count as one hour. Only direct contact with the client or the client's family in assessment, management, and/or counseling can be counted toward the practicum requirement.

Up to 75 hours can be obtained through approved simulation opportunities.

Preparation time (e.g., gathering or making materials, writing plans, scoring tests) and documentation time do not count toward clinical clock hours. Participation in clinically related activities such as staff meetings do not count.

Any questions about this, or discrepancies that may occur at a placement site, should be brought to the attention of the Clinical Director.

Daily Clinical Hours Log

Clinical clock hours should be entered into CALIPSO® daily and submitted for supervisor verification on a schedule approved by your supervisor, but not less frequently than once monthly. Weekly or biweekly is recommended. Clock hours must be signed off on by the SLP who was doing the supervision at that time. Supervisors may not sign clock hours for clinical experiences that were supervised by another individual. An example of the Clock Hours Log Form can be found in Appendix VII.

Completion

Each student clinician's attainment of academic and clinical standards as well as his/her clinical clock hours are tracked in CALIPSO® throughout the duration of the program. Throughout your progression but especially as you near graduation, you are encouraged to check CALIPSO® for your progress toward meeting competencies and be proactive toward addressing competencies that are unmet. Students

should also refer to the program completion checklist within CALIPSO®. When a student is nearing graduation and has met all clinical competencies and requirements, the Clinical Director will report this to the Program Director.

Students will have access to CALIPSO® for one year following completion of the program. At the time of your graduation, you will be prompted to download and archive key PDF documents from CALIPSO® for your own data retention; this is each student's responsibility.

Section 8: Risk Management

Professional Liability Insurance

Student clinicians are to purchase and obtain their own professional liability insurance. Limits should not be less than \$1,000,000 per occurrence and \$3,000,000 in aggregate. Students will need to demonstrate proof of attainment prior to beginning a clinical practicum experience.

Universal Precautions

Following universal precautions, clinicians approach infection control by treating all bodily fluids as if they ARE known to be infections. Whenever conducting client contact that may include contact with bodily fluids, all students and faculty are expected to follow standard universal precautions. Standard precautions include:

- Using barrier protection to cover/bandage cuts and wounds,
- Wearing appropriate protective equipment (gloves, gowns, masks) as needed,
- Washing hands before and after contact,
- Cleaning and disinfection areas and equipment thoroughly (see specific procedures),
- Using caution when handling sharp objects and waste,
- Discarding contaminated materials by following biohazard procedures for disposal.

[More information on universal precautions can be found here.](#)

In the event of an exposure incident, refer to the Biosafety / Bloodborne Pathogens policy in Appendix III for additional information.

Emergency Preparedness

In the event of an emergency, dial 911. Dialing 4239 from a campus phone will reach IUSB security. (This number should not be used during an emergency.) In the Elkhart Center, a first aid kit can be found in the speech-language clinic space as well as room A104, and an AED can be found in A104.

Weather Related Closures

If adverse weather conditions are widespread and extremely severe, designated University senior management may determine that the campus should be closed. Students are encouraged to register on IU Notify to receive weather alerts and other emergency notifications. IU South Bend *may* cancel classes at the IU South Bend Elkhart Center when Elkhart Community Schools cancels classes due to weather conditions. In most cases, when the IU South Bend campus cancels classes due to weather conditions, the Elkhart Center will also cancel classes. If classes are cancelled at the Elkhart Center due to weather, on-site clinical activities will also be cancelled. If a clinical placement site such as a school has a cancellation due to weather, a student is encouraged to participate virtually with his/her

supervisor, IF the supervisor holds virtual sessions during this time. During severe weather conditions, students, faculty, staff, and clinic clients are encouraged to use their best judgement about whether or not travel is safe for them.

Tornado Alarm

In case of a tornado alarm, students, clients, and family members/caregivers are to go to a safe area of the building. The Elkhart Center has a basement which is accessible via the stairs located near the rear entrance of the building. If the basement cannot be reached, safest areas above ground are the first floor restrooms and back stairs to the basement.

Fire Alarm

Evacuate the building if there is a fire alarm. If you discover a fire, explosion or smoke in a building, activate the nearest fire alarm and proceed to evacuate. The elevator is not to be used during a fire emergency. Direct clients and family/caregivers out of the building using the Fire Exit plan on the wall. Familiarize yourself with this plan. Once out of the building, gather at the northwest corner of the property, at the Marion St. parking garage.

Code for Shooter

Situations with an active shooter or aggressor are dynamic and evolve rapidly. Indiana University recommends the concept Run-Hide-Fight. This represents options to be considered and should not be thought to be sequential. Select the best course of action according to the situation in which you find yourself. Indiana University has a Run-Hide-Fight video that will be shown during orientation. [The Run-Hide-Fight video, as well as additional information, can be found here.](#)

Child and Adult Protective Services

Indiana state law requires any person who has reason to believe that a child is a victim of child abuse or neglect has an affirmative duty to make an oral report to Indiana Child Protective Services (CPS) 1-800-800-5556 or to their local law enforcement. Failure to report may result in criminal charges. Any suspected abuse or neglect of minors on IU property or as part of an IU program must be reported to the IU Superintendent of Public Safety.

A person who believes or has reason to believe an endangered adult is the victim of battery, neglect or exploitation is required to report the facts to Adult Protective Services or a law enforcement agency having jurisdiction over the endangered adult. Individuals may file a report online or by calling the state hotline or calling an APS field office. The number for the state hotline is 800-992-6978. Locally, individuals may call APS at 574-235-5092 (or toll free at 800-626-8320).

Section 9: Additional Information

IU South Bend Counseling Center (SCC)

If you find that life stressors are interfering with your academic or personal success, you are encouraged to contact the [SCC](#) as early in the semester as possible. SCC services can help with issues that range from coping with life's transitions to dealing with more serious emotional problems. Group counseling

is available for issues such as test anxiety and ADHD. All enrolled students are eligible for personal and confidential short-term counseling services at no cost. Over 80% of students who utilize the SCC report that it helps them with their academic success. The best way to request services is by calling 574-520-4125. The SCC is located on the South Bend campus in the Administration Building, Room A130. Hours are generally 9:00-5:00 Monday through Friday but can vary slightly each semester.

Attendance and Calendars

Student clinicians are expected to attend all anticipated days through the duration of each clinical placement. However, illnesses and emergencies do occur. Absences are permitted for educational activities appropriate to a clinical experience, illness, or extenuating circumstances such as a death in the family. **There are no unexcused absences allowed.** Student clinicians may not alter their schedule according to their preferences throughout the duration of a placement. Please see section 2 of this handbook for the policy and procedures related to clinician absences and cancellations.

If a site has a closure or observes a holiday and a student's supervising SLP will not be working, the student clinician does not have to work that day. If a supervising SLP has scheduled time off, arrangements should be made for another qualified SLP to cover any necessary supervision during this time, or arrange some other activity (e.g., shadowing a different profession). If this is a frequent occurrence and another qualified SLP is consistently not available to supervise you, please notify the Clinical Director.

Student clinicians in a part-time placement will follow the IUSB calendar, with the following exceptions:

- for part-time school placements where the university's scheduled breaks differ from the site's breaks, student clinicians are encouraged to follow their site's calendar in order to obtain optimal clock hours
- student clinicians who wish to work over a break if their site remains open (e.g., work over fall break because site does not have a fall break) may work this out with their supervisor; this may be particularly beneficial if the student clinician was ill and needs to make up hours

Student clinicians in their full time externships are to follow the calendar of their placement site.

Section 10: Appendices

Appendix I: Placement Request Form

IUSB MS-SLP
Placement Request Form

Student Clinician	
Date*	

*If you wish to update this form due to change in interest(s), contact the Clinical Director

I am most interested in working with the following age groups (select all that apply):

☐ birth-3 ☐ preschool ☐ elementary ☐ adolescents ☐ adults ☐ geriatric adults

I am most interested in the following disorders/practice areas (select all that apply):

☐ speech- articulation ☐ motor speech (dysarthria, apraxia) ☐ fluency (stuttering)
☐ hearing ☐ pediatric language (receptive/expressive) ☐ social communication
☐ acquired language (aphasia) ☐ cognitive-communicative ☐ swallowing/feeding
☐ AAC ☐ voice ☐ transgender voice

☐ other/specific population: Please describe _____

I see myself possibly wanting to work as an SLP in the following settings (select all that apply):

☐ acute care hospital ☐ long-term acute care hospital ☐ in-patient rehab hospital
☐ skilled nursing facility ☐ outpatient clinic-pediatric ☐ outpatient clinic-adult
☐ preschool ☐ elementary school ☐ middle or high school
☐ private practice ☐ home health-early intervention (First Steps) ☐ home health-adult
☐ children's hospital ☐ VA hospital ☐ traveling SLP

Is there a specific site you would like to request? _____

Support group preferences (select all of interest):

☐ parent-child play group ☐ AAC communication group ☐ caregiver support group ☐ cognitive-stimulation group

Are you open to doing a full-time externship outside the Michiana area? ☐ Yes ☐ No

Specific cities/zip codes I would be interested in for the summer and second spring full time externships:

Anything else you would like to add in regards to placement requests?

By signing this form, I confirm understanding that my requests are not guaranteed; rather, attempts are made to accommodate each student's needs and preferences while ensuring appropriate breadth and depth of clinical experiences. I understand that my top interests may not be available or may not satisfy experience requirements that I need at a given time in the program. I understand that transportation may be required and part-time placements may be up to one hour from the Elkhart Center. I agree to complete clinical placements as assigned, and agree not to contact sites without explicit instruction from the Clinical Director.

Signature

Date

Appendix II: Select Indiana University Policies

Americans with Disabilities Act (ADA) Policy

UA-02

About This Policy

Effective Dates:

01-01-2007

Last Updated:

12-06-2018

Responsible University Administrator:

President, Indiana University

Policy Contact:

Office of Institutional Equity

oie@iu.edu

Scope

1. All academic appointees, including faculty; staff; hourly employees; students; and volunteers at Indiana University. All university units.
2. Any questions regarding interpretation of this policy or procedures may be referred to the University ADA Coordinator.

Policy Statement

1. Indiana University is committed to maintaining an inclusive and accessible environment across all of its campuses. Ensuring that all members of the university community have access to facilities, information, and information technology associated with administration and services, coursework and instruction, programs, and university-sponsored activities is critical to the university's educational mission and is among its highest priorities. The Americans with Disabilities Act (ADA), the Indiana Civil Rights Act, and Indiana University policy prohibit discrimination against qualified individuals with disabilities in employment and educational programs. University websites must be accessible so that students, prospective students, employees, guests and visitors with disabilities have equivalent access to the information and functionality provided to individuals without disabilities.
2. Indiana University provides reasonable accommodations in the form of reasonable modifications to policies, practices, or procedures in order to make its services, programs, and activities accessible to qualified individuals with disabilities unless the modification would fundamentally alter the nature of a university service, program, or activity. These accommodations and adjustments must be made in a timely manner and on an individualized and flexible basis.
3. Individual students, staff, and faculty members are responsible for identifying themselves as an individual with a disability when seeking an accommodation or, specifically in the case of students, a modification to an academic program. Individual students, staff, and faculty members are also responsible for documenting their disability (from an appropriately licensed professional) and demonstrating how the disability limits their ability to complete the essential functions of their job or limits the student's participation in services, programs, or activities of the university. Medical documentation will be kept confidential.
4. Students, staff, and faculty members must maintain institutional standards of performance.

Procedure

The standard procedures for accommodation requests allow for an interactive process whereby the following occur:

1. A request for accommodation is made;
2. The appropriate documentation is provided to support the disability and the requested accommodation; and
3. A reasonable accommodation is made, if appropriate.

More detailed procedural steps based on the role of the individual seeking the accommodation are below.

1. Employees

- a. To request an accommodation under the ADA, employees must make a request to the designated office on their campus. Employees should include documentation of their functional limitations. Documentation of the disability should be timely and from appropriate professionals licensed to diagnose the type of disability the employee has. An initial request may be made through a departmental chair, HR representative, dean, or directly with academic affairs, but the requester should keep in mind that requests made are ultimately elevated to the designated office identified. Note: Unit employees who receive a request for accommodation should elevate the request to the designated office identified on the [ADA@IU website](#).
- b. After reviewing the documentation and the facts of each request, the designated office will determine if the employee is eligible for accommodations under the ADA.
- c. A member of the designated office will then facilitate a plan of reasonable accommodation. A member of the designated office will:
 1. Determine what documentation is needed to support the employee's request for accommodation;
 2. Clarify the responsibilities of the university and the employee throughout the process;
 3. Identify the essential and marginal functions of the position (if not already done);
 4. Discuss the employee's specific physical or mental abilities or limitations as they relate to the essential functions along with potential accommodations;
 5. Identify the accommodation that best serves the needs of the employee and the university.
- d. It is the responsibility of the designated office to determine the reasonable accommodation in a particular situation. The designated office will coordinate with the appropriate parties as necessary.
- e. The accommodation and any related documentation will be maintained by the designated office. Information will be shared only with those having an official need to know.
- f. The employee is responsible for contacting the designated office if reasonable accommodations are not implemented in an effective and timely manner. The designated office will work with the employee, and other parties as needed, to resolve disagreements regarding the recommended accommodation.

2. Students

- a. To request an accommodation under the ADA, students must file an application with the office serving students with disabilities on their campus.
 1. Requests for accommodations should be made far enough in advance to allow staff adequate time to coordinate needed services. Generally, it is best to request needed services before a semester begins or as soon as a disability becomes known.
 2. Students must provide documentation of their disability and how it limits their participation in the university's services, programs, or activities. Documentation of the disability should be timely and from appropriate professionals licensed to diagnose the type of disability the student has. Medical documentation will be retained by only the office serving students with disabilities and will be kept confidential.
 3. The office serving students with disabilities makes the determination of whether the student is eligible for accommodations under the ADA. The office serving students with disabilities and the student will then discuss what assistance is needed and, if requested, will provide information to relevant faculty members, information technology personnel, and/or the academic unit indicating the nature of the accommodation required. Common examples of reasonable academic adjustments include but are not limited to extension of time for tests, private test settings, priority registration, etc.

4. If there is a discrepancy regarding requested accommodations, the office serving students with disabilities will facilitate discussions between the student and faculty member(s) and/or academic unit(s). It is the responsibility of the office serving students with disabilities to determine the reasonable accommodation in a particular case, taking into account the content of the course, the student's disability, and the documentation from an appropriately credentialed professional. Nothing in these procedures requires an academic unit to make accommodations that would fundamentally alter the nature of its academic program.
 5. Students are expected to discuss with their instructors the need for accommodations in their respective course. Faculty members are expected to discuss such matters privately and maintain confidentiality.
 6. Students are responsible for notifying the office serving students with disabilities if reasonable accommodations are not implemented in an effective and timely way. In the event that an accommodation is not implemented in a test-taking or similar situation, the student should address that with the faculty member, associate instructor, or proctor immediately and the amount of time necessary to implement the accommodation (e.g., to print a test paper with enlarged print or move the student to a quiet room) should be added back to the test time such that the student is not disadvantaged.
- b. To request an academic program modification under the ADA, students must file an application with the office serving students with disabilities on their campus and the application must be accompanied by documentation of their disability. Requests submitted directly to an academic unit will be referred to the office serving students with disabilities to initiate the process.
1. Documentation of the disability should be timely and from appropriate professionals licensed to diagnose the type of disability the student has. If the student is already receiving accommodations pursuant to Paragraphs B.1.a.-f. of these procedures, the student may, but is not required to submit additional documentation in support of the request for an academic program modification. The office serving students with disabilities may also request additional documentation if prior documentation does not adequately address the requested academic program modification.
 2. The office serving students with disabilities will forward the request and any other relevant information developed by that office to the appropriate official(s) in the academic unit and will serve as a resource as the unit makes its determination as to whether the requested academic program modification constitutes a fundamental alteration to the program. In addition to serving as a resource for the academic unit, the office serving students with disabilities will support the interactive process by facilitating requests for additional information and updates, if any, between the academic unit and the student. This process will be undertaken by using reasoned deliberation and will include a diligent assessment of available options. Nothing in these procedures requires an academic unit to make a program modification that would fundamentally alter the nature of its academic program.
 - a. The office serving students with disabilities will fully document in the student's file the date of the request for program modifications, the nature of each request and any supporting documentation, the reason(s) for any denials, and the interactive process that occurred between the university and the student.
 - b. The academic unit will consider whether the requested program modification constitutes a fundamental alteration to the academic program, which includes lowering its academic standards or compromising the rigor of the program.
 - c. The appropriate official in the academic program will notify the student in writing that the request for an academic program modification has been approved or denied in a timely manner and, if denied, the reason(s) for the denial. The student may appeal a denial of a request for an academic program modification to the Dean of the affected School no later than ten calendar days after the date of the denial. The Dean will make a determination on the appeal within ten calendar days of receipt of the appeal and will communicate that determination in writing to the student. The Dean's decision is final.

3. Complaint Procedure

- a. Employees or students who believe the university has not met its obligations under the ADA should consult with the university's ADA Coordinator, who serves all IU campuses and has overall responsibility for coordinating the efforts of the university to comply with the Americans with Disabilities Act (ADA). The university ADA Coordinator will refer complaints to the appropriate campus or university office for investigation.

4. Website Accessibility

- a. All university websites published after November 1, 2016, are required to meet the accessibility standards set forth by Web Content Accessibility Guidelines (WCAG) 2.0 AA. University websites published prior to that date are also expected to meet accessibility standards and have been prioritized for review and update for compliance. Priority websites will be determined by the electronic and information technology (EIT) coordinator and the university chief compliance officer in consultation with the Office of the Vice President for IT and CIO/UITs and the Office of the Vice President and General Counsel.

Definitions

University Community consists of the members of the Board of Trustees, any employee of the university, including administrators, faculty, staff, temporary, and student employees, any individual using the university's resources or facilities or receiving funds administered by the university, and volunteers and other representatives when speaking or acting on behalf of the university.

Sanctions

Any violations of university policies by an individual will be addressed with in accordance with applicable university policies and procedures.

Additional Contacts

Employee Accommodations and Resources by Campus

Employees may navigate to the following pages to identify the designated offices on their campus:

[Employee Accommodations and Resources by Campus](#)

Student Accommodations and Resources by Campus

Students may navigate to the following pages to identify the designated offices on their campus:

[Student Accommodations and Resources by Campus](#)

University ADA Coordinator

Emily Springston
University Director
Institutional Equity & Title IX
Poplars Building, Room 825
400 East Seventh Street Bloomington, IN 47405

812-855-7559

oie@iu.edu

Office for Civil Rights

U.S. Department of Education
Office for Civil Rights
Lyndon Baines Johnson Department of Education Bldg
400 Maryland Avenue, SW
Washington, DC 20202-1100

Telephone: 800-421-3481

FAX: 202-453-6012; TDD: 800-877-8339

Email: OCR@ed.gov

Website: <http://www2.ed.gov/about/offices/list/ocr/index.html>

University EIT Coordinator

Chief Compliance Officer
Office of the Vice President and General Counsel
107 S. Indiana Avenue, Bryan Hall 211
Bloomington, IN 47405

317-274-2667
comply@iu.edu

History

Effective Date 01-01-2007
Contacts Added 03-31-2016
Updated 12-22-2016
Updated in 2018.

Non-Discrimination/Equal Opportunity/Affirmative Action

UA-01

About This Policy
Effective Dates:
11-21-1969
Last Updated:
06-27-2018
Responsible University Administrator:
Board of Trustees, Indiana University
Policy Contact:
Emily Springston
University Director of Institutional Equity & Title IX Coordinator
titleix@iu.edu

Scope

This policy applies to members of the Board of Trustees, all employees of the university including administrators, faculty, staff, temporary; and to all students.

Policy Statement

Indiana University pledges itself to continue its commitment to the achievement of equal opportunity within the University and throughout American society as a whole. In this regard, Indiana University will recruit, hire, promote, educate, and provide services to persons based upon their individual qualifications. Indiana University prohibits discrimination on the basis of age, color, disability, ethnicity, sex, gender identity, gender expression, genetic information, marital status, national origin, race, religion, sexual orientation, or veteran status.

As required by Title IX of the Education Amendments of 1972, Indiana University does not discriminate on the basis of sex in its educational programs and activities, including employment and admission. Questions specific to Title IX may be referred to the Office for Civil Rights or the University Title IX Coordinator.

Indiana University shall take affirmative action, positive and extraordinary, to overcome the discriminatory effects of traditional policies and procedures with regard to the disabled, minorities, women, and veterans.

Additional Contacts

Title IX Coordinator
Emily Springston
University Director of Institutional Equity & Title IX Coordinator
400 E. 7th Street
Poplars 833
Bloomington, IN 47405
812-855-4889
titleix@iu.edu

Title IX Deputy Coordinators

IUB	Emily Springston, University Director of Institutional Equity & Title IX Coordinator	812-855-7559	titleix@iu.edu
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IUB	Libby Spotts, Interim Director, Office of Student Ethics	812-855-5419	ethics@indiana.edu
IUPUI	Anne Mitchell, Director, Office of Equal Opportunity	317-278-9230	amitch29@iupui.edu
IUPUI	Brian Tomlinson, Assistant Dean and Director of Student Conduct	317-274-4431	betomlin@iupui.edu
IUPUC	Bailey Moss, Coordinator of Leadership and Community Service	812-375-7504	bkmooss@iupuc.edu
IUPUC	Anne Mitchell, Director, Office of Equal Opportunity	317-278-9230	amitch29@iupui.edu
IUE	Tracy Amyx, Director of Affirmative Action/EEOC Officer	765-973-8402	trramyx@iue.edu
IUK	Sarah Sarber, Chief of Staff/Deputy Title IX Coordinator	765-455-9204	shawkins@iuk.edu
IUN	Aneesah Ali, Director, Office of Equal Opportunity and Affirmative Action Programs	279-980-6853	aneeali@iun.edu
IUS	James J. Wilkerson, Director, Office of Equity and Diversity	812-941-2306	eqdivix@ius.edu
IUSB	Marty McCampbell, Director of Diversity and Affirmative Action	574-520-4524	mmcccampb@iusb.edu

Affirmative Action Offices

James J. Wilkerson

IUB	Emily Springston, University Director of Institutional Equity & Title IX Coordinator	812-855-7559	affirm@indiana.edu
IUPUI	Anne Mitchell, Director, Office of Equal Opportunity	317-278-9230	amitch29@iupui.edu
IUE	Tracy Amyx, Director of Affirmative Action/EEOC Officer	765-973-8402	trramyx@iue.edu

IUK	Sarah Sarber, Chief of Staff/Deputy Title IX Coordinator	765-455-9204	shawkins@iuk.edu
IUN	Aneesah Ali, Director, Office of Equal Opportunity and Affirmative Action Programs	279-980-6853	aneeali@iun.edu
IUS	James J. Wilkerson, Director, Office of Equity and Diversity	812-941-2306	eqdivix@ius.edu
IUSB	Marty McCampbell, Director of Diversity and Affirmative Action	574-520-4524	mmccampb@iusb.edu

Office for Civil Rights

U.S. Department of Education
Office for Civil Rights
Lyndon Baines Johnson Department of Education Bldg
400 Maryland Avenue, SW
Washington, DC 20202-1100

Telephone: 800-421-3481
FAX: 202-453-6012; TDD: 800-877-8339
Email: OCR@ed.gov
Website: <http://www2.ed.gov/about/offices/list/ocr/index.html>

History

This policy was approved by the Board of Trustees, November 21, 1969;
Amended, Board of Trustees, December 4, 1992;
Reaffirmed, Board of Trustees, September 17, 2002;
Amended, Board of Trustees, June 12, 2009;
Title modified and scope added, July 8, 2014;
Additional contacts added, September 22, 2014;
Amended to include reference to Title IX of the Education Amendments of 1972, Board of Trustees, October 9, 2014;
Amended, Board of Trustees, June 15th, 2018.

Related Information

[Report an Incident](#)
[Title IX Regulations – Department of Education, 34 C.F.R. § 106.1 et seq.](#)

Information and Information System Incident Reporting, Management, and Breach Notification

ISPP-26



About This Policy

Effective Dates:

11-02-2012

Last Updated:

08-27-2012

Responsible University Administrator:

Office of the Vice President for Information Technology & Chief Information Officer

Policy Contact:

University Information Policy Office, uipo@iu.edu

Scope

This policy applies to all:

- information – whether in printed, verbal, or electronic form – created, collected, stored, manipulated, transmitted or otherwise used in the pursuit of Indiana University's mission, regardless of the ownership, location, or format of the information.
- information systems used in the pursuit of Indiana University's mission irrespective of where those systems are located.
- individuals encountering such information or information systems regardless of affiliation.

Policy Statement

Per the procedures below, all individuals are required to **immediately** report to the University Information Policy Office (UIPO) any:

- suspected or actual security breaches of information – whether in printed, verbal, or electronic form – or of information systems used in the pursuit of the university's mission.
- abnormal systematic unsuccessful attempts to compromise information – whether in printed, verbal, or electronic form – or information systems used in the pursuit of the university's mission.
- suspected or actual weaknesses in the safeguards protecting information – whether in printed, verbal, or electronic form – or information systems used in the pursuit of the university's mission.

The UIPO will:

- oversee and guide the incident management process to promote a coordinated, consistent, efficient, and effective response, and to ensure compliance with applicable breach notification laws and regulations, including any required notifications of individuals and/or regulatory or government officials.
- leverage and coordinate with the experience, expertise, and resources of other university offices including applicable compliance offices and officers as necessary and appropriate.

Although the UIPO will coordinate incident response, ownership of the incident remains with the unit experiencing the incident, which must allocate unit resources to resolve the incident in a timely manner.

Reason For Policy

Information – whether in printed, verbal, or electronic form – and information systems have become critical parts of the infrastructure supporting Indiana University operations and innovations. This increased dependence has occurred against a backdrop of increasing uses of information for business purposes, technological complexity, security and privacy threats, legal mandates, and ethical expectations leading to more significant operational, reputational, and financial consequences of service interruptions and unauthorized information exposures or modifications.

Yet, in spite of the most vigilant efforts to minimize them, incidents will occur that jeopardize the security and privacy of information and information systems. The institution's process of preparing for, preventing, detecting, responding to, and tracking these events has a significant impact on reducing their frequency and severity. Legal and contractual mandates increasingly require expeditious reporting of certain breaches to regulatory or governmental authorities, ***in some cases as soon as 24 hours after discovery***, and/or to the individuals affected.

Therefore, a coordinated, consistent, efficient, and effective approach to identifying, investigating, and handling potential information and information system breaches is needed.

Procedure

Reporting

Immediately report to the University Information Policy Office (UIPO) at it-incident@iu.edu any:

- suspected or actual incidents of loss, inappropriate disclosure, or inappropriate exposure of information used in the pursuit of the university's mission – whether in printed, verbal, or electronic form – including but not limited to those incidents involving the following information, systems, or processes:
 - critical information such as individually identifiable health information, credit card numbers, Social Security numbers, driver's license numbers, or bank account numbers.
 - lost or stolen mobile devices or media such as laptops, tablets, smart phones, USB drives, and flash drives.
 - viewing of information without a demonstrated need to know (e.g., snooping).
- abnormal systematic unsuccessful attempts to compromise information – whether in printed, verbal, or electronic form – or information systems used in the pursuit of the university's mission, such as:
 - abnormal unsuccessful login attempts, probes, or scans.
 - repeated attempts by unauthorized individuals to enter secured areas.
- suspected or actual weaknesses in the safeguards protecting information – whether in printed, verbal, or electronic form – or information systems used in the pursuit of the university's mission, such as:
 - weak authentication processes.
 - ability to access information you are not authorized to access.
 - weak physical safeguards such as locks and access controls.
 - lack of secure transport methods.

In cases where a unit has an information security, privacy, or compliance officer, incidents should be reported to both UIPO and the unit officer.

The UIPO operates during normal business hours. When identifying suspected or actual incidents after hours, contact your local campus computing support centers or help desks and ask them to page the University Information Security Office (UIISO), which monitors pages 24x7. A response from UIISO should be expected within 15-30 minutes. If other methods fail to reach the UIPO or UIISO within 30 minutes, contact the Bloomington Data Center Operators at 812-855-9910 and ask them to page the UIISO.

Incident Response

Upon receiving a report, the UIPO Incident Response team will:

1. Ensure appropriate information and evidence is collected and logged.

2. Immediately assess initial actual or potential loss, corruption, inappropriate disclosure, inappropriate exposure, or breach of information.
3. Immediately advise and assist in containing and limiting the loss, corruption, inappropriate disclosure, inappropriate exposure, or breach.
4. Invoke incident response procedures commensurate with the situation.
5. As appropriate, assemble an Incident Team to advise and assist in ongoing investigation and decision making. The nature of the incident and the type(s) of information involved will determine the make-up of the Incident Team, and it typically will include representatives from the unit experiencing the incident, Legal Counsel, Media Relations, the Committee of Data Stewards, and/or the Compliance Officer for the information sector(s) involved (e.g., the HIPAA Privacy and/or HIPAA Security Officer).
6. As appropriate, ensure the University Information Policy Officer and/or the University Information Security Officer is informed of the initial situation and kept updated throughout the investigation.
7. As appropriate, ensure that executive administration is informed of the initial situation and kept updated throughout the investigation.
8. As appropriate, contact law enforcement for assistance.
9. As appropriate, consult with and/or assign a UISO security engineer to perform forensics or other specialized technical investigation.
10. As appropriate, provide technical advice to the unit technician, and ensure legal, compliance, Data Steward, media, and executive administration advice is made available to unit administration in a timely manner.
11. Initiate steps to warn other Indiana University units or technicians if the situation has the potential to affect other university information or information systems.
12. Confirm actual or probable events from investigatory information and facilitate decision-making by the Incident Team.
13. In coordination with the Incident Team members and following internal procedures, determine if notification to individuals and/or regulatory or governmental authorities is required and/or desired, and invoke breach notification procedures commensurate with the situation.
14. Ensure appropriate university approvals are obtained prior to any notifications to individuals or regulatory and government officials.
15. Document decisions and any notifications made to individuals or regulatory and government officials.
16. Schedule a debriefing meeting with the unit and Incident Team after the response, to ensure appropriate corrective action in the affected unit is taken, to identify any actions that could be taken to reduce the likelihood of a future similar incident, and to continuously improve the response processes.
17. In cases where it is found that a reported incident involves information or physical privacy concerns, UIPO will communicate with the relevant privacy official who will then invoke policy ISPP-27 Privacy Complaints as appropriate, in addition to incident response procedures.

Financing the Incident

The unit(s) experiencing the incident is/are responsible for all monetary, staff, and other costs related to investigations, cleanup, and recovery activities resulting from the compromise, response, and recovery. The unit(s) may consult with the Office of Insurance, Loss Control, and Claims as to methods for funding the incident.

Definitions

Breach the acquisition, access, use, or disclosure of information in a manner not permitted under existing law or university policy that compromises the security or privacy of the information (i.e. poses a significant risk of financial, reputational, or other harm to the individual and/or university). Health Information any information created, maintained or received, via any communication or record retention format, by any entity such as a provider, insurance plan, employer, or university that identifies an individual and any services regarding their health care or health payments relating to their past, present, or future health status. Information system a discrete set of information resources, procedures and/or techniques, organized or designed, for the classification,

collection, accessing, use, processing, manipulation, maintenance, storage, retention, retrieval, display, sharing, disclosure, dissemination, transmission, or disposal of information. An information system can be as simple as a paper-based filing system or as complicated as a tiered electronic system. Security Incident the attempted or successful unauthorized access, use, disclosure, modification or destruction of information or interference with system operations in an information system. Security incident also means the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, misrouting of mail, or compromise of physical security, all of which may have the potential to put the data at risk of unauthorized access, use, disclosure, modification or destruction.

Sanctions

Indiana University will handle reports of misuse and abuse of information and information technology resources in accordance with existing policies and procedures issued by appropriate authorities. Depending on the individual and circumstances involved this could include the offices of Human Resources, Vice Provost or Vice Chancellor of Faculties (or campus equivalent), Dean of Students (or campus equivalent), Office of the General Counsel, and/or appropriate law enforcement agencies. See policy [IT-02, Misuse and Abuse of Information Technology Resources](#) for more detail.

Failure to comply with Indiana University information technology policies may result in sanctions relating to the individual's use of information technology resources (such as suspension or termination of access, or removal of online material); the individual's employment (up to and including immediate termination of employment in accordance with applicable university policy); the individual's studies within the university (such as student discipline in accordance with applicable university policy); civil or criminal liability; or any combination of these.

History

- Approved November 2, 2012
- Revised March 14, 2012, June 28, 2012, and August 27, 2012.
- Edited January 12, 2012 – normalized against the Program documents.
- Drafted October 28, 2011 – breach notification requirement extracted from IT-12 and updated.

Related Information

[Privacy Complaints Policy ISPP-27](#)
[Information Security and Privacy Program Domain 10 – Incident Management](#)
[Report an Incident](#)
[Reporting Security Incidents](#)
[Information Security Incident Management](#)
[Reporting Suspected Sensitive Data Exposures](#)
[Acceptable Use Agreement](#)

Related Forms

[Incident Response Procedure Template](#)

Appendix III: Select Dwyer College of Health Sciences Policies



VERA Z. DWYER COLLEGE OF HEALTH SCIENCES

INDIANA UNIVERSITY SOUTH BEND

Affiliation Agreement Request (New) and Review (Existing) Procedure Policy 2.1

About This Policy:

Effective Date: 06-15-2018

Updated: 01-28-2019

Approval Dates:

Management Team: 06-15-2015

Scope

This policy highlights the responsibilities of those in leadership of the Dwyer College of Health Sciences.

Policy Statement

The purpose of this policy is to establish a process for requesting affiliation agreements be created for new clinical agencies for the clinical programs and maintaining those agreements once established.

Procedure

Each Program Director is responsible for Clinical Site placement for their respective program. Program Directors will work with the Business Operations Manager to determine if an affiliation agreement already exists for the clinical site.

This procedure below is for the process of requesting a **new** clinical site.

1. 10 weeks prior to the semester beginning identify agencies that will be used.
2. If a new clinical agency is needed the Program Director will fill out the Affiliation Agreement Request Form.
3. Submit form to the Business Operations Manager 10 weeks prior to semester start.
4. Business Operations Manager will begin the process of getting the Affiliation Agreement approved and obtain a fully executed agreement between the clinical agency and IU.

5. Business Operations Manager will update the Program Director at the 4 week mark of the process.
6. Business Operations Manager will update the Program Director when Affiliation Agreement fully executed.
7. The Business Operations Manager will only share student names in rare circumstances.

This procedure below is for the process of **reviewing an existing** clinical site.

1. Ensure dates of Affiliation Agreement coverage remains current
2. Current Certificate of Insurance on file and sent to agency (request for updated COI should be done in December or early January)
3. BOM will provide the new COI each February and place in the CHS Affiliation Agreement folder.



VERA Z. DWYER COLLEGE OF HEALTH SCIENCES

INDIANA UNIVERSITY SOUTH BEND

Biosafety/Bloodborne Pathogen Policy Policy 7.32

About This Policy:

This is a new merged policy from previous policies 7.29 and 7.30

Approval Dates:

College Faculty: *vote on 02-14-2020*

Management Team: 01-24-2020

Leadership Team: 11-15-2019

Scope

The purpose of this policy is to outline the IUSB Vera Z. Dwyer College of Health Sciences (IUSB-CHS)* Biosafety/Bloodborne Pathogen practices.

Policy Statement

The Indiana University South Bend Exposure/Infection Control policies and procedures are based on the concept of Standard Precautions and are in compliance with the current recommendations of the United States Public Health Service and Occupational Safety and Health Administration. Standard Precautions refers to an approach to infection control that assumes all human blood and other potentially infectious materials (OPIM's) of all patients are potentially infectious with HIV, HBV, or other bloodborne pathogens. Standard Precautions are intended to prevent healthcare workers from parenteral, mucous membrane and non-intact skin exposure to bloodborne pathogens while carrying out the tasks associated with their occupation.

To remain in compliance with the CDC recommendations, the CHS will conduct annual in-service training and education sessions for all students who enroll in courses requiring a clinical experience. This annual training is required of all clinical/ internship students.*

Any student occupationally exposed to blood or other potentially infectious material while performing in the healthcare program, will follow the procedures of the healthcare institution in which the exposure occurred. These procedures will include counseling by a Health Care Provider as soon as possible after exposure and preventive treatment, as appropriate, at the student's expense.

***This policy applies to Health Science majors at the point of internship or community course specific.**



VERA Z. DWYER COLLEGE OF HEALTH SCIENCES

INDIANA UNIVERSITY SOUTH BEND

Confidentiality Policy Policy 7.12B

About This Policy:

Effective Date: 10-11-2019

Approval Dates:

Faculty Approved: 10-11-2019

Scope

This policy incorporates the campus process and highlights the responsibilities of those in leadership of the Dwyer College of Health Sciences.

Policy Statement

The purpose of this policy is to outline strict guidelines regarding patient information, including computer access, security and documentation, and confidentiality.

Procedure

Students may be asked to sign a confidentiality statement of understanding by specific settings. Violation of these guidelines can result in disciplinary action by the setting, the assignment of a failing grade for a course, and/or dismissal from the specific program.

The following guidelines generally reflect expectations of students in all agencies.

1. All records, including originals and copies, should not be removed from their location.
2. Students granted record accesses are accountable for the protection of the record and its contents while in their possession.
3. Students accessing information from medical records shall follow the strict guidelines set forth by the setting (including providing written requests for

review, keeping the materials in the setting, and reviewing the records in the area specified for this purpose).

4. It is prohibited to share the medical record with family, friends, and staff not directly involved in the patient's care.

5. Students are expected to keep the medical records accessible at all times for medical care purposes.

6. Photocopying, photographing, or printing off any part of the medical record for a student's purpose is strictly prohibited. Students cannot photocopy parts of the record for their learning purposes. Data cannot be saved to portable devices and laptops cannot be brought to the settings.

7. When referring to patients in written work for schoolwork purposes, only initials are to be used. When possible, all identifying information should be kept to a minimum.

8. HIPAA guidelines are to be followed at all times as outlined by each setting and federal regulations.

9. Professional standards expect that students withhold discussing any patient situations and confidences outside the professional setting. Situations may only be discussed in private, for the purpose of learning, as instructed by the instructor. When discussing patients in the learning situation, confidentiality is to be maintained, including but not limited to personal identifiers such as name, email, address, gender, or others.

10. Information is not being shared in public settings including personal e-mails, for purposes other than learning, or with family and friends.

Commented [AG1]: Revised and ready for vote 9/3/19



VERA Z. DWYER COLLEGE OF HEALTH SCIENCES

INDIANA UNIVERSITY SOUTH BEND

Cardiopulmonary Resuscitation (CPR) Policy Policy 7.17B

About This Policy:

Effective Date: 10-11-2019

Approval Dates:

Faculty Approved: 10-11-2019

Scope

This policy incorporates the campus process and highlights the responsibilities of those in leadership of the Dwyer College of Health Sciences.

Policy Statement

The purpose of this policy is to outline the IUSB Vera Z. Dwyer College of Health Sciences (IUSB-CHS) guidelines for professional-level CPR requirements.

Procedure

All students must have CPR certification through the American Heart Association before they will be allowed to participate in clinical/service-learning experiences.

Re-certification is required prior to expiration. The American Heart Association certification is valid for a two-year period. However, failure to re-certify prior to the expiration requires that the student complete the entire certification course. A re-certification course will only be accepted if completed prior to the expiration date.

The Health and Wellness Center on campus offers American Heart Association CPR renewal and certification.

The cost is the student's responsibility.

Documentation and Verification of CPR certification will be kept with the Student Recorder within the College.



VERA Z. DWYER COLLEGE OF HEALTH SCIENCES

INDIANA UNIVERSITY SOUTH BEND

Criminal Background Check Policy Policy 7.20

About This Policy:

Effective Date: 02-24-2017

Approval Dates: Previously recorded as Policy C-12

Scope

This policy applies to all members of the university community on each campus of Indiana University.

Policy Statement

The purpose of this policy is to inform students that Criminal Background Checks are required for the IUSB Vera Z. Dwyer College of Health Sciences (IUSB-CHS).

Criminal Background Checks Policy for Undergraduate Students:

Objective Criminal history background checks are required of all clinical students in compliance with state and federal (House Bill 1633) regulations for individuals in clinical settings and working with patients and individuals who are vulnerable or minors. Licensure is also contingent upon the absence of most felony and some misdemeanor charges (see graduation section on licensure).

Rationale: A past criminal history may become a significant barrier to clinical practicum rotation placements or have a negative impact on a graduate's ability to obtain a license to practice. In addition, current Indiana law states that individuals who have been convicted of certain crimes may not be employed by or operate a home health facility or work in the Indiana public school system. While a conviction of a crime does not automatically disqualify a student from participation in community-based clinical, a criminal history may be grounds for denying progression depending on the facts and circumstances surrounding each individual case. An updated check for an enrolled student might have a bearing on the clinical site in which the student will be placed.

Procedure

1. Individuals must register and submit a criminal background history check with Backgroundchecks.com upon application to any BSN clinical program and again prior to progression into community-based clinical experiences (typically the 7th semester~\$20) on the South Bend campus. You must submit checks for any county you have lived in for the last 7 years and additional charges may apply for extra counties.
2. Students will be asked to complete a Statement of Adherence of Clinical Facility Policy and Procedures and Reporting of Illegal Activities form each year in the fall.*
3. Any criminal arrest or situation (including OWI's) must be reported to the Assistant Dean for Student Success before the next clinical day or within one week if occurs during breaks. This is in compliance with contracts held by the College of Health Sciences with the clinical agencies and consistent with state and federal regulations. The Assistant Dean will consult with licensing agencies.
4. Individuals requesting transfer from any campus other than IUPUI, IUB, or IUPUC must submit a completed criminal history check prior to transfer.
5. The DCHS Advising Center on the South Bend campus is responsible for maintaining updated documentation of criminal background histories for IU South Bend students enrolled in the undergraduate program on the South Bend campus. The student recorder will notify the Assistant Dean for Student Success when a criminal conviction is noted on a student's criminal background check.
6. Students may be asked to provide a more current check at any point in the program, based on a clinical agency's request or if they have been out of progression. **
7. RN's or other professional licensed individuals entering a clinical program or a clinical course must provide a current criminal background check. Students may provide documentation from their employer's background check service if it is less than one year old and a criminal disclosure form is completed.

* It is the student's responsibility to report any subsequent changes in criminal history that occur after the initial criminal background check has been completed. Failure to do so may result in immediate dismissal from the

program. In addition, if a student is found to be ineligible for clinical placement at any time during the program, the student will not be able to meet clinical objectives and will be withdrawn from the program pending resolution of the issue.

****Students should also be advised that clinical affiliates can establish more stringent standards if they choose, to meet the regulatory requirements of their facility. Therefore, clinical agencies may elect to conduct additional background checks at their discretions.**



VERA Z. DWYER COLLEGE OF HEALTH SCIENCES

INDIANA UNIVERSITY SOUTH BEND

Student Drug Screen Policy AS-09-B

About This Policy:

Effective Date:

07-01-2019

Date of Last Review/Update:

5-8-2020

Responsible College Administrator/Committee:

Dwyer College of Health Sciences Faculty (DCHSF) President

Scope:

This policy is for the IUSB Vera Z. Dwyer College of Health Sciences.

Policy Statement:

To provide a safe working environment, area hospitals and other institutions require individuals who provide care to patients to undergo drug testing. For this reason, students in the IUSB Vera Z. Dwyer College of Health Sciences (IUSB-CHS) programs will undergo similar testing to meet the criteria of clinical agencies.

Policy:

The IUSB-CHS has intolerance for impairment due to alcohol and/or drug use while on campus or in clinical affiliation experiences. Infringement of this policy will cancel the offer of admission, and for those admitted to the programs, be subject to disciplinary action up to and including academic dismissal.

Upon admission into a clinical program:

1. Student admission to the clinical programs is contingent upon a drug screening test result indicating no evidence of drug use. A drug screening result indicating dilution of the sample will require a repeat drug test.
2. The student is responsible for the cost of the drug screening.
3. The initial 11-panel drug screening must be completed prior to the start of the student's first semester in the clinical program.
 - a. Individual Program Directors may determine the appropriate location for the clinical students. This may include the Health and Wellness Center or a different location.
 - i. The Health and Wellness Center should be communicated as the preferred location for the drug screen. Medical documentation is stored at the Health and Wellness Center and students have the option to use financial aid/Bursar accounts for payment.
 - b. Program Directors will determine the appropriate time frame for completion based on the start of the clinical program. Students must bring all medications/prescriptions that could alter a drug screen with them at the time of the drug screen. In the event of a positive drug

screening, there will be an automatic lab drawn (blood) at the time of visit at the student's expense for second confirmation.

- c. RN's or other licensed individuals entreating a clinical program or a clinical course may provide evidence of an 11-panel drug screening from their employer if it is less than one year old.
4. In the event of a drug screening result indicating use of an illegal drug or controlled substance without a legal prescription, student admission to the clinical programs will be denied. Results will be submitted to the Program Director or designee. **Duty to Report:** if the student is a licensed/registered health professional, a report will be made to the Attorney General and Indiana Professional Licensing Agency (or in the state(s) in which the applicant holds a license).

Progression within a clinical program:

1. Students may be permitted to take legally prescribed and/or over-the-counter medications consistent with appropriate medical treatment plans while on duty. However, when such prescribed or over-the-counter medications affect clinical/ internship judgment, the student's safety or the safety of others, the student will be removed from the clinical site. The Program Director and/or the Admission, Progression and Graduation (APG) Committee will be consulted to determine if the student is capable of continuing to participate in the academic program.
2. Students are responsible for updating current medications with the IUSB Health and Wellness Center at the time of modification and during the annual TB screening.
3. After admission into a pre-licensure clinical-based program, at any time faculty, a clinical agency representative, and/ or an administrator suspect a student is impaired due to drug or alcohol use while in the clinical setting, classroom, or campus areas, the student will be removed from the area and required to undergo immediate testing for drug and alcohol use at the student's expense. Impaired students will not be permitted to drive and must bear the cost of transportation. The student will be suspended from all clinical activities until the investigation into the situation is complete. The student will still be able allowed to attend didactic classes that do not include any clinical activities.
4. In the event of medication administration/handling discrepancy (i.e., in the case of the improper documentation of narcotics) or in the event of a medical error, accident or injury, testing will be conducted according to the policy of the clinical agency.
5. Referrals for evaluation and counseling for drug and/or alcohol use will be part of a plan for a student with a positive screening or incident related to drug or alcohol use.
6. In the event of a positive drug screening of a student currently enrolled the clinical programs, the student will be suspended from the program pending review by the Program Director and/or the APG committee and subject to possible program dismissal. **Duty to Report:** if the student is a licensed/registered health professional, a report will be made to the Attorney General and Indiana Professional Licensing Agency (or in the state(s) in which the applicant holds a license). All positive drug screenings will be reported to the Office of Student Conduct.

If a student is reinstated after a positive result, that student is required to undergo random screening as determined by the Health and Wellness Operations Director and Program Director each semester and will be dismissed if any further positive results are found.

History:



VERA Z. DWYER COLLEGE OF HEALTH SCIENCES

INDIANA UNIVERSITY SOUTH BEND

Immunizations Policy Policy 7.31.B

About This Policy:

Effective Date: 02-24-2017

Approval Dates: Previously recorded as Policy C-17

Scope

This policy applies to all members of the university community on each campus of Indiana University.

Policy Statement

The purpose of this policy is to outline the IUSB Vera Z. Dwyer College of Health Science (IUSB-CHS)* immunization requirements for students prior to entering the clinical portion of their programs.

Procedure

It is imperative that students have required immunizations prior to entering the clinical portion of the program (or internship experience for Health Science Students) because of direct patient contact. IUSB- CHS adheres to the CDC recommended adult immunizations for all healthcare workers. Due to epidemiological changes, requirements may change abruptly and those involved in clinical will need to meet the requirements. The student's primary care provider on the immunization record form must properly record the appropriate information. Students will not be allowed in the clinical areas or allowed to participate in the internship experience unless all information is up-to-date and on file with the IUSB-CHS. **Due dates for all immunization and criminal check information are October 15, for students admitted to the Fall semester (will begin clinical in Spring); and July 15, for students admitted Spring semester (and will begin clinical in Fall).** Students are requested to make a copy of all submitted documentation for their personal files.

THE COLLEGE OF HEALTH SCIENCES WILL NOT PROVIDE COPIES FOR PERSONAL OR EMPLOYER REQUESTS.

The following immunizations/tests are required:

Tetanus Diphtheria (Tetanus/Diphtheria/Acellular Pertussis Tdap)

All students must be immunized. Immunizations must be current within the past 10 years. If it is more than 10 years, it is recommended that you receive Tdap for adults. In fall of 2005, FDA approved Tdap for adults due recent increases in pertussis outbreak among adults. The updated Tetanus/Pertussis policy states the following:

- The Advisory Committee on Immunization Practices (ACIP) has issued guidelines for tetanus toxoid, reduced diphtheria toxoid and acellular pertussis (Tdap) vaccine (Adacel) for adults. ACIP voted to recommend routine use of Tdap among adults aged 19-64 years.
- Healthcare personnel who have direct patient contact working in hospitals or ambulatory care settings should receive a single dose of Tdap as soon as possible if they have not previously received Tdap. The guidelines recommend an interval as short as 2 years from the last dose of Tdap, but shorter intervals may be used.

DCHS students shall receive this new booster vaccine prior to entering clinical / internships experiences if they have been immunized in the last two years. These students may receive this booster even if they had a tetanus booster less than two years ago. It is recommended that all CHS students have their tetanus updated with this booster as soon as possible. All students shall have the Tdap vaccine as the required tetanus vaccine.

Measles Mumps Rubella

CDC for healthcare workers is 2 doses of MMR for all healthcare workers unless born prior to 1957 (June 1, 2006).

Rubella (3 days)

2 doses of MMR or 2 doses of ProQuad or Rubella titer of 1.10 is required.

Rubeloa (Measles 10 days)

2 doses of MMR after their first birthday or 2 doses of ProQuad or Rubeola titer of 1.11 is required.

Mumps

2 doses of MMR or 2 doses of ProQuad or Mumps titer of 1.10 is required.

Varicella (Chicken Pox)

Those who have had the disease may submit a written statement detailing approximate date of exposure. (May be provided by the student or primary care provider.) If a student has not had the disease but requires vaccines will need 2 doses of varicella or 2 doses of ProQuad or Varicella titer of 1.10.

Tuberculosis

*All students must have a tuberculin skin test (TST) upon admission (a PPD tuberculin skin test; a Tine or Heaf test are not acceptable) to determine if they have been infected with *M. tuberculosis*.*

Testing will also be required upon exposure or travel to high risk areas. Some community health placements and area agencies may require more frequent PPD documentation – you will be notified if you are affected. After the initial test, students will be required to complete the TB Questionnaire.

If you have a newly positive reaction to the skin test (called a conversion), a chest x-ray is required and results recorded on the immunization card. Your patient care provider should indicate what treatment, if any, has been prescribed for you as a result of a positive skin test or chest x-ray.

Students with a history of conversion or a positive skin test and a recent negative for TB chest x-ray should be evaluated and may be able to complete the TB Questionnaire instead of a PPD Documentation of evaluation and a copy of their chest x-ray within five years from their health care provider.

During the fall semester, each student in a clinical program is required to complete the TB Questionnaire. The questionnaire will be recorded and placed in the student folder.

Any **international student or student** whose country of origin where TB is considered endemic must be tested at the IU South Bend Health and Wellness Center. Those testing positive will be required to have a blood test confirming their TB status.

Anyone testing positive for tuberculosis will require treatment.

IUSB Dwyer College of Health Sciences generally follows ACHA guidelines:

ACHA is pleased to announce and release its most recent updated ACHA Guidelines, "Tuberculosis Screening and Targeted Testing of College and University Students." The Guidelines Statement can be found at <http://www.acha.org/topics/tb.cfm>

These updated Guidelines include TB Screening and Risk Assessment Appendices. Accordingly, those changes have been incorporated into another of our ACHA Guidelines,

"Recommendations for Institutional Pre-Matriculation Immunizations" (RIPI) under Part II. K, of the Sample Immunization Record. The updated RIPI can be found at the above link.

ACHA provides several other position statements and recommendations. All are available to download in pdf format at http://www.acha.org/Publications/Guidelines_WhitePapers.cfm

Influenza Immunization

The CDC has identified Healthcare Workers in the high risk category in prioritizing who should receive the vaccine; therefore, the CHS requires all students receive their annual immunization against the flu. Many clinical agencies require this of their employees to reduce the spread of this illness. If an unvaccinated student is exposed to a patient/client with the flu, the student may be removed from clinicals and required to begin treatment against the flu.

The absence must be made up according to the make-up policy. The student is responsible for the costs related to the treatment against the flu. The influenza immunization documentation is due by December 1, unless it is required sooner by the clinical site.

Hepatitis B Immunization

All healthcare providers with regular exposure to blood products are required by the Occupational Safety and Health Administration, Department of Labor to have the Hepatitis B vaccinations. Consistent with this requirement, the Hepatitis B vaccination is required for students in the CHS. The series must be initiated by the immunization deadline. Evidence of the first vaccination must be in your record by that time. The second vaccination is due 1-2 months after the first vaccination. The third vaccination is due 4-6 months after the first vaccination.

Students who currently work in a health care setting may want to contact their employer regarding arrangements to receive their vaccination. You may also contact the St. Joseph County Health Department for vaccination information. The IUSB Health & Wellness Center also offers the vaccines at a reasonable cost.

Policy: Prior to registration in any clinical course and at the student's expense, every full-time or part-time, graduate or undergraduate student of the College of Health Sciences must undergo HBV vaccination and vaccine response evaluation unless the student is shown to be immune, the vaccine is contraindicated for medical reasons, or a declination is signed.

Procedures: Evidence of receipt of the HBV vaccination and vaccine response, immunity to HBV, or declination will be filed with the student's program director/dean prior to registration in a clinical course. When the vaccine is contraindicated for medical reasons, a declination form must be signed. Evidence of the receipt of the HBV vaccination series including vaccine response should be in the form of a signed statement from the student's healthcare professional (HCP) and evidence of declination can be submitted on the CHS form. Evidence of immunity to HBV, medical risk from the vaccine, or receipt of a booster(s) should be in the form of a signed statement from the healthcare provider.

Students who have completed the HBV series prior to entry into any clinical course are governed by the CDC guideline on vaccine response evaluation

CDC Guidelines for Nonresponders

HCW should be tested for antibody to HBsAg (anti-HB's) 1 to 2 months after completion of the 3- dose vaccination series (CDC Immunization 1997).

Persons who do not respond to the primary vaccine series should complete a second 3-dose vaccine series or be evaluated to determine if they are HBsAg-positive. Revaccinated persons should be retested at the completion of the second vaccine series. People who prove to be HBsAg-positive should be counseled regarding how to prevent HBV transmission to others and regarding the need for medical evaluation. Nonresponders to vaccination who are HBsAg negative should be considered susceptible to HBV infection and should be counseled regarding precautions to prevent HBV infection and the need to obtain HBIG prophylaxis for any known or probably parenteral exposure to HBsAg positive blood.

Declination Form should be stated as follows (source: FR Doc. 91-28886, December 6, 1991):

I understand that, due to my occupational exposure to blood or other potentially infectious materials as a student in a healthcare program, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the hepatitis B vaccine at my own expense. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupation exposures to blood or other potentially infectious materials and I want to be vaccinated with the hepatitis B vaccine, I can receive the vaccination series at my own expense.

Additions

Due to frequent changes in the national standards and recommendations for adult immunizations, it may be necessary for the IUSB-CHS to request additional documentation beyond what is listed here prior to clinical admission. Students will be notified if they are affected, and it is the responsibility of the student to provide this information prior to the deadline.

*This policy applies to Health Science majors at the point of internship or community course specific.



VERA Z. DWYER COLLEGE OF HEALTH SCIENCES

INDIANA UNIVERSITY SOUTH BEND

Social Networking Policy Policy 7.24B

About This Policy:

Effective Date: 10-11-2019

Approval Dates:

Faculty Approved: 10-11-2019

Scope

This policy incorporates the campus process and highlights the responsibilities of those in leadership of the Dwyer College of Health Sciences.

Policy Statement

The purpose of this policy is to outline the IUSB Vera Z. Dwyer College of Health Sciences (IUSB-CHS) guidelines for appropriate use of Internet social networking sites by students engaging in online discourse and identifying themselves with IUSB-CHS.

Procedure

Use of electronic media, i.e. internet sites or social networking sites, blogs, etc. offer an opportunity for students to engage in professional and personal conversations and form networks. However, improper postings on these sites can have legal ramifications if state and federal laws established to protect patient privacy and confidentiality are violated. Violations may include, but are not limited to, improper postings about the care of a patient or comments/images that portray the individual or a colleague in an unprofessional manner or social networking sites that can be used in court or other disciplinary proceedings (e.g. State or National Licensing Boards).

Consequently, IUSB-CHS students must adhere to all program and professional code of ethics at all times when using the internet and social networking sites.

It is the individual's responsibility to: 1) closely monitor the privacy settings of their social network accounts to optimize their privacy and security and 2)

ensure that posts or photos are appropriate and not embarrassing or professionally compromising. 3) avoid sharing identification numbers on your personal profile. This would include address, telephone numbers, social security numbers, passport numbers, driver's license numbers, birth date, and place of employment or any other data that could be used to obtain your personal records.

IUSB-CHS Guidelines for Online Social Networking:

- Students have an ethical and legal obligation to maintain patient privacy and confidentiality at all times. Postings within social network sites are subject to the same professionalism standards as any other personal interactions. Statements made within online networks will be treated as if the statement was made verbally in a public place.
- Sharing of any patient-related data or images by electronic media is strictly prohibited. Students must not identify patients by name or post information that may lead to the identification of a patient. Limited access to postings through privacy policy setting is not sufficient to ensure privacy.
- When using electronic media, professional boundaries must be maintained at all times. Faculty, staff, and students have an obligation to establish, communicate, and enforce professional boundaries with patients in the online environment. One must use caution when having online social contact with patients or former patients. The fact that a patient may initiate contact does not permit the student to engage in a personal relationship.
- Do not violate copyrighted or trademarked materials. If you post content, photos or other media, you are acknowledging that you own or have the rights to use these items. IU and IU-CHS logos may not be used on any social media site without approval.
- Disclosure of information regarding course assignments or exams on social networks is a form of academic misconduct and students will be disciplined according to the procedures outlined in the Indiana University Code of Student Ethics.
- Students are encouraged to immediately contact an appropriate IUSB-CHS administrator or staff about unprofessional or potentially offensive comments or images on social networking sites. Students have a responsibility to promptly report any identified breach of confidentiality or privacy.

- Students must be aware of and comply with IU and clinical sites policies regarding the use of computers, cameras, and other electronic devices in the clinical setting.

Students who violate the policy will be referred to APG, their program director, and the Office of Student Conduct. Additionally, the student may be dismissed from the program.

Appendix IV: MS-SLP Clinical Policies



VERA Z. DWYER
COLLEGE OF HEALTH SCIENCES
School of Rehabilitation Sciences

MS-SLP Cancellations and Tardy Clinic Clients

Policy # SLP-CL-01-A

About This Policy:

Faculty Approval: 06/29/2020

Effective Date: 06/29/2020

Scope

This policy is for all students enrolled in the MS-SLP program within the Vera Z. Dwyer College of Health Sciences.

Policy Statement

Student clinicians are to follow specified procedures when a client is tardy or cancels a session.

Procedures

While waiting for a client, student clinicians must remain available in the waiting area for the specified time. Student clinicians are to notify the Administrative Assistant before leaving at the conclusion of the waiting period. Student clinicians are not expected to extend therapy past the scheduled time if a client is late. If a diagnostic session is not able to be fully completed in one setting, the student clinician(s) must work with the client to schedule a follow up session, preferably for the next diagnostic day.

If a student clinician has a client in an off-campus placement who exhibits excessive absences, unexplained absences, or frequent tardiness, the student clinician is to initiate discussion of this with the supervisor. If the absences are impacting the student's accrual of hours, it must be brought to the attention of the Clinical Director.

For on-campus diagnostic sessions for which a client is late with no notification, student clinicians must remain available for 30 minutes. After 10 minutes, the student clinician should attempt to reach the client at the phone number(s) provided by the client or family. If the client does not

show, the student clinician should submit a Reschedule Request to the Administrative Assistant.

For on-campus group therapy sessions, the waiting periods for clients who are late are as follows: 15 minutes for a 25 minute session, 20 minutes for a 50 minute session.



VERA Z. DWYER

COLLEGE OF HEALTH SCIENCES

School of Rehabilitation Sciences

MS-SLP Clinical Clock Hours

Policy # SLP-CL-02-A

About This Policy:

Faculty Approval: 06/29/2020

Effective Date: 06/29/2020

Scope

This process is for all students enrolled in the MS-SLP graduate program of the Dwyer College of Health Sciences.

Policy Statement

The department has identified the criteria in which clinical clock hours may be counted toward the 400 minimum required by ASHA.

Policy

Students entering the program may only transfer 25 observation hours and up to 50 clinical clock hours to count toward the ASHA 400 minimum. Hours will only be accepted if they were obtained according to CFCC guidelines while student was enrolled in an undergraduate program. Hours that are obtained while student was a paid employee (i.e. SLPA or under emergency permit) will not be accepted.

Procedure

Any student clinician who obtained supervised clinical practicum experience as part of his/her undergraduate education in speech and hearing sciences must bring documentation of these hours to the Clinical Director at the beginning of his/her first semester.



VERA Z. DWYER
COLLEGE OF HEALTH SCIENCES
School of Rehabilitation Sciences

MS-SLP Client Files Policy # SLP-CL-03-A

About This Policy:

Faculty Approval: 06/29/2020

Effective Date: 06/29/2020

Scope

This policy is for all students enrolled in the MS-SLP program within the Vera Z. Dwyer College of Health Sciences.

Policy Statement

All information in client files (paper and electronic) is confidential and must be treated as such. Student clinicians must follow specified procedures when handling confidential client files and when working in the electronic medical record, as these files and records contain Protected Health Information (PHI).

Procedures

For IUSB clients, documentation will be completed in our electronic medical record (EMR), and outside reports and records will be scanned and entered into the EMR by the Administrative Assistant. Hard copies of certain things such as intake forms, medical records from outside sources, and test protocol score sheets may be kept in paper charts (also referred to as client files). The file cabinet containing these paper charts is to be locked at all times. Per HIPAA guidelines, the chart room will be locked outside of normal business hours. Students should plan to access files during the typical workday hours. Student clinicians may only document in the EMR on the program-provided laptops.

For review and documentation purposes, client files may be viewed in the chart room, or brought to the Speech-Language Laboratory. If a student clinician is taking a file out of the chart room to work in the Speech-Language Laboratory, he/she must sign out the chart on the CLIENT FILE

CHECKOUT LOG managed by the Administrative Assistant. Client files are not to be viewed in the student lounge, computer lab, or open common areas. Paper charts are to be returned to the locked file cabinet when not in use for client care or at the end of the business day, and student clinicians are to initial on the CLIENT FILE CHECKOUT LOG when the chart is returned. Students are not to make photo copies of any items in the paper charts. Client files must never leave the building.

Documentation laptops can be checked out from the Administrative Assistant during normal business hours. Student clinicians may only document in the EMR in the following two locations: within the Speech-Language Laboratory, and in the chart room. Student clinicians should promptly return the laptops to the Administrative Assistant when they are finished with their documentation.

Student clinicians are advised to only use client initials on notes taken, datasheets, therapy plans, etc. These things are to be shredded when no longer needed, or at the conclusion of the semester. See Shredding policy.

Student clinicians MUST also follow confidentiality laws re: client files/information/documentation when in off-site placements as per policy of that site. Any notes, datasheets, etc. for off-site clients should be kept at that offsite location in the client's file.

A student clinician's failure to follow clinic and/or university policy and procedures re: client files will result in a warning if no PHI has been compromised (e.g., student clinician did not properly sign a file out/in on the Client File Checkout Log). In the event of a data breach, the MS-SLP Clinical Director will respond in accordance with Indiana University policy ISPP-26.

Client files will be retained by the program for seven years after a client's services discontinue.



VERA Z. DWYER
COLLEGE OF HEALTH SCIENCES
School of Rehabilitation Sciences

MS-SLP Client Gifts and Gratuities Policy # SLP-CL-04-A

About This Policy:

Faculty Approval: 06/29/2020

Effective Date: 06/29/2020

Scope

This policy is for all students enrolled in the MS-SLP program within the Vera Z. Dwyer College of Health Sciences.

Policy Statement

Student clinicians are not allowed to accept gifts of any monetary value from clients or their family members. This includes cash, checks, gift cards, gift certificates, etc.

Process

Any proffered gifts of monetary value from a client or family should be politely declined. Tokens of appreciation that are of minimal value are allowed (e.g. baked goods, candy, child's artwork, holiday ornaments, etc.). Any questions or issues regarding this may be directed to the Clinical Director.



VERA Z. DWYER
COLLEGE OF HEALTH SCIENCES
School of Rehabilitation Sciences

MS-SLP Clinic Materials Check Out Policy # SLP-CL-05-A

About This Policy:

Faculty Approval: 06/29/2020

Effective Date: 06/29/2020

Scope

This policy is for all students enrolled in the MS-SLP program within the Vera Z. Dwyer College of Health Sciences.

Policy Statement

The clinic has a variety of resources that student clinicians may check out for clinical use, as long as proper procedures are followed. Student clinicians may bring clinic materials with them to offsite placements only if the checkout procedure is properly followed.

Procedures

Student clinicians may check out materials by filling out the designated log. Please be considerate of your peers and do not check materials out long before they are needed, and be sure to return them promptly. Student clinicians may be held responsible for lost or damaged materials, so please be courteous and take care of the materials you borrow. Student clinicians are not to take parts of a game/test/activity/materials set; take the entire thing to avoid separation and loss. A supervisor must provide approval for materials to be borrowed overnight, over the weekend, etc. and this is to be indicated on the checkout log.

Checking Out Materials:

1. On the MATERIALS CHECK OUT LOG, write the date and time of checkout, your name, and all materials you are borrowing. If you are checking the materials out overnight or over the weekend, indicate this by putting the approving faculty member's name in the appropriate column.

2. Check that all items/parts are in place. If anything is missing, or if there is damage, notify the Clinical Director IN WRITING.

Checking In Materials:

1. Check that all items/parts are in place. If anything is missing, or if there is damage, notify the Clinical Director IN WRITING.

2. Return the materials to their proper place.

3. Initial on the MATERIALS CHECK OUT LOG that you have returned the materials and add the date and time.



VERA Z. DWYER
COLLEGE OF HEALTH SCIENCES
School of Rehabilitation Sciences

MS-SLP Clinician Absences and Cancellations Policy # SLP-CL-06-A

About This Policy:

Faculty Approval: 06/29/2020

Effective Date: 06/29/2020

Scope

This policy is for all students enrolled in the MS-SLP program within the Vera Z. Dwyer College of Health Sciences.

Policy Statement

If you are ill when you have a clinical obligation, it is your responsibility to contact the appropriate parties as soon as possible. Scheduled clinical sessions cannot be canceled for any reason other than illness without prior approval of the supervisor and/or Clinical Director.

Procedures

For on-campus clinical opportunities, student clinicians must contact your supervisor, the administrative assistant, and your clinical partner if you have one. For off-campus clinical placements, you must contact your supervisor and your clinical partner if you have one.

A substitute may be arranged but must be approved by the supervisor.

Absences or cancellations by a student clinician may impact your ability to obtain clinical hours and experiences and may negatively impact your grade. Any unexcused / unreported absences from a clinical obligation will result in a meeting with the Clinical Director; each additional offense of this nature will result in a reduction in practicum grade. If a student clinician reaches three absences and/or cancellations in a semester that were properly reported and were excused in nature (e.g., illness, death in the family, etc.), he or she will be required to meet with the Clinical Director. Extenuating circumstances that may require multiple clinician absences should be brought to the attention of the Clinical Director as soon as possible.



VERA Z. DWYER
COLLEGE OF HEALTH SCIENCES
School of Rehabilitation Sciences

Formal Complaint Process Policy # SLP-CL-07-A

About This Policy:

Faculty Approval: 06/29/2020

Effective Date: 06/29/2020

Scope

This policy is for all students, faculty, staff, and community members who interact with the MS-SLP program within the Vera Z. Dwyer College of Health Sciences.

Policy Statement

Students, faculty and staff, and community members have the right to voice concerns about clinical issues and/or submit a complaint.

Procedure

Any student who has specific concerns about clinical issues should first attempt to resolve the situation with the faculty member or site supervisor most directly involved with the situation. If the student feels the need for further support or clarification to resolve the clinical issue, the Clinical Director should become involved. If the complaint involves a course rather than clinic the student goes directly to the Program Director, after attempting to resolve the issue with the course instructor.

If a student wishes to file a formal complaint about an aspect of clinical education in the MS-SLP program, the complaint must be made in writing and submitted to the Clinical Director. The document must be signed and dated by the individual issuing the complaint.

If a community member, or a member of the faculty or staff, wishes to file a formal complaint with the clinical education in the MS-SLP program, these complaints must also be made in writing and submitted to the Clinical

Director. The document must be signed and dated by the individual issuing the complaint.

If an individual decides that a complaint requires elevation to the accrediting body, information can be found on the Council on Academic Accreditation for Speech Language Pathology and Audiology's website. 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. 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. The complaint form must be signed and submitted with any relevant appendices via U.S. mail, overnight courier, or hand delivery—not via e-mail or as a facsimile—to:

Chair, Council on Academic Accreditation in Audiology and Speech-
Language Pathology
American Speech-Language-Hearing Association
2200 Research Boulevard, #310
Rockville, MD 20850
For more information:

<http://caa.asha.org/programs/complaints/>



VERA Z. DWYER
COLLEGE OF HEALTH SCIENCES
School of Rehabilitation Sciences

MS-SLP Injury in Clinic Policy # SLP-CL-08-A

About This Policy:

Faculty Approval: 06/29/2020

Effective Date: 06/29/2020

Scope

This policy is for all students enrolled in the MS-SLP program within the Vera Z. Dwyer College of Health Sciences.

Policy Statement

If a client or student clinician suffer an injury or medical event during the course of client-care affiliated with IUSB's MS-SLP program, it must be reported and documented.

Procedure

If an incident with injury or a medical event has just taken place, the following steps should be followed:

1. Assess the situation.
2. Alert the supervisor, Administrative Assistant, and or Clinical Director immediately. In the case of an emergency, dial 9-1-1.
3. If the injury or incident is to a minor, the parent or guardian must be alerted immediately.
4. If on-site care is appropriate, there is a basic first aid kit located in the SLP clinic space, as well as in room A104 in the Elkhart Center. An AED is located in the Elkhart Center in room A104.
5. Incidents involving contact with blood or bodily fluids must be handled in accordance with the DCHS Biosafety/Bloodborne Pathogen policy, NPT19 7.32.
6. For all injuries and medical events, an Incident Report form must be filled out within 24 hours of the incident taking place.



VERA Z. DWYER
COLLEGE OF HEALTH SCIENCES
School of Rehabilitation Sciences

MS-SLP Locked Areas Policy # SLP-CL-09-A

About This Policy:

Faculty Approval: 06/29/2020

Effective Date: 06/29/2020

Scope

This policy is for all students enrolled in the MS-SLP program within the Vera Z. Dwyer College of Health Sciences.

Policy Statement

Certain areas within the Elkhart Center, including the clinic and observation spaces, will be locked at all times to protect client privacy. Doors are never to be propped open.

Procedure

Students in the MS SLP program will be given access via their ID badges, and may scan their badge for entry into these relevant areas. Please see the Administrative Assistant or Clinical Director if a cabinet or area that you need to access is locked. Keep in mind that these individuals are not always available, so do not leave requests for the last minute. As stated in the policy, the doors to these locked areas should not be left propped open for any reason.



VERA Z. DWYER
COLLEGE OF HEALTH SCIENCES
School of Rehabilitation Sciences

MS-SLP Observation Policy # SLP-CL-10-A

About This Policy:

Faculty Approval: 06/29/2020

Effective Date: 06/29/2020

Scope

This policy is for all students enrolled in the MS-SLP program within the Vera Z. Dwyer College of Health Sciences.

Policy Statement

Sessions that take place in the IUSB SLP clinic may be observed by a client's family, undergraduate students, other student clinicians, and/or the supervising SLP. Anyone in the observation area to observe a session must follow confidentiality. According to fire and building codes, the observation area is limited to eight occupants at a time.

Procedure

Students are to refer to and follow the confidentiality policies and procedures for all observation experiences.

Beyond family/caregivers and supervisors, space in the observation suite is first come first serve. If at any time the max occupancy of the observation suite (eight people) is exceeded, student(s) must be the one(s) to exit.

Students are responsible for conducting themselves in a professional manner whenever completing an observation. The following courtesies are to be practiced:

1. Turn off all cell phones.
2. No student food or drink is permitted in the observation suite.
3. Students are to offer their seat if a family member/guardian or supervisor wishes to observe.

4. Family/guardian and supervisor have priority for use of the headphone jacks.
5. Be aware of your position and try not to block others' view of the session.
6. Be quiet and discreet during an observation. Refrain from asking a client's family questions.



VERA Z. DWYER
COLLEGE OF HEALTH SCIENCES
School of Rehabilitation Sciences

MS-SLP Cleaning of Rooms and Materials Policy # SLP-CL-11-A

About This Policy:

Faculty Approval: 06/29/2020

Effective Date: 06/29/2020

Scope

This policy is for all students enrolled in the MS-SLP program within the Vera Z. Dwyer College of Health Sciences.

Policy Statement

All student clinicians are to follow specified cleaning procedures within the clinic and when using clinic materials.

Procedures

After a diagnostic or group therapy session, student clinicians must pack up all materials, disinfect the table and chair surfaces with the provided supplies, and disinfect any materials as appropriate that were used in the session. Special care must be taken to carefully clean and disinfect any material that was mouthed by a client or became specifically soiled during the session (see next paragraph). Any special seating that was utilized should be disinfected and returned to its storage location. Questions about how to properly clean a certain item may be directed to the Clinic Director. The room should be left ready for the next clinician and client. When leaving the room, clinicians should push chairs under the table and turn off the lights.

Student clinicians should disinfect any materials or part(s) of a clinic room that were soiled by body fluids such as saliva, nasal secretions, sputum, sweat, or tears. In the event of soiling from feces, urine, vomitus, and/or blood, Elkhart Center custodial staff should be alerted immediately so that it can be properly cleaned and the Clinical Director is to be informed promptly either verbally or by email.

All graduate clinicians will complete the annual in-service training on bloodborne pathogens that is offered by the Dwyer College of Health Sciences. For additional information, refer to the Dwyer College of Health Sciences Biosafety/Bloodborne Pathogen policy, Policy 7.32.



VERA Z. DWYER
COLLEGE OF HEALTH SCIENCES
School of Rehabilitation Sciences

MS-SLP Process of Determining Clinical Placements Policy # SLP-CL-12-A

About This Policy:

Faculty Approval: 06/29/2020

Effective Date: 06/29/2020

Scope

This policy is for all students enrolled in the MS-SLP program within the Vera Z. Dwyer College of Health Sciences.

Policy Statement

The Clinical Director seeks a balance of experience for all students and follows specified procedures when assigning clinical and diagnostic placements.

Procedure

To the extent it is possible, attempts are made to accommodate each student's needs and preferences while ensuring appropriate breadth and depth of clinical experiences.

For the part-time clinical practicum experiences, sites and experiences may be up to one hour away from The Elkhart Center. The full-time fieldwork sites have the option to be nationwide. Ultimately, the availability of placements depends on a site's ability to accept a student for a given semester. Many sites are approached by multiple graduate SLP programs, and practicum experiences can be competitive.

The following are considered by the Clinical Director when assigning clinical placements and clients:

1. Areas of need in regards to competencies and skills across the lifespan,

2. student's Placement Request Form (and for full-time placements, this includes a student's ability and/or desire to complete an experience in a different geographical region),
3. availability of placements at various community sites,
4. SLP faculty feedback,
5. coursework completed thus far by a student as well as any prior clinical experience.

Please note, some placements must be earned by a student clinician based on an interview that the sites themselves conduct. The Clinical Director has no control over a site's decision following an interview process.

Students are encouraged to approach all assigned placements with a positive outlook in order to get the most out of each experience. Students do have the right to decline a placement, however, requests to decline a placement must be submitted in writing and students who decline a placement do so with the understanding that their action may impact their accrual of hours and ultimately delay their graduation.



VERA Z. DWYER
COLLEGE OF HEALTH SCIENCES
School of Rehabilitation Sciences

MS-SLP Professional Attire Policy # SLP-CL-13-A

About This Policy:

Faculty Approval: 06/29/2020

Effective Date: 06/29/2020

Scope

This policy is for all students enrolled in the MS-SLP program within the Vera Z. Dwyer College of Health Sciences.

Policy Statement

Student clinicians are required to dress professionally and wear their name badge for clinical activities.

Procedure

Clothing should be neat and clean. Individual supervisors may identify specific dress criteria for student clinicians, and student clinicians in an off-campus site should follow the site's dress code. Some examples of inappropriate clothing include, but are not limited to: shorts, spaghetti straps, halter tops, casual tee-shirts, workout clothes, sweat shirts, and sweat pants. **With any clothing you choose, students should be mindful of how the body may be exposed during different clinical activities (i.e. bending over table, sitting or kneeling on the floor with a child, reaching up, etc.).**

In general, careful consideration should be given to wearing jewelry during clinical experiences as it may pose a safety hazard. Jewelry that can be easily grabbed and pulled should not be worn (e.g., long necklaces, hoop or dangling earrings). This may include facial jewelry such as eyebrow and nose rings. For working with some clients, it may also be best to avoid decorative scarves around the neck. Your supervisor may ask you to remove jewelry or accessories if they are a distraction to the client or a safety risk for you. Student clinicians are encouraged to wear a wristwatch while providing therapy services to assist in time management.

Some placements, particularly those in healthcare settings, may require closed-toed shoes and may discourage or prohibit the use of artificial fingernails, as these can harbor dirt and pathogens even after handwashing. It is the student's responsibility to determine the regulations of his/her site.

If you have a visible tattoo, please consider each of your client's ages, difficulties, and cultural considerations, and cover any tattoo that a client may consider scary or controversial.

Perfume, strongly scented lotion, cologne, etc. are discouraged as some clients may have allergies or be sensitive to the smell.



VERA Z. DWYER
COLLEGE OF HEALTH SCIENCES
School of Rehabilitation Sciences

MS-SLP Professional Liability Insurance Policy # SLP-CL-14-A

About This Policy:

Faculty Approval: 06/29/2020

Effective Date: 06/29/2020

Scope

This policy is for all students enrolled in the MS-SLP program within the Vera Z. Dwyer College of Health Sciences.

Policy Statement

Students participating in any clinical practicum or diagnostic experience must obtain and maintain professional liability insurance, at their expense, for the duration of the graduate program.

Procedure

Indiana University provides professional liability insurance to those professions covered by IC 34-18-2-14. As speech-language pathology is not a covered provider, students in the MS-SLP program do not qualify for coverage by the university and must purchase their own professional liability insurance. Limits should be not less than \$1,000,000 per occurrence and \$3,000,000 in the aggregate.



VERA Z. DWYER
COLLEGE OF HEALTH SCIENCES
School of Rehabilitation Sciences

MS-SLP Punctuality Policy # SLP-CL-15-A

About This Policy:

Faculty Approval: 06/29/2020

Effective Date: 06/29/2020

Scope

This policy is for all students enrolled in the MS-SLP program within the Vera Z. Dwyer College of Health Sciences.

Policy Statement

Student clinicians are to be punctual for all clinical commitments.

Procedure

Punctuality is an important aspect to professionalism. Due dates for treatment plans, session documentation, diagnostic reports, and any other clinical assignments will be determined by each individual supervisor and/or the Clinical Director. Whether in on- or off-site experiences, it is vital that you are mindful of time when beginning and ending your sessions, as straying from the intended schedule has a ripple effect on other therapies, clients' days, classroom schedule, etc. Inability to demonstrate punctuality with therapy times and documentation may result in reduction of your practicum grade.



VERA Z. DWYER
COLLEGE OF HEALTH SCIENCES
School of Rehabilitation Sciences

MS-SLP Recording Sessions Policy # SLP-CL-16-A

About This Policy:

Faculty Approval: 07/16/2020

Effective Date: 07/16/2020

Scope

This policy is for all students enrolled in the MS-SLP program within the Vera Z. Dwyer College of Health Sciences.

Policy Statement

Audio and visual recorded sessions are protected health information (PHI) and thus student clinicians are to follow confidentiality when accessing and handling recorded sessions.

Procedure

All diagnostic and clinical sessions at the MS-SLP Clinic are to be recorded using the VALT software, unless otherwise specified (see paragraph below). To access the VALT system to watch a recorded session, students must use the program's laptops and must be within specified locations within the Elkhart Center (namely the conference room or the SLP clinic). Sessions are not to be viewed in the student lounge or any open areas due to lack of privacy. Student permissions are restricted to allow viewing of only one's own sessions, unless a supervisor or administrator shares a specific video for learning purposes. Students may not download videos, or watch them outside of the Elkhart Center. Policies on HIPAA and confidentiality apply to use of the VALT software.

At the time of registration and then yearly thereafter, each client and/or guardian is provided with information on how these recordings are used and is asked to provide authorization for photography and videorecording for educational purposes. If a client or guardian has declined to sign this authorization, the treating clinician(s) will be informed.

At the beginning of the program, each student clinician is also provided with information about the purpose and use of recordings in this educational setting, and is asked to provide permission and release to observe, record, and distribute clinical sessions.



VERA Z. DWYER
COLLEGE OF HEALTH SCIENCES
School of Rehabilitation Sciences

MS-SLP Socializing with Clients

Policy # SLP-CL-17-A

About This Policy:

Faculty Approval: 06/29/2020

Effective Date: 06/29/2020

Scope

This policy is for all students enrolled in the MS-SLP program within the Vera Z. Dwyer College of Health Sciences.

Policy Statement

It is inappropriate to fraternize with a client (i.e., socialize outside of clinic) during the time in which you are responsible for the client's treatment. This includes activities such as babysitting, tutoring, or providing caregiver services for a family that you are working with in a clinical practicum.

If you are not the current treating student clinician and would like to pursue an employment opportunity that a family or client offers you (e.g., babysitting, tutoring, caregiving, etc.), it is recommended that you discuss this with the Clinical Director. It is critical that you understand that recreational or vocational services are separate from providing skilled speech-language services. Student clinicians **MUST** be supervised by a licensed SLP to provide any evaluative or intervention services, and not doing so violates the Code of Ethics.

Procedure

If you are assigned to work with someone with whom you already have a potential family/friend relationship, please inform the Clinical Director immediately to determine if a change is warranted.

If you will be working for or helping a family with a member who has a communication disorder, and/or have any questions regarding a specific activity, please contact a faculty member and/or the Clinical Director.

It is helpful to inform your clients and their families that, to ensure confidentiality, if you see them (client and/or family) outside of the clinic setting that you will not address them unless they address you first.



VERA Z. DWYER
COLLEGE OF HEALTH SCIENCES
School of Rehabilitation Sciences

MS-SLP Supervision Policy # SLP-CL-18-A

About This Policy:

Faculty Approval: 06/29/2020

Effective Date: 06/29/2020

Scope

This policy is for all students enrolled in the MS-SLP program within the Vera Z. Dwyer College of Health Sciences.

Policy Statement

All clinical and diagnostic practicum experiences will be under the supervision of ASHA certified SLPs who have completed the requirements for supervision as stated in the 2020 Standards. Direct supervision will not be less than 25% of the student's total contact with clients, and will be appropriate to each student clinician's level of knowledge, experience, and competence.

Procedure

The Clinical Director will verify that all clinical supervisors are licensed and ASHA certified, and have met the 2020 standards for supervision. The Clinical Director will verify this information by using the state's professional licensing website and ASHA's "Find a Professional" website. Supervisors will be asked to upload copies of their ASHA membership card and state license, as well as educator license if applicable, into CALIPSO prior to the start of a student's practicum experience.

Direct supervision will take place periodically throughout the practicum, and supervision provided will be sufficient to ensure the welfare of clients. Any student who has specific concerns about their clinical supervision should first attempt to resolve the situation with his/her supervisor if able. If the student feels the need for further support or clarification to resolve the supervision issue, the Clinical Director should become involved.

Clinical Supervisors are encouraged to use the following procedural guidance to help determine a sufficient supervision level within 25-100% supervision:

- “appropriate” supervision will need to be determined by supervisors on a case-by-case basis;
- the amount of supervision given should be guided by: the needs and behaviors of the client, the student’s clinical exposure to/experience with the target population, student’s knowledge of the scope of practice area, student’s overall experience and competence in clinic, whether or not the student has completed relevant didactic coursework, the student’s ability to demonstrate the essential abilities in a clinical setting, insurance requirements relevant to supervision in that clinical setting;
- the amount of supervision given should NOT be guided by: the supervisor’s schedule and commitments, the student’s academic performance alone, the performance of past students with a client;
- some examples of situations where supervision should be immediately adjusted include but are not limited to: student demonstrating difficulty carrying out tasks, student providing inaccurate information or incorrectly conducting therapy to the extent that immediate clarification is needed, student requests assistance or verbalizes difficulties, client exhibits escalation of behaviors to potentially harmful level, etc.



VERA Z. DWYER
COLLEGE OF HEALTH SCIENCES
School of Rehabilitation Sciences

MS-SLP Test Checkout and Reservation Policy # SLP-CL-19-A

About This Policy:

Faculty Approval: 06/29/2020

Effective Date: 06/29/2020

Scope

This policy is for all students enrolled in the MS-SLP program within the Vera Z. Dwyer College of Health Sciences.

Policy Statement

Tests are “first reserve first serve.” If someone has already signed up for that test, you **MUST** be able to have the test back before that person needed it. Tests are to be reserved only for times when they will be used with a client. If you want to check out a test for educational purposes, again, make sure no one has already reserved the test. Always return tests promptly.

Test protocols may be borrowed by clinicians in the community.

Procedure

Test protocols are located in the filing cabinets in the open clinic space. If there are fewer than 3 protocols, inform the Clinical Director in writing. Official test protocols may not be taken or used for anything other than diagnostic sessions (i.e., don't take a protocol just to practice with).

Checking Out Tests

1. Check the Test Reservation form first to make sure the test you need is available.
2. If it is available, to reserve a test for a specific date/time, please fill out the TEST RESERVATION form as soon as you are able.
3. When you get your test, check that all items/parts are in place. If anything is missing, or if there is damage, notify the Clinical Director **IN WRITING**.

4. On the MATERIALS CHECK OUT form, write the date and time of checkout, your name, and the test you are borrowing. If you are checking the materials out overnight, list the faculty member who approved it.

Checking In Tests

1. Check that all items/parts are in place. If anything is missing, or if there is damage, notify the Clinical Director IN WRITING.
2. Return the test to its proper place.
3. Initial on the MATERIALS CHECK OUT form that you have returned the test and add the date and time.

Requests from community SLPs to borrow an assessment from the MS-SLP program are to be filtered through the Clinical Director. If a request is approved, the community SLP will show proof of identification and sign an Assessment Loan form at the time of pick-up. Assessments may be checked out for one week at a time, unless specifically requested and approved for longer. The SLP is responsible for picking up and returning all parts of the test, and will provide signature again at the time of return.



VERA Z. DWYER
COLLEGE OF HEALTH SCIENCES
School of Rehabilitation Sciences

MS-SLP Verification of Clinical Experience Policy # SLP-CL-20-A

About This Policy:

Faculty Approval: 06/29/2020

Effective Date: 06/29/2020

Scope

This policy is for all students enrolled in the MS-SLP program within the Vera Z. Dwyer College of Health Sciences.

Policy Statement

It is a student clinician's responsibility to keep record of all clinical clock hours obtained in each practicum experience. The Clinical Director will work with each student throughout their progression in the program to monitor and verify attainment of clinical skills and clinical clock hours required by the American Speech-Language-Hearing Association's 2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology.

Procedure

Student clinicians will work with their assigned supervisors to enter all hours and skills obtained into CALIPSO. Clinical clock hours should be entered into CALIPSO daily and submitted for supervisor verification on a schedule approved by your supervisor, but not less frequently than once monthly. Weekly or biweekly is recommended. A supervisor or clinician holding the appropriate and current ASHA Certificate of Clinical Competence (CCC) must be on-site and available at all times when the student is providing clinical services. Clock hours must be signed off on by the SLP who was doing the supervision at that time. Supervisors may not sign clock hours for clinical experiences that were supervised by another individual.

At midterm, to make sure student clinicians are on track for the target hours and skills, the Clinical Director will review each student's hours obtained thus

far and review the midterm evaluation completed by the supervisor. If there are any concerns on the part of the Clinical Director, the supervisor, or the student, a meeting with the student clinician will be held.

At the end of each semester, the Clinical Director will again review each student clinician's hours and skills obtained, and will meet with each student clinician individually to review status toward completion.

Clinical and diagnostic practicum grades are Pass/Fail, with criterion score based on a student's semester in the program. If a student clinician's grade does not meet criterion score to "pass" a practicum experience, or if a student earns an "unsatisfactory" rating on any core section of the Evaluation of Speech-Language Pathology Student Practicum, he/she will be placed on clinical probation. The student clinician must attend a remediation meeting with the Clinical Director and Program Director to discuss standards and essential functions not being demonstrated, and to develop strategies to promote the student clinician's success. Clinical hours accumulated during a "failed" practicum experience will not count towards the required 375 clinical clock hours.

Knowledge and skills obtained vs. still needed will be used to guide assignment of future clinical placements.



VERA Z. DWYER
COLLEGE OF HEALTH SCIENCES
School of Rehabilitation Sciences

MS-SLP Client Dismissal Policy # SLP-CL-21-A

About This Policy:

Faculty Approval: 06/29/2020

Effective Date: 06/29/2020

Scope

This policy is for all students enrolled in the MS-SLP program within the Vera Z. Dwyer College of Health Sciences.

Policy Statement

Clients may be dismissed from group therapy and/or support groups at the Indiana University South Bend Speech-Language Pathology Clinic if one or more of the procedural indicators is demonstrated.

Procedure

The following procedural indicators may result in dismissal from group speech-language therapy at IUSB.

1. Client commitment: The client may be dismissed if his/her actions do not indicate commitment to the therapy process, or if his/her actions hinder the therapy process for other group participants. These actions could include but are not limited to the following:
 - a. Irregular attendance and/or consistent tardiness for appointments*,
 - b. failure to follow through on assignments,
 - c. disruptive, nonproductive behavior that impacts the group
 - d. violent, potentially harmful behavior toward other group members and/or clinicians.
2. Progress/Prognosis**
 - a. The client has met his/her goals and/or has developed communication skills within the upper limits of his/her capacity,

- b. the client is not demonstrating further qualitative changes in his/her ability to communicate,
- c. the client has achieved communication skills that allow for effective communication within his/her environment (determined by the client, and/or parents, spouses, educators, employers, group home supervisors, caregivers),
- d. duration of services has exceeded predicted functional outcomes based on the above criteria,
- e. the client's needs could be better met through an alternative service delivery model, e.g., individual therapy.

*Three or more instances in a semester constitutes irregular attendance and/or consistent tardiness. Extenuating circumstances should be discussed with the Clinic Director, but will not guarantee continued participation in group therapy.

**Criteria in this regard may be measured by one or more of the following:

- goals, treatment plans
- IEP goals
- formal and informal testing measures
- client/parent/family/other professional input
- state guidelines/norms
- functional outcome measures



VERA Z. DWYER
COLLEGE OF HEALTH SCIENCES
School of Rehabilitation Sciences

MS-SLP Referrals and Waitlist Policy # SLP-CL-22-A

About This Policy:

Faculty Approval: 06/29/2020

Effective Date: 06/29/2020

Scope

This policy is for all students enrolled in the MS-SLP program within the Vera Z. Dwyer College of Health Sciences.

Policy Statement

The MS-SLP program follows specified procedures in regards to scheduling of prospective clients.

Procedure

Referrals:

Referral for a diagnostic evaluation may come from a physician, a school/district, another SLP, and/or client/caregiver self-referral. All interested clients are sent a case history form which helps route him/her to an appropriate faculty provider who will supervise the diagnostic session. If no faculty supervisors have the relevant expertise, attempts will be made to assist the client/family by referring to another service provider.

All clients who participate in a diagnostic evaluation will receive a detailed evaluation report. If a client/family has recently undergone an evaluation with an outside SLP and can produce the report, it may be more appropriate for a diagnostic screening to be completed; in which case the client/family would still receive the results in writing. For overflow school-age evaluations being completed at the request of a school district, the client/family and the school will receive copies of the evaluation and client/family is to follow up with the school for next steps. Additional services available through the IUSB MS-SLP Clinic include select group therapy and support groups. If

group therapy and/or a support group is recommended as a result of the evaluation, see "Scheduling," below.

Scheduling- Evaluation:

There are a limited number of diagnostic sessions available each semester. Faculty supervise within their specialty area(s), and some faculty members' schedules may fill up faster than others depending on diagnostic need. Additionally, a client can only be scheduled for a diagnostic session once the case history paperwork and necessary forms are returned to the Clinic Director. Therefore, diagnostic sessions are scheduled on a first come, first serve basis depending on the availability of an appropriate supervising faculty member *and* the order in which all paperwork is received. Once all slots are full for a semester, client evaluations will be waitlisted, and waitlists will carry over from the previous semester. The Administrative Assistant for the MS-SLP program will initiate the scheduling process with a client/family.

Scheduling- Group Therapy or Support Group:

If a diagnostic evaluation produces a recommendation for group therapy or a support group, this will be communicated to the client/family and the Administrative Assistant will initiate the scheduling process if/when a spot is available. Group therapy and support group opportunities may vary depending on student clinician availability, supervisor availability, and group opportunities available (for example with group therapy, attempts will be made to group pediatric clients based on age and therapeutic goals). If a spot is not available at the conclusion of the diagnostic evaluation, the client will be placed on a waitlist and the Administrative Assistant will contact a client/family for scheduling when a spot opens up.

Appendix V: Calipso© Student Performance Evaluation

CALIPSO
Performance Evaluation Printed
for
Admin, CALIPSO

Performance Evaluation

Supervisor:

*Student:

*Site:

*Evaluation
Type:

*Semester:

*Course
number:

*Patient population:

- ☐ Young Child (0-5)
- ☐ Child (6-17)
- ☐ Adult (18-64)
- ☐ Older adult (65+)

Severity of Disorders (check all that apply):

- ☐ Within Normal Limits
- ☐ Mild
- ☐ Moderate
- ☐ Severe

Interprofessional (or collaborative) practice (IPP) includes (check all that apply): [\[?\]](#)

- ☐ Audiologist
- ☐ Dentist
- ☐ Dietitian
- ☐ Family Member
- ☐ Nurse/Nurse Practitioner
- ☐ Occupational Therapist
- ☐ Pharmacist
- ☐ Physical Therapist
- ☐ Physician
- ☐ Physician Assistant
- ☐ Psychologist/School Psychologist
- ☐ Recreational Therapist
- ☐ Respiratory Therapist
- ☐ Social Worker
- ☐ Special Educator
- ☐ Teacher (classroom, ESL, resource, etc.)
- ☐ Vocational Rehabilitation Counselor
- ☐ Other

Client(s)/Patient(s) Multicultural Aspects (check all that apply): [\[?\]](#)

- ☐ Ethnicity
- ☐ Race
- ☐ Culture
- ☐ National origin
- ☐ Socioeconomic status
- ☐ Gender identity
- ☐ Sexual orientation
- ☐ Religion
- ☐ Exceptionality
- ☐ Other

Client(s)/Patient(s) Linguistic Diversity (check all that apply): [\[?\]](#)

- ☐ English
- ☐ English Language Learner
- ☐ Primary English dialect
- ☐ Secondary English dialect
- ☐ Bilingual
- ☐ Polyglot
- ☐ Gender identity
- ☐ Sign Language (ASL or SEE)
- ☐ Cognitive / Physical Ability
- ☐ Other

Save

PERFORMANCE RATING SCALE

[Click to see Rating Scale](#)

Please refer to the Performance Rating Scale for grading criteria. Use a score between 1 and 5, in 0.25 increments (1.25, 1.5 etc.)

- 1 - Not evident 4 - Adequate
 2 - Emerging 5 - Consistent
 3 - Present

* If n/a, please leave space blank

Evaluation Skills

Evaluation Skills	Speech Sound Production?	Fluency?	Voice?	Language?	Hearing?	Swallowing?	Cognition?	Social Aspects?	AAC?
	Refer to Performance Rating Scale above and place number corresponding to skill level in every observed box.								
1. Conducts screening and prevention procedures (std IV-D, std V-B, 1a)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Collects case history information and integrates information from clients/patients and/or relevant others (std V-B, 1b)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Selects appropriate evaluation instruments/procedures (std V-B, 1c)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Administers and scores diagnostic tests correctly (std V-B, 1c)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Adapts evaluation procedures to meet client/patient needs (std V-B, 1d)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Possesses knowledge of etiologies and characteristics for each communication and swallowing disorder (std IV-C)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Interprets, integrates, and synthesizes test results, history, and other behavioral observations to develop diagnoses (std V-B, 1e)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Makes appropriate recommendations for intervention (std V-B, 1e)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. Completes administrative and reporting functions necessary to support evaluation (std V-B, 1f)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. Refers clients/patients for appropriate services (std V-B, 1g) ?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Score totals:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total number of items scored: <u>0</u> Total number of points: <u>0</u> Section Average: <u>0</u>									
Comments:									

Save

Treatment Skills

Treatment Skills	Speech Sound Production?	Fluency?	Voice?	Language?	Hearing?	Swallowing?	Cognition?	Social Aspects?	AAC?
	Refer to Performance Rating Scale above and place number corresponding to skill level in every observed box.								

1. Develops setting-appropriate intervention plans with measurable and achievable goals. Collaborates with clients/patients and relevant others in the planning process (std V-B, 2a, std 3.1.1B)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Implements intervention plans (involves clients/patients and relevant others in the intervention process) (std V-B, 2b, std 3.1.1B)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Selects or develops and uses appropriate materials/instrumentation (std V-B, 2c)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Sequences tasks to meet objectives	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Provides appropriate introduction/explanation of tasks	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Measures and evaluates clients'/patients' performance and progress (std V-B, 2d)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Uses appropriate models, prompts or cues. Allows time for patient response.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Modifies intervention plans, strategies, materials, or instrumentation to meet individual client/patient needs (std V-B, 2e)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. Completes administrative and reporting functions necessary to support intervention (std V-B, 2f)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. Identifies and refers patients for services as appropriate (std V-B, 2g) ?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Score totals:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total number of items scored: <u>0</u> Total number of points: <u>0</u> Section Average: <u>0</u>									
Comments:									

Save

Professional Practice, Interaction and Personal Qualities

Professional Practice, Interaction and Personal Qualities	Score
1. Demonstrates knowledge of and interdependence of communication and swallowing processes (std IV-B, std 3.1.6B)	<input type="text"/>
2. Uses clinical reasoning and demonstrates knowledge of and ability to integrate research principles into evidence-based clinical practice (std IV-F, std 3.1.1B) ?	<input type="text"/>
3. Adheres to federal, state, and institutional regulations and demonstrates knowledge of contemporary professional issues and advocacy (includes trends in best professional practices, privacy policies, models of delivery, and reimbursement procedures/fiduciary responsibilities) (std IV-G, IV-H, std 3.1.1B, 3.1.6B, 3.8B) ?	<input type="text"/>
4. Communicates effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the patient, family, caregiver, and relevant others (std V-B, 3a, std 3.1.1B) ?	<input type="text"/>
5. Establishes rapport and shows care, compassion, and appropriate empathy during interactions with clients/patients and relevant others (std 3.1.1B)	<input type="text"/>
6. Uses appropriate rate, pitch, and volume when interacting with patients or others	<input type="text"/>
7. Provides counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others (std V-B, 3c, std 3.1.6B)	<input type="text"/>
8. Collaborates with other professionals in case management (std V-B, 3b, std 3.1.1B, 3.1.6B) ?	<input type="text"/>
9. Displays effective oral communication with patient, family, or other professionals (std V-A, std 3.1.1B) ?	<input type="text"/>

10. Displays effective written communication for all professional correspondence (std V-A, std 3.1.1B) ?	<input type="text"/>
11. Adheres to the ASHA Code of Ethics and Scope of Practice documents and conducts him or herself in a professional, ethical manner (std IV-E, V-B, 3d, std 3.1.1B, 3.1.6B) ?	<input type="text"/>
12. Demonstrates professionalism (std 3.1.1B, 3.1.6B) ?	<input type="text"/>
13. Demonstrates openness and responsiveness to clinical supervision and suggestions	<input type="text"/>
14. Personal appearance is professional and appropriate for the clinical setting	<input type="text"/>
15. Displays organization and preparedness for all clinical sessions	<input type="text"/>
Total number of items scored: <u>0</u> Total number of points: <u>0</u> Section Average: <u>0</u>	
Comments:	

Save

Improvements Since Last Evaluation:

Strengths/Weaknesses:

Recommendations for Improving Weaknesses:

Total points (all sections included): 0 Adjustment: **0.0**
divided by total number of items 0
Evaluation score: 0
Letter grade Fail

By entering the student's name, I verify that this evaluation has been reviewed and discussed with the student prior to final submission.

Student name: _____ Date reviewed: _____

I verify that this evaluation is being submitted by the assigned clinical supervisor and that I have supervised the above named student.

*Supervisor name: _____ *Date completed: _____

☐ Final submission (if this box is checked, no more changes will be allowed!)

Save

Standards referenced herein are those contained in the Membership and Certification Handbook of the American Speech-Language-Hearing Association. Readers are directed to the [ASHA Web site](#) to access the standards in their entirety.

Appendix VI: Performance Rating Scale

- 1 **Not evident:** Specific direction from supervisor does not alter unsatisfactory performance. Student requires direct instruction to modify behavior and is unaware of need to change. Supervisor must model behavior and implement the skill required for client to receive optimal care. Supervisor provides numerous instructions and frequent modeling. (skill is present less than 25% of the time).
- 2 **Emerging:** Skill is emerging, but is inconsistent or inadequate. Student shows awareness of need to change behavior with supervisor input. Efforts to modify may result in varying degrees of success. Frequent supervisor feedback, specific instruction, and support is required for all aspects of case management and services. (skill is present 26-50% of the time).
- 3 **Present:** Skill is present and needs further development, refinement, and/or consistency. Student is aware of need to modify behavior, but does not demonstrate consistent independent ability to do so. Specific supervisor feedback is rarely generalized to other actions or areas of intervention sessions. Supervisor provides on-going monitoring and feedback; focuses on increasing student's critical thinking on how/when to improve skill. (skill is present 51-75% of the time).
- 4 **Adequate:** Skill is developed/implemented most of the time, though in need of some continued refinement or consistency. Student demonstrates some independent ability to generalize superior feedback to other aspects of intervention. Student is aware and can modify behavior in-session. Student demonstrates ability to self-reflect and evaluate clinical performance. Problem-solving is independent. Supervisor acts as a collaborator to plan and suggest possible alternatives (skill is present 76-90% of the time).
- 5 **Developed:** Skill is consistent and well developed. Student can modify own behavior as needed and is an independent problem-solver. Student can maintain skills with other clients, and in other settings, when appropriate. Demonstrates independent and creative problem solving. Supplements supervisor feedback with consultation and critical analysis of reliable external sources such as recent academic literature. Supervisor serves as consultant in areas where student has less experience; provides guidance on ideas initiated by student (skill is present more than 90% of the time).

Appendix VII: CALIPSO© Clock Hours Log Form



Clockhours for Student, Ima

Student: Bubblegum, Betty

Submitted:

*Supervisor:

Approved:

*Site:

*Date:

*Semester:

*Course number:

*Clinical setting:

*Training level:

*Completion month: *Year:

OBSERVATION - Evaluation	Child HH:MM	Adult HH:MM	Total HH:MM
Speech (articulation, fluency, voice, swallowing, communication modalities)			
Language (expressive/receptive language, cognitive aspects, social aspects)			
Hearing			
OBSERVATION - Treatment	Child HH:MM	Adult HH:MM	Total HH:MM
Speech (articulation, fluency, voice, swallowing, communication modalities)			
Language (expressive/receptive language, cognitive aspects, social aspects)			
Hearing			
Total Observation Hours			
EVALUATION	Child HH:MM	Adult HH:MM	Total HH:MM
Articulation/Speech Sound Production			
Fluency and fluency disorders			
Voice and resonance			
Expressive/Receptive language			
Hearing			
Swallowing/Feeding			
Cognitive aspects of communication			
Social aspects of communication			
Augmentative and alternative communication modalities			
Total EVALUATION Hours			
TREATMENT	Child HH:MM	Adult HH:MM	Total HH:MM
Articulation/Speech Sound Production			
Fluency and fluency disorders			
Voice and resonance			
Expressive/Receptive language			
Hearing			
Swallowing/Feeding			
Cognitive aspects of communication			
Social aspects of communication			
Augmentative and alternative communication modalities			
Total TREATMENT Hours			
Total (non-Observation)			