

**Brigham Young University
Department of Communication Disorders**

Graduate Internship Handbook

STATEMENT OF NONDISCRIMINATION

Admission to Brigham Young University and the Department of Communication Disorders graduate program is nondiscriminatory. The university admits persons who meet university and department academic requirements and agree to abide by the university's standards of conduct and behavior regardless of race, color, national origin, religion, age, gender, veteran status, or disability.

STUDENT RIGHTS

Students are entitled to study in an environment free from unlawful discrimination. Any student, staff employee, faculty member or site supervisor who unlawfully discriminates against a student on the basis of race, color, national origin, religion, age, gender, veteran status, or disability may be subject to sanction.

CLIENT RIGHTS

Clients seen either in the BYU Speech and Language Clinic or in an affiliated internship site are entitled to speech and language services in an environment free from unlawful discrimination. Any student, staff employee, or faculty member who unlawfully discriminates against a client on the basis of race, color, national origin, religion, age, gender, veteran status, or disability may be subject to sanction.

STUDENTS WITH DISABILITIES

Brigham Young University is committed to providing a working and learning atmosphere that reasonably accommodates qualified persons with disabilities. If you have any disability, which may impair your ability to complete this course successfully, please contact the Services for Students with Disabilities Office (801-422-2767). Reasonable academic accommodations are reviewed for all students who have qualified documented disabilities. Services are coordinated with the student and instructor by the SSD Office. Students are required to notify the instructor of the disability prior to deadlines, test dates or any other class requirement where accommodations need to be arranged. For the purposes of this class, COMD 688R, students must notify Ms. Robinson in writing during the first week of class if they are registered with SSD or if they have a disability that will require accommodations. If you need assistance or if you feel you have been unlawfully discriminated against on the basis of disability, you may seek resolution through established grievance policy and procedures. You should contact the Equal Employment Office at 801-422-5895. D-382 ASB.

ASHA CODE OF ETHICS

At the end of this handbook please find an attached a copy of the ASHA Code of Ethics. Each student is expected to read, understand and adhere to the ASHA Code of Ethics in any clinical placement. Faculty, student or site supervisor failure to comply with the ASHA Code of Ethics may be subject to sanction.

PREVENTING SEXUAL HARASSMENT

Title IX of the Education Amendments of 1972 prohibits sex discrimination against any participant in an educational program or activity receiving federal funds. The act is intended to eliminate sex discrimination in education. Title IX covers discrimination in programs, admissions, activities, and student-to-student sexual harassment. BYU's policy

against sexual harassment extends not only to employees of the university (including internship supervisors affiliated with BYU and the Department of Communication Disorders) but to students as well. If you encounter unlawful sexual harassment or gender based discrimination, please talk to your professor; contact the Equal Employment Office at 422-5895 or 367-5689 (24-hours); or contact the Honor Code Office at 422-2847

HONOR CODE

In keeping with the principles of the BYU Honor Code, students are expected to be honest in all of their academic work. Academic honesty means, most fundamentally, that any work you present as your own must in fact **be** your own work and not that of another. Violations of this principle may result in a failing grade in the course and additional disciplinary action by the university.

Students are also expected to adhere to the Dress and Grooming Standards. Adherence demonstrates respect for yourself and others and ensures an effective learning and working environment. It is the university's expectation, and my own expectation in class, that each student will abide by all Honor Code standards. Please call the Honor Code Office at 422-2847 if you have questions about those standards.

Honor Code expectations extend to all off-campus internship sites.

CONFIDENTIALITY POLICY

Client confidentiality is mandated by law and the code of ethics of the American Speech-Language-Hearing Association. All students taking part in clinical practica must sign a confidentiality statement stating that they will protect the confidentiality of clients. If you have not already signed a confidentiality statement at BYU please see the secretary in room 136 to do so immediately.

All client records at the BYU Speech- Language Clinic are confidential. All information regarding clients is privileged communication. Students are granted access to clinic information for only those individuals that they are treating. Client files must be checked out of the Records/Materials' Center. Clinic reports must be written on dedicated servers and computers within the John Taylor building. Reports should not be written or transmitted over the internet. At no time should client reports or files (paper or electronic) be taken outside of the Clinic. Files, videos, tapes, language sample transcriptions, data sheets, and anything else pertaining to your client should be stored in the file cabinet located in room 120. If you need to check files out over the weekend please keep the files in the file cabinet in room 120. Please do not keep files or other sensitive material in lockers. You may check files out for an extended period of time as long as you keep the files in room 120. Videos of clients may not leave the building. Destroy all paperwork regarding clients when it is no longer required. A shredding machine is located in Room 136 and at the receptionist's desk.

Discussions of a client's case should never take place in the hallways or other unsecured locations. Please use a therapy room or office. Client names should only be used when absolutely necessary. Clients should never be discussed with roommates, family, or others not directly associated with the client's case. Do not invite friends, family members, or others to observe you.

If you must leave a message for a client over the phone, leave only your name, that you are calling from the BYU speech-language clinic, and your phone number. Do not mention the client's name or why you are calling; the person receiving the message will usually understand why you are calling.

When requesting files from the Records/Materials Center, if you don't know the client number, write the name down to give to the personnel rather than speaking the client's name for others to hear.

Information regarding a client, including the fact that the client is receiving treatment at the clinic, can only be released to an outside agency with the written permission of the client or a person responsible for the client.

HIPAA

All students are required to pass HIPAA training through the State of New York on line course. See Sandy Alger or Dr. Dromey for directions on how to enroll on-line.

CLINIC ATTENDANCE POLICY

Failure to attend a clinical assignment (BYU clinic/internship/screenings) without notifying the clinic director (Audiology or Speech/Language) AND the site clinical educator may result in a failing grade. Student will also be subject to an immediate dismissal from the site and will not be allowed to return to that site in the future. NOTE: If a student receives a failing grade in ComD 688R ALL clinical practicum hours earned during the semester or term become invalid and can not be submitted as ASHA hours.

Illness/Family Emergencies

Student must notify BOTH the site clinical educator and the clinic director (Audiology or Speech/Language) the morning that he or she is unable to attend due to illness. If the student misses more than one day due to illness the student is expected to contact both the site clinical educator and the clinic director the morning of each subsequent day missed.

If a student is unable to attend a clinical assignment due to a family emergency the student must contact the site clinical educator AND the clinic director to make arrangements immediately.

Severe Weather/Freeway Closures

Occasionally in the winter months, weather in and around the Wasatch front is too severe for travel on the freeways. Also, the freeways are occasionally closed due to accidents. If a student is commuting to a clinical assignment and is unable to attend due to severe weather conditions or a freeway closure then the student is expected to contact both the site clinical educator AND the clinic director immediately.

Time Off Policy

If a student wishes to take time off during a clinical assignment for any reason other than illness, family emergency, severe weather or freeway closures, the following procedure must be followed:

The student must submit a written request stating the reason for the time off and dates of the absence to the clinic director. **The request must be submitted prior to placement at a site.** If the request is approved then the student must arrange the time off with the internship clinical educator during the first week of the semester or term. Failure to obtain clinic director approval before discussing time off with a site clinical educator will result in a failing grade. Written requests for time off do not guarantee approval. It is inappropriate for students to request time off from an internship for thesis related activities such as data collection, data analysis, meetings, etc.

Students may not make direct requests for time off from an internship to an internship supervisor without prior approval from the Director of Clinical Services in the Department of Communication Disorders at Brigham Young University. Generally, requests for time off will not be granted for thesis related activities, personal activities, or other non-related internship activities.

UNIVERSAL PRECAUTIONS AND INFECTION CONTROL

Universal precautions is an approach to infection control to treat all human blood and certain human body fluids as if they were known to be infectious for HIV, HBV and other blood borne pathogens. (OSHA) Students must follow guidelines that are outlined at the facility where they are working as an intern. If a policy regarding blood and other body fluids is not available at the facility then students should follow the BYU SL clinic procedures listed in this handbook.

Blood borne Pathogen Standard: Observe Universal Precautions to prevent contact with blood or other potentially infectious materials (OPIM)

When differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious material

Treat all blood and other potentially infectious material with appropriate precautions such as:

Use gloves, masks, and gowns if blood or OPIM exposure is anticipated

Use engineering and work practice controls to limit exposure

OPIM defined:

Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

Additional OPIM definitions

Any unfixated tissue or organ (other than intact skin) from a human (living or dead) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV- containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV

Acceptable Alternatives

The Blood borne Pathogens Standard allows for hospitals to use acceptable alternatives to Universal Precautions

Body Substance Isolation (BSI) and Standard Precautions

Standard Precautions

Apply to: Blood, All body fluids, secretions, and excretions, except sweat, regardless of whether or not they contain visible blood, Non-intact skin, Mucous membranes.

Standard Precautions Include:

Hand washing

Appropriate personal protective equipment such as gloves, gowns, masks, whenever touching or exposure to patients' body fluids is anticipated

Hand Washing

Wash your hands before and after every session

Hand sanitizer

Take rings off

Wash with hot water and scrub for at least one minute

Fingers

Fingernails

Turn off water with paper towel and open the door with paper towel

Oral Peripheral Examination

Wash hands and table

Wear gloves

Set materials on a paper towel

Wash hands and table

Cleaning Supplies

Take them into the room with you

Clean as you go

Make it a part of the therapy routine

Wipe the door knobs

Wipe down the table and chairs

400 PLUS HOURS POLICY

A student who has completed 400 clinical hours must continue to enroll in some form of clinical practicum (typically 1 credit of 688R) until graduation.

A student may go for one semester or two terms (spring/summer consecutively) without enrolling in a clinical experience. If the student has not graduated by the end of that semester or two terms then they must enroll in 1 credit of 688R and be engaged in an appropriate clinical activity that has been approved by the clinic director and the thesis chair.

The student may petition their thesis chair and clinic director in writing to extend the clinic break for one additional semester (or two terms). Submission of a written request does not imply approval. The written request must include: a timeline of the student's clinical activities to date, the student's projected graduation date as well as a rationale for why the student needs the extension.

If the student would like the department to continue tracking their clinical hours then it is the student's responsibility to provide the name, ASHA number, contact phone number, address, and site location to be entered into the database.

CLIENT SAFETY POLICY

Drug Screening and FBI background check:

All graduate students who wish to participate in an internship are required to pass a 5-panel drug screening and an FBI background check to insure the safety of the clients. All students are required to participate, no exceptions.

Reporting abuse:

Please be aware of the reporting requirements concerning the abuse of a vulnerable adult or abuse of a child in Utah law:

Vulnerable Adults Abuse

Utah Code 76-5-111.1. Reporting requirements -- Investigation -- Immunity -- Violation -- Penalty -- Physician-patient privilege -- Nonmedical healing.

(1) As provided in Section 62A-3-305, any person who has reason to believe that any vulnerable adult has been the subject of abuse, neglect, or exploitation shall immediately notify the nearest peace officer, law enforcement agency, or Adult Protective Services intake within the Department of Human Services, Division of Aging and Adult Services. To make a Referral to Adult Protective Services call **801-264-7669** (Salt Lake County) or **1-800-371-7897** (Statewide).

Child Abuse

Utah Code 62A-4a-403. Reporting requirements.

(1) Except as provided in Subsection (2), when any person including persons licensed under Title 58, Chapter 67, Utah Medical Practice Act, or Title 58, Chapter 31b, Nurse Practice Act, has reason to believe that a child has been subjected to incest, molestation, sexual exploitation, sexual abuse, physical abuse, or neglect, or who observes a child being subjected to conditions or circumstances which would reasonably result in sexual abuse, physical abuse, or neglect, he shall immediately notify the nearest peace officer, law enforcement agency, or office of the division. On receipt of this notice, the peace officer or law enforcement agency shall immediately notify the nearest office of the division. If an initial report of child abuse or neglect is made to the division, the division shall immediately notify the appropriate local law enforcement agency. The division shall, in addition to its own investigation, comply with and lend support to investigations by law enforcement undertaken pursuant to a report made under this section.

To report child abuse call **1-800-678-9399** within the State of Utah or, in the Salt Lake Area, **801-281-5151**.

CPR TRAINING POLICY

All graduate students who wish to participate in an internship are required to be CPR certified.

CLINICAL EDUCATOR RESPONSIBILITIES

Qualifications of a Site Supervisor (Clinical Educator)

A site supervisor is a licensed speech-language pathologist who holds a current Certificate of Clinical Competence and has agreed to supervise a graduate student while engaged in various clinical activities. A site supervisor must be current with his or her CCC during the time they agree to supervise a student. The clinic director is responsible to insure that site supervisors are current with ASHA certification.

Site Supervisor Expectations/Responsibilities

Site expectations: Please inform the student of any requirements specific to your site either during the interview or during the first week of the internship. For example, dress code, paperwork, insurance and reimbursement requirements, medicare/medicaid rules and regulations, IEP procedures, presentations and or readings, etc.

Start/end date: The actual start and end date of the internship should be negotiated between the site supervisor and the student either before the internship begins or during the first week of the internship.

Best practice regarding observation to practice: BYU students typically do not need to observe for long periods of time before starting to work with clients at an internship site. We recommend a day of observation followed by a day of co-treatment, then allowing the student to start working with clients. Of course, each student is different and adjustments should be made to accommodate the needs of individual students.

Group therapy: BYU Students typically do not have experience working with groups of clients. If this opportunity is available in your setting please help the students understand how to manage a group (i.e. behavior management, data collection).

Site Visit: During the semester or term of the internship the clinic director will visit the site. The purpose of the site visit is to talk with the site supervisor about the experience, get feedback and make sure the internship experience is positive for both the site supervisor and the student. Occasionally the site supervisor may be too busy for an actual visit from the clinic director, in which case, a phone interview will be conducted.

STANDARDS FOR CLINICAL HOURS

Standards for clinical hours are based on the ASHA Standards for the Certificates of Clinical Competence (see the current ASHA *Membership & Certification Handbook: Speech-Language-Pathology*). These, however, are minimum requirements. By the time you complete the clinical training program, you should have acquired hours well above the minimum standards.

DOCUMENTING CLINICAL HOURS

You are responsible for completing and submitting the record of clinical hours. These forms are available from the program secretaries in Room 140 TLRB. One sheet

should be completed for each clinical educator each semester/term. You should complete these by the last day of your clinical practicum assignment and get the clinical educator's signature and ASHA number where indicated on the top of the form.

After you have submitted the hours form to the department secretaries, they will input your hours and generate an hours summary sheet, which is kept on file in the department office. It is recommended that you make a copy for your own records of each hours form you submit. Please check the report to make sure it reflects the hours you submitted.

At least 375 hours must be in direct client/patient contact

The "Big Nine" defined:

Articulation

Fluency

Voice and resonance, including respiration and phonation

Receptive and expressive language (phonology, morphology, syntax, semantics, and pragmatics) in speaking, listening, reading, writing, and manual modalities

Hearing, including the impact on speech and language

Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myofunction)

Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)

Social aspects of communication (challenging behavior, ineffective social skills, lack of communication opportunities)

Communication modalities (including oral, manual, augmentative and alternative communication techniques, and assistive technologies)

Prevention defined: clinical activities that inform the public how to prevent disorder or limit the severity of the disorder. Examples include screening procedures, educational in-services, preparing and distributing client and parent education materials that are printed.

Culturally and linguistically diverse defined: any client that requires an interpreter, speaks English as a second language, or is multi-cultural.

DX or Assessment defined: Assessing a client using a variety of tools or procedures (ex. Standardized tests, language/speech samples, bedside swallow evaluations, screening procedures, collecting baseline data, etc.)

TX or Intervention defined: Providing a prescribed, evidence based treatment to any client who qualifies for services (ex. LSVT, language therapy, articulation therapy, phonological process therapy, stuttering intervention, swallowing therapy, etc.)

ASHA certification standards require a total of 400 clock hours of supervised clinical practicum.

You must complete a minimum of 25 clock hours of observation prior to beginning the initial clinical practicum (only 25 observation hours can contribute towards the 400 hour total hours).

Your first 50 clinical practicum hours must be obtained at Brigham Young University students **MUST** earn a minimum of 5 clinical hours for each of the "Big 9" categories as

well as prevention, multicultural, assessment, treatment, mild, moderate, severe categories.

A minimum of 325 hours of clinical practicum must be completed at the graduate level. The remaining required hours may have been completed at the undergraduate level, at the discretion of the graduate program.

Direct supervision must be in real time and must never be less than 25% of the student's total contact with each client/patient and must take place periodically throughout the practicum. These are minimum requirements that should be adjusted upward if the student's level of knowledge, experience, and competence warrants.

A supervisor must be available to consult as appropriate for the clients/patients disorder with a student providing clinical services as part of the student's clinical education.

Supervision of clinical practicum must include direct observation, guidance, and feedback to permit the student to monitor, evaluate, and improve performance and to develop clinical competence.

Only direct contact with the client or the client's family in assessment, management, and/or counseling can be counted toward practicum. Typically, only one student should be working with a given client.

Once you have completed your clinical hours you will have an exit interview with the clinic director who will certify that you have completed your hours, that you had quality practicum experiences throughout your graduate program.

BYU and ASHA Supervision Requirements

On Site Policy: When the student is engaged in clinical activity a professional who holds their CCC must be in the building. This policy is designed to protect students, supervisors and clients/patients from liability problems.

Supervision policies as per ASHA: Students "should be assigned practicum only after they have acquired a sufficient knowledge base to qualify for such experience. Only direct contact with the client or the client's family in assessment, management, and/or counseling can be counted toward practicum." ASHA standards further state: "Typically, only one student should be working with a given client. In rare circumstances, it is possible for several students working as a team to receive credit for the same session depending on the specific responsibilities each student is assigned. For example, in a diagnostic session, if one student evaluates the client and another student interviews the parent, both students may receive credit for the time each spent in providing the service. However, if one student works with the client for 30 minutes and another student works with the client for the next 45 minutes, each student receives credit for the time he/she actually provided services-that is, 30 and 45 minutes, not 75 minutes."

STUDENT EVALUATION PROCEDURES:

General Procedures: Students will be assessed at midterm and final using the Global Competencies Checklist and the Evaluation of Clinical Performance sheet. Before meeting with the internship supervisors for either the midterm or the final evaluation the supervisor will rate the student using the Global Competencies Checklist

(intermediate/advanced level). When the student meets with the internship supervisor she will go over the competency checklist with the student and together the student and the supervisor will identify student strengths and areas that need improvement. The student and supervisor will then set one to three goals to work on between the midterm and final evaluation. The internship supervisors will also give a midterm and final rating based on the numbers located on the back of the Evaluation of Clinical Performance form. The internship grade is based largely on the final rating the supervisor assigns. The clinic director assigns the final grade. Any questions regarding grading should be directed to the clinic director, not the site supervisor. After the student has met with the internship supervisor she will give the student a photocopy of the forms. The internship supervisor will send the original forms to the clinic director. See section 8 of the BYU Speech and Language Clinic Handbook regarding additional grading information.

Evaluation of Clinical Performance Form: Please refer to the current syllabus for copies of the Evaluation of Clinical Performance form. Site supervisors will receive copies of this and other forms at the beginning of the internship. They will receive phone calls and emails reminding them to conduct a midterm and final evaluation of the student's clinical performance. If the site supervisor does not conduct a midterm evaluation, please contact the clinic director immediately.

Global Competencies Checklist Form: Please refer to the current syllabus for copies of the Global Competencies Checklist Form.

Remediation Plans: Occasionally students struggle to master clinical skills and need additional tutoring, practice, readings, demonstrations, etc. in order to achieve competence in certain clinical areas. If the student is judged by the clinical educator to be at risk for failing a clinical placement a remediation plan will be developed by the student and the clinical educator.

If a Remediation plan is considered,

- the clinical educator will meet with the student to discuss the concern and plan how to resolve it.
- If necessary, other faculty members will observe the clinician in a session (live or on video) and provide feedback focusing on the stated concern.
- The clinical educator then will meet with the student (and with the observers if desired) to go over the feedback and design a plan of action. Specific performance criteria may be set as needed.
- When these criteria are set, the student will be informed as to the current grade and what consequences will result if the student fails to meet the performance criteria.
- The student and the clinical educator then sign the Remediation Plan to indicate their agreement with the plan of action.

The student and the clinical educator should discuss periodically the student's progress toward meeting the goals of the Remediation Plan so that modifications can be made as appropriate. When specific performance criteria are achieved, the clinical educator and one of the observers should initial their agreement. At the end of the semester/term, the

clinical educator should complete the Evaluation of Plan section to indicate the effectiveness of the plan and if any further action will be necessary.

Please refer to the most current COMD 685R Syllabus for a copy of the remediation form.

CLINICAL HOURS – SPEECH-LANGUAGE PATHOLOGY

Students: Please use a separate form for each semester and for each supervisor.

Make sure to get your supervisor to sign each sheet. Keep a copy for your records.

These hours must be submitted within 30 days of completing the clinical practicum.

Student's Name _____ **BYU ID** _____ **Semester** _____ **20** _____

I have supervised this student according to ASHA guidelines and during the dates listed here I held the CCC-SLP and was current on all ASHA requirements to maintain certification.

Supervisor's Name _____ **Clinical Site/Location** _____

Supervisor's ASHA # _____ **Supervisor's Signature** _____

Date	Age	Amount of time in minutes	Artic	Fluency	Voice and Resonance, Respiration and Phonation	Rec and Expres Language	Hearing	Swallowing	Cognitive aspects of communication	Social aspects of comm.	Communication Modalities	Prevention	Multicultural	DX	TX	Mild	Moderate	Severe
Hour Totals																		

Date Entered in Computer Database _____ **By** _____

Students: Check all boxes that apply to each minute submitted.
For ASHA and BYU hours requirements, refer to the back of this sheet.

- At least 375 hours must be in direct client/patient contact
- The “Big Nine” defined:
 - **Articulation**
 - **Fluency**
 - **Voice and resonance**, including respiration and phonation
 - **Receptive and expressive language** (phonology, morphology, syntax, semantics, and pragmatics) in speaking, listening, reading, writing, and manual modalities
 - **Hearing**, including the impact on speech and language
 - **Swallowing** (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacila myofunction)
 - **Cognitive aspects of communication** (attention, memory, sequencing, problem-solving, executive functioning)
 - **Social aspects of communication** (challenging behavior, ineffective social skills, lack of communication opportunities)
 - **Communication modalities** (including oral, manual, augmentative and alternative communication techniques, and assistive technologies)
- **Prevention defined:** clinical activities that inform the public how to prevent disorder or limit the severity of the disorder. Examples include screening procedures, educational in-services, preparing and distributing client and parent education materials that are printed.
- **Culturally and linguistically diverse populations defined:** any client that requires an interpreter, speaks English as a second language, or is mulit-cultural.
- **DX or Assessment defined:** Assessing a client using a variety of tools or procedures (ex. Standardized tests, language/speech samples, bedside swallow evaluations, screening procedures, collecting baseline data, etc.)
- **TX or Intervention defined:** Providing a prescribed, evidence based treatment to any client who qualifies for services (ex. LSVT, language therapy, articulation therapy, phonological process therapy, stuttering intervention, swallowing therapy, etc.)
- ASHA certification standards require a total of 400 clock hours of supervised clinical practicum.
- You must complete a minimum of 25 clock hours of observation prior to beginning the initial clinical practicum (only 25 observation hours can contribute towards the 400 hour total hours).
- Your first 50 clinical practicum hours must be obtained at Brigham Young University.
- Students **MUST** earn a minimum of 5 clinical hours for each of the “Big 9” categories as well as prevention, multicultural, assessment, treatment, mild, moderate, severe categories.
- A minimum of 325 hours of clinical practicum must be completed at the graduate level. The remaining required hours may have been completed at the undergraduate level, at the discretion of the graduate program.
- Direct supervision must be in real time and must never be less than 25% of the student’s total contact with each client/patient and must take place periodically throughout the practicum. These are minimum requirements that should be adjusted upward if the student’s level of knowledge, experience, and competence warrants.
- A supervisor must be available to consult as appropriate for the clients/patients disorder with a student providing clinical services as part of the student’s clinical education. Supervision of clinical practicum must include direct observation, guidance, and feedback to permit the student to monitor, evaluate, and improve performance and to develop clinical competence.
- Only direct contact with the client or the client’s family in assessment, management, and/or counseling can be counted toward practicum. Typically, only one student should be working with a given client.

Instructions to the Site Supervisor: Please answer the following questions.

In which of the 9 disorder areas listed below did the student demonstrate competence in Evaluation? (list by numbers) _____

In which of the 9 disorder areas listed below did the student demonstrate competence in Intervention? (list by numbers) _____

In which of the 9 disorder areas listed below did the student demonstrate competence in Interaction and Personal Qualities? (list by numbers) _____

Did the student demonstrate competence while engaged in prevention activities? (circle one) Yes No

Did the student demonstrate competence while working with culturally or linguistically diverse populations? (circle one) Yes No

Additional comments (optional):

I judge this student (student name): _____ to be competent in the areas of Evaluation, Intervention, and Interaction and Personal Qualities in the disorders listed (list by numbers): _____

Supervisor Signature: _____ **ASHA #:** _____ **Date:** _____

The 9 disorder areas defined by ASHA:

1. **Articulation**
2. **Fluency**
3. **Voice and resonance**, including respiration and phonation
4. **Receptive and expressive language** (phonology, morphology, syntax, semantics, and pragmatics) in speaking, listening, reading, writing, and manual modalities
5. **Hearing**, including the impact on speech and language
6. **Swallowing** (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myofunction)
7. **Cognitive aspects of communication** (attention, memory, sequencing, problem-solving, executive functioning)
8. **Social aspects of communication** (challenging behavior, ineffective social skills, lack of communication opportunities)
9. **Communication modalities** (including oral, manual, augmentative and alternative communication techniques, and assistive technologies)

Prevention defined: clinical activities that inform the public how to prevent disorder or limit the severity of the disorder. Examples include screening procedures, educational in-services, preparing and distributing client and parent education materials that are printed.

Culturally and linguistically diverse populations defined: any client that requires an interpreter, speaks English as a second language, or is multi-cultural.

Brigham Young University
Comprehensive Clinic
Speech-Language Clinic

Evaluation of Clinical Performance

Student Name _____ Semester/Year _____

Supervisor _____ Site _____

Student Level: _____ Beginning (0-50 clinical hours) Case Type(s) _____
_____ Intermediate (51-200 clinical hours)
_____ Advanced (200+ clinical hours)

INITIAL EVALUATION

Instructions: Please describe student's strengths and weaknesses. Then write 3 to 4 specific goals/objectives for the student to focus on during the remainder of the experience.

Date _____ Midterm Rating _____

FINAL EVALUATION

Instructions: Summarize progress and give rationale for rating. If applicable, please give recommendations for next clinical experience.

Signature _____ Date _____ Final Rating _____

Rating Levels

The rating is based on the following: [**Note:** These are the midrange; you may assign numbers between these.]

- 98 Outstanding; displays independent and superior competencies in all areas
- 93 Outstanding in almost all descriptors; needs minimal guidance to improve performance on remaining descriptors
- 88 Above average performance on most descriptors; requires average amount of guidance to improve
- 84 Expected ability at experience level seen on most descriptors; amount of guidance needed is commensurate with current level
- 81 Expected ability at experience level on about half of the descriptors, while others are fair; requires a significant amount of guidance in some areas
Competencies are adequate but gives minimum effort
- 78 Fair ability on most descriptors; may have differing competence levels with some skills being good, but others requiring supervisory intervention to achieve an adequate level of performance
- 74 Fair ability on about half of the descriptors, while others are adequate only with continued supervisory intervention; generalization/consistency is adequate
- 71 Marginal; skills on some descriptors are fair; some descriptors are adequate only with considerable direction and/or demonstration from supervisor; generalization and/or consistency is adequate
- 68 Unacceptable performance; demonstrates considerable difficulty on most descriptors; has shown improvement in some areas with extensive direction and/or demonstration from supervisor; generalization/consistency is fair
One area is causing significant (ie, out of proportion) clinical difficulty that is impeding client progress
- 64 Unacceptable performance; demonstrates considerable difficulty on most descriptors; has shown only slight improvement in some areas with extensive direction and/or demonstration from supervisor; generalization/consistency is slight
- 61 Unacceptable performance; demonstrates considerable difficulty on most descriptors; can master small skill with extensive direction and/or demonstration from supervisor; shows little or no generalization on similar tasks
- 58 Unacceptable performance; demonstrates considerable difficulty on most descriptors; does not consistently perform skill even with extensive direction and/or demonstration from supervisor

Other comments:

STUDENT RESPONSIBILITIES

Site Supervisor Expectations: Students are expected to meet with their site supervisor during the first week of the internship experience to discuss the site supervisor's expectations regarding everything from dress code to paperwork procedures.

Clinical Hours Sheet: Clinical hours sheets can be obtained in 140 TLRB or by downloading them from Blackboard. When recording client contact information students must write the age of each client in the age box. Students must turn their hours sheets into the secretaries office at the end of each semester in order to receive credit for their work. It is strongly recommended that students keep PDF copies of all hours that they have turned into the secretaries as a backup to the department database.

Scheduling of start and end date: Generally, internships start the first day of class. There are a few exceptions to this (for example, when the internships start in the middle of the semester). Once an internship has begun, the student can continue to attend the internship until the last day of finals during the semester or term in which they are enrolled in 688R. It is the student's responsibility to negotiate with the site supervisor both the start and end date of the internship. Once the student and supervisor have agreed on the start and end dates the student is not allowed to terminate the internship early (for example, a student who has earned all of her clinical hours for that site before the end date must continue to attend the internship until the agreed upon end date). Once the start and end date have been established the student is responsible to inform the clinic director of the dates.

Student Evaluation of site and supervisor: At the end of the internship experience the student is required to fill out an evaluation of the site supervisor and turn it into the clinic director. Failure to fill out an evaluation may result in lowering the internship grade one letter grade.

Colloquium Attendance: Students are required to attend all colloquium meetings during the semester or term they are enrolled in 688R. Failure to attend may result in lowering the internship grade one letter grade.

Student Presentation in Colloquium: Students are required to present one 20-30 minute presentation per internship during colloquium. The presentation must be on Powerpoint or some other appropriate electronic format and the students must provide a handout for each of their fellow students. Please have your topics approved by the clinic director before presenting to the class. If the student is required to give a presentation at their internship site they may use the same presentation in colloquium. The student is also required to submit an electronic copy of the presentation and handout to the clinic director. Failure to do so may result in lowering the internship grade one letter grade.

Fingerprints and FBI check:

Sandy Alger will be in charge of all fingerprinting/background check procedures as of fall 2007. See her for directions, changes, dates, etc.

Drug Screening: Obtain at least a 5-panel drug screen from any credible organization/laboratory. Results should be available in about 24 hours for you to pick up and bring in to Sandy Alger. All three companies listed below offer 5-panel urine drug screens, which test for marijuana, cocaine, opiates (codeine, morphine, and heroin), amphetamines (amphetamines and methamphetamines) and PCP. You may use another lab if you choose.

COMPANY	ADDRESS	PHONE NO.	COST	NOTE
Orem WorkMed	331 N. 400 W. Orem	(801)714- 3200	\$33	Need photo ID.
Orem Work Care	601 N. 1200 W. Orem	(801)224- 4211	\$30	Need photo ID.
Occupational Health Center International (OHCI)	875 S. Orem Blvd., Suite 1, Orem	(801)226- 0451	\$35-\$40	May need \$35 exact cash.

Immunization Requirements: Any student participating in an internship must :

A. Be immune to measles and rubella, as demonstrated either by:

Showing proof that they have had two (2) Measles-Mumps-Rubella (MMR) immunizations; or
Submit to Sandy Alger testing (positive antibody titer) to show they are immune.

Measles-Mumps-Rubella Vaccine

The MMR vaccine is a live-attenuated vaccine with the initial dose given at 12 months of age. Because of recent outbreaks of measles across the country, a second dose is recommended prior to entering school. It should also be noted that recent outbreaks of mumps have occurred on several college campuses across the country. Therefore, the vaccine is of importance to adults.

The side effects to the immunization are generally mild. These are fever, malaise, node enlargement, and occasionally a rash. They occur from 5 to 14 days after immunization.

B. Be currently (annually) screened for tuberculosis by an intradermal PPD test. BYU assures that any student who is PPD+ has had an adequate work-up for tuberculosis and is currently not communicable. (Chest x-ray report, physician or health department written note).

C. Complete a three (3) dose series of hepatitis B vaccine if working directly with patients or body fluid specimens.

Hepatitis B Vaccine

The Heptavax, Recombivax, or Energix-B vaccines are for Hepatitis B prevention. They are given as 3 injections IM, one month apart for the first two and 6 months between shots two and three. They are recommended for all healthcare workers, for those who will

be living in rural developing countries, or those who will be treated medically in rural medical facilities. The side reactions are mild with only occasional soreness and redness. The main problem is that the vaccines are very expensive.

D. It is strongly recommended (but not required) that the students rotating through an internship facility during winter months have a current influenza vaccine.

E. Be immune to Varicella (Chickenpox). Institution assures that such immunity has been demonstrated by the student providing verification of 1) having had the disease (parent or student may confirm history of the disease), 2) immunization (one immunization if vaccinated before 13 years of age or two vaccinations if immunized after 13 years of age), or 3) positive titer.

Utah County Health Department
151 south University Avenue Suite 1800
Provo, UT 84601
(801) 851-7025

Hours:

M 8-4:30, T 8-4:30, W 8-7:00, TH 9-4:30, F 8-4:30

It is a walk-in clinic with a first come first serve policy, so you could be waiting. Take a number when you get there.

Test	Cost	Time Frame
TB	5.00	Any time
hepatitis B	35.00 x 3 = 105.00	Six months
hepatitis A	25.00 x 2 = 50.00	Six months
*hepatitis A & B	47.00 x 3 = 141.00	Six months
MMR	49.00	Any time

* you can only do the hep A& B if you have never had either the hep A or hep B.

BYU Health Center
<http://health.byu.edu/>

The BYU Health Center is open M-F from 8-6, and the phone number for immunizations is 422-5185. It is \$38/shot for a Hep-B series plus a \$7 immunization fee. I am not sure if that is per shot, or just a one-time thing. TB testing is \$9 at the Health Center and it is all by appointment. As for getting shots when you are pregnant, they recommend that you don't, but if your doctor approves it they will do it.

Insurance Forms:

<http://webpub.byu.edu/internships-byu/>

On the right of the page there is a heading: Forms, look for student agreement.

All documentation needs to be handed in or sent to Sandy Alger.

WHAT HAPPENS IF YOU FAIL YOUR DRUG SCREEN OR FBI CHECK

The Informed Consent/Release Form below outlines the consequences to a student if they should fail the criminal background check or the drug screen. All students are required to perform a drug screen and criminal background check. Failure to participate will result in dismissal from the ComD graduate program.

**Criminal Background Checks & Drug Screen
Informed Consent/Release Form**

I hereby authorize Brigham Young University College of Education and Department of Communication Disorders to receive and review the information from my state and federal criminal background check and drug screen if I am accepted into the Communication Disorders Graduate Program. I also acknowledge that I have been provided with a notification of my rights with respect to my application for academic internship opportunities or clinical experiences and any criminal background check pursuant to the Fair Credit Reporting Act. I understand that reasonable efforts consistent with the law will be made by the Brigham Young University College of Education and Department of Communication Disorders to protect the confidentiality of this information. I understand that information contained in the criminal background report and/or drug screen results may result in my being dismissed from Brigham Young University, College of Education and the Department of Communication Disorders.

I hereby give Brigham Young University College of Education and the Department of Communication Disorders permission to release a copy of my criminal background and drug screen information to agencies to which I am assigned for academic internships or clinical experiences prior to beginning the assignment. I agree that a photocopy of this authorization may be accepted with the same authority as the original. I understand the agencies may refuse my access to clients/patients based on information contained in the criminal background check and/or drug screen, and that their criteria may differ from that of the College of Education or the Department of Communication Disorders.

I hereby further release Brigham Young University and its directors, agents and employees from any and all claims, including but not limited to, claims of defamation, invasion of privacy, wrongful dismissal, negligence, or any other damages of or resulting from or pertaining to the collection and use of information pursuant to this Release.

I understand that I am responsible for all costs associated with these processes.

Signature: _____ Date: _____

Print Name: _____ Date: _____

Date of Birth: _____

Please print or type all names you have used in the past (use other side of page if necessary)

Return this form to the ComD Department Secretary, 136, TLRB

How to apply:

1. Fill out and send an electronic copy of your Clinical Training Plan to Ms. Robinson
2. Meet with Ms. Robinson to discuss any questions you might have
3. Each student must meet with Ms. Robinson before the end of January. If you do not meet with Ms. Robinson by the end of January you can expect to apply for internships the following winter semester. Ms. Robinson needs to know everyone's plans before she can start arranging sites. If you don't share your plans by the end of January Ms. Robinson will simply not include you in her plans.
4. Plan to apply to two medical sites to ensure that you get one of the two choices
5. Plan to apply to one public school/pediatric site
6. Prepare your application packet (see check list below):
 - a. Cover letter specific to the site you are applying to
 - i. Reasons you wish to complete an internship at this site
 - ii. Talk about what you have done to prepare for this internship
 - iii. Include specific dates you wish to start and end the internship
 - iv. Include your contact information
 - b. Resume highlighting your disorder classes, your clinical experience and then any other experience that has prepared you for this internship
 - c. Transcript-does not need to be official, highlight the comd classes
 - d. Three letters of recommendation from faculty and clinical educators who have watched your work as a clinician
 - e. Many sites want this information electronically so make hard copies and pdf the file, label it clearly with your name and then send the file to me via email.
 - f. Keep copies of everything!!!
7. The items in this checklist are required by all students, regardless of where you intend to complete your internships. The \$ dollar sign indicates that you will need to pay additional fees for each of these items. Start working on the following checklist:
 - a. \$FBI check
 - b. \$Drug screening
 - c. HIPAA training
 - d. \$Immunization records and vaccinations
 - e. \$CPR training
 - f. Each of these items must be turned into Sandy Algar before you can register for an internship.
 - g. Keep copies of everything as the BYU internship office will ask documentation for each of these items before they approve your IRAMS application.
8. Meet the deadlines for submission as they are posted in the syllabus
9. Much of colloquium winter semester will be spent talking about internship applications, how to prepare for the interviews, how to apply, etc. **ASK QUESTIONS EARLY AND OFTEN IN CLASS**, everyone benefits when you ask questions.

INTERNSHIP SITES

Medical Sites

IHC FACILITIES-

For chicken pox, a signed note from the student or from the parent of the student is no longer sufficient. Instead, we need verification from the student's primary healthcare provider. This can come in the form of a doctor's note stating that they had chicken pox. Proof of varicella immunity can also be provided by showing documentation of two doses of the varicella vaccine at least 28 days apart or by taking a blood test.

For the drug screen, the student must have this done no more than 1 month before the start date of their internship. Please emphasize this point so that students don't have to get two drug screens unnecessarily.

As per IHC's request, these rules will be used by our office when collecting and reviewing documents from students interning with IHC.

Utah Valley Regional Medical Center-Provo: Adult
Paul Osborn, Tim Grotegut and others

Orem Community Hospital Pediatric Rehab-Orem: Pediatric
Carin Hadley, April Benson

American Fork Hospital-American Fork: Adult
John Lindford currently takes one student a year

Primary Children's Medical Center-SLC: Pediatric
Has it's own application packet. You need to apply WELL IN ADVANCE for this placement. They take two students a year for the entire facility. They require additional clinical hours and/or additional classes

Intermountain NeuroRehab-Murray: Adult
Kim Kirkham-see questions she has provided for us.

IMC (Intermountain Medical Center in Murry): Adult, 10 week, address letters to IMC SLPs I guess. Polly has been my contact person over the past few years. 15 slots available per year. Be as flexible as you can be.

Debbie Carol new last name, Polly Baily, etc.

Feedback from one of our students re: interviewing at IMC rec 03-10-2011

The interview went well - only 15 minutes (felt like 5). I was interviewed by a panel of 5 of the SLPs who work there.

The Packet (cover letter, resume, letters of rec. etc.)

It appears that they did not receive or look at the electronic copies we sent. None of the other applicants I talked with (from U of U) had sent electronic copies. The comment I got when they looked at the hard copies I brought to the interview was "It looks like you were applying for a specific supervisor, but that isn't how it works." **I had addressed everything to Debbie Millet as instructed, but they seemed to indicate that was not how it should be done since I could be assigned any of the various SLPs.** And Debbie Millet did not seem to be the one in charge (at least she wasn't running the interview). Just wanted to pass that on.

Some Interview Questions included:

Why do you want to go into speech pathology?

Where do you want to end up in the future?

Have you had an adult client?

Do you learn best by instruction, observation, or jumping right in and doing it?

What do you do if in the middle of a session the client just isn't doing the activities you had planned?

What if we get a new admit and you have 15 minutes before you need to do an assessment, how do you approach that?

There were no questions about specific disorders, etc. (thankfully)

They spent some time talking about IMC being a trauma one hospital and that makes this internship one of the hardest and most demanding. **The internship is 10 weeks (not 8). And depending on the supervisor you are assigned you either work four 10 hour days or five 8 hour days. They asked me about my flexibility with time (January vs. March, starting at 6:00 a.m. etc).** Debbie Millet said that the internship tends to be draining on BYU students because of the more demanding schedule and the longer commute. They also did ask if I was more interested in acute or rehab as I will be assigned one or the other (I said I was interested in either). They will match the interns up with supervisors according to personality and where they think would be a good fit. They did seem to be trying to "scare" away people by talking about how it is the "hardest" internship that I've applied to. And I will admit, it does seem quite overwhelming.

Talk a bit about the Volleyball tryouts...in high school. They were trying to weed out as many applicants as possible because they only have so many spaces available. U of U does the same thing.

LDS Hospital in SLC

McKayDee Hospital-Bountiful: Part-time Adult
Julie Jones

Veteran's Hospital: Adult
Charlie Kruger

Dixie Regional Medical Center-St. George: Adult and Child

MOUNTAINLAND REHABILITATION FACILITIES: Alyson Wilkey is the coordinator
Part time and full time options

Timpanogos Hospital/American Fork Skilled Nursing Facility-Orem/American Fork: Adult
Lori Johnson

Mountainland Rehab-Sandy: Adult
Margaret Williams

South Davis Community Hospital: Adult and pediatric (limited)

INDEPENDENTS

Life Care Centers of Bountiful
Heru (no really that is the only name he gave me)

Utah Valley Specialty Hospital Provo

Healthsouth Rehabilitation-Sandy: Adult
Eileen Paul, Alison Kruse

Fall, Winter: 10 week programs

Spring term: 8 week programs

Clinical Management of Right Hemisphere Dysfunction-required book to read

Lunch provided

8:30-4:30 Monday thru Friday

Outpatient, inpatient

Required: In service for the speech staff (informal but still important)

Modified barium swallows on site, so lots of experience, lots of control on the SLP's part.

Orientation required

Alta Therapies-Salt Lake area: Adult part time and full
Dustin??

COUNTY HEALTH

U of U Medical Center-SLC: Adult
Darrin Doman

U of U Voice Clinic (part time): Adult and child voice
Dr. Kristine Tanner is the clinic director there

School Sites

Alpine-Orem to the point of the mountain

22 MS, CCC-SLP clinicians, high school, middle school, k-6, preschool

Kathie Ritter is the coordinating SLP for internships

Jordan/Canyon View (two school districts now, not one)-Draper to West Valley

7 MS, CCC-SLP clinicians on our approved supervisor list, but they have many more therapists

Nebo-Springville to Nephi

Sandy Channell, Kirstine Hart, Lori Reese

Sheri Cornaby is the SLP Department Head

Provo-Provo

Anine Mack-Timpview High

Meredyth Grover-Wastach Elementary

Granite-South Salt Lake

Salt Lake-North Salt Lake

Davis-Bountiful

Preschool sites:

Kids on the Move-Alpine

Kids Who Count-Provo

DDI Vantage-Salt Lake County

Dear Clinical Site Coordinators,

I am the speech student coordinator for pediatric rehabilitation for the five Primary Children's Medical Center (PCMC) pediatric rehabilitation inpatient and outpatient sites. I review all Speech-Language Pathology (SLP) student applications with our hospital wide student coordinator, and facilitate selection and placement of all SLP students.

Our facility has an outlined 10 week program that details expectations, weekly objectives, and clinical information for what each student will learn at one of our sites. Primary Children's accepts a few speech-language pathology graduate students a year. Students who meet criteria will be considered for placement at one of our rehabilitation sites.

In order to standardize the application process, we are asking all student applicants to contact Vickie Tuttle (801) 662-3520 or at vickie.tuttle@imail.org. She is the student coordinator for all of PCMC. She will provide your students with an application and guide them through the placement process. The deadline to apply for 2013 affiliations ends April 30, 2012. Applications will then be reviewed and selected students will be contacted for an interview.

We appreciate your support of the student program here at PCMC. We wish to continue positive placements for your graduate students where they can learn specialized evaluation and treatment for pediatrics with one of our qualified therapists. Please contact me at (801) 662-4980 or email melanie.ray@imail.org if you have any further questions. Thank you!

Melanie Ray, MS CCC-SLP
PCMC Pediatric Rehabilitation Speech Student Coordinator

p.s. Please see our website for students who are interested in an affiliation at one of the Primary Children's sites:

<http://intermountainhealthcare.org/hospitals/primarychildrens/residenciesinternships/student/Pages/Internships.aspx>

Department of Communication Disorders
Brigham Young University

Distance Clinical Externship: Memorandum of Understanding

In order to provide students with a wider variety of clinical experiences and an opportunity to gain clinical training in more diverse settings, clinical experiences may be completed, under specific conditions, in settings outside the regionally approved clinical sites. However, placement is only granted under specific conditions including individual approval following faculty approval of the request.

Clinical Director refers to the Director of Clinical services within the Department of Communication Disorders at Brigham Young University. Clinical Supervisor refers to the individual primarily responsible for supervising the student at the proposed clinical facility. Student refers to a student currently enrolled as a matriculated graduate student in the Department of Communication Disorders at Brigham Young University.

The Department of Communication Disorders at Brigham Young University is solely responsible for the quality of academic programs, clinical training, and pre-professional preparation of all matriculated students seeking a degree from the Department. The Department does not re-assign nor delegate this responsibility to any other individual or entity. However, in situations where other departments or individuals within the University community, or other individuals or entities outside the University community, are approved to provide academic or educational experiences for matriculated students within the Department, those individuals and entities become a partner in quality assurance and assessment of the student and the student's experience.

The Department may withdraw permission for a student to complete an externship experience at any time it feels it is in the best interest of the student, the Department, the clinical site, or those being served by the experience.

The Department maintains responsibility for remediation of deficiencies and therefore may deny such externship experiences or require the student to cease a current externship and complete other clinical experiences as determined by the Department.

Conditions and Policies Governing Distance Externships

- Individual requests must be submitted to the Clinical Director detailing:
 - Clinical facility.
 - Clinical Supervisor, including ASHA CCC membership assurance.
 - Name, address, telephone number, FAX number, and email (if available) of the facility and the individual having authority to authorize the request.
 - Type and extent of clinical experiences.
 - The number of days per week and hours per day of direct clinical activity at the facility.

- If secondary facilities, satellite facilities, or more than one supervisor is involved in this clinical placement, this must be specified.
- The tentative types of clinical cases assigned during the clinical placement.
- The beginning and ending dates of the requested placement (one academic term limitation).
- A statement of why this experience will enhance your professional preparation.
- The Clinical Supervisor must provide:
 - Only supervisors that, during the proposed clinical experience tenure, hold, in the area of supervision relative to the proposed clinical experience, an active and current CCC and state license, certificate, or other state issued documents required by law to practice or perform clinical services in Speech Pathology or Audiology in the proposed state.
 - The Clinical Supervisor must agree to provide supervision for a pre-professional student in exact accordance with ASHA standards in effect at the time of the externship.
 - The Clinical Supervisor agrees to act as a mentor and teacher and to provide direction and support to assist the student in developing clinical and professional skills and knowledge.
 - The Clinical Supervisor must agree to work closely with the Clinical Director and provide evaluations in accordance with current Department policy and in a timely manner.
 - The Clinical Supervisor agrees to inform the Clinical Director of any problems or difficulties and to be involved in the remediation of such problems.¹
- Conditions of Approval:
 - The Clinical Director and Faculty of the Department of Communication Disorders must approve the request.
 - The clinical facility and Clinical Supervisor must agree to the conditions set forth in this document.
 - There must be a formal internship agreement between the University and the clinical facility, as specified by Brigham Young University.
 - The student must be in good standing within the Department² and the University.
 - The student must be registered for clinical academic credit the term in which the experience is requested.
 - The student's advisor and thesis committee must agree to the request.
 - All academic courses must be completed, except for thesis credit.
 - The student may not receive compensation, in any form, without specific approval from the Department Chair, the Clinical Director, and in accordance with current ASHA standards.
 - The student must sign that they agree to, and understand, the conditions and information set forth in this memorandum.
 - Either the Department or the Clinical Supervisor may recommend, in consultation with each other, termination of the clinical experience for the student at any time based on performance assessment.

¹ The guiding principle is that the Clinical Supervisor will be proactively involved in the assessment of the student, and will work with the Clinical Director when problems first occur.

² In accordance with the department Graduate Handbook (this is posted on the Department website).

The overriding philosophy and intent of these guidelines and policies is to maintain appropriate accountability and quality of the educational process. As such, the Department maintains its sole right to make determination as to the appropriateness of all educational experiences and its ability to approve, disapprove asses, permit continuance or discontinuance, and evaluate academic and clinical education of all students seeking a degree in Communication Disorders from Brigham Young University.

I have read this document and agree to its guidelines, requirements, and principles. I understand that, regardless of personal hardships or inconveniences, this request may be withdrawn at any time, including the time period that I am actively involved in the clinical experience. I also understand that failure to meet the conditions of this memorandum may result in the disallowance of the clinical experience even upon completing the clinical experience. I further understand that the Department has sole discretion in granting, interpreting, implementing, and assessing the clinical experience. I also understand that I may exercise my rights to grievance as permitted by policies and procedures of Brigham Young University.

I understand that the Department, Brigham Young University, or any of its authorized agents have no financial obligation and are not responsible for any financial or other inconvenience or obligation resulting from exercising its processes as set forth in this document and other documents governing matriculated students at Brigham Young University.

Signing this memorandum affirms that you have read the document and that you have received a copy of the document. You will receive separate written approval of your request. This document does NOT represent approval.³

Student Name (print)

Student Identification No.

Student Signature

Date

Department Representative (print)

Department Signature

Date

³ A scanned copy of the signed document is to be placed in the Student's electronic file.

BYU Internship Office Policy for T grades and I grades

1. A grade of **T** indicates course work in progress and is used only in certain approved courses in which an internship may extend beyond the semester or term when it was begun. When the internship is completed, the T grade may be changed by means of a grade change form to A, B, C, D, E, or P, depending on the grade rule for the course.

The T grade is to be used at the department's discretion in the following cases:

- When the calendar start and end dates of a student's internship do not coincide with the start and end dates of a BYU semester or term.
- When a student is participating in an internship that extends across multiple semesters or terms. The student may enroll for the entire number of internship credits during the first semester or term and receive a T grade until the student completes the internship hours and course assignments, at which time the T grade will be changed to a letter grade or a pass/fail grade. (The student may also split the total number of credit hours and enroll anew for each additional semester or term that the student participates in the internship.)
- When, in rare cases, students are not able to complete all the required hours on site for an internship within a given semester or term because the internship provider for some reason does not have enough meaningful work for the student to do for a period of two or three weeks. In such a case, a T grade may be given while the student completes additional work elsewhere to achieve the required hours.

However, there are two cases in which a department may not use its discretion but must follow these policies:

- Students participating in an International Study Program through the Kennedy Center must be enrolled for every term or semester in which they are abroad (e.g., both spring and summer if they are abroad during both terms). Students proposing their own individual internship to International Study Programs will still be able to choose the number and the allocation of credits in conjunction with their academic department.
- International students may receive a T grade only if the internship course is a requirement for the student's declared major.

Normally, a T grade should remain on a student's record no more than one year; it should be changed to a regular letter grade as soon as the student completes the work.

The BYU Internship Office relies on the integrity and good faith of internship coordinators not to abuse the T grade policy. For example, by allowing students to enroll for an internship before it actually begins so that the students can avoid paying tuition for the internship during a subsequent term or semester, internship coordinators may cause enrollment counts and faculty workloads to be reported inaccurately. Such inaccuracies have implications for the way university funding is distributed.

In nearly all cases, it will be possible to determine at the outset of an internship whether the T grade will be necessary to use. In such cases, the professor should explain to the intern why the T grade will be assigned and when it will be changed to a regular letter grade. When students are enrolling for an internship that can reasonably be completed by the grade deadline for a semester or term, professors should not lead students to believe that they can receive a T grade if their work piles up and it is difficult for the student to finish it at the end of the internship.

In other words, the T grade is not to be used like the Incomplete grade, simply to give students a little more time to finish up work that should have and could have been completed within the boundaries of a regular semester or term. If students find it difficult to complete all the academic requirements associated with an internship (e.g., paper, portfolio, or project), perhaps the professor needs to set due dates earlier or scale back the scope of the requirements so that students can reasonably finish by the time grades are due. If the academic expectations are reasonable, and the student simply does not hand in the work on time, the student's final grade should reflect the missing assignments. (For students who have legitimate difficulties that prevent them from completing work by the grade deadline, see the policy for I grades below.)



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

Code of Ethics

Reference this material as: American Speech-Language-Hearing Association. (2010). *Code of Ethics* [Ethics].
Available from www.asha.org/policy.

Index terms: ethics

doi:10.1044/policy.ET2010-00309

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Preamble

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by speech-language pathologists, audiologists, and speech, language, and hearing scientists. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose.

Every individual who is (a) a member of the American Speech-Language-Hearing Association, whether certified or not, (b) a nonmember holding the Certificate of Clinical Competence from the Association, (c) an applicant for membership or certification, or (d) a Clinical Fellow seeking to fulfill standards for certification shall abide by this Code of Ethics.

Any violation of the spirit and purpose of this Code shall be considered unethical. Failure to specify any particular responsibility or practice in this Code of Ethics shall not be construed as denial of the existence of such responsibilities or practices.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics as they relate to the responsibility to persons served, the public, speech-language pathologists, audiologists, and speech, language, and hearing scientists, and to the conduct of research and scholarly activities.

Principles of Ethics, aspirational and inspirational in nature, form the underlying moral basis for the Code of Ethics. Individuals shall observe these principles as affirmative obligations under all conditions of professional activity.

Rules of Ethics are specific statements of minimally acceptable professional conduct or of prohibitions and are applicable to all individuals.

Principle of Ethics I

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

Rules of Ethics

- A. Individuals shall provide all services competently.
- B. Individuals shall use every resource, including referral when appropriate, to ensure that high-quality service is provided.
- C. Individuals shall not discriminate in the delivery of professional services or the conduct of research and scholarly activities on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.
- D. Individuals shall not misrepresent the credentials of assistants, technicians, support personnel, students, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name and professional credentials of persons providing services.
- E. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, and judgment that are within the scope of their profession to assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.

- F. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services to assistants, technicians, support personnel, or any other persons only if those services are appropriately supervised, realizing that the responsibility for client welfare remains with the certified individual.
- G. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession to students only if those services are appropriately supervised. The responsibility for client welfare remains with the certified individual.
- H. Individuals shall fully inform the persons they serve of the nature and possible effects of services rendered and products dispensed, and they shall inform participants in research about the possible effects of their participation in research conducted.
- I. Individuals shall evaluate the effectiveness of services rendered and of products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.
- J. Individuals shall not guarantee the results of any treatment or procedure, directly or by implication; however, they may make a reasonable statement of prognosis.
- K. Individuals shall not provide clinical services solely by correspondence.
- L. Individuals may practice by telecommunication (e.g., telehealth/e-health), where not prohibited by law.
- M. Individuals shall adequately maintain and appropriately secure records of professional services rendered, research and scholarly activities conducted, and products dispensed, and they shall allow access to these records only when authorized or when required by law.
- N. Individuals shall not reveal, without authorization, any professional or personal information about identified persons served professionally or identified participants involved in research and scholarly activities unless doing so is necessary to protect the welfare of the person or of the community or is otherwise required by law.
- O. Individuals shall not charge for services not rendered, nor shall they misrepresent services rendered, products dispensed, or research and scholarly activities conducted.
- P. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if their participation is voluntary, without coercion, and with their informed consent.
- Q. Individuals whose professional services are adversely affected by substance abuse or other health-related conditions shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.
- R. Individuals shall not discontinue service to those they are serving without providing reasonable notice.

Principle of Ethics II

Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence and performance.

Rules of Ethics

- A. Individuals shall engage in the provision of clinical services only when they hold the appropriate Certificate of Clinical Competence or when they are in the certification process and are supervised by an individual who holds the appropriate Certificate of Clinical Competence.
- B. Individuals shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their level of education, training, and experience.
- C. Individuals shall engage in lifelong learning to maintain and enhance professional competence and performance.
- D. Individuals shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's competence, level of education, training, and experience.
- E. Individuals shall ensure that all equipment used to provide services or to conduct research and scholarly activities is in proper working order and is properly calibrated.

**Principle of Ethics
III**

Individuals shall honor their responsibility to the public by promoting public understanding of the professions, by supporting the development of services designed to fulfill the unmet needs of the public, and by providing accurate information in all communications involving any aspect of the professions, including the dissemination of research findings and scholarly activities, and the promotion, marketing, and advertising of products and services.

Rules of Ethics

- A. Individuals shall not misrepresent their credentials, competence, education, training, experience, or scholarly or research contributions.
- B. Individuals shall not participate in professional activities that constitute a conflict of interest.
- C. Individuals shall refer those served professionally solely on the basis of the interest of those being referred and not on any personal interest, financial or otherwise.
- D. Individuals shall not misrepresent research, diagnostic information, services rendered, results of services rendered, products dispensed, or the effects of products dispensed.
- E. Individuals shall not defraud or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants for services rendered, research conducted, or products dispensed.
- F. Individuals' statements to the public shall provide accurate information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.
- G. Individuals' statements to the public when advertising, announcing, and marketing their professional services; reporting research results; and promoting products shall adhere to professional standards and shall not contain misrepresentations.

Principle of Ethics IV

Individuals shall honor their responsibilities to the professions and their relationships with colleagues, students, and members of other professions and disciplines.

Rules of Ethics

- A. Individuals shall uphold the dignity and autonomy of the professions, maintain harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.
- B. Individuals shall prohibit anyone under their supervision from engaging in any practice that violates the Code of Ethics.
- C. Individuals shall not engage in dishonesty, fraud, deceit, or misrepresentation.
- D. Individuals shall not engage in any form of unlawful harassment, including sexual harassment or power abuse.
- E. Individuals shall not engage in any other form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
- F. Individuals shall not engage in sexual activities with clients, students, or research participants over whom they exercise professional authority or power.
- G. Individuals shall assign credit only to those who have contributed to a publication, presentation, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
- H. Individuals shall reference the source when using other persons' ideas, research, presentations, or products in written, oral, or any other media presentation or summary.
- I. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.
- J. Individuals shall not provide professional services without exercising independent professional judgment, regardless of referral source or prescription.
- K. Individuals shall not discriminate in their relationships with colleagues, students, and members of other professions and disciplines on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.
- L. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation, nor should the Code of Ethics be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.
- M. Individuals who have reason to believe that the Code of Ethics has been violated shall inform the Board of Ethics.
- N. Individuals shall comply fully with the policies of the Board of Ethics in its consideration and adjudication of complaints of violations of the Code of Ethics.