MS MedSLP Program and Clinical Education Handbook

Academic Year 2026-2027

Master of Science in Medical Speech-Language Pathology

Rocky Mountain University of Health Professions

The program reserves the right to make changes to any program guidelines set forth in this handbook. When a change is made, notification will be provided within ten business days.

Document Control

Version: 2.1

The MS MedSLP education program in speech-language pathology {residential) at Rocky Mountain University of Health Professions is accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association, 2200 Research Boulevard, #310, Rockville, MD 20850, 800-498-2071 or 301-296-5700.

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Introduction to the Program Manual

Preface

Students in the Master of Science in Medical Speech-Language Pathology program (hereafter referred to as the MS MedSLP program) are officially considered students at Rocky Mountain University of Health Professions (RMU). MS MedSLP students are therefore expected to comply with the regulations and academic standards specified in the most current edition of the University Handbook.

This handbook provides policies, procedures, and requirements specific to the RMU MS MedSLP program. It is a combined document that incorporates both the academic program and the clinical education that runs alongside it, and it replaces the separate program handbook and clinical education manual that preceded it. Students enrolled in the program are expected to be familiar with the information in this handbook and in the University Handbook, and to acknowledge that they have reviewed the material by signing the forms found in the Appendix.

- Student Acknowledgment of MS MedSLP Program Policies and Procedures
- Student Informed Consent
- Multimedia Release Consent
- Health Insurance Statement
- Consent for Release of Information

RMU reserves the right to change any provision or requirement, including fees, contained in this informational document at any time, with or without notice.

Please read this handbook carefully. Questions related to the content of this manual should be directed to the Program Director.

General University and Program Contact Information
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Accreditation and Professional Standards

The residential Master of Science in Medical Speech-Language Pathology program at Rocky Mountain University of Health Professions is accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) of the American Speech-Language-Hearing Association, 2200 Research Boulevard #310, Rockville, MD 20850; 800-498-2071.

The standards that govern the program and the credential it leads to are the CAA Standards for Accreditation (2017 Standards; revisions effective January 1, 2023), the CFCC 2020 Speech-Language Pathology Certification Standards, the ASHA Code of Ethics, and the ASHA Scope of Practice in Speech-

Language Pathology. Current links to each are maintained in Appendix F, and the requirements they impose are reflected throughout this handbook wherever they apply — most directly in the prerequisite, clinical-hour, and certification sections.

Student Acknowledgement of Policies and Procedures

The student must sign acknowledgement and confidentiality in the RMU 101 introductory course prior to matriculation into the program.

University Handbook, MS SLP Program Student Handbook, MS SLP Clinical Education Handbook, Honor Code Acknowledgment, Attendance Policy and Statement of Confidentiality.

By signing below, I....., agree that I have received, read, and understand all information contained in the Rocky Mountain University of Health Professions University Handbook, the MS SLP Program Student Handbook and the MS SLP Program Clinical Education Handbook. I also agree that I will adhere to and abide by the rules and regulations contained therein, which include, but are not limited to, the University Honor Code and code of conduct. I am aware of the consequences of violations of specific policies and standards, including plagiarism and dishonesty.

Key Contacts

Role	Name	Phone	Email
Program Director	Wendy Chase, PhD, CCC-SLP, CHSE	—	wendy.chase@rm.edu
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The full faculty and staff roster appears in Appendix E. (Program Director phone to confirm.)

Section I — Program Overview

Institution Mission

The mission of Rocky Mountain University of Health Professions is to educate current and future healthcare professionals for outcomes-oriented, evidence-based practices. The University demonstrates its mission fulfillment through the quality of its education and the success of its students in academic programs that develop leaders skilled in clinical inquiry and prepared to effect healthcare change.

Program Mission

The mission of the Master of Science in Medical Speech-Language Pathology (MS MedSLP) program is to prepare students to provide comprehensive, evidence-based, client/patient-centered care for the betterment of society, and who will remain committed to lifelong professional growth and collaborative practice.

Where excellence prevails, we educate and empower students to serve their communities as skilled, reflective practitioners. Graduates of the program are committed to lifelong learning, interprofessional collaboration, and upholding the highest standards of ethical and clinical excellence.

Program Vision

The vision of the MS SLP program aligns with the vision of Rocky Mountain University of Health Professions to advance healthcare quality, delivery, and efficacy. The program will accomplish this by ensuring our graduates demonstrate the core principles of scholarship, research, interprofessional collaborative practice, and exceptional clinical competence in service. Our students will lead by creating professional standards for the integration of best practices and modeling the behaviors that enhance systematic change.

Program Description

The Master of Science in Medical Speech-Language Pathology (MS MedSLP) is a 60-credit, twenty-four-month, full-time post-baccalaureate professional degree, and it is the terminal degree in the field. It prepares students for entry-level practice as speech-language pathologists across the full scope of the profession, with particular attention to medical settings and the patients served in them. A student who completes the degree is eligible to sit for national certification as a speech-language pathologist — the Certificate of Clinical Competence (CCC-SLP) — and, upon passing the national examination and completing the Clinical Fellowship, may practice as a licensed speech-language pathologist.
The program is completed as a cohort over six consecutive semesters. The first year is fully residential: students complete all core coursework and three on-campus practicum courses across the first three semesters. In the second year, students move into off-campus clinical externships while completing their remaining required courses and their elective courses. The course of study must be completed within three years of matriculation.

Program Outcomes

The MS MedSLP Program goals are shaped by, and accountable to, a wider structure of planning that begins at the University and is carried through the College of Rehabilitation Sciences. The program's own strategic plan advances the mission it shares with both, which is to prepare clinicians who deliver comprehensive, evidence-based, person-centered care. That mission is, in turn, an expression of the

College's charge to educate rehabilitation professionals for excellence in patient-centered practice, clinical inquiry, and ethical, interprofessional care. That charge itself operationalizes the University's corporate strategic plan. The sections that follow present each of these in turn, beginning with the RMU Corporate Strategic Plan, followed by the College of Rehabilitation Sciences Common Goals, and then the MS MedSLP Strategic Plan.

The program describes what it produces on two levels. Outcomes are the results we measure at and after a student's exit — the observable evidence that the program worked. Goals are the competency dimensions the curriculum builds toward, and they are what the outcomes ultimately rest on. Keeping the two distinct lets us map each course and clinical experience to the goals it develops and then hold the program accountable for the outcomes those goals produce.

Students who successfully complete the MS MedSLP program will:

- Demonstrate a minimum entry-level skill set consistent with ASHA standards and ethics by the end of the terminal clinical internship.
- Pass the Speech-Language Pathology Praxis examination.
- Secure employment in the field, at the time they choose, and pass the Praxis examination.
- Demonstrate leadership in the field through participation in community and professional organizations and scholarship.

These outcomes rest on five goals. Across the curriculum and clinical education, students develop:

1. Entry-level skill in autonomous practice — screening, examination, evaluation, diagnosis, prognosis, plan of care, intervention, referral, and outcomes assessment.
2. The ability to deliver effectively managed speech and swallowing services in a socially responsible manner, balancing altruistic principles with fiscal and fiduciary awareness.
3. Adherence to ethical standards of practice and legal and regulatory policy.
4. A commitment to excellence, lifelong learning, critical inquiry, and clinical reasoning, shown by skillfully incorporating current evidence into practice.
5. The capacity to continue their own professional development and to take on leadership in the field.

The outcomes rest on the goals as follows:

Program Outcome	Supporting Goals
Entry-level skill set consistent with ASHA standards and ethics	Goals 1–5
Pass the Praxis examination	Goals 1–4
Secure employment in the field	Goals 1–5
Demonstrate leadership through organizations and scholarship	Goal 5

These outcomes and goals are subject to revision by the program curriculum committee, and the curriculum describes how students reach them at a level appropriate to entering the clinical fellowship.

Entry-Level Clinical Fellowship Competencies

The faculty identifies a set of competencies expected of a graduate performing at the entry level as a Clinical Fellow. These competencies, also known as Entrustable Professional Activities (EPA) are separate from the Big 9 competency areas used to assess clinical performance across

the practicum sequence, which are described in Section VI and detailed in Appendix D. The Big 9 track a student's developing independence over the six semesters, whereas the competencies below describe the performance expected of a new Clinical Fellow at the point of entry into the fellowship. Each area is summarized.

Competency Area/EPA/Student Program Outcomes	Brief Description
Comprehensive Assessment	Complete comprehensive assessments including appropriate screenings without high-stakes or fast-paced demand.
Management Plan Development	Create detailed management plans including evaluation, treatment, education, consultation, and coordination.
Treatment-Management Services	Deliver client-centered, culturally adaptive, trauma-informed treatment, managing data collection and adaptation within sessions.
Caseload Management	Manage caseload effectively, using organizational and prioritization frameworks adaptable to changes.
Program Development	Develop preventive and educational programs collaboratively, responsive to community needs.
Supervision	Supervise paraprofessionals, volunteers, family or community members or allied health providers in accordance with management plans.

Program Philosophy

RMU has established itself as a student-centered, outcomes-oriented institution, and the MS MedSLP program threads the concepts of evidence-based practice through every one of its components. The program recognizes that even with the best technology and curriculum, the heart and soul of the program is the student. We employ a learner-centered model in which students are active participants in their own education through problem-based learning, skills laboratories, case studies, simulated clinical experiences, group discussion and inquiry, student presentation, independent study, writing components, and applied clinical work. Faculty remain invested in every course rather than only their own, educating one another on developments in the field and asking students to carry what they learn in one course into the next. As the program progresses, responsibility shifts deliberately toward the student, so that teachers and students increasingly collaborate in the discovery and application of new knowledge and skills.

The aim throughout is not technical skill alone but professional formation; the development of each student as a clinician shaped by faculty modeling as much as by coursework. Program faculty embody this same commitment in patient care, and they introduce it first with students. What a student learns to do for themselves, they will one day do for a patient, and the medical model describes how. The model treats the patient as the center of a management plan drawn from many sources of information,

within and beyond the role of the speech-language pathologist. Every full-time MS MedSLP faculty member works with patients in direct care, whether in our own clinic or alongside community partners, because applying theory to practice allows us to model clinical reasoning and to remain attentive to the needs of a developing clinician. The parallel is intentional. A program that keeps the student at the center,

graduates clinicians who keep the patient at the center.

That clinical orientation rests on several tenets.

- The medical model is an approach to care rather than a setting in which care is delivered, and it centers the whole person, including the goals, history, relationships, and circumstances unique to each individual, regardless of where services take place.
- A patient's management is built holistically, drawing on many sources within and beyond the role of the SLP to develop an optimal plan of care in which medical ethics carry equal weight with the ASHA Code of Ethics.
- The medical SLP serves as a collaborator, and collaborators include anyone meaningful to the patient. The medical SLP also weighs the patient's goals, practice setting, and stage of life, recognizing that the patient's journey began before the SLP entered it and will continue after.
- Competence at entry depends on the deliberate use of frameworks that build self-assessment, reflective practice, clinical inquiry, critical thinking, clinical judgment, and ethical problem-solving.

In keeping with both the University and Program missions, we recruit a dynamic and diverse faculty who share a common desire to influence the field of speech-language pathology by modeling both clinical and teaching excellence, and we build the curriculum on the recognition that even the best technology and content matter less than the student at the center of them. This is not only how we teach but what we teach. A student who is kept at the center, and treated as the colleague they will soon become, learns to build care in the same way for the patients they will one day serve. What the program requires of its students, it requires first of itself.

Program Assessment and Continuous Improvement

The Strategic Plan Executive Summary 2026

Program assessment in the MS MedSLP Program operates as the program's addendum to University Policy 3010, Continuous Improvement. A current link to the policy is maintained in Appendix F, and the policy is available here as well.

University Policy 3010

The program annual review includes the curriculum review process, the course evaluation, student performance in courses and on specific assignments throughout the year, the semi-annual and annual reports to the Dean and Provost, and the review of the graduating class exit surveys as well as the information provided by supervisor self-assessment, community preceptor feedback (eValue forms), and competency trends for cohorts. Praxis results, need for accommodation, and student attrition are also considered. The institutional effectiveness data collected through the Watermark PSS software is also considered. CSDCAS data and admissions data are used to identify trends. Periodically conducted ASHA workforce studies are also used to compare the curriculum with workforce trends.

The MS MedSLP program conducts a program review in January of each year. This is completed with the program's full faculty and staff. The MS MedSLP Program Strategic Plan is reviewed and updated as appropriate. Review of program outcomes must include the elements described below.

Mission Fulfillment Goals (SLL). Check each key assignment for currency, assignment to formative or summative assessment, and student performance. All Mission Fulfillment Goals are set at a minimum criterion of 80% by the university. The MS MedSLP program may elect to set a more stringent criterion for any goal. Those should be reflected in the program's strategic plan.

Program Student Outcomes. The wording of the program outcomes should be reviewed to ensure alignment with the competency-based education standards. This is an evolving process that is expected to be ongoing. The program's outcomes will include entrustable professional activities (EPA) as they are developed.

Curriculum Map. The program should review the competency-based assessment measures for each course or experience. Knowledge, skills, attitudes, and clinical reasoning (domains) assessments should be present in each course. Assessment measures should integrate these domains across courses and experiences and throughout the six semesters of the program. Milestones that represent key assessment points for continued progress should be identified and reviewed.

Faculty Teaching Peer Review and Course Survey Results. Review trends across the program, specifically trends in face-to-face versus hybrid courses. The eValue data for practicum preceptor assessment by students and preceptor self-assessment should also be reviewed. Strategic plan goals based on trends should be introduced with faculty consensus.

Admissions and Enrollment. Information from the Enrollment department, CSDCAS/Webadmit, the program and CCD websites, the OneDrive student support page, the USBE grant program, and University Marketing should be reviewed. A meeting with representatives from the relevant departments should be scheduled to resolve issues or propose initiatives. Regional and national trends should also be reviewed.

Accreditation. The program's accreditation annual report for CAA and the Dean's annual report should be reviewed. The program outcome data, including PRAXIS pass rates and on-time program completion rates, should be reviewed and submitted to the Web Team via a ticket to update the website. This may also include employment information.

The outcomes of this annual review inform the program's strategic plan. A summary of that plan, together with the College and University goals it advances, is provided in Appendix G.

Center for Communication Disorders (CCD). Community needs, clinic initiatives, and programs should be reviewed in relation to curriculum demands, student needs, and staffing. CCD programs may be initiated, modified, or eliminated with faculty consensus.

Workload. The program's workload (including didactic and clinical education, scholarship, and research initiatives) should align with the job description's percentage breakdown and with individual staff and faculty interests and priorities.

Faculty and Staff Development. Opportunities for continuing education and professional development should be reviewed for each program member. Plans for distributing funds and allocating time to pursue initiatives should consider the value to the program, the employee's satisfaction, and the students' needs.

1. Does the content of the curriculum align with current EBP and industry best practices?

2. Does the curriculum structure and philosophy align with current best practices in scholarship of teaching and learning?
3. Does the delivery of the curriculum, including teaching methods and strategies, reflect the program's pedagogical themes (etiology, case complexity, clinical reasoning and judgment, and reflective practice and self-advocacy)?
4. Did the faculty's professional development produce sufficient and appropriate opportunities to advance their scholarship agenda?

Space Needs. The process used to determine space needs includes;

- Review of the ClinicNote scheduling calendar trends,
- the availability of supplemental spaces to meet clinical education needs,
- access time to, and availability of multi-disciplinary lab spaces (e.g., standardized patient exam rooms or the CPR training lab),
- the space necessary for existing, expanded, and new equipment and supplies to support the curriculum,
- spaces that support faculty scholarship goals,
- sufficient space for both access to other faculty and private conferences,
- ADA compliance for faculty, staff, students, clinical education participants, and standardized patients, and
- Parking for the same, including sufficient handicapped spaces.

Plan Distribution. An executive summary of the strategic plan updates is produced and provided to the department's website link, the Dean of the College of Rehabilitation Sciences, and to the faculty and staff via the faculty meeting. The alumni and community RMU newsletters are sent periodically through the marketing department. The link to strategic plan executive summaries will be sent for distribution to the marketing department starting in September 2026.

Section II — Program Curriculum and Schedules

Pedagogical Philosophy of the Program (1).docx

Curriculum Scope and Sequence

The professional curriculum prepares students for entry-level practice across the scope of speech-language pathology. Coursework and clinical experience together address the assessment and treatment of childhood speech sound disorders, motor speech disorders, craniofacial anomalies, traumatic brain injury, and neurogenic language disorders, along with aphasia, fluency disorders, and the patient assessment and supervised practicum that carry across all of these areas. The curriculum also addresses health policy, diversity, and the professional practice issues that shape service delivery.

Not all courses are offered every term, and the presence of a course in this handbook does not obligate the program to offer it each year. The university reserves the right to offer, limit, or cancel course offerings for academic, staffing, or facility reasons, and courses are generally offered only when they meet the university’s minimum enrollment thresholds. The current course sequence for each cohort is maintained in the program’s curriculum document, linked from the cohort site.

The curriculum comprises a minimum of 60 credits, organized into five categories of coursework. Core courses (14 courses, 32 credits) build the knowledge base across the scope of practice and are completed in the first year. Clinical methods courses (6 courses, 11 credits) address the professional and procedural dimensions of clinical work. Lab and practicum courses (6 courses, 12 credits) carry out the applied clinical sequence, comprising three on-campus Clinical Practice Application Labs in the first year and three off-campus Clinical Externships in the second. Capstone courses (5 courses, 5 credits) carry out the research and scholarly project sequence described under The Capstone Project. Advanced seminar elective courses are optional and allow students to pursue concentration interests; a student may complete up to 12 elective credits, for a maximum of 72 program credits.

Each category carries a distinct role in preparing students for entry level practice.

Core courses develop the knowledge base across the scope of practice — from the neural bases of communication and swallowing through the assessment and treatment of speech sound, language, motor speech, neurogenic, cognitive-communication, voice and resonance, fluency, and swallowing disorders, along with augmentative and alternative communication and counseling. Students complete all core courses in the first year.

- Clinical methods courses address the professional and procedural dimensions of clinical practice, including professional communication and diagnosis, ethics and diversity, regulation and law, documentation and business practices, supervision, and the transition from student to Clinical Fellow.
- Lab and practicum courses carry the applied clinical sequence: three Clinical Practice Application Labs provide hands-on, simulation-based application on campus in the first year, and three Clinical Externships provide supervised off-campus practicum in the second.
- Capstone courses carry out the research and scholarly-project sequence — Research Methods and four Capstone Seminars — culminating in the capstone project described under The Capstone Project in Section II.
- Advanced seminar elective courses are optional and let students pursue concentration interests across clinical service areas, service delivery areas, and professional practice areas. Offerings vary by semester and may be delivered as intensive one- or two-day seminars, instrumentation workshops, or learner-driven virtual materials, sometimes with synchronous sessions.

The typical scope and sequence are shown below. Specific term dates are cohort-specific and are maintained, along with the current course list, in the program's curriculum document linked from the cohort site.

Semester	**Courses (credits)**	**Credits**
Semester 1 (Year 1, Fall)	SLP 612 Neural Bases for Communication & Swallowing (3) SLP 616 Assessment/Treatment of Childhood Speech Sound Disorders (3) SLP 618 Assessment/Treatment of Childhood Language Disorders (3) SLP 620 Medical Speech-Language Pathology I (2) SLP 622 Clinical Methods I (2) SLP 623 Research Methods (1) SLP 661 Clinical Practice Application Lab I (2)	17

	SLP 719 Counseling (1)	
Semester 2 (Year 1, Winter)	SLP 624 Assessment/Treatment of Motor Speech Disorders (2) SLP 626 Assessment/Treatment of Adult Neurogenic Language Disorders (2) SLP 628 Clinical Methods II (2) SLP 630 Capstone Seminar I (1) SLP 644 Dysphagia I (3) SLP 648 Assessment/Treatment of Voice & Resonance Disorders (3) SLP 652 Augmentative & Alternative Communication Disorders (2) SLP 662 Clinical Practice Application Lab II (2)	17
Semester 3 (Year 1, Summer)	SLP 634 Capstone Seminar II (1) SLP 636 Dysphagia II (2) SLP 638 Medical Speech-Language Pathology II (2) SLP 640 Clinical Methods III (2) SLP 646 Assessment/Treatment of Cognitive-Communication Disorders (2) SLP 650 Assessment/Treatment of Fluency Disorders (2) SLP 663 Clinical Practice Application Lab III (2)	13
Semester 4 (Year 2, Fall)	SLP 654 Clinical Methods IV (2) SLP 658 Clinical Externship I (2) SLP 668 Capstone Seminar III (1) Advanced Seminar Elective course(s), optional (1–4)	5–9
Semester 5 (Year 2, Winter)	SLP 660 Clinical Methods V (2) SLP 720 Capstone Seminar IV (1) SLP 722 Clinical Externship II (2) Advanced Seminar Elective course(s), optional (1–4)	5–9
Semester 6 (Year 2, Summer)	SLP 734 Clinical Externship III (2) SLP 735 Clinical Methods VI (1) Advanced Seminar Elective course(s), optional (1–4)	3–7

Total minimum required credits: 60. With advanced seminar elective concentration credits, the program totals up to 72 credits. Not all courses are offered every term, and course offerings are subject to change.

The Capstone Project

The capstone is the program's integrative scholarly project, completed alongside the clinical competency targets, the cumulative self-assessment of clinical competence, and the course and milestone requirements that together qualify a student for graduation. Through it, students complete an evidence-based review and analysis of a clinical practice area, demonstrate depth of knowledge in an area of clinical interest, and make a contribution to the profession — whether by adding to the evidence base, educating others, advancing the profession in the community, or developing usable materials.

The project develops across the program in a deliberate sequence, tied to the capstone and methods courses:

Semester	Course(s)	Primary Outcome	Comprehensive Exam Elements
Fall 1	Research Methods	Establish foundations for research design, review types of research methodology, explore research rigor, and complete CITI training.	Ethical approach to research, participant protection, levels of evidence.
Winter 1	Capstone 1	Explore the single-subject design, systematic review, and meta-analysis. Conduct a critical appraisal of these study types and explore several areas of clinical interest through literature search strategies (PICO).	Nature of EBP, professional collaboration with knowledgeable mentors, development of clinical inquiry skills, integration of new information with existing schema. Use self-assessment and clinical inquiry skills.
Summer 1	Capstone 2	Submit a project proposal. Begin meetings with assigned advisor to refine the PICO question and establish early search strategies. Complete the semester with a well-developed project outline and at least 10 sources identified for literature review. Practice writing methods section, comparing resources or studies, and drawing independent conclusions from research. Practice application of research results to clinical practice.	Identify how issues of diversity, ethics, and equity affect EBP. Demonstrate integration of these concepts in the assessment of the quality of EBP.
Fall 2	Capstone 3	Complete a written literature review using APA standards that ends with a proposed deliverable to address a gap or conclusion identified. Meet regularly with the faculty or SLPD student mentor to develop the application project.	Demonstrate professional academic writing using APA format. Complete the literature search methodology using various tools and ethical use of AI supports, identify gaps in the literature, and draw reasonable conclusions to apply literature results to clinical practice.
Winter 2	Capstone 4	Complete the deliverable portion of the capstone and prepare an oral defense presentation to the adjudicating committee regarding the literature review, project outcomes/deliverables, and recommendations for future research directions.	Develop materials that support a contribution to the profession. Create a plan for distribution to the target audience.
Summer 2	Methods VI	Present the project to the adjudicating committee. Respond to questions regarding the research basis and independent conclusions included in the	Demonstrate oral presentation skills, ability to adapt EBP to the audience's needs, and respond to questions by integrating all three

		literature review. Present to an alternative audience. Present in the poster format.	sides of the EBP triangle. Present information in a visually engaging manner that illustrates the use of clinical reasoning and metacognitive skills. Adapt that presentation to meet the needs of an alternative audience at either the final externship site or the local community. Present the capstone literature review and deliverable product in poster form during the University Showcase.

By graduation, the capstone asks students to demonstrate independent clinical reasoning, professional academic writing, and the ability to adapt evidence to the needs of a given audience — the same habits of inquiry the program expects them to carry into practice.

Key Instructional Resources and Textbooks

- Liblynx
- MedBridge
- ClinicNote
- EValue
- EhrGo
- CAE/Elevate
- OrchestrateXR

Identification

Upon entering the program, each student is issued an identification badge and lanyard. The badge serves two purposes. It grants access to the buildings on campus, and it identifies the wearer as an MS MedSLP student. Campus buildings remain locked at all times and operate on badge access only, so students must have their badge to enter.

Students are expected to always carry their badge and identification with them when on campus, as well as during practicum assignments and clinical activities. Identifying oneself as a student to patients, caregivers, and staff maintains the transparency expected in a clinical setting. Badge and identification requirements specific to on-campus and off-campus clinical placements are described under the Dress Code in Section VI.

Registration Process

The MS MedSLP program follows a cohort model, so students' progress through the program together and take the same required courses that make up each semester's schedule. Registration for specific courses is coordinated by the program.

Each semester, students complete a course selection spreadsheet indicating their courses for the following semester, and the program submits this spreadsheet to the Registrar's office on behalf of the cohort. In the first year, students register for required courses only, so every student selects the same

set of courses on the spreadsheet. Completing the spreadsheet for each term ensures that enrollment, billing, and course access through Canvas are accurate before the semester begins.

In the second year, students continue to use the spreadsheet each semester and add advanced seminar elective courses of their choice to the required schedule. Students are responsible for confirming that their selected courses appear correctly on their registration before the semester begins.

Section III — Admissions

Prerequisite Coursework

Admission to the MS MedSLP program assumes a foundation the curriculum builds on rather than teaches from scratch — both in the communication sciences and in the broader sciences that ASHA certification requires. Prerequisite coursework falls into two categories, and the requirements differ between them.

The first is foundational coursework in human communication and swallowing. These courses are discipline-specific by design, and students are expected to have completed each before matriculation:

- Phonetics
- Anatomy of communication and swallowing
- Language disorders
- Speech and language development
- Speech science
- Audiology, aural rehabilitation, or hearing science

The second is the standalone science and statistics coursework that ASHA certification requires. Following the CFCC standards, students complete standalone coursework in each of the four areas below — three semester credit hours (or the equivalent) in each — fulfilling non-communication-sciences-and-disorders-specific university requirements:

- Biological sciences, emphasizing content related to human or animal biology (for example, general biology, human anatomy and physiology, neuroanatomy and neurophysiology, or human genetics)
- Chemistry or physics
- Social or behavioral sciences (for example, psychology, sociology, cultural anthropology, or public health)
- Statistics

Students are responsible for confirming that each course used to meet a standalone requirement satisfies the non-CSD-specific standard for ASHA certification.

Guided Clinical Observation (Pre-Program)

The 25 required hours of guided clinical observation must be completed prior to beginning the program and documented at the time of matriculation. Observation hours completed at the undergraduate level, or through a qualifying pre-program experience, satisfy this requirement, provided they were supervised by an ASHA-certified speech-language pathologist and are accompanied by documentation of the dates, hours, activities observed, and supervisor verification. Students who have not completed and documented these hours before the program begins will not be permitted to start direct clinical contact.

The guided observation must fall within the ASHA Scope of Practice in Speech-Language Pathology and must be supervised by a clinician who holds current ASHA certification and who, after earning the CCC-SLP, has completed a minimum of nine months of post-certification full-time experience (or its part-time equivalent) and a minimum of two hours of professional development in clinical instruction or supervision. Guided observation is an active experience rather than a passive one: it depends on communication between the clinical educator and the observer, not simply on viewing sessions or videos. Examples include debriefing a video recording, discussing therapy or evaluation procedures that were observed, and completing written records of the observations. Students may observe live and recorded sessions across settings and disorders, and the program determines how the guided-observation experience is documented; evidence includes the clinical educator's signature and documentation of the hours, dates, and activities observed.

- Guided observations will be sunset in the August 2027 Certification Standards, ASHA.

Transfer of Credits

It is not anticipated that many students would have credits to transfer into the MS MedSLP program, except under unusual circumstances. If this should be the case, students should refer to the University Handbook for institutional policy on the transfer of credits and consult with the program director. The limit on transfer credits in MS MedSLP is 10% of the curriculum (6 credits currently). An extension of up to 25% of curriculum (15 credits at this time) may be requested with approval by the Dean and Provost. All potential program transfer credits for the MS MedSLP program must be submitted for approval prior to enrollment in the program. See the University Handbook for further information.

Previous Clinical or Work Experience

The MS MedSLP program does not grant credit for practicum or clinical coursework based on prior work experience. All supervised clinical practicum and externship requirements must be completed within the program, and requests to substitute previous professional or clinical experience for any portion of the supervised practicum will not be considered.

Section IV — Core Performance Standards and Expectations

CAPCSD Core Functions and Technical Standards

Beyond academic standards, the program identifies a set of core functions — the cognitive, physical, sensory, communicative, and behavioral abilities necessary to complete the curriculum and to develop the professional attributes the faculty expect of every graduate. These functions apply to all students, and the program provides reasonable accommodation to otherwise qualified students with documented disabilities through the interactive process described under Non-Discrimination, Accessibility, and Accommodations in Section VII. A reasonable accommodation is one that does not fundamentally alter the program's requirements, pose a direct threat to safety, or impose an undue burden on the institution.

Communication

Audiologists and speech-language pathologists must communicate in a way that their patients/patients and others understand. Linguistic, paralinguistic, stylistic, and pragmatic variations are part of every culture, and accents, dialects, idiolects, and communication styles can differ from general American English expectations. Communication may occur in different modalities depending on the joint needs of involved parties and may be supported through accommodations as deemed reasonable and

appropriate to client/patient needs — for example, augmentative and alternative communication (AAC) devices, written displays, voice amplification, attendant-supported communication, oral translators, assistive listening devices, sign interpreters, and other non-verbal communication modes.

- Employ oral, written, auditory, and non-verbal communication at a level sufficient to meet academic and clinical competencies.
- Adapt communication style to effectively interact with colleagues, patients, caregivers, and invested parties of diverse backgrounds in various modes, such as in person, over the phone, and in electronic format.

Motor

Clinical practice involves a variety of tasks that require manipulation of items and environments. This may be accomplished through a variety of means, including but not limited to independent motor movement, assistive technology, attendant support, or other accommodations and modifications as deemed reasonable to offer and appropriate to the client/patient's needs.

- Engage in physical activities at a level required to accurately implement classroom and clinical responsibilities (for example, manipulating testing and therapeutic equipment and technology, client/patient equipment, and practice-management technology) while retaining the integrity of the process.
- Respond in a manner that ensures the safety of patients and others.

Sensory

Audiologists and speech-language pathologists use auditory, visual, tactile, and olfactory information to guide clinical practice. Such information may be accessed through a variety of means, including direct sensory perception and/or adaptive strategies such as visual translation displays, text readers, assistive listening devices, and perceptual descriptions by clinical assistants.

- Access sensory information to differentiate functional and disordered auditory, oral, written, and visual communication.
- Access sensory information to correctly differentiate anatomical structures and diagnostic imaging findings.
- Access sensory information to correctly differentiate and interpret text, numbers, tables, and graphs associated with diagnostic instruments and tests.

Intellectual / Cognitive

Audiologists and speech-language pathologists must engage in critical thinking, reasoning, and the comprehension and retention of information required in clinical practice. Such skills may be fostered through a variety of means, including assistive technology and/or accommodations and modifications as deemed reasonable and appropriate to client/patient needs.

- Retain, analyze, synthesize, evaluate, and apply auditory, written, and oral information at a level sufficient to meet curricular and clinical competencies.
- Employ informed critical thinking and ethical reasoning to formulate a differential diagnosis and to create, implement, and adjust evaluation and treatment plans as appropriate for the client/patient's needs.
- Engage in ongoing self-reflection and evaluation of one's existing knowledge and skills.
- Critically examine and apply evidence-based judgment in keeping with best practices for client/patient care.

Interpersonal

Audiologists and speech-language pathologists must interact with a diverse community of individuals in a manner that is safe, ethical, and supportive. Personal interaction styles may vary by individual and culture, and good clinical practice honors such diversity while meeting this obligation.

- Display compassion, respect, and concern for others during all academic and clinical interactions.
- Adhere to all aspects of relevant professional codes of ethics, privacy, and information-management policies.
- Take personal responsibility for maintaining physical and mental health at a level that ensures safe, respectful, and successful participation in didactic and clinical activities.

Cultural Responsiveness

Audiologists and speech-language pathologists have an obligation to practice in a manner responsive to individuals from different cultures, linguistic communities, social identities, beliefs, values, and worldviews. This includes people representing a variety of abilities, ages, cultures, dialects, disabilities, ethnicities, genders, gender identities or expressions, languages, national and regional origins, races, religions, sexes, sexual orientations, socioeconomic statuses, and lived experiences.

- Engage in ongoing learning about cultures and belief systems different from one's own, and about their impact on healthcare and educational disparities, to foster effective provision of services.
- Demonstrate the application of culturally responsive, evidence-based decisions to guide clinical practice.

These core functions are reviewed at regular intervals to ensure that current terminology, practice, and understanding are reflected.

Student Conduct and Code of Behavior

The program's code of behavior fits in a single sentence: treat yourself and others with respect. Everything else follows from it.

Respect yourself enough to know your limits and accept your fallibilities, and care for the whole of yourself — physical, mental, and emotional health included. Respect your peers by facilitating their learning alongside your own rather than adding barriers to it and treat your colleagues as resources whose different perspectives and strengths sharpen your own. Respect your patients and the trust they place in your care by bringing the best of yourself to them. Respect the learning process by recognizing that teaching is only half of the recipe: students must actively engage in every part of the work, including the tedious parts. Respect begins with showing up.

Conduct in a learning environment also asks for respect toward others in moments of vulnerability and willingness to try. Learners are not expected to know about the curriculum before it is taught, but they are expected to enter the uncomfortable space of possible failure as new knowledge, skills, and attitudes take hold. Learning takes practice, and practice is not perfect — nor should it be. Be kind and supportive toward your own needs, and sensitive to the vulnerability of others sharing the learning space.

Academic Integrity and the Responsible Use of AI

Students are held to the university's academic integrity standard, described under University Policies and Student Rights in Section VII. The program adds to that standard a specific approach to artificial

intelligence, because AI is now part of both the practice of medicine and the education that prepares students for it, and learning to use it responsibly is itself part of the training.

The program's stance is grounded in the framework the Association of American Medical Colleges offers for integrating AI into medical education. That framework keeps human judgment at the center, asks for ethical and transparent use, works toward equitable access, invests in the education needed to use these tools well, develops its approach through collaboration across disciplines, protects data privacy, and commits to monitoring and evaluating AI tools in the settings where they are actually used. The full framework is reproduced in Appendix H. The program's own AI guidelines, a student's best-practices guide, and supporting resources are maintained on the cohort Teams site.

Within that framework, the following guidelines govern student use of AI in any aspect of the program:

- Students may use AI when the instructor and the assignment allow it. When in doubt, the responsibility to ask rests with the student.
- Students are encouraged to ask for clarification about which tools are permitted and how they may be used whenever there is any uncertainty.
- When AI is permitted and used, that use must be cited within the assignment. The Student Guide to Artificial Intelligence, in the cohort Teams file section, shows how to report it, and a flow chart in the same location helps students decide when and how to use AI well and ethically.
- Faculty use AI-detection tools to gather information and identify trends, not to render verdicts. No decision to refer a student for suspected plagiarism is made on the basis of an AI-detection tool alone.

The through-line is straightforward: AI is a tool a developing clinician must learn to use with judgment and transparency, not a shortcut around the learning the program exists to provide.

ASHA Code of Ethics

ASHA Code of Ethics 2023

Section V — Academics

Advising

Students can expect frequent interaction with all faculty and are encouraged to seek out whichever faculty member is best suited to a given question rather than routing everything through a single person. The program also assigns each student a faculty advisor for the situations where that matters: when a process needs to be documented, when a student is unsure which resource to consult, or when a concern needs to be addressed that the student has already raised directly with the other person involved.

Course Delivery and Types of Courses

Course Delivery

The MS MedSLP program is delivered in two phases that follow its residential-to-distance structure. In the first year — Semesters 1 through 3 — the program is fully residential. Students complete all core courses during these three semesters, taught synchronously and primarily onsite and in person. In the same period, students complete three on-campus practicum courses in the Center for Communication

Disorders, so that classroom learning and supervised clinical practice develop side by side (see Section VI).
In the second year — Semesters 4 through 6 — students complete their off-campus clinical externships along with their remaining required courses and their elective courses. Second-year courses are delivered as distance courses. Depending on course content, they may be offered asynchronously or synchronously at the instructor's discretion, so that coursework can accommodate the varied schedules and locations of students on externship.
All courses, in both years, are delivered through Canvas, the university's learning management system. Students access syllabi, course materials, assignments, and grades through Canvas whether a course meets in person, synchronously online, or asynchronously.

In accordance with CAA Standards 3.1.1B and 3.8B, students receive education and demonstrate appropriate application of regulatory, confidentiality, ethical, infection-control, and client-safety requirements, including HIPAA, FERPA, universal precautions, and applicable federal, state, institutional, and clinical-site policies. These requirements are met during orientation via a MedBridge Knowledge Track:
Knowledge Track: Orientation Healthcare Basics

1. HIPAA Compliance
    a. HIPAA Microlearning: Practices to Protect Healthcare Information
    b. HIPAA: Clinical Training for the Healthcare Setting
2. Safe and Inclusive Workplace
    a. Recognizing, Responding To, and Preventing Sexual Harassment: In The Healthcare Workplace
    b. Identifying And Responding To Domestic Violence and Child and Elder Abuse and Neglect
    c. Inclusive Care: Culturally Competent Resources to Meet Diverse Needs
    d. The Health Equity Journey: Civil Rights and Next Steps Toward Preventing Bias, Discrimination, and Disparity
3. Infection Control
    a. Infection Prevention and Control: Standard Precautions and Other Fundamentals
    b. Osha: Environmental Cleaning
    c. Hand Hygiene: The Key to Infection Control
    d. Osha Bloodborne Pathogens: Preventing and Responding to Exposure
    e. Osha: Hazard Communication and Safety Data Sheets

    All are documented on completion certificate which is uploaded as a Canvas assignment and in eValue.

Grading

The program’s grading standards rest on a simple premise: the passing threshold marks minimum basic competence, and in a clinical profession that threshold sits above the university minimum.

For didactic coursework, the university’s passing grade is 80 percent, but the passing grade in the MS MedSLP program is 83 percent. We treat that mark as the equivalent of a B and as the floor for minimum basic competence in the material. A final grade between 80 and 83 percent triggers a meeting with the course instructor and the program director to determine whether remediation is available. The decision to allow remediation, rather than requiring the student to retake the course, rests with the instructor.

Most core foundational courses, which fall in the first three semesters, include one or more minimum competency assignments — the assignments an instructor has identified as essential to competence in the course. Their requirements vary with the subject matter and the nature of the assignment, but the consequence does not: a minimum competency assignment must meet the instructor's stated requirements, and if it does not, the student does not pass the course, even when the overall course grade is 83 percent or higher. These assignments may be repeated at the instructor's discretion until the criteria are met. Students who do not meet the requirement on a first attempt are strongly encouraged to seek the instructor's help early rather than late.

Clinical practicum courses are graded differently. They are evaluated Pass/Fail by faculty consensus and are determined by demonstrated competence rather than a percentage: a student earns a Pass by demonstrating the competency levels required for that semester, and a Fail generates a remediation plan. Because clinical grading is bound up with the competency framework and the semester-by-semester expectations, it is described in full, in Section VI.

Classroom Attendance

Attendance and active participation in all scheduled class and laboratory sessions are required throughout the MS MedSLP program, and students are expected to attend every scheduled course in the modality in which it is offered. Students should approach class as they would a work setting with a patient caseload. Because reliable attendance is a standard within the profession, the program does not classify absences as excused or unexcused.

A student who is absent remains responsible for all content covered and all assignments made during that class period. Because the curriculum is arranged sequentially and depends on interaction among students and faculty that cannot be reproduced outside the session itself, the program does not, as a rule, record sessions, and any decision about recording or remote participation rests with the individual instructor. Instructors may also incorporate attendance into a course grade, and any decision to allow make-up of a missed session, examination, or assignment rests with the faculty of record, in keeping with the syllabus.

When illness or an emergency prevents attendance, or when an absence can be anticipated, the student must notify the course instructor directly, as far in advance as possible and no later than the start of the affected session. A student who is absent without communicating with faculty or program staff may be subject to disciplinary action. In every case, the student must weigh competing priorities and accept that an absence, whatever its cause, may affect performance and progress in the program.

When an absence results from extenuating circumstances, such as the death of an immediate family member, the birth of a student's child, or required military or civic service, the student may be asked to provide documentation so that the absence does not result in an adverse consequence such as a reduction in grade. The request is reviewed by a committee composed of the course instructor, the Program Director or Director of Clinical Education, and the student's academic advisor or another neutral faculty member.

Students who anticipate absences related to accommodations approved through the Office of Disability Services, or another university-appointed office, should speak with the course instructor as early as possible to arrange appropriate accommodations. Apart from these, absences for personal reasons such as weddings, family reunions, doctor appointments, and travel are not permitted. Because the academic

calendar is published well in advance, students are expected to schedule such commitments during semester breaks.

Repeated absences interfere with a student's performance and progress and reflect a lack of professionalism. When frequent or unexplained, they may lead to review and disciplinary action up to and including a failing grade. Persistent concerns may be addressed through the program's remediation and progression processes described under Remediation Framework, The SACPIP, in Section V.

Attendance requirements specific to clinical practica are addressed separately under Attendance and Absence in Section VI.

Online and Distance Course Participation

During the second year, when courses are delivered at a distance (less than 50% of total curriculum), attendance takes the form of weekly participation in the engagement activities outlined in each course's syllabus. Under federal Title IV regulations, the University must demonstrate that students participate on a weekly basis in every course in which they are enrolled. Qualifying participation includes submitting an assignment, completing a quiz or examination, contributing to a discussion forum, emailing course faculty, and viewing or reading required course materials. Simply logging in to view the timeline or announcements does not qualify as weekly participation. The Registrar's Office audits online participation weekly. If a student does not meet the participation requirement in any course for a period longer than fourteen calendar days, the Registrar's Office will contact the student with a reminder to participate immediately. If inactivity continues for three additional calendar days, the University will assume the student has discontinued the course and will administratively withdraw the student as of the seventeenth calendar day of inactivity. The student remains accountable for any outstanding loans used to fund participation in the program. Reinstatement after administrative withdrawal is subject to due process through an appeal to the Registrar's Office.

Improvement Framework: The SACPIP

When a student’s academic or clinical performance falls short of program expectations and does not respond to ordinary coaching, the program uses a single, structured instrument to organize the response: **the Student Academic and Clinical Performance Improvement Plan (SACPIP**). The SACPIP is the program’s formal remediation plan, and it is deliberately program-wide — it applies to academic coursework and clinical performance alike, so that a student facing difficulty in either domain works through the same clear process.

A SACPIP opens through one of two paths:

- **Escalation of documented clinical performance concerns.** A student assigned with a Performance Alert in the CEP who does not achieve the improvements specified within the stated period may be moved to Performance Remediation, which opens a SACPIP. This avenue supplies a documented record of the notice given, the expectations set, and the support provided before remediation began.
- **Direct entry for egregious conduct.** A SACPIP may be initiated at any time, without warning, when a violation is egregious — in either academic or clinical work. The clinical behaviors that warrant immediate action are enumerated under the Disciplinary Action policy in Section VI; they are not repeated here. This path exists because some conduct cannot wait for a developmental cycle to run its course.

Once a SACPIP is in place, it operates on a defined structure. The plan specifies the concern in concrete terms and sets specific, measurable objectives the student must meet. The student then enters a 60-day intervention period of intensive support and progress monitoring toward those objectives. Meeting them resolves the plan. Failing to meet them within the timeframe results in failure of the associated practicum or course and may lead to dismissal from the program.

Two further rules govern how the SACPIP carries forward:

- **No repetition for the same deficit.** A student who completes a SACPIP is expected to sustain that level of performance afterward. A student may be placed on more than one SACPIP over the course of the program when the concerns are genuinely new and have not been addressed through a prior plan. But a student may not re-enter remediation for a deficit that a completed plan already addressed; a recurrence in a previously remediated area results in course failure rather than a second plan.
- **Performance, not GPA, governs progression.** A student who does not meet the requirements to move forward, and who then does not meet the requirements of the resulting SACPIP, may be dismissed from the program. This holds regardless of the student's overall grade point average or standing in didactic coursework. Strong grades do not offset unmet clinical or professional competencies.

The SACPIP is not a punitive measure. It is a structured commitment of the program's attention and resources to a student the faculty want to see succeed — a defined path back to good standing, with clear objectives and a clear timeline, offered precisely because the outcome still matters.

The complete SACPIP template appears in Appendix B.

Completing the MS MedSLP Program

Students who complete the MS MedSLP program will graduate with entry-level skills applicable to any work setting, with an emphasis on clinical reasoning, finding and applying evidence-based literature, assessing their own need for additional support or education through reflective practice, and understanding a patient as a human being with the right to communicate and swallow effectively within their community. Graduation reflects completion of the full program: the coursework and capstone described in Section II, and the clinical competency targets and readiness determination described in Section VI.

MS MedSLP graduates will qualify for ASHA certification through the CFCC, under the 2020 CFCC standards for the Certificate of Clinical Competence and in consideration of CFCC-issued updates. That includes all the coursework and clinical practice competence required, and it is guaranteed by the University's accredited status. The MS MedSLP Program Director must certify that a graduate is academically qualified by signing the online form (Application Form/Verification) as part of the requirements for obtaining the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP). That signature is awarded only after all program requirements have been completed as part of the RMU MS MedSLP program, and the student has met all clinical skills and requirements as documented in the eValue database. The degree awarded is the Master of Science in Medical Speech-Language Pathology (MS MedSLP).

MS MedSLP graduates will qualify for any state licensure board and any state board of education certification, which is guaranteed by the University's accredited status. Specifically, the curriculum is endorsed by the Utah State Board of Education to meet minimum requirements. The MS MedSLP Program Director or designee is responsible for signing or endorsing any applications for these items presented to the program. Different states require verification in different ways — sometimes through

an official transcript, sometimes through a letter of attestation, sometimes by completing a form sent by the graduate. Be sure to check with the state in question and seek guidance as soon as you know you will be requesting licensure in that state.

Certification and the Clinical Fellowship

Following successful completion of the Master of Science in Medical Speech-Language Pathology at Rocky Mountain University of Health Professions, a student is eligible to enter their Clinical Fellowship (CF). The CF provides an important transitional phase between supervised graduate-level practicum and independent delivery of services. Once a student completes the CF and successfully passes the PRAXIS examination, they are eligible for ASHA membership and the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP). Current details are maintained on the ASHA certification site, linked in Appendix F.

Licensure in the State of Utah

Individuals who work in the State of Utah as practicing speech-language pathologists must be licensed by the State of Utah Division of Occupational and Professional Licensing (DOPL). Licensure in other states is handled by that state corresponding board; the verification guidance above applies, and graduates should confirm each state's requirements directly and early.

For school-based employment in Utah, as of May 2026, the Utah Board of Education will no longer grant educational licenses. Instead, all SLPs will obtain licensure through DOPL. This transition supports a more efficient and uniform approach to state licensure and eases the state's adoption of the Interstate Compact. Current links to DOPL and ASHA state-licensure resources are maintained in Appendix G.

Professional Membership: NSSLHA and USHA

Students are encouraged to participate in the national and state professional organizations throughout the program. Involvement offers a closer look at how the profession organizes itself, along with practical benefits and opportunities to contribute.

- **National Student Speech-Language-Hearing Association (NSSLHA).** Annual dues are paid by the University via student fees. Membership in the national NSSLHA (additional dues) offers students subscription opportunities to various professional journals (for example, ASHA, JSLHR, AJSLP, and the NSSLHA clinical series) and reduced registration fees for professional conventions and meetings. Students who apply simultaneously for membership and certification during the calendar year in which their master's degree is granted receive a reduced rate for ASHA membership.
- **Utah Speech-Language-Hearing Association (USHA).** Membership in the state organization offers students a closer look at how professional organizations operate. Students can take an active role by presenting poster sessions at the annual convention, attending the convention, or being selected as a student representative on the USHA Legislative Council. Membership and attendance at the state convention are paid by the University via student fees. The state organization's website is maintained in Appendix F.

Withdrawal Policy

Policy 1085: Course Add-Drop and Program Withdrawal
"Withdrawal from a program involves dropping all courses in the active semester, and the drop policy above applies per the date of the student's notification to the University of his or her withdrawal.

Students must formally request withdrawals (see procedure below). If a student has any Incompletes or In Progress statuses for any course, these conditions must be resolved within the designated time periods, or an “AW” or “F” grade will be assigned for the Course."

1085Course Add-Drop and Program Withdrawal

Readmission
Please refer to the University Handbook.
https://rmuohp.sharepoint.com/sites/UniversityPoliciesHandbooksandGuidelines

Class Cancellation

Classes are not cancelled except when the university suspends operations. At times, the clinical practice labs may choose closure even if the university remains open. The Director of Clinical Education or designee is responsible for determining clinical operations status and communicating with clients, students, and faculty/staff. University closure is discussed in the University Handbook.
https://rmuohp.sharepoint.com/sites/UniversityPoliciesHandbooksandGuidelines

Class Representatives

The class leadership program is coordinated by the Office of Student Engagement and Success. Information is available at this link: https://rm.edu/office-of-student-engagement-and-success/

Section VI — Clinical Education

Clinical education is an essential part of speech-language pathology training. Integration of the knowledge and abilities learned in the classroom happens most effectively when the student works with realistic and complex cases, as well as real patients, in a work situation. The MS MedSLP Program is unique in many ways from other universities: courses and clinical experiences are intertwined from the very beginning of the program and are all considered part of the student’s clinical education. Experiences in any situation include active and authentic learning, and simulation-based learning occurs in many ways — from role play to standardized-patient experiences to equipment validation to high-fidelity simulation.

The purpose of this section of the handbook is to inform all those directly involved with the clinical education process — academic faculty, clinical education faculty (clinical preceptors and externship clinical educators), and students — about the curriculum, expectations, rules, regulations, and policies governing the clinical education component of the MS MedSLP Program. It provides a common frame of reference, and it operates alongside university policy and the published policies and procedures of each clinical affiliate.

The student is expected to abide by the policies established by this program, the rules and policies of each clinical affiliate, and the standards established by the speech-language pathology profession.

All MS MedSLP core faculty are engaged in patient care and may provide one-to-one or small-group clinical education at any time throughout the program. It is our intent to model strong collaborative and

boundary-stretching conversations, challenging and encouraging one another as faculty in the hope of cultivating that same process in your eventual practice. Student vulnerability and willingness to practice are expected, and faculty are expected to provide a safe environment for those uncomfortable moments — modeling cultural humility, clinical inquiry, professional courtesy, integrity, and sensitivity in student learning experiences.

Because courses and clinical experiences are intertwined, presence matters: providing patient services is an educational experience and may not be missed, and in exceptional situations patient services may be rescheduled only with faculty approval. The specific attendance standards that govern on-campus and off-campus practicum appear under Attendance and Absence in this section. Questions about the content of this section should be directed to the Director of Clinical Education or the Clinical Placement Coordinator.

Clinical Education Personnel

Three roles carry out the clinical education component of the program. The Director of Clinical Education, the Clinical Placement Coordinator, and the clinical preceptors and site educators together ensure that students receive appropriate supervision, placement, and oversight throughout the practicum sequence. Each role and the matters properly directed to it are described below.

Director of Clinical Education (DCE)

The DCE is the academic faculty member responsible for the design and oversight of the clinical education component in its entirety, on campus and off. The DCE establishes the competency framework used to evaluate clinical performance, assigns on-campus clinical assignments, reviews each student's progress across the practicum sequence, and determines a student's readiness to advance to more independent clinical work. The DCE assigns the final grade in each application lab and practicum course, drawing on feedback from the CPC and from on-campus and off-campus preceptors. When a student does not meet expected competency levels, the DCE develops the remediation plan and decides whether a challenging placement continues or ends, weighing both the student's development and the welfare of the patients served.

The DCE meets with each student during the first semester to initiate the Clinical Education Plan (CEP) and meets with students periodically thereafter to review it. Those reviews produce the placement recommendations that direct the CPC's search for suitable off-campus sites. The DCE and CPC also audit each student's progress toward graduation together, including accrued clinical hours, encounters across disorder areas, and breadth of setting and population.

The DCE contributes to each student's professional formation as well as to the structure of the curriculum. The DCE teaches clinical courses that connect theory to practice, provides direct supervision of students in the Center for Communication Disorders as caseload need requires, models evidence-based supervision, and provides feedback on clinical reasoning and professional behavior throughout the program.

Because the DCE oversees all clinical education, any matter requiring resolution in any placement may be brought to the DCE. Students should first raise routine clinical questions with the preceptor, who

manages the day-to-day conduct of the placement, and should notify the CPC of matters affecting an off-campus placement itself. Students should contact the DCE directly in the following circumstances.

- A concern remains unresolved after consultation with the preceptor and, for off-campus placements, the CPC
- Exceptional circumstances call for accommodation in a clinical placement
- The student wishes to discuss their clinical trajectory or specialized interests
- The student faces an ethical dilemma in practice

Concerns involving harassment, ethical violations, or safety should be brought to the DCE promptly regardless of this sequence.

Clinical Placement Coordinator (CPC)

The CPC coordinates off-campus placements and serves as the liaison between the program and its clinical sites. This work includes recruiting and retaining sites, developing affiliation agreements with the facility and the University's legal counsel, finalizing placement dates and assignments, and communicating with preceptors throughout each placement. In arranging a placement, the CPC works to align three considerations as far as circumstances allow, namely the program's recommendations for the student's development, the availability of appropriate sites and preceptors, and the student's own clinical and geographic interests. Where these cannot all be satisfied, the developmental recommendation takes precedence. The CPC monitors clinical hours and encounter documentation in eValue, works with the DCE to audit each student's progress toward graduation, and reports observations of student performance to the DCE, where they contribute to the practicum grade.

Students meet with the CPC at least once each semester to plan their off-campus externships. These meetings review the student's readiness, discuss potential settings and populations, and confirm that documentation and eligibility requirements are current. Additional meetings are scheduled as required. Failure to attend a scheduled meeting, or to arrive prepared with the required documentation, may negatively affect the clinical practicum grade.

Before any placement, the CPC confirms that the student has met every requirement set out under Clinical Eligibility and Compliance in this section, including any additional criteria imposed by the individual facility.

Clinical Preceptors

Clinical preceptors and site educators are the licensed, ASHA-certified speech-language pathologists who provide direct, day-to-day supervision during clinical practicum, on campus in the Center for Communication Disorders and at affiliated facilities during externship. The preceptor holds oversight of patient management for every patient under their purview, including the individual patient schedule, the plan of care, and all patient documentation. A student's clinical work with an assigned patient proceeds under the preceptor's direction, and the preceptor remains responsible for the care delivered.

Clinical Eligibility and Compliance

Before participating in any clinical experience, students must complete the health and safety requirements below. These are distinct from the academic prerequisites required for admission, which appear under Prerequisite Coursework in Section III.

Immunizations

Students must submit official immunization records, or alternative laboratory results, for the following:

- Hepatitis B series and/or titer (a booster or additional series may be required if immunity is not achieved)
- Tdap, or a qualified waiver (must be current within the last 8 years)
- Two MMR (only one if born before 1957)
- Two separate TB skin tests, an IGRA blood test, or a negative chest radiograph (current for each year)
- Varicella Zoster titer, or history of disease documented by a health care professional (vaccine may be required if immunity is not achieved)
- Current-year influenza shot

External organizations set their own requirements for placement eligibility, which commonly include up-to-date vaccinations. Students who do not complete vaccination requirements may not be eligible for placement at some external practicum assignments.

Certifications

- **American Heart Association (AHA) Basic Life Support (BLS).** BLS training is provided by the MS MedSLP program at orientation and is valid for 2 years. Students must maintain a valid BLS certification for the duration of the program. Those who do not attend departmental training at orientation, or who allow an existing certification to lapse, must make alternative arrangements to obtain valid certification at their own cost.
- **OSHA Bloodborne Pathogen Training.** Provided by the MS MedSLP program.
- **HIPAA Privacy and Security.** Provided by the MS MedSLP program.
- **Universal Body Substance Precautions.** Provided by the MS MedSLP program.

Other Required Documentation

- Documentation of current health insurance at the beginning of the program, maintained throughout
- A background check with proof of absence of problematic criminal history or record, completed during orientation week
- A negative drug and alcohol screen

Additional laboratory testing, screenings, or certifications may be required by individual clinical facilities. When they are, it is the student's responsibility to fulfill and cover the cost.

Clinical Hours and Encounter Requirements

Overview

Certification as a speech-language pathologist requires completion of a minimum number of supervised clinical hours. To be eligible for the Certificate of Clinical Competence (CCC-SLP) awarded by the American Speech-Language-Hearing Association (ASHA), students must complete a minimum of 400 clock hours of supervised clinical experience, as established in the 2020 CFCC Standards for the CCC-SLP (Standard V) and reflected in the CAA accreditation standards (Standard 3.1B). Of the 400 hours:

- 25 hours are earned through guided clinical observation, completed and documented before the program begins (see Guided Clinical Observation in Section III).
- 375 hours are earned through direct client/patient contact during the program.
- At least 325 hours are earned at the graduate level.
- At least 250 direct-contact hours are completed on-site and in person.

Within the total 400 hours, experience must be balanced across assessment and intervention: at least 25% (100 hours) in assessment/evaluation and at least 50% (200 hours) in treatment. These are minimums within the total hours, not additions to them; the remaining hours may be earned through any combination of assessment, treatment, or other direct-contact activities such as screening, counseling, and consultation.

For the 2026-2027 academic year, only direct contact with a patient, client, or their family in assessment, intervention, or counseling counts toward the graduation requirement. The individual receiving services must be present, and only the actual time spent in the session counts. Time spent in preparation, documentation, and debriefing is essential to your development as a clinician but does not count toward these hours. Beginning in the 2027-2028 academic year, this requirement will change. Students will be able to count a small number of hours accrued through related patient care activities, with the qualifying activities and the maximum allowable hours defined in the Clinical Education Manual for that year.

Per-Semester Hour Targets

The program distributes clinical hours across all six semesters so that students build experience steadily rather than compress it at the end. The following targets are guidelines meant to keep students on pace toward the 375 direct-contact hours required for certification.

Semester	Target Direct-Contact Hours
SLP 619 Clinical Practice Application Lab I	25
SLP 632 Clinical Practice Application Lab II	25
SLP 642 Clinical Practice Application Lab III	25
SLP 658 Clinical Externship I	100
SLP 722 Clinical Externship II	100
SLP 734 Clinical Externship III	100
Total	375

These targets total 375 direct-contact hours — 75 on campus and 300 across the three externships — which, combined with the 25 documented observation hours, meet the 400-hour minimum and satisfy the graduate-level and on-site requirements above.

Breadth of Experience Across Disorder Areas

Beyond the total hour count, students must demonstrate experience across the range of disorders and differences within the scope of practice. This breadth is tracked in encounters, not hours, and accumulates across the entirety of the program rather than within any single semester. An encounter is a distinct clinical interaction with a patient or patient in each area; a single patient seen across multiple sessions generates multiple encounters, and one session may contribute to more than one area when

the case warrants it. Over the course of the program, students must document the following minimum number of encounters in each area.

Area	Minimum Encounters
Language	100
Speech	100
Cognition	25
Feeding/Swallowing	25
Voice/Resonance	20
Aural Rehabilitation	10
Augmentative and Alternative Communication (AAC)	10
Social Communication/Pragmatics	10

Because these minimums accrue across all six semesters, students should monitor their running totals from the start of the program and work with the CPC to seek out placements and cases that fill any remaining gaps well before their final semester. Do not confuse encounters with hours: the two are tracked separately, and meeting total hour targets does not guarantee that the encounter minimums have been met in every area.

Guidelines for Hours and Encounters

Meeting hour and encounter targets keeps students on schedule, but they do not, by themselves, determine readiness to advance or to graduate. Accumulating the minimum number of hours or encounters does not demonstrate the minimum level of competency. A student may reach the targets for a semester or an area and still need further experience before performing the required skills at the expected level.

Progress is measured by demonstrated competency. To advance through the practicum sequence and to complete the program, students must demonstrate the competencies required for each semester (see Semester-by-Semester Expectations), regardless of how many hours or encounters they have accrued. A student who reaches the target hours or encounters but has not yet demonstrated the required competencies will continue working toward those competencies, which may call for experience beyond the minimums; and a student who demonstrates the required competencies early is still expected to meet the minimum hour and encounter requirements for certification. Strong performance does not exempt a student from the numbers. All must be satisfied before a student can progress and, ultimately, be recommended for graduation and entry into the Clinical Fellowship.

The Practicum Sequence and Competency Framework

The clinical practicum sequence is designed to provide progressive development of clinical skills across six semesters. Students are required to demonstrate growth in various skill domains while maintaining professional behavior throughout their clinical education experience.

Practicum Course Sequence

Students enroll in a clinical practicum course each semester for the entirety of the program, for a total of six clinical practicum courses:

Sem	Course	Credits	Setting
1	SLP 661 Clinical Practice Application Lab I	2	On campus
2	SLP 662 Clinical Practice Application Lab II	2	On campus
3	SLP 663 Clinical Practice Application Lab III	2	On campus
4	SLP 658 Clinical Externship I	2	Off campus
5	SLP 722 Clinical Externship II	2	Off campus
6	SLP 734 Clinical Externship III	2	Off campus

While students are primarily off campus in Semesters 4–6, they may be asked to conduct on-campus clinical activities, such as diagnostic evaluations.

Grading and Assessment Structure

All clinical practicum courses are graded Pass/Fail. Students must demonstrate the competency levels required for their respective semester to earn a Pass. Failure to meet competency expectations results in a Fail and generates a remediation plan through the SACPIP (see Section V). Two consecutive Fail grades, even with demonstrated improvement in the first, may result in a recommendation for dismissal from the program. A score of 1 in any Workplace Behaviors area results in a Fail for the course regardless of performance in other areas (see the Workplace Behaviors Scale below).

Faculty collaborate to provide one overall grade for each student via the Competency Committee process, considering evaluations from all supervisors across different clinical assignments. The grading process is conducted by faculty consensus, ensuring that no single person determines whether a student can continue in the clinical practicum sequence. This collaborative approach ensures a fair and comprehensive assessment of student performance across all clinical settings and experiences.

Competency Assessment Areas

Each semester, students are evaluated in three areas of competency. Together, these describe who a clinician must be, what they must be prepared to do, and the professional roles they are expected to take on. A fourth area, Technical and Instrumental Skills, is evaluated separately, because a student's opportunity to develop it depends on the placement. The specific behavioral indicators supervisors use to score each area are listed in Appendix D.

- **Workplace Behaviors (1–3).** The professional conduct expected of every clinician in every setting: accountability, professionalism, and active learning / response to supervision.
- **Domains of SLP Service Delivery (1–5).** The clinical tasks SLPs must be prepared to perform in any setting: collaboration; counseling; prevention and wellness; screening; assessment (evaluation process; differential diagnosis and communication of results; verbal and written communication); treatment (planning; session management); and population and systems.
- **Domains of Professional Practice (1–5), dependent on opportunities.** The broader professional roles SLPs take on: advocacy and outreach, supervision, education, and research. These are assessed when a placement provides the opportunity.
- **Technical and Instrumental Skills, graded separately.** Skills requiring specialized equipment or instrumentation are evaluated in their own section. Because the opportunity to develop them depends on the caseload and equipment available at each placement, they are graded only to the extent that a student's placements provide exposure.

Competency Level Definitions

The areas above are graded on two scales. Domains of SLP Service Delivery and Domains of Professional Practice are rated on a 1–5 scale describing the student's level of independence, and students are expected to demonstrate steady growth in independence as they progress through the program. Workplace Behaviors are rated on a separate 1–3 scale held to a constant standard: appropriate professionalism is expected every semester rather than built toward over time.

Level	Independence Scale — Definition
1	Requires constant direction and direct supervision. Not independent in any aspect of service delivery. Significant improvement needed.
2	Performs with specific direction and frequent feedback. Requires maximum guidance to perform effectively. Shows basic knowledge but limited application.
3	Performs with general direction and periodic feedback. Requires moderate guidance. Demonstrates consistent application of knowledge.
4	Performs effectively with minimum direction or need for supervision. May have occasional difficulty that does not hinder service delivery. Self-assesses and seeks specific feedback. Support is collaborative.
5	Performs effectively with consultation. Minimal guidance needed. Consistently independent and skillful. Self-assesses accurately and seeks feedback appropriately. Ready for entry-level practice.

Level	Workplace Behaviors	What it means
1	Unacceptable	The student does not meet professional expectations or does not respond to correction. A score of 1 in any Workplace Behaviors area results in a Fail for the course, regardless of performance in other areas.
2	Minimum acceptable	The student requires correction at times but responds appropriately and adjusts. This is the minimum required to pass the course.
3	Expected	The student is consistently professional, accountable, and responsive to supervision without need for correction. This is the standard expected of every student in every semester.

Semester-by-Semester Expectations

Each semester's clinical experience is predicated on successful completion of the prior semester's competencies, with increasing expectations for independence. The matrix below summarizes the expected competency level for each area across the six semesters. The responsibilities and supervision minimums that apply in every semester follow, along with the setting and focus specific to each.

Expected Competency Levels by Semester

Competency Area	S1	S2	S3	S4	S5	S6
Workplace Behaviors (1–3) ‡	3	3	3	3	3	3
Collaboration	2 / NA	2.5 / NA	3	3	4	4

Competency Area	S1	S2	S3	S4	S5	S6
Counseling	2	2.5	2.5	3	4	4
Prevention & Wellness	NA	NA	2 / NA	3	3	4
Screening	NA	NA	2 / NA	3.5	4	4
Assessment — Evaluation Process †	2 / NA	2 / NA	3	3	3.5	4
Assessment — Differential Diagnosis	—	—	—	—	3	4
Assessment — Verbal & Written Comm.	—	—	—	—	3.5	4
Treatment — Planning	2	2.5	3.5	3.5	4	4
Treatment — Session Management	2.5	3	3.5	4	4	4
Population & Systems	2	2	3	3	3.5	4
Domains of Prof. Practice (1–5) *	2 / NA	2 / NA	2 / NA	3 / NA	3 / NA	3 / NA

Values indicate the expected competency level (1–5 scale; Workplace Behaviors on the 1–3 scale). See Competency Level Definitions.

‡ Workplace Behaviors reflects the expected professional standard (Level 3) and is held constant across semesters. Level 2 is the minimum to pass; a Level 1 in any area results in a failing grade.

† Semesters 1–4 assess Assessment as a single combined area; Semesters 5–6 split it into the three sub-areas shown.

** Domains of Professional Practice are assessed dependent on exposure or opportunity.*

NA = not assessed at this stage; "/ NA" = expected at that level only if the opportunity arises.

Level of Supervision

In every semester, and regardless of the competency levels expected that term, students are responsible for the following:

Expectations for independence increase across the program, as shown in the matrix above; the responsibilities listed here remain constant throughout. The progress documents named above — the Clinical Practicum Agreement, the midterm and final self-assessments, and the Big 9 forms — are described in full under Student Progress Documentation in this section.

Across every practicum course, and regardless of setting, students are directly supervised for a minimum of 25% of direct treatment time and a minimum of 50% of direct assessment time. These are program-wide minimums. Supervisors may require additional supervision at their discretion, based on an individual student's needs and the demands of the setting or patient. Students should expect supervision to exceed 75% of direct contact hours early in the program and whenever they encounter unfamiliar diagnoses or patients or complex cases. As students demonstrate greater independence across the competency areas, supervision typically shifts from close, direct observation toward a more consultative role, but it does not drop below these minimums.

Setting and Focus by Semester

Course	Setting	Focus
SLP 619 (S1)	On-campus (CCD or direct affiliate)	Establish the Clinical Education Plan; foundational case management
SLP 632 (S2)	Primarily on-campus; possible community-based	Strengthen the evaluation process; begin clinical decision-making
SLP 642 (S3)	On-campus, expanding to community-based	Independent decision-making; documentation with minimal guidance
SLP 658 (S4)	Off-campus externship (healthcare or educational)	First full-time externship; apply classroom knowledge in a work setting
SLP 722 (S5)	Off-campus externship	Interprofessional collaboration, counseling, and evidence-based practice
SLP 734 (S6)	Off-campus externship (final)	Entry-level practice; readiness for clinical fellowship; comprehensive Big 9 self-assessment

The Competency Committee (CompComm)

The Competency Committee (CompComm) is the faculty body that reaches the Pass/Fail consensus decisions described above and reviews each student's progression across the program. Chaired by the Director of Clinical Education (DCE), with all full-time program faculty as standing members, the CompComm meets at least twice each semester — typically at the midterm and final evaluation points — to review every student against the Big 9 competency areas and the Expected Competency Levels by Semester.

Emerging concerns are tracked through the SPDP and, when they persist, are addressed through the SACPIP, consistent with the remediation framework in Section V. The committee's review supports the program's compliance with the CAA Standards for Accreditation (2017 Standards; revisions effective January 1, 2023) — particularly Standards 3.1B, 4.6, 4.7, and 5.1–5.3 — and with the CFCC 2020 Certification Standards IV, V, and VI. The complete Competency Committee (CompComm) Policy appears in Appendix J.

The Clinical Education Plan (CEP)

The Clinical Education Plan (CEP) is a comprehensive, individualized roadmap that guides each student's clinical experiences throughout the program. It is maintained by the Director of Clinical Education in collaboration with the Clinical Placement Coordinator, drawing on evaluations and feedback from the program's academic faculty and clinical preceptors. The CEP is a dynamic document, updated each semester and reviewed with the student. Each semester's update contains four elements

- **Faculty feedback.** A narrative summary of the student's performance during the preceding semester, compiled from preceptor evaluations, faculty observations across didactic and clinical coursework, documentation practices, and preparation for and participation in required meetings.
- **Standing in the program.** The student's current program standing rating, determined by faculty consensus and described below.

- **Suggested areas of focus.** The specific competencies, professional behaviors, and clinical skills the student should concentrate on during the coming semester, stated in terms concrete enough to guide the student's own goal setting and the preceptor's supervision.
- **Clinical placement recommendations.** The settings, populations, and supervisory conditions best suited to the student's development in the coming semester, based on demonstrated performance, faculty feedback, areas of strength, and areas of need.

Across the six semesters, the CEP also tracks the student's clinical hours across practice settings and patient populations to ensure balanced experiences and satisfaction of ASHA certification requirements, and it structures a progressive increase in clinical responsibility and independence.

Clinical Standing and Faculty Feedback

At the close of each semester, the faculty assign each student a program standing rating describing progress toward mastery of program competencies. The rating and the narrative feedback supporting it are recorded in the CEP and reviewed with the student. Because the standing rating and the placement plan live in the same document, a concern identified in one semester directly informs the placement recommendation for the next.

The standing rating carries the program's early warning function. Its purpose is to expand existing strengths while providing structured support in areas of need, and to notify a student in writing that progress toward degree completion is threatened while there remains time to change course. A rating below expected performance is not a disciplinary finding and does not by itself indicate that a student will fail. It indicates that the faculty have identified a pattern requiring attention and have documented both the pattern and the support available to address it. Three levels describe a student's progress.

- **Level 1, Expected Performance.** The student demonstrates expected patterns in skill development, professional behaviors, and academic performance aligned with program standards, showing strong potential for advanced skill development. The student maintains consistent academic progress, demonstrates initiative in learning, and contributes positively to the learning environment, and should continue according to the established timeline, accessing faculty support as needed.
- **Level 2, Performance Alert.** The student demonstrates concerning patterns in skill development, professional behaviors, or academic performance that threaten timely mastery of required competencies. These trends require immediate attention. The student must address the specific areas of concern and demonstrate measurable improvement by the midterm evaluation, with documented evidence of progress recorded in the CEP. The student may continue on the established timeline but must engage in the recommended additional support activities and in more frequent check ins with the CPC and the faculty advisor. Failure to demonstrate the specified improvements results in progression to remediation status.
- **Level 3, Performance Remediation.** The student demonstrates persistent gaps in skill development, professional behaviors, or academic performance that inhibit mastery of core competencies. Reaching this level opens a SACPIP, the program's formal remediation plan, which is described in Section V.

Each semester's CEP update is dated and signed by the student, acknowledging receipt of notification, and a copy is provided to the student at the review meeting. Where a rating of Performance Alert or

Performance Remediation is assigned, the signed and dated entry serves as the program's record that notice was given.

Externship Assignments

Recommendations for externship placement in the CEP are developmental rather than evaluative. Students are recommended for clinical assignments based on individual need, with the aim of promoting continued growth in environments well suited to where the student currently stands. A placement that would be productive for one student may not serve another, and the match depends on the fit between the demands of a site and the skills a student is ready to build there. A student who is still developing the ability to integrate supervisory feedback quickly, for example, will not be assigned to a site or a preceptor whose caseload requires immediate integration, because such a placement would set the student against conditions, they are not yet positioned to meet. As competencies develop across the program, the range of appropriate placements widens accordingly.

Students should understand that placement assignments are not rewards or sanctions and do not signal the faculty's confidence in a student's eventual success. They reflect a judgment about which environment will produce the most growth in each semester. The DCE makes the final determination in consultation with the CPC, and while student interests and geographic preferences are incorporated where possible, the program prioritizes the educational experiences necessary to develop all required clinical competencies.

The CEP is initially developed during Semester 1 and formally updated at the beginning of each subsequent semester. The DCE and CPC review each update with the student, who is responsible for maintaining a current copy and bringing it to every meeting with the CPC. The complete CEP form is provided in Appendix A.

The CPC is not permitted to assign students to external placements if they have not provided complete and accurate documentation as required, demonstrated the level of clinical competence necessary for success, or exhibited professional behavior consistent with external site expectations. The program will not place students in external sites when there are significant concerns about the student's ability to succeed, as this may threaten timely completion, jeopardize relationships with clinical partners, and affect future placement opportunities for all students. Incomplete or inaccurate documentation will necessitate additional meetings and may delay placement, and repeated documentation issues will be reflected in the professional behavior component of the clinical practicum grade. Placement depends on site availability, which may result in program completion delays of one or more semesters.

Readiness for Clinical Fellowship

By the completion of Semester 6, students must demonstrate readiness for clinical fellowship, determined by:

- Competency scores at the levels expected for Semester 6 (see the matrix above): Level 4 across the Domains of SLP Service Delivery, the expected Level 3 standard in Workplace Behaviors, and Level 3 in the Domains of Professional Practice where the opportunity to assess them arose
- Satisfactory completion of the Big 9 self-assessment documents
- Successful completion of all didactic courses with their associated performance modules or simulation-based learning events

- Review of direct clinical experiences demonstrating sufficient diversity in age, severity, delivery setting, diagnostic category, and race/ethnicity
- An appropriate ratio of diagnostic to treatment experiences (case logs should include at least one diagnostic experience for every four treatment experiences, a 1:4 ratio)

Students who do not feel ready to practice according to these guidelines must arrange a meeting with a faculty member to discuss support options. Readiness for clinical fellowship marks the end of the clinical progression and leads directly to Completion and Certification in Section V.

On-Campus Practicum

Students begin their on-campus practicum experiences in Semester 1, in the Center for Communication Disorders (CCD), which represents the clinical practice training lab for the MS MedSLP program. Each student is assigned to a combination of individual and group patient assignments throughout their on-campus practicum courses, allowing them to develop diverse clinical skills. Students must adhere to all operational procedures and policies detailed in Section VI.

When assigned individual patients, students are responsible for all aspects of patient management, including assessment, treatment planning, session implementation, and documentation as directed by the clinical preceptor. For group assignments, students collaborate with peers to manage patients collectively, developing the teamwork and communication skills essential for healthcare environments.

Off-Campus Clinical Practicum

Securing appropriate off-campus placements requires significant advance planning and relationship building by the CPC. External placements depend on preceptor availability, workload capacity, and willingness to accept students. Preceptors accept students voluntarily, often increasing their workload significantly without additional compensation. **As such, there are no guaranteed placement slots.** Placements can change or be canceled with limited notice due to changes in preceptor availability or facility circumstances.

Required Clinical Experience

Students enrolled in the MS MedSLP program are required to complete **a minimum of one school-based clinical externship and at least one non-school clinical externship.** A school setting may be a public, private, or specialized school. Non-school settings may include:

- A hospital setting (inpatient acute, inpatient rehab, or long-term acute care)
- An outpatient setting (pediatric, adult, or both)
- A rehabilitation setting (inpatient or outpatient, skilled nursing facilities, or similar facilities)
- A specialty area clinic (pediatrics, geriatrics, ENT clinic, cleft-palate clinic, etc.)
- A community-based provider (birth-to-three programs, migrant programs, Head Start, geriatric home health, or private practice)

Off-Campus Site Eligibility Requirements

Externship sites must provide students with the minimum required clinical experiences and appropriate supervision levels to meet ASHA certification standards and university requirements, as follows:

- Clinical supervision is provided by a speech-language pathologist who is licensed in the State of Utah and holds ASHA certification. The clinical preceptor must have completed a minimum of nine months of post-certification experience and completed clinical supervision CEUs as required by ASHA.

- Up to 100% of all direct patient time may be required by individual preceptors at their discretion, but a minimum of 25% of all treatment sessions and 50% of all evaluation sessions must be directly supervised by preceptors. These are the same supervision minimums that apply program-wide (see Level of Supervision in Section VI).
- The off-campus preceptor's caseload and workload allow the student to complete a full time externship that meets the target hour accrual for the semester.
- The off-campus preceptor's caseload and workload allow the student to participate in clinical activities on a full-time schedule.

Placement Decision Factors

The CPC makes placement decisions based on multiple factors, including but not limited to:

- The student's demonstrated clinical competencies and readiness
- Professional communication and interpersonal skills
- Preceptor and facility requirements and expectations
- Geographic and logistical considerations
- Overall clinical education needs for degree completion

When making final decisions regarding clinical placements, the program prioritizes necessary educational experiences over student location or setting preferences.

Student Responsibilities

Students have important responsibilities in this process:

- Maintain professional behavior during all interactions with MS MedSLP program faculty and staff, as well as classmates
- Complete all recommended activities and assignments for placement preparation
- Demonstrate respect for the professional relationships between the program and clinical sites
- Approach all placements with a mindset of adding value to the facility
- Express gratitude to preceptors for their professional mentorship

Students must remember that failed placements can threaten timely completion of their own program and jeopardize future site availability for all current and future students.

Externship Assignment Process

- Meet regularly with the CPC each semester to update the Clinical Education Plan (CEP).
- The CPC identifies sites matching student strengths and needs that can accommodate the student for the duration of the semester
- The CPC presents placement recommendations to the student.
- The student and CPC identify potential sites to pursue.
- The CPC contacts sites to develop affiliation agreements between RMU and the site.
- After completing the affiliation agreement, the CPC communicates next steps to the student.
- Students may remain in Utah for all six semesters if desired, using university connections with existing sites.
- Students wishing to complete placements out of state in the second year work with the CPC to identify and secure potential placements.

- **Students must not contact potential externship sites unless explicitly directed by the CPC.** When directed to contact a site, students follow the specific instructions provided by the CPC.

Affiliation Agreements

Prior to a student participating in an externship at a clinical facility, an affiliation agreement must be executed with the site. The University forwards a clinical affiliation agreement and the contact information to the Office of the Vice President of Academic Affairs for approval, legal review, and signatures. RMU has a standard affiliation agreement appropriate for any clinical site and will also consider an agreement presented by the facility.

The MS MedSLP program maintains current information on clinical sites with active affiliation agreements in collaboration with the provost's office. The University is responsible for determining that a fully executed contract is in place for each student placement. Copies of the fully executed agreements are kept on file in the provost's office.

Student Progress Documentation

The documentation described in this section pertains to the evaluation of student clinical performance and competency development. Students must complete each of the following throughout their clinical practicum.

Clinical Practicum Agreement

- Must be completed within the first two business days of placement
- Documents the requirements and expectations for the placement

Midterm and Final Self-Assessment

- Completed at the middle and end of each semester
- A reflective assessment of clinical competencies and professional growth
- Students must complete one comprehensive overall midterm evaluation and one comprehensive final evaluation for themselves each semester, across all clinical assignments
- Self-assessments must be thorough and demonstrate reflection on clinical growth

Clinical Supervisor and Site Evaluations

- Completed at the end of each semester
- Provide feedback on supervision quality and placement experience
- Each preceptor who supervises the student completes a separate midterm and final evaluation for the student
- Preceptors are responsible for documenting progress in individual assignments

Big 9 Competency Forms

- Updated each semester with new experiences
- Document growth in knowledge and skills across the nine areas of practice

The Big 9 are the nine areas of the speech-language pathology scope of practice, drawn from the CFCC standards: articulation; fluency; voice and resonance; receptive and expressive language; hearing/aural rehabilitation; swallowing; cognitive aspects of communication; social aspects of communication; and communication modalities/AAC. Students update these forms each semester, building the cumulative record of experience across all nine areas that feeds the readiness determination in Section VI. The behavioral indicators used to document competency in each area are provided in Appendix D.

Clinical Hours Documentation

- Maintained accurately in the eValue system
- Must reflect appropriate distribution across age groups, disorder types, and service delivery models

Clinical hours and encounters are logged in eValue throughout each placement. The hour targets, encounter minimums, and the balance of assessment and treatment these logs must reflect are detailed under Clinical Hours and Encounter Requirements in Section VI; students are responsible for keeping their logs current and accurate, since placement and progression decisions depend on them. Students must log all experiences to accurately represent their progress toward competence. These logs are critical artifacts in the review of competence by the CompComm **separate** from any clock hour target or total.

Patient and Patient Documentation

At each placement, students document patient and patient care as directed by their clinical preceptor, using the facility's own record system and following that facility's documentation policies. All such documentation is subject to the confidentiality and HIPAA requirements in Section VI. Learning to document accurately, professionally, and within a given facility's system is itself part of clinical training, and preceptors orient students to their site's requirements at the start of each placement.

Professional Conduct

Throughout all semesters, students must maintain the highest standards of professional conduct. Any occurrence of unsafe workplace behavior, unprofessionalism, or HIPAA violations may result in a failing grade for the semester and referral to the University process for further investigation. Students are expected to:

- Adhere to the ASHA Code of Ethics
- Maintain client/patient confidentiality
- Demonstrate respect for clinical educators, patients, caregivers, and other professionals
- Arrive punctually for all clinical assignments
- Complete all documentation by established deadlines
- Maintain appropriate professional appearance according to site guidelines
- Demonstrate cultural competence and sensitivity
- Engage actively in the supervisory process
- Take initiative in their learning process

Dress Code

MS MedSLP students must follow the facility-specific dress code of each clinical site to which they are assigned. If a facility requires specific attire (such as scrubs or white coats), the student is responsible for securing those items. If the facility has no specific dress code, students must conform to the standard dress code established by the RMU MS MedSLP program. Students engaged in on-campus clinical experiences must adhere to the following dress code when the clinic is in session, regardless of whether they have scheduled appointments:

- Clothing should be free of offensive slogans or graphics and should not distract the patient.

- Jewelry should be worn in consideration of the patient and avoided in any situation where it might be pulled or torn by a patient.
- Jeans, sneakers or athletic shoes, t-shirts, hoodies, and other informal items are not allowed in practicum or during daytime classroom activities.
- Piercings, tattoos, novel hair colors, and similar forms of personal expression are not restricted unless considered offensive to others. Many facilities have stricter dress code policies, and students should be aware that coverage or removal may be necessary to be accepted into a placement.
- In most healthcare environments, artificial nails are prohibited due to infection-control concerns, and open-toed shoes or shoes without a closed back are not allowed.

All students must wear a nametag or badge identifying them as a student when in a clinical placement, including all on-campus lab and practicum activities. Nametags and badges are provided to students by the end of orientation. Certain facilities may also require students to wear identification provided by them. Any student in violation of the dress code may be sent home and instructed to return dressed in accordance with the University or facility dress code. A first violation results in a written warning. A second infraction results in disciplinary action up to and including termination of the clinical experience and dismissal from the program.

Application Lab and Clinical Practicum Attendance

Consistent attendance is fundamental to clinical education in speech-language pathology. Regular participation in clinical experiences ensures students develop the necessary skills, knowledge, and professional behaviors required for competent practice. Attendance also demonstrates respect for patients, clinical educators, and the professional responsibility essential in healthcare settings. The MS MedSLP program maintains strict attendance requirements across all practicum settings to prepare students for the expectations they will encounter in their careers.

Clinical Attendance

- The program does not provide "time off" or "days off" during any clinical experience, on-campus or off-campus, and there are no approved absences.
- Student attendance is required at all clinical assignments for the duration of the clinical practicum course.
- All practicum assignments, on-campus and off-campus, are 14 weeks in length.
- Start and end dates are set by the program, and for off-campus placements are determined by the CPC in conjunction with the facility and supervisor. These dates will not be altered to accommodate a student's personal travel plans or events, and any deviation from the assigned start or end date may be considered an absence.
- When illness or emergency results in a student being absent or unavoidably late, the student must follow the Practicum Absence Procedure below.
- All missed time must be made up according to the Absence and Make-Up Policy below.

On-Campus Application Lab n(Semesters 1–3)

- On-campus clinical practicum begins the second week of the semester. Because on-campus work depends on continuity with assigned patients, each missed session significantly affects the student's clinical education and may negatively affect patient progress.

- Absence threshold. Students who cancel more than three (3) sessions with any single patient, or more than 10% of their total assigned clinic sessions within a semester, will receive a recommendation to repeat the clinical practicum course.
- Tardiness may be considered an absence at the discretion of the preceptor.

Off-Campus Practicum (Semesters 4–6)

- Externships generally begin when the semester begins. The specific start and end dates for each assignment are determined by the CPC in conjunction with the facility and supervisor.
- Students are expected to work the same schedule as the clinical preceptor. This may include alternate weekly schedules (four 10-hour days versus five 8-hour days) and weekend or after-hours coverage.
- Students are not required to work overtime hours (in excess of 40 hours per week). Students who encounter this situation should work with the CPC to determine an appropriate schedule.
- Students should follow the preceptor's schedule over holidays. The facility and preceptor's schedule take precedence over the University calendar.
- Absence threshold. Students who miss more than 10% of their assigned clinical rotation days may be dropped from their placement and will not be guaranteed an alternative placement for the semester.
- Students must complete the full 14-week placement to receive credit for the course.
- Students who do not follow the Practicum Absence Procedure may be removed from their placement immediately, and the program does not guarantee an alternative placement.
- A student who is removed from a placement due to policy violations will be recommended to repeat the practicum course, resulting in delayed graduation.

Modification of the Externship Schedule

The externship schedule is a fixed component of the curriculum and is not a personal arrangement subject to student preference. The number of days attended each week, the hours attended each day, and the total duration of the placement are established as part of the program of study. Any change to that schedule, including reducing the number of days attended per week, shortening the total length of the placement, or altering the daily hours, constitutes a modification to the student's program of study and curriculum. No such modification may be made under any circumstances without the prior written permission of both the Program Director and the Director of Clinical Education. A student who unilaterally alters an externship schedule, or who arranges a modified schedule directly with a clinical site or preceptor without written approval from the program, will be considered in violation of program policy and subject to removal from the placement, a failing grade for the practicum course, and referral

for disciplinary action. Neither a clinical site nor a preceptor has the authority to approve a change to a student's externship schedule on the program's behalf.

Absence and Make-Up Policy

Students who are absent from on-campus or off-campus practicum are required to make up all absences and time missed. The student must make arrangements with the clinical preceptor to schedule make-up sessions or days at the preceptor's discretion and convenience. This may include attending practicum over holidays if the preceptor's schedule demands. Clinical activities canceled by patients or clinical preceptors will not count against a student's attendance; however, students may be required to accommodate make-up sessions at the preceptor's discretion.

Completing make-up sessions for student-canceled absences fulfills clinical hour requirements but does not nullify or offset the original absence in attendance records. The original absence remains part of the attendance record and continues to count toward the three-session absence threshold per patient (on-campus) or the 10% total absence limit (on- and off-campus).

Practicum Absence Procedure

- Failure to notify the clinical preceptor ***and*** the CPC of an absence is a serious breach of professional conduct. If this occurs, the first instance results in a written warning to the student, placing them on probation for the remainder of their clinical experience. Subsequent violations result in a SACPIP (the program's formal remediation plan; see Section V) and may result in suspension of the student from the clinical education experience. If suspended, the student must petition the program for re-entry into the clinical experience.
- Students must report any unanticipated absence, including illness, to the CPC, along with a make-up plan.
- Make-up days may be scheduled during unscheduled days or during exam week.
- Students may need to extend their placement beyond typical dates to fulfill their obligations.

Cancelation of or Change in Clinical Placement

The MS MedSLP program carefully coordinates with clinical sites to provide valuable learning experiences for all students. We prioritize maintaining strong relationships with our clinical partners, who generously volunteer their time and expertise to support student development, and we are committed to supporting students when unforeseen circumstances threaten their assignments.

Clinical Site-Initiated Changes or Cancelations

Clinical sites may cancel placements when circumstances change (staffing, caseload, facility ownership, etc.) that prevent them from providing an effective learning environment. When this occurs:

- The DCE or CPC will immediately notify affected students.
- The DCE or CPC typically secures alternate placements without significant loss of clinical hours or internship/externship continuity.
- In some cases, depending on the cancellation timeline and circumstances, students may need to reschedule or add clinical practicum hours at an alternate facility.
- The DCE or CPC will collaborate with each student to minimize disruption to clinical progression.
- Students must recognize that they may need to accept placements in non-preferred settings to maintain progress toward practicum requirements.

Student-Initiated Changes or Cancelations

Students are not permitted to change their clinical site assignments or alter the terms of the clinical practicum agreement under any circumstances. Students who wish to make changes to an assignment or appeal a placement decision must submit a written request to the CPC and DCE. The CPC and DCE will provide a written response after the request has been reviewed and discussed.

The program considers it unreasonable to ask supervisors to make post-assignment changes to accommodate personal events (such as weddings) or preferences (such as travel distance or setting preferences). Such requests pose a significant hardship for off-campus supervisors who already volunteer their time to support student learning. Furthermore, when students commit to a site and subsequently change their mind, they eliminate opportunities for other students who could have benefited from that placement. This behavior is unacceptable and will not be allowed.

Conflict of Interest and Dual Relationships

The MS MedSLP program maintains strict standards regarding conflicts of interest in clinical education to ensure objective evaluation and appropriate professional boundaries. The program enforces the following policies without exception:

- **Supervisory relationships.** Students cannot receive clinical supervision from family members, relatives, or individuals with whom they maintain close personal relationships. This restriction applies to all on-campus and off-campus clinical experiences. Faculty members must disclose potential conflicts to the DCE immediately upon identification.
- **Prior employment sites.** Students will not complete clinical practicum hours at facilities where they currently work or have previously held employment. This separation maintains clear boundaries between educational experiences and employment relationships, preventing role confusion and evaluation bias.
- **Compensation during practicum.** Students may not receive financial compensation as employees during clinical practicum hours. Clinical practicum constitutes educational training rather than employment. Receipt of payment creates a dual relationship that compromises the educational focus and objective evaluation process. Students who violate this policy face immediate removal from the placement and possible disciplinary action.
- **Personal relationships with patients.** Students must not provide clinical services to individuals with whom they maintain personal relationships, including family members, friends, colleagues, or acquaintances, and must refrain from initiating or developing new personal relationships with patients during the clinical experience. This includes social media connections, personal phone communications, and social engagements outside the therapeutic context. If a student discovers a pre-existing relationship with an assigned patient, they must immediately notify their clinical supervisor and the DCE. The program will reassign the student to prevent ethical conflicts and ensure objective clinical service delivery.
- **Romantic relationships.** The program strictly prohibits romantic or sexual relationships between students and clinical supervisors, faculty members involved in their evaluation, or patients receiving services. Students who develop romantic interests in supervisors during clinical experiences must request reassignment immediately. Romantic or sexual involvement with current or former patients violates professional ethics and may result in immediate dismissal from the program. The prohibition on romantic relationships with former patients extends indefinitely following the conclusion of clinical services.

The CPC reviews all placement assignments to identify potential conflicts of interest before finalizing student placements. Students must disclose any potential conflicts during the placement planning process.

HIPAA and Confidentiality

In the course of clinical training, students have access to confidential information related to patients of the facilities they enter. MS MedSLP students receive training in protecting client/patient confidentiality and HIPAA guidelines. It is the responsibility of the student to maintain the confidentiality of any information related to patients. Specifically, per HIPAA guidelines, the following behaviors are prohibited:

- Releasing confidential client/patient information by any means (verbally, electronically, or in print) to any individual or agency who does not have the legitimate, legal, or clinical right to the information
- Unauthorized use, copying, or reading of patient medical records
- Unauthorized use, copying, or reading of employee or hospital records
- Taking patient records outside the clinical facility
- Any tampering with patient information

This policy applies not only to patients with whom the student has direct contact, but to any personal or confidential information the student may access while in the clinical setting. The student must use discretion when discussing client/patient information with other appropriate individuals, ensuring the discussion remains professional, pertains only to clinically relevant information, and cannot easily be overheard by those not involved in the patient's care. Some clinical facilities have their own published policies related to protecting client/patient information that students are expected to follow. Any other information available at the clinic, particularly proprietary information (such as treatment protocols or administrative information), is to be used only with the express consent of the facility. Violations of this policy may result in sanctions and may be grounds for dismissal from the clinical program.

Student and Patient Safety

One purpose of clinical education is to acquaint students with the reality of clinical practice in a healthcare profession. During clinical placement, students are subject to the known and unknown risks that members of the speech-language pathology profession experience in the provision of health care. These may include exposure to people with infectious and communicable diseases, chronic and degenerative diseases, mental illness, and risks attendant to the work environment. The program makes every effort to protect the safety and interests of the student. Basic instruction in prevention procedures and in the application of reasonable and prudent clinical practices is provided, which can limit unnecessary exposure and constitute a measure of safety for students and the patients they treat. Ultimately, it is the student's responsibility to apply these procedures and to take appropriate steps to protect patients and themselves.

Proof of health insurance, immunization records, and laboratory testing are conditions of placement and are set out under Clinical Eligibility and Compliance in this section.

Students are expected to abide by whatever policies the facility has regarding risk-exposure management for its employees, even though they are not considered employees of the facility. Students

should be aware that they are not eligible for coverage under the University's or facility's workers' compensation insurance, and there is no mechanism for compensation in the event of student injury during a clinical experience.

Student Injury During Clinical Experiences

In the event of an accident resulting in student injury during a clinical experience, the student should immediately notify the clinical instructor of the accident and follow the policies of the facility, including completing the appropriate incident report and documentation. Expenses related to student illness or injury occurring during a clinical rotation are covered by the student's personal health insurance, which must be maintained throughout the clinical program.

Client/patient Injury During Clinical Experiences

Students identify themselves as students when working with a patient, consistent with the identification requirements under Dress Code in this section. Patients have the risk-free right to refuse treatment or participation in student training.

In the event of an accident resulting in patient injury during a clinical experience, the student should immediately notify the clinical instructor of the accident and follow the policies of the facility, including completing the appropriate incident report and documentation. The student must also notify the MS MedSLP program DCE, who will determine what documentation the student and clinical instructor must submit related to the incident. Students are provided malpractice and professional liability insurance while enrolled in the MS MedSLP clinical program. Coverage terminates when a student graduates or is no longer enrolled and covers students only during assigned clinical practice.

Disciplinary Action and Due Process for Clinical Performance

If unsatisfactory behavior in the clinical setting occurs or persists, then, depending upon the quality and quantity of the infraction(s), the DCE may:

- Counsel the student directly (verbally and/or in writing) and document expectations for future behavior and performance.
- Give the student a failing grade for the clinical course, which would require the student to repeat the course and may result in dismissal from the program or delayed progression.
- Refer the student to the office of the academic dean for University disciplinary action as described in the RMU University Handbook. This course of action typically leads to sanctions ranging from a written warning to dismissal from the program or school.

Certain behaviors related specifically to clinical education, including but not limited to the following, may result in an immediate assignment of "F" to the clinical course and/or referral for University disciplinary action. Because these behaviors are egregious, they are also grounds for direct entry into a SACPIP without prior warning, as described in Section V:

- Violation of patient rights or confidentiality
- Falsifying data and records
- Illegal behavior or act
- Possession or use of intoxicants or narcotics, or a positive drug/alcohol test result
- Failure to follow the instructions of employees of the facility
- Jeopardizing patient safety

- Any conduct that results in dismissal from, or a request for removal from, a clinical site

The academic-appeal and formal grievance procedures that apply to these decisions, including a student's recourse to the University and to the Council on Academic Accreditation, are set out under Student Rights and Grievance Procedures in Section VII.

Section VII — University and Other Policies and Information

Non-Discrimination, Accessibility, and Accommodations

Administrators, faculty, and staff at RMU are committed to providing equal access to education and employment opportunities to all, regardless of age, race, religion, color, national and ethnic origin, gender, sexual orientation, disability, and military status. The University is also committed to providing equal access and opportunity in admissions, recruitment, course offerings, facilities, counseling, guidance, advising, and the employment and retention of personnel and students. The University complies with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, and Section 504 of the Rehabilitation Act of 1973, and extends its commitment to the provisions of the Americans with Disabilities Act (ADA). The Diversity and Disabilities Advisory Committee helps ensure that these policies are followed.

Inquiries regarding these policies, the filing of grievances, or grievance procedures may be directed to the director of admissions. Inquiries regarding federal laws and regulations concerning nondiscrimination in education may be directed to the Office for Civil Rights, U.S. Department of Education, 221 Main Street, Suite 1020, San Francisco, California 94105.

Consistent with Section 504 and the ADA, no otherwise qualified student with a disability shall, solely by reason of that disability, be excluded from participation in, denied the benefits of, or subjected to discrimination in the program. Students with disabilities must meet the requirements and levels of competency required of all students, and the program makes every reasonable effort to accommodate their needs. The University will provide reasonable accommodation to otherwise qualified students with properly documented disabilities who meet the minimum requirements and maintain progress consistent with expectations. As stated under CAPCSD Core Functions and Technical Standards in Section IV, a reasonable accommodation is one that does not fundamentally alter the academic and clinical requirements of the program, pose a direct threat to the student's or others' health or safety, or present an undue burden to the institution. Determining appropriate and reasonable accommodations in a professional school program is an interactive and collaborative process involving the student, the program, and the office of Institutional Equity: ADA compliance.

Accessibility Statement

In accordance with the Americans with Disabilities Act (ADA) and recent legislative updates, all educational, promotional, and instructional materials produced by the Speech-Language Pathology programs at RMU are designed with accessibility and inclusion in mind. The program is committed to ensuring that all learners and members of the public can fully access and engage with its content, whether in digital, printed, or in-person formats. If you encounter any material that is not fully accessible, or if you require an accommodation that is not currently provided, please contact the program for support at medslpstaff@rm.edu or 801-375-5125. Every effort will be made to address your needs in a timely and respectful manner.

Formal Grievance and Complaint Procedure

Students in the MS MedSLP program are encouraged to address concerns through a structured grievance process. This ensures that all issues are handled fairly, respectfully, and in accordance with university and professional standards. The best method of settling misunderstandings is to talk with the individual involved; reasonable people can disagree. The process moves through three steps.

Informal Resolution

Begin by discussing the concern directly with the individual involved. Many misunderstandings can be resolved through open, respectful communication.

Formal Complaint Within the Program

If the issue remains unresolved, escalate the concern through the MS MedSLP program's administrative chain. This may include your academic advisor, the Program Director, or other departmental leadership. If the issue remains unresolved, it will be referred to the administration — either the Office of Institutional Equity or the Dean's Office.

Escalation to the Council on Academic Accreditation (CAA)

If the concern involves violations of ASHA's accreditation standards or Code of Ethics, and remains unresolved after the internal steps above, students may submit a formal, written, and signed complaint to the Council on Academic Accreditation. Complaints must relate to program compliance with CAA standards or to ethical violations — not to individual academic performance, such as a test grade — and will not be accepted by e-mail or facsimile:

Chair, Council on Academic Accreditation in Audiology and Speech-Language Pathology
American Speech-Language-Hearing Association
2200 Research Boulevard, Rockville, MD 20850
Phone: 1-800-498-2071

Student-friendly summary. Have a concern? Talk it out first — start by speaking with the person involved. Still stuck? Go up the chain in the program: advisor, then director, then department or administration. Big issue? If it is about ASHA standards or ethics and is still unresolved, write to the CAA. Only serious, standards-related issues should go to the CAA — not matters like a poor grade.

Alcohol and Drug Awareness Policy 4415

Purpose:

The Substance Abuse Policy at Rocky Mountain University of Health Professions (RMU) is intended to promote a drug-free campus and workplace, ensuring compliance with applicable federal, state, and local laws including the Drug-Free Schools and Communities Act Amendment of 1989 (Public Law 101-226), Section 1213 of the Higher Education Act of 1965, and the DrugFree Workplace Act of 1988 (Public Law 100-690).
This commitment is jeopardized when employees use illegal drugs at home or at work, report to work under the influence, possess, distribute, or sell drugs in the workplace or use alcohol while on the job.
Scope:
This policy applies to all full-time, part-time, hybrid/remote employees and faculty, and students at the University.
Policy:
RMU strictly prohibits the unlawful possession, use, manufacture, distribution, dispensing, or transfer of any controlled substances by employees, faculty, or students under the following

conditions:
• While on University property or property owned or controlled by RMU
• While performing job-related duties, whether on or off campus
• While participating in any University-sponsored activity, regardless of location
• At any time or place where such conduct may adversely affect job performance, workplace safety, or professional behavior.

Campus Security and Student Safety

Student Risk Management Handbook

Family Educational Rights and Privacy Act (FERPA) Policy 4610

Purpose: The purpose of this policy is to identify student rights at Rocky Mountain University of Health Professions (RMU) that fall under the Family Educational Rights and PrivacyAct (FERPA) and to outline the expectations regarding protection of information to support the rights of the individual student. The Family Educational Rights and PrivacyAct (FERPA) of 1974 was designated to protect the privacy of educational records. FERPA affords students certain rights with respectto their educational records. RMU complies with FERPA and its amendments.

Health Insurance Portability and Accountability Act (HIPAA) — University Policy 4300

As HIPAA references student and employee records, see policy 4300. HIPAA in reference to clients in MS MedSLP Practice Labs is documented in the clinical education section of this manual.

University Standards, Guidelines, and References

The University places a high and equal value on scholarship, clinical training, and practice. The integration of health science theory, research, and clinical practice is intended to help students develop the following professional attributes:

- An ability to critically evaluate and integrate theoretical concepts in the health sciences.
- An ability to analyze and practice the principles and methods of scientific inquiry applicable to the study of the human condition and healthcare practices.
- Mastery of practical and clinical skills essential for professional practice in contemporary healthcare settings.
- Skills to critically read published research and to apply evidence-based principles in a responsible and appropriate manner.
- Skills to work cooperatively with colleagues at all levels of service in the healthcare system.
- A demonstrated commitment to personal and professional ethical standards.
- A demonstrated commitment to continuing personal and professional development and lifelong learning.
- A commitment to wellness and the knowledge and practice of preventive measures to ensure optimal healthcare.

Students are accountable to broader university standards at all times. The University Guidelines, Handbooks, and Policies — including the University Handbook, the Student Risk Management Handbook, and Academic Affairs–Student resources — govern matters beyond the scope of this

handbook, and their current versions are maintained in Appendix F. Any program-specific deviation from those standards is outlined in this handbook and in the clinical education materials it now incorporates. For student forms, and information from the administration on grades, transcripts, and related matters, students should consult the relevant university policy or the OKTA dashboard.

Section VIII — References

See Appendix F.

Appendices

Appendix A — Clinical Education Plan (CEP) Form

A single cumulative record maintained across the program. Parts 1 and 2 are updated each semester to show current position. Part 3 is completed one block at a time and is not revised once signed, so that the full sequence of ratings, feedback, and placements remains available in one document. The student retains a current copy and brings it to every meeting with the Clinical Placement Coordinator.

Student		**Cohort**	

Part 1. Hours and Encounters

Hours in clock hours, cumulative across the program. Assessment and treatment minimums are proportions within the total rather than additions to it.

	Observation	Direct contact	Graduate level	On site	Assessment	Treatment	Total
Minimum	25	375	325	250	100	200	400
To date							
Remaining							

Encounters, cumulative across the program. One session may contribute to more than one area when the case warrants it.

	Language	Speech	Cognition	Swallowing	Voice	Aural rehab	AAC	Social comm
Minimum	100	100	25	25	20	10	10	10
To date								
Remaining								

Part 2. Clinical Placement Plan

A forward-looking summary of the assignments recommended across the sequence, refined each semester as the student develops. Recommendations are developmental rather than evaluative, and assignments are neither rewards nor sanctions. A minimum of one school-based and one non-school externship is required. The assignment actually made, and the reasoning behind it, are recorded in the semester block in Part 3.

Semester	Recommended clinical assignment
1 SLP 661	
2 SLP 662	

3 SLP 663	
4 SLP 658	
5 SLP 722	
6 SLP 734	

Eligibility documentation confirmed current	☐ Immunizations ☐ BLS ☐ HIPAA ☐ OSHA bloodborne pathogen ☐ Background check ☐ Drug and alcohol screen ☐ Health insurance ☐ Site-specific requirements

Part 3. Semester Record

Completed at the close of each semester and reviewed with the student. Standing is assigned by faculty consensus. Level 1 indicates performance aligned with program standards, Level 2 concerning patterns requiring measurable improvement by the following midterm, and Level 3 persistent gaps, which opens a SACPIP. A rating below expected performance is not a disciplinary finding. The student's signature acknowledges receipt and notification rather than agreement, and a written response may be attached. Once signed, a block is not revised.

Semester 1	**SLP 661**	**Practicum grade ☐ Pass ☐ Fail**	
Program standing	☐ 1. Expected Performance ☐ 2. Performance Alert ☐ 3. Performance Remediation		
Placement and rationale			
Faculty feedback			
Areas of focus			
Student signature		**Date**	
DCE signature		**Date**	
CPC signature		**Date**	

Semester 2	**SLP 662**	**Practicum grade ☐ Pass ☐ Fail**
Program standing	☐ 1. Expected Performance ☐ 2. Performance Alert ☐ 3. Performance Remediation	
Placement and rationale		

Faculty feedback			
Areas of focus			
Student signature		**Date**	
DCE signature		**Date**	
CPC signature		**Date**	

Semester 3	**SLP 663**	**Practicum grade ☐ Pass ☐ Fail**	
Program standing	☐ 1. Expected Performance ☐ 2. Performance Alert ☐ 3. Performance Remediation		
Placement and rationale			
Faculty feedback			
Areas of focus			
Student signature		**Date**	
DCE signature		**Date**	
CPC signature		**Date**	

Semester 4	**SLP 658**	**Practicum grade ☐ Pass ☐ Fail**	
Program standing	☐ 1. Expected Performance ☐ 2. Performance Alert ☐ 3. Performance Remediation		
Placement and rationale			
Faculty feedback			
Areas of focus			
Student signature		**Date**	
DCE signature		**Date**	

CPC signature		**Date**	

Semester 5	**SLP 722**	**Practicum grade ☐ Pass ☐ Fail**	
Program standing	☐ 1. Expected Performance ☐ 2. Performance Alert ☐ 3. Performance Remediation		
Placement and rationale			
Faculty feedback			
Areas of focus			
Student signature		**Date**	
DCE signature		**Date**	
CPC signature		**Date**	

Semester 6	**SLP 734**	**Practicum grade ☐ Pass ☐ Fail**	
Program standing	☐ 1. Expected Performance ☐ 2. Performance Alert ☐ 3. Performance Remediation		
Placement and rationale			
Faculty feedback			
Areas of focus			
Student signature		**Date**	
DCE signature		**Date**	
CPC signature		**Date**	

Appendix B — SACPIP (Remediation Plan) Form

Student Name:
Initiation Date:
Expected Completion:
Attendees:

Introduction

The Student Academic/Clinical Performance Improvement Plan (SACPIP) provides a structured framework that the MS MedSLP program faculty uses to address specific concerns in a student's academic or clinical performance. The SACPIP requires a collaborative process to establish clear expectations, actionable steps, resources and support, and measurable outcomes for the student's improvement and ultimate success.

Expectations

The student must meet the Expected Standards of Performance as outlined below. If performance consistently meets expectations, the SACPIP will conclude, but the Expected Standards of Performance will remain in place as ongoing performance requirements. Student performance must adhere to the level achieved without regression for the remainder of the program. Additionally, student progress in areas that may have been included in a plan must continue to the level specified by the program curriculum.

Implementation

1. The SACPIP may be developed by any faculty member in consultation with the student's advisor. Any other resources or people may be consulted during plan development, with documentation of their input. The SACPIP draft should adhere to the expected format provided below.
2. The SACPIP should be presented to the student by the faculty member who initiated the plan and the student's advisor. Students must be given a clear opportunity to provide their perspective and input before the plan is adopted.
3. The SACPIP must include the following components:
    a. A minimum of one scheduled follow-up meeting to discuss performance (additional meetings may be required)
    b. A clear and specific timeline to meet the Expected Standards of Performance
    c. If the SACPIP includes clinical practice outcomes, a 2-4-week timeline is expected. Opportunities to develop and demonstrate skills should be considered in planning the timeline.
    d. Outcomes must define the observable behaviors expected, along with the source or method of assessment
    e. If necessary, an indication of the quantity of behaviors necessary to meet the outcome(s) should be defined
4. The faculty should clarify or adapt the plan based on the meeting with the student. The plan is then submitted to the following individuals for signature:
    a. The student
    b. The student's assigned advisor

c. The faculty member who initiated the plan
d. The Director of Clinical Education
e. The Program Director

5. The SACPIP commences **immediately** after all signatures are obtained.
6. Any modification to outcomes or timelines must be documented on the primary form in E*value.
7. The SACPIP will be uploaded to the student's portfolio in E*value. A copy will be forwarded to the registrar's office for their files.
8. Any discussions with the student or between faculty members regarding performance toward the plan should be documented on the primary form in E*value.
9. A final meeting to confirm the outcome of the plan must be held with the student involved. The final plan status should be signed by the student, the advisor, the primary author, and the Program Director in the E*value system. A copy of the final plan is forwarded to the registrar's office.

Confidentiality

The contents of this Student Performance Improvement Plan are confidential. Questions or concerns regarding the content should be directed to the Program Director, Wendy Chase.

Performance Improvement Plan

Target Area ***Sources may include the University Handbook, the Program Handbook, the Clinical Education Manual, and the Competence Assessment results in the E*value Competence Assessment Matrix***	
Specific Performance Concern	•
Expected Standard of Performance *(Student actions required)*	•
Program / Site Support	•
Recommended Review Date	

Target Area ***Sources may include the University Handbook, the Program Handbook, the Clinical Education Manual, and the Competence Assessment results***	

*in the E*value Competence Assessment Matrix*	
Specific Performance Concern	•
Expected Standard of Performance *(Student actions required)*	•
Program / Site Support	•
Recommended Review Date	

Target Area ***Sources may include the University Handbook, the Program Handbook, the Clinical Education Manual, and the Competence Assessment results in the E*value Competence Assessment Matrix***	
Specific Performance Concern	•
Expected Standard of Performance *(Student actions required)*	•
Program / Site Support	•
Recommended Review Date	

Review 1
Date: Notes:

Review 2
Date: Notes:

Agreement

_____ It is the student's responsibility to arrange the follow-up meeting. This meeting can be scheduled at the time of the initial meeting with the student to facilitate the process.

_____ Students are expected to demonstrate regular, consistent progress toward the Expected Standards of Performance.

_____ Failure to meet or exceed the Expected Standards of Performance as outlined above, or any display of misconduct, will result in further disciplinary action, up to and including dismissal from the program.

_____ If faculty determine that the student's progress is insufficient to reasonably achieve the Expected Standards of Performance within the specified timeline, the program may terminate enrollment prior to the SACPIP conclusion date.

_____ Decisions regarding student status if the plan is not met will be discussed with the Dean of the College of Rehabilitation Sciences, the Registrar, the Program Director, or the Director of Clinical Education.

_____ Failure to maintain the Expected Standards of Performance after the completion of the SACPIP may result in additional disciplinary action up to and including dismissal from the program.

_____ A student may be placed on a second SACPIP only for new (not previously included in a SACPIP) areas.

By signing below, all parties acknowledge that they have reviewed this Student Academic/Clinical Performance Plan, understand the expectations and requirements outlined, and agree to the terms and timelines specified.

_____

Student *Date*

_____

Program Director *Date*

_____

Director of Clinical Education *Date*

_____

Other Faculty/Preceptor *Date*

_____

Other Faculty/Preceptor *Date*

Appendix C — Entrustment Discussion Record

An entrustment discussion is an appraisal of a student's knowledge, skill, attitude, and reasoning within one area of practice. The student names the area, brings evidence of how they currently perform in it, and leads the appraisal. The preceptor rates each domain and determines the level of supervision the student's performance warrants in that area. Some appraisals are required by the semester competency targets, and a student may request one at any time. The completed form is uploaded to eValue as a portfolio artifact.

Student		**Date**	
Preceptor		**Course/Semester**	

Area under appraisal	

Reason for selecting this area	Explain what you have observed in your own work that led you to bring it forward for discussion. What have you noticed in your own performance that led you here?

Preparation	Describe what you did to get ready for the discussion. What did you review or practice? What did you find was difficult while you were preparing? What did you find was easy while you were preparing?

Evidence presented/reviewed *Documentation, video or annotation, data, or other work samples. Where possible, pair an earlier sample with a current one.*	Describe the samples you selected and explain what they do and do not show. What should the preceptor be looking for or paying attention to? Students may present paired samples that illustrate growth between earlier and current work

Appraisal / Discussion	

Supervision level demonstrated
Completed by the preceptor. Level definitions appear in Appendix C.

	1 - Preceptor Directed	2 - Preceptor Adjacent	3 - Preceptor Present	4 - Preceptor Distant	5 - Available upon Request	6 - Independent
Knowledge	☐	☐	☐	☐	☐	☐

Skill	☐	☐	☐	☐	☐	☐
Attitude	☐	☐	☐	☐	☐	☐
Reasoning	☐	☐	☐	☐	☐	☐
Global level	☐	☐	☐	☐	☐	☐

Student signature	**Preceptor signature**	**Date**

Appendix D — Competency Indicators (Big 9 / behavioral indicators)

Program Outcomes Matrix

Target Supervision Level for Graduation

Practice without a preceptor or instructor in the room; preceptor immediately available. Key findings and decisions reviewed and approved.

1. Comprehensive Assessment

Detailed Description

Independently conducts comprehensive, client-centered assessments across relevant domains of speech-language pathology, selecting, administering, and interpreting appropriate standardized and non-standardized measures. Integrates case history, contextual factors, cultural-linguistic considerations, and clinical observations to generate defensible diagnostic impressions.

KSARs at Target Supervision Level

- **Knowledge:** Assessment principles; psychometrics; disorder characteristics; cultural-linguistic variability
- **Skills:** Test selection, administration, scoring, interpretation, synthesis of findings
- **Abilities:** Differential diagnosis; integration of multiple data sources; clinical prioritization
- **Reasoning:** Hypothesis testing; justification of assessment decisions; interpretation of ambiguous data

Educational Tools and Activities (Teaching Modalities)

- Case-based learning
- Simulation/OSCEs (progressive disclosure)
- Supervised clinical assessments
- Guided diagnostic reasoning exercises

Review Process and Minimum Criteria

- Assessment plan reviewed and approved by supervisor

- Diagnostic report demonstrates internal consistency and clinical justification
- Accurate interpretation with appropriate recommendations
- Meets or exceeds rubric benchmark for independent assessment readiness

2. Management Plan Development

Detailed Description

Develops comprehensive, evidence-based management plans that integrate assessment findings into coordinated plans for treatment, education, consultation, and referral. Plans reflect client goals, prognosis, contextual constraints, and interprofessional collaboration.

KSARs at Target Supervision Level

- **Knowledge:** Evidence-based intervention frameworks; prognosis indicators; service delivery models
- **Skills:** Goal writing; treatment planning; resource coordination
- **Abilities:** Prioritization; plan adaptation; anticipatory planning
- **Reasoning:** Impact-first reasoning; linking assessment to intervention choices

Educational Tools and Activities

- Plan-of-care writing assignments
- Case conferences
- Interprofessional simulations
- Treatment planning workshops

Review Process and Minimum Criteria

- Management plan logically derived from assessment
- Goals are measurable, functional, and client-centered
- Evidence base clearly articulated
- Supervisor approves plan with minimal revision

3. Treatment-Management Services

Detailed Description

Delivers treatment that is client-centered, culturally responsive, adaptive, and trauma-informed. Uses ongoing data collection to modify intervention in real time and across sessions to optimize outcomes.

KSARs at Target Supervision Level

- **Knowledge:** Intervention principles; learning theory; cultural humility; trauma-informed care
- **Skills:** Treatment implementation; data collection; cueing and scaffolding
- **Abilities:** Session pacing; adaptation; therapeutic rapport
- **Reasoning:** Data-driven decision-making; session-level hypothesis testing

Educational Tools and Activities

- Live clinical practica
- Video-based self-review
- Simulation with embedded data challenges
- Reflective practice journals

Review Process and Minimum Criteria

- Treatment sessions demonstrate intentional structure and responsiveness
- Data accurately collected and interpreted
- Modifications justified clinically
- Supervisor confirms readiness for indirect supervision

4. Caseload Management

Detailed Description

Manages a clinical caseload effectively by organizing time, prioritizing services, maintaining documentation, and adapting to changes in client needs, service delivery models, and organizational demands.

KSARs at Target Supervision Level

- **Knowledge:** Service delivery systems; documentation standards; productivity expectations
- **Skills:** Scheduling; documentation; workload management
- **Abilities:** Adaptability; multitasking; professional judgment under constraint
- **Reasoning:** Prioritization and triage reasoning; systems-level thinking

Educational Tools and Activities

- Caseload simulations
- Documentation audits
- Time-on-task analysis
- Productivity and prioritization exercises

Review Process and Minimum Criteria

- Caseload managed without missed deadlines or safety concerns
- Documentation timely and compliant
- Prioritization decisions clinically defensible
- Supervisor confirms readiness for independent caseload management

5. Program Development

Detailed Description

Designs preventive, educational, or service programs that address identified community or system needs. Collaborates with stakeholders and incorporates evaluation metrics to assess program impact and sustainability.

KSARs at Target Supervision Level

- **Knowledge:** Prevention models; public health principles; program evaluation
- **Skills:** Needs assessment; program design; stakeholder communication
- **Abilities:** Systems thinking; collaboration; initiative
- **Reasoning:** Translational reasoning from evidence to population-level application

Educational Tools and Activities

- Program proposal projects
- Community-based learning
- Grant-style writing assignments
- Outcome evaluation exercises

Review Process and Minimum Criteria

- Program rationale grounded in evidence and needs assessment
- Clear objectives and evaluation plan
- Feasible implementation strategy
- Faculty approval of program design

6. Supervision

Detailed Description

Effectively supervises paraprofessionals, students, family members, or allied personnel by delegating tasks, providing instruction and feedback, and ensuring fidelity to management plans and client safety.

KSARs at Target Supervision Level

- **Knowledge:** Supervision models; scope of practice; ethical delegation
- **Skills:** Instruction, feedback, monitoring, documentation
- **Abilities:** Leadership; accountability; professional communication

- **Reasoning:** Risk assessment; delegation decision-making

Educational Tools and Activities

- Peer supervision exercises
- Delegation simulations
- Feedback and coaching practice
- Interprofessional education activities

Review Process and Minimum Criteria

- Delegation appropriate to role and competence
- Feedback is clear, constructive, and documented
- Client safety and plan fidelity maintained
- Supervisor validates readiness for supervised supervisory roles

Appendix E — Faculty and Staff Roster

Faculty and Staff directory

Appendix F — External Links and Resources

CFCC Guidance on Clock Hour Accrual

Appendix G — Strategic Plan Summary and College/Corporate Goals

Draws from: Handbook strategic-plan executive summary and College / RMU goals.

[Content to be drafted.]

RMU Corporate Strategic Plan — Goals and Key Strategies

Goal	Title	Key Strategy
Goal 1	**Cultivate Reach, Recognition, and Relationships**	Expand influence, visibility, and connections to broaden audience, increase brand awareness, and foster meaningful connections, while building and strengthening worldwide networks and partnerships.
Goal 2	**Advance Academic Excellence**	Advance academic success through rigorous curriculum, personalized mentorship, and authentic learning opportunities that empower students to achieve their goals.
Goal 3	**Elevate Technological Sophistication**	Elevate RMU's technological sophistication by harnessing advanced technologies, enhancing digital infrastructure, and developing the necessary resources to optimize efficiency, productivity, and innovation.
Goal 4	**Strengthen Organizational Effectiveness**	Strengthen RMU's mission fulfillment by investing in infrastructure, people, systems, and processes that boost efficiency, resilience, sustainability, and innovation.
Goal 5	**Nurture Student Success**	Nurture, support, and enhance students in an inclusive environment where every student can thrive academically, personally, and professionally.

Source: Rocky Mountain University of Health Professions, 2025 CSP Overview of Goals and Key Strategies (Corporate Strategic Plan), dated January 28, 2024.

College of Rehabilitation Sciences Common Goals

Mission. The mission of the College of Rehabilitation Sciences is to advance the overall mission of Rocky Mountain University of Health Professions by educating current and future rehabilitation healthcare professionals for excellence in patient-centered, evidence-based practice; clinical inquiry; and interprofessional, ethical, and inclusive healthcare advancement.

Vision. To be a leader in advancing the quality, delivery, and efficacy of rehabilitation healthcare through education, scholarship, and collaborative clinical practice.

Goal	Initiatives
Goal 1. Improve internal Collaborations / External Partnerships	● Reduce silos between programs / other departments ● Programs to collaborate with EMX / New Marketing Department and other relevant parties to enhance student enrollments and program messaging ● Programs to explore opportunities with external organizations to enhance enrollment

Goal	Initiatives
Goal 2. Enhance faculty and staff recognition within the College of Rehabilitation Sciences	● Award recognition in more categories in 2025
Goal 3. Enhance data-driven planning and assessment	● Enhance program assessment plans ● All departments / programs to create and initiate 4-year rolling strategic plans
Goal 4. Programs will incorporate education regarding AI (Artificial Intelligence) in their respective professions in program curricula	● Programs will contribute to University Committees' investigations of current AI use

Source: College of Rehabilitation Sciences Common Goals 2025, revised February 18, 2025.

MS MedSLP Strategic Plan — January 2025 Review Summary

Focus Area & Outcome	Accomplished	Outstanding
Program Assessment & CAA Accreditation ***Outcome.*** *CAA accreditation remains stable, with no findings out of compliance.*	• May 2024 on-site visit passed; no standards out of compliance • May 2025 annual report approved by CAA; two follow-up areas resolved • Graduation and Praxis rates above minimums • Curriculum mapping moved to Watermark • Remediation process revised; tiered first-year disposition ratings added • Ultrasound and fluoroscopy added to instrumentation • Teaching-time equity monitoring implemented	• Self-study and re-accreditation application due January 2026 • Eight-year accreditation site visit expected fall 2026 • College workload and promotion updates in development
SOTL in Communication Sciences and Disorders ***Outcome.*** *Graduates demonstrate depth and breadth of knowledge, skills, and attitudes across the ASHA Scope of Practice.*	• Faculty and preceptors cover all scope-of-practice areas • One faculty member earned CHSE status; IMSH attendance in year three • Four high-fidelity simulations adapted to the EHRgo platform	• IMSH 2026 workshop on competency-based assessment in development • Preceptor-training study with the University of Iowa underway • Review of preceptor versus student self-assessment of competence
Student Outcomes ***Outcome.*** *Graduates deliver SLP services at the highest level of ethical, evidence-based practice.*	• TrueLearn added for Praxis preparation • Cohort 8 met the 30% IPCP goal by end of first semester • Cohort 7 moved to the new capstone model with less remediation • CN/OME validation revised (Phase 1); performance improved • Accessibility statement developed	• CN/OME Phase 2 (Aug 2025) and Phase 3 (Sept 2025) to deploy • Faculty EPA design course (Feb 2025) • Website updates for clinical program, faculty, and ADA accessibility under review • Clinical writing module to be added for cohort 9

Focus Area & Outcome	Accomplished	Outstanding
Research & Scholarship ***Outcome.*** *Raise the public profile of faculty, program, and university through scholarship.*	• CBE consortium launched with six universities (incl. BYU, Noorda DO, Roseman) • Article submissions on pace at two per year • Parkinson's interuniversity project funded for pilot • VR introduced for CN/OME and the endoscopy boot camp	• Four research initiatives in development • Federal application for the Parkinson's project pending
Community Integration & Service ***Outcome.*** *The clinic is a valued member of the healthcare system, especially for underserved and uninsured populations.*	• CCD merged with RMU Health Clinics; pro bono status retained • Malawi / Thrive Foundation needs assessment nearly complete	• Year-round Malawi integration plans to be set on the August 2025 trip
Innovations, Facilities & Technologies ***Outcome.*** *Students master healthcare technology within scope; the program is housed in facilities suited to study and care.*	• VFSS program established, expanding clinical education and research • 360-degree camera deployed across sites for future VR learning	• Training underway for two ultrasound-related projects
RMU Health Clinics Integration ***Outcome.*** *Operate the pro bono clinic to optimize student learning while serving the community through a fee-for-service path.*	• Most CCD revenue reallocated to the RMU Health Clinics budget • Utah Virtual Academy contract transferred to RMU Health Clinics • Clinic secretary position added • New Focus Academy (Heber) contract retained by the program	• One faculty position held vacant through 2025 (minimum) • Hold placed on capital budget items

Source: MS MedSLP Strategic Plan 2024–2027, January 2025 revision. Summarized from the plan's executive summary and focus-area outcome statements.

Appendix H — Principles for the Responsible Use of AI in Medical Education (AAMC Framework)

The program's approach to artificial intelligence, summarized in Section IV, is grounded in the framework developed by the Association of American Medical Colleges (AAMC) for integrating AI into medical education. That framework is reproduced here in full for reference. It examines AI's potential through two pillars:

- **AI in medical education —** supporting learners along their developmental continuum to responsibly integrate AI into practice, and preparing educators and staff to teach and facilitate AI-enabled, patient-centered care.
- **AI for medical education —** building and incorporating AI into the tasks, processes, and systems of education itself, including the assessment of learning outcomes and educational effectiveness, with an ongoing commitment to equity and ethics.

Within those pillars, the AAMC offers seven key principles, intended to be foundational yet adaptable to each institution's mission, culture, and curriculum:

- **Maintain a Human-Centered Focus.** As AI advances, human judgment remains essential in determining the appropriate use of these tools. Educators, staff, and learners must apply critical thinking, creativity, and adaptability to integrate AI while keeping a human-centered approach.
- **Ensure Ethical and Transparent Use.** Integrating AI should prioritize responsible use and transparency, ensuring learners and educators receive appropriate disclosures, and should equip trainees to communicate technology use to patients.
- **Provide Equitable Access to AI.** AI should promote equity and inclusivity. All learners need equal opportunity to benefit, and institutional variability in access and resources should be addressed through investment and collaboration.
- **Foster Education, Training, and Continuing Professional Development.** Investing in the development of educators prepares them for AI's growing role and helps them guide learners through the transition. A safe environment for educators to explore AI is essential.
- **Develop Curricula Through Interdisciplinary Collaboration.** Institutions should develop, assess, and implement AI curricula through collaboration across medical education, computer science, ethics, sociology, and other relevant fields.
- **Protect Data Privacy.** Data privacy warrants attention across the many uses of AI — admissions; classroom, lab, and workplace teaching; coaching and advising; simulation and technology-based experiences; learner assessment; and program evaluation.
- **Monitor and Evaluate.** AI tools should be evaluated regularly in their intended settings, with evaluations guiding recommendations to learners, educators, and stakeholders. Fostering scholarship that advances AI in the curriculum is critical.

Source: Association of American Medical Colleges, Principles for the Responsible Use of Artificial Intelligence in and for Medical Education. Link maintained in Appendix F.

Appendix I — Competency Committee (CompComm) Policy

This policy operationalizes the clinical progression, competency-assessment, and remediation framework described in Sections V and VI of the *MS MedSLP Program and Clinical Education Handbook*. Where a term is defined in that handbook, the handbook definition governs.

I. Purpose

The Competency Committee (CompComm) is a faculty-led body responsible for the systematic, evidence-based evaluation of student progression in knowledge, skills, and professional behaviors across the MS MedSLP program. It is the standing body through which the faculty reach the Pass/Fail consensus decisions that govern clinical practicum courses and through which student progression, remediation, and readiness for the clinical fellowship are reviewed.
The CompComm supports the program's compliance with the CAA Standards for Accreditation (2017 Standards; revisions effective January 1, 2023) and the CFCC 2020 Speech-Language Pathology Certification Standards, with particular attention to:

- Knowledge and skills outcomes — CAA Standard 3.1B; CFCC Standard IV (Knowledge Outcomes) and Standard V (Skills Outcomes)
- Regular advising and the identification, documentation, and resolution of student performance concerns — CAA Standards 4.6 and 4.7
- Ongoing, systematic formative and summative assessment of student performance — CAA Standards 5.1 and 5.2; CFCC Standard VI (Assessment)
- Program effectiveness and continuous quality improvement — CAA Standard 5.3

The CompComm's role is formative and developmental. It supports individualized student feedback, structured remediation, and readiness for the clinical fellowship, while also contributing to program-level quality improvement and continuous review.

II. Structure and Membership

A. Composition

- All full-time program faculty are standing members of the CompComm. Adjunct and clinical faculty may participate as members as determined by the Program Director.
- Members represent diverse expertise across disorder areas (speech, language, swallowing, voice, and cognitive-communication).
- The Director of Clinical Education (DCE) chairs the CompComm, convening meetings, setting agendas, facilitating deliberation, and ensuring that each review is documented and uploaded to the student record and clinical portfolio.
- The Program Director participates to ensure programmatic and curricular alignment.
- An external clinical educator or interprofessional faculty member may attend in a non-voting, advisory capacity.

B. Quorum and Voting

CompComm reviews are conducted during regularly scheduled faculty meeting time. A quorum of at least three faculty members, or 50 percent of program faculty (whichever is greater), must be present to conduct business or record a vote. Clinical practicum decisions are reached by faculty consensus; where consensus cannot be reached, a majority vote of members present determines the outcome. The DCE facilitates the process and records the decision.

C. Meeting Frequency

- The CompComm meets at least twice per semester to review all students, typically aligned with the midterm and final clinical evaluation points.
- Additional meetings are convened as needed for remediation, progression concerns, or summative decisions.

III. Processes and Data Sources

A. Data Sources

The CompComm bases its review on multiple, converging sources of evidence, including:

- Clinical performance ratings, including the Big 9 competency forms and clinical supervisor and site evaluations

- Semester competency levels measured against the program's Expected Competency Levels by Semester (Handbook, Section VI)
- Course-based assessments of knowledge and skill outcomes from didactic coursework
- Simulation-based learning evaluations and debriefing scores
- Professional-behavior and interpersonal-communication ratings (Workplace Behaviors)
- Student midterm and final self-assessments and Student Personal Development Plan (SPDP) reflections
- Clinical hours and encounter logs maintained in eValue
- 360-degree feedback from peers, patients, and interprofessional colleagues, when available

B. Process

1. Pre-Review. Each member reviews an assigned subset of student data and prepares brief summary reports.
2. Committee Deliberation. The CompComm convenes to discuss each learner's progress, mapped to CAA Standards, the Big 9 competency areas, and program outcomes.
3. Developmental Milestones. Student progression is benchmarked against the Expected Competency Levels by Semester, which describe increasing independence from entry through readiness for the clinical fellowship.
4. Decision-Making. Clinical practicum Pass/Fail outcomes are reached by faculty consensus; a majority vote of members present determines the outcome if consensus is not reached.
5. Early Warning and Remediation. Emerging concerns are tracked through the student's SPDP, the program's early-warning instrument. When concerns persist to the Performance Remediation level (SPDP Level 3), the SPDP hands off to a Student Academic and Clinical Performance Improvement Plan (SACPIP) with measurable objectives and a 60-day intervention period. A SACPIP may also be initiated directly, without prior warning, for egregious academic or clinical conduct as defined in the Handbook's Disciplinary Action policy.

C. Documentation

- A written summary of each student's performance and the committee's recommendations is entered into the student record, and the DCE uploads it to the student's clinical portfolio.
- Aggregated outcomes are compiled for program-level analysis and continuous improvement (CAA Standard 5.3).

IV. Intended Outcomes

A. For Learners

- Provide timely, developmental feedback on progression toward entry-level competencies.
- Promote reflective practice and self-directed learning.
- Ensure fairness and consistency in progression, remediation, and graduation decisions.

B. For the Program

- Demonstrate compliance with CAA Standards 3.1B, 4.6, 4.7, and 5.1–5.3, and with CFCC Standards IV, V, and VI.
- Identify curricular or clinical gaps requiring modification.
- Document systematic, program-wide evaluation of student performance.

C. For the Profession

- Align with competency-based education models, ensuring graduates are prepared for the clinical fellowship and independent practice.
- Reinforce professional, ethical, and evidence-based standards in graduate education.

V. Confidentiality and Compliance

- All deliberations and records are confidential and are maintained in accordance with FERPA and program policies.
- CompComm members must disclose any conflict of interest and recuse themselves from the evaluation of a student with whom they have a supervisory or personal conflict, consistent with the Conflict of Interest and Dual Relationships policy in Section VI of the Handbook.

VI. Reporting

- Individual student outcomes and recommendations are communicated to academic advisors and to students in writing.
- An annual summary report is submitted to the Program Director and the Curriculum Committee.
- Documentation is retained for CAA accreditation reporting and site visits.

VII. Review of Policy

This policy will be reviewed at least every three years by the Program Director and faculty, or sooner if required by updates to CAA standards, CFCC certification standards, or institutional policy.