

# **Speech-Language Pathology Program**

## **STUDENT ACADEMIC & CLINICAL**

## **HANDBOOK**

## TABLE OF CONTENTS

<b>INTRODUCTION</b>	<b>4</b>
Speech-Language Pathology Program Mission	5
Speech-Language Pathology Program Philosophy	5
Speech-Language Pathology Program Vision	5
Speech-Language Pathology Program Learning Outcomes	5
Speech-Language Pathology Program Objectives	6
American Speech-Language-Hearing Association Council on Academic Accreditation Speech-Language Pathology Knowledge and Skills within the Curriculum	6
Core Functions for Student Speech-Language Pathologists	8
American Speech-Language-Hearing Association	11
American Speech-Language-Hearing Association Mission	11
American Speech-Language-Hearing Association Vision	11
National Student Speech-Language-Hearing Association	11
National Student Speech-Language-Hearing Association Mission	12
National Student Speech-Language-Hearing Association Vision	12
<b>SECTION I – STUDENT ACADEMIC HANDBOOK</b>	<b>12</b>
<b>Academic Expectations</b>	<b>12</b>
Communication	12
Course Preparation	12
Active in-Class Participation	13
Group Work	13
<b>Student Conduct</b>	<b>13</b>
Academic Integrity and Dishonesty	13
Artificial Intelligence (AI) Statement	14
ASHA Code of Ethics	14
Professional Qualities	14
<b>Student Identity Verification in Distance Learning</b>	<b>15</b>
<b>Attendance Policy – Academic Courses</b>	<b>15</b>
Clocking in for Class	15
Camera and Internet Connection Requirements	15
Absences	16
<b>Academic Accommodations</b>	<b>16</b>
<b>Grading Procedures</b>	<b>16</b>
Assessment Requirements	17
Missed or Late Assignments, Quizzes, and Exams	18
<b>Student Advisement</b>	<b>18</b>
<b>Student Support &amp; Remediation</b>	<b>18</b>
Student Support & Remediation Procedures	19
<b>Dismissal from the Program</b>	<b>20</b>

Complaints/ Grievance Policy _____	20
University Library Resources _____	22
<b>SECTION II – CLINICAL HANDBOOK _____</b>	<b>23</b>
Clinical Philosophy _____	23
Apprenticeship Model _____	23
Critical Clinical Attributes _____	24
Student and Faculty Roles - Clinical _____	25
Clinical Progression _____	26
Onsite Immersion (OSI) _____	27
Clinical Placement Assignments _____	27
Supervision of Graduate Student Clinicians and Clock Hours _____	28
Clinical Experience Attendance _____	29
Clinical Experience Grading _____	29
Clinical Intervention and Remediation _____	30
Clinical Intervention Pathways _____	31
Clinical Experience Requirements and Onsite Expectations _____	33
Clinical Site Commute _____	34
Certification of Insurance/Medical Malpractice Insurance _____	34
Health & Safety Procedures Universal Precautions _____	34
Parking Policy: Assigned Clinical Experience Site _____	34
Clinical Experience Dress Code _____	34
Clinical Site Evaluation _____	35
Safety Policies _____	35
Injury Policy _____	35
Tips For Successful Clinical Experiences _____	36
<b>Section III – GRADUATION REQUIREMENTS _____</b>	<b>38</b>
Clinical Fellowship Year _____	38
Certificate of Clinical Competence (CCC-SLP) _____	38
License to Practice _____	38
<b>Speech-Language Pathology Programmatic Handbook Receipt Form _____</b>	<b>40</b>
<b>APPENDIX _____</b>	<b>41</b>

## INTRODUCTION

### **Welcome to West Coast University's Master of Speech-Language Pathology (MSLP) Program!**

We're so excited to welcome you into a vibrant community of learners, educators, and future clinicians. You've chosen a path that's both deeply meaningful and incredibly impactful—and we're honored to walk alongside you as you grow into a confident, compassionate speech-language pathologist. The field of speech-language pathology is rooted in professional standards set by the American Speech-Language-Hearing Association (ASHA) and state licensure boards. To help you navigate these expectations, this Handbook serves as your guide to the MSLP Program's policies, procedures, and professional values. Like the profession itself, this Handbook is a living document—it will evolve as you progress through the program.

Speech-language pathology is guided by the standards of the American Speech-Language-Hearing Association (ASHA) and state licensure boards. To help you navigate this path, we've created this Handbook as a resource to introduce you to the professional expectations and protocols of our program. Just like the field itself, this Handbook is a living document—it will grow and evolve alongside you throughout your time here.

Our curriculum is thoughtfully designed to prepare you for licensure and clinical practice. Each course builds upon the last, and a minimum score of 76% is required to move forward. We believe in fostering a collaborative, supportive learning environment—one where students encourage each other and grow together.

To become a licensed speech-language pathologist, you'll need to meet several important milestones, including passing the Praxis Exam, demonstrating academic and clinical competency, completing 25 observation hours, and accumulating at least 375 direct patient contact hours. Each state has its own licensure requirements, so we encourage you to explore the specific criteria for the state where you plan to practice.

This program is a partnership—between you, your peers, and our dedicated faculty. We're committed to helping you succeed, and we know you'll bring your passion, perseverance, and purpose to every step of this journey.

**This is your time. Your season to grow, to lead, and to make a difference. Welcome—we're so glad you're here!**

Wyndi Capece, Ed.D., CCC-SLP  
Dean, Master of Speech-Language Pathology Program

## SPEECH-LANGUAGE PATHOLOGY PROGRAM MISSION

The mission of the Speech-Language Pathology Program at West Coast University is to develop competent speech language pathologists who are committed to evidence-based practice, scientific inquiry, community outreach, and excellence in patient-centered care. We prepare entry-level humanistic practitioners to serve competently on interprofessional teams and to work for the advancement of the profession.

## SPEECH-LANGUAGE PATHOLOGY PROGRAM PHILOSOPHY

The philosophy of the Speech-Language Pathology Program is to develop lifelong learners who possess the knowledge, skills, and values required for the prevention, assessment, and treatment of communication disorders using critical thinking in evidence-based academic coursework and clinical education within a student-centric environment. We are committed to preparing servant leaders, respectful of diversity and inclusion, to fulfill a humanitarian need of (re)habilitating children and adults with communication and swallowing disorders.

## SPEECH-LANGUAGE PATHOLOGY PROGRAM VISION

We envision a virtual academic environment comprised of an innovative curriculum, experiential learning opportunities, and a variety of clinical practica experiences which prepare students to serve a culturally diverse society. We continuously strive to inspire students to become servant leaders, critical thinkers, lifelong learners, and reflective interprofessional practitioners.

## SPEECH-LANGUAGE PATHOLOGY PROGRAM LEARNING OUTCOMES

Upon successful completion of the program and as required for licensure/certification, the entry-level graduate should be able to:

1. Assess speech-language pathology disorders to provide client-centered care using appropriate communication and swallowing diagnostic outcome measures.
  - *Mapped to ILO 1, 4; ASHA Standards IV A through G, V-B1; CAA Standard 3.1B*
2. Apply professional healthcare documentation strategies for accurate record-keeping to assure reimbursement and secure content management per HIPAA compliance.
  - *Mapped to ILO 2, 4; ASHA Standards IV A through-G, V-A; CAA Standard 3.1B*
3. Deliver professional communication skills to demonstrate client-centered behaviors such as cultural humility and cultural competence.
  - *Mapped to ILO 2, 3, 5, 6; ASHA Standards IV-E; IV-G, V-B3; CAA Standard 3.1B*
4. Provide competent intervention services for evidence-based treatment of communication and swallowing disorders.
  - *Mapped to ILO 1, 3; ASHA Standards IV-A-G; CAA Standard 3.1B*
5. Display ethical behavior in professional practice settings to adhere to ASHA Scope of Practice Code of Ethics and the delivery of ethical client-centered care.
  - *Mapped to ILO 2, 3, 5; ASHA Standards IV-E, IV-G, V-B3; CAA Standard 3.1B*
6. Exhibit interprofessional collaboration behaviors to establish relationship-building values for effective team dynamics.
  - *Mapped to ILO 7; ASHA Standards IV, V-B3b; CAA Standard 3.1B*

ASHA Standards for the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) are indicated above to demonstrate academic and clinical competency. CAA Standards represent programmatic curriculum sufficiency and are indicated above.

## SPEECH-LANGUAGE PATHOLOGY PROGRAM OBJECTIVES

The overall goal of the program is to award an MSLP degree to a student who developed as a lifelong learner, and who can apply critical thinking and problem-solving in developing client-centered, occupation-based interventions. Thus, a generalist who is:

- Grounded in knowledge of the concepts of occupation as ends and occupation as means in guiding intervention planning.
- Committed to life-long learning, professional development, and evidence-based practice.
- Able to use effective analytic and interpretive skills to solve problems and advance knowledge and skill.
- Able to seek and organize information effectively and use the information to inform clinical decision-making for clients as well as their caregivers.
- Able to practice in a variety of settings and with diverse populations.

## AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION COUNCIL ON ACADEMIC ACCREDITATION SPEECH-LANGUAGE PATHOLOGY KNOWLEDGE AND SKILLS WITHIN THE CURRICULUM

The graduate curriculum in Speech-Language Pathology helps provide students with the opportunity to acquire knowledge and skills across the speech-language pathology curriculum, as required by the ASHA Council on Academic Accreditation (CAA). The knowledge and skills specified by CAA are categorized into six broad areas, including Professional Practice; Foundations of SLP Practice; Identification and Prevention of Speech, Language, and Swallowing Disorders and Differences; Evaluation of Speech, Language, and Swallowing Disorders and Differences; Intervention to Minimize the Effects of Changes in the Speech, Language, and Swallowing Mechanisms; and General Knowledge and Skills Applicable to Professional Practice. The specific knowledge and skills for each area are as follows:

### 1. Professional Practice Competencies

- a. Accountability
- b. Integrity
- c. Effective communication skills
- d. Clinical reasoning
- e. Evidence-based practice
- f. Concern for individual served
- g. Cultural competence
- h. Professional duty
- i. Collaborative practice

### 2. Foundations of Speech-Language Pathology Practice

- a. Discipline of human communication sciences and disorders
- b. Basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, linguistic, and cultural bases.
- c. Ability to integrate information pertaining to normal and abnormal human development across the life span.
- d. Nature of communications and swallowing processes to include knowledge of:
  - Etiology of the disorders or differences
  - Characteristics of the disorders or differences
  - Underlying anatomical and physiological characteristics of the disorders or

- differences
  - Acoustic characteristics of the disorders or differences (where applicable)
  - Psychological characteristics associated with the disorders or differences.
  - Development nature of the disorders or differences
  - Linguistic characteristics of the disorders or differences (where applicable)
  - Cultural characteristics of the disorders or differences
- e. For the following elements:
- Articulation
  - Fluency
  - Voice and resonance, including respiration and phonation.
  - Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) in speaking, listening, reading, writing, and manual modalities.
  - Hearing, including the impact on speech and language.
  - Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myology).
  - Cognitive aspects of communication (e.g., attention, memory, sequencing, problem-solving, executive functioning).
  - Social aspects of communication (e.g., behavioral, and social skills affecting communication).
  - Augmentative and alternative communication

### **3. Identification and Prevention of Speech, Language, and Swallowing Disorders and**

- a. Differences
- b. Principles and methods of identification of communication and swallowing disorders and differences
- c. Principles and methods of prevention of communication and swallowing disorders

### **4. Evaluation of Speech, Language, and Swallowing Disorders and Differences**

- a. Articulation
- b. Fluency
- c. Voice and resonance, including respiration and phonation.
- d. Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) in speaking, listening, reading, writing, and manual modalities.
- e. Hearing, including the impact on speech and language.
- f. Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myology)
- g. Cognitive aspects of communication (e.g., attention, memory, sequencing, problem-solving, executive functioning)
- h. Social aspects of communication (e.g., behavioral and social skills affecting communication)
- i. Augmentative and alternative communication needs

### **5. Intervention to Minimize the Effects of Changes in the Speech, Language, and Swallowing Mechanisms**

- a. Intervention for communication and swallowing differences with individuals across the lifespan to minimize the effect of those disorders and differences on the ability to participate as fully as possible in the environment

- b. Intervention for disorders and differences of the following:
  - Articulation
  - Fluency
  - Voice and resonance, including respiration and phonation.
  - Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) in speaking, listening, reading, writing, and manual modalities.
  - Hearing, including the impact on speech and language.
  - Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myology)
  - Cognitive aspects of communication (e.g., attention, memory, sequencing, problem-solving, executive functioning)
  - Social aspects of communication (e.g., behavioral and social skills affecting communication)
  - Augmentative and alternative communication needs

#### **6. General Knowledge and Skills Applicable to Professional Practice**

- a. Ethical conduct
- b. Integration and application of knowledge of the interdependence of speech, language, and hearing
- c. Engagement in contemporary professional issues and advocacy
- d. Processes of clinical education and supervision
- e. Professionalism and professional behavior in keeping with the expectations for a speech-language pathologist
- f. Interaction skills and personal qualities, including counseling and collaboration.
- g. Self-evaluation of effectiveness of practice

### **CORE FUNCTIONS FOR STUDENT SPEECH-LANGUAGE PATHOLOGISTS**

The program has procedures that reflect the standards of the American Speech-Language-Hearing Association. The Department's clinical and academic faculty oversee and are responsible for students in the practicum program. It, therefore, is imperative for prospective student clinicians to demonstrate competency in academic performance. Clinical practicums also require specific inter- and intra-personal, emotional, physical, moral and ethical, and compassion qualities. Faculty may disallow a prospective student from beginning or continuing in the internship program if he or she is not able to satisfy any of the functions described in this document.

MSLP faculty and staff members are committed to adhering to the Americans with Disabilities Act and are eager to provide necessary accommodations to create an optimal clinical experience. Students with documented disabilities are encouraged to contact the Student Affairs Department to facilitate the accommodations process.

Prospective graduate student clinicians must possess the following skills and meet the following requirements.

To function in a broad variety of clinical situations, and to render a wide spectrum of patient/client care, individuals must have the following six types of skills:

- Communication



- Motor
- Sensory
- Intellectual/Cognitive
- Interpersonal
- Cultural Responsiveness

These skills enable a student to meet graduate and professional requirements as measured by state licensure and national certification. Many of these skills can be learned and developed during the graduate program through coursework and clinical experience. The burden is on the applicant to demonstrate that they can meet the essential functions or requirements of the program. The lists below represent technical standards and essential functions that are required (with accommodations when necessary) for admission and graduation.

All students pursuing a health care profession such as speech-language pathology must possess those intellectual, ethical, physical, and emotional capabilities required to undertake the full curriculum and to achieve the levels of competence required by the faculty and the profession. Some students may have certain disabilities or combinations of disabilities which will require accommodations in order to meet the technical standards and essential functions required of all students. The program is clinically based and some accommodations (e.g., extra response time) cannot be offered in clinical practicum settings.

Academic faculty are charged with evaluating students with respect to their performance on the standards presented below. If a student feels that they are unable to meet these standards, it is their responsibility to notify the appropriate faculty member(s) to seek accommodations. Students seeking accommodations should contact Student Affairs.

All students admitted to the MSLP program at West Coast University are beholden to the professional standards needed to successfully engage in the speech-language pathology profession.

### **Motor**

Statements in this section acknowledge that clinical practice by audiologists and speech-language pathologists involves a variety of tasks that require manipulation of items and environments. It is recognized that this may be accomplished through a variety of means, including, but not limited to, independent motor movement, assistive technology, attendant support, or other accommodations/modifications as deemed reasonable to offer and appropriate to client/patient needs.

- Engage in physical activities at a level required to accurately implement classroom and clinical responsibilities (e.g., 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 clients and others

### **Sensory**

Statements in this section acknowledge that audiologists and speech-language pathologists use auditory, visual, tactile, and olfactory information to guide clinical practice. It is recognized that such information may be accessed through a variety of means, including direct sensory perception and /or adaptive strategies. Some examples of these strategies include 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 discriminate text, numbers, tables, and graphs associated with diagnostic instruments and tests

### **Intellectual/Cognitive**

Statements in this section acknowledge that audiologists and speech-language pathologists must engage in critical thinking, reasoning, and comprehension and retention of information required in clinical practice. It is recognized that such skills may be fostered through a variety of means, including assistive technology and /or accommodations/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 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**

Statements in this section acknowledge that audiologists and speech-language pathologists must interact with a diverse community of individuals in a manner that is safe, ethical, and supportive. It is recognized that personal interaction styles may vary by individuals and cultures and that 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**

Statements in this section acknowledge that 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/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 the impacts of these on healthcare and educational disparities to foster effective provision of services.
- Demonstrate the application of culturally responsive evidence-based decisions to guide clinical practice

### **Communication**

Statements in this section acknowledge that audiologists and speech-language pathologists must communicate in a way that is understood by their clients/patients and others. It is recognized that linguistic, paralinguistic, stylistic, and pragmatic variations are part of every culture, and accent, 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 various accommodations as deemed reasonable and appropriate to client/patient needs. Some examples of these accommodations include 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, clients, patients, caregivers, and invested parties of diverse backgrounds in various modes such as in person, over the phone, and in electronic format.

### Glossary

- **Cultural responsiveness** involves “understanding and respecting the unique cultural and linguistic differences that clients bring to the clinical interaction” (ASHA, 2017) and includes “incorporating knowledge of and sensitivity to cultural and linguistic differences into clinical and educational practices”.
- **Evidence-based practice** involves “integrating the best available research with clinical expertise in the context of patient characteristics, culture, and preferences” (*Evidence-Based Practice in Psychology*, n.d.).

American Speech-Language-Hearing Association. (n.d.). *Cultural responsiveness* [Practice Portal <https://www.asha.org/Practice-Portal/Professional-Issues/Cultural-Responsiveness/> ]  
*Evidence-Based Practice in Psychology*. (n.d.). <https://www.apa.org>. Retrieved March 3, 2023, from <https://www.apa.org/practice/resources/evidence>

## AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing organization for Speech-Language-Pathologists, Audiologists.

### *American Speech-Language-Hearing Association Mission*

The American Speech-Language-Hearing Association’s mission is empowering and supporting audiologists, speech-language pathologists, and speech, language, and hearing scientists through:

- Advancing science,
- Setting standards,
- Fostering excellence in professional practice, and
- Advocating for members and those they serve.

### *American Speech-Language-Hearing Association Vision*

Making effective communication, a human right, accessible and achievable for all.

## NATIONAL STUDENT SPEECH-LANGUAGE-HEARING ASSOCIATION

The National Student Speech-Language-Hearing Association (NSSLHA) is the student branch of ASHA. As a student organization, NSSLHA serves students in the field of speech-language-pathology and audiology by providing resources, mentorship, networking, leadership, and scholarship opportunities to students in the field. Students interested in joining the WCU chapter of NSSLHA should reach out to the Faculty NSSLHA Advisor.

### ***National Student Speech-Language-Hearing Association Mission***

The National Student Speech-Language-Hearing Association's (NSSLHA) mission is, "We inspire, empower, and support students in the field of communication sciences disorders. We give you the tools to navigate your academic career while preparing you for your professional one."

### ***National Student Speech-Language-Hearing Association Vision***

The vision of National NSSLHA is, "Whether it's giving you unparalleled leadership opportunities, access to peer-reviewed journals, or giving your financial support as you start your professional career, National NSSLHA is the preferred home for students in communication sciences disorders."

## **SECTION I – STUDENT ACADEMIC HANDBOOK**

### **ACADEMIC EXPECTATIONS**

#### ***Communication***

##### **Student to Faculty Communication**

All students are required to obtain a university e-mail account and must use this account for all official university correspondence, including all communications with SLP faculty and associates. Students should check their university email, Learning Management System (LMS) course portal, and the Remind App at least once a day for class announcements and individual correspondence. It is therefore vital for students to have current contact information on file with the University.

Each student must keep their current address, all telephone numbers, e-mail address (including personal email), and emergency contact information on file with the University and give the updated information to the Speech-Language Pathology Program Assistant. This information will be kept confidential, however, will be shared among West Coast University associates for necessary communication. Students are expected to respond via email within 36 hours excluding weekends or university holidays.

##### **Faculty to Student Communication**

Faculty will communicate with students on a regular basis via email, the LMS, and the Remind app. Faculty have an obligation to communicate to students regarding course (synchronous and asynchronous) updates. Additionally, faculty will communicate positive messages, issues, and concerns to students via one of the modes listed above. MSLP Program faculty want students to succeed, learn, and grow into consummate professionals. Participation in two-way communication will enable this purposeful process to occur. Faculty are expected to respond via email within 36 hours excluding weekends or university holidays.

#### ***Course Preparation***

Students should come to class prepared and up to date with information being covered in each course. To effectively participate in labs/synchronous meetings, students are expected to have at least two hours of independent work for each credit hour and one hour outside of class for each hour of lab. Students are expected to:

- complete designated readings and other assignments prior to each class period; and
- Assume responsibility for clarifying their understanding of the course materials. Faculty members have office hours and students are encouraged to take advantage of these hours to discuss course material.

### Active in-Class Participation

There will be in-class discussions as well as individual and group active learning activities during each class. In class group responses/discussions should always be led by a different speaker in the group. It is expected that each opportunity for responses/discussions rotates the speaker so that each person has an opportunity to lead. All students are expected to participate as these activities will assist in preparing students for skills including but not limited to clinical observation involving critical thinking and problem solving, assessment, establishment of observable and measurable treatment goals, report writing, documentation, service delivery across various settings, and case management.

During synchronous labs, students...

- Are required to have their cameras on throughout the entire class
- Should consider taking notes
- Engage in class discussion by asking and responding to questions
- should not be engaging in activities that disrupt their active participation (e.g., driving, excess movement, walking outside, etc.) or demonstrate off-task behavior, which includes inattentiveness to the computer screen, the speakers, and/or the activity (e.g., texting, perusing social media, emailing, having camera off, etc..)
- Should engage in appropriate netiquette. Netiquette refers to the correct or acceptable way of communicating on the Internet. The keys for effective online learning instruction include being scholarly, polite, professional, and respectful.

Please note that attentiveness, engagement, and quality of contributions enhances your individual and class experience (e.g., questions, comments, opinions, etc.).

### Group Work

Students must regularly engage in large and/or small group assignments and lab activities. Being engaged includes but is not limited to:

- participation in discussions and activities
- attentiveness to group members' contributions
- use of the chat
- use of the microphone
- attending and contribution to group meetings outside of class time

All members of a group must take part in the group assignment/project, as each group member bears responsibility and accountability for the group's work. All group members should have contributed both verbally and in writing to the assignment, and each member should have evidence of their written contribution.

A reminder that putting your name on a document or allowing someone to put their name on a document and/or taking credit for someone else's ideas/work is plagiarism, and this is not ethical behavior. Doing so may result in dismissal from the program.

## STUDENT CONDUCT

### Academic Integrity and Dishonesty

Students should review the Academic Dishonesty Policy in the [University Student Handbook](#). Students are expected to approach their academic endeavors with the highest academic integrity. They must cite sources and submit original work. Academic honesty is central to the institution/student partnership

toward student success. Students are accountable for adhering to the Academic Integrity and Academic Dishonesty policies in the [University Student Handbook](#).

### **Artificial Intelligence (AI) Statement**

Artificial Intelligence (AI) technology can be used as a tool to support learning, such as generating topic ideas or providing feedback on grammar and punctuation. Students may integrate AI-generated content with their ideas and writing if properly cited and evaluated for potential issues such as biases, copyright, and factual inaccuracies. Improper use of AI includes submitting an entire assignment written by AI; use of AI-generated content without evaluation of the risks of biases, copyright, misinformation, legal issues, factual inaccuracies, and other potential issues; use of AI-generated content without citing the source properly. **Submitting an entire assignment written by AI is strictly prohibited.** Any student found to have done so will receive a failing grade for the assignment and may face disciplinary action. Students must cite all uses of AI in any paper submitted for a grade. Failure to properly cite the use of AI in an assignment submitted for a grade may result in disciplinary action. It is the responsibility of the students to create their work and to ensure that they are not solely relying on AI-generated content.

### **ASHA Code of Ethics**

The [ASHA Code of Ethics](#) outlines the core values and principles that guide the professional conduct of speech-language pathologists (SLPs), audiologists, and speech, language, and hearing scientists who are ASHA members or certified by ASHA. The purpose of the ASHA Code of Ethics is:

- To ensure the welfare of the individuals served by ASHA professionals;
- To maintain the integrity and professionalism of the fields of communication sciences and disorders; and
- To provide a framework for ethical decision-making and professional accountability.

MSLP students are expected to review and abide by the ASHA Code of Ethics. Failure to do so may result in a formal Student Success Action Plan (SSAP). ***Egregious violations of the Student Code of Conduct, ASHA Code of Ethics, or HIPAA may result in the student being dismissed from the program.***

### **Professional Qualities**

The MSLP program is a professional training program. Students are expected to demonstrate the professional qualities associated with becoming a speech-language pathologist: 1) strong communication skills, 2) responsibility and accountability, and 3) ethical behavior. Examples of professional qualities include but are not limited to:

- Arriving on-time for class and to actively participate in class discussions.
- Consistently communicating respectfully in class and via email, including interactions with the instructor and other students.
- Coming to class prepared (completed readings, homework assignments, etc.)
- Consistently engaging in ethical behavior that demonstrates professional and academic integrity
- Consistently and proactively communicating with the instructor if they need assistance or require support. This communication can be done by scheduling a meeting with an instructor, attending office hours, or by professional email correspondence.

Failure to consistently adhere to expectations for professional qualities may result in a formal Student Success Action Plan (SSAP). ***Egregious violations of the Student Code of Conduct, ASHA Code of Ethics, or HIPAA may result in the student being dismissed from the program.***

## STUDENT IDENTITY VERIFICATION IN DISTANCE LEARNING

Students enrolled in the program are expected to personally engage in all academic and clinical activities, assignments, assessments, and communications. This is applicable to all courses in the Learning Management System and other technology with student verification used by the program and/or University. See WCU Student Handbook for more information about technology and verification.

As a Distance Education program and in accordance with the United States Federal Higher Education Opportunity Act (HEOA) for verification of student identity in distance learning, at least one of the following three methods is used.

1. A secure login and passcode;
2. Proctored examinations; and
3. New or other technologies and practices.

## ATTENDANCE POLICY – ACADEMIC COURSES

West Coast University emphasizes the need for all students to attend classes on a regular and consistent basis. Regular attendance and punctuality will help students develop good habits and attitudes necessary to compete in a highly competitive job market. West Coast University has a clear requirement for students to attend courses. Students should review the [Attendance Policy](#) in the University Catalog. Attendance to synchronous labs is mandatory even if there is not a graded assignment attached to the lab. Recording synchronous labs is not permitted unless there is a guest speaker. Then, only the guest speaker (presenter) will be recorded.

### Clocking in for Class

Students are expected to clock-in for class using Mobile Attendance within the first 5 minutes of the class meeting time. In addition to clocking in using the code, instructors may ask students to type their name into the chat box.

Attendance codes will not be shared after the start of class. We recognize that extenuating circumstances may result in a student arriving late to class. To support students in those instances, **students who arrive after the first 5 minutes of class must email the instructor to alert them of their tardy arrival to class**, so the instructor can count the student as present for class. Students who do not notify the instructor of their late arrival to class will be marked as absent.

***Sharing attendance codes with classmates via any form of communication is an academic integrity, professional, and ethical concern.*** A Student Success Action Plan (SSAP) may be initiated for students who share the attendance code privately with classmates without express permission from the instructor.

### Camera and Internet Connection Requirements

To be counted as present during synchronous labs, students must adhere to the requirements below. **Failure to adhere to these requirements will result in the student being marked as absent from lab.** Students must:

- have a reliable internet connection during lab to ensure attendance in class at all times.
- be stationary in an environment that is free of distractions.
  - Driving during lab is not appropriate as it divides a student's attention and is a safety concern. **Students who are actively driving during lab will be removed from the meeting**



**immediately and marked as absent.**

- Have their face fully within the frame of the camera.

### Absences

Students are expected to attend all synchronous course meetings, adhering to the procedures for clocking into class and the camera and internet connection requirements as outlined above. Students who attend lab but fail to adhere to the clocking in process and camera and internet requirements will be marked as absent from lab. Attendance is tracked by the university. **Students can only have a 15% absentee rate or they risk being dropped from class which may result in dismissal from the program.**

If a student is unable to attend a class and/or lab, the student bears the responsibility to communicate with their instructor regarding their absence within 48 hours of the missed lab for any missed work. Failure to alert faculty of absence within 48 hours may initiate a SSAP. Students are responsible for all missed information. In classes with collaborative activities, no credit for missed collaborative activities will be awarded.

### ACADEMIC ACCOMMODATIONS

West Coast University strives to provide reasonable accommodations to students who have a defined need and who follow the appropriate steps toward seeking the accommodation. The Reasonable Accommodations Policy is found in the [University Catalog](#) and the [Student Handbook](#). A student's ability to meet the essential functions of a speech language pathology student will be considered as part of the accommodations process. Any student requesting academic accommodations based on a verified disability is required to meet with Student Affairs each term. Student Affairs will assist the student with the necessary steps. A letter of verification for approved accommodations can be obtained from that office. The student is responsible for providing the letter of verification to their faculty each term.

### GRADING PROCEDURES

The Speech-Language Pathology Program is a full-time program that is very rigorous and places significant demands on students. Each individual course will state the requirements in the course syllabus. Failure to meet the deadlines and criteria set forth in the syllabus will affect the student's course grade as stated in each syllabus. Faculty provide students with project, assignment, quiz, exam, and/or test grade(s) within one week of submission with the exception of extenuating circumstances. This will be monitored internally by the program. All coursework feedback is provided in the Learning Management System, Canvas. **Please note that extra credit is prohibited under West Coast University's grading policy.**

As a student in a professional program, correct spelling and grammar is required on all quizzes, exams, and papers. Points may be deducted for incorrect spelling and grammar. Rubrics will be used to assess projects and assignments.

Students must accept ultimate responsibility for completing all course requirements at the designated skill level in academic and clinical courses. The minimum passing course grade is 76% (C+).

West Coast University Grading Scale (Reflective of final course grade; see associated policy in Catalog)		
Grade	Points	WCU Grading Scale
A	4	93–100



A-	3.7	90–92
B+	3.3	87–89
B	3.0	83–86
B-	2.7	80–82
C+	2.3	76–79
C	2.0	73–75
C-	1.7	70–72
D+	1.3	66–69
D	1.0	63–65
D-	0.7	60–62
F	0.0	59 or below
AU	0.0	Audit
CR	0.0	Credit
P	0.0	Pass
NP	0.0	Not Passed
I	0.0	Incomplete
TC	0.0	Transfer Credit
W	0.0	Withdrawal (Before Drop Deadline)
WF	0.0	Withdrawal (After Drop Deadline)

### Grade Rounding

At West Coast University, scores are not rounded to the whole number until the end of the term. All student assignments, quizzes, and examinations will be rounded to the first decimal point. At the end of the terms, final course grades will be rounded to the nearest whole point.

### Assessment Requirements

Students are required to be present at all quizzes, tests, and examinations. Each individual course syllabus will outline the procedure to follow if a student has an emergency on the day of the examination. During examinations, all cellphones, backpacks, books, and personal belongings must be stored away from the testing area following the WCU policy on testing. Students can enter the testing area with only a pen or pencil. Absolutely no supportive materials are permitted during a home-based test or in a testing area including the labs and clinical intensives unless allowed by the course director. Examination details can be found in the WCU Student Handbook.

### Respondus Lockdown Browser

Quizzes and Exams will be completed via Respondus Lockdown Browser recording. The student must follow all quiz/exam instructions as well as those provided by Respondus prior to taking the quiz. The student's entire face must remain in the frame throughout the entire quiz/exam and not have anyone else in the room with them while taking the quiz/exam. The student is not allowed to use any outside resources, including notes of any kind, while taking the quiz/exam unless otherwise instructed by the

professor. Failure to adhere to these instructions will cause your actions to be flagged. Flagged activities will be reviewed by the professor and discussed with the student as necessary. Please note, failure to adhere to the syllabus/Respondus Browser instructions (e.g., covering face, remaining outside of the frame, other person in room) may result in a failing grade for the specified quiz/exam.

### **Missed or Late Assignments, Quizzes, and Exams**

If a quiz, test, or exam is missed due to a documented emergency situation (e.g., death in the immediate family), it is the student's responsibility to contact the faculty member within 48 hours of the original due date and follow the program policies for missed work.

Missed assignments, quizzes, and exams may be made up, per the syllabus. Students who miss assignments, quizzes, or exams for excused reasons (see Attendance Policy) will not incur late deductions. Otherwise, late submissions incur a 5% penalty per day. Assignments will not be accepted more than 5 days past the due date unless you have prior approval from your instructor. For instance, if an assignment is due on Sunday, the last day to submit it would be Friday, with a maximum 25% penalty. Any assignments accepted after the 5-day period, at the instructor's discretion, can earn a maximum grade of 76.

**Late work is not accepted after the close of the course without prior approval from the instructor and not unless there are extenuating circumstances.**

### **STUDENT ADVISEMENT**

Each student is assigned a Student Success Advisor (introductions made via the LMS, email, telephone, text, and in-person). Student Success Advisors are committed to assisting all West Coast University students in a holistic approach. To assist students most effectively, the Student Success Advisors incorporate the following:

- Provides a safe place for students to discuss social, personal, and academic concerns.
- Provides information about the resources West Coast University offers all students.
- Provides information about university policy and procedures.
- Provides information about student life, student engagement, student organizations, and events.
- Provide technology resources, support, and training.
- Provides Registration support.
- Provides assistance with stress management, time management, study techniques, leadership skills, and much more.

To provide a proactive and intentional approach warranting the student-advisor partnership, that partnership begins at the time of enrollment. The advisor strives to establish early intervention strategies aligned with program and student goals to enhance the learning experience and ultimately persist through the program. Our goal is for the student to be able to demonstrate core competencies, personal, social, and professional growth required to fulfill their educational and professional goals.

### **STUDENT SUPPORT & REMEDIATION**

The program (and University) has procedures for identifying and developing an action plan for each student who does not meet program expectations for the acquisition of the specific knowledge, skills, and values outlined in the academic and clinical courses. Student performance is evaluated and discussed by faculty on a weekly basis, and considers grades earned, competencies demonstrated, professional qualities, and ethical conduct.

Criteria for identifying students at risk include but are not limited to:

- receiving a 76% or lower in a course assignment, exam, or overall course grade
- failure to meet a course objective
- failure to meet a KASA standard/competencies
- failure to meet expectations for professional qualities or ethical conduct

### ***Student Support & Remediation Procedures***

In situations where a student is identified as at risk in an academic course, the faculty member(s) will notify the Online Faculty Manager and the student's Student Success Advisor by midterm of said semester. Student performance is continuously monitored throughout the semester and in some cases, students may be identified after midterm.

1. During each term, when an action plan for academic support is deemed necessary, the student is notified by the Online Faculty Manager, who will assign a faculty member as the Student Success Action Plan (SSAP) faculty advisor. The SSAP faculty advisor serves as the primary support for the student and is responsible for the SSAP process.
2. Then, a plan is constructed in the form of the following documentation.
  - a) *Letter of Concern\** (LOC): Online Faculty Manager-generated letter to notify the student of academic and/ or clinical performance deficiency(s) as reflected in a grade(s) below the program standard of 76% (C+).
  - b) *Student Success Action Plan\** (SSAP): Personalized action plan to identify issue(s), outline steps to overcome the issue(s), set benchmarks, and list the actions to support reaching the benchmarks. The SSAP is drafted and finalized between the SSAP faculty advisor and student. The intensity of the action plan may vary based on how much prior intervention the student has engaged in. **Students placed on a SSAP must fulfill the requirements outlined in the SSAP. Failure to do so may result in dismissal from the MSLP graduate program.** Following WCU's grading policies, successful completion of the SSAP will not result in the student's earned grade being changed.

\*The LOC and SSAP are per semester as needed.

#### **Academic SSAP process:**

1. The student is notified via email by the Online Faculty Manager to schedule an individualized conference with the SSAP faculty advisor to establish the terms of the SSAP.
2. Knowledge and skills needing remediation are reviewed with the student. The criteria for a SSAP must include the following, but may not be limited to:
  - a. Specific academic course objectives and KASA standards
  - b. Specific skill areas targeted for intervention, e.g., Dx or Tx.
  - c. Documented specific competencies to be developed within each skill area.
  - d. Cooperative development of specifically targeted competencies.
  - e. Professional qualities or ethical conduct
3. An individualized remediation plan for the areas identified in Step 2 will be developed and documented in the SSAP. Remediation for the academic course competencies typically involves independent study and/or remediation assignments/activities.
  - a. Within the SSAP, clear deadlines for remediation assignment(s) will be established and agreed upon between the student and the SSAP faculty advisor. It is recommended that the SSAP is completed before the start of the next trimester whenever possible.
4. Student and Online Faculty Manager will sign the SSAP form to indicate agreement on the terms

- of the SSAP.
5. The student completes the remediation assignment(s) as outlined in the SSAP and submits them to the SSAP faculty advisor. The student may request additional meetings or support from the SSAP faculty advisor and/or relevant instructors for support as they complete their remediation assignment(s).
  6. The student submits their completed remediation assignment(s) to the SSAP faculty advisor.
  7. Upon receiving the remediation assignment(s) as outlined in the SSAP, the SSAP faculty advisor will assess if the SSAP has been successfully completed. Completed criteria must reflect:
    - a. a + (met criterion) for each competency goal
    - b. competency grade of greater than 76% in each of the applicable areas
    - c. Signed SSAP by minimum of Online Faculty Manager, SSAP faculty advisor, and student indicating that all criteria of the SSAP have been met.
    - d. Advisement at the end of the semester in Campus Nexus
  8. Any student failing to meet the SSAP criterion by the end of the semester may:
    - a. Receive a grade of 76% or lower in the designated academic course.
    - b. May fail the course associated with the SSAP.
    - c. Be counseled by the Online Faculty Manager and Program Dean, regarding future options. Where relevant, the Director of Clinical Education may also participate in this discussion.

## DISMISSAL FROM THE PROGRAM

Students who do not meet academic or professional expectations may be dismissed from the program. Reasons for dismissal include but are not limited to:

- The student not successfully passing each SLP course with a 76% (C+) or higher
- The student failing to complete a SSAP
- As a sanction by the Student Conduct Committee
- Failure to meet Satisfactory Academic Progress (SAP). See the University Catalog for additional information
- Egregious violations of the Student Code of Conduct, ASHA Code of Ethics, or HIPAA

## COMPLAINTS/ GRIEVANCE POLICY

Every student has the right to file a grievance when the student believes a university associate or student has acted improperly or inconsistently with published policies and/or procedures. The policy is intended to support a fair, objective, and respectful approach to resolve disputes. Students are encouraged to follow the steps outlined in the policy. See the [University Complaint/Grievance Procedure](#) outlined in the University Catalog. The University is the final arbiter for all student complaints.

Complaints about programs must meet all of the following criteria:

- a. be against an accredited graduate education program or program in candidacy status in audiology or speech-language pathology;
- b. relate to the Standards for Accreditation of Entry-Level Graduate Education Programs in Audiology and Speech-Language Pathology in effect at the time that the conduct for the complaint occurred, including the relationship of the complaint to the accreditation standards;
- c. be clearly described, including the specific nature of the charge and the data to support the charge;
- d. be within the timelines specified below:
  - if the complaint is being filed by a graduate or former student, or a former faculty or staff member, the complaint must be filed within one year of separation\* from the program,

- even if the conduct occurred more than 4 years prior to the date of filing the complaint;
- if the complaint is being filed by a current student or faculty member, the complaint must be filed as soon as possible, but no longer than 4 years after the date the conduct occurred;
- if the complaint is being filed by other complainants, the conduct must have occurred at least in part within 4 years prior to the date the complaint is filed.

*\*Note: For graduates, former students, or former faculty or staff filing a complaint, the date of separation should be the date on which the individual was no longer considered a student in or employee of the graduate program (i.e., graduation, resignation, official notice of withdrawal or termination), and after any institutional grievance or other review processes have been concluded.*

Complaints also must meet the following submission requirements:

- include verification, if the complaint is from a student or faculty/instructional staff member, that the complainant exhausted all pertinent institutional grievance and review mechanisms before submitting a complaint to the CAA;
- include the complainant's name, address, and telephone contact information and the complainant's relationship to the program in order for the Accreditation Office staff to verify the source of the information;
- be submitted using the CAA's complaint form;
- sign and submit a waiver of confidentiality with the complaint; Because it may be necessary to identify the complainant to the affected program or to other potential sources of relevant information, the complainant is required to sign a waiver of confidentiality as part of the complaint submission. Failure to provide a signed waiver of confidentiality will result in dismissal of the complaint;
- must be complete at the time of submission, including the complaint, waiver, and all appendices; If a complainant submits an amended complaint, including providing additional appendices, it will void the original submission and initiate a new process and timeline;
- append documented evidence in support of the complaint, including as appropriate relevant policies/procedures, relevant correspondence (including email), timelines of referenced events, etc. Complainants should not enclose entire documents; only the specific pages should be included that present content germane to the complaint. Page numbers to these appendices should be referenced in the complaint. Materials may be returned to the complainant if not properly organized to support the complaint.
- must submit all complaints and supporting evidence in English, consistent with the business practices of the CAA;
- be signed and submitted in writing via U.S. mail, overnight courier, or hand delivery—not via email or as a facsimile—to:

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

The complainant's burden of proof is a preponderance, or greater weight, of the evidence. These procedures do not prevent the CAA from considering a complaint against an accredited or candidate program if the program is involved in litigation or other actions by a third party.

To learn more about the CAA complaint process, the following links provide details and assistance:

- <https://caa.asha.org/programs/complaints/>
- <https://caa.asha.org/SysSiteAssets/files/accreditation-handbook.pdf>

A Speech-Language Pathology student and as per the CAA Accreditation policy on complaints, a complaint about any accredited program or program in candidacy status may be submitted by any individual(s).

## UNIVERSITY LIBRARY RESOURCES

The Library actively engages learning by effectively delivering quality materials in physical and virtual environments. Print collections include general and subject-specific reference materials, monographs, serials, manuals, scholarly works, and trade publications arranged according to the Library of Congress Classification System. Electronic resources including select databases from LexisNexis®, EBSCO, ProQuest, Gale/Cengage, Credo Reference, Ovid, Lexicomp®, and Therapeutic Research Center, provide access to thousands of full-text articles and case studies. The eBook Academic Collection offers more than 114,000 virtual books and is available for both students and faculty. Multimedia tools, web resources, and online tutorials are also available. Explore the collections housed at all locations using the West Coast University Library's website, available online or on a mobile device.

Professional librarians and trained support staff assist individuals with their library and research needs. Services include but are not limited to 24/7 reference chat service, research assistance and subject guide advisory, in-depth research consultations (by appointment), interlibrary loan through a partnership with OCLC WorldShare™ Interlibrary Loan, interdepartmental campus loans, guided library tours, and various circulation activities. These services may be accessed through the Canvas Learning Management System. Refer to the University Student Handbook for further resources.

## SECTION II – CLINICAL HANDBOOK

### CLINICAL PHILOSOPHY

In addition to teaching basic skills and competencies, our clinical training philosophy is to advocate and teach a clinical approach to service centered around the following values:

**\*Empowerment -Focused Intervention:** Ultimately our goal as clinicians is to help clients and family members understand their strengths and needs and take responsibility for their own growth as communicators.

**\*Collaboration:** To meet the goal of client and family empowerment, clinicians attempt to create a working alliance with clients, family members, and possibly other significant people instrumental in facilitating improved communication in the client's life. Collaboration requires identifying and understanding strengths and needs, setting goals, monitoring progress, modifying intervention and support, and making decisions about termination of services.

**\*Contextualized/Functional Intervention:** Knowing that skills that are taught outside of the functional contexts of people's lives are predictably not effectively integrated into those lives, intervention is designed to incorporate an appropriate sensitivity to the individual's real world.

**\*Focus on Strengths:** Intervention focuses as much as possible on the individual's strength because people are more than collections of deficits and because strengths can be used to compensate for ongoing disability.

**\*Integration of Clinical and Academic Training:** The Communication Sciences and Disorders Department promotes integration of clinical and academic training by infusing a practical clinical orientation into the academic program that is applied then within clinical training experiences.

**\*Student Clinicians as Problem Solvers:** The focus of the clinical training program is to train students in the skills of clinical analysis and critical thinking so that they will be in a position to flexibly create and implement appropriately customized programs of intervention.

**\*Clinicians as Agents of Change in Human Development:** Clinicians must see themselves in the broad context of promoting growth and maturation in the clients they serve. Intervention implies an invitation to participate in the complete domain of life memberships.

**\*Clinicians as Agents of Optimism and Contributors to a Positive Communication Culture:** Helping clients, family members, and other caregivers respond effectively to the many challenges associated with a communication disorder requires positive and proactive interaction. It is critical that students take advantage of opportunities to work through difficult situations using an interaction style that projects potential for success.

### *Apprenticeship Model*

At West Coast University we utilize an apprenticeship approach to clinical supervision. This model of supervision supports students engaging in placements at different levels of skill and competence. Successful implementation of an apprenticeship requires a commitment of both the Clinical Supervisor and the student clinician to make a plan for growth that focuses on that individual student clinician's skills, strengths and competencies. Two students in the same cohort, at the same placement, may have very different plans for growth and require different levels of apprenticeship supervision and support. The goal is to move towards attaining competency levels and independence,



but that rate will vary based upon the complexity of the placement and the student experience. For example, a student may be independent and highly competent in their first placement because it is less complex, and they have skills and competencies that meet the demands of the placement. In their second placement, they may face more complex clients, resulting in less independence and the need for more support from their Clinical Supervisor. This model considers critical clinical attributes, as well as student behavior and response related to their competencies and plan for growth.

In addition to teaching the basic skills and values, our clinical training philosophy is to advocate and teach an approach to clinical services that is focused on values of collaboration, empowerment, and intervention. This means that faculty, Clinical Supervisors, and students will focus on strengths and act as problem solvers. We ask Clinical Supervisors and student clinicians to see themselves as agents of change and contributors to positive communication communities. To implement all the components of this philosophy, student clinicians must acquire more than a technical knowledge of skills and clinical competencies. They must also perceive themselves as playing a variety of clinical roles and execute these roles skillfully. In addition to the traditional medical, educational, and training roles associated with communication disorders assessment and treatment, clinicians must be flexible in their roles. These roles will include consulting, coaching, modeling, and counseling by both Clinical Supervisors and student clinicians.

### **Critical Clinical Attributes**

**Critical Clinical Attributes** are expected areas of growth for students. These attributes are crucial for future independent clinicians to have to best serve their clients and families. Students will be guided to demonstrate and develop these skills throughout their graduate school experience.

#### **Critical Clinical Attributes**

**Flexible:** Adapting to changing situations and client needs with a positive and open-minded attitude.

**Professional:** Demonstrating respectful, ethical, and responsible behavior in all clinical and academic settings.

**Honest:** Being truthful in your actions, communication, and documentation.

**Integrity:** Upholding strong moral principles, even when no one is watching.

**Dependable:** Being reliable and consistent in fulfilling responsibilities and commitments.

**Accountable:** Taking responsibility for your actions, decisions, and their outcomes.

**Responsible:** Consistently fulfilling obligations and making thoughtful decisions that prioritize client care and ethical standards.

**Initiative:** Taking initiative to seek out knowledge and learning opportunities independently.

Students will also be expected to engage in the following concepts and behaviors that are regularly observed in students who have successfully completed the program:



**Acceptance of Feedback:** Listening openly to feedback and using it to improve your skills.

**Proactive:** Anticipating needs and taking action before problems arise.

**Perseverance:** Continuing to work hard and overcome challenges despite difficulties.

**Dedication:** Committing fully to personal learning, clients, and the profession.

**Preparation:** Arriving ready and equipped for classes, clinical sessions, and meetings.

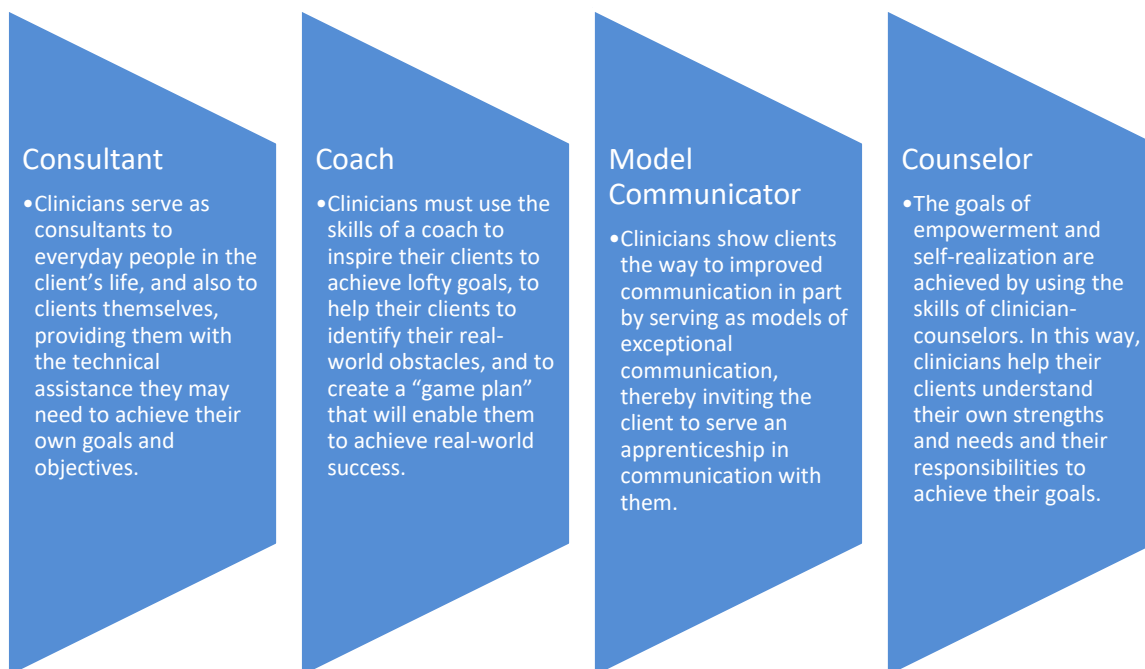
**Emotional Stability:** Managing your emotions effectively to maintain professionalism and client care.

**Resilience:** Bouncing back from setbacks and maintaining focus on growth and learning.

## STUDENT AND FACULTY ROLES - CLINICAL

To implement all of the components of this clinical philosophy, student clinicians must acquire more than technical knowledge and clinical competencies; they must also perceive themselves as playing various clinical roles and execute these roles skillfully.

In addition to the traditional medical, educational, and training roles associated with the diagnosis of a communication impairment and the symptom-oriented treatment of that impairment, clinicians must also creatively and flexibly play substantially different roles



### Student:

The Speech-Language Pathology Program expects students to acquire academic and clinical knowledge, skills, and values that are commensurate with becoming an entry level clinician. The SLP Program also expects students to demonstrate competency of the Program Learning Outcomes, Course Learning Outcomes, and weekly learning objectives. This will help ensure that students become competent

Speech-Language Pathologists who are able to provide quality services to the clients and families that they serve. Students are expected to adhere to the [American Speech-Language-Hearing Association Code of Ethics](#), [American Speech-Language-Hearing Association Scope of Practice](#) and the [Core Functions Guide for Future Practitioners](#).

**Clinical Supervisor:** Supervises students in the community placement. This individual provides supervision (at least 25% per ASHA standards), mentorship, and guidance for clinical and professional growth. Clinical Supervisors are responsible for signing off on weekly student accrued clinical hours and completing midterm and final evaluations. Supervisors must have the appropriate credentials to supervise students (ASHA Standard V-E). This includes: ASHA Certification- CCC-SLP, completed a minimum of nine months of practice experience post-certification, and having earned at least [two hours of professional development](#) post-certification (one-time requirement) in the area of supervision and/or clinical instruction.

- *Student Interaction:* Frequent

**Clinical Coordinator:** Coordinates and executes clinical education. This role prepares students for clinical experiences, monitors student progress and performance during placement and provides guidance remediation if needed. Clinical Coordinators provide the programmatic clinical education and bridge that learning with the clinical experience and supervision in the field. This role is responsible for being the instructor of record for clinical experience courses.

- *Student Interaction:* Frequent
- *Clinical Supervisor Interaction:* Intermittent as needed during the semester.

**Assistant Director of Clinical Education:** Manages student clinical sites. This individual establishes and maintains relationships with clinical sites, ensures they meet accreditation and education standards, and coordinates the completing of any documentation or paperwork required of sites and students. This includes contacting clinical placements, identifying supervisors, executing affiliations, and ensuring necessary onboarding for student documentation has been communicated and completed prior to placement. This role provides a foundation for the student clinical experience.

- *Student Interaction:* Intermittent throughout the semester.
- *Clinical Supervisor Interaction:* Frequently during onboarding of clinical sites.

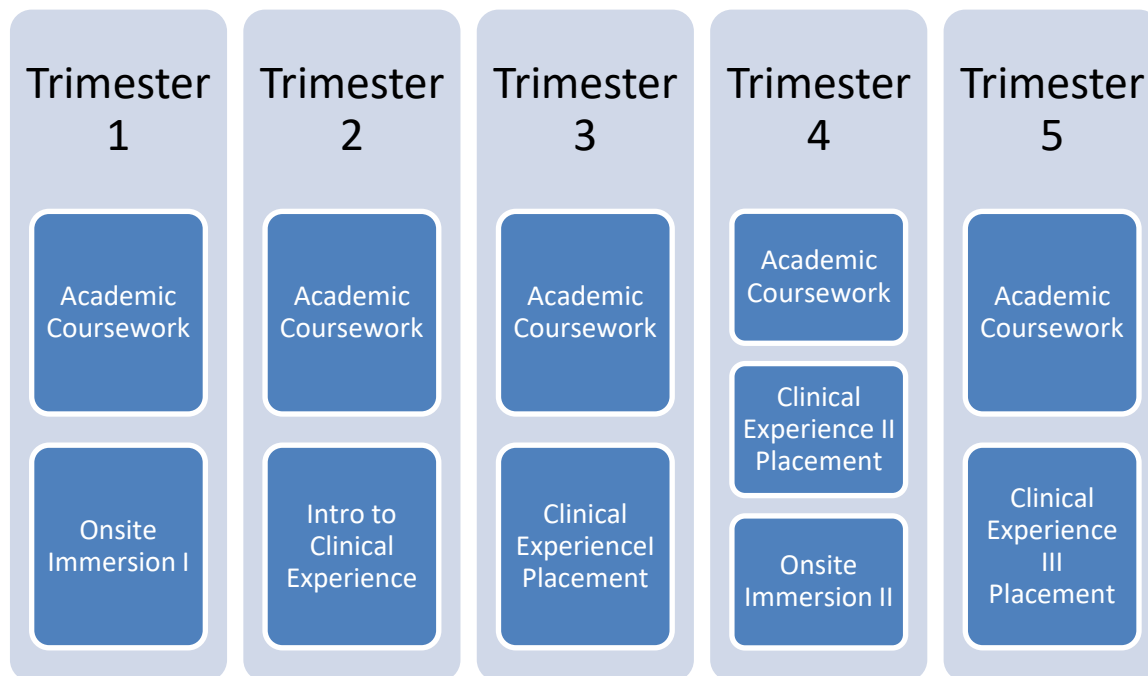
**Director of Clinical Education:** Leads clinical team, develops and maintains clinical education. This role ensures that clinical programming is integrated with the academic curriculum and that all documentation, standards, and expectations are met for student clinical education. The Director of Clinical Education oversees curriculum development for clinical competencies, trains clinical supervisors, and ensure quality clinical experiences and supervision. This includes monitoring remediations, placement successes, and clinical course content. The Director of Clinical Education is responsible for ensuring all students have a placement for their related clinical experience course.

- *Student Interaction:* Intermittent throughout the semester.
- *Clinical Supervisor Interaction:* Intermittent throughout the semester as needed to support clinical team.

## CLINICAL PROGRESSION

Students will participate in three offsite clinical placements during trimesters 3, 4, & 5. The goal for these placements is to have experience with prevention, assessment, and treatment of disorders within the SLP scope of practice. This will include experience with diverse ethnic and cultural backgrounds as well as across the lifespan.

Hours accrued on-site will vary as indicated in the curriculum. Students will participate in varied clinical placements to obtain clinical experience across the lifespan. This may include different ages, populations, or settings. For example, one student may have an early intervention placement for their first clinical experience and be placed at a high school for their second clinical experience, and in-patient acute for their third clinical experience. Another student may be placed at a private practice that focuses on school age children for their first clinical experience and a rehab outpatient for their second clinical experience, and an elementary school for their third clinical experience.



### ONSITE IMMERSION (OSI)

Students are required to attend two Onsite Immersions (OSI), Pediatric Immersion (1<sup>st</sup> Trimester) and Adult/Medical Immersion (4<sup>th</sup> Trimester). OSI attendance is mandatory as they are connected to specific courses. Failure to attend the entire OSI experience will result in student receiving an Incomplete grade. If the requirements of the Incomplete are not fulfilled within the specified timeframe, the Incomplete will result in a failing grade. Students who receive an incomplete cannot move on to their next Clinical Experience.

### CLINICAL PLACEMENT ASSIGNMENTS

Students will create a Clinical Plan of Study starting their first trimester in partnership with the department. This plan will be created and documented through meetings with clinical members of the department, with final approval from the Director of Clinical Education. These interactions are mandatory and will include group meetings, information sessions, 1:1 consults, etc., and will occur every trimester. Students will receive specific instructions on how to provide the department with information and documentation for clinical placements. It is the student's responsibility to provide requested information and respond to communications in a timely, professional manner. Failure to do so could impact clinical placements and graduation timeline. All placements require affiliations, specific documentation, and student onboarding prior to the student attending placement at the facility.

### *Clinical Placement Process- Overview*

Trimester 1	Trimester 2	Trimester 3	Trimester 4	Trimester 5
<ul style="list-style-type: none"><li>•Meet with clinical faculty 1:1 to begin Clinical Plan of Study</li></ul>	<ul style="list-style-type: none"><li>•Meet with clinical faculty 1:1 to confirm placement (T3) adjust Clinical Plan of Study</li></ul>	<ul style="list-style-type: none"><li>•Meet with clinical faculty 1:1 to confirm placement (T4) adjust Clinical Plan of Study</li></ul>	<ul style="list-style-type: none"><li>•Meet with clinical faculty 1:1 to confirm placement (T5) adjust Clinical Plan of Study</li></ul>	<ul style="list-style-type: none"><li>•Meet with clinical faculty to review all clinical requirements</li></ul>

All students are required to complete clinical placements according to their Clinical Plan of Study, as determined each trimester, and follow the curriculum. Students are expected to matriculate in the lock-step, linear outline in the program of study. Students must be in good academic standing and have met the minimal clinical skills assessment in order to be matched with a placement. Placement decisions are based, in part, on an individual's academic and clinical performance, level of experience, and consideration of the requirements of the clinical site. The combination of these factors enables both students and clinical supervisor/facility to be matched with one another so that the clinical experience will be mutually beneficial and rewarding. Clinical placement scheduling accommodations are not made for work or outside commitments.

Students who refuse a clinical placement will be required to sign a Placement Refusal Form and will not be assigned to a new placement for that term. This would impact a student's graduation timeline.

### **SUPERVISION OF GRADUATE STUDENT CLINICIANS AND CLOCK HOURS**

Students accrue clinical hours under the supervision of preceptors vetted and identified by the program. This may include departmental faculty and facility-based supervisors at student placements. The amount of direct supervision must be commensurate with the student's knowledge, skills, and experience; specifically, the amount of supervision must not be less than 25% of the student's total contact with each client/patient and must take place periodically throughout the practicum. This statement is consistent with ASHA Standard V-E, which requires that supervision be sufficient to ensure the welfare of the client/patient. This level of supervision ensures that the client's welfare is protected through adequate preceptor supervision of SLP Program students.

Students must accrue a minimum of 400 hours of supervised clinical practicum experience by the end of the program. Students are responsible for entering all clinical hours into the clinical management system (CALIPSO) for approval by the faculty instructor by Friday every week. Per the ASHA Certification Standards, students may obtain up to 75 clinical hours through alternative clinical education including the use of standardized patients and simulation technologies. Students may carryover up to 50 clinical hours from undergraduate or unpaid experience. Signed documentation of those hours with a speech-language pathologist's ASHA number must be provided.

Dates of clinical assignments may be flexible and may not correspond with semester dates. This may be especially true if a student is low on clinical hours beyond their second practicum and the student's Clinical Plan of Study may be adapted. Clinical faculty will communicate directly with the student and Clinical Supervisor regarding dates and evaluations. The student's clinic schedule will be verified by the Director of Clinical Education each semester. This schedule will include days, times, and expectations. Students will be required to fill out a Clinical Expectation Agreement for each placement.

## CLINICAL EXPERIENCE ATTENDANCE

West Coast University emphasizes the need for all students to attend classes on a regular and consistent basis. Regular attendance and punctuality will help students develop good habits and attitudes necessary to compete in a highly competitive job market.

Attendance at clinical placement is mandatory. Tardiness will not be tolerated. The only acceptable reasons for missing clinic are; a death or crisis in the immediate family, illness, active military or jury duty, or religious holy days. Students are expected to proactively communicate with their supervisor if they will be missing a day of clinic.

- Students will be required to make up any clinical absences or missed hours.
- Patterned tardiness, leaving placement early, or repeated absences will initiate a Clinical Intervention Plan.

## CLINICAL EXPERIENCE GRADING

Clinical skills evolve during a student's course of study, and each new clinical placement brings with it a different set of required knowledge and skills. As students move through the master's program at West Coast University, they are expected to develop increased levels of clinical competence. . Clinical experiences courses are graded Pass/No Pass.

Grades are assigned based upon a clinical rating scale that reflects a merging of competencies and skills in the areas of assessment, treatment, and professionalism. Clinical Instructors/Supervisors provide students with a combination of verbal and written feedback, as well as feedback on a midterm/final using the scale below, which is utilized toward their final course grade.

Rating	Description
1 - Not evident	Skill not evident most of the time. Student requires direct instruction to modify behavior and is unaware of need to change. Supervisor must model behavior and implement the skill required for client to receive optimal care. Supervisor provides numerous instructions and frequent modeling (skill is present <25% of the time).
2 - Emerging	Skill is emerging, but is inconsistent or inadequate. Student shows awareness of need to change behavior with supervisor input. Supervisor frequently provides instructions and support for all aspects of case management and services (skill is present 26-50% of the time).
3 - Present	Skill is present and needs further development, refinement or consistency. Student is aware of need to modify behavior, but does not do this independently. Supervisor provides on-going monitoring and feedback; focuses on increasing student's critical thinking on how/when to improve skill (skill is present 51-75% of the time).
4 - Developed	Skill is developed/implemented most of the time and needs continued refinement or consistency. Student is aware and can modify behavior in-session, and can self-evaluate. Problem-solving is independent. Supervisor acts as a collaborator to plan

	and suggest possible alternatives (skill is present 76-90% of the time).
5 - Consistent	Skill is consistent and well developed. Student can modify own behavior as needed and is an independent problem-solver. Student can maintain skills with other clients, and in other settings, when appropriate. Supervisor serves as consultant in areas where student has less experience; Provides guidance on ideas initiated by student (skill is present >90% of the time).

If a student violates HIPAA or the ASHA Code of Ethics in the clinical setting, they may be dismissed from the program and/or a Student Conduct Investigation or Teachable Moment may be triggered.

## CLINICAL INTERVENTION AND REMEDIATION

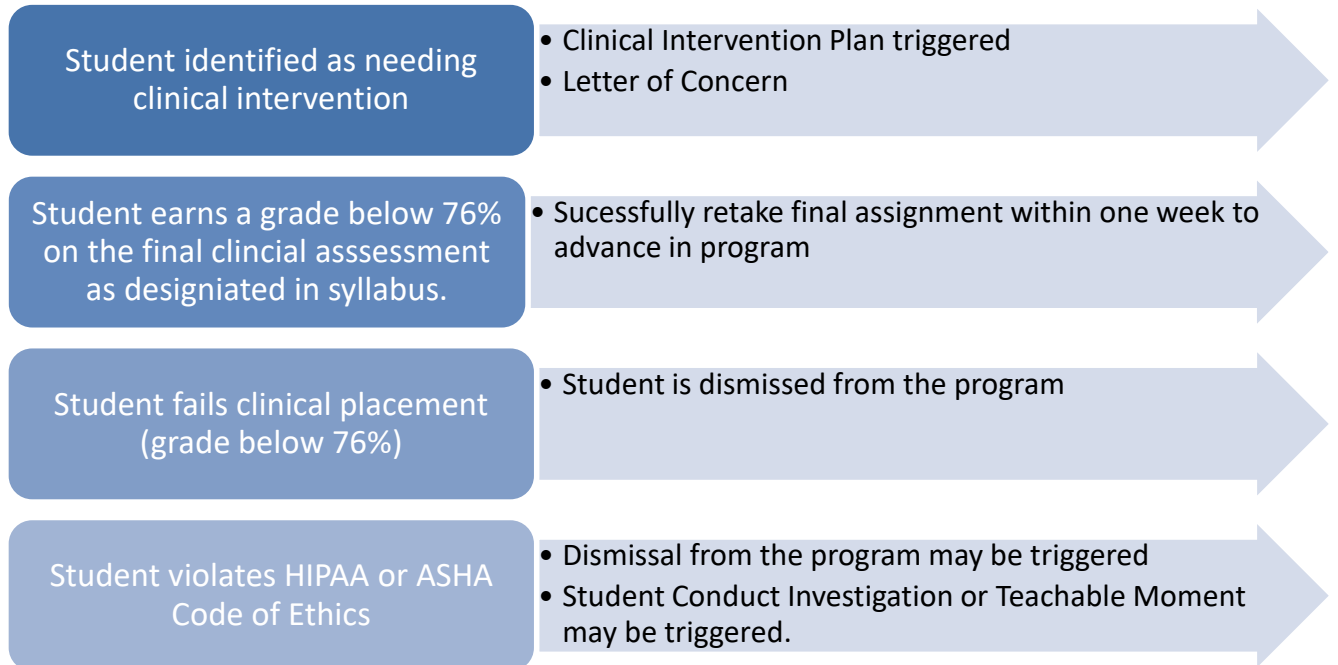
There are two pathways for clinical intervention and remediation for the MSLP program:

### 1. *In-Term Clinical Experience Course Tutoring and Remediation*

The Director of Clinical Education in collaboration with course instructors evaluate clinical course grades throughout the term. A student with a week 4-course grade below 76% will receive a Letter of Concern and will be required to meet with the course instructor to complete and execute a Clinical Intervention Plan. This requires the Director of Clinical Education to meet with the student and determine a plan with clinical faculty for specific clinical content and/or skill(s) tutoring and remediation. See procedures below.

### 2. *End-of-Term Clinical Experience Course Tutoring and Remediation*

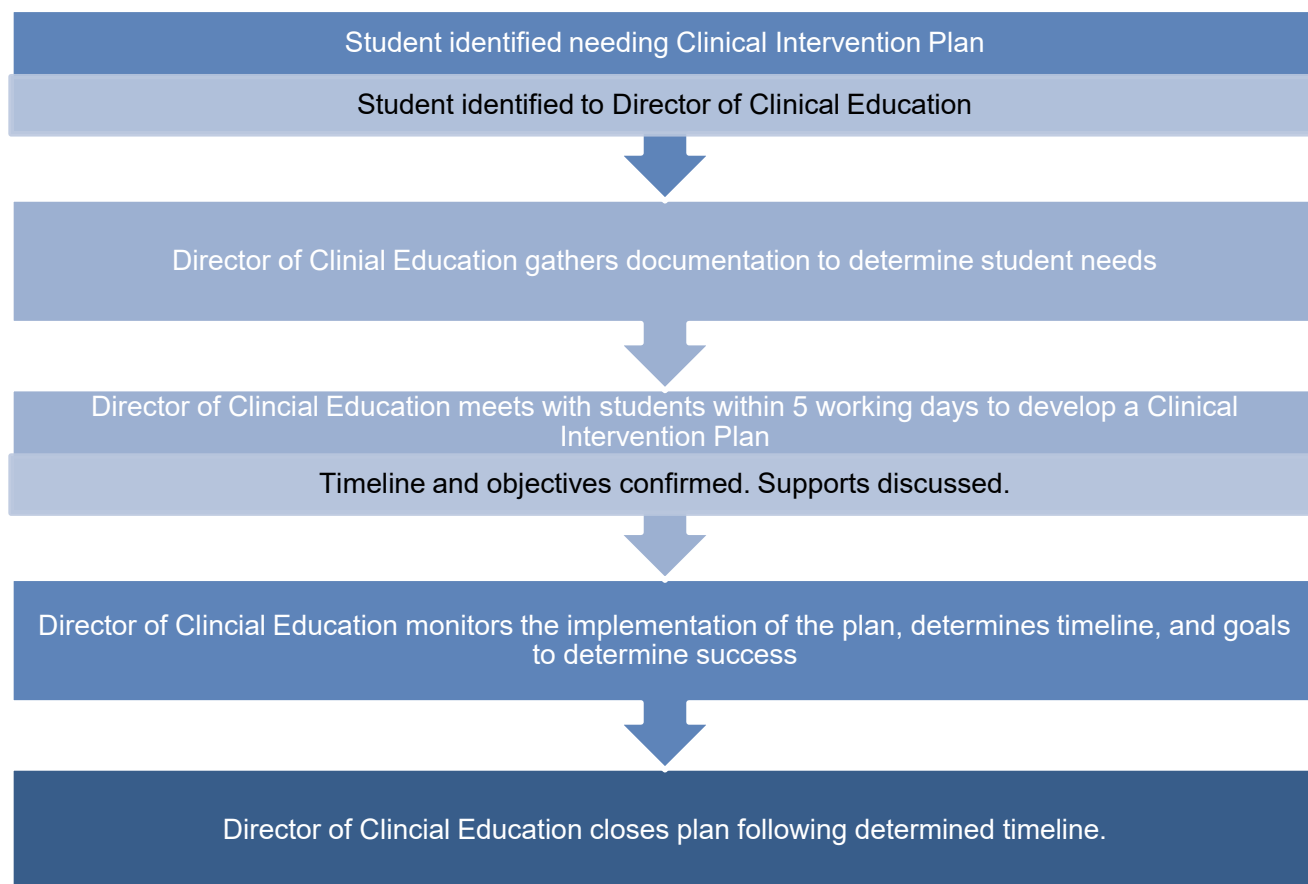
Students must earn a 76% (C+) or better on the final clinical assessment(s) as designated in the course syllabus. If a student earns a grade less than a 76% (C+), the student is required to retake the Signature Assignment to show proof of attainment of the knowledge, skills, and values (76% or better) that is required to move forward in the program. The first grade earned will be the grade used. The retake MUST be completed within one week of the original due date of the Signature Assignment. If the student does not complete the retake within one week, the student will fail the assignment. Students must complete placements fully in succession to advance to the next semester. For example, SLP 585 must be completed with a passing grade of Pass (P) meaning that all incompletes have been completed prior to starting SLP 589.



Students in-term who need clinical intervention to meet clinical expectations for the acquisition of knowledge and skills will be identified in the following manner:

1. Clinical faculty or clinical supervisor will identify a student in need of clinical support to the Director of Clinical Education. This identification can come from observations, conversations, and/or self-reporting from the student. The Director of Clinical Education will document the information on the Clinical Intervention Plan form in the student's file.
2. The Director of Clinical Education will meet with the students within 5 workdays of the identification and create a plan for intervention using the Clinical Intervention Plan form in the student's file.
3. The student must meet the requirements of the Clinical Intervention Plan and pass the course to progress in the program.
4. If a student has a final grade of No Pass (NP) in a SLP 585, SLP 589, or SLP 593, they will be dismissed from the program.

### *Clinical Intervention Pathways*



Clinical intervention triggered by the identified pathways listed above may be due to a difficulty with a specific ASHA competency or specific area of needed growth. Professional qualities can also impact clinical success. The following steps will be taken to determine an intervention plan, implementation and documentation to provide students with support for increasing and improving skills and knowledge.

If a student is identified, the following steps will be taken:

- Identify areas of weakness related to competencies, evaluation, treatment, and/or professional qualities.
- The plan will target specific measurable outcomes or tasks for the student and a determined timeline.
  - Example: The student may be asked to write professional detailed session plans with a specific focus on the specific areas of weakness (i.e. behavior management) and then reviewed to determine if the students is adequately prepared to conduct the session.
  - Example: The student may be directed to practice assessments and review manual procedures, demonstrated by a practice video before being approved to conduct an assessment with a client.
- Support will also be provided to the Clinical Supervisor as appropriate to which may include scaffolding suggestions, supervision techniques, or other resources.

If a student does not meet the outcomes for the Clinical Intervention Plan, they would fail the course (No Pass -NP).



Student intervention plans may include:

- Change in supervision model.
  - Increase or intensity change in supervision.
- Requirement for the student to review ASHA Competencies and Standards related to academic content material (i.e., self-study, attending a training etc.)
- Professional Qualities Assessment and added professional development.
- Increased contact with the clinical faculty (i.e., weekly check-in meetings and remediation).
- Activities or assignments to show growth of skill and acquisition of knowledge as it pertains to clinical practice.

## CLINICAL EXPERIENCE REQUIREMENTS AND ONSITE EXPECTATIONS

For the Speech-Language Pathology Program, graduation will depend on satisfactory grades, professional conduct, applying principles of safety consistently, and the fulfillment of university graduation requirements. A student must satisfactorily complete all academic and clinical courses and be in good academic standing.

- ✓ Observation Hours: Student clinicians must complete 25 observation hours prior to their first clinical placement. Students are required to submit documentation of observation hours upon admissions and must upload a copy of documentation to CALIPSO as part of SLP 581 Introduction to Clinical Experience.
- ✓ Use of CALIPSO: CALIPSO is a commercial software program that is used to track student clock hours, evaluate student clinical performance evaluations, and store clinical documentation. This program stores this information securely while allowing the graduate student and the faculty access to important information. The student will learn how to use this software during the student orientation. The student is charged an all-inclusive fee for the use of CALIPSO. The student is responsible for entering clock hours and having the preceptor review and sign these hours. The student can use CALIPSO to monitor progress in acquiring clock hours and competence in specific areas required for graduation.
- ✓ Blood Borne Pathogens Training: Prospective student clinicians must complete online bloodborne pathogens training and pass a related quiz as part of SLP 581 Introduction to Clinical Experience.
- ✓ Background Check: When applicable, prospective students must complete a background check by submitting payment and completing documents related to this requirement. If the clinical site requires a background check, students will be required to go through that site specific process. Students who have been convicted of felonies, who have violations that relate to children, or who have a record may be prevented from securing professional licensure for speech-language pathology or audiology.
- ✓ HIPAA/FERPA: Prospective clinicians must annually complete online HIPAA/FERPA training and pass a quiz as part of SLP 581 Introduction to Clinical Experience.
- ✓ OSHA Category I Health Care Provider (potential for exposure to infectious diseases). As an essential component of placement onboarding, students are required to provide documentation of specific immunizations as requested by the site.
- ✓ Cardio Pulmonary Resuscitation (CPR) Certification. Students participating in practicum

through the MSLP Program are required to have completed a CPR training course as requested by their placement site.

- ✓ Clinical Agreement: Students are required to submit a Clinical Agreement form signed by their supervisor outlining schedule and any expectations by the end of the second week of the placement.

### ***Clinical Site Commute***

Please be aware that students may be expected to commute up to a 90-mile radius to accrue clinical clock hours and skills.

### ***Certification of Insurance/Medical Malpractice Insurance***

WCU maintains a medical malpractice plan. A copy of this insurance policy is provided with initial contracts and each subsequent clinical experience. All students are provided protection by West Coast University against general and professional liability claims. A certificate of this protection is submitted to each clinical site on an annual basis, or more frequently if requested by the site. Should a clinical site require additional evidence of insurance on an individual student, it is the responsibility of the student to provide that information.

### ***Health & Safety Procedures Universal Precautions***

SLP students may be exposed to bloodborne pathogens or other potentially infectious materials (OPIM) and may be at risk of acquiring the Hepatitis B Virus (HBV) infection or other potentially dangerous diseases such as influenza as an occupational hazard.

Each clinical partner requires specific vaccinations followed by a titer to determine immunity from healthcare worker at risk diseases. Students are required to have specific vaccines and clearance (i.e., tuberculosis) by the clinical experience sites in order to engage with clients.

Students must be compliant with all vaccine requirements for clinical placements. The primary vaccine series of the COVID-19 vaccination is mandatory as the overwhelming majority of clinical placement sites require documentation of a completed series of COVID-19 vaccinations. WCU MSLP program will not assign clinical placement sites based on an individual student's preference about COVID-19 vaccination. Students will not be able to complete clinical rotations unless all clinical and agency requirements are met.

Students must use universal precautions when indirectly or directly exposed to bloodborne pathogens or other potentially infectious materials. Additionally, students must adhere to the policies and procedures of the clinical site. If/when an exposure occurs while on campus or at a clinical site, students must follow the site protocols and report the incident to the preceptor and WCU. See the enrollment disclosure for additional information about blood-borne pathogens and the risk of exposure.

### ***Parking Policy: Assigned Clinical Experience Site***

Students must adhere to the parking policy that is established by the assigned clinical placement site. Students should park in the assigned areas designated by the clinical site. Furthermore, students should refrain from parking in locations that are not designated for student parking (i.e., handicap parking spaces, physician parking spaces, etc.).

### ***Clinical Experience Dress Code***

Students are highly visible to the public and must be sensitive to this fact. Students must abide by the following policies regarding professional dress and appearance while on the University campus and during clinical intensives and clinical experiences.

- The University ID must be properly always exposed above the waist on your front collar or on a lanyard.
- Students will portray the well-groomed appearance of a responsible health professional.
- Nails must be groomed to ¼" or less with neutral colors polish only (no artificial nails).
- Facial hair is acceptable when cleanly shaven or well-groomed. All accessories and jewelry shall be free of writing, pictures, symbols, or any other insignia, which are crude, vulgar, profane, obscene, libelous, slanderous, or sexually suggestive. Any accessory or jewelry which creates a safety or health concern, causes or threatens to cause a disruption to the educational process, is prohibited. Body piercing jewelry other than lobe earrings (maximum of two earrings per lobe) is prohibited on campus and at clinical sites.
- Dark glasses, sunglasses, hats, caps, visors, and other head coverings shall not be worn indoors unless for religious reasons.
- For on-campus clinical intensive weekends, collared shirts only (button-down oxford or polo-type) are permitted. Dress- or walking shorts (above the knee) or casual dress pants are preferred. Jeans are acceptable provided they are in good condition (i.e., no rips or holes). Dress sandals, clean tennis or running shoes, or any other closed-toed shoe with socks are acceptable.
- Shirts must have sleeves; however, a "professional-looking" sleeveless blouse is acceptable. Dress- or walking shorts (above the knee) or casual dress pants are preferred. Jeans are acceptable provided they are in good condition. Skirts and dresses can be no more than 3 inches above the knee. Dress sandals, clean tennis or running shoes, or any other closed-toed shoe with socks/stockings are acceptable. No exposure of midriffs, cleavage, or gluteal fold is permitted.
- For Clinical Experiences (including at a site or on-campus), students must reflect both professional dress and behavior during all clinical activities. It is University policy that students maintain the University dress code while at clinical experiences unless this poses a problem with direct patient care and treatment application as determined by the clinical site. Students should follow the dress code of their placement.

### **Clinical Site Evaluation**

Students are required to complete the Clinical Site Evaluation in CALIPSO. This is a requirement for completion of each Clinical Experience. The Clinical Site Evaluation in CALIPSO is visible to the clinical site supervisor.

### **Safety Policies**

Safety policies with regards to patient/client handling, equipment, and the student clinician will be introduced and discussed as appropriate during various courses. These policies will also be uploaded to the Canvas Learning Management System as attachments for the specified clinical experience courses. Each clinical or observation site may have additional safety policies that must be followed while at the site.

### **Injury Policy**

In the event that a student, student clinician, or client is injured, he/she should seek medical attention as soon as possible. Once the situation has been stabilized, the student should complete and submit the "Student Incident Report" report to proper personnel (Director of Clinical Education and Course Instructor) via email. Students are required to have health insurance in order to participate in clinical

experiences.

#### Injury Policy for Specific Clinical Placements:

- Hospital
  - If an incident or injury occurs, the student should report it to the preceptor, director of rehabilitation, and follow protocol outlined by the facility during orientation. Then follow the policy outlined above.
- Clinic
  - If an incident or injury occurs, the student should report it to preceptor, clinical director, or owner. Then follow the policy outlined above.
- School District:
  - If an incident or injury occurs, the student should report it to preceptor, school nurse, and administrator. Then follow the policy outlined above.

### TIPS FOR SUCCESSFUL CLINICAL EXPERIENCES

- Communicate regularly with your Clinical Supervisor. Be sure you understand his/her expectations.
- Check your West Coast University email daily. Prompt responses to important communications will assist you in being prepared and informed.
- Take advantage of opportunities to learn. If you have the chance to attend a special workshop, observe a surgery, or meet with an expert, please do so if your schedule permits. Initiate observations with various disciplines at the facility.
- Be a willing and eager participant in clinic. Be helpful and assist your Clinical Supervisor without being asked.
- Take the initiative to learn. If you hear a term you do not understand, be resourceful and find out what it means. If you are presented with a diagnosis you are not familiar with, research it.
- Take accountability for your professional learning. What did you do to find the answer or figure out the problem before you went for help?
- Use flexible thinking. Working in allied health and educational environments means that we have to be ready to adapt, change expectations, and change the plan for sessions.
- Prepare and prepare some more. Your Clinical Supervisor will not expect you to provide treatment or conduct evaluations perfectly, but they will expect you to come as prepared as possible!
- Follow through on what you agreed to or what you said during a conversation with your Clinical Supervisor.
- Have unconditional positive regard for the clients that you are providing services for. Patients and their families always come first.
- If you have a question, avoid interrupting your Clinical Supervisor and make a plan to discuss when there is an appropriate break in the session.
- Ask your Clinical Supervisor questions but be sure to do so professionally. There may be questions or situations where you wait to ask privately to not upset a client, caregiver, or look as if you are challenging your Clinical Supervisor.
- Keep your composure and behave in a professional manner. Conflicts or upsetting circumstances can occur in health and educational settings. Maintain a calm and professional tone for the clients you serve.

- Work to find a balance between being professionally friendly and too intimate. There may be times when you need to share personal information with your Clinical Supervisor, but that should be situation specific and not overshadow the good work of providing services to patients.
- Turn your cell phone off. Check it only during your break.
- Do not take schoolwork to your clinical site. If you have free time on-site, use it for clinically related tasks.
- Be persistent. Applying academic knowledge to the clinical setting requires intentional practice.
- Give yourself space to make errors and embrace them. You will make mistakes but use them as a learning opportunity, grow your skills and become an agent of change.
- Be ready for feedback! Your time in graduate school is built around getting feedback and information for change to develop your skills.

## SECTION III – GRADUATION REQUIREMENTS

### *Core Curriculum: Master's in Speech Language Pathology (MSLP) Program*

Graduation from the MSLP Program is predicated on satisfactory completion of academic courses, clinical experiences, and professional conduct. Graduation requirements include:

- A student must complete the Core Curriculum, which comprises the Master of Speech-Language Pathology (MSLP) Program coursework. The Core Curriculum (MSLP Program) consists of 56 didactic and clinical education credit hours. The Core Curriculum is designed for students who have a Baccalaureate degree in Speech-Language Pathology, Communication Sciences & Disorders or the equivalent (i.e. SLP Pre-Master's transfer courses from an accredited institution recognized by the United States Department of Education).
- A student must demonstrate professional conduct as evidenced by competency on all areas of the Essential Skills and Values.
- A student must demonstrate competency within all areas of the student success action plan (*if applicable*).
- A student must complete a minimum of 25 service-learning hours.
- A student must complete the program within the published length of the program unless there are extenuating circumstances. In this case the Program Dean should be contacted.
- A student must obtain a Grade Point Average of 3.0 or better.

## CLINICAL FELLOWSHIP YEAR

After completing the academic and clinical requirements, individuals applying for certification in speech-language pathology must complete a Speech-Language Pathology Clinical Fellowship experience under the mentorship of an individual holding ASHA certification. For more information, visit the following website: [ASHA Clinical Fellowship Guide](#)

## CERTIFICATE OF CLINICAL COMPETENCE (CCC-SLP)

The Council for Clinical Certification (CFCC) is responsible for processing applications by individuals who have graduated from programs accredited by the Council of Academic Accreditation (CAA), and for awarding the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP).

The requirements for certification (CCC-SLP) include:

- Successful completion of an accredited graduate communication sciences and disorders curriculum,
- Accrual of 400 hours of supervised clinical practicum experience or equivalent,
- A passing score on a national examination ("Praxis II" examination)
- Successful completion of a post-graduate Clinical Fellowship (CF) year.

Upon successful completion of these major requirements, post-graduates are awarded the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP). The CCC-SLP is ASHA's way of informing the public that an individual has met minimum standards for clinical competence. For more information about attaining your CCCS, please visit : [ASHA Certification](#)

## LICENSE TO PRACTICE

Licensure requirements vary from state-to-state. Be sure to check the licensure requirements for that State. Potential differences include: 1) coursework credits, 2) clinical practicum (types, hours), and/or 3) your method of documenting achievement during your graduate studies. For links to state licensure laws, go to: <https://www.asha.org/advocacy/state/>



## SPEECH-LANGUAGE PATHOLOGY PROGRAMMATIC HANDBOOK RECEIPT FORM

### WEST COAST UNIVERSITY SPEECH-LANGUAGE PATHOLOGY PROGRAM

#### Verification of Handbook Receipt

Please sign and date this form to verify that you have received a copy of the WEST COAST UNIVERSITY Speech-Language Student and Clinical Handbook. It is your responsibility to read this handbook in its entirety and keep it for reference throughout your time in the speech-language program. Violations of this handbook could result in referral to the Conduct Committee that may lead to dismissal from the program. Policies are subject to change at any time.

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Student Signature

Date

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Name (Please print)



## APPENDIX

ASHA Code of Ethics

<https://www.asha.org/code-of-ethics/>

ASHA Scope of Practice

<https://www.asha.org/policy/sp2016-00343/>

ASHA 2020 SLP Certification Standards

<https://www.asha.org/Certification/2020-SLP-Certification-Standards/>

ASHA Clinical Fellowship

<https://www.asha.org/certification/Clinical-Fellowship/>

ASHA License to Practice

<https://www.asha.org/advocacy/state/>

NSSLHA site

<https://www.nsslha.org/about/>

Graduate Student Portal

<https://www.asha.org/Students/graduate-students/>