GUIDELINES FOR CLINICAL EDUCATION IN A MEDICAL SETTING

The purpose of the medical practicum/externship is to teach the student about service delivery models for speech-language pathology in a medical setting. It is anticipated that upon completion of a medical setting practicum, the student will demonstrate an understanding of the skills needed to successfully function in that setting. Furthermore, upon completion of an externship in a medical setting the student must demonstrate the ability to understand and use the knowledge and skills necessary to be hired as a Clinical Fellow in that setting.

Specific skills and knowledge which the student should acquire include:
- Knowledge of appropriate referral procedures for patients in need of evaluation beyond the scope of practice defined by ASHA and the specific site
- Case presentation skills
- Ability to plan and conduct appropriate diagnostic/assessment procedures using patient history information, applying academic knowledge about the disorder, and integrating clinical skills
- Ability to interpret results of patient assessment, including justifying procedures used and conclusions drawn from the assessment
- Ability to plan and conduct appropriate therapy/intervention procedures
- Ability to interpret results of patient performance in therapy, including justifying procedures used for therapy and data collection, and conclusions drawn from the data
- Clinical writing skills appropriate to the setting
- Patient and family counseling
- Interdisciplinary team functioning
- Business and legal issues which impact patient care, documentation, and billing procedures

When possible, we would like for students to be exposed to other disciplines such as physical therapy, occupational therapy, respiratory therapy, neurology, pediatrics, NICU, ENT, dentistry, etc. It is important for them to understand how speech pathologists collaborate with these professionals.

We realize each site is bound by a variety of administrative practices, but we would like to stress that practicum implies “hands-on” experiences. While it may be necessary for the student to observe initially it is expected that no later than week 4 the student is conducting therapy and diagnostics with the appropriate levels of supervision. We do not believe it is our place to dictate how you conduct your clinical education program, but the following schedule is offered as a general guideline:

<table>
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<th>Week</th>
<th>Student Activity/Participation Level</th>
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<tr>
<td>1</td>
<td>Basic familiarization: student observes/reviews policies and procedures; tours facility</td>
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Establish learning objectives: meet with supervisor to identify strengths and weaknesses, expected learning outcomes, develop specific objectives, criteria for receiving a Satisfactory score. Discuss learning style and level and type of interaction with supervisor.

| 2-3 | Student assists clinician (gains hands-on experience but does not plan or direct therapy; is supervised 100% |
| 4-5 | Student assumes some responsibility for planning and begins to conduct therapy and diagnostic sessions; is supervised 75-100% |
| 6-10 | Student assumes full responsibility for planning and conducting therapy and evaluations; is supervised 25-75% |

The time line suggested is for second and third semester students who are having their first experience in a school or medical site. For students in their fourth or fifth semester, this time line should progress more quickly than the suggested rate so that the student is assuming full responsibility for the therapy and evaluations by the end of the 3rd week at the latest. The students who are in their externship should be able to completely skip the “assists” level described for weeks 2-3.

For practica, the students typically begin on the 3rd day of classes. They need a couple of days on campus to register and get their clinic assignments. They are bound by the university calendar which means that when the University is not in session, they cannot be required to be at practicum (see calendar). Practicum ends on the Friday before exams begin.

For externs, the students report to their site on the 3rd day of classes since they often need some time on campus to complete registration. They are not bound by the university calendar with regards to holidays. This means that each student should be at his/her internship site in accordance with that site’s schedule. However, the students need to plan to return to campus for the last two weeks of the semester in order to complete activities prior to graduation.
If you have students involved with patients on Medicare, there are some guidelines regarding supervision. This information is available on the ASHA website but is included here for your convenience.


by Mark Kander

In April the Centers for Medicare and Medicaid Services (CMS) will implement a new policy for Part A inpatient hospital therapy services that will provide greater independence for speech-language pathology students. Effective April 1, students will be considered to be under the direct supervision of a qualified speech-language pathologist if the clinician is present on the same unit or same floor while the patient is treated.

The SLP must be "immediately available according to the circumstances appropriate to the service rendered," sign all documentation, and actively participate in treatment, according to the CMS transmittal on changes in coverage policies for outpatient therapy services (Chapter 15 of the Benefit Policy Manual). This change in policy helps speech-language pathology students better learn how to practice on their own, and also allows qualified SLPs to treat other patients while the student is performing treatment activities.

The current student services policy for Part B outpatient services remains unchanged. The supervising SLP must be present and directly overseeing the evaluation or treatment session.

The same CMS transmittal establishes that coverage policies for outpatient therapy services apply to inpatient hospital settings unless there are specific national inpatient policies that differ. "Inpatient hospitals" are defined as acute care hospitals, inpatient rehabilitation facilities and units, long-term care hospitals, critical access hospitals, and inpatient psychiatric facilities and units.

The full text of the revisions to the Medicare Benefit Policy Manual [PDF] is available on the CMS Web site.