

**CDS 5980, Medical Internship
Intern Handbook
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1. Medical Internship Policies and Procedures

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Department of Communication Disorders & Sciences
EIU Speech-Language-Hearing Clinic
College of Sciences

Jill Fahy
Medical Internship Coordinator

(217) 581-7450
jkfahy@eiu.edu

TO: All Graduate Students, 2016 Cohort
RE: General Requirements for Internship
DATE: April 6, 2015

- PLEASE READ ALL INFORMATION CAREFULLY**
- KEEP ALL MEMOS, PACKETS, FORMS, OR INFORMATION FROM ME IN A SEPARATE, SAFE PLACE, SO THAT YOU CAN REFER TO THE DETAILS AS/WHEN NEEDED.**
- PROVIDE ME WITH YOUR LOCAL ADDRESS—WHERE YOU WILL BE LIVING DURING YOUR MEDICAL INTERNSHIP—AS SOON AS YOU KNOW THIS INFORMATION.**
- FAILURE TO COMPLETE ALL TASKS TO THE LETTER WILL DELAY THE START OF YOUR INTERNSHIP.**

1. Definition and Policy—Department of CDS, EIU, Internship in Speech Language Pathology.

- a. Read this policy carefully and thoroughly, right now. I will comment on and highlight the following, although all content in the policy applies to you.
 - i. Notice the **pre-requisite requirements**, which include completion of 4 credit hours of CDS 5900 (clinic), with a grade of “B” or better.
 - ii. Internships are full-time, 14-week placements.
 - iii. You will **enroll in 9 credit hours** of CDS 5980. Three of these credit hours will count towards your graduate program requirements.
 - iv. Your *enrollment* in 9 credit hours is to qualify you as a ‘full-time’ student, which makes you qualify for:
 - 1. University liability insurance and Financial aid, if applicable
 - v. Notice the **additional requirements** required by your site, and make arrangements to provide the necessary information (e.g. immunizations, physicals, drug screens, background checks, interviews, etc.).
 - vi. Notice that you will need to obtain **professional liability insurance**; more on that below.
 - vii. Notice that sites will provide you with medical care as/if needed, and should carry your own **health insurance**; more on that below.

2. Work Schedule and Absentee Policy

- a. Internships follow the site’s work calendar—NOT the EIU academic calendar. Holidays are defined by the work site—NOT by EIU. Some hospitals require their employees to share weekend rotations. You will work the hours as defined by the site—NOT by EIU.
- b. Do NOT schedule vacations, events, or part-time work during expected internship dates.
- c. You are allowed ONLY ONE absence without having to make-up the date, UNLESS your absence is an educational event which has been pre-approved by your off-site supervisor and me.
- d. Any additional days missed, regardless of reason, must be made up prior to the close of the semester. Failure to make up all days missed will result in the student receiving a grade of “Incomplete”.

- e. Any time that you are unable to go to your assigned site on a regularly scheduled date or make-up date, notify your site supervisor and me as soon after 8:00 am (or your regular work day starting time) as possible. If I am not in, leave me a detailed message.
 - f. In the event that you need to schedule a day off, it is necessary that you discuss it with me prior to requesting permission from your site supervisor.
 - g. Valid reasons for absences shall be determined by the internship coordinator, and include reasons such as:
 - i. Illness, car trouble, weather conditions
 - ii. Professional activities, medical/legal appointments
 - iii. Funerals
 - iv. Supervisor absence *If other SLPs are on-site, arrange to shadow one them during a supervisor absence.
 - h. Verification of absences may be required.
 - i. Invalid reasons for absences include, but are not limited to,
 - i. Social/family gatherings, vacation,
 - ii. Entertainment, travel, and
 - iii. Personal business
 - j. If evidence is discovered after the fact that a student misrepresented the reason for an absence, a letter will be placed in the student's departmental file citing unprofessional behavior. The student may also be subject to disciplinary actions and/or termination by the site, as per indicated in the affiliation agreement.
- 3. As a student of this department enrolled in internship, you are also responsible for:**
- a. Following the administrative policies, regulations, and procedures of the internship site.
 - b. Obtaining medical care at your own expense for any injuries sustained as a direct or indirect result of your placement. (You have Student Health Insurance Plan, unless you waived this due to having other health insurance).
 - c. Your own transportation and living arrangements.
 - d. Reporting on time and following regularly scheduled operating hours.
 - e. Conforming to the standards and practices established by the University while functioning in the internship site.
- 4. Student Evaluation of Off-Campus Supervisor**
- a. PROVIDE OBJECTIVE, THOUGHTFUL, PROFESSIONAL INPUT for each supervisor to whom you are assigned. (You may copy the form to use for more than 1 supervisor; or, you may write all supervisor's names on the 1 sheet, and evaluate the experience as a whole).
 - b. Complete and RETURN THIS FORM **TO ME** by the last date of your internship.
 - c. Otherwise, you will receive a grade of "Incomplete" for CDS 5980.
- 5. Clinical Hours Record for your medical internship**
- a. Record your clinical hours as they are accrued during your internship, and enter the total hours per section on this form
 - b. YOUR OFF-SITE SUPERVISOR MUST SIGN THIS COMPLETED FORM.
 - c. RETURN THIS FORM **TO ME**—COMPLETED & SIGNED—by the last date of your internship.
 - d. Otherwise, you will receive a grade of "Incomplete" for CDS 5980.
- 6. Practicum (internship) Midterm and Final Assessment**
- a. Review this document for your own information.

- b. This is the form your off-site supervisor will use to evaluate your clinical and professional skills at midterm, and again for the final grade.
 - c. Your clinical ratings and performance evaluation will be provided to me, by your supervisor.
 - d. I will review these and maintain contact with both you and the site-supervisor, to ensure adequate progress and performance.
- 7. Faculty evaluations of me will be posted online.**
- a. Complete your evaluation of me during the semester in which you complete your medical internship.
- 8. Nomination Form—Exemplary Supervisor Award**
- a. If you choose to nominate a supervisor for acknowledgement as an exemplary supervisor, complete the form and return to me by February 1.
 - b. If you return the form after this date, it will be held for consideration in the following year.
- 9. Student Immunization Documentation form**
- a. Internship sites mandate all interns to provide proof of various immunizations. The specific requirements for your site will be detailed in your contract, which may already be listed on your Cover Sheet (if currently known).
 - b. Prepare in advance to bring documentation of any/all immunizations TO ME BEFORE YOU BEGIN YOUR INTERNSHIP, and KEEP ORIGINALS FOR YOUR RECORDS. DO NOT DELAY IN STARTING THIS PROCESS, as it may take a few weeks.**
 - c. I DO NOT SEND THIS INFORMATION TO YOUR SITE, BUT I MUST KEEP COPIES OF YOUR DOCUMENTATION FOR OUR RECORDS**
 - d. YOU MUST PROVIDE THIS INFORMATION TO YOUR SITE, AND YOU MUST ALSO ASK IF THERE ARE ANY OTHER REQUIREMENTS.**
 - i. **Hepatitis B Virus (HBV) immunization** is recommended by not required for internship students.
 - 1. HBV requires a series of three injections. The second injection is given 1 month after the first, and the third is given 5 months after the second. Costs range as much as \$80 per injection.
 - 2. This is available to full time students through the EIU Health Service (downstairs) at a reduced cost of ~\$25-30 per injection.
 - 3. If you choose NOT to receive the HBV immunization, bring the HEPATITIS B VACCINE DECLINATION form to me before you begin your internship. Keep a copy for your records, as the site may require it.
 - 4. If you have received the HBV immunization, sign the bottom portion of the form and return the entire form to me before you begin your internship, along with documentation proving that you have received this series of injections.
 - ii. Other generally-required immunizations include:
 - iii. **TB Skin Test**
 - iv. **MMR (Mumps, Measles, Rubella) immunization**
 - v. **Influenza vaccine**
 - vi. **dT booster every 10 years**
- 10. CPR certification information options**
- a. See the attached explanatory information.

11. Background Check information

- a. See the attached explanatory information. You will procure a copy of this from the EIU Student Teaching office, by calling (217) 581-2620.\

12. **Documentation of successful completion of the internship** will be forwarded to the department chair and graduate coordinator, who will then issue a Certificate of Comprehensive Knowledge to the Graduate School. Other academic requirements, such as passing comprehensive exams or completion of thesis requirements, must have also been met.

13. Student Acknowledgement of Internship Policies

- a. Sign this acknowledgment and return to me, right now.

14. Professional Liability Insurance

- a. This is required by the CDS Department and by off-campus sites. We will do this procedure in our internship-specific meetings, held in late May for fall placements, and in late July for Spring placements.
- b. Anticipate that there is a fee of \$30.00 for this insurance policy, which is available to students who are members of the NATIONAL NSSLHA organization. If you are not a NATIONAL member, this will cost \$60.00.
- c. Neither of these is optional, so please plan accordingly.
- d. Also, liability insurance is only effective for as long as you are a current NATIONAL NSSLHA member—so you must maintain and keep this current.

15. Cover Sheet for your internship, including

a. Dates of your internship

- i. Fall internships run from 8/24/15 – 11/27/15
- ii. Spring internships run from 1/11/16 – 4/15/16

b. Location of your internship (if known)

- i. **Coordinators of off-site internships** locate willing SLPs and identify places within their legal organization who can adequately take on the responsibilities of a student intern.
- ii. This means that you may be placed at a specific location **WITHIN THE HOSPITAL/ORGANIZATION** which is closer to...or further away...from your place of residence. We must deal with this.

c. Contact person and/or site supervisor (if known)

- i. Supervisors generally do not want to be contacted directly until 2-3 months before the experience starts. I will keep you informed of any details I have as time goes by.
- ii. Some of you have already completed mandatory interviews. Other sites do not require interviews, but do need letters of recommendation, which I will write for you (you may need a
- iii. If you have no interview or letters of recommendation required, you will still need to complete the required orientation for your site. This may involve an on-site or an on-line procedure. You may a

d. Tasks you are required to complete prior to internship (if/as known)

- i. These will be finalized as per the language written into the affiliation agreement (contract) between EIU and your site.
- ii. I will continue to monitor these and notify you periodically.
- iii. We will discuss further details in our specific meetings (May or July).

DO NOT CALL OR CONTACT YOUR SITE UNLESS TOLD TO DO SO BY ME, OR AS REQUESTED BY THE SITE SUPERIVSOR. COPY ME ON ALL CORRESPONDANCE.

CDS 5980, Medical Internship Overview and Placement Procedures For Interns

Basic Internship Details

Graduate students are required to complete a full-time, 14 week (13 week for summer semesters) experience in a medical/healthcare setting as a part of their graduate program. In order to register for CDS 5980, a student must have completed all CDS graduate course work except CDS 5970 (Educational Internship) and CDS 5890 (Thesis). A grade of B or better in at least 4 semester hours of CDS 5900 (Clinic), 5910 (Diagnostics), and 5920 (Audiology Diagnostics) is required to enroll in medical internship. Requirements may be waived by the department chairperson. Students are considered full time status during internship, for financial aid, student healthcare, and University liability insurance purposes. During the internship semester, students will register for 9 credit hours of CDS 5980; 3 hours of the course credit count toward the graduate degree. The course is taken credit/no credit, and students must demonstrate DLO ratings of at least a '5' in all areas of the final evaluation to receive credit.

Internship Application and Site Selection Process

New graduate students will meet with the internship coordinator during the first summer term, at which time explanations of appropriate sites and experiences will be provided, as well as an overview of the internship process. Students are then responsible for suggesting up to 7 possible internship sites in the geographical area where they will be living during the internship semester. Students may review the Master Log of previous/potential sites, located in the CDS Student Records drive, but they are also encouraged to complete their own internet-based search for opportunities. The medical internship coordinator will contact sites, make requests, and confirm placements, based on students' Internship Application form.

When completing the application, students are strongly encouraged to consider variables such as level of care, pace of the work environment, nature of caseload, and location of the potential site. Medical internship placements are primarily adult-focused, although a mix with pediatric caseloads is possible, depending on the site and the supervising SLP's own caseload. Students should NOT request pediatric-only sites or pediatric caseloads where the diagnoses are primarily developmental in nature (e.g., autism, language/articulation disorders). This is, after all, a medical placement, meaning your site should be engaged in the business of providing healthcare-related rehabilitation for acquired or progressive neurological diagnoses. Any pediatric caseload mix you may experience will be medically-based, not developmental. Sites may include

The internship coordinator will contact sites, request opportunities, communicate with all personnel on site, and work to secure an internship opportunity for students. The internship coordinator will do everything possible during this process to match students according to their preferences. However, students must be prepared to be flexible with site placements. Internships function because of the general agreement and goodwill between all parties. Supervising SLPs are also full-time employees who work with unpredictable caseloads, cover for coworkers' vacation or family leave, and respond to changes in the workforce. Students' first several choices may not be available for a number of reasons, and the internship coordinator may need to work down the list of options to secure an opportunity.

Are there requirements for my internship?

Yes! The medical internship coordinator will meet with you during the spring or summer before your internship begins to give you information on requirements to complete prior to beginning your placement. Some of the requirements are related to the CDS department and/or the University, such as maintaining professional liability and adhering to University student policies during your internship semester. Your particular hospital/healthcare site will have their own, unique requirements, as well. These will be identified in the affiliation agreement between the University and the hospital, and/or also within the orientation process for your particular hospital. Site-specific requirements may include particular types of drug screening,

criminal background checks, CPR training, physical examinations, documenting immunity to varicella, or completing a new 2-step TB test. Please keep in mind that these requirements are driven by the off-campus healthcare site, in accordance with their standards of practice. Although some of your documents from on-campus clinical experiences may suffice, it may well be the case that you will need to complete additional procedures before starting your medical internship. Finally, most hospitals have an orientation process which may involve spending a day on site, completing extensive trainings and inservices. Or, some hospitals require students to complete online training modules before starting internships. Or, you may be required to participate in a face-to-face interview. The medical internship coordinator is responsible for collecting documentation of CDS requirements, and the student is responsible for providing any documentation of requirements required by the site.

Are there a certain number of clinical hours needed during my medical internship?

Students are required to meet the clinical hour requirement established by ASHA. The requirement is for a total number of hours, and there are no specific hour requirements for medical internship. The Clinic Director will provide a summary of your clinic hours at the end of each semester. This will allow students to track progress in completing the requirement. During your internship, you will record your hours of patient contact, and your supervisor will sign a clinical hour form at the end of your medical internship.

Are there additional expenses for medical internships?

A student is responsible for housing and transportation during internship placement. There are also expenses for National NSSLHA membership, professional liability insurance, and for any additional requirements by the medical site. Students who choose to live away from their permanent address during the internship semester should plan accordingly, for financial expenses which may be incurred as part of their living and transportation arrangements.

MEDICAL INTERNSHIP APPLICATION
Dept. of Communication Disorders & Sciences
Eastern Illinois University

Complete the information below
 Return to Mrs. Fahy by JULY 20, 2016

| |
|---|
| SEMESTER/YEAR for INTERNSHIP*: _____ |
|---|

NAME: _____ **Date:** _____

Permanent Address: _____

Phone: _____ **Email:** _____

Check which level(s) of healthcare you are interested in: (check all that apply)

- Acute care (rapid pace; critically ill patients; fast turn-around)
- Skilled Nursing Facility (like inpatient but not in a hospital)
- Inpatient rehabilitation (PT, OT, ST, LOS few weeks)
- LTACH (long-term acute care facility—trachs, vents, swallowing, acutely ill patients)
- Outpatient rehab (patients come in 2-3/week for services)

What subjective preferences do you have regarding your medical placement:

- Busy, urban facility with extensive teams of SLPs who specialize in one area of care
- Regional hospital, where 4-5 SLPs share duties in acute care, inpatient rehab, and outpatient services
- Small community hospital, with perhaps only 1-2 SLPs serve the needs of the entire population
- No preference

Where do you plan to live during medical internship?

- In Charleston, on/near campus
- At my permanent, non-campus residence
- Elsewhere (city, state, circumstances): _____

IF you observed/shadowed at a hospital, indicate where. Any discussion of you interning with them?

Names, details: _____

Which diagnoses and/or types of patients do you hope to be exposed to during medical internship?

- Dysphagia
- Motor Speech/Voice
- Cognitive-communication disorders/TBI
- Pediatric NICU
- Stroke/Aphasia/RHD
- Trachs/Vents
- Other _____

Please identify at least 7 viable sites for your medical internship.

| | Site | City, State | Contact Name, Phone |
|---|------|-------------|---------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |

Personal Goals for Internship

There are many skill sets and areas of knowledge which students must learn, develop, and master during graduate school. Two of those areas have to do with **critical thinking** and **interprofessional communication**. By the time you leave this campus for your full time internships, you will have gained confidence, experience, and ability in making professional decisions, writing professional documents, and speaking with other professionals about the needs of your clients.

A steep learning curve is normal—regardless of your current level of comfort. Typically, graduate students are expected to improve skills such as:

- Deducing unknown information
- Drawing defensible conclusions
- Identifying trends in performance
- Integrating opposing viewpoints
- Offering succinct, coherent verbal explanations
- Turning data into a defensible written note
- Explaining information to non-SLP professionals
- Explaining information to family members
- Developing confidence in thinking
- Developing confidence in communicating

With these skills in mind, please respond to the following questions. Your responses are confidential and hold NO BEARING upon your current or future performance in class, clinic, internship, or this program. Our goal is to prepare students not only academically and clinically, but also professionally. *Your responses below are only used to help me determine what I can do to help you prepare for your eventual placement.*

How comfortable are you with your current *critical thinking skills*?

| | | | | |
|------------------------|---|--------------------------------|---|------------------|
| 1 | 2 | 3 | 4 | 5 |
| Not at all comfortable | | Somewhat comfortable | | Very comfortable |
| Worried, concerned | | Gaining traction & confidence! | | Quite confident |

Goal? _____

How comfortable are you with your current *oral communication skills, in speaking to other professionals*?

| | | | | |
|------------------------|---|--------------------------------|---|------------------|
| 1 | 2 | 3 | 4 | 5 |
| Not at all comfortable | | Somewhat comfortable | | Very comfortable |
| Worried, concerned | | Gaining traction & confidence! | | Quite confident |

Goal? _____

How comfortable are you with your current *oral communication skills, in speaking to family members*?

| | | | | |
|------------------------|---|--------------------------------|---|------------------|
| 1 | 2 | 3 | 4 | 5 |
| Not at all comfortable | | Somewhat comfortable | | Very comfortable |
| Worried, concerned | | Gaining traction & confidence! | | Quite confident |

Goal? _____

How comfortable are you with your current *ability to write succinct, data-driven notes and reports*?

| | | | | |
|------------------------|---|--------------------------------|---|------------------|
| 1 | 2 | 3 | 4 | 5 |
| Not at all comfortable | | Somewhat comfortable | | Very comfortable |
| Worried, concerned | | Gaining traction & confidence! | | Quite confident |

Goal? _____

**Department of Communication Disorders & Sciences
EIU Speech-Language-Hearing Clinic
College of Sciences**

**Jill Fahy
Medical Internship Coordinator**

**(217)-581-7450
jkfahy@eiu.edu**

**TO: All Graduate Students, 2016 Cohort
RE: Site-Specific Requirements for Internship
DATE: June 10, 2015**

- PLEASE READ ALL INFORMATION CAREFULLY**
- KEEP ALL INFORMATION IN YOUR GREY EIU FOLDER**
- FAILURE TO COMPLETE ALL TASKS TO THE LETTER WILL DELAY THE START OF YOUR INTERNSHIP**
- REFER TO MY FIRST INTERNSHIP MEMO, DATED APRIL 6**

1. Register for CDS 5980, 9 credit hours

- a. The dates for your internships are as follows:
 - i. Fall interns: August 24 – November 27, 2015
 - ii. Spring interns: January 11 – April 15, 2016

2. Professional Liability Insurance

- a. In order to receive this liability coverage, it is mandatory that you are a *national NSSLHA member*. National NSSLHA membership costs \$60.
- b. Furthermore, you are *contractually obligated* to carry this liability coverage.
- c. Fill out the form, using your permanent address. Write a check for \$30 to...
- d. GIVE ME THE FORMS, CHECK, & STAMPED/ADDRESSED ENVELOPE by these dates:
 - i. Fall interns: DUE July 1
 - ii. Spring interns: DUE November 1
- e. Put these dates in your phone, your calendar, or your planner.
- f. I will photocopy the front page of your application and your check for our records.
- g. I will mail the documents for you, using the stamped/addressed envelope you provide.
- h. Watch the mail for your proof of insurance documents & policy. You may also check online and print a copy of your proof of insurance.
- i. Make a copy of your policy to provide to your internship site, if they so require.
- j. The policy runs from January to December of each calendar year—NOT an academic year! This is why you have different due dates.

3. Contract

- a. Read your contract!
- b. *If you do not have one yet, a copy of the expired contract OR a copy of the draft-in-progress has been provided for you*

- c. Highlight each and every line within the contract which requires YOU, the “Student”, to execute, perform, provide, notify, etc.
- d. YOU ARE RESPONSIBLE FOR EXECUTING THESE REQUIREMENTS

4. Acknowledgement of Contract Requirements

- a. Read your contract, take notes in the margins, highlight content as you need.
- b. Sign the *Acknowledgment of Contract Requirements* form
 - i. Return to me by Monday, June 15, 2015
- c. If you do not yet have a current contract, go ahead and familiarize yourself with the expired/draft version. I will provide you with the official document as soon as it is fully executed.
- d. Then, you will read and sign the *Acknowledge of Contract Requirements* within one week, and give to me.

5. Medical/Healthcare While at Insurance Site

- a. You are required to carry healthcare insurance while an intern.
- b. Read your contract to determine the specific procedures for medical treatment provided on-site by the hospital where you intern.
- c. MOST, if not ALL, contracts indicate student interns will be treated on-site and *will be billed for/or will bill your student insurance*, for services rendered.
- d. If you are covered under EIU student insurance, you may pay a fee and obtain

6. Immunizations

- a. GIVE ME A COPY OF YOUR DOCUMENTATION
 - i. Fall interns: DUE July 15, or earlier if you have them
 - ii. Spring interns: DUE November 1
- b. Keep originals for yourself.
- c. Provide copies to your hospital as/when required or asked to do so
- d. You may ask for copies from Student Health Services, but ask for BOTH immunizations AND TB test results.

7. Clinical Hours Form

- a. GIVE ME YOUR COMPLETED FORM
 - i. Fall Interns: DUE November 27, 2015
 - ii. Spring Interns: DUE April 15, 2016
- b. Late forms result in grade of “Incomplete” for CDS 5980 (as in, you cannot graduate). You should have this form from our first meeting.
- c. Tract and record your clinical hours as you go, and complete the form as usual. Have the site supervisor sign and include his/her ASHA #.
- d. You need 400 total hours (375+25 observation). Although there are no specific requirements for hours-by-category, ASHA does ‘prefer’ that you have both eval & Tx hours in a variety of disorder areas.

8. Supervisor//Site Evaluation Form

- a. GIVE ME YOUR COMPLETED FORM
 - i. Fall Interns: DUE November 27, 2015

- ii. Spring Interns: DUE April 15, 2016
- b. Late forms result in grade of “Incomplete” for CDS 5980 (as in, you cannot graduate). You should have this form from our first meeting.
- c. Remember to be professionally courteous, respectful, and objective in your comments. Comments that are disrespectful, unprofessional, or otherwise embarrassing or disruptive to my ability to maintain a professional relationship with the hospital will not be shared with your site.

9. Outstanding Supervisor Award

- a. If applicable, please take the time to nominate your supervisor for this award. We review nominations every February, for the award in April.
- b. You should have this form from our first meeting.

10. Evaluations of Mrs. Fahy, as Internship Coordinator

- a. These will be online, and you will complete them as you typically do for any CDS course.

11. Successful Completion of Internship

- a. Documentation of successful completion of the internship will be forwarded to the department chair and graduate coordinator, who will then issue a Certificate of Comprehensive Knowledge to the Graduate School.
- b. Other academic requirements, such as passing comprehensive exams or thesis requirements, must have also been met.

12. Apply for Graduation

- a. The deadline for application to graduate in 2016 has not yet been posted.
- b. Please see this link <http://www.eiu.edu/registra/graduation.php> to log and record important deadlines, procedures, or other requirements you must complete for graduation.
- c. There is a onetime fee for application, but no additional charge for reapplying.
- d. The Graduate School will mail you a Final Semester Checklist (yellow sheet) identifying any incompletes in your graduate program.
- e. This form will also request that you contact the CDS department for ‘deposit of a Certificate of Comprehensive Knowledge’. HOWEVER—THIS IS NOT NECESSARY. Instead, refer to the memo you will receive from Dr. Throneburg regarding program exit, licensure, certification, etc.

| | | |
|---------------------------------|--|---|
| INTERNSHIP COORDINATORS: | Jill Fahy, M.A., CCC-SLP 2205 Human Services Building Phone: 217-581-7450 Email: jkfahy@eiu.edu Office Hours: Tues/Thurs 9 – 10; Wed 9 – 11 <i>Or as needed by phone and/or email</i> | Rebecca Edgington, M.S., CCC-SLP 2310 Human Services Building Phone: 217-581-7449 Email: rsedgington@eiu.edu Office Hours: Mon 9 – 12, Thurs 9 – 11 <i>Or as needed by phone and/or email</i> |
|---------------------------------|--|---|

COURSE DESCRIPTION: (9 credit hours). This is a full time (14-week, 40 hours/week) internship experience completed in an off-campus medical setting selected and approved by the department. Clinical internships have been selected to provide students with exposure to (primarily) adults with acquired communication disorders in a variety of health-care settings. Students engage in direct interaction with patients under the supervision of ASHA accredited speech-language pathologists who act as off-campus supervisors. Affiliation agreements have been established between the University and the healthcare organization to establish expectations, requirements, and an overall structure for the clinical experience. The course is to be taken credit/no credit for a maximum of three semester hours applicable to the degree.

COURSE Days/Time: M—F, 8-5 (or the equivalent of a 40-hour work week)

REQUIRED TEXTS: There are no required texts for this course. Students are expected to apply their research abilities to secure any necessary reading materials to support their clinical experience. Reading materials may include peer-reviewed research articles, textbook chapters, clinical publications, assessment manuals, materials from previous graduate courses, among others.

COURSE NOTES: Supplemental materials as/when needed will be made available on D2L.

COURSE LEARNING OBJECTIVES:

1. Demonstrate knowledge and skills necessary for assessment, prevention, and intervention of voice and resonance disorders.
2. Demonstrate knowledge and skills necessary for assessment, prevention and intervention of voice and resonance disorders.
3. Demonstrate knowledge and skills necessary for assessment, prevention and intervention of oral and written acquired language disorders.
4. Describe characteristics and etiologies of normal and disordered swallowing.
5. Demonstrate knowledge and skills necessary for assessment, prevention and intervention of swallowing disorders.
6. Demonstrate knowledge and skills necessary for assessment, prevention and intervention of cognitive communication disorders.
7. Demonstrate knowledge and skills necessary for assessment of alternative and augmentative communication modalities and skills related to intervention with alternative and augmentative communication modalities.
8. Compose professionally written documents and measurable intervention goals.
9. Engage in professional oral communication and interaction.
10. Demonstrate independent learning strategies, critical thinking, and problem solving skills.
11. Collect and interpret case history information.
12. Design, select, administer, and interpret formal and informal evaluation tools.
13. When conducting an evaluation, demonstrate flexibility and makes appropriate modifications to meet client needs.
14. Compile evaluation information to generate appropriate diagnosis, recommendations and referrals.
15. Complete administrative tasks relevant to evaluation and intervention.
16. Collaborate with client/relevant others/other professionals to design and implement intervention plans.
17. Select and utilize case appropriate materials during intervention.
18. Utilize instructional techniques (modeling, cueing, feedback, strategies) during intervention.
19. Measure client progress and generates appropriate therapy modifications.
20. Counsel clients, family members and relevant others regarding communication disorders.
21. Interact in a professional and ethical manner.
22. Display sensitivity to cultural back grounds when interacting with client and relevant others.

FORMATIVE ASSESSMENT, RATINGS, & REMEDIATION: CDS students are rated on the development of knowledge and skills within the profession. 53 Departmental Learning Objectives (DLOs) are available to rate students in each course. The following 7-point scale is used by the site-based supervising speech-language pathologist to rate each area:

| Levels of Skill and Independence Demonstrated by Clinician | |
|--|--|
| 1 | Skill minimally emerging. Fails to meet expectations, and demonstrates total dependence upon supervisory intervention. |
| 2 | Meets expectations 0-25% of the time, demonstrating significant dependence upon supervisory intervention. |
| 3 | Skill present but requires further development & consistency; needs considerable supervisory monitoring and guidance. Meets expectations 25-50% of the time, demonstrating dependence upon supervisory intervention. |
| 4 | Meets expectations 50-75% of the time, demonstrating partial dependence upon supervisory intervention. |
| 5 | Skill well-developed although some refining may be necessary; requires some supervisory monitoring and guidance. Meets expectations 75-100% of the time, demonstrating emerging independence. |
| 6 | Exceeds expectations up to 75% of the time, demonstrating modified independence. |
| 7 | Skill performed consistently, thoroughly, and independently; seeks supervisory consultation as appropriate. Consistently exceeds expectations, while demonstrating independence. |

DEPARTMENTAL LEARNING OBJECTIVES rated in this course: Please note the DLOs rated in this course (see below). By the end of the medical internship, students are expected be nearing/have developed modified independence with many of the skills listed below. At a minimum, students must earn ratings of at least a 4. Midterm ratings which fall **at or below 3.9 (on a 7.0 scale)** will result in, at the least, collaboration between the internship coordinator, student, and site supervisor, to address any concerns before they become a more significant problem.

| DLO | Description |
|-----|---|
| 6 | The student demonstrates knowledge and skills necessary for assessment of articulation/ phonological disorders |
| 7 | The student demonstrates knowledge and skills related to the prevention and intervention of phonological/articulation disorders |
| 9 | The student demonstrates knowledge and skills necessary for assessment of oral and written developmental language disorders |
| 10 | The student demonstrates knowledge and skills related to the prevention and intervention of oral and written developmental language disorders |
| 12 | The student demonstrates knowledge and skills necessary for assessment of fluency disorders |
| 13 | The student demonstrates knowledge and skills related to the prevention and intervention of fluency disorders |
| 15 | The student demonstrates knowledge and skills necessary for assessment of voice and resonance disorder |
| 16 | The student demonstrates knowledge and skills related to the prevention and intervention of voice and resonance disorders |
| 18 | The student demonstrates knowledge and skills necessary for assessment of oral and written acquired language disorders |
| 19 | The student demonstrates knowledge and skills related to the prevention and intervention of acquired oral and written language skills |
| 21 | The student demonstrates knowledge and skills necessary for assessment of hearing difficulties and their effect on communication |
| 22 | The student demonstrates knowledge and skills related to the prevention/intervention of hearing disorders and the effect on communication |
| 24 | The student demonstrates knowledge and skills necessary for assessment of swallowing disorders |
| 25 | The student demonstrates knowledge and skills related to the prevention and intervention of swallowing disorders |
| 27 | The student demonstrates knowledge and skills necessary for assessment of cognitive communication disorders |
| 28 | The student demonstrates knowledge and skills related to the prevention and intervention of cognitive communication disorders |
| 30 | The student demonstrates knowledge and skills necessary for assessment of social aspects of communication |
| 31 | The student demonstrates knowledge and skills related to the prevention and intervention of social aspects that affect communication |
| 33 | The student demonstrates knowledge and skills necessary for assessment of alternative and augmentative communication modalities |
| 34 | The student demonstrates knowledge and skills related to intervention with alternative and augmentative communication modalities |
| 36 | The student discusses standards of ethical conduct, professional contemporary issues, and credentials and regulations. |
| 37 | The student composes professionally written documents |
| 38 | The student engages in professional oral communication and interaction |
| 39 | The student evidences independent learning strategies, critical thinking, and problem solving skills |
| 40 | The student can collect and interpret case history information |
| 41 | The student can design, select, administer, and interpret formal and informal evaluation tools |
| 42 | When conducting an evaluation, the student demonstrates flexibility and makes appropriate modifications to meet client needs |
| 43 | The student compiles evaluation information to generate appropriate diagnosis, recommendations, and referrals |
| 44 | The student completes administrative tasks relevant to evaluation and intervention |
| 45 | The student collaborates with client/relevant others/other professionals to design and implement intervention plan |
| 46 | The student writes measurable intervention goals |
| 47 | The student selects and utilizes case appropriate materials during intervention |
| 48 | The student utilizes instructional techniques (modeling, cueing, feedback, strategies) during intervention |
| 49 | The student measures client progress and generates appropriate therapy modifications |
| 50 | The student counsels clients, family members, relevant others regarding the communication disorder |
| 51 | The student interacts in a professional and ethical manner |
| 52 | The student is sensitive to cultural backgrounds when interacting with client and relevant others |
| 53 | The student demonstrates use of technology as appropriate |

GRADES:

1. The medical site supervisor will evaluate students' performance on course objectives at midterm, and prior to the final week, using the 7-point rating scale listed above.
2. Copies of the midterm and final evaluations are provided to the students and to the medical internship coordinator.
3. The medical site supervisor also provide a narrative evaluation of student's performance upon completion of the medical internship. However, more frequent dialogue and feedback are encouraged, to provide students with the insight they need to be aware of areas for growth and to develop confidence in areas for which they are performing more independently.
4. *****This course is taken as Credit/No Credit. In order to receive a grade of "credit", students final ratings must be at or above level 5 ("Skill well developed although some refining may be necessary; requires some supervisory monitoring and guidance; meets expectations 75-100% of the time. Demonstrating emerging independence").**

MEDICAL INTERNSHIP COORDINATOR LIAISON:

1. The medical internship coordinators are available to students and site supervisors at all times, by phone or email.
2. At a minimum, the internship coordinator will have contact with site supervisors and individual students by phone or email at least two times per semester, or more frequently if there are concerns about student performance or development.
3. The internship coordinator also maintains regular contact, via email with the class as a group, to engage discussion, share experiences, integrate course content with real-world experiences, etc.

COURSE ASSIGNMENTS and COURSE OUTLINE:

1. Under the supervision of ASHA certified speech-language pathologists, students will engage in clinical practicum experiences which may include reviewing charts, taking patient histories, writing medical documentation, conducting evaluations, developing goals, providing therapy, counseling patients and families, providing education and teaching, collaborating with other professionals, attending staffings, and giving report to other healthcare professionals.
2. Students are expected to develop time-management skills which meet the needs of patients and other professionals.
3. Students are also expected to develop professional oral and written communication skills, use critical thinking to solve problems, and integrate evidence-based practice into their decisions.
4. There is no topical/weekly course outline, as expectations for the application of skills and knowledge change daily, based on patient needs. However, students typically spend the first two weeks observing their site supervisor before beginning to engage in assessment and treatment. As the semester progresses, students and their site supervisors will determine

COURSE REQUIREMENTS:

1. Student interns are expected to follow the administrative policies, regulations, and procedures of the practicum site, including confidentiality of patient information.
2. Students will report on time and follow the regularly scheduled operating hours of the practicum site. Students are also responsible for conforming to the standards and practices established by the University while functioning at the practicum site.
3. Students will complete all paperwork required by the site by the last placement date.
4. On the last placement date, students will obtain the signature of their supervisor(s) on the clinical hours form to verify clinical hours acquired.

ACADEMIC INTEGRITY: Students are expected to maintain principles of academic integrity and conduct as defined in EIU's Code of Conduct (<http://www.eiu.edu/judicial/studentconductcode.php>). Violations will be reported to the Office of Student Standards. Students are expected to complete their own work, for all activities and assignments within this course. Plagiarism will, at the very least, result in a score of 0 for that assignment, and may also be reported to the Office of Judicial Affairs. Assignments turned in late will receive half credit. Assignments submitted more than one week after due date will receive no credit. Extra credit assignments are not given. <http://www.eiu.edu/judicial/studentconductcode.php>.

STUDENTS WITH DISABILITIES: If you are a student with a documented disability in need of accommodations to fully participate in this class, please contact the Office of Student Disability Services (OSDS). All accommodations must be approved through OSDS. Please stop by Ninth Street Hall, Room 2006, or call 217-581-6583 to make an appointment.

THE STUDENT SUCCESS CENTER: Students who are having difficulty achieving their academic goals are encouraged to contact the Student Success Center (www.eiu.edu/~success) for assistance with time management, test taking, note taking, avoiding procrastination, setting goals, and other skills to support academic achievement. The Student Success Center provides individualized consultations. To make an appointment, call 217-581-6696, or go to 9th Street Hall, Room 1302.

D. Administration of Medical Internship Program

1. Academic Policies for Internship Programs
 - a. Professional Insurance: Student interns must purchase their own professional liability insurance. Students participating in off-campus practicum sites may not be sufficiently covered by the university insurance policy. Students will be provided options for purchasing professional liability insurance with limits of one million dollars per occurrence and three million dollars aggregate.
 - b. Affiliation agreements are maintained between the University and the external site.
 - c. Admission requirements for internship are specified in the graduate catalog.
2. Site Selection Process
 - a. Students will complete an internship application form identifying their prior experiences, goals, preferences for the medical internship, and geographical living arrangements for the internship semester. The internship coordinator uses this information during the site selection and placement process.
 - b. Potential sites will be contacted and considered for potential placement by the internship coordinator, given the availability of on-site supervision, mix of patient population and other related variables.
 - c. Sites under consideration for the medical internship should provide students with primarily adult/acquired cases, although a mixture of pediatric/acquired cases is also appropriate.
 - d. Students will be selected for placement by the coordinator but the selection will be subject to the approval of the site supervisor.
 - e. Students may be required to complete interviews by phone, or in person, prior to confirmation of selection.
3. Student Intern Policies and Requirements
 - a. Prior to starting the internship experience, students will provide documentation of required immunizations, a negative TB skin test, evidence of enrollment in a professional liability insurance program, and other documentation which may be required by the site.
 - b. Prior to starting the internship experience, students will complete all orientation processes which may be required by the site.
 - c. Students are responsible for finding their own transportation and housing.
 - d. Students agree to abide by stated policies and procedures of the placement site.
 - e. Students will complete all paperwork required by the site by the last placement date.
 - f. Students are allowed one absence without having to make up the date, unless said absence is an educational event which has been pre-approved by the off-site supervisor and the internship coordinator.
 - g. Students will deliver direct patient assessment/treatment during the placement period, however, other learning experiences may be required of students by site supervisors but will not count toward direct patient contact hours. Report writing, staffings, conferences and professional training seminars/workshops are typical examples of other learning experiences.
 - h. Students will be expected to complete the entire experience to receive credit for external practicum/internship. Should illness prevent fulfillment of the placement, arrangements will be made for the student to complete the experience during the following term.
 - i. Student rendering unacceptable performance will be removed from the placement site.
 - j. On the last placement day, students will obtain the supervisor's signature on the clinical hours form verifying the clinical hours accrued.
4. Site Evaluation Process
 - a. The internship coordinator establishes and maintains direct contact with site supervisors prior to the internship experience, to convey minimal supervisor requirements, confirm the intent and goal of the placement, and to provide any other documentation required by the site.
 - b. The internship coordinator communicates directly with site supervisors during the internship to confirm student experiences and overall student performance.
 - c. Student interns complete an evaluation of the site and the supervisor upon completion of the internship experience. Student evaluations are provided to the internship coordinator, who in turn shares with the site itself.

STUDENT ACKNOWLEDGMENT OF INTERNSHIP POLICIES

I _____ have read the EIU Department of Communication Disorders & Sciences *Internship Definitions and Policies* document regarding expectations and procedures for my internships. My signature on this form indicates that I agree to abide by the policies set forth in this document during both of my internships.

Student Intern

Date

EASTERN
ILLINOIS
UNIVERSITY

SAMPLE

AFFILIATION AGREEMENT

This Agreement is made and entered into on the last date written below by and between The Board of Trustees of Eastern Illinois University and the Department of Communication Disorders and Sciences (“University”), 600 Lincoln Avenue, Charleston, IL 61920, and ____ (Hospital)

I. Definition of Terms

- A. Internship: A 4 or 5 day a week internship for 13-14 weeks designed to give a student experience in a particular setting.
- B. Student: The Student is a graduate candidate in the Department of Communication Disorders and Sciences at Eastern Illinois University being placed for the internship experience.
- C. Supervisor: The Supervisor is the ASHA certified and licensed speech-language pathologist at the internship site who assumes the immediate supervision role for the Student.
- D. Coordinator: The Coordinator is the faculty member in the Department of Communication Disorders and Sciences serving as the liaison between the University and the internship site.

II. Placement

This is an agreement for the internship of a University student with the Speech-Language-Pathology Department of Hospital. The internship will begin and end on mutually agreed upon dates.

III. Student Needs

A. Student Benefits

- 1. The Student will receive 3 semester hours of credit for enrollment in CDS 5980 Medical Internship.
- 2. The Student will deliver direct patient assessment/treatment during the internship period, however, the Hospital retains ultimate responsibility for patient care.
- 3. Other learning experiences may be required of the Student by the Supervisor but will not count toward direct patient contact hours. Observations, report writing, staffings, conferences, and professional training seminars/workshops are typical examples of other learning experiences.

B. Student Qualifications

1. Students enrolled in CDS 5980 Medical Internship will:
 - a. have completed all CDS graduate coursework except CDS 5970 and CDS 5980 with an average grade of “B” or better.
 - b. have completed 6 semester hours of CDS 5900, 5910, 5920 with a grade of “B” or better for each hour.
2. The Student will be selected for internship by the Coordinator but the selection will be subject to the approval of the Supervisor.
3. The Student will provide documentation of required immunizations, a negative TB skin test, and have received the Hepatitis B vaccination (HBV) or have signed a declination form indicating refusal to receive HBV.

C. Student Protection

1. The University is a member of SURMA—an intergovernmental self-insurance pool that provides its members with a program to fund liability exposures. Employees, students in internships and agents are “covered persons” under this self-insurance program and are subject to its terms and conditions. The coverage of said employees is limited to occurrences or professional services that are within the scope of their assigned duties. The program provides coverage with limits of \$1,000,000 per occurrence / \$3,000,000 aggregate coverage and covers civil liability for bodily injury, personal injury, and property damage to tangible property resulting from occurrences in the conduct of University business, and damages arising out of certain professional service. Upon request, the University will furnish the Hospital a certificate of insurance evidencing such coverage and agree to notify the Hospital of any cancellation or significant change in coverage thirty (30) days prior to such cancellation or change.
2. The Student will not be penalized should illness prevent fulfillment of the contract.
3. Withdrawal or Termination of Student. The University shall withdraw from internship at the request of Hospital any student whose performance is unsatisfactory. Hospital reserves the right to require the University, upon written notice, to immediately terminate a student’s internship at

Hospital if Hospital determines that the student's continued provision of services may jeopardize the health, safety or welfare of Hospital employees or patients, whose personal characteristics prevent desirable relationships within Hospital, whose health is a detriment to the student's successful completion of the internship, or who violates the established rules and regulations of Hospital; provided, however, that student discipline, both academic and non-academic, shall remain the sole responsibility of the University. Hospital reserves the right, in its sole discretion, to deny access to the Hospital facility before or during the internship to any employee, staff member, faculty or student of the University when the best interest of Hospital so requires.

D. Student Responsibilities

1. The Student agrees to abide by the administrative policies, regulations, and procedures of the practicum site.
2. The Student will maintain confidentiality of all patient information.
3. The Student is expected to report on time and follow the regularly scheduled hours of the operating hours of the internship site.
4. The Student will be responsible for his/her own transportation and living arrangements.
5. The Student is responsible for conforming to the standards and practices established by the University while functioning in the internship site.
6. The Student will complete all paperwork required by the site by the last internship date.
7. On the last internship date, the Student will obtain the Supervisor's signature on the clinical hours form verifying the clinical hours acquired.

IV. Supervisor Responsibility

- A. The Supervisor(s) will hold current certification of clinical competence by the American Speech-Language-Hearing Association and provide the Coordinator with the certification number. The Supervisor will also hold current licensure in states where it is required and provide the Coordinator with the license number.
- B. The Supervisor(s) will observe a minimum of 50% of all diagnostic sessions and 25% of all treatment sessions conducted by the Student.

- C. The Supervisor may make additional learning experiences available outside of the agreed upon internship at the request of the Student and at the discretion of the Supervisor.
- D. The Supervisor(s) will evaluate Student internship performance using the form provided by the Coordinator upon completion of the internship. An oral midterm evaluation will also be conducted. Both Student and Supervisor signatures are required on the final written evaluation. Copies of the final evaluation will be provided to the Student and the Coordinator.
- E. The Supervisor(s) agrees to advise the Student of all applicable administrative policies, procedures, and regulations of the placement internship site.
- F. The Supervisor(s) will sign the clinical hours form provided by the Student verifying the clinical hours acquired.
- G. The Supervisor will complete and send all paperwork to the Coordinator by the last date of the internship.

V. Coordinator Responsibilities

- A. The Coordinator will contact the Supervisor at the internship site at least two times during the internship period to confer about the learning experiences, the Student's progress, and the general progress of the contractual arrangements. Availability to the Coordinator for consultation throughout the internship is guaranteed.
- B. The Coordinator will confer with the Student during the internship experience at least two times. The Student's perceptions of the learning experience, the opportunities for professional growth, and the general progress of the contractual agreements will be explored. The coordinator will maintain availability to the Student throughout the internship.

VI. Term and Termination

- A. This Agreement becomes effective on the last date written below for an initial term of three (3) years and shall automatically renew for additional terms of one year for a period not to exceed ten (10) years in total.
- B. This agreement may be terminated by either party giving ninety (90) days prior written notice to the other or may be terminated at any time by written mutual agreement of the parties. Notices required to be sent hereunder shall be sent by prepaid, certified mail with return receipt requested and are effective upon receipt.

UNIVERSITY:
Jill Fahy, M.A., CCC-SLP, Assoc. Prof.
Medical Internship Coordinator
Communication Disorders & Sciences
Eastern Illinois University
600 Lincoln Avenue
Charleston, IL 61920

HOSPITAL:

or to such other address, and to the attention of such other person(s) or officer(s) as either party may designate by written notice.

- C. Upon termination of this contract, any student currently participating in their clinical experience at the Hospital will be allowed to complete his/her clinical experience as offered in the curriculum.
- D. This Agreement may be amended or revised from time to time by the mutual written agreement of the parties hereto. Such amendments and/or revisions shall be in the form of an amendment to this agreement. The procedure for approval of such amendments and/or revisions shall be in accordance with the procedure used in approving the original agreement.
- E. Each of the parties hereto and the individuals executing this Agreement for them represent to the other party that it has the requisite power and authority to make and enter into this Agreement and does not violate any provisions of the corporate charter or bylaws of any corporate party or any statute, act or agreement or commitment executed or made by any party.
- F. The Agreement shall be construed under the laws of Illinois. If any provisions shall be invalid under such laws, such invalidity shall not invalidate the entire Agreement, but it shall be construed as if not containing the particular provision or provisions held to be invalid, and all rights and obligations of the parties shall be construed and enforced accordingly.
- G. This writing shall constitute the sole Agreement between the parties, unless the same is amended as in hereinafter provided.

IN WITNESS WHEREOF, the parties have caused this Agreement to be signed by their duly authorized representatives on the dates set forth below.

UNIVERSITY
The Board of Trustees
Of Eastern Illinois University

HOSPITAL

Approved:

By _____
Interim VP for Business Affairs

By: _____

Date _____

Date: _____

By _____
VP for Academic Affairs

Date _____

By _____
Interim Dean, College of Sciences

Date _____

By _____
Chair, Comm. Disorders & Sciences

Date _____

By _____
Internship Coordinator

Date _____

STUDENT ACKNOWLEDGMENT OF STUDENT RESPONSIBILITIES as per
AFFILIATION AGREEMENT

I _____ have read the student responsibilities outlined in the affiliation
agreement between The Board of Trustees of Eastern Illinois University and the
Department of Communication Disorders and Sciences and _____.

My signature on this form indicates that I agree to abide by the student responsibilities
during my medical internship.

Student Medical Intern

Date

Carle Foundation Hospital HIPAA Privacy & HIPAA Security Rules Training for Students

SAMPLE

HIPAA PRIVACY RULE TRAINING

INTRODUCTION TO HIPAA

The Health Insurance Portability and Accountability Act of 1996, or HIPAA, includes the Standards for the Protection of Individually Identifiable Health Information – better known as the Privacy Rule. The HIPAA Privacy Rule created national standards to protect individuals’ medical records as well as other personal health information. Examples include:

- ❖ It gives patients additional rights for more control over their information
- ❖ It sets boundaries on the sharing of this information
- ❖ It establishes appropriate safeguards that health care providers and others must achieve in order to protect this information
- ❖ It holds violators accountable, with civil and criminal penalties that can be imposed if privacy rights are violated

The purpose of this program is to provide a general overview of the HIPAA Privacy Rule. Additional policies and procedures related to the Privacy Rule will provide further job-specific guidance. This job-specific training will be the responsibility of departmental leaders as these policies and procedures become available.

DEFINITION OF KEY TERMS

Protected Health Information, or PHI, is any information in any format that individually identifies a person. Additionally, PHI is information created or received by a health care provider, health plan, employer, or health care clearinghouse; and relates to the past, present, or future physical or mental health or condition of an individual. Under the Privacy Rule, “identifiers” include the following:

- Names
- Geographic locations smaller than a state (ex. street address)
- All elements of dates directly related to an individual
- Telephone and fax #
- Email address
- Social security #
- Medical record number
- Health plan or account numbers
- Certificate/license #
- Vehicle identifiers and serial numbers
- Device identifiers and serial numbers
- Voiceprints, fingerprints, and other biometric identifiers
- Web URL’s and IP addresses, & Full facial photograph
- Codes
- And any other identifying characteristic, such as occupation, which may identify someone.

Treatment generally means providing, coordinating, & managing healthcare and related services. It includes referral to and consultation with other healthcare providers about healthcare and related services.

Payment generally means the activities undertaken by a healthcare provider to obtain or provide reimbursement for providing healthcare. This includes pre-authorization/pre-certification, utilization review, collection activities, billing, and other related activities.

Operations generally means activities such as QA, case management, training programs for students, auditing, legal review, business management, planning and development and other such activities related to our business as a healthcare provider.

Treatment, Payment and Operations may be referred to later during this session as TPO.

Use generally means sharing of PHI amongst 'Carle staff'.

Disclosure generally means the sharing in any manner of PHI with parties other than 'Carle' staff.

PERMITTED USES AND DISCLOSURES

Generally, we are permitted to disclose PHI to Carle entities and Carle employees directly involved in a patient's care, or to a health insurance or billing company for the purposes of TPO.

Other permitted uses and disclosures generally include:

- To business associates who are providing a service on our behalf
- As directed by a patient on a valid authorization form
- Those required by law (i.e. State reporting of births and deaths into databases)
- For judicial and administrative proceedings (i.e. in response to a subpoena)
- For organ and tissue donation
- To avert a serious threat to public safety

Refer to policies AD542 – Personal Privacy, Confidentiality, Use and Disclosure of Patient Information on permitted uses and disclosures for the complete list.

THE AUTHORIZATION REQUIREMENT

For some of the permitted uses and disclosures, a written patient authorization is required. The Privacy Rule mandates that standard statements and elements be included in these forms.

Refer to our policy AD527- Authorization to Release Patient Information (clinical, billing and demographic) for information about authorization requirements. Contact Health Information Management or the records custodian for the particular entity in which the records are maintained for assistance with regard to authorization forms.

THE MINIMUM NECESSARY RULE

Healthcare providers must make a reasonable effort to use and disclose only the minimum amount of PHI necessary to do their jobs. However, providers can disclose PHI requested by other healthcare providers if the information is necessary for treatment of a patient.

We are mandated by the Privacy Rule to define the minimum amount of PHI necessary by job class to perform job functions. Refer to your job description or contact your Manager for your specific PHI privileges.

RIGHT TO NOTICE OF PRIVACY PRACTICES

Patients have a right to adequate notice of all the ways we may use or disclose their PHI as well as our legal duties in protecting their information. We must make the notice available as follows:

- ❖ On the first treatment date even if the service provided is electronic
- ❖ As soon as is practical in an emergency treatment situation
- ❖ To those who ask for it
- ❖ On our web site
- ❖ Posted in a prominent location at all physical service delivery sites

We must make a good faith effort to obtain a written acknowledgement of receipt of the notice or document our good faith effort to attempt to obtain it except in emergency situations. These documents must be retained for a period of 6 years.

RIGHT TO REQUEST A RESTRICTION

Patients have a right to *request* a restriction on how we use and/or disclose their PHI:

- to carry out treatment;
- for payment;
- for our operations
- to others involved in their care; and/or
- when there is a request to notify family about patient information

According to our policy, requests must be made in writing. We are not required to agree to a restriction, but the entire organization must abide if we do agree to a restriction.

For example, a hospital patient is diagnosed with high blood pressure. He requests that his wife not be told about the diagnosis. It may seem easy enough to abide by this request to restrict. But following the policy is essential. There may be other departments that will see this diagnosis and disclose the information as part of their job functions unaware that you have agreed to a restriction. (i.e. the wife might see the diagnosis in the mailed billing statement).

Therefore, if a patient requests a restriction of uses or disclosures of their PHI, refer to the appropriate policy. Requests for restrictions will be handled by Health Information Management or the records custodian for the particular entity in which the records are maintained.

Please note that we are required to honor a patient's request to restrict information to their health plan if they have paid out-of-pocket, in full, for a health care item or service.

RIGHT TO ACCESS

Patients have a right to inspect and obtain a copy of most PHI about them. A request by a patient to view or receive a copy of PHI must be made in writing. These requests should be forwarded to Health Information Management or the records custodian for the particular entity in which the records are maintained.

RIGHT TO REQUEST AN AMENDMENT

Patients have a right to request an amendment to PHI. We are not required to agree to a request for an amendment to records.

According to our policy, these requests must be made in writing. Therefore, requests by a patient to amend their PHI should be forwarded to Health Information Management or the records custodian for the particular entity in which the records are maintained.

RIGHT TO AN ACCOUNTING OF DISCLOSURES

Patients have a right to request a report of certain disclosures that we make to outside parties. This does not include permitted disclosures for T/P/O, when a HIPAA compliant authorization to release information has been signed, or for disclosures made to the patient. Some examples of the disclosures we will need to include in such a report are:

- ❖ Disclosures **required by law** such as mandatory State reporting of:
 1. Deaths
 2. Births
 3. Suspected child or elder abuse

- ❖ Disclosures **for Public Health purposes** such as:
 1. Adverse drug events
 2. Tracking of medical devices
 3. Notification of a school of exposure to an infectious disease

- ❖ Disclosure for some Research activities

To determine which disclosures you make that need to be tracked, and how to track them, refer to our policy on Accounting for Disclosures.

According to our policy, these requests by the patient must be made in writing. If a patient requests a report of the disclosures we have made of their PHI, refer them to Health Information Management or the records custodian for the particular entity in which the records are maintained.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATION

Patients have a right to request to receive communication of their PHI from us by alternative means or at alternative locations. We must accommodate reasonable requests. For example a patient may ask that the results of a lab test be called to their work phone number and not their home phone number. If a patient requests this from you, refer to our policy. For questions, contact the Privacy Official.

REASONABLE SAFEGUARDS

We must protect patient information from inappropriate disclosure. Some examples of policies related to reasonable safeguards that we have in place already include:

- ❖ Using locked recycle bins & shredders
- ❖ Keeping charts and records out of public view
- ❖ Logging off your computer and not sharing passwords
- ❖ Locking file cabinets with PHI
- ❖ Covering PHI when mailing
- ❖ Restricting conversations about patients to private areas

It is your duty to ensure that you follow these and any other current or new policies that will safeguard PHI routinely.

VERIFICATION OF IDENTITY

Before we disclose PHI, we have a duty to verify the identity of the person requesting the information. Refer to our policy for suggested methods to verify identity before disclosing PHI.

Some examples include:

- Asking for identification such as a driver's license
- Asking for information that the patient would know such as mother's maiden name, patient's middle name, or patient's place of birth

Refer to our policy IM217 – Verification of Identity and Authority of a Person Requesting Patient Information for further guidance.

PATIENT COMPLAINT PROCESS

If a patient has a complaint or concern with regard to their privacy rights, they can be referred to the Patient Relations Department Actionline @ 383-3333 or to the Office for Civil Rights. The complaint process for patients related to privacy rights is, also, included in the Notice of Privacy Practices booklet.

EMPLOYEE COMPLAINT PROCESS

Every employee has a duty to report compliance concerns including possible breaches related to the privacy of PHI. Refer possible breaches related to the privacy of PHI to the Privacy & Security Official at 278-8603, or call the Carle External Ethics & Compliance AlertLine (AlertLine) at 1-888-309-1566.

Retaliation against an employee for reporting compliance concerns will not be tolerated.

PENALTIES

Failure to comply with the Privacy Rule could result in civil and/or Federal criminal penalties including fines and possible jail time. The Federal government is serious about protecting a patient's right to privacy of their information.

Therefore, Carle Foundation may impose disciplinary action for compliance related misconduct of its employees. Refer to the Human Resources Policy HR609 – Employee Discipline and Misconduct for examples of such misconduct and the internal consequences.

SUMMARY

In summary, this program is a general overview of the HIPAA Privacy Rule and some of our related policies and procedures that apply to these Rules. You should refer to your specific entity, departmental and job-related policies and procedures as they would apply to this Rule.

If you are faced with a privacy concern, refer to your resources:

- ❖ Our Policies and Procedures and your knowledge and good judgment
- ❖ Your leadership – use the chain of command to seek advisement
- ❖ Contact the Carle Foundation Compliance Office at 278-8603.

CARLE FOUNDATION HOSPITAL



HIPAA SECURITY AWARENESS TRAINING

Security Awareness – Protecting IT Assets

Learning Objectives:

- #1 Overview: Purposes of Security Awareness Program¹
- #2 Definition of Key Terms
- #3 What are IT Assets?
- #4 IT Security and Patient Privacy
- #5 Your Responsibilities
- #6 Consequences
- #7 Resources Available to You
- SUMMARY

Learning Objective #1: The Purposes of this Security Awareness Program

The purpose of this Security Awareness program is simply to:

- 1) Focus attention on basic Information Technology (IT) security principles because it makes good business sense to protect all our IT assets and business information as we move from paper to more electronic information;
- 2) Assist you in recognizing the importance of ***your role*** in securing the IT assets of the Carle Foundation-owned businesses (Carle); and to
- 3) Fulfill our obligations under the HIPAA Security Rule – federal law that imposes required IT standards to protect electronic patient information.

Q: *But I don't use any computer or IT equipment to do my job at Carle. Why do I need to have this training?*

A: Even those employees, staff, volunteers, trainees and others who do not use any type of "computer" equipment to do their job are important links to a good IT Security program. For example, the failure to recognize and report suspicious activity or persons on Carle premises by any of its employees, staff or others could result in the compromise of IT assets.

As health care providers like Carle become more and more dependent on electronic systems to provide efficient quality care for our patients and to operate our businesses, the more important it becomes for us to protect our IT assets from incidents that could compromise that information. Think about the

possible consequences to a patient if their medication orders were accessed, changed or deleted by an unauthorized person, or a virus that was introduced into that system.

A good IT Security Program that protects the reputation and integrity of our business depends on ALL of us.

Learning Objective #2: Definition of Key Terms

Assets = Something of value requiring protection (hardware, software, data, reputation)

Access = the ability or the means necessary to read, write, modify, delete, copy or communicate data or information or otherwise use any system resource

Availability = the property that data or information is accessible and useable on demand by an authorized person (see 3 parts of "Security" definition)

Confidentiality = the property that data or information is not made available or disclosed to unauthorized persons (see 3 parts of "Security" definition)

ePHI = protected health information in electronic format such as in software, hardware and other computer storage devices like CD's, diskettes, etc.

HIPAA Security Rule = part of the Health Insurance Portability and Accountability Act of 1996 that became *effective law on April 20, 2005*. Requires most health care providers like Carle to put into place standards for the protection of *electronic* patient information that it creates, receives, stores and transmits PHI.

Integrity = the property that data or information have not been altered or destroyed in an unauthorized manner (see 3 parts of "Security" definition)

Security = includes all 3 of the following terms (see definitions)

- C = confidentiality
- I = integrity
- A = availability

Security Incident = the attempted or successful unauthorized access, use, disclosure, modification or destruction of information or interference with system operations in an information system (e.g. you receive an unusual email such as with an extension of .exe, you have frequent pop-up windows appearing on your computer, there is unusual slowness in performance of your computer, you suspect or know that your ID/password is being used by others, your computer, Personal Digital Assistant (PDA), laptop, text pager, etc. has been stolen)

Workforce = employees, volunteers, trainees, and other persons whose conduct in the performance of work for an entity is under the direct control of the entity whether or not they are paid by the entity.

Learning Objective #3: What are IT Assets?

Some examples of IT assets that may receive, store or transmit business information including ePHI are:

- Software and memory devices in computers (hard drives in personal computers, laptops, PDA's, biomedical equipment, blackberries, iPods, tablets, camera phones, cell phones, text pagers,ifax machines, etc.);
- Transportable electronic storage devices like CD's, magnetic tapes or disks/diskettes, optical disks, or digital memory cards; and
- Transmission media including the Internet, extranet, leased lines, dial up lines, & private networks.

Learning Objective #4: IT Security & Patient Privacy

A good IT Security Program will serve to better protect patient privacy. Here's why.

The HIPAA Privacy Rule requires standards for the protection of individually identifiable patient information including clinical, billing and demographic information – called protected health information or **PHI**. This protection is required for **all** PHI in **any** format including verbal (oral), written (paper), electronic, etc. that Carle creates, receives and maintains. Privacy laws lay the groundwork for basic protection of all PHI.

For example, the Privacy Rule requires Carle to identify those persons that should be granted the privilege to access PHI to perform their job duties - in other words "role-based access" based on a job description of duties. Only those persons that need access to perform job duties should have access. Access to patient information by workforce when it is not to perform a job duty – i.e. for personal reasons - is prohibited.

The HIPAA Security Rule requires additional protection for **electronic** PHI, or **ePHI**. Carle is required to put into place additional basic safeguards to protect ePHI from unauthorized access, alteration, deletion and/or transmission. These additional safeguards will help to support the privacy policies and procedures that we have already put into place to protect patient privacy.

For example, the Security Rule requires Carle to secure ePHI by assigning a unique user ID to each authorized user of an ePHI system. Those with a role-based need to access the system must have a unique user ID assigned to gain access. This Security standard reinforces the Privacy standard of role-based access.

Learning Objective #5 – Your Responsibilities

Every member of our workforce has a duty to protect Carle's IT assets. Your responsibilities are to:

- Use Carle IT assets for business purposes only and know and follow IT policies and procedures (found on the Cweb under the IT Department site)
<http://cweb.carle.com/IT/Policies/default.htm>
- Promptly report suspicious activity or persons on Carle property to the Security Department and your supervisor.
- Promptly report suspected or known IT security incidents to the IT HelpDesk at **383-4357** and your supervisor.
- Always safeguard your user IDs and passwords by **never** sharing them with anyone and **never** writing them down where someone may have access to them (e.g. **DO NOT** tape them to a computer monitor or inside a desk drawer that others can access).

- Guard against malicious software by downloading only Carle **authorized** software on to Carle IT equipment (e.g. use caution in downloading from the Internet or saving document attachments in email to the network from unfamiliar or un-trusted sources which can introduce viruses to our network)
- Monitor log in attempts and report anything unusual or issues to the IT HelpDesk at **383-4357**.
- Be wary of the “shoulder surfers” - others watching your key strokes as you log in
- Promptly report suspected or known viruses to the IT HelpDesk at **383-4357** (e.g. email like those with extensions of **.exe** or from an unusual or unknown source).
- Seek guidance from your chain of command (starting with your supervisor), the IT HelpDesk, or the Security Official if you have questions or concerns about IT security.

Learning Objective #6 – Consequences of Failure to Comply

The Carle Foundation is committed to protecting its IT assets and to following applicable laws, like the HIPAA Security Rule and copyright laws through its policies and procedures. Failure to comply could result in both internal and external consequences. Situations involving alleged misuse of IT assets will be thoroughly investigated, and actions will be taken on a case by case basis as deemed necessary based on the investigation results and Carle policy.

Internal Consequences:

Disciplinary action up to and including termination for failure to comply with policies and procedures could be imposed on employees. Refer to HR609 – Employee Discipline and Misconduct policy for specific information.

Other workforce members besides “employees” such as independent contractors, temporary workers, volunteers, students, medical directors, etc. may be subject to internal consequences up to and including immediate termination of an encounter or relationship with Carle.

External Consequences:

Various civil money (\$\$) penalties and criminal penalties including possible jail time could be imposed on the individual and/or the organization by State and/or federal authorities as deemed appropriate to the circumstances and current laws (e.g. breach of contract and/or State and federal privacy, copyright and license laws).

Learning Objective #7 – Resources Available to You

There are many places to find more information about IT Security or to ask questions. Here are some of those resources:

- Carle Foundation Administrative Policies and Procedures Table of Contents Cweb site at <http://spscarle/sites/policies/Pages/Home.aspx>

- IT Department Cweb site at <http://cweb.carle.com/IT/Policies/default.htm>
- Call the IT HelpDesk for questions at **383-4357** or email questions to Help.Desk@carle.com
- HIPAA Privacy & Security Official at 278-8603
- Need policy help? If you don't have ready access to the Cweb, or just need help finding a policy, you can contact or visit the following locations to get assistance:
 - Educational Services in the basement of the Forum building
 - Human Resources located on the second floor of Lincoln Square Mall
 - Compliance Office on the 5th floor of the County Plaza building in downtown Urbana
- Check the Centers for Medicare and Medicaid Services web site under "Security Standards" at www.cms.hhs.gov/hipaa/hipaa2
- Check out the National Institute for Standards and Technology web site <http://csrc.nist.gov/publications/nistpubs/>




SUMMARY:





A good IT Security Program depends on **YOU**. Your commitment to know and do what's expected of you to protect IT assets will be the key to our success.




- Know and follow Carle Foundation policies and procedures.
- Report any Security Incidents to the IT HelpDesk and your supervisor.
- Seek assistance from available resources as needed.





**CARLE FOUNDATION HOSPITAL
OVERVIEW OF
SAFETY, PROFESSIONAL CONDUCT & SECURITY GUIDELINES
FOR
STUDENTS & FACULTY**

The following information is a mere overview of the safety policies and standards for Carle Foundation Hospital. Please review them and share the information with your students. When you arrive for your first educational day at Carle, please check with the Manager or Director for that area of the hospital for any unit specific safety information.

| GENERAL SAFETY | | |
|---|--|--|
| TOPIC | OVER HEAD ANNOUNCEMENT | INFORMATION & REQUIRED ACTIONS |
| FIRE  | Greenleaf & location = a suspected fire Greenleaf Alert & location = a confirmed fire | <ul style="list-style-type: none"> • Do not use the elevators in the same building as the alarm • Do not transport patients to the location of the alarm until a "Greenleaf all clear" is announced overhead. • Limit travel to & contact with the department/unit of the greenleaf alarm. • When you hear a fire alarm: <ul style="list-style-type: none"> ○ Close all doors in the department/unit. ○ Move patients & visitors out of the hallways and into rooms & lounges. ○ Clear the hallways of all equipment. ○ Search for the cause of the alarm. ○ Secure any important records (patient records) for a possible evacuation. ○ Instruct patients/visitors/staff not to block the hallway or use the elevators. • R.A.C.E when you discover a fire: <ul style="list-style-type: none"> ○ R- remove people from the fire scene, stay calm, walk & don't run. ○ A- alert Fire Dept by pulling the "red pull station" or Call 3-3911 to report a fire. ○ C- contain the fire and close all doors ○ E- extinguish the fire if smaller than the size of a trash can OR evacuate- follow direction of charge staff members and follow department/unit specific policy. |
| WEATHER  | Weather Alert Phase 1 = severe weather, secure area Weather Alert Phase 2 = tornadodiscovered, evacuate | <ul style="list-style-type: none"> • Weather Alert Phase 1 <ul style="list-style-type: none"> ○ Draw shades & drapes and remove loose items from the window sill ○ Lower patient beds to lowest position. ○ Stay clam & alert for further announcements. ○ "All clear" will be announced when conditions improve. • Weather Alert Phase 2 <ul style="list-style-type: none"> ○ Assist ambulatory patients & visitors to designated shelter areas in central corridors away from external windows & doors. ○ Close doors ○ If patients can not be moved, pull curtains around bed and place extra blankets over patient to protect from debris. ○ Clam patients & visitors; remain in the shelter area until "all clear" is announced. |
| HAZARDOUS MATERIALS  | NA | <ul style="list-style-type: none"> • MSDS- Material Safety Data Sheets- are information sheets on all chemicals. They list: <ul style="list-style-type: none"> ○ Proper handling techniques ○ Emergency response procedures ○ Emergency contact phone numbers ○ Full description of the chemical • Responsibility of students: <ul style="list-style-type: none"> ○ MSDS information is accessed on the Cweb ○ Read MSDS on chemicals before handling ○ Follow appropriate work practice as indicated by policy or the MSDS sheet ○ Dispose of chemicals appropriately as indicated on MSDS sheet ○ Ask faculty and or Carle mentor if you have questions or are unsure. |
| TOPIC | OVER HEAD ANNOUNCEMENT | INFORMATION & REQUIRED ACTIONS |
| INFANT | Code Pink | <ul style="list-style-type: none"> • Level 1 = abduction of an infant or child who is too young to walk. |

| | | |
|---|-----------|---|
| <p>ABDUCTION</p>  | | <ul style="list-style-type: none"> • Level 2 = abduction of a child who is old enough to walk. • Note any suspicious person or persons especially if they have an infant or child with them and immediately report it to Security 3-3911. • All employees are to follow their unit specific plans which will include: <ul style="list-style-type: none"> ○ Securing and manning all entrance or points of access to the complex ○ Search their area for the abducted infant, child or Abductor. ○ Look out windows and be aware of people around you. ○ Report anything to Security- 3-3911 ○ Do not make physical contact with abductor if confronted. Report to Security-3-3911. |
| <p>UTILITY</p>  | <p>NA</p> | <ul style="list-style-type: none"> • All Life Sustaining and/or Life Support equipment that is currently in use on a patient MUST be plugged into a RED wall outlet. • RED outlets are supplied by the generator in the event of a utility failure. • In the event of any utility failure respond as directed by the Charge Nurse or Dept. Manager. • During an electrical outage: <ul style="list-style-type: none"> ○ Emergency generators will provide backup power within 10 seconds. ○ Ensure all critical equipment, especially life support equipment is plugged into a red outlet. ○ Emergency power will be provided to the RED outlets and RED wall switches only. ○ Minimal overhead lighting will be available. • Verify proper operation of all medical devices. |
| <p>INFECTION CONTROL</p> | | |
| <p>GENERAL</p>   | | <ul style="list-style-type: none"> • All your immunizations must be up to date. • Get your Hepatitis B vaccine. • Each job category is assigned a "risk category" based on the essential job duties of the position. The risk is assigned a Level. Level 1 = occupational exposure on a regular basis. Level 2 = some/occasional potential for exposure. Level 3 = little or no potential for exposure. • Know your risk level. • Understand the OSHA (Occupational Safety & Health Administration) Bloodborne Pathogen Guidelines. See below • Know where to find the Exposure Control Plan. • Use universal precautions at all times. This is a set of precautions from OSHA that mandates that all blood and body fluids be treated as if they were infected with a bloodborne pathogen. Universal precautions protect healthcare workers from exposure. • Wear personal protective equipment as indicated (Mask, Goggles, Gowns and Gloves). • Artificial fingernails (include but not limited to acrylic, overlays, tips or silk wrap) and fingernail jewelry ARE PROHIBITED. • DO NOT bend or recap needles or sharps. • Place contaminated or opened or used needles/sharps immediately and ONLY in an approved RED sharps container. • If there is not a sharps container readily accessible in your area and/or full, then report this to your instructor or mentor. • DO NOT eat in work or patient care areas. • Recognize the isolation & RED biohazard signs and follow them. • Report any injury and/or exposure to your instructor or mentor. |

| TOPIC | INFORMATION & REQUIRED ACTIONS |
|--|--|
| <p>OSHA</p>  | <ul style="list-style-type: none"> • 1991 OSHA (Occupational Safety & Health Administration) Standards on Universal Precautions states that any health care worker who might potentially come into contact with patients, procedures, specimens or items contaminated with blood/body fluids or tissue should be educated in infection control. • Treating ALL patients, specimens, procedures and items contaminated with blood and body fluids as if they could infect you with a bloodborne pathogen. • Examples of bloodborne pathogens include: HIV, Hepatitis-B or Hepatitis-C. • Potentially Infectious substances can include: <ul style="list-style-type: none"> ○ Blood- All human blood, blood components & blood products ○ Body Fluids- Semen, vaginal secretions, fluid around the heart, lungs, brain, joints or other organs in the abdomen, saliva, amniotic fluid or any other body fluids in situations where it is difficult to see blood or differentiate between body fluids. ○ Other potentially infectious materials- tissues, organs, cultures etc... that may contain blood or body fluids. • TB/Tuberculosis is an example of an airborne pathogen. TB can affect any organ or tissue but is mostly seen affecting the lungs. <ul style="list-style-type: none"> ○ Transmission occurs by inhaling the bacteria produced by people with the disease in their lungs during coughing, talking, singing or during certain invasive procedures. • Risk of infection is related to the duration and degree of exposure. A positive TB skin test does indicate that you have been exposed NOT that you have the disease- further testing is required to confirm diagnosis. • Other airborne pathogens include Varicella (chicken pox) and Rubella (Red Measles) • Some organisms are resistant to antibiotics requiring certain precautionary measures. Some examples include MRSA (methicillin or oxacillin resistant <i>staph aureus</i>) or VRE (vancomycin resistant <i>enterococci</i>). |
| <p>HANDWASHING</p>  | <ul style="list-style-type: none"> • Handwashing is the single MOST IMPORTANT activity to prevent the spread of infection! • Wash your hands after glove removal, before eating and after using the bathroom. • Wash your hands after every patient contact. • Remove gloves before leaving the patient's room or when finished with a patient related activity. No one else wants to be exposed to what you are protecting yourself from. • Avoid petroleum based hand lotions- they can damage latex gloves. |
| <p>TYPES OF ISOLATION</p> | <ul style="list-style-type: none"> ○ Patients can be under Airborne, Droplet or Contact Isolation. ○ The healthcare provider will need to comply with the isolation specific precautions: <ul style="list-style-type: none"> ○ Airborne <ul style="list-style-type: none"> ▪ Pt must be in a negative flow, private room. ▪ Caregivers must wear TB respirator mask (N-95). ▪ Caregivers MUST be fit tested by Employee Health or designee to be authorized to wear mask. ○ Droplet <ul style="list-style-type: none"> ▪ Pt should be in a private room ▪ Caregivers must wear N-95 mask ▪ Caregiver does not need to be fit tested before they can wear the mask for this purpose. Fit test is required for Airborne pathogens only. ○ Contact <ul style="list-style-type: none"> ▪ Wash with antiseptic soap- hibicilins ▪ Gown when touching patient • Equipment (including stethoscope) should be "dedicated" for this patient. This means the blood pressure equipment, stethoscope, thermometer etc... should not be shared with other patients to avoid the spread of infection or colonization. |
| <p>GOOD HOUSEKEEPING</p> <p>Trash</p>  | <ul style="list-style-type: none"> ○ Housekeeping is everyone's responsibility. Keep your work areas clean and safe. ○ Many people handle the trash once you are through with it- we want to keep everyone safe. ○ Trash <ul style="list-style-type: none"> ○ Effectively and appropriately dispose of trash and linens. ○ Put any sharp object in the sharps container – keep container separate from other red bag trash ○ Ensure trash bags are double tied shut. ○ Throw non-biohazard materials in clear trash bags- this can include items with drops of dried potentially infectious medical waste. Paper products, used tissues, used gloves, disposable wash cloths are all examples of what is appropriate to throw away in clear trash bags. ○ Any waste that is biohazardous or potentially biohazardous is thrown away in only RED biohazard trash bags. ○ Liquid PIMW containers (suction canisters, chest tube drains) should only be disposed of dirty utility rooms. Please ask a staff member for specific instructions on who to dispose of these materials. |

| | |
|--|---|
| <p>GOOD HOUSEKEEPING</p> <p>Linen</p>  | <ul style="list-style-type: none"> ○ Linen <ul style="list-style-type: none"> ○ ALL soiled linen is considered infectious. ○ Linen from isolation patient rooms is handled in the same manner as other linen. ○ ALL soiled linen is to be placed in a clear bag, double tied and taken to the soiled linen cart. ○ Do not overfill the linen bags- you will need to carry it. ○ Do not place linen in any other colored bag besides clear. ○ Equipment <ul style="list-style-type: none"> ○ Clean equipment regularly. ○ Hospital approved disinfectant is available and should be used on all items in between patients. ○ Some equipment can be re-used and should be sent to Sterile Processing Department for reprocessing. |
| <p>PATIENT SAFETY – MEDICAL EMERGENCY</p>  | <ul style="list-style-type: none"> ○ Code Speed – phone 3-3911, tell security, the patient room number and you are calling a "Code Speed" <ul style="list-style-type: none"> ○ A mechanism by which any staff member, student, intern, resident, or family member can call for immediate help if a patient is becoming clinically unstable or there is a change in the patient's condition. This brings immediate help from nursing staff and respiratory therapy. ○ Code 99 - phone 3-3911, tell security, the patient room number and you are calling a "Code 99" <ul style="list-style-type: none"> ○ Any medical emergency that the patient is not breathing and/or has no heart rate. This also brings immediate help from nursing staff, physicians and respiratory therapy. Start basic life support as appropriate. |
| <p>PERSONAL CONDUCT</p>  | |
| <ul style="list-style-type: none"> • While at Carle Foundation Hospital you are not only an acting representative of your school but of Carle Foundation as well. Many visitors and patients are not aware that you are a student. Your actions or lack thereof can effect the views and opinions of our patients and visitors. • During your educational experience at Carle, you are under the supervision of either a school faculty member or a Carle appointed mentor/preceptor. • While at Carle, we expect that: <ul style="list-style-type: none"> ○ You dress according to your schools policy. This should include NO: hats, jeans, shorts, sandals, sport team shirts or tank tops. ○ You perform daily personal hygiene. ○ Your hair is clean, fastened securely (if long). Beards and mustache should be clean and neatly trimmed. ○ Fingernails should be of reasonable length and trimmed. No artificial nails or nail jewelry is permitted. ○ Perfume, cologne or scented lotions should not be worn or used if performing patient care. ○ Jewelry should be conservative. ○ Your ID badge is worn at all times ○ You not use stethoscope covers- they can be a source of infection. Latex free stethoscope is recommended. ○ Refrain from using profanity or from raising your voice. • Some Customer Service expectations include but are not limited to: <ul style="list-style-type: none"> ○ Use the stairs when possible. Especially if you are physically able and you are going either 1-3 flights up or down. ○ When the elevators are needed to transport a patient, please step off the elevator and take the next one and/or use the stairs. ○ Pick up trash or liter in patient care areas or hallways. ○ Park in the Fairground designated parking lot and use the shuttle on weekdays. Refrain from parking in visitor parking garages on weekdays. The shuttles do not operate on weekends. On weekends, you can park in the parking garage for free. ○ If visitors appear lost or looking for something, please assist even if you are not sure. Find someone who can help them. It's always best to escort visitors to the area they are looking for rather than giving directions. | |
| <p>SECURITY</p>  | |
| <ul style="list-style-type: none"> • Do not bring valuables or large amounts of money to Carle. • Secure your valuables. • Use the Carle supplied shuttles- especially at dusk or at night. • You can request for an escort if arriving or leaving after the shuttle hours of operation. Call Carle security for an escort- 383-3122. Operating hours for the shuttles are weekdays 5:00am –9pm. • Pay attention to your surroundings. • If you need to report a theft or crime while at Carle, call the Carle Security Office at 383-3122. | |

Intern HIPAA, Corporate Compliance, and Safety Quiz

SAMPLE

1. Scenario 1: While reporting to work as usual, you see a friend, Kyle, in the hospital and are concerned about his well-being. Later that day you inform your roommate that you saw Kyle at the hospital. Did you breach confidentiality?

- a. Yes
- b. No

2. Scenario 2: Your preceptor collapsed at work and was taken to the emergency room for treatment. Out of concern, one of your co-workers who has access to EpicWeb looks up test and lab results to find out that your preceptor had a heart attack. Did your colleague breach confidentiality?

- a. Yes
- b. No

3. Scenario 3: It is the end of the day and you are riding on the shuttle bus with a fellow intern/volunteer in your department. It seems like the perfect opportunity to reflect with your colleague about a few patients you worked with today. So you begin to discuss, "I'm really not sure Mary's condition is improving in the SICU. What do you think?" did you breach confidentiality?

- a. Yes
- b. No

4. If you receive a needle stick, when should you notify Employee Health or the House Officer?

- a. Notification is not necessary for needle sticks, only for serious cuts.
- b. Immediately and also notify your instructor/preceptor.
- c. At the end of your shift.
- d. Between 8 am and 5 pm the next business day.

5. HIV can be transmitted by: (Select all that apply.)

- a. Touching an infected person.
- b. Needle stick injuries from infected hypodermic needles or other sharp instruments.
- c. Using the same equipment, toilets, or water fountains as an infected person.
- d. Contaminated surfaces.
- e. Coughing or sneezing.
- f. Splashes to mucous membranes or non-intact skin

6. The type of isolation that a patient is placed in is based on:

- a. The severity of the disease.
- b. The way the disease is transmitted.
- c. The kind of treatment received by the patient.
- d. How long the patient has been infected.

7. When should standard precautions be followed?

- a. Only in isolation rooms.
- b. Only in the emergency department.
- c. At all times.
- d. None of the above.

8. Which of the following are situations when hand hygiene should occur? (Select all that apply.)

- a. Before putting on gloves prior to patient contact.
- b. Before eating.
- c. After removing gloves.
- d. After contact with surfaces or equipment near a patient.

9. When a GreenLeaf Alert is announced it means:

- a. Suspected Fire
- b. Smoke Hazard
- c. Confirmed Fire
- d. It is time to put out your Recycled Items for pick up

10. You are advised to attempt to extinguish all fires, no matter the size

- a. True
- b. False

11. What information will you obtain from Material Safety Data Sheets (MSDS):

- a. Information about emergency codes
- b. Information about my department's evacuation route
- c. Information on how to use, store, handle, and dispose of chemicals
- d. Information on physical and health hazards of chemicals in the workplace
- e. C and D

12. During a "Weather Alert Phase II" you should NOT do which of the following:

- a. Ride the shuttle to your car to go home
- b. Evacuate to a Tornado Safe Area
- c. Place blankets over patients who cannot be moved
- d. Return to work whenever you feel like it is safe

13. You hear a Code Pink announced what should you do?

- a. Secure and man all entrance or points of access to the complex Search your area for the abducted infant, child or Abductor
- b. Look out windows and be aware of people around you
- c. Report anything to Security – 3-3911
- d. Do not make physical contact with the abductor if confronted
- e. All of the above

Dress Code for Carle Therapy Services Students

Statement of Policy:

Carle Therapy Services expects that all students dress professionally and have a crisp appearance.

Procedure:

- A. When working in a clinical setting, all students are expected to adhere to the dress code.
- B. A professional manner of dress is required. Apparel should be kept clean and ironed.
- C. Acceptable wear:
 - i. Slacks or skirts are acceptable, but must be of modest length (no more than 3" above the knee). Capri's are acceptable if they extend to mid-calf or below from Memorial Day to November 1st.
 - ii. Sleeveless tops are allowed, but must be a style that does not expose the torso during activity. Polo shirts and "dressy" collarless shirts are acceptable. Illini shirts can be worn on the day of an Illini game. Polo shirts with school name on them are also acceptable.
 - iii. Denim pants are allowed on Fridays only if an annual contribution has been made for charity through partnership council representatives. Denim blouses, shirts, skirts, and jumpers are acceptable as long as they are in good condition.
 - iv. Appropriate, clean and sensible footwear should be worn. Clean, non-flashy colored tennis shoes (any material) are allowed. Open-toed shoes /sandals/flip flops are not allowed.
 - v. Acute Care: Option one: Business casual with the above guidelines and lab coat can be worn. Option two: Scrubs can be worn. Lab coats are not necessary with scrub wear. Any scrub color besides solid black, solid steel/gray, solid royal blue, or solid navy is acceptable.
 - vi. I.D. badges must be worn at all times, above waist level.
 - vii. Aquatics staff must wear covering when outside the pool area.
 - viii. Visible body piercings are allowed on the ears only.
 - ix. Jewelry should be minimized and not pose a safety hazard to the patient.
 - x. Tattoos should not be noticeable.
- D. Non-acceptable wear:
 - i. Shorts, any color of jeans, Lycra pants, and leather skirts or pants are not permissible. No leggings, unless worn with a dress/skirt (which is long enough to stand on its own).
 - ii. Tank tops or low-cut tops are not permissible. T-Shirts or sweatshirts, either with writing or without, are not acceptable.
 - iii. No perfumes or colognes or scented lotions should be worn at work.
 - iv. Artificial fingernails and fingernail jewelry are not permissible. Fingernail polish may be worn, but must not be chipped. Natural nails should not exceed 1/4 inch.

Carle Therapy Services
Intern/Student Information

SAMPLE

Required Paperwork

All required paperwork must be submitted to the Student Coordinator prior to the start of the clinical experience. Required paperwork is determined by Hospital Education.

Attendance

Students are expected to arrive promptly at their scheduled time, which is to be arranged with their Clinical Instructor (CI). Should a student need to be absent from Carle for any reason, the student should notify his or her CI as soon as possible. Any student missing more than one day must consult with his or her CI to determine how the missed time will be made up.

Dress Code

All students must abide by the Carle Therapy Services dress code policy. One exception to this policy is that a polo shirt with the student's university logo may be worn in place of a Carle Therapy Services polo shirt. If working in the aquatics area, there may be some adjustments to the dress code while in the pool area due to the heat and humidity. Please speak to your CI to discuss those changes if you will be with an aquatic therapist in the pool area.

Inservices/Special Projects

Each student doing a full time clinical at least 5 weeks in length must present an inservice on a topic related to the department in which they are working or complete a special project determined by the clinical instructor (CI). The date and topic of the inservice will be determined by the CI and student.

Professional Conduct

Students are expected to respect patient confidentiality and maintain patient privacy at all times. Professional behavior is expected of all students while on clinical experiences.

Surgery Observation

Each student may observe surgery one day during his or her clinical experience. The type of surgery is to be determined by the clinical instructor and is subject to availability and physician approval.

Ongoing Communication and Feedback

The clinical instructor and student should meet on a regular basis to discuss the student's progress toward the learning goals.

Exercise Facilities

If a student would like to work out on his/her own time while completing an internship at Carle, we have facilities students are welcome to use. Our exercise equipment is at our Carle North Annex location (810 W Anthony Drive, Urbana, IL). If students would like to work out at the Annex, they just need to email Derek Scott (Derek.Scott@carle.com) and set up an appointment to get oriented to the equipment and pay a small fee. The fee is \$5 for every 2 weeks. The student must pay up front for however many weeks he or she wants to work out. For instance, if a student wants to work out 6 weeks, he or she will need to pay \$15 at the orientation. Once the student has had the orientation and paid the fee, he or she is all set to go.

Development of Learning Objectives

Within the first few days of the experience, the clinical instructor will meet with the student to establish mutually agreeable learning objectives and experiences that are based upon the student's needs, the academic program's expectations, and Carle's specific learning opportunities. These objectives should serve as the final learning goals for the student and help to guide the learning along the way.

SPEECH LANGUAGE PATHOLOGY STUDENTS

SAMPLE

OBJECTIVES

The following objectives are expected Speech Language Pathology Students by the end of the clinical rotation at Carle Hospital:

1. The student will exhibit professional behavior and accountability with patients and the healthcare team during the course of his/her clinical.
2. The student will assume between 50 and 100% of a SLP case load under the supervision of his/her clinical instructor.
3. The student will establish objectives to achieve for his/her clinical experience in conjunction with his/her clinical instructor.
4. The student will begin to perform a comprehensive chart review prior to evaluating or treating a patient with the assistance of his/her clinical instructor.
5. The student will be able to document a treatment accurately, objectively, and thoroughly under the supervision and correction of his/her clinical instructor.
6. The student will be able to discuss his/her rationale for treatment approach with his/her clinical instructor.
7. The student will be able to create Short Term Goals and Long Term Goals with the assistance of his/her clinical instructor.
8. The student will be able to complete and document an initial evaluation accurately, objectively, and thoroughly under the supervision and correction of his/her clinical instructor.
9. The student will be able to obtain a subjective history accurately under the supervision of his/her clinical instructor.
10. The student will perform basic administrative skills such as billing, scheduling, and participation in staff meetings.
11. The student will be able to exhibit self-directed learning skills.
12. The student will demonstrate efficient time management skills.
13. The student will be able to effectively communicate with patients, his/her clinical instructor, and the healthcare team.
14. The student will demonstrate the ability to receive, respond, and reflect to feedback given by his/her clinical instructor or any other member of the healthcare team.
15. The student will abide by the Policies and Procedures established by Carle Hospital.
16. The student will demonstrate safety awareness as outlined in the facility procedures and by ASHA standards.
17. The student will demonstrate the ability to make appropriate referrals for other disciplines when necessary with the guidance of the supervisor

2. Hospital Requirement Forms

- a. Student Immunization Documentation Form (TB, MMR, Rubella, Rubeola, Mumps, Varicella, Influenza, dT booster, HBV)
- b. Hepatitis B Vaccine Declination Form
- c. Additional Requirements Checklist Form (Criminal Background Check, Physical Exam, Drug Screen, CPR Certification)
- d. Student Drug Screen Request Form
- e. Student Physical Request Form
- f. Latex Allergy Screening Tool
- g. Individual Professional Liability Insurance Application Form
- h. Summer Documentation Checklist

Rubella (German Measles) immunization or positive Rubella Screen or Titer. (Written documentation of immunization, positive rubella screen. Verbal reports will not be accepted as proof of immunity.)

Nurse or Physician Signature

Date

Affiliation

Rubeola (Red Measles) immunization or positive Rubeola Screen or Titer. (Written documentation of: physician-diagnosed infection, positive Measles screen, or documentation of receipt of two doses of live virus vaccine after January 1968, on or after their first birthday. (Persons born prior to 1957 are considered to be immune.)

Nurse or Physician Signature

Date

Affiliation

Mumps immunization in 1979 or later or physician-diagnosed illness. (Written documentation of immunization of live mumps vaccine at 12 months of age or later—after 1979.)

Nurse or Physician Signature

Date

Affiliation

Also strongly recommended, but not required:

dT – booster every 10 years

HBV vaccination series

Influenza vaccine – yearly



Eastern
Illinois
University

BOARD OF GOVERNORS UNIVERSITIES

College of Sciences
Communication Disorders and Sciences
Speech-Language-Hearing Clinic
7th and Hayes Streets
Charleston, Illinois 61920-3099
217/581-2712 (TTY)

Hepatitis B Vaccine Declination

I understand that due to my possible exposure to blood or other potentially infectious materials during external practicum and internship, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine at the University Health Center for a fee.

However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B, a serious disease.

If in the future I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at the University Health Center for a fee if I have full-time student status.

Signed

Date _____

Witnessed by

Date

I have chosen to receive the hepatitis B vaccination series.

Signed

Date _____

CDS 5980, Medical Internship Additional Requirements

Get a Copy of your Criminal Background Check

1. Call the EIU Student Teaching office, 217-581-2620.
2. Ask for a copy of the background check you completed for your educational internship.
3. Provide this to me; I will make and keep a copy in my files.
4. Provide the copy to your hospital site. This is your responsibility—YOU will provide the background check to your facility.

Physical Exam

If a physical exam is required, you may schedule and receive this from Student Health Services (downstairs). Please bring the STUDENT PHYSICAL REQUEST FORM (in your packet) with you. Keep a copy of this for your records. Provide a copy to me. Provide a copy to your site.

Drug Screen

If a drug screen is required, you may schedule and receive this from Student Health Services (downstairs). Please bring the SUTDENT DRUG SCREEN REQUEST FORM (in your packet) with you. Keep a copy of this for your records. Provide a copy to me. Provide a copy to your site.

CPR Certification

Most places do require CPR certification. Even if this is not required, I would strongly recommend it. SBLHS offers CPR training monthly <http://www.sarahbush.org/cordlink/program/411/>. The Red Cross also provides training courses http://www.redcross.org/lp/cpr-first-aid-aed-certification-hero?scode=PSG00000E017&subcode=grantregistration%3Cvaries%3E&gclid=CjwKEAju3YipBRDL2bHhjLmFkQsSJADtzktjEYzzR4D64UwGbo51AYA1MqQAVOOgCNKKy5JFX3YmNRoCn0_w_wcB.

Influenza and Varicella

Please read your affiliation agreement carefully for the possibility that these two items are also required as per your internship responsibilities.

EASTERN ILLINOIS UNIVERSITY
COMMUNICATION DISORDERS & SCIENCES
SPEECH-LANGUAGE-HEARING CLINIC

STUDENT DRUG SCREEN REQUEST FORM

Students enrolled in CDS 5980, Medical Internship, are required to have a seven-panel drug test prior to beginning their internship. Please verify negative results below and give completed form to student.

Date of test:

Student name:

Student social security number:

Results:

Signature of person verifying negative results _____

EASTERN ILLINOIS UNIVERSITY
COMMUNICATION DISORDERS & SCIENCES

STUDENT PHYSICAL REQUEST FORM

Students enrolled in CDS 5980 may be required to complete a physical examination prior to beginning their internship. This physical examination is to evaluate whether the student is physically fit and able to complete activities associated with delivering speech therapy services.

Date of exam:

Student name:

Student social security number:

Results:

Signature of person completing exam _____

Latex Allergy Screening Tool

These questions are designed to help the employee health physician determine if you may have a Latex sensitivity.

Name: _____ Unit: _____

(Please print clearly and legibly)

Signature: _____ Date: _____

| PLEASE COMPLETE THE FOLLOWING: | Yes | No |
|---|-----|----|
| Have you ever had an allergic reaction to latex or rubber products? | | |
| If so, is your doctor aware of this allergy? | | |
| Have you ever been tested for a latex allergy? | | |
| Have you ever had a reaction in your mouth after dental work, such as sores, etc? | | |
| Does your job/occupation involve contact with products, which contain latex rubber? | | |

| Have you had a reaction to any of the following sources of latex/rubber? | | | | | |
|--|-----|----|---|-----|----|
| | Yes | No | | Yes | No |
| Balloons | | | Rubber Gloves | | |
| Hot water bottles | | | Rubber bands, balls | | |
| Foam pillows | | | Baby bottles, nipples | | |
| Pacifiers | | | Shoes | | |
| Erasers | | | Elastic bandages | | |
| Face masks | | | Medical devices such as catheters | | |
| Adhesive tape, Band-Aids | | | Latex rubber birth control devices (condoms, diaphragm, etc.) | | |
| Clothing with elastic or stretch clothes (belts, bras, suspenders, elastic waistbands) | | | Other: | | |

| After handling latex products, have you had any of the following? | | | | | |
|--|-----|----|-------------------------------------|-----|----|
| | Yes | No | | Yes | No |
| Difficulty breathing, wheezing | | | Runny nose/congestion | | |
| Chapping or "cracking" of hands | | | Itching (e.g. of hands, eyes), rash | | |
| Hives | | | Redness | | |
| Swelling of the body, tongue or face | | | Excessive tearing or reddened eyes | | |
| Low blood pressure | | | Other: | | |

| Do you have a history any of the following? | | | | | |
|--|-----|----|--------------------|-----|----|
| | Yes | No | | Yes | No |
| Contact dermatitis | | | Asthma, bronchitis | | |
| Hay fever | | | Eczema | | |
| Disease of the immune system (such as lupus, etc.) | | | | | |

| Do you have any food allergies? | | | | | |
|--|-----|----|---------------|-----|----|
| | Yes | No | | Yes | No |
| Bananas | | | Kiwi | | |
| Avocados | | | Chestnuts | | |
| Papaya | | | Potatoes | | |
| Tomatoes | | | Peaches | | |
| Almonds | | | Celery | | |
| Figs | | | Corn Products | | |
| Other: | | | Other: | | |

| | | |
|-------------------------------|------------------------------|-------|
| Office Use Only | | |
| <input type="checkbox"/> High | <input type="checkbox"/> Low | Nurse |

| |
|------------------------------------|
| Broker ID # (Internal use only) |
|------------------------------------|

INDIVIDUAL PROFESSIONAL LIABILITY INSURANCE APPLICATION FOR MISCELLANEOUS ALLIED HEALTH PROFESSIONALS

HOW TO APPLY:

1. You may apply on-line at www.proliability.com, or
2. Complete application below.
3. Note the premium below for the policy you selected. All premiums are annual.
4. Return your completed application, along with your annual premium, to the address provided.

PLEASE CONTACT THE PROGRAM ADMINISTRATOR AT THE TOLL FREE NUMBER PROVIDED SHOULD YOU HAVE ANY QUESTIONS REGARDING THE LIMITS AND/OR OPTIONAL COVERAGES REFLECTED. Coverage is effective the date your application is approved and payment is received. Please print or type all information. Visit www.proliability.com for more information and to view available professions for applying online.

RESIDENTS OF FLORIDA DO NOT USE. PLEASE CALL ADMINISTRATOR FOR CORRECT APPLICATION.

NOTE: If you are a business owner and/or have employees or any independent contractors working on your behalf, please do not complete this application and instead visit www.proliability.com/faq for the "Firm" application.

Section A. APPLICANT INFORMATION (REQUIRED)

| | | | | |
|---|---------|-------------|---------------|-----|
| FIRST NAME | INITIAL | LAST NAME | | |
| PHYSICAL STREET ADDRESS (MUST COMPLETE) | | CITY | STATE | ZIP |
| MAILING ADDRESS (IF DIFFERENT THAN ABOVE) | | CITY | STATE | ZIP |
| BUSINESS PHONE# | FAX # | HOME PHONE# | EMAIL ADDRESS | |

DBA NAME (If applicable.) Note: Businesses with employees and/or independent contractors, visit www.proliability.com/faq for the "Firm" application.

Section B. PROFESSIONAL DESIGNATION

Employed: means you are an employee of an entity and receive IRS tax form W-2 (or an unpaid volunteer). You do not have ownership in an entity that issues your W-2 and/or performs professional services for which coverage is requested.

Self-Employed: means you either practice as an independent Solo Practitioner or as an Independent Contractor for which you receive an IRS tax form 1099.

NOTE:

- A. Self-Employed Applicants: If you have or plan to hire employees and/or independent contractors and you wish to be insured for their actions, please apply as a firm. Visit www.proliability.com/faq for the "Firm" application.
- B. If you work as both self-employed AND employed and would like to exclude from your coverage work you perform for any employer, please visit www.proliability.com/faq for further information.
- C. You must select Self-Employed if you work for an Employer that you know at the time of application does not purchase professional liability or their policy does not cover your work. You must also complete questions 3. a.-c. in Section C. Underwriting Questions.

Indicate your Designation, whether Employed or Self-Employed by checking the appropriate boxes:

| Designation | Employed \$2,000,000/ \$5,000,000 | Employed \$1,000,000/ \$5,000,000 | Employed \$1,000,000/ \$3,000,000 | Self-Employed \$2,000,000/ \$5,000,000 | Self -Employed \$1,000,000/ \$5,000,000 | Self -Employed \$1,000,000/ \$3,000,000 |
|---|---|---|---|--|---|---|
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> \$92 | <input type="checkbox"/> \$79 | <input type="checkbox"/> \$57 | <input type="checkbox"/> \$167 | <input type="checkbox"/> \$143 | <input type="checkbox"/> \$105 |
| <input type="checkbox"/> Audiologist Aide/Assistant | <input type="checkbox"/> \$83 | <input type="checkbox"/> \$71 | <input type="checkbox"/> \$51 | <input type="checkbox"/> \$150 | <input type="checkbox"/> \$129 | <input type="checkbox"/> \$95 |
| <input type="checkbox"/> Speech-Language Pathologist | <input type="checkbox"/> \$92 | <input type="checkbox"/> \$79 | <input type="checkbox"/> \$57 | <input type="checkbox"/> \$167 | <input type="checkbox"/> \$143 | <input type="checkbox"/> \$105 |
| <input type="checkbox"/> Speech-Language Pathologist Aide/Assistant | <input type="checkbox"/> \$83 | <input type="checkbox"/> \$71 | <input type="checkbox"/> \$51 | <input type="checkbox"/> \$150 | <input type="checkbox"/> \$129 | <input type="checkbox"/> \$95 |
| Designation | \$1,000,000/ \$3,000,000 | | | | | |
| <input type="checkbox"/> Audiologist Student | <input type="checkbox"/> \$30 | | | | | |
| <input type="checkbox"/> Speech Language Pathologist Student | <input type="checkbox"/> \$30 | | | | | |

Other limit options may be available upon request, please visit www.proliability.com/faq for further instructions.

Section C. UNDERWRITING QUESTIONS

1. All Applicants: Within the last ten (10) years:

For all "Yes" responses, attach an explanation on a separate sheet of paper, preferably on any letterhead you might use.

- a. Have you been the subject of disciplinary or investigative proceedings (including Medicaid billing inquiries) and/or been reprimanded by governmental or administrative agency, hospital or professional association OR been convicted for an act committed in violation of any law or ordinance other than traffic offenses OR had practice privileges reduced, suspended OR had a license or certification to practice revoked or denied? Yes No
- b. Has any claim or suit been brought against you or are you aware of any incident that might reasonably be expected to lead to a claim or suit? Yes No
- c. Have you had professional liability coverage refused, renewal denied, and/or cancelled? *
*Not applicable for Missouri residents. Yes No
- d. Do you provide any Consulting Services, Educational Services, or Life Care Planning? Yes No
Please visit www.proliability.com/faq to download and complete a required Non-Direct Patient Care Supplemental Questionnaire. Your application cannot be processed without this form. To learn more about the Non-Direct Patient Care Endorsement, visit www.proliability.com/faq.

2. Do you provide intra-operative monitoring services? Yes No
If "Yes", please visit www.proliability.com/faq for further instructions.

3. Self-Employed Applicants: Please answer each question below

If you answer "Yes" to any of the following questions, please visit www.proliability.com/faq for further instructions.

- a. Do you perform any services for or at a correctional facility? Yes No
- b. Do you interpret test results, including x-rays? Yes No
- c. Do you rent, sell, manufacture or distribute products? Yes No

Section D. OPTIONAL COVERAGES (SELF-EMPLOYED INDIVIDUALS ONLY)

** For more information on General Liability and Additional Insureds, please visit www.proliability.com/faq.

ANNUAL LIMITS AND PREMIUMS

| | | |
|---|---|---|
| \$2,000,000 per incident/occurrence \$5,000,000 annual aggregate | \$1,000,000 per incident/occurrence \$5,000,000 annual aggregate | \$1,000,000 per incident/occurrence \$3,000,000 annual aggregate |
|---|---|---|

General Liability (locations must be owned, leased or rented by the named insured)

Coverage for 1st location \$111 \$95 \$95
 Each additional location () x \$44 = \$_____ () x \$38 = \$_____ () x \$37 = \$_____

(List name and address of each facility on a separate sheet of your letterhead)

Additional Insured

This optional coverage protects each facility under contract with the insured against claims arising out of the sole negligence of the insured. It should only be purchased if required by contract. Landlords need not be listed because this coverage is included in the policy.

Premium rate is for each additional insured named.
Please attach name and address for each facility.

| | | | |
|---|-----------------------|-----------------------|-----------------------|
| Professional Liability Only | () x \$166 = \$_____ | () x \$142 = \$_____ | () x \$134 = \$_____ |
| General Liability Only <small>(available only if General Liability is purchased above)</small> | () x \$31 = \$_____ | () x \$28 = \$_____ | () x \$25 = \$_____ |
| Professional & General Liability <small>(available only if General Liability is purchased above)</small> | () x \$197 = \$_____ | () x \$170 = \$_____ | () x \$159 = \$_____ |

Section E. PREMIUM CALCULATIONS

*If you are a resident of KY, have opted in to the VA statutory cap, or are participating in Indiana Patient Compensation Fund, please do not submit premium at this time. You will receive a quote from our Underwriting Department once your application is received and reviewed.

** For more information visit www.proliability.com/faq.

Step 1. PREMIUM FROM SECTION B \$ _____

Step 2. CREDITS – choose ONE of the following:

- Certificate of Clinical Competence (CCC) – deduct 5% (list as .95) \$ _____
- Award for Continuing Education (ACE) – deduct 10% (list as .90) \$ _____
- (Deduct 5% if New York resident) \$ _____
- I have both CCC and ACE - deduct 15% (list as .85) \$ _____
- (Deduct 10% if New York resident) \$ _____
- I have neither CCC nor ACE – no deduction from premium above \$ _____
- Participation or attendance at an Insurer approved loss prevention course, loss control, risk management, or legal issues seminar or other educational forum.-10% \$ _____

Step 3. SUBTOTAL steps 1 and 2 \$ _____

Step 4: Check here if you wish to add the Non-Direct Patient Care Endorsement to your policy. \$ 25.00
*This endorsement covers non-direct patient care services provided within your area of specialization. For more information visit www.proliability.com/faq.

Step 5. OPTIONAL COVERAGES (Section D IF APPLICABLE) \$ _____

Step 6. SUBTOTAL from Step 3 plus Steps 4 & 5 \$ _____

Step 7. PLUS APPLICABLE STATE TAXES OR SURCHARGES \$ _____
NJ RESIDENTS ONLY: ADD .9% OF THE SUBTOTAL ABOVE FOR *PLIGA SURCHARGE
 WV RESIDENTS ONLY: ADD .55% OF THE SUBTOTAL ABOVE FOR *WV FIRE & CASUALTY SURCHARGE

***PLIGA = NJ Property-Liability Insurance Guaranty Association Surcharge.** The New Jersey Insurance Commissioner has instructed all licensed property and casualty insurers, including Liberty Insurance Underwriters Inc., to pay assessments for the state NJ Property-Liability Insurance Guaranty Association Surcharge. The current surcharge amount is .9% of the total annual premium.

***West Virginia Fire and Casualty Surcharge.** The West Virginia Insurance Commissioner has instructed all licensed property and casualty insurers, including Liberty Insurance Underwriters Inc., to pay assessments for the state West Virginia Fire and Casualty Surcharge. The current surcharge amount is .55% of the total annual premium.

Kentucky residents: You may apply at: www.proliability.com/faq, and the appropriate taxes will be calculated – allowing you to purchase coverage and immediately produce a certificate of coverage.

Virginia residents only: Information regarding participation in the VA Statutory Cap for Professional Liability set forth in Section 8.01-581.15 of the VA Code Ann.

You have the option of participating in the above statutory cap; however by opting in, you understand that there will be a corresponding increase in premium and that this shall apply to all future renewals, reinstatements, rewrites or replacement policies issued by the Insurer unless otherwise requested by the Applicant in writing.

- Option One – increase my per incident/occurrence limit of liability annually until reaching the \$3,000,000 maximum in 2032:
- Option Two – In addition to increasing my per incident/occurrence limit of liability, I also want to increase my annual aggregate limit annually to be three times the per incident/occurrence limit:

Please note that the available limit may be higher than the statutory cap. Please do not submit premium at this time. You will receive a quote from our Underwriting Department once your application is received and reviewed. We also offer coverage online, you can apply at: www.proliability.com.

Step 8. SUBTOTAL PREMIUM \$ _____

Step 9. TOTAL DUE (ROUND TO NEAREST WHOLE DOLLAR) \$ _____

I understand that I am not covered by this insurance for rendering or failure to render any professional services as a physician, surgeon, dentist, nurse midwife, perfusionist, cytotechnologist, chiropractor, podiatrist, osteopath or psychiatrist. I understand that these professional occupations are excluded from coverage. I understand that this insurance will not apply to any partner, principal or owner of a residential/overnight facility.

In order to enhance the stability of this professional liability insurance program, coverage has been organized through a purchasing group, pursuant to legislation, known as the Federal Liability Risk Retention Act of 1986, enacted by Congress. Coverage is provided to the purchasing group by Liberty Insurance Underwriters Inc. ("Insurer"). This application is subject to the Insurer's underwriting rules and approval. Your completion of this application and premium payment does not bind coverage or obligate the Insurer to issue you insurance coverage. Coverage will become effective following the receipt of your acceptable application and premium payment. Your application cannot be processed unless it is completed in its entirety.

Once the completed application has been approved and the premium has been received, you will automatically become a member of a risk purchasing group operated by Mercer Consumer that is consistent with your professional designation.

INSURANCE FRAUD WARNINGS

IN ALL STATES OTHER THAN THOSE LISTED BELOW: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

ARKANSAS, LOUISIANA, RHODE ISLAND AND WEST VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

KANSAS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

MAINE, TENNESSEE, VIRGINIA AND WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

MARYLAND: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

YOU MUST SIGN AND DATE THIS APPLICATION

Declaration and Signature -

The undersigned declares to the best of his/her knowledge and belief that the statements contained herein are true and are the basis of the acceptance of the risk or the hazard assumed by the Insurer under this Policy. It is further agreed by the undersigned, that the Policy, if issued, is in reliance upon the truth of such representations. It is agreed that, although the signing of the Application does not commit the undersigned to purchase the insurance being applied for, the statements made in this Application shall become the basis of the Policy should one be purchased. The Insurer is hereby authorized to make any investigation and inquiry in connection with this Application deemed necessary.

_____/_____/_____
Applicant Signature Date

Name of individual signing this application (printed)

_____/_____/_____
Producer's Signature Producer's License Number Date

Producer's Name

Enclosed is my check for \$ _____ Effective Date Desired* _____
Make check payable to Mercer Consumer and return your check and this application in the envelope provided.
*May not be earlier than the date the Program Administrator receives and approves this application.

I authorize Mercer Consumer to charge my: Visa MasterCard Amount \$ _____
Credit Card Number: _____ Expiration Date: _____
Print name exactly as it appears on card: _____
Cardholder's Billing Address: _____
City, State and Zip: _____



Program Administered by:
Mercer Consumer,
a service of Mercer Health & Benefits Administration LLC
PO BOX 310395
Des Moines, IA 50331-0395
1-866-795-9340
www.proliability.com

AR Ins. Lic. #303439
CA Ins. Lic. #0G39709
Mark Brostowitz, Licensed Agent
In CA d/b/a Mercer Health & Benefits Insurance Services LLC

Underwritten by: Liberty Insurance Underwriters Inc.

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MEMORANDUM OF INSURANCEDate Issued
January 7, 2015**Producer**

Mercer Consumer, a service of
Mercer Health & Benefits Administration LLC
P.O. Box 14576
Des Moines, IA 50306-3576
www.proliability.com

This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter the coverages afforded by the Certificate listed below.

Company Affording Coverage
Liberty Insurance Underwriters, Inc.

Insured

Melanie Lawson
Suite 507
2756 North Grove Avenue
Chicago, IL 60614

This is to certify that the Certificate listed below has been issued to the insured named above for the policy period indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this memorandum may be issued or may pertain, the insurance afforded by the Certificate described herein is subject to all the terms, exclusions and conditions of such Certificate. The limits shown may have been reduced by paid claims.

| Type of Insurance | Certificate Number | Effective Date | Expiration Date | Limits | |
|--|--------------------|----------------|-----------------|----------------|-------------|
| | | | | | |
| Professional Liability StudentSpeech Language Pathologist | AHW-160996001 | 01/01/2015 | 01/01/2016 | Per Occurrence | \$1,000,000 |
| | | | | Aggregate | \$3,000,000 |
| General Liability | | | | Per Occurrence | |
| | | | | Aggregate | |
| | | | | | |

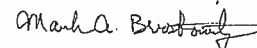
Evidence of Insurance

Memorandum Holder:

Addl Insd/Cert Holder

Should the above described Certificate be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the Memorandum Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Authorized Representative



Mark Brostowitz
Principal

3. End of Medical Internship Forms
 - a. Student Intern Evaluation Form
 - b. Clinical Hours Record
 - c. Student Evaluation of External Site/Supervisor
 - d. Exemplary Supervisor Nomination Form

EASTERN ILLINOIS UNIVERSITY

COMMUNICATION DISORDERS & SCIENCES

INTERNSHIP MIDTERM/FINAL ASSESSMENT (Revised 3/16)

| | | | |
|-------------------------|--------------------------|---|--|
| Clinician: | | Supervisor: | |
| Semester: | Course: 5970/5980 | Supervisor's ASHA #: | |
| Internship Site: | | | |
| Midterm: | Date: | Clinician & Site Supervisor Signature: | |
| | | | |
| Final: | Date: | Clinician & Site Supervisor Signature: | |

RATING SCALE:

| | |
|-----|--|
| n/a | <i>Not Applicable at this time</i> |
| 1 | <i>Skill minimally emerging. Fails to meet expectations, and demonstrates total dependence upon supervisory intervention.</i> |
| 2 | <i>Able to meet expectations 0-25% of the time, demonstrating significant dependence upon supervisory intervention.</i> |
| 3 | <i>Skill present but requires further development and consistency; needs considerable supervisory monitoring and guidance. Able to meet expectations 25-50% of the time, demonstrating dependence upon supervisory intervention.</i> |
| 4 | <i>Able to meet expectations 50-75% of the time, demonstrating partial dependence upon supervisory intervention.</i> |
| 5 | <i>Skill well developed although some refining may be necessary; requires some supervisory monitoring and guidance. Able to meet expectations 75-100% of the time, demonstrating emerging independence.</i> |
| 6 | <i>Exceeds expectations up to 75% of the time, demonstrating modified independence.</i> |
| 7 | <i>Skill performed consistently, thoroughly, and independently; seeks supervisory consultation as appropriate. Consistently exceeds expectations, while demonstrating independence.</i> |

Letter-Grade Equivalent: A = 7.00-5.75, B = 5.74-4.50, C = 4.49-3.25

****Ratings below 3.9 are considered below minimum levels of expectation for graduate students. By the final grading, graduate students are expected to have earned ratings above "5" for a passing grade.**

| DISORDER SPECIFIC SKILLS | | Midterm | Final |
|-------------------------------------|--|----------------|----------------|
| Learning Objective Numbers:: | ****Rate student clinicians' competency in the disorder specific skills that the student had experience with during this internship. Rate only items that apply; others should be left blank. | RATING: | RATING: |
| 6 | The student demonstrates knowledge and skills necessary for assessment of articulation/phonological disorders | | |
| 7 | The student demonstrates knowledge and skills related to the prevention and intervention of phonological/articulation disorders | | |
| 9 | The student demonstrates knowledge and skills necessary for assessment of oral and written developmental language disorders | | |
| 10 | The student demonstrates knowledge and skills related to the prevention and intervention of oral and written developmental language disorders | | |
| 12 | The student demonstrates knowledge and skills necessary for assessment of fluency disorders | | |
| 13 | The student demonstrates knowledge and skills related to the prevention and intervention of fluency disorders | | |
| 15 | The student demonstrates knowledge and skills necessary for assessment of voice and resonance disorder | | |
| 16 | The student demonstrates knowledge and skills related to the prevention and intervention of voice and resonance disorders | | |

| | | | |
|----|---|---------------|---------------|
| 18 | The student demonstrates knowledge and skills necessary for assessment of oral and written acquired language disorders | | |
| 19 | The student demonstrates knowledge and skills related to the prevention and intervention of acquired oral and written language skills | | |
| 21 | The student demonstrates knowledge and skills necessary for assessment of hearing difficulties and their affect on communication | | |
| 22 | The student demonstrates knowledge and skills related to the prevention and intervention of hearing disorders and the effect on communication | | |
| 24 | The student demonstrates knowledge and skills necessary for assessment of swallowing disorders | | |
| 25 | The student demonstrates knowledge and skills related to the prevention and intervention of swallowing disorders | | |
| 27 | The student demonstrates knowledge and skills necessary for assessment of cognitive communication disorders | | |
| 28 | The student demonstrates knowledge and skills related to the prevention and intervention of cognitive communication disorders | | |
| 30 | The student demonstrates knowledge and skills necessary for assessment of social aspects of communication | | |
| 31 | The student demonstrates knowledge and skills related to the prevention and intervention of social aspects that affect communication | | |
| 33 | The student demonstrates knowledge and skills necessary for assessment of alternative and augmentative communication modalities | | |
| 34 | The student demonstrates knowledge and skills related to intervention with alternative and augmentative communication modalities | | |
| | <i>Section Average</i> | #DIV/0! | #DIV/0! |
| | GENERAL THERAPY SKILLS | RATING | RATING |
| 36 | The student discusses standards of ethical conduct, professional contemporary issues, and credentials and regulations. | | |
| 37 | The student composes professionally written documents | | |
| 38 | The student engages in professional oral communication and interaction | | |
| 39 | The student evidences independent learning strategies, critical thinking, and problem solving skills | | |
| 40 | The student can collect and interpret case history information | | |
| 41 | The student can design, select, administer, and interpret formal and informal evaluation tools | | |
| 42 | When conducting an evaluation, the student demonstrates flexibility and makes appropriate modifications to meet client needs | | |
| 43 | The student compiles evaluation information to generate appropriate diagnosis, recommendations, and referrals | | |
| 44 | The student completes administrative tasks relevant to evaluation and intervention | | |
| 45 | The student collaborates with client/relevant others/other professionals to design and implement intervention plan | | |
| 46 | The student writes measurable intervention goals | | |
| 47 | The student selects and utilizes case appropriate materials during intervention | | |
| 48 | The student utilizes instructional techniques (modeling, cueing, feedback, strategies) during intervention | | |
| 49 | The student measures client progress and generates appropriate therapy modifications | | |
| 50 | The student counsels clients, family members, relevant others regarding the communication disorder | | |
| 51 | The student interacts in a professional and ethical manner | | |
| 52 | The student is sensitive to cultural backgrounds when interacting with client and relevant others | | |
| 53 | The student demonstrates use of technology as appropriate | | |

| | | | |
|-----------------|------------------------|---------|---------|
| | <i>Section Average</i> | #DIV/0! | #DIV/0! |
| | OVERALL AVERAGE | #DIV/0! | #DIV/0! |
| COMMENTS | | | |

**EASTERN ILLINOIS UNIVERSITY
DEPARTMENT OF COMMUNICATION DISORDERS & SCIENCES**

Student Evaluation of Off-Campus Supervisor

Supervisor Name:

Site:

Term:



Instructions to Supervisee: The purpose of this evaluation is to provide constructive feedback to your site supervisor that will enhance or reinforce this clinical experience for future students. This form will be shared with your supervisor after completion of your placement. Be sure to SIGN and DATE this form before returning it to the CDS internship coordinator. Thank you for your time and assistance.

SA – Strongly Agree, A – Agree, U – Undecided, D – Disagree, DNA – Does Not Apply

I. ORIENTATION PROCESS

| | SA | A | U | D | DNA |
|---|----|---|---|---|-----|
| 1. Provided general procedures, orientation, philosophy and goals of the clinical setting. | | | | | |
| 2. Provided opportunity to observe other clinicians and/or other therapies or related disciplines. | | | | | |
| 3. Clearly described clinical responsibilities including procedure for writing and submitting lesson plans, evaluation, progress notes and reports. | | | | | |
| 4. Clearly conveyed evaluation criteria and expectations to the supervisee. | | | | | |

II. Supervision Process

| A. Diagnostics: | SA | A | U | D | DNA |
|---|----|---|---|---|-----|
| 1. Provided opportunity to examine/use unfamiliar diagnostic instruments commonly used in this setting. | | | | | |
| 2. Provided adequate observation of diagnostic procedures. | | | | | |
| 3. Provided direct suggestions for diagnostic evaluation when appropriate. | | | | | |
| 4. Demonstrated diagnostic techniques when appropriate. | | | | | |
| 5. Permitted supervisee to become independent as term progressed and skills permitted. | | | | | |

| B. Therapy: | SA | A | U | D | DNA |
|---|-----------|----------|----------|----------|------------|
| 1. Provided adequate observation and discussion of caseload. | | | | | |
| 2. Provided direct suggestions for therapy when appropriate. | | | | | |
| 3. Provided appropriate transition from observation to assuming responsibility for planning and conducting therapy. | | | | | |
| 4. Permitted and encouraged the supervisee to explore different methods of therapy. | | | | | |
| 5. Permitted supervisee to become more independent as the term progressed and skills permitted. | | | | | |
| 6. Demonstrated therapy techniques when appropriate. | | | | | |

| Evaluation and Reinforcement: | SA | A | U | D | DNA |
|---|-----------|----------|----------|----------|------------|
| 1. Provided adequate feedback which allowed supervisee to monitor progress throughout placement. | | | | | |
| 2. Provided fair objective evaluation of supervisee's performance. | | | | | |
| 3. Provided opportunities to develop written communication skills. | | | | | |
| 4. Discussed areas of clinical strength. | | | | | |
| 5. Discussed specific areas to be modified. | | | | | |
| 6. Provided specific suggestions to improve performance. | | | | | |
| 7. Was receptive to feedback from clinician. | | | | | |
| 8. Provided written/verbal evaluation in timely manner. | | | | | |
| 9. Demonstrated respect and empathy for supervisee's feelings concerning clinical work. | | | | | |
| 10. Encouraged supervisee self-evaluation of clinical behavior. | | | | | |
| 11 Served as resource person in supplementing theoretical information with practical suggestions regarding clinical activities. | | | | | |
| 12. Provided formal verbal or written midterm evaluation of supervisee's clinical performance. | | | | | |

III. COMMENTS:

Date

Signature of Supervisee

This form represents a compilation of elements from supervisor evaluation instruments at Northern Illinois University, Eastern Illinois University and the Purdue Instructor/Course Evaluation System.

DEPARTMENT OF COMMUNICATION DISORDERS AND SCIENCES

EXEMPLARY SUPERVISOR AWARD

Please complete the entire form and submit to Ms. Smitley.

A. Supervisor's Name:

B. Practicum Site/Address/Phone:

C. Name and Phone of Person Submitting Nomination:

D. Supervisor's Professional Affiliations or Activities: (list relevant meetings, activities, in-services, etc. that supervisor participated in during the practicum experience)

E. Rate the supervisor on the scale below:

Circle the letter that best represents your reaction to the statements using the following scale:

Strongly Agree (SA)
Agree (A)
Neutral (N)
Disagree (D)
Strongly Disagree (SD)

- | | | | | | |
|---|----|---|---|---|----|
| 1. Approaches the supervisory interaction in positive fashion | SA | A | N | D | SD |
| 2. Explains expectations and responsibilities | SA | A | N | D | SD |
| 3. Offers tactful and constructive criticism | SA | A | N | D | SD |
| 4. Provides role-model as a professional | SA | A | N | D | SD |
| 5. Encourages creativity and development of own style | SA | A | N | D | SD |
| 6. Maintains ability to evaluate objectively | SA | A | N | D | SD |
| 7. Helps develop self-confidence | SA | A | N | D | SD |
| 8. Demonstrates clinical skills | SA | A | N | D | SD |
| 9. Provides resources | SA | A | N | D | SD |
| 10. Promotes interaction with other professionals | SA | A | N | D | SD |

F. Describe the impact of this individual on your education

**EASTERN ILLINOIS UNIVERSITY
DEPARTMENT OF COMMUNICATION DISORDERS & SCIENCES**

Student Evaluation of External Site/Supervisor

Supervisor Name:

Site:

Term:

Instructions to Supervisee: The purpose of this evaluation is to provide constructive feedback to your site supervisor that will enhance or reinforce this clinical experience for future students. This form will be shared with your supervisor after completion of your placement. Be sure to SIGN and DATE this form before returning it to the CDS internship coordinator. Thank you for your time and assistance.

SA – Strongly Agree, A – Agree, U – Undecided, D – Disagree, DNA – Does Not Apply

I. ORIENTATION PROCESS

| | SA | A | U | D | DNA |
|---|----|---|---|---|-----|
| 1. Provided general procedures, orientation, philosophy and goals of the clinical setting. | | | | | |
| 2. Provided opportunity to observe other clinicians and/or other therapies or related disciplines. | | | | | |
| 3. Clearly described clinical responsibilities including procedure for writing and submitting lesson plans, evaluation, progress notes and reports. | | | | | |
| 4. Clearly conveyed evaluation criteria and expectations to the supervisee. | | | | | |

II. SUPERVISION PROCESS

| A. Diagnostics: | SA | A | U | D | DNA |
|---|----|---|---|---|-----|
| 1. Provided opportunity to examine/use unfamiliar diagnostic instruments commonly used in this setting. | | | | | |
| 2. Provided adequate observation of diagnostic procedures. | | | | | |
| 3. Provided direct suggestions for diagnostic evaluation when appropriate. | | | | | |
| 4. Demonstrated diagnostic techniques when appropriate. | | | | | |
| 5. Permitted supervisee to become independent as term progressed and skills permitted. | | | | | |

| B. Therapy: | SA | A | U | D | DNA |
|---|----|---|---|---|-----|
| 1. Provided adequate observation and discussion of caseload. | | | | | |
| 2. Provided direct suggestions for therapy when appropriate. | | | | | |
| 3. Provided appropriate transition from observation to assuming responsibility for planning and conducting therapy. | | | | | |
| 4. Permitted and encouraged the supervisee to explore different methods of therapy. | | | | | |
| 5. Permitted supervisee to become more independent as the term progressed and skills permitted. | | | | | |
| 6. Demonstrated therapy techniques when appropriate. | | | | | |

| Evaluation and Reinforcement: | SA | A | U | D | DNA |
|---|-----------|----------|----------|----------|------------|
| 1. Provided adequate feedback which allowed supervisee to monitor progress throughout placement. | | | | | |
| 2. Provided fair objective evaluation of supervisee's performance. | | | | | |
| 3. Provided opportunities to develop written communication skills. | | | | | |
| 4. Discussed areas of clinical strength. | | | | | |
| 5. Discussed specific areas to be modified. | | | | | |
| 6. Provided specific suggestions to improve performance. | | | | | |
| 7. Was receptive to feedback from clinician. | | | | | |
| 8. Provided written/verbal evaluation in timely manner. | | | | | |
| 9. Demonstrated respect and empathy for supervisee's feelings concerning clinical work. | | | | | |
| 10. Encouraged supervisee self-evaluation of clinical behavior. | | | | | |
| 11 Served as resource person in supplementing theoretical information with practical suggestions regarding clinical activities. | | | | | |
| 12. Provided formal verbal or written midterm evaluation of supervisee's clinical performance. | | | | | |

III. COMMENTS:

Date

Signature of Supervisee

This form represents a compilation of elements from supervisor evaluation instruments at Northern Illinois University, Eastern Illinois University and the Purdue Instructor/Course Evaluation System.