

Medical Internship Handbook

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**Medical Internship Policy**

***Medical Internship Placement Procedures***

Immediately following admission to the graduate program in communication disorders and sciences, students will be contacted by the medical internship coordinator and asked to provide information related to their medical internship placement requests. The medical internship coordinator will meet in-person or via video conference with students to discuss placement and students’ requests and provide information regarding types of medical settings and various medical internship opportunities. This process is completed early in the graduate program to allow access to medical internship placements that require requests to be made during the spring and summer semesters a year or more prior to internships.

Once student information and requests have been collected, the medical internship coordinator will begin contacting sites to request placement. Medical placements will include primarily adult acquired disorders; however, there may be times when a portion of the placement may include pediatric or NICU experience if sufficient adult experience can also be adequately obtained during the placement. This will be discussed with the site’s placement coordinator. Semester of internship will be determined by placement availability. Placement request procedures are determined externally by sites and vary substantially by site. While some sites require placement requests a year or more in advance of the internship, other sites will not allow requests until a year to six months immediately prior to the internship start date. Students may be asked by sites to complete an informal or competitive interview prior to placement confirmation. Interviews may take place the first summer of graduate school or later. Students will meet with the medical internship coordinator for interview preparation prior to interviews. If Eastern Illinois University (EIU) does not have a current affiliation agreement with a site, an affiliation agreement must be executed before placement can be confirmed.

Most students will be informed of their medical internship site by the first spring semester of the graduate program; however, the timing of placement confirmation may vary based on site processes and site availability.

Placements may occur in across a variety of settings; however, most placements are within the following settings: acute care, long-term acute care, inpatient rehabilitation, outpatient rehabilitation, and skilled nursing. Brief descriptions of each setting are listed below.

Acute Care (BRIEF description)\*:

* Acutely and/or critically ill patients admitted to the hospital (i.e., hooked up to lines, being cared for by a team of medical professionals, vitals monitored by nursing, priority is improved medical status)
* More evaluation, less treatment
* Fast-paced
* Schedule is determined at the beginning of each day
* On-the-spot critical thinking
* Requires confident and fluent spontaneous oral expression
* Frequent communication with doctors, nurses, radiology techs, healthcare techs, PTs, Ots, etc.
* Family and friends often present in rooms

\*Long-term acute care hospitals are similar to acute care in that patients are medically complex and require medical monitoring; however, patients have been in this state for an extended length of time, so focus is more on therapy and working with a rehab team as appropriate to try and improve functioning as much as possible.

Inpatient Rehabilitation (BRIEF description):

* Patients are still admitted to the hospital and require continued monitoring due to medical status but are stable enough to participate in three hours of rehab per day.
* Focus is on treatment
* Fast-paced but caseload is more repetitive and scheduled
* Slightly more time for critical thinking
* May have more time to plan for oral expression (e.g. family education, speaking during rounds, etc.)
* Rehab team (e.g., physiatrist, PT, OT, ST, case manager, etc.) meets daily and work together closely to improve patient’s overall functioning.
* Family and friends often present in rooms

Outpatient Rehabilitation (BRIEF description):

* Patients have been discharged from the hospital or never even required hospitalization and are living at home or with family/friends.
* Focus is on treatment (may see more of a variety of patients – voice, fluency, etc.)
* More time to plan as patients are scheduled in advance
* More time for critical thinking when planning
* May have more time to plan for oral expression
* May or may not include a rehab team. Patient may only need speech.
* Family and friends present less often

Skilled Nursing (BRIEF description):

* Patients have been discharged from the hospital or never even required hospitalization. May be a newly admitted patient to the nursing home or a long-term resident.
* Focus is on treatment and outcomes
* More time to plan as patient treatment frequencies are known in advance. Repetition in caseload.
* More time for critical thinking when planning
* May have more time to plan for oral expression
* May or may not include a rehab team, but often does. Often sharing a gym with PT/OT. Patient may only need speech.
* Family and friends present less often

***Medical Internship Affiliation Agreements***

The Department of Communication Disorders and Sciences (CDS) maintains affiliation agreements (contracts) with sites used frequently for medical internship placements. Each semester, several students are placed at sites that do not have a current agreement with CDS. In this situation, an affiliation agreement must be executed between CDS and the external site before the internship can be confirmed. The external site as well as EIU’s academic affairs office, business office, and CDS chair and medical internship coordinator must approve and sign each agreement. This process can take several months due to the number of parties involved. An example affiliation agreement can be found in Appendix A.

***Medical Intern Preparation and Requirements***

During the first spring semester or second summer semester of the graduate program, students will meet with the medial internship coordinator to discuss medical internship preparation and requirements. Each student will receive a copy of the affiliation agreement between their site and CDS when available. During the meeting, the *General Requirements for Internship* memo (Appendix B) will be discussed in detail. After reviewing the CDS requirements and the affiliation agreement, students will sign forms acknowledging they understand and will abide by expectations of both the CDS and external site.

Students must complete both CDS requirements and requirements of the external site. Students are encouraged to begin saving to pay for these expenses as early as possible. Expenses typically range between $200-$300 (e.g., background check, physical exam, Varicella titer, 2-step TB test, 10-panel drug screen, CPR certification, etc.). The CDS department will provide financial support to students when possible.

The EIU medical internship supervisor will confirm supervisors meet requirements for internship supervision prior to the student’s placement. The EIU medical internship supervisor will send a welcome email to supervisor, including a detailed letter with all information relevant to the placement and supervision. An example of this letter can be found in Appendix C. Students will be asked to contact their supervisor at this time to inquire how best to prepare for the specific placement and confirm details, such as parking, uniform, nametag, etc.

***CDS 5980, Medical Internship***

The duration of the medical internship will be 13-14 weeks, and the student will follow the schedule of the site supervisor. The site supervisor will be an ASHA certified speech-language pathologist who has met supervision standards. The supervisor must also be licensed in the state where they are practicing. The site supervisor will determine the pace of the medical internship and complete midterm and final evaluations to document the student’s performance.

The EIU medical internship supervisor will serve as a mentor to both the student and site supervisor as needed during the medial internship. The EIU medical internship supervisor will communicate with the student and site supervisor at least two times during the semester.

At the completion of the internship, contact hours must be approved by the site supervisor in CALIPSO, and students are expected to achieve a cumulative rating of 3.5 or above on the final evaluation completed by the site supervisor to pass medical internship.

Students will submit an evaluation of the site and supervisor through CALIPSO at the end of the internship experience. Students should complete the *Exemplary Supervisor Award* nomination form if the supervision they received was outstanding and deserving of this specific recognition.

Evaluation and Support Plan

Students will be evaluated by site supervisors at midterm and final using the 5-point CALIPSO graduated rating scale specific to internships. Students must achieve a rating of 3.5 or better on final evaluation in order to receive credit for the internship.

Additional support may be initiated if a site supervisor expresses concerns related to student clinical performance and/or inability to demonstrate core functions. Once a support plan is initiated, the site supervisor, EIU medical internship supervisor, and student will generate specific goals to be met by the student within a specified period of time. If the student successfully completes goals and meets requirements to pass the internship, the student will receive credit for the internship. Inadequate progress towards goals and/or final evaluation cumulative rating of 3.4 or below will result in failure of the internship.

In addition to the CALIPSO evaluation completed by the site supervisor. Students will participate in course assignments and must perform with passing ratings on assignments to receive credit for the medical internship course. Assignments are designed to promote connection between coursework and practice and elicit, critical thinking, clinical reasoning, and clinical decision making that is evidenced based and high quality for effective patient care. An example syllabus can be found in Appendix D.

**Appendix A**

**EXAMPLE**

**SCHOOL AFFILIATION AGREEMENT**

**This School Affiliation Agreement** (this “Agreement”) is made as of , 20\_\_\_ (the “Effective Date”) by and between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ("School") and Lewis-Gale Medical Center-Salem, LLC, d/b/a LewisGale Medical Center ("Hospital"). School and Hospital may be referred to herein individually as a “Party” and collectively as the “Parties.”

**W I T N E S S E T H:**

**Whereas**, School enrolls students in an accredited degree program in the field of (the “Degree Program”);

**Whereas**, Hospital operates a comprehensive acute-care medical-surgical hospital located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the “Facility”);

**Whereas**, School desires to provide to \_[Number]\_\_\_\_\_\_ students per year enrolled in the Degree Program a clinical learning experience through the application of knowledge and skills in actual patient-centered treatment situations in a health care setting; and

**Whereas**, Hospital will make the Facility available to School for such clinical learning experience, subject to the terms and conditions of this Agreement.

**Now, Therefore**, in consideration of the mutual promises contained herein, the Parties hereby agree as follows:

1. **Responsibilities of School**.
   * 1. **Clinical Program**. School will develop, implement and operate the clinical learning experience component of the Degree Program at the Facility in a form and format acceptable to Hospital ("Clinical Program"). School may modify the Clinical Program from time to time with Hospital’s permission and will promptly incorporate reasonable changes to the Clinical Program requested by Hospital from time to time. With respect to the Clinical Program, School will:
2. ensure the adequacy of Degree Program resources, including up-to-date reference materials, and the academic preparation of students enrolled in the Degree Program, including theoretical background, basic skills, professional ethics, and attitude and behavior, for participation in the Clinical Program and will assign to the Clinical Program only those students who have demonstrated the ability to successfully participate in the Clinical Program (each a “Participating Student”);
3. advise each Program Participant (defined below) to attend training and orientation with respect to applicable Hospital policies and procedures prior to the commencement of each Clinical Program rotation during the Term (each a “Rotation”);
4. provide training for Hospital’s representatives who will support the Clinical Program regarding Clinical Program features and expectations, and Participating Student evaluations, as requested by Hospital from time to time;
5. identify to Hospital each Program Participant who will participate in a Rotation as soon as that information is reasonably available to School;
6. require Program Participants to comply with applicable laws and Hospital policies and procedures when onsite at the Facility;
7. require Program Participants to treat Hospital patients, staff and Clinical Program supervisors with courtesy and respect and do not disrupt Facility operations or the provision of health care services for Hospital’s patients;
8. timely prepare and update with input from Hospital rotation schedules for each Participating Student throughout each Rotation and coordinate the same with Hospital;
9. require Participating Students to arrive early for each scheduled Rotation, except when a Participating Student is ill or attending to a personal emergency;
10. provide continuing oral and written communication with Hospital regarding Participating Student Clinical Program performance and evaluation and other pertinent information;
11. participate and ensure that Program Participants participate in Hospital's Quality Assurance and related programs;
12. participate and require Program Participants to participate in Hospital training as determined necessary by Hospital from time to time; and
13. promptly perform additional duties to facilitate operation of the Clinical Program as may be deemed reasonable or necessary by Hospital from time to time.
    * 1. **Responsibility**.
14. School will retain ultimate responsibility for the appointment of faculty from the Degree Program to support the Clinical Program, for educating and supervising Participating Students and for evaluating Participating Students’ performance with respect to the Clinical Program.
15. Without limiting the foregoing, all Participating Students, Degree Program faculty and other School representatives onsite at the Facility (collectively “Program Participants”) shall be accountable to the Hospital's Administrator while onsite at the Facility.
16. School will address all Program Participant complaints, claims, requests and questions regarding the Clinical Program. If necessary, School’s Program Representative will follow-up with Hospital’s Program Representative to address unresolved issues.
    * 1. **Compliance with Program Requirements**. School acknowledges that compliance by School and each Program Participant with the terms and conditions of this Agreement and Hospital policies and procedures is a condition precedent to Program Participant access to the Facility. Non-compliance or partial compliance with any such requirement may result in an immediate denial of access or re-access to the Facility.
      2. **Dress Code**. School will cause Program Participants to conform to reasonable personal appearance standards imposed by Hospital and wear ID badges as requested by Hospital from time to time. School will cause Program Participants to pay for their own meals at the Facility. School acknowledges and will regularly inform Program Participants that Hospital is not responsible for personal items lost or stolen at the Facility.
      3. **Use of the Facility**. School will ensure that Program Participants use the Facility solely for the purpose of providing to Participating Students clinical learning experience pursuant to the Clinical Program.
      4. **Records**. School will cause each Program Participant to timely complete and save in Hospital’s systems as directed by Hospital accurate records of all services provided by the Program Participant to a Hospital patient ("Records"). All Records are and will remain the property of Hospital, subject to the rights of patients with respect to such records and to the terms of applicable law. Hospital will provide to School a copy of Records for all lawful purposes, including defense of liability claims.
      5. **Program Participants**. School will provide to Hospital information regarding each Program Participant, including health examination and immunization records, documentation attesting to the competency of Degree Program faculty (e.g., state licensure, board certification in the relevant Specialty, etc.) and background checks and drug screens as determined reasonably necessary in Hospital’s discretion from time to time.
      6. **Program Participant Statements**. School shall require each Program Participant to sign a Statement of Responsibility, in the form attached hereto as Exhibit A, and a Statement of Confidentiality and Security, in the form attached hereto as Exhibit B prior to each non-consecutive Rotation.
      7. **Liability Insurance**. School shall obtain and maintain occurrence-type general and professional liability insurance coverage in amounts not less that one million dollars ($1,000,000.00) per occurrence and three million dollars ($3,000,000.00) annual aggregate per Program Participant, with insurance carriers or self insurance programs approved by Hospital and covering the acts and omissions of Program Participants. If such coverage is provided on a claims-made basis, then such insurance shall continue throughout the Term and upon the termination or expiration of this Agreement, School shall purchase tail coverage for a period of three years after the termination or expiration of this Agreement (said tail coverage shall be in amounts and type equivalent to the claims-made coverage). School shall further, at its expense, obtain and maintain for the Term workers' compensation insurance and unemployment insurance for School-employed Program Participants. School will notify Hospital at least thirty (30) calendar days in advance of any cancellation or modification of insurance coverage required hereunder and shall promptly provide to Hospital, upon request, certificates of insurance evidencing the above coverage.

Notwithstanding the foregoing, if the School is a public entity entitled to governmental immunity protections under applicable state law, then the School shall provide occurrence-based liability coverage in accordance with any limitations associated with the applicable law; but the School shall provide such insurance with limits of at least $1,000,000 per occurrence and $3,000,000 annual aggregate in the event governmental immunity protections are determined by a court of competent jurisdiction to not apply. Nothing in this agreement is intended to be construed or interpreted as (1) denying either School or Hospital any remedy or defense available to it under state laws; (2) the consent of the State where School is located or any of its agents and agencies to be sued; or (3) a waiver of sovereign immunity of the State or the School beyond any waiver explicitly stated in state statutes.

* + 1. **Health of Program Participants**. School will advise Program Participants that no Program Participant will be permitted to attend the Clinical Program until he or she submits to a medical examination acceptable to Hospital.

School will require each Program Participant to maintain health insurance and provide proof of health insurance to the School prior to participating in the Clinical Program. School will cause Program Participants to provide to Hospital proof of health insurance as requested by Hospital from time to time.

In the event a Program Student is exposed to an infectious or environmental hazard or other occupational injury while at the Hospital, the Hospital, upon notice of such incident from the Participating Student, will provide such emergency care as is provided its employees. School acknowledges that Hospital is not and will not be financially responsible for a Program Participant's medical care or treatment regardless of the Program Participant's condition or injury or cause of injury whether occurring at the Facility or otherwise and regardless of fault or cause of injury.

School will ensure that each Participating Student furnishes to Hospital prior to each non-consecutive Rotation a complete copy of the following health records (Participating Students will not be allowed to access the Facility until all records are provided):

(i) Tuberculin skin test performed within the past twelve (12) months or documentation as a previous positive reactor;

(ii) Proof of Rubella and Rubeola immunity by positive antibody titers or two (2) doses of MMR;

(iii) Proof of Varicella immunity, by positive history of chickenpox or Varicella immunization;

(iv) Proof of Influenza vaccination during the flu season, October 1 to March 31, (or dates defined by CDC), or a signed Declination Form; and

(v) Proof of Hepatitis B immunization or declination of vaccine, if patient contact is anticipated.

* + 1. **Performance**. All faculty provided by School to support the Clinical Program shall be faculty members of the Degree Program, duly licensed, certified or otherwise qualified to support the Clinical Program in the capacity proposed by School. School and all Program Participants shall perform its and their duties and services hereunder in accordance with all relevant local, state, and federal laws and shall comply with the standards and guidelines of all applicable accrediting bodies and the bylaws, rules and regulations of Hospital and any non-conflicting rules and regulations of School as may be in effect from time to time. Neither School nor any Program Participant shall interfere with or adversely affect the operation of Hospital or the performance of services therein.
    2. **Background Checks**.

(i) School will ensure that each Program Participant obtains prior to each non-consecutive Rotation a background check acceptable to Hospital, including, at a minimum, the following:

A. Social Security Number Verification;

B. Criminal Search (7 years or up to 5 criminal searches);

C. Violent Sex Offender and Predator Registry Search;

D. HHS/OIG List of Excluded Individuals;

E. GSA List of Parties Excluded from Federal Programs;

F. U.S. Treasury, Office of Foreign Assets Control (OFAC), List of Specially Designated Nationals (SDN); and

G. Applicable State Exclusion List, if available.

(ii) Background Checks for Program Faculty, if School provides Faculty on site, who will be treating patients in the Facility shall include all of the above, and the following:

A. Education verification (highest level);

B. Professional license verification;

C. Certifications & Designations check;

D. Professional Disciplinary Action search;

E. Department of Motor Vehicle Driving History, based on responsibilities; and

F. Consumer Credit Report, based on responsibilities.

(iii) School shall provide to Hospital an *Attestation of Satisfactory Background Investigation* in the form attached hereto as Exhibit C prior to each non-consecutive Rotation. If the background check discloses adverse information about a Participating Student, School shall immediately remove the student from the Clinical Program. School further agrees to an annual compliance audit of background checks, if requested by Hospital and approved by any Program Participant pursuant to the Fair Credit Reporting Act (FCRA).

* + 1. **Drug Testing**. School will ensure that each Program Participant obtains prior to each non-consecutive Rotation a drug test acceptable to Hospital, including, at a minimum, the following:

(i) Substances tested prior to placement at the Hospital must at a minimum include amphetamines, barbiturates, benzodiazepines, opiates, fentanyl analogues, methadone, marijuana, meperidine, and cocaine.

(ii) A Program Participant may be required to undergo additional drug and alcohol testing upon reasonable suspicion that the Program Participant has violated Hospital's policies, and after any incident that involves injury or property damage.

Hospital shall not bear the cost of any such tests. Should the testing disclose adverse information as to any Program Participant, Hospital shall have no obligation to accept that Program Participant at the Hospital. To the extent that any Program Participant violates the policy for drug or alcohol abuse after placement at the Facility, or refuses to cooperate with the requirement for a search or reasonable suspicion and reportable accident testing, then the Facility may immediately remove the Program Participant from participation in the Program at the Facility.

* + 1. **Student Documentation**. School will maintain all documentation required to evidence compliance by each Program Participant with the terms and conditions of Subsections 1(g)- (m) of this Agreement during the Term and for at least ten (10) years following expiration or termination of this Agreement.
    2. **Access to Resources**. The School shall ensure that its department heads have authority to ensure faculty and Participating Student access to appropriate resources for the Participating Students’ education.

1. **Responsibilities of Hospital.**

(a) Hospital will make Facility access reasonably available to Program Participants and reasonably cooperate with School’s orientation of all Program Participants to the Facility. Hospital shall provide Program Participants with access to appropriate clinical experience resources for the Clinical Program. Hospital shall provide reasonable opportunities for Participating Students to observe and assist in various aspects of patient care to the extent permitted by applicable law and without disruption of patient care or Hospital operations. Hospital shall at all times retain ultimate control of the Hospital and responsibility for patient care and quality standards.

(b) Upon the request of School, Hospital shall assist School in the evaluation of each Participating Student’s performance in the Clinical Program. Any such evaluations shall be returned to School in a timely manner. However, School shall at all times remain solely responsible for the evaluation and education of Participating Students.

(c) Hospital will ensure that the Facility complies with applicable state and federal workplace safety laws and regulations. In the event a Participating Student is exposed to an infectious or environmental hazard or other occupational injury (i.e., needle stick) while at the Facility, it shall provide, upon notice of such incident from the Participating Student, such emergency care as is provided its employees, including, where applicable: examination and evaluation by Facility’s emergency department or other appropriate facility as soon as possible after the injury; emergency medical care immediately following the injury as necessary; initiation of the HBV, Hepatitis C (HCV), and/or HIV protocol as necessary; and HIV counseling and appropriate testing as necessary. In the event that the Facility does not have the resources to provide such emergency care, Facility will refer such student to the nearest emergency facility.

(d) To the extent Hospital generates or maintains educational records for Participating Students that are subject to the Family Educational Rights and Privacy Act (FERPA), Hospital will comply with applicable FERPA requirements. For purposes of this Agreement, School shall designate Hospital as a school official with a legitimate educational interest in the educational records of Participating Students to the extent that access to School's records is required by Hospital to carry out the Clinical Program.

(e) Upon reasonable request, Hospital will provide proof to School that Hospital maintains liability insurance in an amount that is commercially reasonable.

(f) Hospital will provide written notification to School if a claim arises involving a Program Participant. Both Hospital and School agree to share such information in a manner that protects such disclosures from discovery to the extent possible under applicable federal and state peer review and joint defense laws.

(g) Hospital will resolve any situation in favor of its patients' welfare and may restrict a Participating Student to the role of observer when necessary in Hospital’s discretion. Hospital will notify School's Program Representative (defined below) when such action has occurred.

(h) Upon reasonable notice from School, Hospital will make the Facility reasonably available for inspection during normal business hours by organizations that provide or may provide academic accreditation for the Degree Program. Such inspections must be accompanied at all times by a Hospital representative and are contingent upon receipt by Hospital of executed agreements that Hospital believes are reasonably necessary or convenient to protect the confidentiality and security of Hospital’s information. School will promptly reimburse Hospital for all direct costs incurred by Hospital in connection with such accreditation inspections.

(i) Hospital shall provide Program Participants with access to and Participating Students with required training in the proper use of electronic medical records or paper charts, as applicable.

(j) Hospital shall provide student security badges or other means of secure access to Facility patient care areas.

(k) Hospital shall provide Program Participants with computer access, and access to call rooms, if necessary.

(l) Hospital shall provide secure storage space for Participating Students’ personal items when at the Facility.

(m) Hospital shall provide qualified and competent staff members in adequate number for the instruction and supervision of students using the Facility.

1. **Mutual Responsibilities.** The Parties shall cooperate to fulfill the following mutual responsibilities:

(a) Each Party will identify to the other Party a Clinical Program representative (each a “Program Representative”) on or before the execution of this Agreement. School’s Program Representative shall be a faculty member who will be responsible for Participating Student teaching and assessment provided pursuant to this Agreement. Each Party will maintain a Program Representative for the Term and will promptly appoint a replacement Program Representative if necessary to comply with this Agreement. Each Party will ensure that its Program Representative is reasonably available to the other Party’s Program Representative.

(b) School will provide qualified and competent Degree Program faculty in adequate number for the instruction, assessment and supervision of Participating Students at the Facility.

(c) Both School and Hospital will work together to maintain a Clinical Program emphasis on high quality patient care. At the request of either Party, a meeting or conference will promptly be held between the Parties’ respective Program Representatives to resolve any problems in the operation of the Clinical Program.

(d) School acknowledges, and will inform Participating Students that Participating Students are trainees in the Clinical Program and have no expectation of receiving compensation or future employment from Hospital or School. Participating Students are not to replace Hospital staff and are not to render unsupervised patient care and/or services. Hospital and its staff will provide such supervision of the educational and clinical activities as is reasonable and appropriate to the circumstances and to the Participating Student’s level of training.

(e) Any courtesy appointments to faculty or staff by either School or Hospital shall be without entitlement of the individual to compensation or benefits for the appointed party.

(f) Both School and Hospital will work together to create and maintain an appropriate learning environment for the Participating Students.

(g) The School, including its faculty, staff and residents, and the Hospital share responsibility for creating an appropriate learning environment that includes both formal learning activities and the attitudes, values, and informal "lessons" conveyed by individuals who interact with the Participating Student. The parties will cooperate to evaluate the learning environment (which may include on-site visits) to identify positive and negative influences on the maintenance of professional standards, and to conduct and develop appropriate strategies to enhance the positive and mitigate the negative influences.

4. **Withdrawal of Participating students**. Hospital may immediately remove a Participating Student from the Facility when in Hospital’s discretion his or her clinical performance is unsatisfactory or his or her behavior is disruptive or detrimental to Hospital operations and/or Hospital’s patients. In such event, School will immediately remove the Participating Student from the Clinical Program. It is understood that only School can dismiss the Participating Student from the Clinical Program. School may terminate a Participating Student’s participating in the Clinical Program when it determines, in its sole discretion, that further participation by the student would no longer be appropriate.

5. **Fees**. All fees generated by or in connection with services provided by Program Participants to Hospital patients belong to Hospital. School on behalf of itself and each Program Participant hereby assigns to Hospital all right, title and interest (if any) in and to such fees. If School or any Program Participant receives any fees or other reimbursement for services provided by Program Participants to Hospital patients, School will and will cause Program Participants to immediately deliver and endorse over to Hospital all such amounts. School will and will cause Program Participants not to bill Hospital patients for services provided. School will and will cause Program Participants to take all actions and execute all documents reasonably requested by Hospital in order for Hospital to collect fees and payments for health care services provided by Program Participants.

6. **Independent Contractor; No other beneficiaries; Employment Disclaimer**.

(a) The Parties hereby acknowledge that they are independent contractors, and neither School nor any of its agents, representatives, Program Participants, or employees shall be considered agents, representatives, or employees of Hospital. In no event shall this Agreement be construed as establishing a partnership or joint venture or similar relationship between the Parties. School shall be liable for its own debts, obligations, acts and omissions, including the payment of all required withholding, social security and other taxes or benefits. No Program Participant shall look to Hospital for any salaries, insurance or other benefits. No Program Participant or other third person is entitled to, and shall not, receive any rights under this Agreement. Neither Party shall have the right or authority nor hold itself out to have the right or authority to bind the other Party and neither shall either Party be responsible for the acts or omissions of the other except as provided specifically to the contrary herein.

(b) Each Party acknowledges Participating Students will not be considered employees or agents of Hospital or School for any purpose. Participating Students will not be entitled to receive any compensation from Hospital or School or any benefits of employment from Hospital or School, including health care or workers’ compensation benefits, vacation, sick time, or other direct or indirect benefit of employment.

(c) School acknowledges that Hospital has not and is not obligated to implement or maintain insurance coverage for the benefit or protection of School or Program Participants.

7. **Non-Discrimination**. There shall be no discrimination on the basis of race, national origin, religion, creed, sex, age, veteran status, or handicap in either the selection of Participating Students, or as to any aspect of the Clinical Program; provided, however, that with respect to handicap, the handicap must not be such as would, even with reasonable accommodation, in and of itself preclude the Program Participant's effective participation in the Clinical Program.

8. **Indemnification**. To the extent permitted by applicable law and without waiving any defenses, School shall indemnify and hold harmless Hospital and Hospital’s officers, directors, trustees, medical and nursing staff, representatives and employees from and against all third-party liabilities, claims, damages and expenses, including reasonable attorneys’ fees, relating to or arising out of any act or omission of School or any of its Program Participants, agents, representatives or employees in connection with this Agreement, including, but not limited to, claims for personal injury, professional liability, or with respect to the failure to make proper payment of required taxes, withholding, employee benefits or statutory or other entitlements.

9. **Confidentiality.** School will and will advise Program Participants to keep strictly confidential and hold in trust all non-public information of Hospital, including all patient information, and refrain from disclosing such confidential information to any third party without the express prior written consent of Hospital, provided that the minimum necessary confidential information may be disclosed pursuant to valid legal process after Hospital is permitted an opportunity to minimize the potential harmful affects of such disclosure. School shall not disclose the terms of this Agreement to any person who is not a party to this Agreement, except as required by law or as authorized by Hospital. These confidentiality requirements survive the termination or expiration of the Agreement. In addition to the requirements set forth in this Section, Program Participants shall abide by the terms of Exhibit B.

10. **Term; Termination.**

(a) The term of this Agreement will commence on the Effective Date and will continue for two (2) years unless terminated as provided below (the “Term”).

(b) Either Party may terminate this Agreement at any time without cause upon at least sixty (60) calendar days prior written notice to the other Party, provided that all Participating Students participating in the Program at the time of notice of termination or who are already scheduled to train at the Facility shall be given the opportunity to complete the then-current Program rotation or previously scheduled clinical assignment.

(c) The Parties may terminate this Agreement at any time by mutual written agreement.

(d) Hospital may immediately terminate this Agreement at any time upon notice to School in the event of a breach of Section 11 of this Agreement.

11. **Representations and Warranties**.

(a) School hereby represents to Hospital as of the Effective Date and warrants to Hospital for the Term that:

(i) School and its Program Participants: (A) are not excluded, debarred, or otherwise ineligible to participate in the Federal health care programs as defined in 42 U.S.C. Section 1320a-7b(f) (the “Federal health care programs”); (B) are not convicted of a criminal offense related to the provision of health care items or services but has not yet been excluded, debarred or otherwise declared ineligible to participate in the Federal health care programs, and (C) are not under investigation or otherwise aware of any circumstances which may result in the School, or a Program Participant being excluded from participation in the Federal health care programs; and

(ii) in the aggregate, School and all of School’s affiliates compensate all physician employees and physician contractors (if any) (A) in an amount that is consistent with fair market value for actual services provided, and (B) in a manner that does not vary with or take into account the volume or value of patient referrals to, or other business generated for, Hospital or any of Hospital's affiliates. Furthermore, all of School's and its affiliates' compensation arrangements with physician employees and physician contractors are memorialized in a signed written agreement or other satisfy an exception to the Stark Law physician referral prohibitions provided in 42 U.S.C. § 1395nn(a)(1).

(b) The representation and warranty set forth above is an ongoing representation and warranty for the Term of this Agreement. School will immediately notify Hospital in writing of any change in status of the representation and warranty set forth in this section.

12. **Travel Expenses**. No expense of School or of a Program Participant will be paid or reimbursed by Hospital unless that expense is approved by Hospital in writing in advance and is incurred and documented in accordance with applicable Hospital travel and expense policies.

13. **Use of Name or Logo**. School will not, and will cause Program Participants not to use names, logos or marks associated with Hospital without the express written consent of Hospital in each case.

14. **Entire Agreement.** This Agreement and its Exhibits set forth the entire Agreement with respect to the subject matter hereof and supersedes all prior agreements, oral or written, and all other communications between the Parties relating to such subject matter. This Agreement may not be amended or modified except by mutual written agreement of the Parties. All continuing covenants, duties and obligations herein shall survive the expiration or earlier termination of this Agreement.

15. **Severability.** If any provision of this Agreement is held to be invalid or unenforceable for any reason, this Agreement shall remain in full force and effect in accordance with its terms disregarding such unenforceable or invalid provision.

16. **Captions.** The captions contained herein are used solely for convenience and shall not be deemed to define or limit the provisions of this Agreement.

17. **No Waiver.** Delay or failure to exercise any right or remedy hereunder will not impair such right or remedy or be construed as a waiver thereof. Any single or partial exercise of any right or remedy will not preclude any other or further exercise thereof or the exercise of any other right or remedy.

18. **Governing Law.** This Agreement shall be governed and construed in accordance with the laws of the state in which Hospital is located. Venue for all disputes arising in connection with this Agreement will be in the federal or state courts with jurisdiction for the area where the Hospital is located.

19. **Assignment; Binding Effect.** School may not assign or transfer any of its rights, duties or obligations under this Agreement, in whole or in part, without the prior written consent of Hospital. This Agreement shall inure to the benefit of, and be binding upon, the Parties and their respective successors and permitted assigns.

20. **Notices.** All notices hereunder by either Party to the other shall be in writing, delivered personally, by certified or registered mail, return receipt requested, or by overnight courier, and shall be deemed to have been duly given when delivered personally or when deposited in the United States mail, postage prepaid, addressed as follows:

If to Hospital:

**Attention: Chief Executive Officer**

Copy to: HCA Legal Department

**Attention: Operations Counsel**

One Park Plaza, Bldg. 1, 2-West

Nashville, TN 37203

If to School:

**Attention: Associate Dean of Student Affairs**

or to such other person or place as either Party may from time to time designate by written notice to the other Party.

21. **Counterparts.** This Agreement may be executed in multiple parts (by facsimile transmission or otherwise) and each counterpart shall be deemed an original, and all of which together shall constitute but one agreement. Electronic signatures will be considered originals.

22. **HIPAA Requirements.** To the extent applicable to this Agreement, School agrees to comply with the Health Information Technology for Economic and Clinical Health Act of 2009 (the “HITECH ACT”), the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, as codified at 42 USC § 1320d through d-8 (“HIPAA”) and any current and future regulations promulgated under either the HITECH Act or HIPAA including without limitation the federal privacy regulations contained in 45 C.F.R. Parts 160 and 164 (the “Federal Privacy Regulations”), the federal security standards contained in 45 C.F.R. Parts 160, 162 and 164 (the “Federal Security Regulations”) and the federal standards for electronic transactions, all as may be amended from time to time, and all collectively referred to herein as “HIPAA Requirements”. School further agrees not to use or disclose any Protected Health Information (as defined in 45 C.F.R. § 164.501) or Individually Identifiable Health Information (as defined in 42 USC § 1320d), other than as permitted by HIPAA Requirements and the terms of this Agreement. School will and will cause Program Participants to enter into any further agreements as necessary to facilitate compliance with HIPAA Requirements.

23. **No Requirement to Refer**. Nothing in this Agreement requires or obligates School to cause the admittance of a patient to Hospital or to use Hospital’s services. None of the benefits granted pursuant to this Agreement are conditioned on any requirement or expectation that the Parties make referrals to, be in a position to make or influence referrals to, or otherwise generate business for the other Party. Neither Party is restricted from referring any services to, or otherwise generating any business for, any other entity of their choosing.

24. **No Payments**. Except as provided in Section 5, no payments will be made between the Parties or to the Program Participants in connection with this Agreement.

25. **Recitals**. The Recitals to this Agreement shall be an enforceable part of this Agreement, binding on the Parties as if fully set forth herein.

26. **Equitable Remedies**. School acknowledges that the injury which might be suffered by Hospital in the event of any breach by School or non-compliance by Program Participants with the terms and conditions of this Agreement would be of a nature which could not be fully compensated for solely by a recovery of monetary damages, and accordingly agrees that in the event of any such breach or threatened breach, in addition to and not in lieu of any damages sustained by Hospital and any other remedies which Hospital may pursue hereunder or under applicable law, Hospital shall have the right to equitable relief, including issuance of a temporary restraining order, preliminary injunction and/or permanent injunction by any court of competent jurisdiction, against the commission or continuation of such breach or threatened breach, without the necessity of proving any actual damages or the posting of any bond.

**WHEREFORE**, authorized representatives of each Party hereby execute this Agreement as of the Effective Date.

**SCHOOL**

By:

Title:

Date:

**HOSPITAL**

By:

Title:

Date:

**EXHIBIT A**

**STATEMENT OF RESPONSIBILITY**

For and in consideration of the benefit provided the undersigned in the form of experience in a clinical setting at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ("Hospital"), the undersigned and his/her heirs, successors and/or assigns do hereby covenant and agree to assume all risks and be solely responsible for any injury or loss sustained by the undersigned while participating in the Program operated by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ("School") at Hospital unless such injury or loss arises solely out of Hospital's gross negligence or willful misconduct.

Signature of Program Participant/Print Name Date

Parent or Legal Guardian Date

If Program Participant is under 18 / Print Name

**Exhibit B**

**Workforce Member Confidentiality and Security Agreement**

I understand that the HCA affiliated entity(ies) (the “Company”) for which I am a Workforce Member (my “Engagement”) manages health information and has legal and ethical responsibilities to safeguard the privacy of its patients and their personal and health information (“Patient Information”). “Workforce Member” means employees, employed Licensed Independent Practitioners (LIPs) (*e.g.,* employed/managed physicians), employed Advanced Practice Professionals (APPs), residents/fellows, students (*e.g.*, nursing, medical, and interns), faculty/instructors, contractors (*e.g.*, HealthTrust Workforce Solutions (HWS), travelers, network/per diem staff, or dependent healthcare professionals and/or contracted through another temporary staffing agency), and volunteers.

Additionally, the Company must protect its interest in, and the confidentiality of, any information it maintains or has access to, including, but not limited to, financial information, marketing information, Human Resource Information, (as defined below), payroll, business plans, projections, sales figures, pricing information, budgets, credit card or other financial account numbers, customer and supplier identities and characteristics, sponsored research, processes, schematics, formulas, trade secrets, innovations, discoveries, data, dictionaries, models, organizational structure and operations information, strategies, forecasts, analyses, credentialing information, Social Security numbers, passwords, PINs, and encryption keys (collectively, with patients’ information, “Confidential Information”). The Company must also protect Company Property (such as inventions, software, trade secrets, and Developments (as defined below)).

During the course of my Engagement with the Company, I understand that I may access, use, or create Confidential Information. I agree that I will access and use Confidential Information only when it is necessary to perform my job-related duties and in accordance with the Company’s policies and procedures, including, without limitation, its Privacy and Security Policies (available at <http://hcahealthcare.com/ethics-compliance/>and the Information Protection Page of the Company’s intranet). I further acknowledge that I must comply with such policies, procedures, and this Confidentiality and Security Agreement (the “Agreement”) at all times as a condition of my Engagement and in order to obtain authorization for access to Confidential Information and/or Company systems. I acknowledge that the Company is relying on such compliance and the representations, terms and conditions stated herein.

***General***

1. I will act in the best interest of the Company and, to the extent subject to it, in accordance with its Code of Conduct at all times during my Engagement with the Company.
2. I have no expectation of privacy when using Company systems and/or devices. The Company may log, access, review, and otherwise utilize information stored on or passing through its systems, devices and network, including email.
3. Any violation of this Agreement may result in the loss of my access to Confidential Information and/or Company systems, or other disciplinary and/or legal action, including, without limitation, suspension, loss of privileges, and/or termination of my Engagement with the Company, at Company’s sole discretion in accordance with its policies.

***Patient Information***

1. I will access and use Patient Information only for patients whose information I need to perform my assigned job duties in accordance with the HIPAA Privacy and Security Rules (45 CFR Parts 160—164), applicable state and international laws (*e.g.*, the European Union General Data Protection Regulation), and applicable Company policies and procedures, including, without limitation, its Privacy and Security Policies (available at <http://hcahealthcare.com/ethics-compliance/> and the Information Protection Page of the Company’s intranet).
2. I will only access, request and disclose the minimum amount of Patient Information needed to carry out my assigned job duties or as needed for treatment purposes.
3. By accessing or attempting to access Patient Information, I represent to the Company at the time of access that I have the requisite job-related need to know and to access the Patient Information.

***Protecting Confidential Information***

1. I acknowledge that the Company is the exclusive owner of all right, title and interest in and to Confidential Information, including any derivatives thereof.
2. I will not publish, disclose or discuss any Confidential Information (a) with others, including coworkers, peers, friends or family, who do not have a need to know it, or (b) by using communication methods I am not specifically authorized to use, including personal email, Internet sites, Internet blogs or social media sites.
3. I will not take any form of media or documentation containing Confidential Information from Company premises unless specifically authorized to do so as part of my job and in accordance with Company policies.
4. I will not transmit Confidential Information outside the Company network unless I am specifically authorized to do so as part of my job responsibilities. If I am authorized to transmit Confidential Information outside of the Company, I will ensure that the information is encrypted according to Company Information Security Standards and ensure that I have complied with the External Data Release policy and other applicable Company privacy policies.
5. I will not retain Confidential Information longer than required by the Company’s Record Retention policy.
6. I will only reuse or destroy media in accordance with the Company’s Information Security Standards.
7. I acknowledge that in the course of performing my job responsibilities I may have access to human resource information which may include compensation, age, sex, race, religion, national origin, disability status, medical information, criminal history, personal identification numbers, addresses, telephone numbers, financial and education information (collectively, “Human Resource Information”). I understand that I am allowed to discuss any Human Resource Information about myself and other employees if they self-disclose their information. I can also discuss Human Resource Information that does not relate to my individual employment or my job responsibilities and that is not in violation of any other provision in this Agreement.

***Using Mobile Devices, Portable Devices and Removable Media***

1. I will not copy, transfer, photograph, or store Confidential Information on any mobile devices, portable devices or removable media, such as laptops, smart phones, tablets, CDs, thumb drives, external hard drives, unless specifically required and authorized to do so as part of my Engagement with the Company.
2. I understand that any mobile device (smart phone, tablet, or similar device) that synchronizes Company data (*e.g.*, Company email) may contain Confidential Information and as a result, must be protected as required by Company Information Security Standards.

***Doing My Part – Personal Security***

1. I will only access or use systems or devices I am authorized to access, and will not demonstrate the operation or function of systems or devices to unauthorized individuals.
2. I will not attempt to bypass Company security controls.
3. I understand that I will be assigned a unique identifier (*i.e.*, 3-4 User ID) to track my access and use of Company systems and that the identifier is associated with my personal data provided as part of the initial and/or periodic credentialing and/or employment verification.
4. In connection with my Engagement, I will never:
   1. disclose or share user credentials (*e.g.*, password, SecurID card, Tap n Go badge, etc.), PINs, access codes, badges, or door lock codes;
   2. use another individual’s, or allow another individual to use my, user credentials (*e.g.*, 3-4 User ID and password, SecurID card, Tap n Go badge, etc.) to access or use a Company computer system or device;
   3. allow a non-authorized individual to access a secured area (*e.g.*,hold the door open, share badge or door lock codes, and/or prop the door open);
   4. use tools or techniques to break, circumvent or exploit security measures;
   5. connect unauthorized systems or devices to the Company network; or

f. use software that has not been licensed and approved by the Company.

1. I will practice good workstation security measures such as locking up media when not in use, using screen savers with passwords, positioning screens away from public view, and physically securing workstations while traveling and working remotely.
2. I will immediately notify my manager, Facility Information Security Official (FISO), Director of Information Security Assurance (DISA), Facility Privacy Official (FPO), Ethics and Compliance Officer (ECO), or Facility or Corporate Client Support Services (CSS) help desk or if involving the United Kingdom, the Data Protection Officer (DPO), Information Governance Manager, Caldicott Guardian, Heads of Governance (HoG), Division Chief Information Security Officer (CISO) if:
   1. my user credentials have been seen, disclosed, lost, stolen, or otherwise compromised;
   2. I suspect media with Confidential Information has been lost or stolen;
3. I suspect a virus or malware infection on any system;
4. I become aware of any activity that violates this Agreement or any Company privacy or security policies; or
5. I become aware of any other incident that could possibly have any adverse impact on Confidential Information or Company systems.

***Upon Separation***

1. I agree that my obligations under this Agreement will continue after termination or expiration of my access to Company systems and Company Information.
2. At the end of my Engagement with the Company for any reason, I will immediately:
   1. securely return to the Company any Confidential Information, Company related documents or records, and Company owned media (*e.g.*, smart phones, tablets, CDs, thumb drives, external hard drives, etc.). I will not keep any copies of Confidential Information in any format, including electronic; and
   2. un-enroll any non-Company owned devices from the Company Enterprise Mobility Management System, if applicable.

***Except to the Extent Otherwise Agreed in a Separate Agreement, the Following Statements Apply to All Workforce Members***

1. I shall promptly disclose to the Company all Company Property that I develop during my Engagement. "Company Property" means any subject matter (including inventions, improvements, designs, original works of authorship, formulas, processes, compositions of matter, software, databases, confidential information and trade secrets), whether belonging to the Company or others, that, directly or indirectly: (i) I author, make, conceive, first reduce to practice, or otherwise create or develop, whether alone or with others using any Company equipment, supplies, facilities, or Confidential Information, or (ii) otherwise arises from work performed by me for the Company, its employees, or agents, (each of the foregoing, a "Development").
2. As between me and the Company, all Company Property is the property of the Company or its designee, and all copyrightable Developments that I create within the scope of my employment are "works made for hire."
3. I agree to assign, and do hereby irrevocably assign, to the Company or its designee all of my right, title, and interest in and to any and all Developments, together with all intellectual property and other proprietary rights therein or arising therefrom, including any registrations or applications to register such rights and the right to sue for past, present, or future infringements or misappropriations thereof.
4. During and after my Engagement, I agree to execute any document and perform any act to effectuate, perfect, enforce, and defend the Company's rights in any Development. I hereby appoint the Company and its authorized agent(s) as my attorney in fact to execute such documents in my name for these purposes, which power of attorney shall be coupled with an interest and shall be irrevocable, if I fail to execute any such document within five (5) business days.
5. If there is a conflict between a term in Sections 24 through 28 and a term separately agreed to in writing with the Company, the term set forth in the separate agreement will control.

By signing this document, I acknowledge that I have read and understand this Agreement, and I agree to be bound by and comply with all the representations, terms and conditions stated herein.

|  |  |
| --- | --- |
| Signature: | Date: |
| Printed Name: | 3/4 ID: |

**EXHIBIT C**

**Attestation of Satisfactory Background Investigation**

On behalf of [Name of Volunteer Organization, School, Contract Services Entity, or Staffing Agency], I acknowledge and attest to [Name of facility] (“Hospital”) that we own, and have in our possession, a background investigation report on the individual identified below. Such background investigation is satisfactory in that it:

\_\_\_\_ verifies the Subject’s Social Security Number;

\_\_\_\_ does not reveal any criminal activity;

\_\_\_\_ confirms the individual is not on either the GSA or OIG exclusion lists;

\_\_\_\_ confirms the individual is not on a State exclusion list, if any;

\_\_\_\_ confirms the individual is not listed as a violent sexual offender;

\_\_\_\_ confirms this individual is not on the U.S. Treasury Department’s Office of Foreign Assets Control list of Specially Designation Nationals; and no other aspect of the investigation required by Hospital reveals information of concern

This attestation is provided in lieu of providing a copy of the background investigation.

Identified Individual Subject to the Background Investigation:

Name:

Address:

Date of Birth:

Social Security Number:

\_\_\_\_\_

Signature

Printed Name

[Name of Organization]

Date:

**Appendix B**

**EXAMPLE**

**Department of Communication Disorders & Sciences**

**College of Health and Human Services**

**Eastern Illinois University**

Mrs. Lynne Cameron (217) 581-7741, [medicalinternship@eiu.edu](mailto:medicalinternship@eiu.edu)

EIU Medical Internship Supervisor

TO: All Graduate Students

RE: General Requirements for Internship

DATE: June 11, 2024

* PLEASE READ ALL INFORMATION IN THIS MEMO CAREFULLY.
* **ALL REQUIRED DOCUMENTS SHOULD BE PLACED IN MRS. CAMERON’S MAILBOX IN THE FRONT OFFICE OR UPLOADED SECURELY THROUGH THE MACH FORM (**[**https://www.eiu.edu/commdisgrad/med\_requirements.php**](https://www.eiu.edu/commdisgrad/med_requirements.php)**).**
* KEEP ALL MEMOS, PACKETS, FORMS, OR INFORMATION IN A SEPARATE, SAFE PLACE, SO THAT YOU CAN REFER TO THE DETAILS AS/WHEN NEEDED.
* **FAILURE TO COMPLETE ALL TASKS TO THE LETTER WILL DELAY THE START OF YOUR INTERNSHIP.**
* DO NOT CALL OR CONTACT YOUR SITE YET UNLESS TOLD TO DO SO BY MRS. CAMERON OR AS REQUESTED BY THE SITE SUPERIVSOR/STUDENT COORDINATOR. COPY MRS.CAMERON ON **ALL** **EMAIL CORRESPONDENCE** RELATING TO PLACEMENT DETAILS OR REQUIREMENTS.

\*DUE DATES:

EIU Requirements for All Students **Tuesday, July 9, 2024**

Flu Shot for All Students Tuesday**, October 8, 2024**

Site-Specific Requirements for Fall 2024 Placements **Tuesday, July 9, 2024**

Site-Specific Requirements for Spring 2025 Placements**Tuesday, November 5, 2024**

**\*Please submit requirements as soon as possible to avoid delaying the start of your placement. Submitting requirements earlier is better.** Some requirements, such as the Varicella vaccine and initial COVID vaccine series, may require waiting a month between doses. Submitting requirements early allows time to ensure what you submit completely fulfills both EIU and site requirements.

1. ***Handbook, Internship Policy, Student Confidentiality Agreement, Student Code of Conduct, and*** ***Social Media Policy***
   1. **Link to handbook:** [**https://www.eiu.edu/commdisgrad/handbook.php**](https://www.eiu.edu/commdisgrad/handbook.php)
   2. **We will discuss, and then you will sign the correspondingforms.**
   3. Prerequisite requirements include acceptance by the medical internship site; completion of CDS 5600, 5800 and a grade of B or better in at least six semester hours of CDS 5900, 5910, 5920 or permission of the department chair.
   4. Internships are full-time, 14-week placements during fall and spring terms.
   5. Internships are full-time, 13-week placements during summer terms.
   6. Enroll in 9 credit hours of CDS 5980. Three of these credit hours will count towards your graduate program requirements.
   7. Enrollment in 9 credit hours qualifies you as a ‘full-time’ student.
2. ***\*\*EIU Requirements***   
   1. National criminal background check (completed online)
   2. Fingerprinting – State of Illinois background check (completed in person at EIU)
   3. Health Insurance
   4. Professional liability insurance
   5. Physical Exam
   6. QFT or 2-step TB skin test within 12 months of the completion of the internship
   7. MMR immunization or titer or separate immunizations or titers for Rubella, Rubeola, and Mumps
   8. Tdap vaccination
   9. Varicella (Chicken Pox) vaccination
   10. HBV vaccination (Hepatitis B) or signed declination form
   11. Flu vaccination or signed declination form
   12. Covid-19 vaccination or signed declination form
   13. 10-panel drug test
   14. CPR/BLS certification: **Basic Life Support for Healthcare Providers**
   15. HIPAA certification
   16. OSHA certification
   17. Release form
   18. Student social media policy
   19. Student confidentiality agreement
   20. Student code of conduct
   21. Student acknowledgement of internship policies
   22. Student acknowledgement of student responsibilities
   23. Handbook acknowledgement

***\*\*PLEASE NOTE, your site will have specific requirements. BOTH EIU and site requirements must be completed.***

1. ***Work Schedule and Absentee Policy***
   1. Work schedules:
      1. Internships follow the site’s work calendar, not the EIU academic calendar.
      2. Holidays are defined by the work site, not by EIU.
      3. Some hospitals require their employees to share weekend rotations.
      4. *You will work the hours as defined by the site, not by EIU.*
   2. Time off (there isn’t any):
      1. **Do not schedule vacations, events, or part-time work during expected internship dates.**
      2. You are allowed only ONE absence during your internship 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 the EIU internship coordinator.
      3. **Valid reasons** for absences shall be determined by the internship coordinator and include reasons such as: Illness; Car trouble; Weather conditions; Professional activities; Medical/legal appointments; Funerals; Supervisor absence (\*If other SLPs are on-site, arrange to shadow one of them during a supervisor absence).
      4. **Invalid reasons** for absences include but are not limited to: Social/family gatherings; Vacation; Entertainment; Travel, and Personal business.
   3. Communication and Verification of Absences:
      1. In the event that you need to *schedule* a day off, it is necessary that you discuss it with the EIU medical internship coordinator prior to requesting permission from your site supervisor.
      2. 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 EIU medical internship coordinator as soon after 8:00 am (or your regular workday starting time) as possible.
      3. If the EIU medical internship coordinator is not available by phone, leave a detailed message via phone or email.
      4. Verification of absences may be required.
      5. 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.
   4. Make up time:
      1. Any additional days missed, regardless of reason, must be made up prior to the close of the semester.
      2. Failure to make up all days missed will result in the student receiving a grade of “Incomplete”.
2. ***Additional Student Intern Responsibilities:*** 
   1. You are expected to follow the administrative policies, regulations, and/or procedures of the internship site.
   2. You must also conform to the standards and practices established by the University and the CDS Department while functioning on the internship site. **HOW YOU REPRESENT YOURSELF AFFECTS EIU AND THE ABILITY FOR FUTURE STUDENTS TO BE PLACED AT THE SITE.**
   3. You must provide your own transportation and living arrangements during the internship.
   4. You must report on time and follow the regularly scheduled operating hours.
   5. You must maintain health insurance.
      1. You may be doing this through the University’s student health plan, or you may have health insurance through your family. Or, you may have health insurance on your own.
      2. Regardless, most medical internship sites require (in the contract) that you have current health/medical insurance.
      3. Although most/all sites provide emergent healthcare on-site, within their emergency department, student interns are expected to then obtain their own medical care, at their own expense, for any injuries sustained as a direct or indirect result of the placement. Read the affiliation agreement (contract) between EIU and your internship site carefully.
   6. You must obtain and carry professional liability insurance during your internship. We will discuss this below.
   7. You must obtain and present evidence of any/all other requirements listed within your site’s affiliation agreement (e.g., particular types of drug screenings, certain types of TB tests or immunization titers, flu shots within certain times of the year, etc.)
   8. You are expected to authorize the release of health information to your internship site or assume all responsibility for providing documents/evidence of requirements to them. Complete and sign the *Permission to Share Student Health* *Information* document provided in this packet.
   9. **You will meet with the EIU medical internship coordinator, EIU educational internship coordinator, and possibly the EIU graduate coordinator during the upcoming summer or fall term to discuss barriers, strengths, and goals in preparation for your internship experience.**
3. ***Professional Liability Insurance*** 
   1. This is required by the CDS Department and contractually mandated by all external sites for medical internships.
   2. You will obtain a policy from Proliability or Healthcare Providers Service Organization (HPSO) in the amount of $1,000,000 per occurrence and $3,000,000 in the aggregate. Select the Student Speech-Language-Pathologist option.
   3. <http://www.proliability.com/professional-liability-insurance/speech-language-pathologists/american-speech-language-hearing-association> (Proliability) or <https://www.hpso.com/> (HPSO)
   4. Policies are good for a period of 12 months. If you are completing a medical internship during the summer of 2024, wait until September to purchase this policy.
   5. Policies cost $32.00 (Proliability) $42.00 (HPSO). Proliability is available ONLY to students who are members of the NATIONAL NSSLHA organization.
   6. If you are not a NATIONAL member, you will need to do this first, and then obtain liability insurance IF you select Proliability. NATIONAL NSSLHA membership costs $60.00.
   7. Liability insurance is only effective for as long as you are a current NATIONAL NSSLHA member IF you select Proliability—so you must maintain and keep this current.
   8. You do not need to be a member of NATIONAL NSSLHA for HPSO.
   9. If you are member of NATIONAL NSSLHA for two consecutive years at the time of graduation, when you apply for your CCCs, you receive a discount (see below).
      1. *New Applicants: Get all the value you can from your ASHA certification and membership. Apply between January 1 – August 31 with ASHA’s New Professional Membership Package and receive up to* *24 months of membership for the price of 12 months.*
      2. **NSSLHA Conversion: $286**  
         For members of NSSLHA who have held National NSSLHA membership for two consecutive years at the time of graduation, and who are applying for ASHA membership and certification by August 31 of the year following graduation.
      3. **Certification and ASHA Membership: $511**  
         For individuals who are not eligible for the NSSLHA Conversion.
      4. **Certification without ASHA Membership: $455**  
         **For individuals desiring to become certified without membership in the Association.**
4. ***Shots, Screens, Checks, etc.*** 
   1. EIU has minimum requirements for medical internships. **For CDS, students need to provide documentation of all immunizations. This must include a QFT or 2-step TB skin test within 12 months of the completion of the internship; proof of MMR immunization or titer documentation of separate immunizations or titers for Rubella, Rubeola, and Mumps; proof of HBV vaccination or signed declination form; proof of Tdap; proof of varicella vaccination; covid-19 vaccination or declination form; proof of flu vaccine or declination form; and 10-panel drug test. PLEASE NOTE, your site will have specific requirements. BOTH EIU and site requirements must be completed. Site requirements will most likely be stricter than EIU requirements. Internship sites require proof of various types of documents. You will complete those requirements and provide the EIU medical internship supervisor with copies of all documentation on paper or via the Mach form. (**[**https://www.eiu.edu/commdisgrad/med\_requirements.php**](https://www.eiu.edu/commdisgrad/med_requirements.php)**).** **If you choose to decline the COVID vaccine, this may impact your ability to participate in internship and extend the length of your program due to circumstances outside EIU’s control.** You will do this **well before** the start of your internship. **In all cases, you may NOT begin your internship unless all requirements are completed.**
   2. Student Immunization Documentation
      1. COVID vaccine – will discuss during meeting. If you need the initial vaccine series, do this now, because you may need to wait four weeks between doses, which could delay your placement. **This can delay your placement if not taken care of early!**
      2. QFT or 2-step TB Skin Test – All interns will obtain a new/current QFT or 2-step TB test. **Please see your site’s affiliation agreement for whether or not you need to have a TB test within 30 or 90 days of the start date of your internship.**
      3. MMR (Mumps, Measles, Rubella) immunization – please see any copies of ‘old’ immunization records you choose to attach for this and other immunizations. Are they clear and legible? Need record of two doses.
      4. Influenza vaccine – You will not be able to get this until September/October. **There may be a specific period during which time you MUST have a flu shot for your site.** This is an EIU requirement.
      5. dT booster every 10 years or initial immunization if not already completed – Please look carefully at the dates of your dT boosters! You may actually need this after all!
      6. Varicella – Sites are increasingly requiring this for interns. Read your contract carefully to see if you must have this as well. You will likely need two doses given at least four weeks apart. **This can delay your placement if not taken care of early!**
      7. Hepatitis B Virus (HBV) *OR* HBV Declination Form – The HBV may or may not be required at your site. However, it is often recommended. Please see your affiliation agreement so that you are aware of the status for your site. **This can delay your placement if not taken care of early!**
         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 may be 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, submit the HEPATITIS B VACCINE DECLINATION form before you begin your internship. Keep a copy for your records, as the site may require it. **Some sites WILL NOT accept a declination form**.
   3. Physical Exam
      1. Some sites require this, while others do not. Please see your affiliation agreement.
      2. If you need a physical, please use the form in this packet (Student Physical Request Form) and schedule an appointment with EIU Student Health Services or your typical primary care provider.
   4. Background Check information
      1. <https://bkckxserve6.8f7.com/4DACTION/WebAppOrderEntryZCustom/Bushue/EIUCDS> The criminal background check **and** fingerprinting are CDS requirements.
   5. Drug Screens
      1. Complete a 10-panel drug screen. This is a CDS requirement and is required by many sites.
   6. CPR – **Need BLS for Healthcare Providers**
      1. Most sites require CPR certification. This is also an EIU requirement. See your affiliation agreement for the exact type you must obtain (if included).
   7. HIPAA Training
      1. Most sites require HIPAA training. This is also an EIU requirement. HIPAA training can be completed online through EIU’s CITI account. You should be able to log in or create an account with your EIU information. Select the HIPAA course. <https://www.accountablehq.com/free-hipaa-training/intro-to-hipaa> This training is free. EIU needs a copy of your completion certificate/proof of completion.
   8. OSHA training:
      1. <https://www.nationalcprfoundation.com/> The name of the course you need to take to meet the OSHA requirement is *Standard - Bloodborne Pathogens*.  Please provide proof of completion.
   9. Mask Fit Testing
      1. See your contract for whether or not you must be fitted for protective gear. You *do not*all need to complete mask fit testing; however, there are a handful of you who DO need to be mask fitted, per your site requirements. If you DO need to undergo mask fit testing, you can complete it through the Occupational Medicine department at Sarah Bush. They can bill our department directly if you tell them you are with the CDS department and that we are paying for the fit testing. It will be about a 60-minute appointment, and you do need to call ahead to this number: **217-258-2178** to schedule an appointment. Let me know if you have any questions or concerns. If you need to purchase your own masks, EIU can order them for you or reimburse you. Please, contact Mrs. Magee for reimbursement details.
   10. Latex Allergy Screening form
       1. Are you allergic to latex?
       2. If you are allergic, you should provide that information to your site supervisor and make yourself aware of where to obtain non-latex gloves during your internship.
   11. Orientation
       1. Some sites will conduct orientation in person, on/during your first few days/week.
       2. Other sites will require you to complete an online orientation prior to beginning your internship. Read your affiliation agreement to understand what may or may not be required for your particular site.
       3. Also, if we already know what is/is not required, you may have additional material in this packet.
   12. Dress Code
       1. See your contract for what type of dress code is required. Some sites expect business casual, with functional shoes. Other sites require scrubs of a particular color or design, and athletic shoes.
   13. Parking Permits
       1. See your contract for whether or not you will park in a designated area, and when/how/if you will obtain a parking permit.
   14. Nametag
       1. If your site requires EIU to provide a nametag, please request a nametag from Mrs. Magee.
   15. EIU supervisor forms
       1. If you need a form from me, please send me the form you need me to complete or sign via email or place a copy in my mailbox in the front office.
5. ***Review your Internship Site Affiliation Agreement (contract)***
   1. You will take notes about certain requirements for Students/Interns.
   2. Please look for any additional forms the site may require you to sign. There are a few contracts with 2-3 different forms which must be signed by the student.
   3. **Take these contracts with you. Read more carefully over the next week. Then, sign the *Student Acknowledgment of Student Responsibilities as per Affiliation Agreement* form.**
6. ***Service Project***
   1. As part of your internship, you will complete a project for your supervisor.
   2. Your supervisor will select the topic and type of project you will complete. Projects may be related to planning and providing an in-service training, providing a summary of evidence on a specific topic, generating materials, etc.
   3. All projects may be integrated into one document that will be shared with all interns and supervisors.
7. ***Evaluation of the Intern and Internship Site*** 
   1. Practicum (internship) Midterm and Final Assessment
      1. Your off-site supervisor will use the CALIPSO midterm and final evaluation forms to evaluate your clinical and professional skills at midterm, and again for the final grade. Please note there is a graduated grading scale.
      2. Your clinical ratings and performance evaluation will be provided to the medical internship coordinator, by your site supervisor through CALIPSO.
      3. The medical internship coordinator will review these and maintain contact with both you and the site-supervisor, to ensure adequate progress and performance.
   2. Student Supervisor Feedback form and Evaluation of Off-Site Placement
      1. PROVIDE OBJECTIVE, THOUGHTFUL, PROFESSIONAL INPUT for each supervisor to whom you are assigned and to the site. These forms will be completed in CALIPSO and are due by the final day of your internship.
   3. Nomination Form—Exemplary Supervisor Award
      1. If you choose to nominate a supervisor for acknowledgement as an exemplary supervisor, complete the form and return to the EIU medical internship coordinator by February 1, regardless of when you complete your internship.
      2. If you return the form after this date, it will be held for consideration in the following year.
   4. Faculty evaluations of the EIU medical internship coordinator will be posted online.
      1. Complete your evaluation during the semester in which you complete your medical internship. The role of the EIU medical internship coordinator during internship is more of a clinical mentor.
8. ***Hours Documentation***
   1. Clinical Hours Record for your medical internship
      1. You will record your hours on CALIPSO, and your supervisor will approve hours through CALIPSO.
      2. You must accrue 400 by the time you graduate. Your 25 hours of observation DO NOT count toward this for EIU (This is different than ASHA requirements.).
      3. Hours must be approved through CALIPSO by the last date of your internship. Otherwise, you will receive a grade of “Incomplete” for CDS 5980.

Note: 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

**Appendix C**

**EXAMPLE**

**To:** Supervising Speech-Language Pathologists (SLP) for Eastern Illinois University (EIU) Graduate Interns, Fall 2024

**From:** Lynne Cameron, M.S., CCC-SLP, Assistant Professor, Medical Internship Supervisor

**Date:** June 26, 2024

Thank you for accepting an EIU graduate student intern for the fall 2024 term. Excitement from students is continuing to build as the internship is approaching, and we are grateful our students can learn from your expertise. We appreciate your generosity in agreeing to supervise and strongly believe your work is instrumental in training the next generation of SLPs. Details regarding the placement are explained below.

**Dates and Timelines:** As a reminder, **dates for this internship are August 19 – November 22.** Students are prepared to be on-site in a full-time capacity during these 14 weeks, as per your individual arrangements and schedules. EIU student interns have completed all of their core graduate coursework and are now able to focus entirely on the medical internship experience. Because of the 14-week schedule, you have flexibility to transition interns from observation to more independent clinical work. The process and pace are entirely up to you, given the various demands or expectations for your site. The table below represents an example timeline for student progression throughout the placement; however, please feel free to adjust any aspect of this timeline based on site demands and student performance. The column on the right indicates the topics we will be covering throughout the student placement.

|  |  |  |
| --- | --- | --- |
| **Week** | **Suggested Site Expectations** | **Course Topic** |
| **1** | * Attend orientation * Discuss goals and hours with supervisor * Observe evaluation and treatment * Familiarize yourself with the site’s protocols and evaluation and treatment materials and make copies, binders, cheat sheets, etc. to support your ability to function as independently as possible * Familiarize yourself with forms and documentation used by your supervisor and make cheat sheets as appropriate * Review supervisor’s data sheets and develop some for yourself * Become familiar with building/staff | Development of professional goals for internship based on demands of the setting and previous clinical supervisors’ feedback. |
| **2** | * Observe evaluation and treatment and assist as directed by your supervisor * Find peer-reviewed research articles that relate to common patient populations and diagnoses seen at your site and begin an electronic evidence folder or paper-based binder * Observe meetings and interactions with other professionals/family and note your supervisor’s verbal and nonverbal professional behavior * Continue compiling materials/activities for your own use to support your ability to function as independently as possible | Active observation – Practice documenting, giving common tests along with your supervisor and comparing scores, determining goals and comparing them to your supervisor’s goals, etc.  Frequently used materials and resources in the medical setting |
| **3** | * Assume ¼ of the caseload and assist with other patients as indicated by your supervisor * Observe your supervisor’s professional interactions with patients, family, and other professionals and note your supervisor’s verbal and nonverbal professional behavior * Continue finding and organizing evidence and discuss understanding and application of evidence with your supervisor * Continue materials/activities collection and generation | Transition to Independence |
| **4** | * Assume ½ of the caseload and assist with other patients as indicated by your supervisor * Begin taking the lead on aspects of patient education * Continue to observe your supervisor’s interactions with other professionals and note your supervisor’s verbal and nonverbal professional behavior * Continue finding and organizing evidence and discuss understanding and application of evidence with your supervisor * Continue materials/activities collection and generation | Dysphagia: Knowledge to practice |
| **5** | * Assume ¾ of the caseload and assist with other patients as indicated by your supervisor * Assume the lead for frequently provided aspects of patient education * Continue to observe your supervisor’s interactions with other professionals and note your supervisor’s verbal and nonverbal professional behavior * Continue finding and organizing evidence and discuss understanding and application of evidence with your supervisor * Continue materials/activities collection and generation | Dysphagia: Knowledge to practice |
| **6** | * Assume full caseload with the exception of complex patients, rare cases, or instrumental evaluations (e.g., MBS, FEES, etc.) * Assume primary responsibility for patient education with the exception of complex or rare cases that require greater expertise * Begin assuming responsibility for routine interprofessional communication | Cognitive communication disorders: Knowledge to practice |
| **7** | * Midterm evaluation * Discuss strengths and weaknesses with your supervisor and revise goals to address midterm feedback * Continue with full caseload with the exception of complex patients, rare cases, or instrumental evaluations (e.g., MBS, FEES, etc.) * Continue to lead patient education with the exception of complex or rare cases that require greater expertise * Assume greater responsibility for interprofessional communication with the exception of complex or rare cases that require greater expertise | Cognitive communication disorders: Knowledge to practice |
| **8** | * Full caseload with the exception of complex patients, rare cases, or instrumental evaluations (e.g., MBS, FEES, etc.) * Continue to lead patient education with the exception of complex or rare cases that require greater expertise * Assume full responsibility for interprofessional communication with the exception of complex or rare cases that require greater expertise | Self-evaluation and updated goals |
| **9** | * Full caseload and begin to assume more responsibility in patient care involving complex patients, rare cases, or instrumental evaluations (e.g., MBS, FEES, etc.) * Continue to lead patient education with the exception of complex or rare cases that require greater expertise * Continue to lead interprofessional communication with the exception of complex or rare cases that require greater expertise | Aphasia and RHD: Knowledge to practice |
| **10** | * Full caseload and continue to assume more responsibility in patient care involving complex patients, rare cases, or instrumental evaluations (e.g., MBS, FEES, etc.) * Continue to lead patient education with the exception of complex or rare cases that require greater expertise * Continue to lead interprofessional communication with the exception of complex or rare cases that require greater expertise | Voice: Knowledge to practice |
| **11** | * Full caseload and continue to assume more responsibility in patient care involving complex patients, rare cases, or instrumental evaluations (e.g., MBS, FEES, etc.) * Continue to lead patient education with the exception of complex or rare cases that require greater expertise * Continue to lead interprofessional communication with the exception of complex or rare cases that require greater expertise | Motor speech: Knowledge to practice |
| **12** | * Full caseload and continue to assume more responsibility in patient care involving complex patients, rare cases, or instrumental evaluations (e.g., MBS, FEES, etc.) * Continue to lead patient education with the exception of complex or rare cases that require greater expertise * Continue to lead interprofessional communication with the exception of complex or rare cases that require greater expertise | Complex cases: Knowledge to practice |
| **13** | * Full caseload and begin taking the lead in patient care involving complex patients, rare cases, or instrumental evaluations (e.g., MBS, FEES, etc.) * Continue to lead patient education with the exception of complex or rare cases that require greater expertise * Continue to lead interprofessional communication with the exception of complex or rare cases that require greater expertise | Complex cases: Knowledge to practice |
| **14** | * Final Evaluation * Discuss strengths and weaknesses with your supervisor and determine how to continue building your skills in the future * Full caseload and continue to take the lead in patient care involving complex patients, rare cases, or instrumental evaluations (e.g., MBS, FEES, etc.) * Continue to lead patient education with the exception of complex or rare cases that require greater expertise * Continue to lead interprofessional communication with the exception of complex or rare cases that require greater expertise | Challenges in the medical setting: Knowledge to practice |

**Supervision:** ***ASHA now requires all supervisors to complete a minimum of two hours of professional development in the area of supervision/clinical instruction and to have completed nine months of practice beyond the clinical fellowship year. If you have not yet completed these requirements, this will need completed prior to the beginning of the internship. Please contact me if you would like information on free courses to meet the supervision requirement***. As you know, supervision of graduate clinicians must be completed by an SLP with CCCs who has completed the above requirements. According to Standard V-E of both the 2014 and 2020 SLP Certification Standards, the amount of direct supervision must be commensurate with the student’s knowledge, skills, and experience; must not be less than 25% of the student's total contact with each client/patient; and must take place periodically throughout the practicum. Supervision must be sufficient to ensure the welfare of the individual receiving services. It is up to you, the site supervisor, to determine how much supervision is needed above minimum ASHA/CAA requirements. Students will be logging their hours for your approval in CALIPSO as they work toward the final requirement of 400 clinical hours before the end of this internship. Hours will be submitted and approved through CALIPSO. Students should be aware of their current clinical hours and needs. Please discuss this with your intern as you create a plan for the intern’s experiences this semester.

**Student** **Feedback and Evaluations:** The type and manner of evaluations and feedback is at your discretion, although students appreciate and benefit from as much oral and/or written feedback as time allows. At a minimum, students must receive oral and written feedback for midterm and final evaluations. Please use CALIPSO for midterm and final evaluations. *If the student has lacked opportunities to demonstrate a specific skill, please rate that skill as n/a. There is a graduated grading scale, and students at times receive a lower letter grade than the supervisor’s rating is intended to reflect, especially at midterm; however, this graduated scale is needed due to the pass/fail nature of this course to ensure adequate student preparation.* ***If you have any concerns regarding any portion of the evaluation, please do not hesitate to contact me.***

* Please complete midterm evaluations through CALIPSO and discuss with students on or before **Friday, October 4** (end of 7 weeks).
* Please complete final evaluations through CALIPSO and discuss with students on or before **Friday, November 22**.

**Final Paperwork/End of Internship**: In addition to final evaluations, supervisors must approve final hours in CALIPSO on or before **Friday, November 22**. Students will complete a site/supervisor evaluation form, as per ASHA requirements, through CALIPSO. I will send a formal letter of thanks and acknowledgement of your service supervising an intern for your professional resume/files.

**Service Project:** Students will complete a project of your choosing during the internship experience. This may be providing an in-service; compiling a binder or handout describing EBP for a specific topic, treatment technique, etc.; developing a new form for history intake; or any other task you feel would be beneficial for the student’s learning and for your department.

**EIU Support for Interns:** We want EIU interns to meet and exceed your expectations. We infuse case-based teaching into coursework and require defensible clinical decision-making at all times. Interns are aware of critical thinking and professional communication demands in healthcare. During this internship, interns will participate in online group discussions, analysis, and/or posts. We require students to engage in self-evaluation, set goals for themselves, work through any barriers they may face, and share those experiences with other interns. Our interns should be prepared to listen, learn, apply, and further develop themselves to succeed in their internships.

Thank you, again, for sharing your time and expertise! Please do not hesitate to contact me at any time, for any reason! Our faculty support your efforts as the supervising SLP, and I am here to address and solve any issues that may arise.

**Communication:** Please feel free to contact me with any questions or concerns via phone or email. I am also happy to schedule a Zoom call if needed.

Sincerely,

**Lynne Cameron, M.S., CCC-SLP**

Assistant Professor, Medical Internship Supervisor

[medicalinternship@eiu.edu](mailto:medicalinternship@eiu.edu) Office: 217-581-2712 Fax: 217-581-7105

**Appendix D**

**EXAMPLE**

**CDS 5980**

**Medical Internship Syllabus**

**Communication Disorders and Sciences**

**Eastern Illinois University**

**EIU Medical Supervisor:** Lynne Cameron, M.S., CCC-SLP

**Email:** lncameron2@eiu.edu/medicalinternship@eiu.edu

**Phone:** 217-581-7446 (office)

**Office Hours:** As needed by phone, email, or Zoom

1. **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. Placements 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.

1. **Course Days/Times** M—F, 8-5 or the equivalent of a 40-hour work week\* *(\*unless otherwise arranged by/with the site)*

**III. Course Learning Objectives**

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

**IV. Departmental Learning Objectives**

The following Departmental Learning Objectives are available to rate within midterm and final CALIPSO evaluations. If a particular content area is not represented in the patient population, N/A is entered.

***Evaluation***

1. Conducts screening and prevention procedures (std IV-D, std V-B, 1a)

2. Collects case history information and integrates information from clients/patients and/or relevant others (std V-B, 1b)

3. Selects appropriate evaluation instruments/procedures (std V-B, 1c)

4. Administers and scores diagnostic tests correctly (std V-B, 1c)

5. Adapts evaluation procedures to meet client/patient needs (std V-B, 1d)

6. Possesses knowledge of etiologies and characteristics for each communication and swallowing disorder (std IV-C) 7. Interprets, integrates, and synthesizes test results, history, and other behavioral observations to develop diagnoses (std VB, 1e)

8. Makes appropriate recommendations for intervention (std V-B, 1e)

9. Completes administrative and reporting functions necessary to support evaluation (std V-B, 1f)

10. Refers clients/patients for appropriate services (std V-B, 1g)

11. Clinical interpretation and analysis is displayed in written reports

***Intervention***

1. Develops setting appropriate intervention plans with measurable and achievable goals. (std V-B, 2a, std 3.1.1B)

2. Implements intervention plans (involves clients/patients and relevant others in the intervention process) (std V-B, 2b, std 3.1.1B)

3. Selects or develops and uses appropriate materials/instrumentation (std V-B, 2c)

4. Sequences tasks to meet objectives

5. Provides appropriate introduction/explanation of tasks

6. Measures and evaluates clients'/patients' performance and progress (std V-B, 2d)

7. Uses appropriate models, prompts or cues. Allows time for patient response.

8. Modifies intervention plans, strategies, materials, or instrumentation to meet individual client/patient needs (std V-B, 2e)

9. Completes administrative and reporting functions necessary to support intervention (std V-B, 2f)

10. Collaborates with clients/patients and relevant others in the planning process (std V-B, 2a, std 3.1.1B)

11. Identifies and refers patients for services as appropriate (std V-B, 2g)

12. Clinical interpretation and analysis is displayed in progress notes.

***Professional Practice, Interaction and Personal Qualities***

1. Demonstrates knowledge of and interdependence of communication and swallowing processes (std IV-B, std 3.1.6B)

2. Uses clinical reasoning and demonstrates knowledge of and ability to integrate research principles into evidence-based clinical practice (std IV-F, std 3.1.1B)

3. Establishes rapport and shows care, compassion, and appropriate empathy during interactions with clients/patients and relevant others (std 3.1.1B)

4. Uses appropriate rate, pitch, and volume when interacting with patients or others

5. Provides counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others (std V-B, 3c, std 3.1.6B)

6. Collaborates with other professionals in case management (std V-B, 3b, std 3.1.1B, 3.1.6B)

7. Displays effective oral communication with patient, family, or other professionals (std V-A, std 3.1.1B)

8. Displays effective written communication for all professional correspondence (std V-A, std 3.1.1B)

9. Demonstrates openness and responsiveness to clinical supervision and suggestions

10. Displays organization and preparedness for all clinical sessions

***Professional Practice, Interaction and Personal Qualities*** *(pass [4.0]/fail [2.0] – score below 4.0 may result is reduction of one letter grade)*

1. Communicates effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the patient, family, caregiver, and relevant others (std V-B, 3a, std 3.1.1B)

2. Demonstrates professionalism (std 3.1.1B, 3.1.6B)

3. Uses clinical reasoning and demonstrates knowledge of and ability to integrate research principles into evidence-based clinical practice (std IV-F, std 3.1.1B)

4. Personal appearance is professional and appropriate for the clinical setting

***Professional Practice, Interaction and Personal Qualities*** *(pass [4.0]/fail [2.0] – score below 4.0 may result in failing grade)*

1. Adheres to the ASHA Code of Ethics and Scope of Practice documents and conducts him or herself in a professional, ethical manner (std IV-E, V-B, 3d, std 3.1.1B, 3.1.6B)

2. Adheres to federal, state, and institutional regulations and demonstrates knowledge of contemporary professional issues and advocacy (includes trends in best professional practices, privacy policies, models of delivery, and reimbursement procedures/fiduciary responsibilities) (std IV-G, std 3.1.1B, 3.1.6B, 3.8B)

**V. Course Requirements/Assignments/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. While engaged in service delivery, students are also expected to adhere to the ASHA Scope of Practice and Practice Policy, as they develop clinical decision-making skills, particularly for ethical dilemmas, service to individuals with cultural or linguistic differences, or any other patient-based needs which may require professional decision-making skills.
3. Students are expected to develop time-management skills which meet the needs of patients and other professionals.
4. 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.
5. Students typically spend the first two weeks observing their medical site supervisor before beginning to engage in assessment and treatment. As the semester progresses, students and their medical site supervisors will determine the rate at which students will transition to assuming greater responsibility.
6. Student interns are expected to follow the administrative policies, regulations, and procedures of the practicum site, including confidentiality of patient information.
7. Students will report on time and follow regularly scheduled operating hours of the practicum site. Students are responsible for conforming to standards and practices established by the University while functioning at the practicum site.
8. Students will complete all paperwork required by the site by the last placement date.
9. On the last placement date, students will obtain the approval of clinical hours by their supervisor through CALIPSO to verify clinical hours acquired.

CDS 5980, Medical Internship, and CDS 5680, Professional Regulations and Issues in the Medical Setting for Speech-Language Pathologists, are companion courses. The purpose of these courses is to facilitate clinical and professional growth as students advance to independent practice as speech-language pathologists during their internships. Topics and assignments align between courses, and the following course outline includes topics and assignments for both courses:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Week | Pro Reg Content | Delivery Methods | Pro Reg Assignments | Medical Internship Assignments |
| Pre-Internship | Overview of Healthcare and Role of Medical SLPs | D2L Online Module | Overview of Healthcare Site-Specific Written Assignment Due on or before 9/1 by 11:59 p.m. | \*Yellowdig: Meet weekly point targets in Yellowdig by posting, commenting, etc. Students are encouraged to use videos, pictures, memes, links, hashtags, and more to engage with the group about professional regulations and issues topics and medical internship. |
|  | Medical Accreditation and Outcomes | D2L Online Module | Quiz Due on or before 9/1 by 11:59 p.m. |
|  | Infection Control and Prevention | D2L Online Module | Infection Control and Prevention Written Assignment Due on or before 9/1 by 11:59 p.m. |
|  | Introduction to EMR/EHR: Billing and Documentation | D2L Online Module | Quiz Due on or before 9/1 by 11:59 p.m. |
| Week 1 (8/19) | Continue working on modules | - | - |
| Week 2 (8/26) | Continue working on modules | - | - |
| \*Week 3 (9/2)  *Points start for Yellowdig on 9/2* | Person-Centered Care: Writing Recommendations and Goals and Part 2: Documentation and Billing | D2L Online Module | Case-Based Written Assignment Due on or before 9/15 by 11:59 p.m. | Dysphagia Presentation Handouts due 9/3 and Peer Critique is due 9/6 |
| Week 4 (9/9) | - | Synchronous meeting Tuesday, 9/10 from 7 – 8:30 p.m. CT (Discussion of Pro Reg content at the end of Med Internship Presentations) | - | Dysphagia Presentations 9/10 during synchronous meeting |
| Week 5 (9/16) | Counseling Across Medical Settings | D2L Online Module | Case-Based Written Assignment Due on or before 9/29 by 11:59 p.m. | Cognitive Communication Presentation Handouts due 9/17, Peer Critique is due 9/20 |
| Week 6 (9/23) | - | Synchronous meeting Tuesday, 9/24 from 7 – 8:30 p.m. CT (Discussion of Pro Reg content at the end of Med Internship Presentations) | - | Cognitive Communication Presentations 9/24 during synchronous meeting |
| Week 7 (9/30) Midterm | Interprofessional Practice Across Medical Settings | D2L Online Module | Topic will be included in case handout/presentation | Aphasia Presentation Handout due 10/1, Peer Critique is due 10/4 |
| Week 8 (10/7) | Ethical Considerations in the Medical Setting | Synchronous meeting Tuesday, 10/8 from 7 – 8:30 p.m. CT (Discussion of Pro Reg content at the end of Med Internship Presentations) | Case-Based Written Assignment Due on or before 10/20 by 11:59 p.m. | Aphasia Presentations 10/8 during synchronous meeting  Voice Presentation Handouts due 10/8, Peer Critique is due 10/11 |
| Week 9 (10/14) | - | Synchronous meeting Tuesday, 10/15 from 7 – 8:30 p.m. | - | Voice Presentations 10/15 during synchronous meeting  Motor Speech Presentation Handouts due 10/15 Peer Critique is due 10/18 |
| Week 10 (10/21) | Cultural Competence in the Medical Setting | Synchronous meeting Tuesday, 10/22 from 7 – 8:30 p.m. (Discussion of Pro Reg content at the end of Med Internship Presentations) | Case-Based Written Assignment Due on or before 11/3 by 11:59 p.m. | Motor Speech Presentations 10/22 during synchronous meeting |
| Week 11 (10/28) | Supervision in the Medical Setting | D2L Online Module | Topic will be included in case handout/presentation | Complex Cases due 10/29 |
| Week 12 (11/4) | - | Synchronous meeting Tuesday, 11/5 from 7 – 8:30 p.m. (Discussion of Pro Reg content at the end of Med Internship Presentations) | - | Complex case discussions and internship reflections 11/5 during synchronous meeting |
| \*Week 13 (11/11)  *Points end for Yellowdig on 11/15* | Professionalism in the Medical Setting: Resumes, Interviews, and CF | D2L Online Module | Comprehensive Written Case Analysis due on or before 11/19 by 11:59 p.m. |  |
| Week 14 (11/18) | - | - | Comprehensive Written Case Analysis due on or before 11/19 by 11:59 p.m. |  |

**VI. Description of Course Assignments**

Yellowdig Discussion

Yellowdig is an online conversation platform for this course. You will receive points for participating in Yellowdig conversations, and the points received in Yellowdig factor into your final grade. You are expected to participate in and engage meaningfully and insightfully with Yellowdig discussion board topics, earning a minimum of 70% of possible points assigned by the Yellowdig system as designed by the EIU medical internship supervisor. You can check your Yellowdig grade in D2L to monitor your progress as needed. I will evaluate the content of discussion posts, and you will be given the opportunity to re-submit posts after receiving feedback if posts do not reflect an adequate level of critical thinking or insight.

\*See below for more information about utilizing Yellowdig

**To receive credit for this course, students must earn a minimum of 70% (9,100 Yellowdig points) of all possible Yellowdig points (13000).**

Oral Case Presentation

You will be required to present a case of your choosing from your internship experience. You will create a handout to align with the content of the oral presentation. Your 15-minute oral presentation will be recorded and critiqued by a peer. After receiving feedback on your presentation from me and from a peer, you will lead a discussion of your case with your peers during a synchronous Zoom meeting. Your oral fluency, critical thinking, and rationale will be rated by me using a 4-point scale. Specific instructions and a complete rating scale with expectations will be provided. A cumulative rating of 3 or below will result in you having to complete your recorded presentation and handout again.

**To receive credit for this course, you must earn a rating of 3 or above out of a possible 5 possible points on your oral case presentation.**

**VII. CALIPSO Evaluation and Support Plan**

You will be evaluated by site supervisors at midterm and final using the 5-point CALIPSO graduated rating scale specific to internships. **Final ratings must be at/above a minimum rating of 3.5 for you to receive credit for the experience.**

|  |  |
| --- | --- |
|  | **Skill Levels and Independence Levels Demonstrated by Clinician** |
| *1* | **Unacceptable Performance**. Specific direction from supervisor does not alter unsatisfactory performance. Clinician is unaware and/or unresponsive of need to change. |
| *2* | **Needs Improvement in Performance/Maximum Support**: The clinical skill/behavior is beginning to emerge. Efforts to modify may result in varying degrees of success. Maximum amount of direction from supervisor needed to perform effectively. Student shows awareness of need to change behavior with supervisor input. |
| *3* | **Moderately Acceptable Performance/Moderate Support**: Inconsistently demonstrates clinical behavior/skill. Student is aware of need to modify behavior but does not do this independently. Supervisor provides moderate amount of support focusing on increasing student’s critical thinking on how/when to improve skill. |
| *4* | **Meets Performance Expectations/Minimal Support**: Skill is developed/implemented most of the time and needs continued refinement or consistency. Student is aware and can modify behavior in-session and can self-evaluate. Problem solving is emerging. Supervisor provides minimal amount of support and acts as a collaborator to plan and suggest possible alternatives. |
| *5* | **Independently Meets Performance Expectations**: Skill is consistent and well developed. Student can modify own behavior as needed and is an independent problem-solver. Supervisor serves as a consultant in the areas where student has less experience. Provides |

* By the end of the medical internship, students are expected be nearing/have developed modified independence with many of the skills listed above.
* Midterm ratings must be above 3.0. Any midterm ratings below 3.0 (on a 5.0 scale) will minimally result in collaboration between the EIU medical internship supervisor, student, and site supervisor, to address concerns before they become a more significant problem.
* Medical internship supervisor will site supervisors at least twice during the internship experience with more frequent communication as needed for students who require greater support.
* Final ratings must be at/above a minimum rating of 3.5 for the student to receive credit for the experience.

A support plan may be initiated if a site supervisor expresses concerns related to student clinical performance and/or inability to demonstrate core functions. Once a support plan is initiated, the site supervisor, EIU medical internship supervisor, and student will generate specific goals to be met by the student within a specified period. If the student successfully completes goals and meets requirements to pass the internship, the student will receive credit for the internship. Inadequate progress toward goals and/or final evaluation letter grade of 3.4 or lower will result in failure of internship.

**XIII. EIU Medical Internship Supervisor**

The EIU medical internship supervisor is always available to students and site supervisors, by phone or email. Visits to sites are typically prohibitive due to the distance involved since many internships are in the Chicagoland area and out of state. However, the EIU medical internship supervisor may visit a site if needed for student success/support.The EIU medical internship supervisor will have contact with the site supervisor at least two times by phone or email. The internship coordinator maintains bi-weekly contact, via email, Yellowdig, or D2L with students as a group, to engage discussion, share experiences, integrate course content with real-world experiences, etc. Both the supervisor and the student often have questions that pertain to the specific site, CALIPSO, hours, etc., and those questions are typically handled through email and/or phone. The role of the EIU medical internship supervisor is to assist the student as needed to assure that he/she meets the learning outcomes of the experience. It is important to identify any potential problems early in the experience so they can be resolved and/or a plan/goals can be established to help you.

**IX. Communication**

Communication is welcomed and appreciated. If you have questions, concerns, feedback, or comments please feel free to attend office hours for discussion or schedule an appointment to meet in person or via Zoom. I do not check D2L messages frequently, so please email me at my EIU email ([lncameron2@eiu.edu](mailto:lncameron2@eiu.edu)). I am here for you and will do my best to help you succeed.

**X. Attendance Policy**

The policy and procedures outlined in the 2023-2024 EIU Graduate Catalog will apply to this class. When possible, the student should notify the EIU medical internship supervisor in advance of an anticipated absence. The EIU medical internship supervisor will grant make up privileges (when make-up is possible) to students for **properly verified and documented absences** due to illness, emergency, or participation in an official University activity.

**XI. Building an Inclusive Environment**

The EIU CDS department strives to maximize the success of our students, faculty, and colleagues by creating a sense of belonging. We strive to create a space where everyone can grow, ensuring everyone feels valued, heard, and supported. Respect for and learning from others is expected during this course.

**XII. Artificial Intelligence (AI)**

Students are allowed to use advanced automated tools (artificial intelligence or machine learning tools such as ChatGPT, Grammarly, or Dall-E 2) on assignments in this course **if EIU medical internship supervisor permission is obtained in advance**. Unless given permission to use those tools, each student is expected to complete each assignment without substantive assistance from others, including automated tools. If permission is granted to use advanced automated tools (artificial intelligence or machine learning tools such as ChatGPT, Grammarly, or Dall-E 2), they must be properly documented and credited. Text generated using ChatGPT-3 should include a citation such as: “Chat-GPT-3. (YYYY, Month DD of query). “Text of your prompt.”

**XIII. 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.

**XIV. 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.

**XV.** **Student Success Center**

Students who are having difficulty achieving their academic goals are encouraged to contact the Student Success Center ([www.eiu.edu/~success](http://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.

**XVI. About Yellowdig**

Yellowdig is an online conversation platform for this course You receive points for participating in Yellowdig conversations, and the points you receive in Yellowdig factor into your final grade. Each week, you can earn up to ***1000***points. 13000 points are possible through the semester. To pass in Yellowdig, you must have at least ***9,100*** points by the end of the course. If you reach the weekly max by the end of each week, you are guaranteed to receive passing credit for the Yellowdig course expectations. **Important note:** **Please, do not share any patient identifiers or protected information/be cognizant of HIPAA.**

The grading period for Yellowdig will begin on ***9/2/2024***and end on ***11/15/2024***. You are required to obtain 70% of possible Yellowdig points to receive credit for this course.

Your goal is to earn **9,100** points between when point earning starts on 9/2/2024 and ends on 11/15/2024. You should aim to average 1000 points each period (week). The periods end in this community on Sun 12:00 AM CDT.

Here are some ways you can earn points in your community:

* Earning Rules
  + Creating a new post
  + Points for submitting a post: 40
  + Points for submitting a post with 40 words: 240
* Commenting on another user's Post
  + Points for submitting a comment: 50
  + Points for submitting a comment with 20 words: 160
* Feedback from other users
  + Receiving a Comment from another user: 70
  + Receiving a Reaction from another user: 55
* Adding a video in a post or comment: 75

You are encouraged to reward your peers for producing excellent content by commenting on and reacting to their Posts. In addition, I will reward particularly exemplary Posts and Comments by giving Accolades. To earn as many points as possible, you are strongly encouraged to contribute to our Yellowdig Community early and often. Just keep in mind that, once you reach the weekly max, you cannot earn additional points until the weekly reset deadline (***[Sundays at Midnight]***).

Yellowdig passes back your Yellowdig grade to ***D2L***as a proportion (a percentage) that represents your current *pace* toward getting an "A" in Yellowdig. Therefore, the points you see in Yellowdig might not match the points you see in ***D2L***. If any of this confuses you, just remember:*if you end every week with a Yellowdig grade of 80-100%, you are guaranteed to pass Yellowdig requirements*.

**What should I do in Yellowdig?**

I really want you to read what other people are thinking about and have real conversations about course-relevant content. Please pay attention to the fact that you will earn quite a few points when other people react to your Posts and Comments. Your Posts will also get more points if they get a good conversation started (i.e. if people comment on them). So, think about your audience when you participate (i.e., your fellow classmates). Also, be sure to recognize good posts by reacting to them and talking about them.

It is also helpful to realize that you can’t get points from people interacting with your posts if you don’t have posts up in the community feed for other students to see. Therefore, coming in earlier in the week and getting good conversations started can actually save you work. I (or the TA) will also be dropping in occasionally to give Accolades to exceptionally thoughtful Posts. You’ll increase your odds of your posts receiving that recognition if you have them up and I can see you are contributing to a vibrant conversation.

Our community will thrive when we treat each other with respect and sensitivity. We will be adopting Yellowdig's [code of conduct](https://support.yellowdig.co/hc/en-us/articles/14092258648980) for this course.

A few additional recommendations:

* Watch Yellowdig's [student orientation videos](https://www.youtube.com/playlist?list=PLPoeq1OfO6sOyLP3m-D9I62dq0pUeN49S).
* Peruse the [Features and Functionality](https://support.yellowdig.co/hc/en-us/categories/13949288431252) section of Yellowdig's Knowledge Base.
* If you have any technical questions or are having trouble, send Yellowdig a support ticket [here](https://help.yellowdig.co/kb/en/contact).
* Take advantage of features like [#hashtags](https://support.yellowdig.co/hc/en-us/articles/14092195065620) and [@mentions](https://support.yellowdig.co/hc/en-us/articles/14092195065620) to bring your conversations to life!