

# Medical Internship Handbook

Revised August 2019

## 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 complete the *Medical Internship Application*. The medical internship coordinator will meet in-person or via video conference with students to discuss the application and students' interests and provide information regarding types of medical settings and various medical internship sites. Students will be given access to the *Master Log* detailing current and past internship sites and the *Medical Setting Descriptions* document when completing the *Medical Internship Application*. 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 applications have been completed, the medical internship coordinator will begin contacting sites to request placement. Semester of internship will be determined by placement availability. Placement request procedures are determined externally by sites and vary greatly 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.

### *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, a number of students select and are placed in 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.

### *Medical Intern Preparation and Requirements*

During the first spring semester of the graduate program, students will meet with the medical internship coordinator to discuss medical internship preparation and requirements. Each student

will receive a copy of the affiliation agreement between their site and CDS. During the meeting, the *General Requirements for Internship* memo 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.).

Prior to leaving campus for internships, students will discuss the *Student Goals* form with the medical internship coordinator to determine strengths and weaknesses to guide student goals for the internship. This form will be discussed with the external site supervisor the first week of the internship.

### *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. The site supervisor will determine the pace of the medical internship and complete midterm and final evaluations to document the student's performance.

The medical internship coordinator will serve as a mentor to both the student and site supervisor as needed during the medical internship. The medical internship coordinator will communicate with the student and site supervisor at least two times during the semester. The medical internship coordinator will give two assignments, one assignment the second week of the internship and one assignment immediately following midterm. Assignments are designed to continue to assist the student in identifying barriers to success and generating goals for improvement, and facilitate group discussion groups through D2L during medical internships.

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 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 Remediation

Grading Scale:

A - 4.5-5.0

B - 4.0-4.49

C - 3.5-3.99

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 letter grade of C or better on final evaluation in order to receive credit for the internship. The department uses a graduated grading scale and ratings to be at A, B, and C level are higher than during on-campus clinical practicum because higher levels of independence are expected as students progress through internships.

Remediation may be initiated if site supervisor expresses concerns related to student clinical performance and/or inability to demonstrate essential functions. Once a remediation plan is initiated, the site supervisor, internship coordinator, 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. If the student demonstrates sufficient progress toward goals, but is not meeting requirements to pass the internship, the internship may be extended/revised to provide an opportunity to meet requirements to pass the internship. Inadequate progress towards goals and/or final evaluation letter grade of D or lower may result in failure of internship.

*Revised August 2019*

# Placement Procedures

## General Description of 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 complete the *Medical Internship Application*. The medical internship coordinator will meet in-person or via video conference with students to discuss the application and students' interests and provide information regarding types of medical settings and various medical internship sites. Students will be given access to the *Master Log* detailing current and past internship sites and the *Medical Setting Descriptions* document when completing the *Medical Internship Application*. 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.

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Most students will be informed of their medical internship site by the first spring semester of the graduate program.

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

Complete the information below

Return to Mrs. Barcus and Dr. Ramrattan (medicalinternship@eiu.edu)

SEMESTER/YEAR for INTERNSHIP\*:  
 \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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

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

**What subjective preferences do you have regarding your medical placement?**

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

**Where do you plan to live during medical internship?**

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

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

- Names, details: \_\_\_\_\_

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

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

**Please identify at least seven viable sites for your medical internship.**

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

## Personal Goals for Internship

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

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

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

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

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

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Not at all comfortable Worried, concerned		Somewhat comfortable Gaining traction & confidence!		Very comfortable Quite confident

Goal? \_\_\_\_\_

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

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Not at all comfortable Worried, concerned		Somewhat comfortable Gaining traction & confidence!		Very comfortable Quite confident

Goal? \_\_\_\_\_

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

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Not at all comfortable Worried, concerned		Somewhat comfortable Gaining traction & confidence!		Very comfortable Quite confident

Goal? \_\_\_\_\_

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

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Not at all comfortable Worried, concerned		Somewhat comfortable Gaining traction & confidence!		Very comfortable Quite confident

Goal? \_\_\_\_\_



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

## General Description of 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, a number of students select and are placed in 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.

# **SAMPLE**

## **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."

### **WITNESSETH:**

**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.**

- (a) **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:
- (i) 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");
  - (ii) 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");
  - (iii) 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;
  - (iv) identify to Hospital each Program Participant who will participate in a Rotation as soon as that information is reasonably available to School;

- (v) require Program Participants to comply with applicable laws and Hospital policies and procedures when onsite at the Facility;
  - (vi) 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;
  - (vii) timely prepare and update with input from Hospital rotation schedules for each Participating Student throughout each Rotation and coordinate the same with Hospital;
  - (viii) require Participating Students to arrive early for each scheduled Rotation, except when a Participating Student is ill or attending to a personal emergency;
  - (ix) provide continuing oral and written communication with Hospital regarding Participating Student Clinical Program performance and evaluation and other pertinent information;
  - (x) participate and ensure that Program Participants participate in Hospital's Quality Assurance and related programs;
  - (xi) participate and require Program Participants to participate in Hospital training as determined necessary by Hospital from time to time; and
  - (xii) promptly perform additional duties to facilitate operation of the Clinical Program as may be deemed reasonable or necessary by Hospital from time to time.
- (b) **Responsibility.**
- (i) 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.
  - (ii) 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.
  - (iii) 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.
- (c) **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.
- (d) **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.
- (e) **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.

- (f) **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.
- (g) **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.
- (h) **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.
- (i) **Liability Insurance**. School shall obtain and maintain occurrence-type general and professional liability insurance coverage in amounts not less than 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.

- (j) **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.
- (k) **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.
- (l) **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).
- (m) **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.
- (n) **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.
- (o) **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.

## 2. 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.

3. **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  
If Program Participant is under 18 / Print Name

\_\_\_\_\_  
Date

## 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**

4. 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



2019 Medical  
Internship Handboc

- 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).
5. 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.
  6. 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**

7. I acknowledge that the Company is the exclusive owner of all right, title and interest in and to Confidential Information, including any derivatives thereof.
8. 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.
9. 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.
10. 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.
11. I will not retain Confidential Information longer than required by the Company's Record Retention policy.
12. I will only reuse or destroy media in accordance with the Company's Information Security Standards.
13. 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**

14. 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.
15. 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**

16. 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.
17. I will not attempt to bypass Company security controls.
18. 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.
19. In connection with my Engagement, I will never:
  - a. disclose or share user credentials (*e.g.*, password, SecurID card, Tap n Go badge, etc.), PINs, access codes, badges, or door lock codes;
  - b. 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;
  - c. 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);
  - d. use tools or techniques to break, circumvent or exploit security measures;
  - e. connect unauthorized systems or devices to the Company network; or
  - f. use software that has not been licensed and approved by the Company.
20. 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.
21. 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:
  - a. my user credentials have been seen, disclosed, lost, stolen, or otherwise compromised;

- b. I suspect media with Confidential Information has been lost or stolen;
  - c. I suspect a virus or malware infection on any system;
  - d. I become aware of any activity that violates this Agreement or any Company privacy or security policies; or
- e. I become aware of any other incident that could possibly have any adverse impact on Confidential Information or Company systems.

**Upon Separation**

- 22. I agree that my obligations under this Agreement will continue after termination or expiration of my access to Company systems and Company Information.
- 23. At the end of my Engagement with the Company for any reason, I will immediately:
  - a. 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
  - b. 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**

- 24. 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").
- 25. 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."
- 26. 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.
- 27. 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.
- 28. 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: \_\_\_\_\_

Medical  
Internship  
Preparation and  
Requirements

## General Description of Medical Internship Preparation and Requirements

During the first spring semester of the graduate program, students will meet with the medical internship coordinator to discuss medical internship preparation and requirements. Each student will receive a copy of the affiliation agreement between their site and CDS. During the meeting, the *General Requirements for Internship* memo 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.).

Prior to leaving campus for internships, students will discuss the *Student Goals* form with the medical internship coordinator to determine strengths and weaknesses to guide student goals for the internship. This form will be discussed with the external site supervisor the first week of the internship.

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

Mrs. Lynne Barcus  
Dr. Heidi Ramrattan  
Medical Internship Coordinators

(217) 581-7446, [lbarcus@eiu.edu](mailto:lbarcus@eiu.edu)  
(217) 581-8488, [hramrattan@eiu.edu](mailto:hramrattan@eiu.edu)

TO: All Graduate Students  
RE: General Requirements for Internship  
DATE: August 13, 2019

- PLEASE READ ALL INFORMATION IN THIS MEMO CAREFULLY.
- ALL REQUIRED DOCUMENTS SHOULD BE UPLOADED TO CALIPSO.**
- 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. BARCUS, DR. RAMRATTAN, OR AS REQUESTED BY THE SITE SUPERVISOR. COPY MRS. BARCUS AND DR. RAMRATTAN ON **ALL EMAIL CORRESPONDENCE.**

### **1. Internship Policy, EIU Department of CDS, Graduate Program**

- a. **We will discuss, and then you will sign the *Student Acknowledgement of Internship Policies* form.**
- b. 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.
- c. Internships are full-time, 14-week placements during Fall and Spring terms.
- d. Internships are full-time, 13-week placements during Summer terms
- e. Enroll in 9 credit hours of CDS 5980. Three of these credit hours will count towards your graduate program requirements.
- f. Enrollment in 9 credit hours qualifies you as a 'full-time' student.

### **2. CDS Requirements**

- a. Criminal background check and fingerprinting
- b. CPR certification: **Basic Life Support for Healthcare Providers**
- c. Health Insurance
- d. Professional liability insurance
- e. 2-step TB skin test within 12 months of the completion of the internship
- f. MMR immunization or titer or separate immunizations or titers for Rubella, Rubeola, and Mumps
- g. HBV vaccination or signed declination form
- h. Flu vaccine or declination form
- i. 10-panel drug test
- j. HIPAA Online Training

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

### **3. Work Schedule and Absentee Policy**

- a. Work schedules:
  - i. Internships follow the site's work calendar, not the EIU academic calendar.
  - ii. Holidays are defined by the work site, not by EIU.
  - iii. Some hospitals require their employees to share weekend rotations.
  - iv. *You will work the hours as defined by the site, not by EIU.*
- b. Time off (there isn't any):
  - i. **Do not schedule vacations, events, or part-time work during expected internship dates.**
  - ii. 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.
  - iii. **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).



- iv. **Invalid reasons** for absences include, but are not limited to: Social/family gatherings; Vacation; Entertainment; Travel, and Personal business.
- c. Communication and Verification of Absences:
  - i. 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.
  - ii. 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 work day starting time) as possible.
  - iii. If the EIU medical internship coordinator is not available by phone, leave a detailed message via phone or email.
  - iv. Verification of absences may be required.
  - v. 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.
- d. Make up time:
  - i. Any additional days missed, regardless of reason, must be made up prior to the close of the semester.
  - ii. Failure to make up all days missed will result in the student receiving a grade of "Incomplete".

#### **4. Additional Student Intern Responsibilities:**

- a. You are expected to follow the administrative policies, regulations, and/or procedures of the internship site.
- b. You must also conform to the standards and practices established by the University and the CDS Department while functioning in the internship site.
- c. You must provide your own transportation and living arrangements during the internship.
- d. You must report on time and follow the regularly scheduled operating hours
- e. You must maintain health insurance.
  - i. 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.
  - ii. Regardless, most medical internship sites require (in the contract) that you have current health/medical insurance.
  - iii. 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.
- f. You must obtain and carry professional liability insurance during your internship. We will discuss this below.
- g. 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..)
- h. You are expected to authorize the release of health information to your internship site. Complete and sign the *Permission to Share Student Health Information* document provided in this packet and upload to CALIPSO.
- i. **You will meet with the EIU medical internship coordinator, EIU educational internship coordinator, and EIU graduate coordinator during the upcoming summer term to discuss barriers, strengths, and goals in preparation for your internship experience.** Fill out and bring barriers and goals form included in this packet to your individual meeting.

#### **5. Professional Liability Insurance**

- a. This is required by the CDS Department and contractually mandated by all external sites for medical internships.
- b. 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.
- c. <http://www.proliability.com/professional-liability-insurance/speech-language-pathologists/american-speech-language-hearing-association> (Proliability) or <https://www.hpso.com/> (HPSO)
- d. Policies are good for a period of 12 months. If you are completing a medical internship during the summer of 2020, wait until September to purchase this policy.
- e. Policies cost \$32.00 (Proliability) \$38.00 (HPSO). Proliability is available ONLY to students who are members of the NATIONAL NSSLHA organization.
- f. 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.
- g. 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.
- h. You do not need to be a member of NATIONAL NSSLHA for HPSO.
- i. 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).
  - i. **New Applicants:** Get all the value you can from your ASHA certification and membership. Apply during ASHA's Gift to the Grad, May 1 – August 31, and get up to 20 months of membership for the price of 12.
  - ii. **NSSLHA Conversion: \$286**  
For members of NSSLHA who have held 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.

iii. **Recent Graduate: \$461**

For individuals applying for membership and certification within 12 months of their graduation date who are not eligible for the NSSLHA Conversion rate.

iv. **Certification and ASHA Membership: \$511**

For individuals who are not eligible for the NSSLHA Conversion or Recent Graduate categories.

**6. Shots, Screens, Checks, etc.**

a. EIU has minimum requirements for medical internships. **For CDS, students need to provide documentation of all immunizations. This must include a 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 flu vaccine or declination form; and 10-panel drug test.**

**PLEASE NOTE, your site will have specific requirements. BOTH CDS and site requirements must be completed. Site requirements will most likely be stricter than CDS requirements. Internship sites require proof of various types of documents. You will complete those requirements and provide the EIU medical internship coordinator with copies of all documentation through CALIPSO.** You will do this well before the start of your internship. In all cases, you may NOT begin your internship unless all requirements are complete.

b. Student Immunization Documentation

- i. TB Skin Test – All interns will obtain a new/current 2-step TB test this April. **Please see your site's affiliation agreement for whether or not you need to have a TB test within 30 days of the start date of your internship.**
  - ii. 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?
  - iii. Influenza vaccine – Many/most sites have begun to require flu shots. Please see your agreement as to whether or not this is required, and if so—when? **There may be a specific period during which time you MUST have a flu shot.** This is an EIU requirement.
  - iv. dT booster every 10 years – **Please look carefully at the dates of your dT boosters!** You may actually need this after all!
  - v. Varicella – Sites are increasingly requiring this for interns. Read your contract carefully to see if you must have this as well.
  - vi. 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.
1. HBV requires a series of three injections. The second injection is given 1 month after the first, and the third is given 5 months after the second. Costs range as much as \$80 per injection.
  2. This is available to full time students through the EIU Health Service (downstairs) at a reduced cost of ~\$25-30 per injection.
  3. If you choose NOT to receive the HBV immunization, upload the HEPATITIS B VACCINE DECLINATION form to CALIPSO 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.
  4. If you have received the HBV immunization, sign the bottom portion of the form and return the entire form to the EIU medical internship coordinator through CALIPSO before you begin your internship, along with documentation proving that you have received this series of injections.
- c. Physical Exam
- i. Some sites require this, while others do not. Please see your affiliation agreement.
  - ii. 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.
- d. Background Check information
- i. Follow instructions in the email from the medical internship coordinator to complete your background check, fingerprinting, and verifications (if needed) through Bushue. The criminal background check and fingerprinting are CDS requirements.
- e. Drug Screens
- i. Complete a 10-panel drug screen. This is a CDS requirement.
- f. CPR
- i. Most sites require CPR certification. This is also an EIU requirement. See your affiliation agreement for the exact type you must obtain (if included). If there is no requirement, please obtain **Basic Life Support for Healthcare Providers**. This is a CDS requirement.
- g. HIPAA Training
- i. Most sites require HIPAA training. This is also an EIU requirement. HIPAA training can be completed online at <https://www.hhs.gov/hipaa/for-professionals/training/index.html>. This training is free, but you will need to register for an account. Print the *Letter of Completion* and upload to CALIPSO.
- h. Mask Fit Testing
- i. See your contract for whether or not you must be fitted for protective gear.
- i. Latex Allergy Screening form
- i. Are you allergic to latex? Complete this form and upload to CALIPSO.

- ii. 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.
- j. Orientation
  - i. Some sites will conduct orientation in person, on/during your first few days/week.
  - ii. 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.
- iii. Also, if we already know what is/is not required, you may have additional material in this packet.
- k. Dress Code
  - i. 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.
- l. Parking Permits
  - i. See your contract for whether or not you will park in a designated area, and when/how/if you will obtain a parking permit.

## **7. Review your Internship Site Affiliation Agreement (contract)**

- a. You will take notes about certain requirements for Students/Interns.
- b. 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. Sign them and upload to CALIPSO.
- c. **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 and upload the document to CALIPSO.**

## **8. Service Project**

- a. As part of your internship, you will complete a project for your supervisor.
- b. Your supervisor will select the topic and type of project you will complete. Projects may be related to planning and providing an inservice training, providing a summary of evidence on a specific topic, generating materials, etc.
- c. All projects will be integrated into one document that will be shared with all interns and supervisors.

## **9. Evaluation of the Intern and Internship Site**

- a. Practicum (internship) Midterm and Final Assessment
  - i. 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.
  - ii. Your clinical ratings and performance evaluation will be provided to the medical internship coordinator, by your site supervisor through CALIPSO.
  - iii. The medical internship coordinator will review these and maintain contact with both you and the site-supervisor, to ensure adequate progress and performance.
- b. Student Evaluation of Off-Campus Supervisor
  - i. PROVIDE OBJECTIVE, THOUGHTFUL, PROFESSIONAL INPUT for each supervisor to whom you are assigned. (You may copy the form to use for more than one supervisor; or, you may write all supervisor's names on the one sheet, and evaluate the experience as a whole).
  - ii. Complete and RETURN THIS FORM **TO THE EIU MEDICAL INTERNSHIP COORDINATOR** by the last date of your internship via email.
  - iii. Otherwise, you will receive a grade of "Incomplete" for CDS 5980.
- c. Nomination Form—Exemplary Supervisor Award
  - i. 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.
  - ii. If you return the form after this date, it will be held for consideration in the following year.
- d. Faculty evaluations of the EIU medical internship coordinator will be posted online.
  - i. 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.

## **10. Compliance Documentation**

- a. Clinical Hours Record for your medical internship
  - i. You will record your hours on CALIPSO, and your supervisor will approve hours through CALIPSO.
  - ii. You must accrue 400 by the time you graduate. Your 25 hours of observation DO count.
  - iii. THIS FORM must be submitted through CALIPSO by the last date of your internship. Otherwise, you will receive a grade of "Incomplete" for CDS 5980.
- b. Documentation of successful completion of the internship will be forwarded to the department chair and graduate coordinator, who will then issue a Certificate of Comprehensive Knowledge to the Graduate School. Other academic requirements, such as passing comprehensive exams or completion of thesis requirements, must have also been met.



Communication Disorders and Sciences  
Speech-Language-Hearing Clinic

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Office: (217) 581-2712  
Fax: (217) 581-7105  
[www.eiu.edu/commdis](http://www.eiu.edu/commdis)

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STUDENT ACKNOWLEDGMENT OF INTERNSHIP POLICIES

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

\_\_\_\_\_

Student Intern

\_\_\_\_\_

Date



COUNCIL ON ACADEMIC ACCREDITATION  
ACCREDITED  
SPEECH-LANGUAGE PATHOLOGY



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STUDENT ACKNOWLEDGMENT OF STUDENT RESPONSIBILITIES as per  
AFFILIATION AGREEMENT

I \_\_\_\_\_ have read the student responsibilities outlined in the affiliation agreement between The Board of Trustees of Eastern Illinois University and the Department of Communication Disorders and Sciences and \_\_\_\_\_. My signature on this form indicates that I agree to abide by the student responsibilities during my medical internship.

\_\_\_\_\_

Student Medical Intern

\_\_\_\_\_

Date



COUNCIL ON ACADEMIC ACCREDITATION  
ACCREDITED  
SPEECH-LANGUAGE PATHOLOGY

## PERMISSION TO SHARE STUDENT HEALTH INFORMATION

### STUDENT INFORMATION

STUDENT NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

### FACILITY

CURRENT LOCATION OF THE RECORDS YOU WANT SHARED:

EASTERN ILLINOIS UNIVERSITY

### RECIPIENT

I AUTHORIZE EASTERN ILLINOIS UNIVERSITY TO SHARE MY HEALTH INFORMATION WITH:

NAME OF PERSON/ENTITY: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PURPOSE OF DISCLOSURE:

MEDICAL INTERNSHIP REQUIREMENTS

### PERSONAL INFORMATION TO BE SHARED

CHECK INFORMATION TO BE SHARED:

- NAME       ADDRESS       PHONE NUMBER       EMAIL  
 DOB       DRIVER'S LICENSE



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**HEALTH INFORMATION TO BE SHARED**

CHECK INFORMATION TO BE SHARED:

- TB SKIN TEST     MMR VACCINATIONS     HEPATITIS B VACCINATIONS     INFLUENZA VACCINATION
- VARICELLA TITER     TDAP VACCINE     COMPREHENSIVE IMMUNIZATION RECORDS     PHYSICAL FORM

OTHER: \_\_\_\_\_

**SENSITIVE INFORMATION**

The following information will not be released UNLESS you place your initials in the space provided:

- \_\_\_ ALCOHOL/DRUG ABUSE SCREENING
- \_\_\_ BACKGROUND CHECK

**DURATION & REVOCATION**

THIS AUTHORIZATION WILL REMAIN IN EFFECT FOR ONE YEAR FROM THE DATE OF SIGNATURE BELOW,

UNLESS YOU SPECIFY A DIFFERENT DATE HERE: \_\_\_\_\_

**SIGNATURE**

\_\_\_\_\_  
SIGNATURE OF STUDENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME OF STUDENT





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## STUDENT PHYSICAL EXAMINATION FORM

**Student Name:** \_\_\_\_\_

**Student DOB:** \_\_\_\_\_

**Last 4 digits of SSN:** \_\_\_\_\_

**PHYSICAL EXAMINATION:** Medical interns are required to complete a physical examination prior to their internship experience. This is done to evaluate their physical ability to complete activities associated with delivering speech therapy services.

Date of exam: \_\_\_\_\_

Check the box below to certify these statements:

- This student has no communicable diseases or communicable health problems.
- This student is physically capable of performing duties for medical internship

Physician Signature: \_\_\_\_\_



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**STUDENT PHYSICAL EXAMINATION AND DRUG TEST FORM  
FOR STUDENTS ENROLLED IN CDS 5980 – MEDICAL INTERNSHIP**

Student Name: \_\_\_\_\_

Student DOB: \_\_\_\_\_

Last 4 digits of SSN: \_\_\_\_\_

**DRUG TEST:**

Date of test: \_\_\_\_\_

Results (Circle one):    POSITIVE        NEGATIVE

Signature of person verifying results: \_\_\_\_\_



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ONLINE HIPAA TRAINING  
FOR STUDENTS ENROLLED IN CDS 5980 MEDICAL INTERNSHIP

Link: <https://www.hhs.gov/hipaa/for-professionals/training/index.html>

1. Click *Video Training Module*
2. Register for a free account (use *Other Healthcare Provider* for **Profession** and *Other Medical/Clinical* for **Occupation**)
3. Continue and answer 4 pre-training questions
4. Watch entire presentation on *An Individual's Right to Access and Obtain Their Health Information Under HIPAA*
5. Complete 5 post-training questions
6. Obtain *Letter of Completion* under "Activity Tracker" (may need to navigate to LOC CREDITS tab)
7. View and print *Letter of Completion* certificate



AMERICAN  
SPEECH-LANGUAGE-  
HEARING  
ASSOCIATION

COUNCIL ON ACADEMIC ACCREDITATION  
ACCREDITED  
SPEECH-LANGUAGE PATHOLOGY

## Latex Allergy Screening Tool

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

Name: \_\_\_\_\_ Unit: \_\_\_\_\_  
 (Please print clearly and legibly)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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

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

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

### Office Use Only

High     Low    Nurse \_\_\_\_\_



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EASTERN ILLINOIS UNIVERSITY  
COMMUNICATION DISORDERS AND SCIENCES

\_\_\_\_\_ (Student) has participated in blood borne pathogen  
regulations/guidelines training consistent with OSHA standard.

\_\_\_\_\_  
CDS Medical Internship Coordinator



AMERICAN  
SPEECH-LANGUAGE-  
HEARING  
ASSOCIATION

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SPEECH-LANGUAGE PATHOLOGY

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Internship Sites: \_\_\_\_\_

The purpose of this document is for you to describe the underlying *barriers* and *strengths* that may influence your performance during internships. This document will be used to generate goals for internship experiences based on your personal and clinical skills.

**Describe any personal *barriers* and discuss how these barriers may affect clinical performance:**

What strategies can you use to overcome these barriers? What do you need from the site supervisor to assist you in overcoming these barriers?

**Describe any clinical skill *barriers* and discuss how these barriers may affect clinical performance:**

What strategies can you use to overcome these barriers? What do you need from the site supervisor to assist you in overcoming these barriers?

**Describe any personal *strengths* and discuss how these strengths may affect clinical performance:**

**Describe any clinical skill *strengths* and discuss how these strengths may affect clinical performance:**

**Personal goals for internship based on information above:**

**Clinical skill goals for internship based on information above:**

I, \_\_\_\_\_, give the EIU internship coordinators permission to share information from this document with my *off-campus* clinical supervisors.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

CDS 5980  
Medical  
Internship

## General Description of 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. The site supervisor will determine the pace of the medical internship and complete midterm and final evaluations to document the student's performance.

The medical internship coordinator will serve as a mentor to both the student and site supervisor as needed during the medical internship. The medical internship coordinator will communicate with the student and site supervisor at least two times during the semester. The medical internship coordinator will give two assignments, one assignment the second week of the internship and one assignment immediately following midterm. Assignments are designed to continue to assist the student in identifying barriers to success and generating goals for improvement, and facilitate group discussion groups through D2L during medical internships.

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 (C) or above on the final evaluation completed by the site supervisor to pass medical internship.

Students will submit an evaluation of the site 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.



Eastern Illinois University  
Fall 2019

**MEDICAL INTERNSHIP INSTRUCTOR:** Lynne Barcus, M.S., CCC-SLP  
2207 Human Services Building  
Phone: 217-581-2712  
Email: [medicalinternship@eiu.edu](mailto:medicalinternship@eiu.edu)  
Fax: 217-581-7105  
Office Hours: As needed  
by phone or email

**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.

**COURSE DAYS/TIMES:** M—F, 8-5 or the equivalent of a 40-hour work week\* (*\*unless otherwise arranged by/with the site*)

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

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

**COURSE LEARNING OBJECTIVES:**

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

**FORMATIVE ASSESSMENT, RATINGS, & REMEDIATION:** Students will be evaluated by medical site supervisors at midterm and final using the 5-point CALIPSO graduated rating scale specific to internships. The department uses a **graduated** grading scale and ratings at A, B, and C level are higher than during on-campus clinical practicum because higher levels of independence are expected as the students progress through internships. The following 5-point scale is used by the site-based supervising speech-language pathologist to rate each area:

	<b>Levels of Skill and Independence Demonstrated by Student Intern</b>
<b>1</b>	Unacceptable performance
<b>2</b>	Needs Improvement in Performance/Maximum Support
<b>3</b>	Moderately Acceptable Performance/ Moderate Support

4	Meets Performance Expectations/Minimal Support
5	Exceeds Performance Expectations/Independent

## DEPARTMENTAL LEARNING OBJECTIVES rated in this course:

The following Departmental Learning Objectives are available to rate within midterm and final 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 V-B, 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 in 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) ?

- Medical internship instructor will contact medical site supervisors at least twice during the internship experience with more frequent communication as needed for students who require greater support.
- 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 medical internship instructor, student, and medical site supervisor, to address concerns before they become a more significant problem.
- **Final ratings** must be at/above a minimum rating of **3.5** for the student to receive credit for the experience. Individual skill ratings **below 3.0** at final may result in failure of this course.
- Remediation may be initiated if medical site supervisor expresses concerns related to student clinical performance and/or inability to demonstrate essential functions. Once a remediation plan is initiated, the medical site supervisor, internship coordinator, 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. If the student demonstrates progress toward goals, but is not meeting requirements to pass the internship, the internship may be extended/revised to provide an opportunity to meet requirements to pass the internship. Inadequate progress toward goals and/or final evaluation letter grade of D or lower may result in failure of internship.

**COURSE REQUIREMENTS, ASSIGNMENTS, AND COURSE OUTLINE:**

**General Student Requirements for Medical Internship:**

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 CALPSO to verify clinical hours acquired.

**Course Outline\*:**

Topic/Assignment	Assignment Description	Points
Week 1 Reflective Journal Assignment 1	Select a clinical area identified as “in need of improvement” on clinical strengths and weaknesses form (e.g., data collection, documentation, diagnosing, administering formal assessment, using EBP, etc.). Observe your supervisor as he or she performs this clinical skill and complete a reflective journal submission to explain insights gained during observation.	10 points

Week 2 Reflective Journal Assignment 2	Generate a list of patient populations you serve frequently. Determine what resources you need to successfully evaluate, diagnose, and treat those patient populations. Write a reflective journal submission to describe how your supervisor uses resources available in your medical setting to treat patient populations frequently served. Include in the reflective journal submission what resources you could use from your on campus courses to supplement resources at your site.	10 points
Week 3 Identification of Barriers and Goals 1	Self-evaluate clinical skills and performance using the CALIPSO evaluation form. Identify areas to improve, barriers to independent performance, and generate goals to promote growth. Goals must be specific and measurable with a focus toward independence.	15 points
Week 4 Reflective Journal Assignment 3	Describe the process used at your site for differential diagnosis of aphasia or dysarthria type. Write a reflective journal submission to explain the process and include information you could use from on campus courses to enhance the process for differential diagnosis.	10 points
Week 5 Professional Practice Topic 1: Counseling	Students will submit or be assigned an article related to counseling in the field of speech-language pathology. Using this article, students will evaluate a specific counseling situation from medical internship and reflect on positive strategies used during counseling and areas to improve based on information in the article.	20 points
Week 6 Virtual Class Meeting 1	Virtual class meeting to discuss complex cases using resources from on campus courses and resources available through medical site.	10 points
Week 7 Identification of Barriers and Goals 2 (Midterm)	Students will use supervisor ratings from midterm evaluation to identify areas to improve and barriers to independent performance. Students will revisit goals from week three and determine if goals have been met, need modified, or if new goals need to be added. Goals must be specific and measurable with a focus toward independence.	15 points
Week 8 Reflective Journal 4	Select an EBP article used to support evaluation or treatment of a client. Write a reflective journal submission to analyze application of EBP and discuss insights gained for future application of EBP to evaluation or treatment.	10 points
Week 9 Professional Practice Topic 2: Supervision	Students will submit or be assigned an article related to supervision in the field of speech-language pathology. Using this article, evaluate your experience being supervised during medical internship and reflect on positive strategies used and additional strategies/methods that could be applied to continue to enhance the supervisory process.	20 points
Week 10 Professional Practice Topic 3: Interprofessional Collaboration	Students will submit or be assigned an article related to interprofessional collaboration in the field of speech-language pathology. Using this article, evaluate a specific interprofessional practice situation from medical internship and reflect on positive strategies used during this interaction and areas to improve based on information in the article.	20 points
Week 11 Case Summary	Generate a handout to outline a case presentation for second virtual class meeting. Do not include any patient identifiers. Include background/case history, referral and complaint, describe process for differential diagnosis, and describe treatment and progress. Include	20 points

	EBP resources to support decision-making.	
Week 12 Synchronous Class Meeting 2	Virtual meetings in groups of 5 students. Present case summary for 10 minutes, with an additional five minutes for peer questions and feedback.	20 points
Week 13 Reflective Journal 5	Describe a challenging ethical dilemma that occurred during medical internship. Write a reflective journal submission to describe how the situation was handled ethically, and use professional documents (e.g., Illinois Practice Act, ASHA Code of Ethics, etc.) to defend decision-making.	10 points
Week 14 Reflective Journal 6	Imagine you will be completing your clinical fellowship year in this medical setting. Write a reflective journal article to describe skills you would need to improve in order to perform tasks of a speech-language pathologist independently.	10 points
		Total: 200 points

\*Students must earn 160/200 points in order to pass this course. Students will be given one opportunity to re-submit assignments after receiving feedback from the medical internship instructor.

### GRADES:

1. The medical site supervisor will evaluate students' performance on course objectives at midterm and prior to the final week, using the 5-point CALIPSO rating scale listed above.
2. Copies of the midterm and final evaluations are available to the students and to the medical internship instructor.
3. The medical site supervisor also provides a narrative evaluation of student's performance upon completion of the medical internship. However, more frequent dialogue and feedback are encouraged, to provide students with the insight they need to be aware of areas for growth and to develop confidence in areas for which they are performing more independently.
4. Students must earn 160/200 points from 14 weekly assignments by the end of the internship. Students will be given one opportunity to re-submit assignments prior to completion of the internship after receiving feedback from the medical internship instructor.

**\*\*\*This course is taken as Credit/No Credit. In order to receive a grade of "credit", students' final rating must be at or above level 3.5, and students must complete weekly assignments earning at least 160/200 points. Individual skill ratings below 3.0 at final may result in failure of this course.\*\*\***

### MEDICAL INTERNSHIP INSTRUCTOR:

1. The medical internship instructor is available to students and medical site supervisors at all times, by phone or email.
2. At a minimum, the internship coordinator will have contact with medical site supervisors and individual students by phone or email at least two times per semester, or more frequently if there are concerns about student performance or development.

**ATTENDANCE POLICY:** Internships follow the site's work calendar – NOT the EIU academic calendar. Holidays are defined by your work site – NOT by EIU. Some hospitals required their employees to share weekend rotations. You will work the hours as defined by the site – NOT EIU. Do NOT schedule vacations, events, or part-time work during expected internship dates.

You are allowed ONLY ONE absence without having to make up the date, UNLESS your absence is an educational event which has been preapproved by your medical site supervisor and me. Any additional days missed, regardless of reason, must be made up prior to the close of the semester. Failure to make up all days missed may result in the student receiving a grade of "Incomplete". Any time that you are unable to go to your assigned site, notify your medical site supervisor and me as soon as possible (before the start of the work day). Valid reasons for absences shall be determined by the internship coordinator, and include reasons such as: illness, car trouble, weather; professional activities; medical/legal appointments; funerals. Verification of absences may be required.

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

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

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

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Instructions:

During Week 2 of your medical internship, self-evaluate your clinical skills using the *CALIPSO Evaluation Form*. Using your self-ratings as well as experience thus far in the medical setting, identify and list personal challenges and barriers you need to address in order to improve your clinical skills. After you have listed challenges and barriers, generate specific goals to improve outcomes. Upload both your self-evaluation and your barriers and goals to D2L.

*\* Remember to write specific goals that state concrete behaviors to help you move forward. (e.g., Document objective portion of swallow evaluation with less than two corrections from supervisor. Generate a binder with various levels of cognitive communication tasks to target functional improvement in order to more independently plan and provide cognitive therapy. Generate a chart to guide decision-making for trialing postures during VFSS to increase confidence independence leading VFSS.)*

Instructions:

- Review the goals you wrote from Week 2. Copy the goals into a new document, and let me know if you 1) Met the goal or 2) Need to modify the goal. If you need to modify the goal to continue to work toward your desired outcome, please write the modified goal next to your initial goal.
- Review your midterm evaluation ratings and identify the five lowest ratings. For those five skills, write goals to improve your performance.
- If you receive any ratings below a 3.0, contact me directly via email as soon as possible. We will work closely together to ensure you advance the skill(s) to at least a 3.5 before final.

*\* Remember to write specific goals that state concrete behaviors to help you move forward. (e.g., Document objective portion of swallow evaluation with less than two corrections from supervisor. Generate a binder with various levels of cognitive communication tasks to target functional improvement in order to more independently plan and provide cognitive therapy. Generate a chart to guide decision-making for trialing postures during VFSS to increase confidence independence leading VFSS.)*



# Off-campus Placement Evaluations

Site:  Semester:

Using the following scale, rate your agreement: N/A 1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree

## OVERALL

This practicum experience met my training goals and interests

1 Strongly Disagree  2 Disagree  3 Neutral  4 Agree  5 Strongly Agree

This practicum experience met expectations regarding clinical population, workload, and documentation

1 Strongly Disagree  2 Disagree  3 Neutral  4 Agree  5 Strongly Agree

The site furthered my efforts to achieve my professional goals

1 Strongly Disagree  2 Disagree  3 Neutral  4 Agree  5 Strongly Agree

The site provided a reasonable balance between direct clinical contact hours vs. related clinical responsibilities

1 Strongly Disagree  2 Disagree  3 Neutral  4 Agree  5 Strongly Agree

There were opportunities to discuss the process of ethical decision making

1 Strongly Disagree  2 Disagree  3 Neutral  4 Agree  5 Strongly Agree

Evidence-based clinical practice was utilized

1 Strongly Disagree  2 Disagree  3 Neutral  4 Agree  5 Strongly Agree

In general, I felt welcomed at this site

1 Strongly Disagree  2 Disagree  3 Neutral  4 Agree  5 Strongly Agree

I felt prepared to meet the challenges and expectations of this practicum site

1 Strongly Disagree  2 Disagree  3 Neutral  4 Agree  5 Strongly Agree

I would recommend that this site be used for future practicum placements

1 Strongly Disagree  2 Disagree  3 Neutral  4 Agree  5 Strongly Agree

## THE PRACTICUM SITE PROVIDED ADEQUATE:

Supervision by clinical supervisor

1 Strongly Disagree  2 Disagree  3 Neutral  4 Agree  5 Strongly Agree

Training and orientation

1 Strongly Disagree  2 Disagree  3 Neutral  4 Agree  5 Strongly Agree

Physical facilities and work space

1 Strongly Disagree  2 Disagree  3 Neutral  4 Agree  5 Strongly Agree

Equipment and materials to engage in effective service delivery

1 Strongly Disagree  2 Disagree  3 Neutral  4 Agree  5 Strongly Agree

Administrative/clerical support

1 Strongly Disagree  2 Disagree  3 Neutral  4 Agree  5 Strongly Agree

**THE PRACTICUM SITE ALLOWED APPROPRIATE OPPORTUNITIES FOR:**

Diagnostic experiences

1 Strongly Disagree  2 Disagree  3 Neutral  4 Agree  5 Strongly Agree

Treatment

1 Strongly Disagree  2 Disagree  3 Neutral  4 Agree  5 Strongly Agree

Client and family interactions

1 Strongly Disagree  2 Disagree  3 Neutral  4 Agree  5 Strongly Agree

Interactions with other professionals

1 Strongly Disagree  2 Disagree  3 Neutral  4 Agree  5 Strongly Agree

Interactions with culturally and linguistically diversified populations

1 Strongly Disagree  2 Disagree  3 Neutral  4 Agree  5 Strongly Agree

**PROVIDE COMMENTS ON THE FOLLOWING:**

What were the strengths/positive aspects of this practicum site?

What might you suggest to strengthen the experience at this practicum site?

What advice would you give the next student placed at this site?

DEPARTMENT OF COMMUNICATION DISORDERS AND SCIENCES

EXEMPLARY SUPERVISOR AWARD

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

A. Supervisor's Name:

B. Practicum Site/Address/Phone:

C. Name and Phone of Person Submitting Nomination:

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

E. Rate the supervisor on the scale below:

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

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

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

F. Describe the impact of this individual on your education