

Clinical Observation Hours

Observation is one of the significant learning experiences of students who are pursuing a career in communication sciences and disorders. The American Speech Language and Hearing Association (ASHA) requires that students complete a minimum of 25 hours of observation before or during their graduate program. This requirement may be met in a variety of ways. You are encouraged to distribute your observations across locations. At Sacred Heart University, observation experiences are imbedded as part of some undergraduate coursework.

Obtaining observation hours is the responsibility of the student and are to be completed in a timely manner. Do not wait until the last minute to complete observations! Here are some suggestions for ways to obtain observation hours:

<u>**Observation in off-campus clinical settings**</u> (observing an ASHA certified SLP or Audiologist <u>not employed by Sacred Heart University</u>)

Students may obtain observation hours in a variety of settings including schools, clinics, nursing homes, hospitals, and private practice. Observations at these outside sites should be under the direction of ASHA-certified clinicians. Students are responsible for coordinating their own outside observations and for keeping records of those observations. Please note some clinical sites require students to submit health/immunizations records, confidentiality agreements, trainings, etc., before observing, so please plan accordingly.

Master Clinician Network (online)

Students may sign up at masterclinician.org for access to a large library of evaluation and treatment sessions across the age span and disorders. A one-year student membership fee is \$25 and paid online. We strongly recommend that you limit your hours of observation through MCN, as some graduate programs will not accept observation hours that are solely obtained online.

<u>Sacred Heart University Clinical Activities</u> (observing an ASHA certified SLP or Audiologist employed Sacred Heart University at on-campus or off-campus clinical sites)

Students may obtain observation hours through Sacred Heart University in the Speech-Language Pathology Program or Audiology Clinic. The availability of these hours is restricted to about 5 hours per student as our on-campus clinical activities are limited. Each semester, the Director of Clinical Education will post a sign-up sheet for students. <u>Please note that students observing</u>

SHU clinical activities must complete the following requirements prior to completing on-campus observations:

1) **CITI Training Module** (all observations on campus) for <u>Health Information Privacy & Security</u>

Directions for registering and accessing this online training module: <u>https://www.sacredheart.edu/officesservices/sponsoredprograms/federally-mandatedtrainingprograms/</u>

- 2) **Sexual Misconduct Training** offered on-campus to all students working in any capacity with minors (under the age of 18).
- 3) Signed Confidentiality Statement (attached)

Proof of completion of all training activities must be submitted to the Director of Clinical Education no less than one week prior to scheduled observations via one email to <u>rogerst7@sacredheart.edu</u>. Failure to comply with these requirements for any reason will result in cancelation of your observation.

Additional Policies and Procedures for All Observations

Professional Etiquette and Dress Code

Students are responsible for conducting themselves in a manner consistent with that of working professionals while engaged in observations at Sacred Heart and in the community. These guidelines are made to relieve the clients and their parents from undue stress and concern that occurs naturally when one is being observed by a group of strangers. These guidelines also protect the rights of the clients to receive the best service in a confidential manner.

- TURN OFF CELL PHONES. Anyone using a cell phone during an observation session will be asked to leave immediately.
- DO NOT EAT OR DRINK at observations.
- OFFER YOUR SEAT to parents and supervisors when present, and position yourself so that everyone can watch the session.
- BE DISCREET by exercising self-restraint in speech and conduct. Some clients get nervous if they know they are being watched.
- No pictures or videos are to be taken at any time. You will be asked to leave immediately.

Confidentiality

Care must be taken at all times to protect the clients' privacy and insure confidentiality. Observations must not be discussed outside the clinic/hospital/school. Do not discuss the client with a parent or caregiver. You may talk privately with the student clinician or supervisor before or after the session but never in the presence of the client or anyone else.

Dress Code (Business Casual for most settings)

For women: pants, skirts, and dresses are acceptable, but should be appropriately tactful (e.g., skirt length, neckline, accessories). Tank tops, miniskirts, leggings, and stilettos are not appropriate attire.

For men: pants, collared shirts and sweaters are appropriate (ties, jackets are not required).

For both women and men: jeans, cargo pants, shorts of any length, sneakers and other athletic attire are not acceptable. If you are unsure whether your clothing is appropriate, please check with your supervisor. Jewelry should be kept to a minimum; it is preferred that body tattoos and piercings (other than ears) be covered.

Record Keeping of Observation Hours

You are responsible for keeping track of all of your observation hours and having the appropriate ASHA-certified clinician sign off and approve these hours. There is a form to use for keeping track of all observation hours. Keep a copy of all documents as evidence of completing the <u>observations</u>. You are strongly advised to keep a folder with this information and, if needed, to make copies. The Department will NOT keep independent records of your observation hours. When applying to graduate school, we can provide you with a summary that you have completed all of your observation hours if requested, but will need your full record to approve.

If you have any questions, please do not hesitate to contact me. Good luck with your observations!

Taryn Rogers, M.A., CCC/SLP Director of Clinical Education, SHU SLP Program Rogerst7@sacredheart.edu





Confidentiality Agreement: Student Observer/Assistant

I understand that in the performance of my duties as a student observer and/or assistant in the Speech-Language Pathology Program or Sacred Heart University Audiology Clinic, operating under Sacred Heart University, Inc., I may have access to and/or be involved in the gathering or processing of confidential information about persons receiving services and/or confidential business information.

- Confidential information pertaining to persons receiving services including all information, whether spoken, written, or electronic, concerning their condition, events surrounding their placement, and financial support for services provided.
- Confidential business information whether spoken, written or electronic pertaining to Sacred Heart University Audiology Clinic business plans, employee information, and other information related to Sacred Heart University Audiology Clinic operations.

I understand that I am required to maintain the confidentiality of this information at all times, both on and off-campus, and after the termination of my enrollment as a student at Sacred Heart University.

I also understand and agree that I will only access information, which is needed or required by the supervisor at the Sacred Heart University Audiology Clinic or Speech-Language Pathology Program, federal, or state law, or applicable regulation.

I understand that a violation of these confidentiality considerations may result in disciplinary action. I further understand that I could be subject to legal action for breach of confidentiality.

I have discussed confidentiality of information directly with my supervisor and have had the opportunity to ask any questions I may have regarding my responsibilities as related to HIPAA and confidentiality of information.

Student Name

(Printed)

Date

Student Name

(Signed)

Date



Speech-Language Pathology and Audiology Observation Hours

Student Name:

Name of Site/Location:

| Date | Eval or Treat | Child or Adult | Speech, Language, or Hearing | Hours Observed | Supervisor Signature | Supervisor ASHA # |
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