

University of Colorado School of Medicine

Department of Otolaryngology

SLP Clinical Fellowship Program Policy Manual

Authored by Juliana Litts, MA CCC-SLP



2021-2022

Education Philosophy.....	4
Overall Program Goals and Objectives.....	4
Specialty Specific Skills.....	8
Program Aims.....	13
Administration and faculty.....	14
Professionalism Policy.....	15
Communication Policy.....	16
Clinical Fellowship Guidelines.....	17
ASHA Clinical Fellowship Program Requirements.....	19
Clinical Fellowship Supervision.....	24
Patient Care Policies.....	25
Leave Policies.....	27
Educational Travel Policy.....	28
Complaint and Conflict Resolution Policy.....	29
Sexual Harassment Policy.....	30

INTRODUCTION

In this Policy Manual, several terms will be referenced throughout and are defined as:

1. “Clinical Fellow” and “CF” refers participants of the clinical fellowship internship at the University of Colorado Department of Otolaryngology specializing in Voice and Swallowing Disorders
2. “SLP” refers to Speech-Language Pathologist
3. The participating hospital sites of rotation:
 - University of Colorado Hospital (UCH)

- UC Health Lone Tree Clinic (LT)
 - UC Health Broomfield (BF)
 - University of Colorado Highlands Ranch (HR)
 - Cherry Creek Medical Center (CCMC)
4. American Speech Language and Hearing Association ([ASHA](#))
 5. Colorado Speech Language and Hearing Association ([CSHA](#))
 6. Colorado Department of Regulatory Agencies ([DORA](#))
 7. Current ASHA and DORA guidelines for supervision and licensure in a clinical fellowship can be found online at their respective websites: [ASHA](#) or [DORA](#) (rule 18 on provisional licenses)
 8. All Clinical Fellows will receive an electronic copy of this Policy Manual early in their intern year and subsequently when revised. Whether you read it or not, you will be held responsible for the information, policies and procedures contained herein.

EDUCATIONAL PHILOSOPHY

The primary educational mission of the Department of Otolaryngology SLP Clinical Fellowship Program at the University of Colorado School of Medicine is to train a specialized SLP with skills in the areas of voice, swallowing, breathing, cough and other laryngeal related problems. The CF will participate in all phases of patient care (evaluation, diagnosis and treatment), education, and research under the supervising physicians and SLPs. The program includes required instructional courses and didactics, but significant self-study is also required to master the field of therapy related to laryngology. Upon successful completion of the training program, the CF will possess knowledge of the evaluation, diagnosis, and management of disorders related voice, swallowing, breathing and cough. The CF will understand that clinical education is a lifelong process, and will be equipped with the ability to continue learning during their independent practice.

OVERALL PROGRAM GOALS AND OBJECTIVES

Per ASHA Clinical Fellowship Skills Inventory, there are four core areas a Clinical Fellow should demonstrate competencies which will be taught and evaluated throughout the program as follows:

1. Assessment Skills

- a. Implements screening procedures
 - i. Matches and/or adapts screening procedures to various populations
 - ii. Selects screening criteria, administers and scores screening instrument(s), and/or educates others (e.g., Response to Intervention, swallowing/hearing/cognitive/language/articulation screenings)
- b. Interprets results of screening procedures
 - i. Interprets results
 - ii. Makes recommendations and referrals
- c. Collects and integrates comprehensive case history information
 - i. Collects case history
 - ii. Collects and obtains additional information from various sources and records
 - iii. Integrates information from all sources to identify etiologic and/or contributing factors
- d. Selects and implements assessment procedures
 - i. Selects assessments (e.g., nonstandardized and standardized behavioral observations)
 - ii. Adapts assessment procedures to various populations
 - iii. Administers and scores assessments accurately
- e. Interprets and integrates assessments results
 - i. Interprets and integrates all assessment results
 - ii. Formulates diagnostic impressions
 - iii. Synthesizes assessment results into treatment planning
- f. Develops recommendations based on a comprehensive assessment
 - i. Determines eligibility criteria for initiation of treatment

- ii. Determines eligibility criteria for discharge/dismissal
- iii. Clearly communicates assessment results to relevant individuals
- iv. Makes referrals

2. Treatment Skills

- a. Designs and documents evidence -based client-/patient-centered treatment plans
 - i. Establishes treatment plans
 - ii. Designs specific, measurable, attainable, realistic, timely, and functional goals
 - iii. Determines the frequency and intensity of treatment, utilizing best practices
- b. Selects and implements evidence-based treatment
 - i. Selects and/or develops intervention strategies
 - ii. Independently implements intervention strategies
 - iii. Provides treatment that addresses goals
- c. Selects and utilizes materials
 - i. Selects and/or develops materials that are relevant to client/patient needs
 - ii. Utilizes materials and/or instrumentation effectively
- d. Adapts treatment components to meet individual client needs
 - i. Recognizes need to adapt intervention procedures, strategies, materials, and/or instrumentation
 - ii. Adapts treatment to culturally and linguistically diverse clients/patients
- e. Collects data to determine treatment efficacy and effectiveness
 - i. Independently and accurately collects data
 - ii. Utilizes treatment data to guide decisions and determine effectiveness of services
- f. Determines criteria to initiate, modify, and terminate treatment
 - i. Determines criteria for initiation of treatment
 - ii. Determines criteria for modification of treatment
 - iii. Determines criteria for discharge/dismissal
 - iv. Clearly communicates treatment outcomes relevant to individuals

3. Professional Practice Skills

- a. Adheres to ASHA and state codes of ethics, and federal, state and local laws related to client/patient information
 - i. Reviews and interprets the codes of ethics before taking actions
 - ii. Acts in accordance with the codes of ethics
 - iii. Maintains client/patient records in accordance with HIPPA/FERPA policies, including the appropriate, confidential and ethical use of social media
- b. Schedules and prioritizes direct and indirect service activities
 - i. Prioritizes and coordinates various activities, including scheduling client contacts and meetings

- c. Manages and documents client/patient records
 - i. Maintains accurate, detailed client/patient records and completes documentation, including professional contacts (e.g., conversation with a physician, parent/caregiver contact, mailing reports, etc.)
 - ii. Completes documentation in a timely manner
- d. Complies with local, state, federal, and payer's regulations to determine eligibility and complete billing requirements for reimbursement
 - i. Reviews and interprets the local, state, federal and payer's regulations before taking actions
 - ii. Acts in accordance with the local, state, federal, and payer's regulations
 - iii. Completes billing requirements accurately and in a timely manner
- e. Demonstrates competencies and adapts to individualized needs of culturally and linguistically diverse populations
 - i. Acquires knowledge of best practices for culturally and linguistically diverse populations
 - ii. Applies best practices for culturally and linguistically diverse populations
 - iii. Provide education and/or resources to promote best practices for culturally and linguistically diverse populations
- f. Provides education and/or resources
 - i. Provides clear and meaningful education and/or resources to promote the knowledge, prevention, and treatment of communication and related disorders (e.g., swallowing, hearing, cognitive and linguistic)

4. Interpersonal Skills

- a. Adapts communication style to meet needs of all individuals
 - i. Acknowledges and adapts personal and non-verbal communications
 - ii. Interprets and responds to nonverbal communications of others
 - iii. Uses terminology and phrasing in oral and written communications (e.g., reports, correspondence, emails, text messages) that correspond to the semantic competency of the audience
 - iv. Actively listens to client/patient and others, and responds accordingly
 - v. Includes information that is accurate and complete
- b. Collaborates interprofessionally
 - i. Maintain professional boundaries, utilizing the scope of practice of allied health and/or education professionals
 - ii. Engages interprofessionally with allied health and/or education professionals to enhance client/patient outcomes
- c. Counsels and educates clients/patients and relevant others
 - i. Actively listens to clients/patients and others, and responds accordingly
 - ii. Engages client/patients and relevant others in problem solving
 - iii. Educates and encourages client/patient self-advocacy

- iv. Provides information and resources that are specific to the needs of the client/patient

SPECIALTY SPECIFIC SKILLS

As this program is specialized in training future speech-language pathologist in the evaluation and treatment of voice, upper airway and swallowing disorder, there are specialty specific skills that we expect of the clinical fellow at the time of entry and exit from this program.

ENTRY LEVEL SKILLS FOR CLINICAL FELLOW AT UNIVERISY OF COLORADO DEPARTMENT OF OTOLARYNGOLOGY

BASIC SKILLS:

Clinical fellows should possess all these skills at the beginning of their clinical fellowship

1. Knowledge of Anatomy and physiology associated with voice, breathing and swallowing
2. Knowledge and ability to administer a standard SLP cranial nerve exam
3. Clinic exposure to voice and dysphagia patients (observed or implemented therapy techniques)

Familiarity with the scientific method

ADVANCED SKILLS:

Clinical Fellows may possess one of more of the following skills in addition to the basic skills

1. Fundamental knowledge for planning voice evaluation and treatment
2. Knowledge and ability to perform dysphagia screening
3. Identify and assess auditory-perceptual voice features
4. Interpretation of endoscopic and stroboscopic exams
5. Interpretation of acoustic and aerodynamic measures
6. Training on how to administer a laryngeal palpation or laryngeal manipulation
7. Knowledge and ability to identify and discuss etiologies of voice disorders
8. Personal experience with voice enhancement or rehabilitation (e.g., professional speaking, voiceover, auctioneering, radio, acting, singing of any style, transgender voice, etc.)
9. Conducting or contributing to the completion of a research project
10. Enrolled in workshops outside of their academic program that have provided exposure to additional skills

EXIT LEVEL SKILLS FOR CLINICAL FELLOW AT THE UNIVERSITY OF COLORADO DEPARTMENT OF OTOLARYNGOLOGY

SCREENING:

1. Objective: CF independently and accurately matches and/or adapts screening procedures to voice, upper airway, and dysphagia populations, selects appropriate screening criteria, administers and scores screening instrument(s) efficiently, interprets results, and makes appropriate recommendations. CF seeks supervisory guidance if needed.

EVALUATION OBJECTIVES:

1. CASE HISTORY: CF independently and accurately selects case history or other interview formats with consideration for all relevant factors to voice, upper airway, and swallowing disorders. CF efficiently collects and spontaneously probes for additional relevant information, obtains information from other sources, and integrates data in order to identify etiologic and/or contributing factors. CF seeks supervisory guidance if needed.

2. VOICE/AIRWAY/DYSPHAGIA ASSESSMENT PROCEDURES: CF independently selects a comprehensive assessment battery with consideration for all relevant factors. CF efficiently and accurately administers the battery and consistently scores and interprets tests accurately. CF seeks supervisory guidance if needed.
 - Self-Report Instruments (e.g. VHI, V-RQOL, etc)
 - Cranial nerve exam (oral mech)
 - Auditory-Perceptual protocol and rating (e.g. CAPE-V)
 - Laryngeal Function Studies (acoustic & aerodynamic)
 - Endoscopy/Stroboscopy interpretation
 - Laryngeal palpation
 - Stimulability/Treatment probe
 - Flexible Endoscopic Evaluation of Swallowing (FEES)
 - Modified Barium Swallow (MBS)
 - Bedside swallow evaluation
3. ADAPTABILITY FOR ASSESSMENT APPROACH: CF independently and accurately recognizes when testing procedures need to be adapted to accommodate needs unique to specific clients. Effectively implements appropriate adaptations, and makes maximum use of all available resources to provide for unusual situations. CF seeks supervisory guidance if needed.
4. INTERPRETATION AND FORMULATION OF IMPRESSIONS AND RECOMMENDATIONS FROM ASSESSMENT: CF consistently, independently, and accurately interprets and integrates test results and behavioral observations to define the client's communicative functioning, which includes relating etiologic factors to observed behaviors and test results. CF consistently develops diagnostic impressions and makes comprehensive recommendations leading to appropriate case management. CF seeks supervisor guidance if needed.

TREATMENT OBJECTIVES:

1. Develops and implements specific, reasonable, and necessary treatment plans: CF independently and accurately establishes a treatment plan appropriate for the client. CF consistently develops specific and reasonable treatment plans that include long-term goals and measurable short-term objectives which reflect appropriate learning sequence, identifies the most appropriate settings for service, explores all alternative service delivery options, and effectively implements plans. CF seeks supervisory guidance if needed.
 - a. Identify the underlying mechanism of the functional or structural problem.
 - b. Identify appropriate observable and measurable targets to invoke positive change.
 - c. Identify appropriate ingredients by which change to function achieves the target.
2. Selects/develops and implements intervention strategies for treatment of voice, upper airway, swallowing and related disorders: CF independently selects/develops and implements comprehensive intervention strategies that take into consideration all unique characteristics and communication needs of the client. CF seeks supervisory guidance if needed.
 - a. Resonant voice

- b. Vocal function exercises
 - c. Semi-occluded voicing techniques (including cup bubble, etc)
 - d. Manual Circumlaryngeal Massage/Laryngeal Manipulation/Myofascial release
 - e. Stretch & Flow Phonation/Confidential Voicing
 - f. Phonation Resistance Training Exercise (PhoRTE)
 - g. Facilitative or Symptomatic Methods
 - h. Expiratory Muscle Strength Training (EMST)
 - i. Vocal hygiene and voice behavior modification
 - j. Pre radiation counseling
 - k. Swallowing strengthening exercises
 - l. Compensatory swallowing techniques
 - m. TEP teaching
 - n. Alaryngeal speech training
 - o. Dysphagia maintenance programs post radiation
3. Selects/develops and uses intervention materials and instrumentation for treatment of communication and related disorders: CF independently and consistently selects/develops materials and instrumentation for which there is a clear rationale and uses these materials and instrumentation creatively and effectively to enhance the treatment process. CF seeks supervisory guidance if needed.
 4. Plans and implements a program of periodic monitoring of the client's communicative functioning through the use of appropriate data collection systems. Interprets and uses data to modify treatment plans, strategies, materials, and/or instrumentation to meet the needs of the client: CF independently develops and implements a comprehensive program of periodic monitoring of the client's communicative functioning and collects and interprets data accurately. Uses this information to effectively modify treatment plans, strategies, materials, and/or instrumentation to meet the needs of the client. CF seeks supervisory guidance if needed.
 5. Adapts intervention procedures, strategies, materials, and instrumentation to meet individual client needs: CF independently and consistently adapts intervention procedures, strategies, materials, and instrumentation to accommodate needs unique to specific clients. Makes maximum use of all available resources to provide for unusual situations. CF effectively implements appropriate adaptations and seeks supervisory guidance if needed.
 6. Schedules and prioritizes direct and indirect service activities, maintains, client records, and documents professional contacts and clinical reports in a timely manner: CF independently and consistently prioritizes activities, schedules client contacts and meetings, maintains client records accurately, and makes and documents professional contacts in a timely manner. CF seeks supervisory guidance if needed.
 7. Complies with program administrative and other regulatory policies such as required due process documentation, reports, service statistics, and budget requests. CF independently and

consistently complies with administrative and regulatory policy requirements and does so in a timely and accurate manner. CF seeks supervisory guidance if needed.

8. Uses local, state, national, and funding agency regulations to make decisions regarding service eligibility and, if applicable, third-party reimbursement. CF independently and accurately makes service eligibility decisions that are based on appropriate regulations and follows applicable mandates. CF seeks supervisory guidance if needed.

Critical thinking/Evidence based practice

1. CF consistently, independently, and accurately interprets and integrates evidence into clinical practices. CF understands when evaluation and treatment practices have evidence basis and can articulate such evidence. CF effectively implements appropriate adaptations to support evidence based. CF seeks supervisory guidance if needed.

Interaction Skills

9. Demonstrates communication skills (including listening, speaking, nonverbal communication, and writing) that take into consideration the communication needs as well as the cultural values of the client, the family, caregivers, significant others, and other professionals. CF independently presents information accurately, clearly, logically, and concisely. Oral communications, written reports, and letters are always appropriate for the needs of the audience. CF uses terminology and phrasing consistent with the semantic competency of the audience and includes accurate and complete information, listens carefully to clients and others, takes initiative in providing appropriate clarifications when needed, and demonstrates appropriate nonverbal communication style. CF seeks supervisory guidance if needed.
10. Identifies and refers clients for related services including audiological, educational, medical, psychological, social, and vocational, as appropriate. CF consistently identifies the need for and makes appropriate client referrals. CF seeks supervisory guidance if needed.
11. Collaborates with other professionals in matters relevant to case management. CF consistently listens to input from others, makes appropriate decisions based on shared information, and initiates activities and contributes information that promotes mutual problem solving. CF seeks supervisory guidance if needed.
12. Provides counseling and supportive guidance regarding the client's communication disorder to client, family, caregivers, and significant others. CF listens, reflects, and explains information using terminology appropriate to the audience. CF monitors understanding by asking questions and encouraging interaction among all participants. Engages client/family in problem-solving activities. CF seeks supervisory guidance if needed.

Plans and implements educational programs for other professionals and the general public to facilitate acceptance and treatment of disabilities associated with voice and airway disorders. With consideration of the needs of the audience, CF independently and consistently provides clear and meaningful educational information to facilitate the acceptance and treatment of disabilities associated with voice and airway disorders. CF seeks supervisory guidance if needed.

PROGRAM AIMS

The aim of our program is to educate and train top SLPs who specialize in the evaluation, diagnosis and treatment of voice, airway and swallowing disorders. To achieve this goal, we aim to 1) provide the highest quality education in clinical patient care; 2) recruit trainees who demonstrate gender, racial, and ethnic diversity; 3) develop clinician-scientists via a research program; and 4) give graduates the tools to contribute to our field in the areas of research, education, and leadership.

ADMINISTRATION & FACULTY

Administration

Herman A. Jenkins, MD

Herman.Jenkins@cuanschutz.edu

Department Chair

Juliana Litts, MA CCC-SLP

Juliana.Litts@cuanschutz.edu

Clinical Fellowship Program Director
Assistant Professor
Certified Vocologist

Liz Cuadrado, MS CCC-SLP

Elizabeth.Cuadrado@cuanschutz.edu

SLP Mentor
Board Certified Swallowing Specialist

Marie Jette, PhD CCC-SLP

Marie.Jette@cuanschutz.edu

SLP /Research Mentor

Mona Abaza, MD

Mona.Abaza@cuanschutz.edu

Physician Mentor
Laryngologist

Matthew Clary, MD

Matthew.Clary@cuanschutz.edu

Physician Mentor
Laryngologist

Daniel Fink, MD

Daniel.Fink@cuanschutz.edu

Physician Mentor
Head and Neck Surgeon

Julie Goddard, MD

Julie.Goddard@cuanschutz.edu

Jeanne Doyle, PA

Jeanne.Doyle@cuanschutz.edu

Physician Assistant Mentor
Head and Neck Surgery

Vicki Muscatello

Office: 303-724-1965

Cell: 814-322-6861

Vicki.Muscatello@cuanschutz.edu

Educational Program Coordinator

PROFESSIONALISM POLICY

*This Program-specific policy is in addition to and consistent with the Graduate Medical Education (GME) policy for compliance by all training programs within this institution: [UCDSOM GME Professionalism Policy](#)

The program complies with the [GME Professionalism Policy](#) and provides a professional, respectful, and civil environment that is free from mistreatment, abuse, or coercion of students, fellows, faculty, and staff. Fellows and faculty are educated regarding unprofessional behavior and are provided with a confidential process for reporting, investigating, and addressing such concerns.

Monitoring Fellow and Faculty Professionalism

The program director monitors resident and faculty compliance with professional standards through direct observations of interactions with patients, staff, peers, faculty, and other members of the healthcare team.

COMMUNICATION POLICY

Email

Email is an acceptable method for written communication of non-urgent, non-sensitive, administrative issues. Email should not be used as a substitution for personal communication, but as a time-saving method for issuing correspondence. Residents are expected to exercise independent judgment when using this method of written communication:

- Do not send urgent time-sensitive information requiring immediate attention.
- Do not send patient-specific information, which is a violation of both patient privacy and federal law.
- Do not send sensitive or extremely personal information, to avoid the possibility of privacy breaches.

All Fellows are given a University email address and are required to use this as their primary address for receiving residency, departmental and GME administrative information. Residents are expected to frequently check their email, and have access to computers provided at each participating hospital site. The IT Services Department provides instructions for forwarding email addresses, options for remote access, and other services on [their website](#).

Cell Phones

Phone calls are a good way to communicate with any faculty mentors to discuss patients, problems or concerns that are more urgent or sensitive.

CLINICAL FELLOWSHIP GUIDELINES

Duration of the CF Experience

The ASHA CF experience is a minimum of 1,260 hours and a minimum of 36 weeks of full-time experience or its part-time equivalent. Most applicants will complete this experience in one location with one mentor in a full-time setting. Part-time experiences will require additional weeks to reach the minimum required 1,260 hours.

The CF experience is divided into three equal segments and each segment represents one third of the total experience, which is approximately 420 hours per segment.

Full-time CF experience is considered 35 hours per week for 36 weeks, for a total of 1,260 hours. Working more than 35 hours per week will not shorten the length of the CF experience; however, working fewer than 35 hours per week will extend the number of weeks required to reach 1,260 hours. Part-time experiences must be a minimum of 5 hours per week in order to be counted toward the total 1,260 hours.

Travel, lunch, vacations/holidays, leaves of absence, and other forms of paid or unpaid time off cannot be counted in your number of hours worked per week.

Eighty percent of the Clinical Fellow's work week must be spent in direct clinical contact related to the management of disorders that fit within the ASHA Scope of Practice in Speech-Language Pathology. Examples of direct clinical contact include the following:

- Screening, Response to Intervention (RtI), and/or observations of the client/patient
- Assessment/diagnostic evaluations
- Treatment
- Writing of reports, notes; billing
- Family/client consultation
- Family/client counseling
- Individualized Education Program (IEP) meetings, Individualized Family Service Plan (IFSP) meetings, rounds, or other meetings related to the management of a client/patient's diagnosis and treatment plan

Twenty percent of the work week may be spent doing other activities such as attending in-services or providing trainings and presentations.

As a Clinical Fellow, you are required to complete your CF experience within 4 years (48 months) or less from the date your CF began

Completion of the Clinical Fellowship

Per ASHA standards: A complete CF experience must have

1. a minimum of 1,260 hours of clinical experience working under the mentorship of a CCC-SLP who meets the mentor requirements as outlined in 2020 Standard VII;
2. a minimum of 36 weeks (or its part-time equivalent) of clinical experience working under the mentorship of a CCC-SLP;

3. a minimum of 6 hours of direct supervision and 6 hours of indirect supervision completed during each segment by each mentor;
4. a minimum rating of 2 under the 2020 CF experience in the final segment of the CF; and
5. all hours/segments recommended by each CF mentor in order to count toward the CF experience.

In addition, the University of Colorado Clinical Fellowship experience also includes:

1. Research project that can be completed after completion of clinical fellowship, but can be submitted for presentation at a national conference and for publication in a peer reviewed journal.
2. Participation in the University of Colorado's annual Strobe and FEES course helping train other SLPs around the country flexible and rigid endoscopy skills
3. Leading regular meetings with supervising SLPs related to presenting research on clinical topics of diagnoses and treatments of voice, airway and swallowing disorders
4. Presentation for resident education rounds during either head and neck surgery or laryngology education blocks for the Department of Otolaryngology residents.

ASHA CLINICAL FELLOWSHIP PROGRAM REQUIREMENTS

Clinical Fellow Qualifications:

The ASHA CF experience may be started only after all academic coursework and supervised clinical practicum have been completed and verified by your graduate program director, as outlined in the [ASHA SLP Certification Standards](#), including all prerequisite coursework (Standard IV-A), core coursework (Standard IV-C), and supervised clinical practicum (Standard V). Professional experiences

prior to the completion of all academic coursework and practicum may not be used or applied toward your CF experience.

Clinical Fellow Responsibilities:

Before beginning the CF, and periodically throughout the CF experience, it is important that a Clinical Fellow ensures that their CF mentor(s) meet the required qualifications. For those who apply under the 2020 SLP standards, in order to count hours that have been earned on or after January 1, 2020, their mentoring SLP(s) must

- hold a current CCC-SLP;
- have a minimum of 9 months of full-time (or its part-time equivalent) clinical experience after earning the CCC-SLP; and
- have completed a minimum of 2 hours of professional development in the area of supervision after earning the CCC-SLP.

It is a Clinical Fellow's responsibility to verify their CF mentor's status to ensure their mentor's certification remains current throughout the duration of the CF experience. Periodic verification of your mentor's status is a good practice to follow, such as (1) before your CF experience begins and then (2) halfway through your CF experience. Check your CF mentor's status online here:

As a Clinical Fellow, you must do the following:

- Contact your state regulatory agency/licensing board for licensure requirements.
- Ensure that the setting will provide you with the opportunity to provide the full range of services to evaluate, habilitate, or rehabilitate individuals with speech and language disabilities.
- Confirm that at least 80% of your time will be spent on activities directly related to the care and management of individuals with speech and language disorders.
- Verify your role within your company/employer. In some instances, Clinical Fellows are considered interns, and in others they are full staff members. Check company and state policies and procedures regarding billing practices and how to sign off on documentation.
- Verify that the setting provides the full range of services and opportunities to have each skill as outlined in the [Clinical Fellowship Skills Inventory \(CFSI\)](#) appropriately supervised. All skills must be rated during each segment (or part-segment) for the segment to count toward your CF.
- Verify that your CF mentors will each be providing the minimum supervisory activities (a minimum of 6 hours of on-site and in-person) direct supervision and 6 hours of indirect supervision per segment). You may use this [template for tracking supervisory activities](#) [PDF].
- Submit a written request to the Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) if you and your CF mentor are considering alternative methods of supervision/telesupervision—and have the request approved—prior to starting the CF experience. (See [2020 Standard VII-B](#) for instructions.)
 - The CFCC approved the use of telesupervision without prior authorization during the COVID-19 pandemic. See the [CFCC's COVID accommodations webpage](#) for more information.
- Confirm that each setting will be able to provide you with a minimum of 5 hours per week.
- Enter each period/portion of the experience as a separate report on your certification online application if you change settings, supervisors, or the number of hours you work per week (e.g.,

full-time to part-time, part-time to full-time, multiple part-time positions, etc.). Important: 6 hours of direct supervision and 6 hours of indirect supervision is required by each mentor during each segment (of part-segment) in order for the time to count toward your ASHA CF.

Clinical Fellowship Mentor/Supervisor Qualifications:

In order to be eligible to mentor a Clinical Fellow, all CF mentors must meet the following requirements:

- Hold a current CCC-SLP throughout the entire CF experience.
- The CF mentor and Clinical Fellow cannot be related in any way.
- For all applicants who apply under the 2020 standards and earn hours toward the completion of their CF on or after January 1, 2020, their CF mentors
 - must have 9 months of full-time experience (or its part-time equivalent) working as a speech-language pathologist after being awarded the CCC-SLP; and
 - must have completed 2 hours of professional development in the area of supervision at least once in your career after being awarded the CCC-SLP.

Clinical Fellowship Mentor/Supervisor Responsibilities:

- The CF mentor helps improve the clinical effectiveness of the Clinical Fellow through meaningful mentoring and feedback, and assists the Clinical Fellow in developing independent clinical skills.
- The CF mentor's ASHA certification status must be current during the entire CF experience in order for the Clinical Fellow to use those hours to apply for ASHA certification.
- Each CF mentor and Clinical Fellow is strongly encouraged to read [ASHA's Issues in Ethics statement, Responsibilities of Individuals Who Mentor Clinical Fellows in Speech-Language Pathology](#).
- The CF mentor must complete all records and feedback/ratings within a timely manner. See [2020 Standard VII](#).
- Provide opportunities to view and accurately rate all skills listed in the [2020 CFSI](#) [PDF].
- Each CF mentor must provide the minimum required on-site and in-person supervisory activities per segment in order for the hours and weeks earned during that segment to count. See below for additional information.

Observations and Supervisory Activities

Following an extensive CF Revalidation Study, the CFCC confirmed that in order to provide an accurate rating of a Clinical Fellow's independence with each skill on the CFSI, each mentor must complete a minimum of 6 hours of on-site and in-person direct and 6 hours indirect observation during each segment (or part-segment) that you serve as their CF mentor. This equates to 18 hours of direct and 18 hours of indirect supervision during the full CF experience. You may provide more supervision if your local or state policies require more, or if you feel that your Clinical Fellow would benefit from more supervision.

During each segment of the CF experience, each CF mentor must provide a minimum of 6 hours of direct observation. These must occur on-site and in-person unless a written request to use telesupervision has been approved by the CFCC. Remember, a segment is equal to one-third of the CF experience.

Each mentor must also provide, per segment, 6 hours of indirect observation, which typically include reviewing diagnostic reports/treatment records/plans of treatment, monitoring the Clinical Fellow's participation in case conferences or professional meetings, and/or evaluating the Clinical Fellow's work by consulting with colleagues or clients and their families. The CF mentor and the Clinical Fellow must coordinate the observation schedule to ensure that all skills are observed and evaluated during each segment of the CF experience. It is expected that the observations are spread over the duration of the CF experience, with no more than 6 total observation hours completed in 1 day. You may use [this template for tracking supervisory activities \[PDF\]](#).

For the purposes of ASHA certification, Clinical Fellows may work in more than one location and they may have more than one CF mentor. If the Clinical Fellow has more than one CF mentor, each CF mentor must complete the required supervisory activities for the weeks and hours to be counted toward the completed CF unless the CF mentors collaborate to provide a robust CF experience. In these instances, one CF mentor becomes the primary mentor and completes the CF report on the Clinical Fellow's online certification application.

Feedback Sessions

- Feedback sessions are an integral part of the CF experience. The CF mentor must provide performance feedback to the Clinical Fellow at least once during each segment of the CF. During feedback sessions, the CF mentor and Clinical Fellow should discuss strengths or weaknesses in the Clinical Fellow's ability to independently practice as a clinician. Through discussion and goal-setting, these sessions should be used to assist the Clinical Fellow in developing the required skills.
- It is strongly encouraged for the CF mentor to provide copies of written feedback to the Clinical Fellow during each segment, and for both to keep copies of these feedback session notes for their records.
- The CF mentor must provide performance feedback to the Clinical Fellow at least once during each segment of the CF using the [2020 Clinical Fellowship Skills Inventory \(CFSI\) form](#) [PDF].
- The Clinical Fellow must receive a score of "2" or better on all skills on the [2020 CFSI](#) [PDF] during the final segment of the CF experience.
- Clinical Fellows enter the experience on their online application. Mentors verify the hours and enter the Clinical Fellow's scores online. Paper copies should not be submitted to ASHA, but should be kept by mentors and Clinical Fellows for their records.

Negative Recommendations

If the CF mentor anticipates at any time during the CF that the Clinical Fellow will fail to meet requirements, the mentor must counsel the Clinical Fellow (both verbally and in writing) and maintain written records of all contacts and conferences that had been conducted during the experience. If the CF experience is terminated at any time before completion of the CF, or if the CF mentor does not

recommend approval, the CF mentor must complete the online CF Mentor Verification page and provide justification for the negative recommendation.

For applicants whose experience began prior to January 1, 2020, and who are using the paper-based Clinical Fellowship Report and Rating Form [PDF], the CF mentor must indicate their negative recommendation in Section 7 and provide justification for the negative recommendation.

CF experiences with negative recommendations will not be applied toward the total number of hours/weeks required to complete the CF. Within 30 days of making the negative recommendation, the CF mentor must submit to the CFCC a letter of explanation with supporting documentation. This information must be shared with the Clinical Fellow. Following a negative recommendation, the Clinical Fellow may complete an entirely new CF, a portion of the CF, and/or request an appeal by the CFCC.

The CF mentor must complete the online CF Mentor Verification, when prompted to do so, and include justification for the negative recommendation.

CLINICAL FELLOWSHIP SUPERVISION

*This Program-specific policy is in addition to and consistent with the ASHA policy for Clinical Fellowship mentorship by all training programs within this institution: [ASHA Clinical Fellowship Guidelines](#)

Purpose and Procedure

All program faculty members supervising clinical fellows must have a faculty or clinical faculty appointment in the School of Medicine Department of Otolaryngology or be specifically approved as supervisor by the Program Director. Faculty and Clinical Fellow schedules will be structured to provide clinical fellows with access to constant consultation and direct supervision per ASHA guidelines. Clinical Fellows will be supervised by faculty members in a manner promoting progressively increasing responsibility according to their level of education, ability and experience. Clinical Fellows will be provided information addressing the method(s) to access a supervisor in a timely and efficient manner at all times while at work.

Program Supervision Policy

The University of Colorado Department of Otolaryngology Clinical Fellowship is structured so that a supervising SLP or a fellowship trained laryngologist will always be available at the site of practice where the clinical fellow is working.

All inpatient services are directly supervised by the supervising SLP until it is determined the clinical fellow is prepared to see inpatients on their own. This includes initial consultations, follow-ups, weekly management visits, simulation and treatment planning.

All clinical, radiology and floor procedures (endoscopy, modified barium swallow studies, flexible endoscopy evaluation of swallowing) must be directly supervised until the clinical fellow has demonstrated independence with these procedures.

Definitions

Direct Supervision—the supervising SLP or physician is physically present with the clinical fellow and the patient.

Indirect Supervision with Direct Supervision Immediately Available—the supervising SLP or physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.

Indirect Supervision with Direct Supervision Available—the supervising SLP or physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.

Oversight—the supervising SLP or physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

PATIENT CARE POLICIES

Malpractice Policy & Procedure

* This Program-specific policy is in addition to and consistent with the Graduate Medical Education (GME) policy for compliance by all training programs within this institution: [UCDSOM GME Malpractice Coverage](#)

In case of events or complications which could potentially lead to a malpractice claim, or if a patient or family member mentions malpractice or seeking legal counsel, you must notify the chief of the service (if different), and Program Director immediately. Any discussion involving legal matters should be directed to attending physicians.

From time to time, residents, because of their close patient contact and presence in the medical record, will be asked to give a deposition, review patient records, or complete disability or other legal forms. Because of the nature of many of the injuries we treat, you may receive a subpoena to appear as a witness. If/when this occurs contact the Department Chair, Program Director, Program Coordinator, and chief of the service for guidance.

Malpractice Insurance Coverage

Professional malpractice refers to an event where a patient is injured as a result of medical negligence. Specifically, malpractice is present when (1) there is an act or failure to act which is below the standard of care,” and (2) this act or failure to act results in a personal injury to the patient. The PRM staff seek to identify such situations when they arise and take early intervention to avoid the filing of a lawsuit. However, if a suit is filed and you are involved in the case, you will be covered by the University’s self-insurance program in accordance with the following sections.

Self-Insurance Program

Your professional liability “malpractice” coverage is provided through the University of Colorado’s Self-Insurance and Risk Management Trust. The University of Colorado Denver became self-insured under the Trust for Medical Malpractice July 1, 1985. To administer the medical self-insurance trust fund, the University has established a Professional Risk Management Program. Coverage is provided on an occurrence basis. Therefore, you are covered for acts within the course and scope of your employment even if a claim or lawsuit is brought for that occurrence after you have left the employment of the University. To assure your protection when on rotation at another hospital, the University enters into affiliation service agreements with these facilities.

It is recommended that you always wear your UC Denver ID badge, identify yourself as an employee of the UC Denver and sign, as such, in the medical record while rendering care to patients at other institutions.

Moonlighting, by definition, is not an approved activity and deemed to be outside the course and scope of your employment. Contact the PRM Department at 303-724-7475 for questions on your coverage.

If Attorneys Contact You, Notify Professional Risk Management

Do not enter into conversations with attorneys regarding patient care matters without first checking with the Professional Risk Management Office. Revealing sensitive patient care information to unknown parties is illegal. Furthermore, answering questions from a patient’s attorney out of context and without the guidance of well-informed and capable legal counsel can be against your interest and that of UCD. Check with the PRM Office to determine whether the attorney is an appointed University employee or agent. On the other hand, once the PRM Office has confirmed that an attorney is a University agent, your complete cooperation is very important. Since your attorney will need your help to understand the often complex issues surrounding the medical care in question, a close attorney-client working relationship is essential. Never hesitate to reveal circumstances that may seem negative (when in a private conference with a University attorney only), for only with a complete understanding of the facts can your legal counsel effectively defend you.

When to Notify Professional Risk Management

Upon receipt of any legal correspondence from patients, attorneys or courts, notify the Office of University Counsel, 303-315-6617, or Professional Risk Management, 303-724-RISK (7475), immediately. As certain legal documents must be responded to within a statutory time limit, our immediate receipt of legal correspondence is imperative. Failure to respond on time may result in default judgments, the issuance of a bench warrant, or other sanctions entered against you and/or the University.

Medical Records Policy

* This Program-specific policy is in addition to and consistent with the Graduate Medical Education (GME) policy for compliance by all training programs within this institution: [UCDSOM GME Medical Records Policy](#)

Operative notes should be dictated the same day as the procedure. Surgeons who don't dictate, don't operate. Discharge summaries must be dictated within 24 hours of the patient's discharge as per JACHO guidelines. From time to time residents will be asked to visit the medical records department of the various hospitals to complete medical records. The methods that hospitals use to notify residents vary, as does the time period in which the records must be completed. If you have questions, asked the senior resident or Attending chief of the service.

Failure to complete medical records in a timely fashion will be handled by the Attending chief of the service at that hospital. Possible consequences include suspension of operative privileges or loss of educational leave.

LEAVE POLICIES

Leave of Absence

Leaves of absence and vacation may be granted to clinical fellows at the discretion of the Program Director in accordance with local rules. The clinical fellow must complete all program requirements both for ASHA and the University of Colorado Department of Otolaryngology before leaving the clinical fellowship program within 12 months of starting the program if a leave of absence occurs.

Vacation Leave

1. Each resident may receive up to two weeks (10 working days) vacation per year. The total number of days on vacation plus educational leave may not exceed fifteen working days. Vacation days can be used for educational leave, but not vice versa.
2. Vacation is requested by submitting a vacation request to the Program Director via email. Emergency time off and exceptions will be dealt with as expeditiously as possible, on a case by case basis.
3. Requests for exceptions to this policy must be submitted in writing to the Program Director for consideration.

Educational Leave

1. The Clinical Fellow may take five days of educational leave each year for education or interview related activities.
2. This must be requested following the procedure listed for vacation.
3. Expenses for attending a meeting is the responsibility of the resident except as defrayed by the Department or sponsorship funds dependent on the resident presenting a poster or oral discussion.

Sick Leave

There is no annual amount of sick leave for clinical fellows. Any extraordinary sick leave request needs to be arranged with the Program Director. Sick days must be reported to the Program Coordinator as soon as possible.

Other Leaves of Absence

Leaves of absence for any other reason are generally unavailable. Exceptions will only be considered by the Program director on a case by case basis. Our Department will allow additional leave as a policy of the University of Colorado under the Family and Medical Leave Act. The amount of leave to be granted will be individualized. Salary and medical insurance coverage during the leave may be suspended; if it is not suspended, any additional time at the end of the residency that is required to make up for lost training time will not be paid or covered by medical insurance.

EDUCATIONAL TRAVEL POLICY

* This Program-specific policy is in addition to and consistent with the Graduate Medical Education (GME) policy for compliance by all training programs within this institution: UCDSOM GME Leave Policy and the American Board of Otolaryngology (ABOto)

1. All travel, including leave and funding reimbursement, must be approved by the Program Director prior to making travel arrangements.
2. Clinical Fellows are expected to use educational leave (5 days per year) for travel to conferences.
3. Clinical Fellows are strongly encouraged to submit research abstracts for oral or poster presentation at national meetings. Preferred meetings for submission include: Fall Voice Conference, Voice Foundation
4. Every effort will be made to allow Clinical Fellows whose research is accepted for either an oral or poster presentation at a national meeting to attend that meeting.
5. Expenses for attending a meeting are the responsibility of the Clinical Fellow, except as defrayed by the Department or sponsorship funds. The Clinical Fellow should arrange subsidies from grants, resident travel fund, or other sources.
7. International travel, while not prohibited, is expected to be rare, and will need to be approved on a case by case basis.

COMPLAINT AND CONFLICT RESOLUTION POLICY

* This Program-specific policy is in addition to and consistent with the Graduate Medical Education (GME) policy for compliance by all training programs within this institution: [UCDSOM GME Concern/Complaint Policy](#)

Clinical Fellows are encouraged to speak first to the staff/faculty member involved, followed by the program director.

Ombuds Office

The [Ombuds Office](#) is a resource available to all members of the University community to provide informal conflict resolution. The Ombuds Office provides a forum for prompt, impartial and confidential discussion for individuals to review options for informal resolutions of differences. The primary goal of the Ombudsperson is to ensure that employees and students receive fair and equitable treatment. The Ombuds Office provides confidential and independent services to the University community.

Anschutz Medical Campus

Phone: 303.724.2950

Fax number: 303.724.2952

Location: Building 500, Room 7005C, 13001 East 17th Place, Mail Stop C217, Aurora, CO 80045

SEXUAL HARASSMENT POLICY

*This Program strictly follows and is consistent with the Graduate Medical Education (GME) policy and University of Colorado policies for compliance by all training programs within this institution: [UCDSOM GME Sexual Harassment Policy](#)

Any form of sexual harassment will not be tolerated. The Department of Otolaryngology follows the University of Colorado policy on sexual harassment. The Department has designated Dr. Mona Abaza, as the female source of contact, and Dr. Daniel Fink, as the male source of contact for any matters. If a Clinical Fellow feels uncomfortable speaking to Drs. Abaza or Fink, they should contact the [Ombuds office](#). All complaints of harassment will be taken seriously.