Clinical Grading

The main goal of the development of clinical knowledge and skills is to serve clients in a way that results in a better quality of life for them.

As developing clinicians, students must strive to develop their clinical knowledge and skills for the main purpose of helping to improve the lives of clients and their families. Graduate students must quickly move away from performing to get a specific grade and instead focus on gaining knowledge and skills for the betterment of the clients they will serve now and in the future.

The primary objective is for students to complete the program with a solid foundation of knowledge and skills that support further education and professional development for life-long learning. The clinical program in the graduate program at LLU is 6 quarters in length and in that time, students must progress their clinical knowledge and skills from the novice level to the professional level. Due to this short timeframe, progress must be continual and increasing. To this end, as clinical educators (CEs) you must continually support and encourage students to push themselves to improve their knowledge and skills. Ultimately, progress and acquisition of skills will be up to each individual student. Any plateau in this progress may indicate the need for extended or repeated clinical experiences in order to gain the expected knowledge and skills. In this case a Clinical Improvement Plan (CIP) must be implemented. This may postpone graduation beyond the expected timeframe.

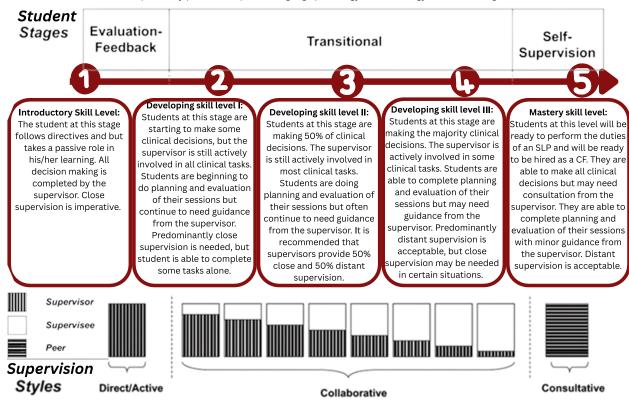
To ensure that students acquire clinical skills important in the profession and at the appropriate rate, the Clinical Assessment Flowchart and Skills Tracking Form (Calipso) scores are used to monitor skill development and identify areas that need improvement as the student progresses through the program. All clinical experiences are pass/fail. Students must meet the following criteria in order to pass each clinical experience: cumulative **minimum, clinic minimum, all mandatory skills** (descriptions and specifics for these are below). This system is used for grade assignments for CMSD 467, 567, 586, 588, 596, and 597.

Performance Scale: Scores are assigned using the performance scale below (1-5):

Loma Linda University Clinical Grading Scale

Anderson's Continuum of Supervision

Anderson, J. (1988). The supervisory process in speech-language pathology and audiology. Boston: College-Hill Press & Little Brown.



It is expected that scores will increase over time, with quarter final averages in the 2s and 3s at the beginning of the program to quarter final averages in the 4s at the end of the program. Specific overall clinic average minimums can be found in the table below and the expectation levels or specific skills can be found in the clinical experiences section of the student handbook.

Cumulative Average Minimum: It is important that students' clinical knowledge and skills build over time. The student must achieve the cumulative minimums at the listed quarters.

Cumulative Minimums					
	Fall	2.0			
1st year	Winter	2.3			
	Spring	2.5			

	Summer	2.8	
2nd year	Winter	3.0	
	Spring	3.2	

Clinic Average Minimum: Skill expectations have been identified for each clinical experience in the program.

Clinic Average Minimums						
Clinical Experience	Pass Avg Min Midterm Quarters 1 & 2	Pass Avg Min Quarters 1 & 2	Pass Avg Min Midterm Quarters 3 & 4	Pass Avg Min Quarters 3 & 4		Fieldwork ii Min
MF I Outpatient	1.7	2.5	2.5	3.0		
MF I Inpatient	1.5	2.0	2.0	2.5		
EF I	1.7	2.5	2.3	3.0		
EF II					3.0	4.3
FII					3.0	4.3

Mandatory Skills: There are certain clinical skills that must be present, or at a specific level, no matter the clinical experience. These are identified as mandatory skills. Level 2 mandatory skills must be met for quarters 3-7.

Level 2 Mandatory Skills

Clinical Progress: The following flowchart should be used as a guide as the student moves through the clinical program.

