In accordance with the pertinent provisions of Republic Act (RA) No. 7722, otherwise known as the “Higher Education Act of 1994”, and; Republic Act No. 11469, otherwise known as the “Bayanihan to Heal as One Act”, in accordance with relevant IATF Resolutions, and CMO No. 04 s. 2020 "Guidelines on the Implementation of Flexible Learning” and Joint Memorandum Circular CHED-DOH "Guidelines on the Gradual Reopening of Higher Education Institutions (HEIs) for Limited Face-to-Face Classes During COVID-19 Pandemic" and, by virtue of the Commission en banc Resolution No. 099, series of 2021 dated March 16, 2021, the Commission on Higher Education (CHED) hereby adopts and promulgates the following Guidelines on the Conduct of Clinical Internship in Speech Language Pathology Students during Pandemic Period, to be implemented by public and private higher education institutions (HEIs) offering the speech language pathology (SLP) program.

I. Rationale

The global pandemic triggered major changes necessitating modifications in the implementation of academic programs across different health disciplines. The responses were varied but nevertheless, immediate, direct and focused. The Commission on Higher Education (CHED), cognizant of issues that arose, called upon all the higher educational institutions (HEIs) for immediate action by following directives as stipulated in the seven CHED advisories, COVID 19: Guidelines for the Prevention, Control and Mitigation of the Spread of Covid 19 in HEIs.

Salient in these advisories is the need for HEIs to exercise judgment in the deployment of available resources to provide for flexible learning (FL) and alternative modes of delivery in lieu of in-campus learning activities. The guidelines further underscored that all these should be done within reasonable, transparent and outcomes-based validated measures. As the HEIs navigated this new landscape, it became evident that the internship program bore the bigger brunt of these changes.

The Speech Language Pathology (SLP) internship program involves assigning students to different affiliation centers that cater to various client populations for 1200
hours. In the clinical training program, SLP students are expected to develop professional skills by a systematic application of scientific knowledge to actual clinical situations in different practice settings. To ensure the effectiveness of the clinical training program and the quality of client service, SLP interns must have exposure to a variety of clinical experiences which should include patients/clients from different populations as specified in the course descriptions.

Considering that the SLP program requires clinical rotation in various sites and in order to address the disruption in the clinical rotations, it is imperative for HEIs to exercise prudence, due diligence and ethical judgment in determining steps with regard to the implementation of the clinical internship program. The guidelines on the conduct of clinical internship during the pandemic period then are hereby proposed.

II. Definition of Terms

Affiliation Sites - Affiliation sites are facilities, settings, and areas that provide specialized opportunities for clinical exposure and experiences in the speech language pathology field. These facilities have been selected by the HEIs after careful consideration as training grounds for their SLP interns.

Bridging Program - This pertains to a supplemental program that is intended to augment the SLP clinical internship program. The bridging program shall consist of additional activities designed to help in attaining the desired outcomes and aid in further developing the interns’ skills and competencies.

Clinical Internship Program - The clinical internship program involves assigning students to different affiliation centers that cater to various client populations for 1200 hours under the guidance of speech-language pathologists licensed by the Philippine Professional Regulation Commission (PRC) and accredited by the Philippine Association of Speech Pathologists (PASP) as well as a national professional organization accredited by PRC.

Clinical Internship Activities - These include activities and engagements that directly involve patient/client care such as provision of assessment and/or intervention through face to face and/or virtual means. These likewise consists of activities and tasks that indirectly involve patient/client care such as but not limited to advocacy programs for families.
community-based projects, patient records management, keeping clinical equipment inventories, etc.

Community Quarantine - This refers to the government's directive with regards to the restriction of movement within, into, or out of the quarantine area of individuals, large groups of people, or communities, designed to reduce the likelihood of person-to-person transmission of a communicable disease

COVID-19 - This refers to the Coronavirus Disease 2019 which is caused by the virus known as the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)

Low Risk Quarantine - This refers to the Inter Agency Task Force (IATF) quarantine classification of a given province, region, municipality

Non-Clinical Activities - Non-clinical activities refer to activities such as but not limited to administrative work, teaching/academic tasks, projects and endeavors in policy making that are geared towards developing and honing other SLP roles

Non COVID Clinical Facility - This pertains to areas, affiliation sites, clinical settings that are designated for Non-COVID patients

On Site Clinical Rotation - On site clinical rotation entails the SLP interns to be physically present in the affiliation sites on specific days and hours

Virtual delivery of SLP clinical internship - This is the online mode of service delivery that HEIs can use in the deployment of resources in the clinical internship as well as in the attainment of SLP competencies specific to skills in evaluation, intervention, and/or management of patients/clients with communication disorders
III. General Guidelines

CHED Memorandum Order (CMO) number 59, series of 2017, otherwise known as "Policies, Standards and Guidelines on Speech Language Pathology Education" provides the basis for the SLP internship program. Additionally, the following are the general guidelines recommended in the conduct of the SLP clinical internship program during the period of Coronavirus pandemic:

1. Higher education institutions (HEIs) offering SLP programs shall be given the flexibility to make curricular modifications and innovations as well as formulate strategies in their intent to meet the minimum standards stated in CHER Memorandum Order No. 59, series of 2017, otherwise known as "Policies, Standards, and Guidelines for the Speech Language Pathology Education".

2. It is emphasized that over and above the modifications, HEIs must ensure that the same expected competencies, program outcomes, and satisfaction of program objectives of the clinical internship shall be attained via alternative means. Likewise, these alternative means should adhere to the stipulations stated in CMO No. 4, series of 2020, otherwise known as "Guidelines on the Implementation of Flexible Learning".

3. The Commission shall be informed on the curricular modifications, assessment and strategies to be made by the HEIs offering the aforementioned program. HEIs must likewise provide sound rationale and valid justifications behind these modifications. In the course of these modifications, HEIs are encouraged to include the use of virtual simulations and other online applications. Moreover, it is reiterated that HEIs shall be guided by the principles of maximum flexibility, leniency, and are encouraged to promote self-directed learning as provided for by the CHED COVID-19 Advisory No. 6, s.2020 and Advisory 07, s. 2020.

4. HEIs shall be encouraged to conduct faculty capability building activities such as but not limited to webinars, trainings, workshops to ensure that basic and clinical faculty members are adequately prepared and equipped in the implementation of flexible teaching-learning strategies towards the attainment of the required minimum learning outcomes by the students in the SLP clinical internship program.

5. The HEIs are encouraged to fortify their use of technological structure as part of the curricular modifications. HEIs should determine contemporary, secure and reliable technologies that will facilitate varied combinations of learning modes especially in the realization that service delivery models and framework should now encompass not only face to face engagement of patients/clients but also through virtual engagements as well.
6. HEIs shall anchor all decision - making on prioritizing and ensuring the safety of all parties concerned whilst still targeting SLP competencies. In person – clinical rotation therefore should only be made possible if the HEIs and the affiliation sites have made sufficient preparation in accordance to and with careful consideration of the infection prevention and control protocols as recommended by international policy making bodies such as World Health Organization and local health institutions and task forces such as Department of Health and Inter Agency Task Force.

7. Clinical rotation shall only be conducted in training health facilities/communities located in areas and settings with low-risk quarantine status, as determined by the national or local government unit or in hospital – based settings where safety and security protocols are strictly adhered to (e.g. physical protective equipment, physical distancing, etc) and after careful risk assessment of the HEIs.

8. HEIs shall respect the decision of the interns and/or the interns families not to enroll in the clinical internship program due to concerns about their safety and health. The SLP student may be given the opportunity to file an official leave of absence (LOA). As stated in CHED Advisories, the institution may revise their academic policies such as the policy on maximum residence to ensure that the students’ academic standing or status in the program is not compromised.

9. The HEI shall submit its learning continuity plan to CHED Regional Offices which includes the requirements for flexible learning strategies and deliveries as well as the limited face-to-face learning activities and assessments.

10. The conduct of limited face to face physical clinical rotation or internship training shall be based on facilities and readiness assessment. There shall be monthly monitoring and health declaration reporting by the CHED Regional Offices.

IV. Specific Guidelines

The following are the specific guidelines recommended in the conduct of the SLP clinical internship program during the pandemic period:

1. Clinical Internship Hours

1.1 SLP interns shall complete 1200 hours of clinical internship as stipulated in CMO No. 59 series of 2017. Of the 1200 hours, the clinical internship program shall have at least 384 hours of on site clinical rotation. In order to maximize
clinical experience given the constraints of the pandemic, the HEIs, in collaboration with the affiliation sites, are encouraged to explore various methods such as face to face patient handling in combination with online/virtual provision of services that can be done within the facility. It may also involve other flexible learning tasks such as patient simulations face to face interaction between the intern and the clinical supervisors while the patient is off-site and other related activities.

1.2 HEIs shall be afforded the flexibility to determine how the hours of on site clinical rotation will be distributed across the affiliation sites during the pandemic period in light of such factors as low patient/client turn – out, less number of therapy centers open for service, and other related issues.

1.3 These 384 – hour on-site clinical rotation shall include both clinical and non-clinical activities that are designed and crafted to fortify skills and competencies needed as an entry level clinical practitioner. Corollary to this, embedded in these activities are those that will also facilitate the development of other SLP roles as stipulated in CMO n. 59 s. 2017. As previously mentioned, clinical activities can be through patient/client care such as provision of assessment and/or intervention through face to face and/or virtual means. Non-clinical activities, on the other hand, may involve advocacy programs for families, community-based endeavors, cornerstone projects that espouse patient/client care.

1.4 HEIs should have at least two affiliation sites of different disability population (e.g. geriatric center, pediatric clinic) and/or specialties for on-site clinical rotation. This is to ensure that the interns will be given adequate exposure to various clinical conditions and settings. Below is a sample:

Table 1: Sample Distribution of Clinical Hours and Affiliation Sites

<table>
<thead>
<tr>
<th>MONTH/YEAR</th>
<th>ON SITE CLINICAL HOURS</th>
<th>AFFILIATION SITE</th>
<th>SPECIALTY (i.e. clinical conditions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>March – mid April 2021</td>
<td>192</td>
<td>pediatric center</td>
<td>patients/clients diagnosed with Autism Spectrum Disorder, Down syndrome, hearing impairment and others</td>
</tr>
<tr>
<td>mid April – May 2021</td>
<td>192</td>
<td>geriatric facility</td>
<td>patients/clients suffering from stroke, with traumatic brain injury, and others</td>
</tr>
</tbody>
</table>

1.5 In cases wherein SLP students failed to complete the clinical internship requirements and upon assessment of the SLP interns' performance, HEIs
can supplement training through a bridging program (e.g. mentoring program). Primary objective of the bridging program is to augment the clinical internship program and widen the scope, depth and breadth of clinical experiences. It is also emphasized that this bridging program is not mandatory.

1.5 HEIs should also ensure that the SLP interns are given additional time to complete the required cases and hours.

1.6 In the course of their decision making and in upholding the standards of SLP education, HEIs should determine program outcomes and performance indicators that merit priority. The clinical internship program during the pandemic should include learning outcomes and activities that will sharpen critical thinking and reasoning, communication skills, proper documentation, patient engagement, as well as familiarity with the use of technology for the assessment and management of patients/clients given the circumstances.

2. Patient/Client Handling

2.1 HEIs should set specific, clear - cut criteria vis a vis the cases and medical conditions that the SLP students will see for face to face engagement. In - person assessment and/or intervention for medical conditions that are deemed risky are not recommended.

2.2. Measures should be undertaken in the conduct of evaluation and/or intervention processes, particularly those that require close physical contact. HEIs and their affiliation sites must formulate protocols that will factor in evaluation and/or management procedures that increase the risk of infection (e.g. examination of oral peripheral mechanism).

2.3 The presence and supervision of a clinical SLP supervisor in the implementation of these procedures during pandemic is strongly emphasized given the possibility of risks and its ramifications. HEIs should find ways to ensure that intern to clinical supervisor ratio is followed for both in – person and online engagements.

3. In Person Clinical Rotation in Affiliation Sites

3.1 The start of on - site clinical internship may preferably be in early 2021 depending on the pandemic situation and based on the guidelines of IATF as well as the preparedness of the HEIs and affiliation sites.

3.2 HEIs must create a set of criteria in the selection of sites/facilities for in person internship. Criteria should be based on the guidelines set by the aforementioned international, national as well as local institutions. In light of
the unpredictability of the pandemic, HEIs must have constant monitoring of the status of these sites specific to quarantine classification.

3.3 HEIs should require SLP students and clinical instructors to undergo basic training on Infection Prevention Control (IPC) before the start of face to face clinical rotation.

3.4 The affiliation site/facility shall be required to abide by the following:

- Health declaration and medical check-up of the staff and patients prior to the rotation
- Protocols for monitoring signs and symptoms and its implementation
- Provision of rooms compliant to health protocols
- Basic training on biohazard spearheaded by the HEIs, risk and safety including donning and doffing of Personal Protective Equipment (PPE) for both the students and staff
- Certificate of Completion for the Orientation or basic training on Infection Prevention and Control (IPC) to be issued by the training provider/agency in coordination with the HEIs

3.5 HEIs, in coordination with the affiliation sites, shall be required to enforce the following:

- Daily triaging and screening of the SLP students' health declaration forms
- Require a medical certificate of each SLP student
- Enforce protocols for monitoring the sign and symptoms and corresponding actions
- Strict implementation of institutional policies on the minimum safety standards

3.6 SLP students are required to provide written consent before the start of their clinical rotation in every affiliation site they will be assigned. Copies of consent form should be properly filed and be made available for perusal and inspection when needed.

3.7 HEIs and affiliation sites should formulate policies in case of SLP students' exposure and/or infection. Policies should also include response to such concerns as affiliation sites' and students' violation of safety protocol.

3.8 Scheduling in terms of number of SLP interns per affiliation sites as well as number of hours of clinical rotation per day per affiliation site should be well-planned, ably coordinated, and properly implemented.
3.9 Scope and range of provision should also include the necessary psychological and medical support to the SLP students and clinical instructors.

4. Infection Prevention and Control (IPC)

4.1 Facilities for on site clinical rotation should have ample space that would permit protocol on distancing, mitigation and prevention of exposure and transmission.

4.2 HEIs should see to it that affiliation sites have sufficient allocation of and access to IPC resources to ensure that students and clinical instructors are properly equipped with the prescribed protective gears and materials (e.g. disinfectants) for the duration of on-site learning.

4.3 HEIs, in coordination with the affiliation sites, should conduct regular assessment of the facilities specific to their IPC measures. Appropriate and requisite actions should be imposed in case of violation and breach of protocol.

4.4 HEIs should also require the affiliation sites to amend their Manual on Clinical Training and include the necessary IPC measures.

5. Virtual delivery of the SLP Internship program

5.1 HEIs in coordination with the affiliation sites should provide the necessary technological infrastructure and support in order to carry out the various components of the SLP internship program via virtual means. These components consist of but not limited to patient handling, case presentations, continuing education, advocacy programs.

5.2 Factors like internet accessibility should be properly assessed and online platforms be carefully selected prior to the start of the online mode of delivery.

5.3 HEIs should provide assistance in the use of communication platforms during the implementation of the internship program. A safe and secure virtual environment for the SLP students, clinical instructors and patients/clients as well as their families should be afforded equal opportunity.

5.4 HEIs are expected to adhere to the guidelines on security, privacy and confidentiality in the provision of learning activities via online/virtual means.
All procedures should be compliant with RA 10173, otherwise known as the Data Privacy Act of 2012.

These guidelines should be read in conjunction with CMO No. 59, series of 2017 with special attention to the minimum exit competencies as indicated in the program outcomes as well as in the performance indicators itemized therein.

V. Separability Clause

If any part or provision of these Guidelines shall be held unconstitutional or invalid, other provisions hereof which are not affected thereby shall continue to be in full force and effect.

Vi. Effectivity

These Guidelines shall take effect immediately.

Quezon City, Philippines, April 30, 2021.

For the Commission:

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Chairman