

**Case Western Reserve University  
Speech Language Pathology Graduate Student Supervisor Manual**

**June 2023**

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## INTRODUCTION

Clinical supervisors in speech language pathology provide their graduate students with the support and feedback required to become independent, reflective practitioners (Ehret, Hudson & Passe 2017). The purpose of the supervision experience is to foster student independence and the student's ability to self-evaluate (Ehret, Hudson & Passe 2017). The supervision process is one that allows for both student and supervisor to grow—growth that can ultimately benefit their clients (Anderson 1988).

Supervisors can ensure a positive learning experience for their students by developing a positive relationship *with* them and providing a supportive learning environment *for* them (Messick 2020). This manual provides suggestions and resources to enhance learning and growth in the supervisory process. ASHA and Case Western Reserve University requirements for supervision of graduate students in speech language pathology are also reviewed.

## ASHA REQUIREMENTS FOR SUPERVISION

### **Continuing Education & Clinical Experience Requirement:**

Supervisors must complete 2 hours (.2 CEUs) of professional development/continuing education in clinical instruction/supervision. The professional development/continuing education must be completed after being awarded ASHA certification and prior to the supervision of a student. Enforcement of this standard began Jan 1, 2021.

SLPs are permitted to supervise 9 months after obtaining their CCC and the .2 CEUs in clinical instruction/supervision.

To verify that you have met these requirements, please go to [asha.org](https://asha.org) and click on "My Account". Scroll down to "Certification and Supervision" and click on "2020 Requirements for Clinical Instructors, Supervisors and Clinical Fellowship Mentors". Click to verify that you have completed these requirements. For accreditation purposes, CWRU reviews supervisor qualifications annually through the ASHA website. When you have verified your qualifications according to the process above, CWRU is able to verify your qualifications to supervise for our program.

### **Free supervision CEUs:**

Here is a link to access a free, online supervision course. "Foundations of Clinical Education" (total CEUs available--1.25) from the Council on Academic Programs in Communication Sciences and Disorders (CAPCSD) to satisfy this requirement, as needed: <https://www.pathlms.com/capcsd/courses/21495>. You'll need to register for an account to access the courses. On the registration page, please type in "Case Western Reserve University" as your sponsoring institution.

Additional free supervision courses are expected to be published on the CAPCSD website in late 2021.

### **Direct observation requirement:**

The ASHA minimum for direct observation in supervision is 25%. 25% of students' clinical clock hours in assessment and treatment activities (where students are directly interacting with clients) must be observed in real time by their supervisor. During the first and second semester of clinical practicum, supervisors typically observe their students more than the ASHA minimum standard.

### **Clinical clock hour requirements:**

Students may count *only* direct contact with the client/client's family in assessment, treatment and counseling toward their clinical clock hours.

A clinical clock hour is defined by the CFCC (Council for Clinical Certification) as 60 minutes. Minutes may not be rounded up to count for one hour (e.g. a session that lasts 45 minutes must be entered by the student and approved by the supervisor as 45 minutes: The session may not be 'rounded up' to one hour).

**Supervision competencies:**

Creating a supportive learning environment, effectively communicating, and using teaching strategies, including those involved in developing critical thinking skills and reflective practice are a few of the supervisory skills that are associated with positive student experiences and learning. Over the years, ASHA has provided guidance about the knowledge, skills, and training needed to provide clinical supervision, in the form of position statements and technical reports, among other documents.

A summary of the content (Mormer & Messick 2016) from ASHA's 2008 document *Knowledge and Skills by Speech Language Pathologists Providing Clinical Supervision* is included in the Resources section of this manual for reference (*A summary of skills to provide supervision*). In 2013, the Ad Hoc Committee on Supervision submitted a report to the ASHA Board of Directors which outlined the knowledge and skills and training considerations for individuals who serve as supervisors. This report was prepared in response to the call for training in supervision. It acknowledges supervision as a distinct area of practice, and as such recognized the need for clinician training prior to their first supervisory experience. (ASHA n.d.) This report may be found at <https://www.asha.org/siteassets/reports/report-ad-hoc-committee-on-supervision.pdf> In addition, information about ethical issues in the supervision of student clinicians may be found at <https://www.asha.org/practice/ethics/supervision-of-student-clinicians/>

A form for self-assessment of competencies in supervision may also be found in the Resources section of this manual (*Appendix E Self-Assessment of Competencies in Supervision*). It is recommended that supervisors use this form to rate their knowledge and skills in supervision, and to develop goals for improvement. Such goals may be used as the basis for subsequent training in supervision. Strategies and resources to supplement supervision knowledge and skills, which may be identified as goals for improvement, are included in this manual.

## **CASE WESTERN RESERVE UNIVERSITY REQUIREMENTS FOR SUPERVISION**

**Student clinical clock hour and caseload management requirements:**

Generally, students are assigned a specific number of weekly practicum hours, and follow their extern supervisors' schedules for these assignments. As students progress in their clinical skills and demonstrate competence, they are expected to gradually assume more independent management of their supervisors' caseloads.

More independent caseload management typically takes place mid-way through the term, however variables including patient preference and case complexity may affect the students' ability to independently manage all cases. Please note that students' ability to work with clients is dependent, in part, on their completion of or enrollment in relevant coursework prior to or concurrent with their placement. Here is the CWRU MA SLP course sequence:

**First Year – Fall Semester**

- Neuroscience of Communication and Communication Disorders Fluency Disorders
- Articulation & Phonology Disorders
- Acquired Neurogenic Communication Disorders Graduate Clinical Practicum: Case Management
- IPE Collaborative Practice I (<https://case.edu/ipe/learning-experiences/collaborative-practice-i>)

**First Year – Spring Semester**

- Evidence-Based Practice
- Acquired Adult Language & Cognitive Disorders
- Dysphagia
- Language Disorders 1: Birth to Five Graduate Clinical Practicum: Counseling IPE Collaborative Practice I

**First Year – Summer Semester**

- Graduate Clinical Practicum—Medical Speech Language Pathology

*\*Note: Some students also participate in an Early Intervention Training Grant Program*

### Second Year – Fall Semester

- Language Disorders 2: Language & Literacy
- Augmentative & Alternative Communication
- Graduate Clinical Practicum: Diagnostics 1
- Pediatric Dysphagia

### Second Year – Spring Semester

- Voice Disorders
- Neuromotor & Craniofacial Disorders
- Graduate Clinical Practicum: Diagnostics 2

In addition to the above coursework, our students complete lab hours and a research project in the form of either a thesis or a meta-analysis.

Students are eligible for their first extern placement after they obtain 80-100 hours of foundational clinical practice with children and adults at the CWRU psychological sciences clinic and at the Cleveland Hearing and Speech Center.

### **Evaluations and clinical clock hour approval:**

CWRU uses Calipso (<https://www.calipsoclient.com/case>), the web-based system for student performance evaluation and clinical hour approval. We ask that you please adhere to the CWRU rating scale definitions when evaluating your student's performance. The rating scale definitions for use with Calipso evaluations may be found in the "Resources" section of this manual (*Calipso performance rating scale definitions for CWRU*).

To use the CWRU Calipso site for the first time, you'll need to email your ASHA number to the CWRU clinical program director. You'll receive further instructions for doing this prior to the beginning of the semester with your student. You will also receive an email from Calipso with instructions for registering, evaluating student performance, and approving clinical clock hours.

Most supervisors keep a daily record of student hours and then approve them at the end of the term. You also have the option of approving hours daily on Calipso. Your student should also keep a daily record of their accrued hours.

For the semester, one performance evaluation is required at midterm on Calipso (in/around the 8th week of the semester), and one performance evaluation is required at the end of the semester on Calipso.

Calipso step-by-step instructions may be found in the Resources section of this manual (*Calipso supervisor instructions SLP*).

### **Communication with the CWRU SLP program:**

We encourage you to communicate with us about your supervision experience as you have the time to do so, and especially if you have specific questions or concerns about your student and/or the supervision process. CHSC supervisors meet with CWRU clinical faculty monthly to discuss student progress and the clinical education process.

## DEVELOPING A POSITIVE STUDENT/SUPERVISOR RELATIONSHIP AND PROVIDING A SUPPORTIVE LEARNING ENVIRONMENT

### **The student supervisor relationship:**

The quality of the relationship between the supervisor and the student is “perhaps the most important variable affecting the quality of the clinical experience” (Messick 2020 p. 338). A positive student supervisor relationship enables students to focus on their patients’ needs and on their own clinical learning (Levett-Jones et al 2009 as reviewed in Messick 2020). It is important for the supervisor to set the tone for a positive and mutually respectful working relationship. Respect for the student can be conveyed, in part, by creating a safe atmosphere, characterized by open communication, where the student is encouraged to contribute their ideas and pose their questions. Supervisors can assist students to process their anxieties about, and experiences in clinic through use of reflective listening skills as students share their observations and concerns. Students should also be encouraged to provide feedback about their supervisory experience throughout the semester, so that the supervisor is able to adapt to the student’s learning needs.

Another aspect of the supervisor student relationship for mutual respect was reviewed by Subramanian (2020), who noted the importance of cultural competence in the development of the supervisory relationship: “Cultural differences between the clinical educator and the student can impact the supervisory relationship and the clinical education process. It is now expected that practicing speech- language pathologists exhibit cultural competence in service provision. It is also vital that clinical educators become adept at using cultural competence including cultural humility in their interactions with student clinicians.” (p. 489). Student information and supervisor information forms available in the resources section of this manual include experiences and training in cultural responsiveness as a starting point for discussion of this topic. ASHA provides resources at <https://www.asha.org/practice/multicultural/> for student and supervisor self-assessment, among other topics.

### **Providing a supportive learning environment:**

Messick (2020) described 3 components for providing a supportive learning environment for students (p. 339-342):

1. *Having a culture that values teaching & life-long learning*—where a welcoming atmosphere is maintained by the entire departmental staff and clinical teaching is the norm.
2. *Orientation to the staff and facility*—an organized orientation to the facility and staff, where student and staff are introduced to each other, and the student learns about the physical space where they will work, interact with patients and families, co-treat, eat, park etc. can help the student adapt more quickly to the setting and help them feel like part of the clinical team.
3. *Structuring clinical learning—setting expectations*—this includes discussions of expectations and the student’s schedule to help the student understand the types of clinical experiences that are typically available and develop realistic expectations about their placement. Discussion can also alleviate student anxiety by providing the student with details about expectations for their role and responsibilities in caseload management. (The student information form and the supervisor information form, as well as a student schedule form and semester clinical contract serve as starting points for conveying expectations and structuring clinical learning and are included in the Resources section of this manual)

## **SUGGESTED SEQUENCE OF EVENTS**

Prior to the beginning of the placement, it is suggested that the supervisor:

1. Complete a schedule for the student's activities (weeks 1-16), to include observation and student's roles and responsibilities for caseload assumption, any assignments for the semester outside of clinical duties (e.g. staff in-service), scheduled supervision meetings for purposes of clinical case review and feedback, and formal mid-term and final performance evaluation meetings. This information should be reviewed with the student by the end of the first day of their placement.
2. Develop a list of relevant readings for the student to complete prior to their placement, as well as a list of any standardized tests and assessment tools that they need to practice. This information should be sent to the student prior to their first day
3. Develop a list of placement expectations to include preferred mode of communication, dress code, the time that the student is expected to arrive each day, and when they might expect to leave each day.
4. Complete the supervisor information form and send the student their student information form. These forms will serve as a starting point for discussion of expectations during the first face to face meeting on the first day of the student's placement.

At the initiation of the semester's placement, it is suggested that the supervisor:

1. Meet with the student to review their schedule (as above), and expectations. The student and supervisor information forms, describe experiences, expectations and preferences, and provide a starting point for discussion of the supervisory experience for the semester (as noted above).
2. Provide the student with an orientation to the facility and staff.
3. Complete the clinical contract form for the semester with the student (located in the Resources section of this manual).

After observing the student interact with patients, it is suggested that the supervisor:

1. Determine student's stage of development—and with the student, revise the student semester goals to SMART format (please see "Determining Student's Stage of Development" below)

Throughout the semester, it is suggested that the supervisor utilize the supervisor strategies described below, with regularly scheduled supervision meetings to review student goals, and provide feedback.

At mid-term, the supervision meeting should include the mid-term evaluation with an opportunity for the student to provide feedback to the supervisor. At the end of the semester, the supervision meeting should include the final evaluation and discussion of the semester experience for both supervisor and student.

## MODELS OF SUPERVISION

Models of supervision are used to provide the framework for clinical teaching practices. These two models reflect student (and supervisor) development and growth over time and recognize the variables of the clinical process inherent in the supervisory experience.

**I. Jean Anderson's Continuum of Supervision** (1988) is one model of supervision that allows supervisors to use different strategies and styles of interaction that are appropriate to their student's level of knowledge, experience, competence, the clinical task and the setting. There are 3 stages on this continuum, and accompanying styles of supervision appropriate to each stage. It should be noted that students may be found at any point on the continuum during their training, according to personal (e.g. past clinical experience, life experience) and situational (client diagnosis, inpatient vs. outpatient setting) variables (McCrea & Brasseur 2020).

Evaluation-Feedback Stage: The student who is new to the type of client(s) seen at the extern, the clinical setting, or the beginning student may be found here. The student has less practice/skill in self-reflection, and may be less self-confident in their abilities. ***They may not know what they don't know.*** The goal is for the supervisor and student to work together to move from this stage to the transitional stage.

--*Direct-Active Style*: This style of supervision finds the supervisor directing and coaching the student's behavior. Maximum responsibility for supervision is in the hands of the supervisor. Overuse of this style works against the development of critical thinking and problem solving skills, necessary for clinical practice (McCrea & Brasseur 2020).

Transitional Stage: Follows the evaluation-feedback stage, where the student has reached a level of competency and skill consistent with an "advanced beginner"; where they *do* know what they don't know. The student participates in clinical decision making and is becoming self-reflective and able to plan subsequent actions based on their own analyses. Supervisors allow for student collaboration in problem solving during this stage. Students may be at different points in this transitional stage at different times, according to personal & situational variables including client case complexity, familiarity with client diagnosis, clinical setting (e.g. inpatient vs. outpatient) as examples.

--*Collaborative Style*: Supervisor and student share responsibilities and collaborate to meet common goals (McCrea & Brasseur 2020). The supervisor provides information for the student as needed, and establishes standards and guidelines, yet also creates an atmosphere where the student is encouraged to offer their ideas freely.

Self-Supervision Stage: Here, the student has a level of independence where they do not depend on supervisors for observation, analysis and feedback about their clinical work. They are self-reflective and become responsible for their professional growth. Peer interaction and collaboration or consultation is desired (McCrea & Brasseur 2020)

--*Consultative Style*: The student is able to identify their own strengths, needs and asks for assistance for to further their growth. Supervision consists of listening, supporting, problem solving and making suggestions, as appropriate (McCrea & Brasseur 2020).

Each subsequent stage on the continuum requires more student involvement and responsibility. A visual of the above stages and styles may be found in the Resources section of this manual (*Jean Anderson's Continuum Model of Supervision*).

**The SQF model of clinical teaching**, originally developed by Barnum, Guyer, Levy and Graham (2009) for athletic training students, provides the supervisor with a way to integration **S**upervision, **Q**uestioning and **F**eedback into the supervisory process based on the situation, the student's level of development, and the task. Similar to Anderson's continuum, different supervisory styles are utilized and matched to the student's level of development. For example, for D1 learners (students who lack competence and may or may not be aware of what they do not know, similar to those in Anderson's evaluative-feedback stage) are matched to a

S1 supervisory style, which is characterized by coaching and directing the student (Barnum & Guyer 2016). Further information about students' levels of development and matching supervisory styles may be found in The Resources section of this manual. (*SQF Model of Clinical Teaching: A practical Approach*).

Strategic questioning is an important component of this model, where supervisors systematically and deliberately ask questions with “the intention of stimulating knowledge gain (and) critical thinking” (Dalessio 2019). There are 3 basic levels of questions in the SQF model, which are used to match the student's level of development. Examples of questions which may be used to stimulate critical thinking for each level of development may be found in the Resources section of this manual (*Classification of Questions via Bloom's Taxonomy and the SQF model*).

Feedback (i.e. information that the supervisor gives to the student about their skills or knowledge), is the final component of the SQF model. There are 3 types of feedback: Confirming/Reinforcing, Corrective, and Guiding. Supervisors consider the timing (immediate/delayed), specificity, content (clinical skills, clinical reasoning, or professionalism), form (verbal/non-verbal/written) and privacy (private or public) components when delivering feedback. More information about feedback according to the SQF model may be found in the Resources section of the manual (*SQF Model of Clinical Teaching: A Practical Approach*); in addition, considerations for delivering feedback are discussed below in “Supervisor strategies...”.

## **DETERMINING STUDENT'S STAGE OF DEVELOPMENT**

Determining your student's stage of clinical development on Anderson's continuum or using the SQF model is the first step to understanding the supervision strategies that will be most helpful in your clinical teaching. Use of the *Student information form* (found in the Resources section of this manual) as a basis for discussion about your student's knowledge, skills and experience is a way to start. Your student will have completed their clinical goals on the *semester clinical contract*, ( *CWRU clinical contract in Resource section*) and this form also provides data about your student's perception of what they need/wish to learn during the semester. Observing your student in their first week or so of providing clinical services and taking data on their performance will also be instrumental in determining their stage of development and learning needs for your site. This data can serve as baseline data from which to note progress and subsequent performance on feedback forms and in midterm and final evaluations. It is recommended that you discuss your observations in addition to the above described forms in order to:

2. Discuss your student's stage of development on the continuum/model of your choice
3. Formulate semester clinical goals in a SMART format with your student.

SMART goals are specific, measurable, realistic and time ordered. You and your student may decide to modify the student goals from the clinical contract to the SMART format. A SMART goal worksheet (*SMART goal worksheet*) is included in the Resources section of this manual.

It may be helpful to have a “student goal bank” for your setting to review with your student so that you may choose these goals together. CHSC Learner Outcomes, developed for several of the student placements at CHSC, are found in the Resources section of this manual, and may be used as a starting point for SMART goal formulation. Students are typically open and receptive to feedback on their goals that they've developed with their supervisors, and providing feedback on student's SMART goals is a way to document clinical growth systematically during the semester.

## SUPERVISOR STRATEGIES

Messick (2020) reviewed common techniques used by supervisors in a variety of disciplines, including speech language pathology, which students associate with positive learning experiences. These clinical teaching strategies are modeling, thinking aloud, asking questions, and providing feedback. The strategies, described below with additional supporting evidence from the SLP literature, may be used with either of the supervision models to help move students along the continuum toward independence.

### Modeling:

A supervisor can educate their student in clinical techniques by demonstrating those clinical skills/treatment activities while working with their patients/clients. Modeling, or demonstration of a skill/technique/activity is most effective when coupled with a discussion of the rationale for its use, as well as possible alternate approaches. Ideally, your student might be given the opportunity to perform the task immediately after their observation (Messick 2020). Mirroring the clinical process with patients/clients, you may fade support for your student as they demonstrate more independence with clinical tasks (Schober-Peterson, Lulai & DeRuiter 2012). Supervisor support may occur prior to or during the session and may take the form of cues, demonstration of part of the therapy task, part or whole written session plans for students to follow/use in sessions, scripts for student practice (Kleinhans et al 2020) and/or role playing specific therapy tasks. Your student may benefit from observing entire sessions for the first few days of the semester (observation time is dependent on variables including caseload complexity and student experience) prior to gradually assuming responsibility for entire sessions as they are ready/demonstrate relevant skills to do so.

### Thinking Aloud

The supervisor provides an “on-line” commentary while working with their patient to describe what they are doing, why they are doing it, and relevant features of the session which contribute to clinical decision making. This technique provides a model of describing clinical observations and the rationale for steps taken in the clinical process (Messick 2020 p. 343). Students are encouraged to follow this model, describing what they are doing, their rationale, and what they are noticing as they become involved in clinical interactions with patients. Such dialogue may also be of benefit to the patient/family in their understanding of treatment procedures and their rationales.

### Strategic questioning

Questioning, as a clinical teaching strategy, may be used for various purposes throughout the supervisory process: To determine what a student knows early in the semester in order to set student clinical goals, to encourage reflective practice, and to promote the development of critical thinking skills. The strategic use of questions can help the supervisor implement a more collaborative style of supervision and help the student progress into and through the transition stage on Anderson's continuum.

“Critical thinking is the ability and willingness to assess claims and make objective judgments on the basis of well-supported reasons and evidence rather than emotion and anecdote.” (Finn et al p. 45). Critical thinking allows the student clinician to access knowledge about the field, determine how that knowledge can be applied in clinical situations, evaluate outcomes, modify their thinking, and make appropriate clinical adjustments.

“Educational and professional success require developing one's thinking skills and nurturing one's consistent internal motivation to use those skills” (Facione, 2000, p. 81). The clinical educator must not only teach critical thinking skills but also nurture the *disposition* toward clinical thinking (Gavett & Peapers, 2007). One way to accomplish these objectives is by asking questions that activate the student's knowledge and promote analysis, synthesis, and evaluation of the situation.

As noted in the description of the SQF model, strategic questioning pairs question level with the level of student development to promote critical thinking and movement toward independence. Examples of questions are in the Resources section of this manual (*Classification of questions via Bloom's revised taxonomy & SQF model*). For Anderson's model, lower order questions (understanding) are used in the evaluation-feedback stage, while a combination of lower and higher order questions are used in the transitional stage. Higher order questions are used in the self-supervision stage. Sequencing questions according to such a hierarchical model “may also assist with learner confidence and set the tone for a safe teaching-learning environment” (Dalessio

2019 p. 1470). Mormer and Messick (2016) developed a list of “*Socratic questions for clinical practice*” (found in the resources section of this manual) that can be used in the supervisor conference. Again, care should be taken by supervisors to use a variety of question types during the supervision process, including higher order questions, to promote student skill development and progress along the continuum. It is important to allow your student time to reflect on your question to formulate their answer. Questions should be posed one at a time to allow the student to process.

Students should also be encouraged to ask questions. Such encouragement confirms that they are in an environment that values teaching and learning. Asking questions may help students develop their reflective practice skills, and, importantly, asking questions communicates to the supervisor what the student doesn’t know. Supervisors may also gauge the student’s level of understanding by the types of questions they ask as well as from their answers to the supervisor’s question.

#### Providing Feedback:

Providing feedback is an important component in the clinical education process, and promotes student growth and development (Messick, 2020, Kleinhans et al 2020). When feedback is used effectively, it helps students understand what they are doing well, and what needs to be changed (Messick 2020). It is helpful for supervisors to clarify for students that feedback is based on supervisor observation and is meant to help the student understand their performance, it is not a “graded” evaluation of their performance.

Feedback is defined as informed (data-based), nonevaluative, objective appraisal of the student clinician’s performance intended to improve his or her clinical skills (Ende, 1983). It is given to confirm or reinforce behavior, correct behavior, and promote improvement in future performance (Barnum, Guyer, Levy, & Graham, 2009; Ende, 1983; Nottingham & Henning, 2014a).

Feedback is a critical component of clinical growth and should be provided to the student consistently throughout the semester. The supervisor and student should determine the most appropriate type (form—written, verbal, electronic), timing (e.g. “in the moment”, following the session, at the end of the day etc.), specificity, and frequency of feedback at the beginning of the semester, so that expectations are clear. Use of the *supervisor information* form and the *student observation* form found in the Resources section of this manual provides a starting point for discussion of feedback.

#### Characteristics of constructive feedback (Pfeiffer and Jones 1997 as reviewed in Livingston & Hudson 2010) to keep in mind:

1. It is descriptive rather than evaluative.
2. It is specific rather than general.
3. It is focused on the behavior rather than the person.
4. It takes into account the needs of both the receiver and the giver of the feedback.
5. It is directed toward performance, rather than personal characteristics.
6. It is well-timed.
7. It involves sharing of information, rather than giving advice.
8. It involves the amount of information the receiver can use, rather than the amount of information we would like to give.
9. It is checked to ensure clear communication.
10. It is checked to determine the degree of agreement from the receiver

#### Common types of feedback (Dowling, 2001) include:

- objective data — nonjudgmental data collected, analyzed and shared with the student clinician
- narratives — written descriptions of specific behaviors during a session, along with the clinical educator’s impressions (e.g. field notes; Anderson, 1998) rating scales — ratings on a specified number of clinical skills; although criteria for judgment are sometimes provided, rating scales are subjective by nature and need to be paired with objective data to support the ratings

To facilitate student’s understanding of the purpose of feedback, and its impact on their clinical growth, the following suggestions have been compiled from the literature (McCrea & Brasseur, 2020; Messick, 2020; Kleinhans et al 2020; Ossenberrg et al., 2019; Russell, 2019 as resported in Kleinhans et al 2020).

1. Describe the purpose of feedback when delivering it—(i.e. why is this feedback important in helping the student develop their clinical skills, how will the student's acceptance of this feedback impact their effectiveness in assessment and treatment). Link your feedback to your student's goals for clinical growth.
2. Help your student understand that feedback is an essential component of clinical education and that they need to become comfortable with it in different contexts (e.g. verbal, written, "in the moment", at the end of the day/week etc.)
3. Balance your feedback with specific descriptions of your student's clinical and professional strengths as well as areas to improve and specific suggestions on how they might improve those areas. CHSC learner outcome feedback forms, as well as other examples of feedback forms (examples of feedback cards) reflecting this balance may be found in the Resources section of this manual for your use.
4. Reduce your student's anxiety toward feedback by providing feedback at regularly agreed-upon times. The schedule/format may change over the course of the semester and so it is important to explicitly communicate and discuss when and how feedback will be provided throughout the semester.
5. Help your student learn to identify and become comfortable with feedback by saying "It's time for feedback", or "Let me give you some feedback".
6. When offering subjective data, label it as such—use "I" statements that focus on the specific behavior (e.g. "I saw/heard/observed that..") vs. "you" statements, to help students focus on those relevant performance behaviors vs. perceiving the feedback as personal criticism.
7. If providing "in the moment" feedback, be brief and concrete—use specific examples of what you've observed.
8. Involve your student in the feedback process—you may have your student give you their feedback of a therapy session, for example, prior to you delivering your feedback of the session. Having your student complete the student therapy review form (in the Resources section of the manual) and asking them to include their objective data collection as support for their responses is helpful for this purpose.
9. Feedback should be delivered in private, to lessen student's concern about how feedback that may be perceived as critical might negatively affect their credibility.
10. Use the "one minute preceptor" technique (Henning 2009, Salerno et al 2002, reviewed in Messick 2020) to provide feedback in a structured way immediately after patient sessions. A description of this method is below and a form for its use may be found in the Resources section of this manual (One minute preceptor technique).

One minute preceptor technique: A technique used in a variety of health professions for clinical teaching.

Steps in the process:

1. Get a commitment or assertion from the learner (So what do you think is going on with this patient?)
2. Probe for rationale and supportive findings (Tell me how you got to this conclusion)
3. Reinforce the points that the student made that are on target/correct and give positive feedback
4. Provide constructive feedback about errors and omissions.
5. Provide a "wrap up"; emphasize a general principle or take home point (It's always important to consider...)

Supervisors may create a list of key concepts to emphasize for student feedback using the steps in this process. Writing sample scenarios for assessment and intervention sessions will help the supervisor in practicing this technique (Messick, 2020 p. 344).

## **REFLECTIVE PRACTICE**

Reflective practice can be defined as the ability to reflect on performance in a prior experience (i.e. reflection on action) and the ability to make changes in behavior while engaged in the activity (i.e. reflection-in-action) (Schon 1983, as reviewed in McCrea & Brasseur 2020). McCrea and Brasseur (2020) describe self-reflection as thinking about one's behaviors and feelings and to be aware of the impact they have on those served, as a first step. Using journals or diaries is a way to identify these behaviors, thoughts and feelings. Morner and Messick (2016) provided forms and ideas (found in the Resources section of this manual) for the students who are new to this process. Qualitative entries then need to be validated with quantitative data gathered from sessions. Students also learn about reflective practice from their supervisors who share their own reflective process with them.

Self-reflection is one of the skills listed in The Council for Academic Accreditation's (CAA) 2017 Standards for training program accreditation under Professional Practice Competencies for speech language pathology (3.1.1B): To demonstrate accountability, students must be able to "use self-reflection to understand the effects of his or her actions and make changes accordingly". Competency in clinical reasoning requires using "clinical judgement and self-reflection".

McCrea and Brasseur (2020) note that reflective practice is more applicable to students in the transitional or self-supervision stages of Anderson's continuum model, arguing that "some knowledge, experience and a level of clinical competence" (p. 249) must be present in order for students to implement such strategies.

## **CONCLUDING REMARKS**

Student supervision is a rewarding experience and a wonderful way to "give back" to our profession. It is our hope that this manual and its resources are helpful to you and that utilizing the supervision strategies, suggestions and forms in a systematic way will facilitate a positive, enriching experience for both you and your student.

## **QUICK GUIDE TO 10 COMMON QUESTIONS REGARDING SUPERVISION**

1. How soon should a student begin seeing clients?
2. How soon should a student be seeing my full caseload?
3. What are ASHA requirements for line-of site supervision?
4. What competencies does ASHA require that I have as a supervisor?
5. Where can I find information on effective supervision strategies?
6. How can I help the student develop critical thinking skills?
7. How often and what type of (or what are CWRU policies for) feedback should I be giving to the student?
8. What are CWRU requirements for assigning grades?
9. What do I do if a student does not appear to be developing at the rate I expect?
10. FAQ's re liability, counting hours, strategies to assist struggling students, bilingual students, questioning, helpful information and supervision strategies.

*References for information and direct information reported below were obtained from the ASHA. See specifics at end of document.*

1. The supervisor will make this decision based on their knowledge of the complexities of the patient and the student. While there is no designated time frame, students are expected to have the skills to begin picking up clients on your caseload in week one of their rotation.
2. The supervisor will make this decision based on their knowledge of the complexities of the caseload and the student. Students are expected to have the skills to pick up the full caseload by midterm or sooner.
3. According to Standard V-E of the 2020 SLP Certification Standards, "the amount of direct supervision must be commensurate with the student's knowledge, skills, and experience; must not be less than 25% of the student's total contact with each client/patient; and must take place periodically throughout the practicum. Supervision must be sufficient to ensure the welfare of the individual receiving services." (retrieved on 7/10/2023 from <https://www.asha.org/certification/2020-slp-certification-standards/>)

The amount of direct supervision provided must be appropriate to the student's needs and ensure the welfare of the client. If the primary supervisor cannot be on site, another clinician may supervise the student. It is important to note that all persons who take on supervisory responsibilities must hold the appropriate CCC in the professional area in which the clinical hours are being obtained in order for the graduate student clinician to apply those supervised clinical hours towards their own CCC application.

Supervision requirements **don't differ** based on disorder or patient population. "The amount of supervision provided should meet or exceed minimum requirements and should be based on the individual needs of the student and the welfare of the client/patient being treated." retrieved from <https://www.asha.org/practice/supervision/supervisionfaqs/>

4. To meet ASHA's Standards for the Certificate of Clinical Competence in Speech- Language Pathology (CCC-SLP), student clinicians must be supervised by an individual who
  - a. holds ASHA certification in the appropriate profession,
  - b. has completed a minimum of 9 months (or part-time equivalent) after earning the CCC-SLP
  - c. has completed a minimum of 2 hours of professional development in the area of clinical instruction/supervision (see Standard VII-B).

University programs also may require the supervisor to hold the necessary state credential to practice in their setting, i.e. license and/or teacher certification. In addition, supervisors should have established competency in any area of practice in which the supervisor or student may engage (e.g., supervisors without experience and competency working with pediatric populations should not supervise a student who is working with a child). The Issues in Ethics: Supervision of Student Clinicians includes further discussion of this issue. For more detailed information see Resource section of this manual.

5. ASHA Professional Development Supervision Courses are currently available.

Note the ASHA learning pass, CAPSCD free courses (information on this is in the manual) and evidenced based supervision strategies are located throughout the manual. Specifically modeling, thinking aloud, strategic questioning, providing feedback, and varying level of supervision according to learner's needs can be found in the resource section of the manual.

6. Critical thinking allows the student clinician to access knowledge about the field, determine how that knowledge can be applied in clinical situations, evaluate outcomes, modify their thinking, and make appropriate clinical adjustments.

"Educational and professional success require developing one's thinking skills and nurturing one's consistent internal motivation to use those skills" (Facione, 2000, p. 81). The clinical educator must not only teach critical thinking skills but also nurture the *disposition* toward clinical thinking (Gavett & Peapers, 2007). One way to accomplish these objectives is by asking questions that activate the student's knowledge and promote analysis, synthesis, and evaluation of the situation. Specifics on types of questions to enhance critical thinking can be found in the manual.

7. Feedback is a critical component of clinical growth and should be given consistently throughout the education process. The supervisor and student should determine the most appropriate type (form), timing, specificity, and frequency of feedback. This may change over the course of the semester. Feedback is defined as informed (data-based), nonevaluative, objective appraisal of the student clinician's performance intended to improve his or her clinical skills (Ende, 1983). Specifics on types of feedback can be found in the manual.
8. Clinical performance should be documented in CALIPSO and reviewed with the student at midterm and upon completion of the clinical rotation. Dates for these should be determined by the clinical supervisor and the student and should be indicated on the clinical contract. See resource section for specifics on access to CALIPSO.
9. If a student is not progressing at a rate deemed appropriate by the clinical supervisor, a performance improvement plan should be implemented. In addition, the university liaison and program director should be notified.

**A performance improvement plan**—also referred to a **remediation plan**—is a formal process used to help the student clinician improve performance or modify behavior. The need for remediation can

stem from performance on clinical examinations that identifies the student's areas of need.

As part of the process, the clinical educator and student clinician identify specific performance and/or behavioral concerns and develop a written plan of action to address these concerns.

10. FAQ's HELPFUL INFORMATION: retrieved from <https://www.asha.org/practice/supervision/supervisionfaqs/>

**"Am I liable for the treatment provided by the student under my supervision?"**

As a supervisor, you are responsible for any actions taken by the student while under your supervision. You should ensure that the amount of supervision provided is appropriate to the needs of the client/patient and for the graduate student's experience and skill."

**"Do I have to co-sign all notes, such as treatment plans and IEPs, written by the student? Can anyone else sign the student's notes?"**

The supervisor of record for the case would be expected to sign all treatment documentation, in accordance with the facility's policies."

**"How many minutes are in a clinical practicum hour?"**

The Council For Clinical Certification defines one (1) clinical practicum hour as equal to 60 minutes. When counting clinical practicum hours for purposes of ASHA certification, experiences/sessions that total less than 60 minutes (e.g., 45 minutes or 50 minutes) cannot be rounded up to count as 1 hour." Student and supervisor should track these hours and confirm them weekly with each other. Student is responsible for reporting hours in CALIPSO. The supervisor is responsible for reviewing and approving the accuracy of these hours in CALIPSO.

**Bilingual Student Clinicians**

On occasion, a bilingual student clinician shares the language of the client/patient and/or family. When the clinical educator does not also share the language, a unique set of knowledge and skills is needed to understand, monitor, and evaluate the work of the bilingual student clinician. When this situation arises, it is important to consider the following:

- There may be a relationship between the student clinician and the client/patient stemming from a shared cultural and linguistic background, and this relationship is not an attempt to be exclusionary.
- Bilingual student clinicians who are in the process of being trained as professional service providers are not automatically considered bilingual service providers. Bilingual service providers must have adequate linguistic skills and must be appropriately trained to provide services to the individual with limited English proficiency (see bilingual service delivery and collaborating with interpreters, transliterators, and translators).
- The student clinician may be able to serve as an interpreter, transliterator, or translator, but additional consideration is necessary before this additional role is given (see collaborating with interpreters, transliterators, and translators).
- Although the student clinician may be able to serve appropriately in multiple roles, it must be recognized that the roles of bilingual service provider, interpreter, transliterator, and translator are unique, with each serving a different function and requiring a different set of knowledge and skills (see collaborating with interpreters, transliterators, and translators).
- The clinical educator and student clinician have a responsibility to collaborate in planning the session, selecting culturally relevant materials, and appropriately administering the services.

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## SUMMARY OF SKILLS TO PROVIDE CLINICAL SUPERVISION

### (ASHA 2008 Knowledge & Skills)

| Core Areas  | SKILLS   |
|---|--|
| <b>I. Preparation for the supervisory experience</b>                            | <ol style="list-style-type: none"> <li>1. Facilitate an understanding of the supervisory process that includes the objectives of supervision, the roles of the participants, the components of the supervisory process, and a clear description of the assigned tasks and responsibilities.</li> <li>2. Assist the supervisee in formulating goals for the clinical and supervisory processes, as needed.</li> <li>3. Assess the supervisee's knowledge, skills, and prior experiences in relationship to the clientsserved.</li> <li>4. Adapt or develop observational formats that facilitate objective data collection.</li> <li>5. Be able to select and apply a supervisory style based on the needs of the clients served, and the knowledge and skill of the supervisee.</li> <li>6. Model effective collaboration and communication skills in interdisciplinary teams.</li> <li>7. Be able to analyze the data collected to facilitate the supervisee's clinical skill development and professional growth.</li> <li>8. Use technology as appropriate to enhance communication effectiveness &amp; efficiency in the supervisory process.</li> </ol>   |
| <b>II. Interpersonal communication &amp; supervisor-supervisee relationship</b> | <ol style="list-style-type: none"> <li>1. Demonstrate the use of effective interpersonal skills.</li> <li>2. Facilitate the supervisee's use of interpersonal communication skills that will maximize ommunication effectiveness.</li> <li>3. Recognize and accommodate differences in learning styles as part of the supervisory process.</li> <li>4. Recognize and be able to address the challenges to successful communication interactions (e.g., generational and/or gender differences and cultural/linguistic factors).</li> <li>5. Recognize and accommodate differences in communication styles.</li> <li>6. Demonstrate behaviors that facilitate effective listening (e.g., silent listening, questioning, paraphrasing, empathizing, and supporting).</li> <li>7. Maintain a professional and supportive relationship that allows for both supervisee and supervisor growth.</li> <li>8. Apply research on supervision in developing supervisory relationships and in analyzing supervisor and supervisee behaviors.</li> <li>9. Conduct a supervisor self-assessment to identify strengths as well as areas that need improvement (e.g., interpersonal communication).</li> <li>10. Use appropriate conflict resolution strategies.</li> </ol> |
| <b>III. Dev of Supervisee's Critical Thinking and Problem-Solving Skills</b>    | <ol style="list-style-type: none"> <li>1. Assist the supervisee in using a variety of data collection procedures.</li> <li>2. Assist the supervisee in objectively analyzing and interpreting the data obtained and in understanding how to use it for modification of intervention plans.</li> <li>3. Assist the supervisee in identifying salient patterns in either clinician or client behavior that facilitate or hinder learning.</li> <li>4. Use language that fosters independent thinking and assists the supervisee in recognizing and defining problems, and in developing solutions.</li> <li>5. Assist the supervisee in determining whether the objectives for the client and/or the supervisory experience have been met.</li> </ol>  |
| <b>IV. Dev of Supervisee's Clinical Competence in Assessment</b>                | <ol style="list-style-type: none"> <li>1. Facilitate the supervisee's use of best practices in assessment, including the application of current research to the assessment process.</li> <li>2. Facilitate the supervisee's use of verbal and nonverbal behaviors to establish an effective client– clinician relationship.</li> <li>3. Assist the supervisee in selecting and using assessment tools and techniques specific to the clients served.</li> <li>4. Assist the supervisee in providing rationales for the selected procedures.</li> <li>5. Demonstrate how to integrate assessment findings and observations to diagnose and develop appropriate recommendations for intervention and/or management.</li> <li>6. Provide instruction, modeling, and/or feedback in counseling clients and/or caregivers about assessment results and recommendations in a respectful and sensitive manner.</li> <li>7. Facilitate the supervisee's ability to use alternative assessment procedures for linguistically diverse clients.</li> </ol>  |

|  |  |
|--|--|
| <b>V. Dev of Supervisee's Clinical Competence in Intervention</b>  | <ol style="list-style-type: none"> <li>1. Assist the supervisee in developing and prioritizing appropriate treatment goals.</li> <li>2. Facilitate the supervisee's consideration of evidence in selecting materials, procedures, and techniques, and in providing a rationale for their use.</li> <li>3. Assist the supervisee in selecting and using a variety of clinical materials and techniques appropriate to the clients served, and in providing a rationale for their use.</li> <li>4. Demonstrate the use of a variety of data collection procedures appropriate to the specific clinical situation.</li> <li>5. Assist the supervisee in analyzing the data collected in order to reformulate goals, treatment plans, procedures, and techniques.</li> <li>6. Facilitate supervisee's effective use of counseling to promote and facilitate change in client and/or caregiver behavior.</li> <li>7. Facilitate the supervisee's use of alternative intervention materials or techniques for linguistically diverse clients.</li> </ol>   |
| <b>VI. Supervisory conferences/ meetings of clinical teaching teams</b>  | <ol style="list-style-type: none"> <li>1. Regularly schedule supervisory conferences and/or team meetings.</li> <li>2. Facilitate planning of supervisory conference agendas in collaboration with the supervisee.</li> <li>3. Select items for the conference based on saliency, accessibility of patterns for treatment, and the use of data that are appropriate for measuring the accomplishment of clinical and supervisory objectives.</li> <li>4. Use active listening as well as verbal &amp; nonverbal response behaviors that facilitate the supervisee's active participation in the conference.</li> <li>5. Ability to use the type of questions that stimulate thinking &amp; promote problem solving by the supervisee.</li> <li>6. Provide feedback that is descriptive and objective rather than evaluative.</li> <li>7. Use data collection to analyze the extent to which the content and dynamics of the conference are facilitating goal achievement, desired outcomes, and planned changes.</li> <li>8. Assist the supervisee in collaborating &amp; functioning effectively as a member of a service delivery team.</li> </ol> |
| <b>VII. Evaluating the growth of the supervisee both as a clinician and as a professional</b>                        | <ol style="list-style-type: none"> <li>1. Use data collection methods that will assist in analyzing the relationship between client/supervisee behaviors and specific clinical outcomes.</li> <li>2. Identify and/or develop and appropriately use evaluation tools that measure the clinical and professional growth of the supervisee.</li> <li>3. Analyze data collected prior to formulating conclusions and evaluating the supervisee's clinical skills.</li> <li>4. Provide verbal and written feedback that is descriptive and objective in a timely manner.</li> <li>5. Assist the supervisee in describing and measuring his or her own progress and achievement.</li> </ol>  |
| <b>VIII. Diversity (Ability, race, ethnicity, gender, age, culture, language, class, experience &amp; education)</b> | <ol style="list-style-type: none"> <li>1. Create a learning and work environment that uses the strengths and expertise of all participants.</li> <li>2. Demonstrate empathy and concern for others as evidenced by behaviors such as active listening, asking questions, and facilitating open and honest communication.</li> <li>3. Apply culturally appropriate methods for providing feedback to supervisees.</li> <li>4. Know when to consult someone who can serve as a cultural mediator or advisor concerning effective strategies for culturally appropriate interactions with individuals (clients and supervisees) from specific backgrounds.</li> <li>5. Demonstrate the effective use of interpreters, translators, and/or culture brokers as appropriate for clients from diverse backgrounds.</li> </ol>   |
| <b>IX. Dev &amp; maintenance of clinical &amp; supervisory documentation</b>   | <ol style="list-style-type: none"> <li>1. Facilitate the supervisee's ability to complete clinical documentation accurately and effectively, and in compliance with accrediting and regulatory agencies and third party funding sources.</li> <li>2. Assist the supervisee in sharing information collaboratively while adhering to requirements for confidentiality (e.g., HIPAA, FERPA).</li> <li>3. Assist the supervisee in maintaining documentation regarding supervisory interactions (e.g., Clinical Fellowship requirements).</li> </ol>  |
| <b>X. Ethical, regulatory &amp; legal requirements</b>   | <ol style="list-style-type: none"> <li>1. Adhere to all ASHA, state, and facility standards, regulations, and requirements for supervision.</li> <li>2. Assist the supervisee in adhering to standards, regulations, and setting-specific requirements for documentation, billing, and protection of privacy and confidentiality.</li> <li>3. Demonstrate ethical behaviors in both interprofessional and intraprofessional relationships.</li> <li>4. Assist the supervisee in conforming with standards and regulations for professional conduct.</li> <li>5. Assist the supervisee in developing strategies to remain current with standards and regulations throughout their professional careers.</li> </ol>  |
| <b>XI. Principles of Mentoring</b>   | <ol style="list-style-type: none"> <li>1. Model professional and personal behaviors necessary for maintenance and lifelong development of professional competency.</li> <li>2. Foster a mutually trusting relationship with the supervisee.</li> <li>3. Communicate in a manner that provides support and encouragement.</li> <li>4. Provide professional growth opportunities to the supervisee.</li> </ol>   |

## Appendix E: Self-Assessment of Competencies in Supervision

Name:

Setting:

Date Completed:

As noted on ASHA's Clinical Education and Supervision Practice Portal, "the clinical education process incorporates self-assessment on the part of the student clinician *and* the clinical educator. Self-assessment enhances professional growth and development and provides an opportunity for each person to identify goals and determine whether these goals are being met." This tool was developed by the 2016 ASHA Ad Hoc Committee on Supervision Training (AHCST) to assist all audiologists and speech-language pathologists engaged in supervision in conducting a self-assessment of the knowledge and skills for supervision identified by the Ad Hoc Committee on Supervision (ASHA, 2013). Use this tool to rate your competencies and to develop your goals for training in order to improve your abilities as a clinical educator, preceptor, mentor, or supervisor.

**Instructions:** Put a checkmark in the box that describes your perceived level of competency for each of the overall knowledge and skills listed on pages 2–6. These items pertain to all audiologists and speech-language pathologists engaged in supervision. The items listed on pages 7–11 are knowledge and skills that are specific to five constituent groups—that is, clinical educators of graduate students, preceptors of audiology externs, mentors of Clinical Fellows, supervisors of support personnel, and supervisors of those individuals transitioning to a new area of practice or those reentering the profession (ASHA, 2013). Complete the self-assessment only for the group(s) for which you engage in supervision. On the final page is space for you to plan any needed training in supervision that is based on your goals.

**Example:** If you are a mentor of a Clinical Fellow, you would assess your competency on the items listed on pages 2–6 as well as your competency on the additional items listed on page 9.

**Acknowledgments:** The 2016 AHCST would like to acknowledge two sources that served as examples of formats for this tool: *The American Occupational Therapy Association Self-Assessment Tool for Fieldwork Educator Competencies* and *The Clinical Educator Self-Evaluation Tool: Clinical Instruction Strategies* (Reuler, Messick, Gavett, McCready, & Raleigh, 2011).

This Self-Assessment of Competencies in Supervision may be reproduced and redistributed, as is or with adaptations, without prior permission, provided all such uses include the following statement: ©2016 American Speech-Language-Hearing Association. From *A Plan for Developing Resources and Training Opportunities in Clinical Supervision* [Final report of the ASHA Ad Hoc Committee on Supervision Training], May 2016. Retrieved from [www.asha.org](http://www.asha.org).

| Rating Scale |                                       |   |                                 |
|--------------|---------------------------------------|---|---------------------------------|
| 0            | 1                                     | 2   | 3                               |
| Not Yet      | Occasionally/<br><i>Just Starting</i> | Frequently but<br>Sporadically/<br><i>Getting There</i> | Consistently/<br><i>Got It!</i> |

| I. Supervisory Process and Clinical Education  | 0 | 1 | 2 | 3 |
|--|---|---|---|---|
| A. I possess knowledge of collaborative models of supervision.   |   |   |   |   |
| B. I possess knowledge of adult learning styles.   |   |   |   |   |
| C. I possess knowledge of teaching techniques (e.g., reflective practice, questioning techniques).   |   |   |   |   |
| D. I define the supervisor and supervisee roles and responsibilities appropriate to the setting.   |   |   |   |   |
| E. I adhere to research/evidence-based practice, convey that information/analysis to the supervisee, and encourage the supervisee to seek applicable research and outcomes data and to use methods for measuring treatment outcomes. |   |   |   |   |

**What are your strengths and items needing improvement in this area?**

**What are your goals to improve your competencies in this area?**

| Rating Scale |                                       |   |                                 |
|--------------|---------------------------------------|---|---------------------------------|
| 0            | 1                                     | 2   | 3                               |
| Not Yet      | Occasionally/<br><i>Just Starting</i> | Frequently but<br>Sporadically/<br><i>Getting There</i> | Consistently/<br><i>Got It!</i> |

| II. Relationship Development and Communication Skills  | 0 | 1 | 2 | 3 |
|--|---|---|---|---|
| A. I develop a supportive and trusting relationship with supervisee.   |   |   |   |   |
| B. I create an environment that fosters learning, and I explore personal strengths and needs of supervisee.              |   |   |   |   |
| C. I transfer decision-making and social power to the supervisee, as appropriate.  |   |   |   |   |
| D. I educate the supervisee about the supervisory process.   |   |   |   |   |
| E. I define expectations, goal setting, and requirements of the relationship.  |   |   |   |   |
| F. I define and demonstrate expectations for interpersonal and modes of communication.                                   |   |   |   |   |
| G. I define and demonstrate evidence of cultural competence and appropriate responses to different communication styles. |   |   |   |   |
| H. I demonstrate recognition of and access to appropriate accommodations for supervisees with disabilities.              |   |   |   |   |
| I. I engage in difficult conversations when appropriate regarding supervisee performance.                                |   |   |   |   |
| J. I demonstrate use of technology, when appropriate, for remote supervision.  |   |   |   |   |

**What are your strengths and items needing improvement and goals in this area?**

**What are your goals to improve your competencies in this area?**

| Rating Scale |                                       |   |                                 |
|--------------|---------------------------------------|---|---------------------------------|
| 0            | 1                                     | 2   | 3                               |
| Not Yet      | Occasionally/<br><i>Just Starting</i> | Frequently but<br>Sporadically/<br><i>Getting There</i> | Consistently/<br><i>Got It!</i> |

| III. Establishment/Implementation of Goals  | 0 | 1 | 2 | 3 |
|---|---|---|---|---|
| A. I develop goals/objectives with the supervisee that allow for growth in critical thinking and problem solving. |   |   |   |   |
| B. I set personal goals to enhance supervisory skills.  |   |   |   |   |
| C. I observe sessions, and I collect and interpret data with the supervisee.                                      |   |   |   |   |
| D. I give the supervisee objective feedback to motivate and improve performance.                                  |   |   |   |   |
| E. I understand the levels and use of questions to facilitate learning.   |   |   |   |   |
| F. I adjust supervisory style based on level and needs of supervisee.   |   |   |   |   |
| G. I review relevant paperwork and documentation.   |   |   |   |   |

**What are your strengths and items needing improvement in this area?**

**What are your goals to improve your competencies in this area?**

| Rating Scale |                                       |   |                          |
|--------------|---------------------------------------|---|--------------------------|
| 0            | 1                                     | 2   | 3                        |
| Not Yet      | Occasionally/<br><i>Just Starting</i> | Frequently but<br>Sporadically/<br><i>Getting There</i> | Consistently/<br>Got It! |

| IV. Analysis and Evaluation   | 0 | 1 | 2 | 3 |
|---|---|---|---|---|
| A. I examine collected data and observation notes to identify patterns of behavior and targets for improvement. |   |   |   |   |
| B. I assist the supervisee in conducting self-reflections until independence is achieved.                       |   |   |   |   |
| C. I assess supervisee performance.   |   |   |   |   |
| D. I determine if progress is being made toward the supervisee's goals.   |   |   |   |   |
| E. I modify or add to goals if needed.  |   |   |   |   |

**What are your strengths and items needing improvement and goals in this area?**

**What are your goals to improve your competencies in this area?**

| Rating Scale |                                       |   |                                 |
|--------------|---------------------------------------|---|---------------------------------|
| 0            | 1                                     | 2   | 3                               |
| Not Yet      | Occasionally/<br><i>Just Starting</i> | Frequently but<br>Sporadically/<br><i>Getting There</i> | Consistently/<br><i>Got It!</i> |

| V. Clinical and Performance Decisions   | 0 | 1 | 2 | 3 |
|---|---|---|---|---|
| A. I model/guide the supervisee to respond to ethical dilemmas.                           |   |   |   |   |
| B. I model/guide the supervisee to apply regulatory guidance in service delivery.         |   |   |   |   |
| C. I model/guide the supervisee to access payment/reimbursement for services.             |   |   |   |   |
| D. I guide the supervisee in use of reflective practice techniques to modify performance. |   |   |   |   |
| E. I provide guidance regarding both effective and ineffective performance.               |   |   |   |   |
| F. I determine if progress is being made toward goals.                                    |   |   |   |   |
| G. I identify issues of concern about supervisee performance.                             |   |   |   |   |
| H. I create and implement plans for improvement.  |   |   |   |   |
| I. I assess the supervisee's response to plans and determine next steps.                  |   |   |   |   |

**What are your strengths and items needing improvement in this area?**

**What are your goals to improve your competencies in this area?**

| Rating Scale |                                       |  |                                 |
|--------------|---------------------------------------|--|---------------------------------|
| 0            | 1                                     | 2  | 3                               |
| Not Yet      | Occasionally/<br><i>Just Starting</i> | Frequently, but<br>Sporadically/<br><i>Getting There</i> | Consistently/<br><i>Got It!</i> |

| VI. Specific Additional Competencies for Clinical Educators of Graduate Students  | 0 | 1 | 2 | 3 |
|---|---|---|---|---|
| A. I connect academic knowledge and clinical procedures.  |   |   |   |   |
| B. I sequence the student's knowledge and skills development.   |   |   |   |   |
| C. I facilitate the student's ability to respond to various clinical settings and supervisory expectations.   |   |   |   |   |
| D. I build professional identity and engagement.  |   |   |   |   |
| E. I facilitate the student's use of information to support clinical decision making and problem solving.   |   |   |   |   |
| F. I understand the relationship defined by the agreement between the university and the clinic site, and I adhere to the requirements (when applicable). |   |   |   |   |

**What are your strengths and items needing improvement in this area?**

**What are your goals to improve your competencies in this area?**

| Rating Scale |                                       |   |                                 |
|--------------|---------------------------------------|---|---------------------------------|
| 0            | 1                                     | 2   | 3                               |
| Not Yet      | Occasionally/<br><i>Just Starting</i> | Frequently but<br>Sporadically/<br><i>Getting There</i> | Consistently/<br><i>Got It!</i> |

| VII. Specific Additional Competencies for Preceptors of Audiology Externs   | 0 | 1 | 2 | 3 |
|---|---|---|---|---|
| A. I understand the relationship defined by the agreement between the university and the clinic site, and I adhere to the requirements.   |   |   |   |   |
| B. I develop a multifaceted experience for the extern within the scope of the profession.   |   |   |   |   |
| C. I serve as an effective liaison in the relationship between the university, the student, and the facility.   |   |   |   |   |
| D. I provide ongoing assessment and objective (data-based) feedback, including the use of any reporting tools provided by the university.   |   |   |   |   |
| E. I allow the student to develop increasing independence in the externship.  |   |   |   |   |
| F. I collaborate with other supervisors, where and when applicable, to ensure meaningful and relevant educational experiences for the student.  |   |   |   |   |
| G. I guide the student in reflective practice (goal setting, self-monitoring, knowing when to request immediate vs. delayed supervisory intervention, and using data to guide clinical decisions) to encourage flexibility, growth, and independence. |   |   |   |   |
| H. I facilitate the student's use of information to support clinical practice (problem solving, accessing evidence-based tools/information, and engaging in professional development).  |   |   |   |   |
| I. I assist in the development of workplace navigation skills, including becoming a part of the team and adhering to the policies and procedures of the facility.   |   |   |   |   |
| J. I establish and maintain professional boundaries and appropriate relationships.  |   |   |   |   |
| K. I foster a professional identity and engagement.   |   |   |   |   |
| L. I guide the student in developing advocacy skills for clients, for the student him/herself, and for the profession.  |   |   |   |   |

**What are your strengths and items needing improvement in this area?**

**What are your goals to improve your competencies in this area?**

| Rating Scale |                                       |   |                                 |
|--------------|---------------------------------------|---|---------------------------------|
| 0            | 1                                     | 2   | 3                               |
| Not Yet      | Occasionally/<br><i>Just Starting</i> | Frequently but<br>Sporadically/<br><i>Getting There</i> | Consistently/<br><i>Got It!</i> |

| VIII. Specific Additional Competencies for Mentors of Clinical Fellows in Speech-Language Pathology   | 0 | 1 | 2 | 3 |
|---|---|---|---|---|
| A. I accept and adhere to ASHA roles and responsibilities for mentoring Clinical Fellows (reference the <i>Roles and Responsibilities of CF Mentor</i> document from ASHA).   |   |   |   |   |
| B. I establish goals for the Clinical Fellowship (CF) experience through a collaborative process of development/assessment.   |   |   |   |   |
| C. I provide appropriate balance of direct observation and other monitoring activities consistent with the Clinical Fellow's skills and goals while maintaining compliance with ASHA CF guidelines.   |   |   |   |   |
| D. I provide ongoing assessment and objective (data-based) feedback, including the use of any required reporting tool.  |   |   |   |   |
| E. I provide opportunities to achieve independence in the workplace.  |   |   |   |   |
| F. I guide the Clinical Fellow in reflective practice (goal setting, self-monitoring, knowing when to request immediate vs. delayed intervention, and using data to guide clinical decisions) to encourage flexibility, growth, and independence. |   |   |   |   |
| G. I facilitate the Clinical Fellow's use of information to support clinical practice (problem solving, accessing evidence-based tools/information, and professional development).  |   |   |   |   |
| H. I assist in the development of workplace navigation skills, including becoming a part of the team and adhering to the policies and procedures of the facility.   |   |   |   |   |
| I. I establish and maintain professional boundaries and appropriate relationships.  |   |   |   |   |
| J. I foster a professional identity and engagement.   |   |   |   |   |
| K. I guide the Clinical Fellow in developing advocacy skills for clients, for the Clinical Fellow him/herself, and for the profession.  |   |   |   |   |

**What are your strengths and items needing improvement in this area?**

**What are your goals to improve your competencies in this area?**

| Rating Scale |                                       |   |                                 |
|--------------|---------------------------------------|---|---------------------------------|
| 0            | 1                                     | 2   | 3                               |
| Not Yet      | Occasionally/<br><i>Just Starting</i> | Frequently but<br>Sporadically/<br><i>Getting There</i> | Consistently/<br><i>Got It!</i> |

| IX. Specific Additional Competencies for Supervisors of Support Personnel  | 0 | 1 | 2 | 3 |
|--|---|---|---|---|
| A. I model and develop appropriate relationships with the support personnel and within the organizational structure.   |   |   |   |   |
| B. I understand, and communicate to others in the setting, respective roles and responsibilities, including appropriate ASHA guidelines and state regulations.   |   |   |   |   |
| C. I facilitate collaboration with multiple/joint supervisors.   |   |   |   |   |
| D. I adapt to changes in the service delivery environment.   |   |   |   |   |
| E. I hold appropriate credentialing for the professional and supervisory roles.  |   |   |   |   |
| F. I assign responsibilities to support personnel on the basis of skills assessment.   |   |   |   |   |
| G. I analyze existing skills of the support personnel.   |   |   |   |   |
| H. I match/develop skills with job assignments.  |   |   |   |   |
| I. I delegate responsibilities effectively.  |   |   |   |   |
| J. I evaluate support personnel through performance-based measures rather than developmental assessment.   |   |   |   |   |
| K. I conduct ongoing and measurable competency assessment.   |   |   |   |   |
| L. I identify needs for basic and continuing education, and I develop a plan.  |   |   |   |   |
| M. I know and ensure compliance with state, federal, regulatory, and ASHA guidelines for duties and responsibilities, reimbursement, and legal and ethical repercussions in relation to the scope of practice of the supervisor. |   |   |   |   |
| N. I facilitate efficiency, team building, and interprofessional relationships.  |   |   |   |   |
| O. I focus on client-centered care.  |   |   |   |   |
| P. I empower support personnel to work at their top potential and to continue to develop relevant additional skills.   |   |   |   |   |

**What are your strengths and areas needing improvement in this area?**

**What are your goals to improve your competencies in this area?**

| Rating Scale |                                       |   |                                 |
|--------------|---------------------------------------|---|---------------------------------|
| 0            | 1                                     | 2   | 3                               |
| Not Yet      | Occasionally/<br><i>Just Starting</i> | Frequently but<br>Sporadically/<br><i>Getting There</i> | Consistently/<br><i>Got It!</i> |

| <b>X. Specific Additional Competencies for Supervisors of Individuals Transitioning to a New Area of Practice or Reentering the Profession</b>                  | 0 | 1 | 2 | 3 |
|---|---|---|---|---|
| A. I explore existing skills and knowledge, including transferable skills.  |   |   |   |   |
| B. I identify the need for continuing education and training, and I develop a plan for achieving necessary skills/knowledge.                                    |   |   |   |   |
| C. I assist in the development of workplace navigation skills, including becoming part of the team and adhering to the policies and procedures of the facility. |   |   |   |   |
| D. I promote self-reflection to learn new skills and hone existing skills.  |   |   |   |   |
| E. I provide ongoing collaborative assessment.  |   |   |   |   |

**What are your strengths and items needing improvement in this area?**

**What are your goals to improve your competencies in this area?**

## PLAN FOR CONTINUING EDUCATION

| Competency Areas to Be Addressed<br>(include constituency group, where applicable) | Independent Study | Academic coursework | Conference presentation | Publication | Mentorship | Other | Date Training Completed |
|--|-------------------|---------------------|-------------------------|-------------|------------|-------|-------------------------|
|  |                   |                     |                         |             |            |       |                         |
|  |                   |                     |                         |             |            |       |                         |
|  |                   |                     |                         |             |            |       |                         |
|  |                   |                     |                         |             |            |       |                         |
|  |                   |                     |                         |             |            |       |                         |
|  |                   |                     |                         |             |            |       |                         |
|  |                   |                     |                         |             |            |       |                         |
|  |                   |                     |                         |             |            |       |                         |

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## CALIPSO INSTRUCTIONS FOR CLINICAL SUPERVISORS

<https://www.calipsoclient.com/case>

### Step 1: Register as a Supervisor on CALIPSO

(Clinical Assessment of Learning, Inventory of Performance, and Streamlined Office-Operations)

- Before registering, have available your **1)** CALIPSO Registration PIN (provided via “CALIPSO registration” email sent by [no-reply@calipsoclient.com](mailto:no-reply@calipsoclient.com) or perhaps alternatively provided by the program Clinical Coordinator), **2)** ASHA card, **3)** state licensure card, and **4)** teacher certification information if applicable. If possible, have available scanned copies of your certification and licensure cards for upload during the registration process.
- Go to your student’s school unique login URL listed in the header at the top of this page, or go to <https://www.calipsoclient.com/case>
- Schools are listed alphabetically; locate your student’s school, and click on the school name link.
- Click on the “Supervisor” registration link located below the login button.
- Complete the requested information and click “Register.”
- On the following screen, again complete the requested information and click “Save” at the bottom of the page. A “Registration Complete” message will be displayed and you will automatically be logged into CALIPSO.

### Step 2: Login to CALIPSO

- For subsequent logins, go to your student’s school unique login URL listed in the header at the top of this page, or go to <https://www.calipsoclient.com/case>, locate your student’s school, and login to CALIPSO using your 8-digit ASHA number and **password that you**

created for yourself during the registration process (Step 1).

### Step 3: View Clinical Assignment / Select Student

- From the Supervisor's lobby page, use the class selection dropdown menu at the top of the page to choose the appropriate class/cohort for your student and click **Change** to activate that cohort.
- Click the **View** > [Student Information](#) link.
- Click the [Clinical Assignments](#) link to view contact information and other details about a new student assignment.
- Or, to locate your student if not assigned via Clinical Assignments, use the "Add Student of Interest" dropdown menu to select your student and then click **Add**.

### Step 4: View Student Clock Hour Records

- Click on "Clockhours" then "Experience Record" to view a summary of clock hours obtained and clock hours needed.
- Students may be required to gain a minimum of (20) hours in the evaluation and treatment of children and adults for both speech and language disorders which is summarized in the table at the bottom of the page.
- Please note the student's Clinical Competency Level (I, II, or III) on the page header if applicable.
- Print/save clock hour record by clicking "Print Experience Record."
- Click "Student Information" located within the blue stripe to return to the student list.

### Step 5: View Student Cumulative Evaluation

- Click on "Cumulative evaluation" to view a summary of your student's clinical competency across the 9 disorder areas.
- Upon completion of the clinical program, students must obtain a competency score set by the program for all clinical skills listed on the form.
- Please make note of any areas of deficiency (highlighted in orange.)
- Click "Student Information" located within the blue stripe to return to the student list.

### Step 6: View Student Immunization and Compliance Records

- Click "Compliance/Immunizations" to view a record of compliance and immunization documents.
- To create a document to save and/or print, click "PDF."
- An electronic file of the original documents can be accessed, if necessary and if uploaded by the Clinical Coordinator, by clicking "Files" located within the blue stripe.
- Click "Home" located within the blue stripe to return to the home page.

### !Step 7: Complete Site Information Form

!This form will take approximately 20 minutes to complete. The bulk of the information requested is used by the graduate program to **maintain their ASHA accreditation**. This form

only needs to be completed once unless the requested information changes.

- From the home page, click on the “Site Information Forms” link under the Management header.
- Click “Add new form.”
- Complete the requested information. Click “Save.”
- The new site form will post to a table. To finish completing, click on the “Edit” link in the Basic Info column. Check to see that all of the information is complete, and check the box that states “Check here to mark this section as complete.”
- Continue to complete the remaining 5 sections of the form by clicking on each remaining tab (Facility/Department/Student/Misc./Appendix VI-B\*) and complete the requested information. After completing the information in each section, check the box that states “Check here to mark this section as complete”. Click “Save.” [\*Note: Appendix VI-B tab only needs to be completed if the program you are supervising for is a new program in candidacy)
- After all tabs have been completed, click on the “Site Form List” link located near the top of the page or on the “Site Forms” link located within the blue strip.
- If any sections are incomplete, they will be flagged with a red explanation point. To complete those fields, just click on “edit” and make the necessary changes.
- Once each section is assigned a green checkmark, a “Submit” link will display within a column of the table. Click “Submit” and verify that the status changes to “Submitted.”

#### To Edit/Update a Submitted Form:

- To edit a previously submitted form, simply click the “Copy” link located in the next to the last column. Edit each section as necessary by clicking on the “Edit” link for the corresponding section, making changes, and clicking “Save.” Once editing is complete, click “Submit” and verify that the status changes to “Submitted.” Delete the older version by clicking on the red “X”.

### Step 8: Upload Documents for Student or Clinical Administrator(optional)

- The file management feature allows you to upload any type of file (e.g. Word, PDF, JPEG, audio/video) pertinent to the clinical experience for a specific student.
- Select the desired student and then click on the “Documents” link to upload your own file and/or view a file uploaded by your student.
- **First, select a folder by clicking on the folder name or create a new folder or subfolder.** To create a new folder or subfolder, type in desired folder name in the "Add folder" field and press "create."
- **Upload a file** by pressing the “Browse” button, selecting a file, completing the requested fields, and clicking "upload." The upload fields will display if you have selected an unrestricted folder. **Set the file permission** by choosing “public” for student and clinical administrator access or “private” for clinical administrator access only.
- **Move files** by dragging and dropping from one folder to another.
- **Delete files** by clicking the “delete” button next to the file name. **Delete folders** by deleting all files from the folder. Once all the files within the folder have been deleted, a “delete” link will appear to the right of the folder name.

### Step 9: Complete Midterm Evaluation

- Login to CALIPSO (step two)
- Select the desired “Class” and click “change.”
- Click “New evaluation”.

- Complete required fields designated with an asterisk and press save.
- Continue completing evaluation by scoring all applicable skills across the Big 9 using the provided scoring method and saving frequently to avoid loss of data.
- Once the evaluation is complete, review it with the student. Type his/her name with the corresponding date as well as your name with the corresponding date located at the bottom of the page.
- Check the “final submission” box located just below the signatures.
- Click “Save.”
- Receive message stating “evaluation recorded.”
- Please note: you may edit and save the evaluation as often as you wish until the final submission box is checked. Once the final submission box is checked and the evaluation saved, the status will change from “in progress” to “final”. Students will then have access to view the submitted evaluation when logged into the system.
- To view the evaluation, click “Student Information” located within the blue stripe then “evaluations” located to the right of the student’s name.

## Step 10: Complete Final Evaluation

- Login to CALIPSO (step two)
- Select the desired “Class” and click “change.”
- Click “Student Information” then “evaluations” located to the right of the student’s name.
- Identify the evaluation completed at midterm and click on “Make a duplicate of this evaluation.”
- The duplicated evaluation will appear in the evaluations list.
- Identify the duplicate (noted as “in progress”) and click on the “current evaluation” link highlighted in blue.
- Change “Evaluation type” from midterm to final.
- Complete evaluation by changing and/or adding scores for applicable skills across the Big 9 using the provided scoring method and saving frequently to avoid loss of data.
- Once the evaluation is complete, review it with the student. Type his/her name with the corresponding date as well as your name with the corresponding date located at the bottom of the page.
- Check the “final submission” box located just below the signatures.
- Click “save.”
- Receive message stating “evaluation recorded.”

## Step 11: Approve Clock Hours

- At the completion of the rotation or as often as directed, your student will log their clock hours.
- An automatically generated e-mail will be sent notifying you that clock hours have been submitted and are awaiting approval.
- Login to CALIPSO (step two.)
- Click “clockhour forms pending approval.”
- Identify your current student’s record.
- Click “View/Edit” in the far-right column.
- Review hours, making changes if necessary.
- Complete the % of time the student was observed while conducting evaluations and providing treatment.
- Approve clock hours by selecting “yes” beside “Supervisor approval” located at the bottom of the page.

- Click “Save.”
- If it is determined that there are errors in the clockhour form that the student should correct, exit the form by clicking on the “Clockhours List” link at the top of the page in the blue stripe to return to the student’s Clockhours List. Click on the “Un-submit” button towards the right end of the line for the clockhour form in question. This returns the form to the student’s Daily Clockhours for the student to edit and re-submit.

## Step 12: View Your Supervisory Summary

- For an official record of this supervisory experience (past or present), click on the “Supervision summary” link located under the Management header on the home page.
- Select “Printable view (PDF)” to create a document to save and/or print.

## Step 13: View Your Supervisory Feedback

- At the completion of the rotation, your student will complete a supervisory feedback form in CALIPSO.
- An automatically generated e-mail will be sent stating that you have feedback available to view.
- Login to CALIPSO (step two)
- Select the desired “Class” and click “change.”
- Click “Supervisor feedback forms.”
- Click “View/Edit” in the far-right column.

## Step 14: Update Your Information

- Update e-mail address changes, name changes, certification expiration dates with corresponding scanned copies of your card by logging into CALIPSO (step two.)
- Click “Update your information.”
- Make changes and click “save” and/or click “Edit licenses and certification.”
- Update information and upload supporting files and click “save” located at the bottom of the screen.

## Performance Rating Scale

- 1 **Not evident:** Skill not evident most of the time. Student requires direct instruction to modify behavior and is unaware of need to change. Supervisor must model behavior and implement the skill required for client to receive optimal care. Supervisor provides numerous instructions and frequent modeling (skill is present <25% of the time).
- 2 **Emerging:** Skill is emerging, but is inconsistent or inadequate. Student shows awareness of need to change behavior with supervisor input. Supervisor frequently provides instructions and support for all aspects of case management and services (skill is present 26-50% of the time).
- 3 **Present:** Skill is present and needs further development, refinement or consistency. Student is aware of need to modify behavior, but does not do this independently. Supervisor provides on-going monitoring and feedback; focuses on increasing student's critical thinking on how/when to improve skill (skill is present 51-75% of the time).

- 4 **Adequate:** Skill is developed/implemented most of the time and needs continued refinement or consistency. Student is aware and can modify behavior in-session, and can self-evaluate. Problem-solving is independent. Supervisor acts as a collaborator to plan and suggest possible alternatives (skill is present 76-90% of the time).
- 5 **Consistent:** Skill is consistent and well developed. Student can modify own behavior as needed and is an independent problem-solver. Student can maintain skills with other clients, and in other settings, when appropriate. Supervisor serves as consultant in areas where student has less experience; Provides guidance on ideas initiated by student (skill is present >90% of the time).

### **Calipso Professional Practice, Interaction & Personal Qualities—all areas except \* likely scored in first 2 semesters**

1. Demonstrates knowledge of basic human communication and swallowing processes. Demonstrates the ability to integrate information pertaining to normal and abnormal human development across the life span (CFCC IV-B; CAA 3.1.6B)

- This includes the appropriate biological, neurological, acoustic, physiological, developmental, and linguistic cultural bases (CFCC IV-B)
- Integrates and applies knowledge of the interdependence of speech, language and hearing (CAA 3.1.6B)

2. Demonstrates knowledge of processes used in research and integrates research principles into evidence-based clinical practice (CFCC IV-F; CAA 3.1.1B Evidence-Based Practice)

Accesses and critically evaluates information sources, applies information to appropriate populations, and integrates evidence in provision of Speech-Language Pathology services (CAA 3.1.1B - Evidence-Based Practice)

\*3. Demonstrates knowledge of contemporary professional issues that affect Speech-Language Pathology (CFCC IV-G; CAA 3.1.1B)

- Includes trends in professional practice; academic program accreditation standards; ASHA practice policies and guidelines; cultural competency and diversity, equity, and inclusion (DEI); educational legal requirements or policies; and reimbursement procedures (CFCC IV-G)
- Engages in contemporary professional issues and advocacy (CAA 3.1.1B)

5. Communicates effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the individual(s) receiving services, family, caregivers, and relevant others (CFCC V-B, 3a; CAA 3.1.1B Effective Communication Skills, CAA 3.1.6B)

- Communicates in a responsive and responsible manner with clients/patients/students, communities, and interprofessional team colleagues and other professionals (CAA 3.1.1B- Effective Communication Skills)
- Demonstrates professionalism and professional behavior that is reflective of cultural and linguistic differences (CAA 3.1.6B)
- Demonstrates interaction skills and interpersonal qualities, including counseling and collaboration (CAA 3.1.6B)

6. Provides counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others (CFCC V-B, 3c; CAA 3.1.6B)

Demonstrates clinical counseling skills appropriate to the individual, family members, caregivers, and others involved in care (CAA 3.1.6B)

\*7. Manages the care of individuals receiving services to ensure an interprofessional, team-based collaborative practice (CFCC V-B, 3b; CAA 3.1.1B)

Works effectively as a member of an interprofessional team (CAA 3.1.1B)

8. Demonstrates skills in oral and other forms of communication sufficient for entry into professional practice (CFCC V-A) Demonstrates speech and language skills in English, which, at a minimum, are consistent with ASHA's current position statement on students and professionals who speak English with accents and nonstandard dialects

9. Demonstrates skills in written communication sufficient for entry into professional practice (CFCC V-A)

Writes and comprehends technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence in English

10. Demonstrates knowledge of standards of ethical conduct, behaves professionally and protects client welfare (CFCC IV-E, V-B, 3d; CAA 3.1.1B-Accountability; 3.8B)

- Adheres to the professional code of ethics (CAA 3.1.1B - Accountability; 3.1.6B)
- Adheres to the Speech-Language Pathology scope of practice documents (CAA 3.1.1B- Accountability)
- Adheres to professional fiduciary responsibility for each client/patient/student served (CAA 3.1.1B - Accountability)
- Adheres to federal, state, and institutional regulations and policies related to the profession of Speech-Language Pathology and its services, including compliance with confidentiality issues related to HIPAA and FERPA (CAA 3.1.1B - Accountability)

\*12. Demonstrates professionalism (CAA 3.1.1B - Professional Duty, 3.1.6B)

- Demonstrates knowledge of one's own role and those of other professions to appropriately assess and address the needs of the individuals and populations served (CAA 3.1.1B - Professional Duty)
- Demonstrates knowledge of the roles and importance of interdisciplinary/interprofessional assessment and intervention and coordinates care effectively with other disciplines and community resources (CAA 3.1.1B - Professional Duty)
- Demonstrates knowledge of the roles and importance of individual and collective (e.g., local, national organizations) advocacy for clients/patients/students' right to care (CAA 3.1.1B- Professional Duty)
- Demonstrates knowledge of the role of clinical teaching and clinical modeling as well as supervision of students and other support personnel (CAA 3.1.1B - Professional Duty)
- Demonstrates professionalism and professional behavior that is reflective of cultural and linguistic differences (CAA 3.1.6B)

***\*--these areas may not be applicable to student placements during the first two semesters of clinic.***

#### **Additional Clinical Skills—All areas likely scored in first 2 semesters.**

1. Sequences tasks to meet objectives
2. Provides appropriate introduction/explanation of tasks
3. Uses appropriate models, prompts or cues. Allows time for patient response.
4. Demonstrates effective behavior management skills
5. Practices diversity, equity and inclusion (CAA 3.4B)
6. Addresses culture and language in service delivery that includes cultural

humility, cultural responsiveness, and cultural competence (CAA 3.4B)

7. Demonstrates clinical education and supervision skills. Demonstrates a basic understanding of and receives exposure to the supervision process. (CAA 3.1.6B)
  - Students should demonstrate a basic understanding of and receive exposure to the supervision process. (Per CAA Update Webinar Q/A 5/11/2022)



## Student Information form

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

Semester/Year: \_\_\_\_\_

Please complete this form prior to beginning your extern and share it with your supervisor, so that your supervisor may have a better understanding of your experience, expectations and preferences. Student and supervisor information forms will serve as a basis for a discussion of the supervisory process with your supervisor for your semester placement

1. Clinical Experience (setting/age of client(s)/diagnoses/individual or group format(s)) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. General experience working with people \_\_\_\_\_  
\_\_\_\_\_
3. Specific treatment methods/program experience \_\_\_\_\_  
\_\_\_\_\_
4. Academic coursework/research experience \_\_\_\_\_  
\_\_\_\_\_
5. Cultural Responsiveness training/experience \_\_\_\_\_  
\_\_\_\_\_
6. Perceptions of clinical strengths/needs \_\_\_\_\_  
\_\_\_\_\_
7. Anxieties about setting/caseload \_\_\_\_\_  
\_\_\_\_\_
8. Perception of self in terms of independence/dependence \_\_\_\_\_  
\_\_\_\_\_
9. Perceptions of responsibility for bringing data & questions to supervisor meetings \_\_\_\_\_  
\_\_\_\_\_
10. Expectations for learning/clinical skill development \_\_\_\_\_  
\_\_\_\_\_
11. Expectations for supervisor feedback (frequency/format) \_\_\_\_\_  
\_\_\_\_\_
12. Preference for supervisor feedback (frequency/format) \_\_\_\_\_  
\_\_\_\_\_



## Supervisor Information form

Supervisor Name: \_\_\_\_\_

Semester/Year: \_\_\_\_\_

Please complete this form prior to beginning your extern and share it with your student, so that your student may have a better understanding of clinical and professional roles, expectations and your preferences for their placement. Supervisor and student information forms serve as a basis for a discussion of the supervisory process with your supervisor for your semester placement.

1. General clinical and supervisory experience \_\_\_\_\_  
\_\_\_\_\_
2. Caseload characteristics \_\_\_\_\_  
\_\_\_\_\_
3. Theoretical and practical approaches used \_\_\_\_\_  
\_\_\_\_\_
4. Cultural Responsiveness training/experience \_\_\_\_\_  
\_\_\_\_\_
5. Preferred or customary supervision style \_\_\_\_\_  
\_\_\_\_\_
6. Expectations of students \_\_\_\_\_  
\_\_\_\_\_
7. Preferred methods of feedback (frequency/format) \_\_\_\_\_  
\_\_\_\_\_
8. Preferred schedule for supervision meetings (frequency/time) \_\_\_\_\_  
\_\_\_\_\_
9. Methods of evaluation (dates of meetings to review Calipso) \_\_\_\_\_  
\_\_\_\_\_



**PROGRAM OF COMMUNICATION SCIENCES CLINICAL CONTRACT**

Student \_\_\_\_\_

Supervisor \_\_\_\_\_

Semester/Year \_\_\_\_\_

Facility \_\_\_\_\_

The following document is to be completed by the clinical instructor in consultation with the student clinician. The original is to be retained by the clinical instructor and returned to the Clinic Program Director, as quickly as possible. The student may wish to make a copy to serve as a guide. In addition to the general performance criteria outlined in the Semester Evaluation Form, this contract is designed to provide specific requirements for each practicum assignment. Revisions may be agreed upon during the course of the semester. Questions should be directed to the Clinic Program Director.

Contract Points:

STUDENT SCHEDULE (days/times): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STUDENT RESPONSIBILITIES & TIMELINE (lesson plans, report due dates, lesson materials, outside readings, self- evaluation, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EVALUATION DATES/PROCEDURES (i.e., midterm eval): \_\_\_\_\_  
\_\_\_\_\_

STUDENT CLINICAL GOALS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

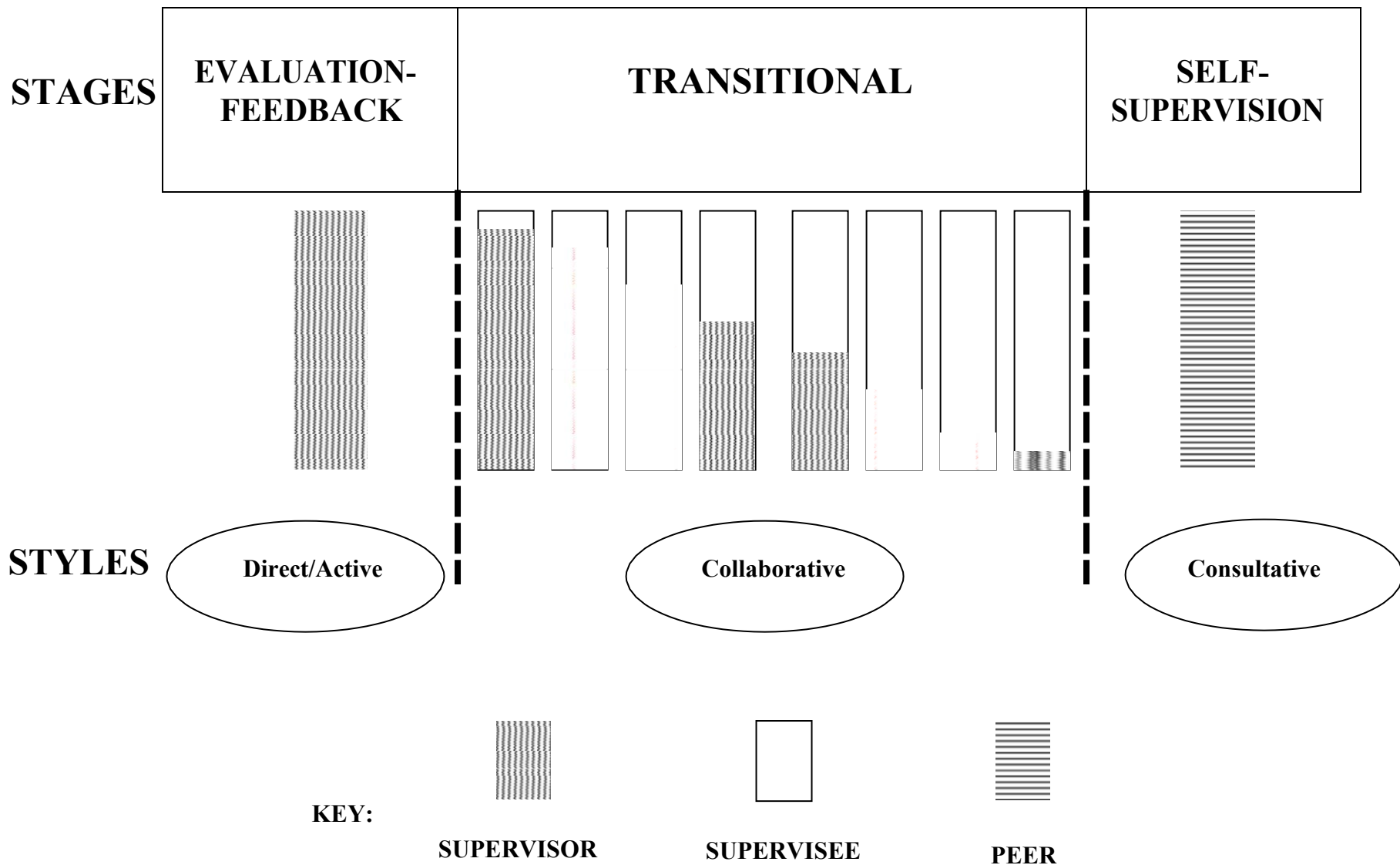
We, the undersigned, agree to meet the above stated contract

Initial conference date: \_\_\_\_\_

Student \_\_\_\_\_

Instructor \_\_\_\_\_

## Jean Anderson's Continuum Model of Supervision\*



**\*Note:** This continuum may be used to visualize the student/supervisor relationship that is anticipated at the start of the quarter, during the experience, and by the end of the semester. Movement across the stages will vary based upon the clinical experience/placement, the student's skills and performance, and the supervisor's decisions.

# SQF Model of Clinical Teaching: A Practical Approach

Barnum M. Guyer S. Levy L. Graham C.(2009)  
with modifications from Barnum & Guyer 2015 CAPCSD Workshop

The **SQF** Model of clinical teaching provides the clinical instructor with a practical way to integrate **Supervision, Questioning, and Feedback** into the clinical learning experiences that they provide for their students.

**SUPERVISION:** The type of **supervision** you provide should be based on the **situation, the student, and the task.**

- **Supervisory Styles**
  - S1 (supervisory level 1) consists of coaching and directing student
  - S2 (supervisory level 2) consists of supporting the student
  - S3 (supervisory level 3) consists of delegating to the student
- **Student's Level of Development**
  - D1(developmental level 1)= unconsciously and consciously incompetent learner
  - D2(developmental level 2)= consciously competent learner
  - D3(developmental level 3)= unconsciously competent learner
- **Supervisory Style Needs to Match Student's Level of Development**
  - Use the S1 supervisory style with D1 level learners.
  - Use the S2 supervisory style with D2 level learners.
  - Use the S3 supervisory style with D3 level learners.

## QUESTIONING

The type of **questioning pattern** you use should be **strategic. Strategic Questioning** is the conscious adapting of the timing, sequencing, and phrasing of questions in order to facilitate student processing of information at increasingly complex cognition levels.

- **Three basic levels of questions in strategic questioning:**
  - **Level 1: WHAT:** REMEMBERING-to recall facts and identify basic knowledge
  - **Level 2: SO WHAT:** USING-to apply knowledge
  - **Level 3:** Now what: CREATING-to defend decision and make future predictions
- **Level of Questioning needs to match student's level of development**
  - Use mostly level 1 questions with D1 level learners.
  - Use mostly level 2 questions with D2 level learners.
  - Use mostly level 3 questions with D3 level learners.

## FEEDBACK

Feedback is any information that you give to your student regarding their skills and knowledge.

- **Components of Feedback**
  - Timing: immediate or delayed
  - Specificity: specific or general
  - Content: focus on clinical skills, clinical reasoning, or professionalism
  - Form: verbal, non-verbal; written
  - Privacy: private or public
- **Types of Feedback**
  - Confirming/Reinforcing:
    - Used to let student know they are doing something well/correctly
    - Used to reinforce appropriate behaviors

- Corrective Feedback
  - Used to modify/improve the student's behavior to a more correct form
  - Is implemented to prevent student developing incorrect techniques or believing inaccurate statements
- Guiding Feedback
  - Is used when the student has the concept, skill or information essentially correct, but perhaps certain aspects need refining, clarifying or improving.

### Summary:

- The level of supervision provided, the types of questions asked and the type of feedback you provide should depend on the situation
- As knowledge and experience base begins growing, situational supervision begins to lower; meaning that the clinical instructor gradually begins to allow greater student autonomy in decision making while still monitoring student's actions.
- In contrast, the level of questioning transition is the opposite, with students needing more low level questions initially, when knowledge and experiences are limited. As experience and knowledge expands, students need to be asked more high level questions.
- Feedback is used to confirm, correct and guide application of skills, knowledge, clinical reasoning and professionalism provided constantly throughout all interactions with students, regardless of the student's knowledge and experience base. Feedback is corrective or guided but always positive
- The goal is to assist student in developing a model that facilitates critical thinking skills and clinical decision making

### References:

- Barnum, M., & Guyer, S., (2015) The SQF Mode of Clinical Supervision. Workshop presented at the Council on Academic Programs in Communication Science & Disorders (CAPCSD) in Newport Beach CA, April 2015.
- Barnum M. Guyer S. Levy L. Graham C. "Supervision, Questioning, Feedback Model of Clinical Teaching: A Practical Approach" in Wiedner T. (ed) The Athletic Trainers' Pocket Guide to Clinical Teaching (2009). SLACK, Inc: Thorofare NJ.
- Barnum M. Guyer S. Levy L. Willeford S. Sexton P. Gardner G. Fincher L. Questioning and Feedback in Clinical Athletic Training Education. *Athl Train Educ J*: 2009;(4)1:23-27.
- Barnum M. Graham C. Techniques for Providing Feedback to Students on Written Assignments. *Athl Thpy Tdy*: 2008;13(5).2-5.
- Barnum M. Questioning skills demonstrated by Approved Clinical Instructors during field experiences. *J Athl Train*. 2008 May-Jun; 43(3): 284-292
- Benner, P. (1984), From novice to expert: Excellence and power in clinical nursing practice. New Jersey: Prentice-Hall.
- Bloom, B.S. (1956), Taxonomy of educational objectives: Cognitive domain. New York: McKay.
- Levy L. Gardner G. Barnum M. Willeford S. Sexton P. Guyer S. Fincher L. Situational Supervision for Athletic Training Clinical Education. *Athl Train Educ J*: 2009;(4)1:19-22.

## CLASSIFICATION OF QUESTIONS VIA BLOOM'S REVISED TAXONOMY & SQF MODEL

| COGNITIVE LEVEL    | COGNITIVE PROCESS (Bloom's Revised Taxonomy) | QUESTION EXAMPLES  | SQF Questioning<br>Barnum & Guyer, 2015  |
|--------------------|--|--|--|
| <b><u>LOW</u></b>  | <b>Remembering</b>                           | <ul style="list-style-type: none"> <li>What is progressive aphasia?</li> <li>Label the cranial nerves (CN).</li> <li>Indicate how each CN is tested.</li> </ul>  | <b><u>Questioning Level 1 (Q1)</u></b> <ul style="list-style-type: none"> <li>The “<b>WHAT</b>” level</li> <li>Remembering and understanding:</li> <li>Questions that require student to recall facts, identify foundational knowledge and explain basic concepts</li> <li>Used to confirm that student has the basic knowledge to engage in discussions and/or activities.</li> </ul>   |
|                    | <b>Understanding</b>                         | <ul style="list-style-type: none"> <li>Explain the importance of knowing how to assess cranial nerve function in conducting patient assessments.</li> <li>Of what value is taking a careful case history?</li> <li>Summarize the key ways in which hearing and hearing disorders impact communication?</li> </ul>  |  |
| <b><u>MID</u></b>  | <b>Applying</b>                              | <ul style="list-style-type: none"> <li>Which diagnostic tools might be appropriate for evaluating the areas of concern?</li> <li>How should the testing sequence be organized?</li> <li>Select the appropriate protocol that will help us achieve our stated outcomes for this patient.</li> <li>How would you go about determining the barriers this patient might be facing in the workplace or home?</li> </ul> | <b><u>Questioning Level 2 (Q2)</u></b> <ul style="list-style-type: none"> <li>Using: the “<b>SO WHAT</b>” level</li> <li>Questions requiring student to compare, analyze and apply knowledge</li> <li>These questions transition the student from lower levels of cognitive processing to higher levels</li> <li>Used is to confirm that the student is making appropriate connections and correctly applying information. Reinforces and advances understanding.</li> </ul> |
|                    | <b>Analyzing</b>                             | <ul style="list-style-type: none"> <li>What do you think about his prognosis for improvement?</li> <li>How will his current cognitive level impact the prognosis?</li> <li>What is the client's prognosis for improving his participation in church activities?</li> <li>Contrast this patient's strengths with areas that need further attention.</li> </ul>  |  |
| <b><u>HIGH</u></b> | <b>Evaluating</b>                            | <ul style="list-style-type: none"> <li>Evaluate the contents of the clinical report completed on this patient at a different facility last month; are any modifications needed. If so, on what are you basing your recommendations? How did your reach decision?</li> <li>What home recommendations do you have for this patient? How would you prioritize the implementation of your recommendations?</li> </ul>  | <b><u>Questioning Level 3 (Q3)</u></b> <ul style="list-style-type: none"> <li>Creating: the “<b>NOW WHAT</b>” level</li> <li>Questions that require the student to evaluate information, create plans, infer meaning and/or defend their decisions, reflect on own thinking</li> <li><b>Purpose</b> is provide opportunity for students to develop and practice cognitive processing skills vital for developing sound clinical reasoning abilities</li> </ul>               |
|                    | <b>Creating</b>                              | <ul style="list-style-type: none"> <li>Develop strategies &amp; activities for teaching PreK concepts of <i>behind</i> and <i>in front</i>.</li> <li>What auditory training activities might you create to meet this patient's individual needs? Why have you selected these specific strategies?</li> </ul>   |  |

Bloom content originally adapted from: Phillips N., & Duke, M, (2001) Journal of Advanced Nursing 33(4), 523-529 by E. Morner (ILAA *Applying the Evidence Base in Clinical Supervision*, Jan 2012) with modification by Messick & Morner incorporating Barnum & Guyer, The SQF Model of Clinical Supervision, Workshop presentation at CAPCSD April 2015 . Additional adaptation by M Barnum incorporating Anderson and Krathwohl (2001): Revision of Bloom's Taxonomy.

SMART Goal Worksheet

|            |  |
|------------|--|
| Specific   |  |
| Measurable |  |
| Attainable |  |
| Relevant   |  |
| Time-bound |  |

Goal:

## **SOCRATIC QUESTIONS FOR CLINICAL PRACTICE**

(adapted from: Oermann, M., 1997)

### **Clarification Questions:**

- Tell me about your patient's speech characteristics
- What is the most important patient/family concern? Why?
- What do you mean when you say \_\_\_\_\_?
- Give me an example of \_\_\_\_\_?
- How does this new information relate our earlier discussion of the patient's care?

### **Questions to Probe Assumptions**

- You seem to be assuming that your client's difficulties are due to \_\_\_\_\_. Tell me more about what you are thinking here.
- What assumptions have you made about \_\_\_\_\_?
- On what data have you based your decisions? Why?
- Your decisions about this patient are based on your assumptions that \_\_\_\_\_. Is this always the case? Why or why not?

### **Questions to Probe Reasons**

- How do you know that \_\_\_\_\_? What are other possible reasons for \_\_\_\_\_?
- Tell me why \_\_\_\_\_
- What would you do if \_\_\_\_\_? Why?
- Is there a reason to question this information? Decision? Approach? Why?

### **Questions on Differing Perspectives**

- What alternative treatment approaches might there be?
- How might the patient/family view this situation? Does anyone (in the clinical group) view this differently? Why?
- Tell me about different interventions that might be possible and why each one would be appropriate?
- What are other ways of approaching the staff/teachers?

### **Questions on Consequences**

- If this occurs, then what would you expect to happen next? Why?
- What are the consequences of each of these possible approaches? What would you do in this situation and why?
- What would be the effect of \_\_\_\_\_ on the patient's daily participation in activities.?
- If this is true, then what?

Adapted From: Oermann, M. (1997) Evaluation of critical thinking in clinical practice. Nurse Educator. 22(5): 25-28

E. Morner 10<sup>th</sup> Annual 2016 Summer Institute on Supervision- July 30, 2016

## EXAMPLES OF FEEDBACK CARDS (Messick, 2014)

### Example #1 – Open-ended style

| <b>FEEDBACK FORM</b><br><small>Adapted from Prystowski, J.B. &amp; DaRosa D.A., (2003)</small>   |   |
|--|---|
| Student: <span style="background-color: #d4edda; border: 1px solid #c3e6cb; display: inline-block; width: 300px; height: 1.2em; vertical-align: middle;"></span> | Date: <span style="background-color: #d4edda; border: 1px solid #c3e6cb; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> |
| <b>2 Things Student did well:</b>  |   |
| 1. <span style="background-color: #d4edda; border: 1px solid #c3e6cb; display: inline-block; width: 650px; height: 1.2em;"></span>                               |   |
| 2. <span style="background-color: #d4edda; border: 1px solid #c3e6cb; display: inline-block; width: 650px; height: 1.2em;"></span>                               |   |
| <b>2 Things Student should work on OR future learning issues:</b>  |   |
| 1. <span style="background-color: #d4edda; border: 1px solid #c3e6cb; display: inline-block; width: 650px; height: 1.2em;"></span>                               |   |
| 2. <span style="background-color: #d4edda; border: 1px solid #c3e6cb; display: inline-block; width: 650px; height: 1.2em;"></span>                               |   |
| Feedback from: <span style="background-color: #d4edda; border: 1px solid #c3e6cb; display: inline-block; width: 300px; height: 1.2em;"></span>                   |   |

### Example #2 – Structured Style

| <b>FEEDBACK FORM</b>  |  |                  |                    |
|---|--|------------------|--------------------|
| Student: <span style="background-color: #d4edda; border: 1px solid #c3e6cb; display: inline-block; width: 250px; height: 1.2em; vertical-align: middle;"></span>        | Date: <span style="background-color: #d4edda; border: 1px solid #c3e6cb; display: inline-block; width: 120px; height: 1.2em; vertical-align: middle;"></span>                |                  |                    |
| Faculty Member: <span style="background-color: #d4edda; border: 1px solid #c3e6cb; display: inline-block; width: 180px; height: 1.2em; vertical-align: middle;"></span> | Activities Observed: <span style="background-color: #d4edda; border: 1px solid #c3e6cb; display: inline-block; width: 180px; height: 1.2em; vertical-align: middle;"></span> |                  |                    |
| Indicate skills level on relevant behaviors   | EMERGING<br>SKILL LEVEL  | GOOD<br>ADEQUATE | EXCELLENT<br>LEVEL |
| 1. Comes prepared with a plan & rationale for the session   |  |                  |                    |
| 2. Communicates effectively with client & family members  |  |                  |                    |
| 3. Administers assessment tools appropriately. List dx tools used:  |  |                  |                    |
| 4. Implements treatment strategies effectively. Describe tx tech. used:   |  |                  |                    |
| 5. Records session data accurately  |  |                  |                    |
| 6. Interprets session results   |  |                  |                    |
| 7. Makes appropriate recommendations  |  |                  |                    |
| 8. Completes session documentation  |  |                  |                    |
| 9. Evaluates own performance (ID strengths, areas to improve)   |  |                  |                    |
| 10. Other (define):   |  |                  |                    |
| WHAT WENT WELL?   | POSSIBLE AREAS TO IMPROVE  |                  |                    |
|   |  |                  |                    |

# DETAILED LESSON PLAN FORM

## LESSON PLAN (Detailed)

|                        |           |      |      |            |
|------------------------|-----------|------|------|------------|
| Client                 | Clinician | Date | Time | Supervisor |
| Short Term Objectives: |           |      |      |            |
| 1.                     |           |      |      |            |
| 2.                     |           |      |      |            |
| 3.                     |           |      |      |            |



| Antecedent Events                  |      | Subsequent Events   |                               |                           |   |
|------------------------------------|------|---|-------------------------------|---------------------------|---|
| Treatment Procedures/<br>Materials | Cues | Session<br>Behavioral Objective<br>Response Level and<br>Conditions | Feedback and<br>Reinforcement | Reinforcement<br>Schedule | Clinical Response if target behavior is<br>not produced |
|                                    |      |   |                               |                           |   |



Communication Sciences Program  
Detailed Lesson Plan  
Session Review

Using data collected from your session, please complete the following:

List up to 3 strengths noted in your session: 1.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

List up to 3 areas to improve your session: 1.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Suggestions to improve those areas:

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# **ONE-MINUTE PRECEPTOR FEEDBACK TECHNIQUE**

## **A Method for Efficient Feedback**

(Adapted from Nether et al., 1992)

The one-minute preceptor feedback technique is a format for efficiently structuring an interaction with a learner. It consists of the following steps:

### **Elicit a Learner Commitment**

- So, what do you think is going on with this patient?
- How would you like to treat this patient?
- Why do you think the patient came today?
- What would you like to accomplish on this visit?

### **Probe for supportive findings/evaluate the thinking leading to that commitment**

- How did you reach that conclusion?
- What makes you.....?
- What findings support your diagnosis?
- What else did you consider?

### **Reinforce what was correct/give positive feedback**

- I agree with your interpretation.
- I am pleased that you included. . . that aspect of the physical exam
- I appreciate your consideration of the patient's financial situation in prescribing. . .

### **Provide constructive guidance about errors or omissions/give negative feedback**

- I disagree with. . .the scope of your differential diagnosis.
- What else do you think you might have included?
- Including the abdominal exam would have been important
- A more effective way to. . .

### **Teach a general principle/clarify the "take home" lesson**

- So, in general, it's important to remember. . .
- It is always important to think about. . .
- In general, taking a little extra time. . .
- Why don't you read up on this tonight and report back tomorrow. . .

Adapted by the Physician Assistant Program, Oregon Health Sciences University, Portland OR with credit to the Department of Family Medicine, University of Washington, Seattle.

Reference: Nether, J.L., Gordon, K.C., Meyer, B., Stevens, N., *A Five-Step "Microskills" Model of Clinical Teaching*. J. Am. Bd of Fam Pract July- Aug 1992, Vol 5, No 4 412-424

## REFLECTIVE JOURNAL

### Guidelines & Suggestions

Based on Guidelines from the Ida Institute: [http://idainstitute.com/about\\_ida/](http://idainstitute.com/about_ida/)

The purpose of the *Reflective Journal* is to create a mechanism for students to ruminate about their clinical experiences. "To reflect means to think about one's own behavior in a critical and analytical way to ponder and consider one's own action" ([http://idainstitute.com/tool\\_room/tools/reflective\\_journal/](http://idainstitute.com/tool_room/tools/reflective_journal/)). By writing about the clinical experience we gain insight into the learning process and ourselves.

Through discussing our feelings, thoughts, concerns and questions about clinic, we can become more aware of changes in our comfort level and our understanding of the clinical process. The process of reflecting also increases awareness of what our teaching needs might be. From the clinical instructor end, the *Reflective Journal* provides a means to better understand a student's current focus of attention, understanding of the case, and areas where support and guidance may be helpful.

The questions below are meant to provide a guide for structuring the reflective journal writings. Students should in general follow this guideline, especially in the beginning, to help them become comfortable with reflective writing. At times during the semester your clinical instructor may ask you to focus your reflections on a specific topic which was relevant to your work that day.

### Structure for the Reflective Journal Entries

#### **1. What happened in the session?**

Briefly write down what was going on – who was the patient; why did they come to see you; what did you do as the student clinician involved in the case? Etc.

#### **2. Describe one or two things that went well in the session.**

It could be *I listened to the patient*, or *I established a good dialogue with the patient and his wife*, or *I recorded the patient's communication behaviors while my supervisor implemented the session procedures*.

#### **3. Why do you think the session went well?**

Look at your own behaviors. What did you do? What did you say?

#### **4. How did you feel?**

Why do you think you acted the way you did? Did you feel comfortable or uncomfortable? Relaxed or anxious? successful, angry? Describe the internal and/or external factors that influenced the way you acted

#### **5. Describe one or two things that didn't go well in the session.**

#### **6. Why do you think the session didn't go well?**

Look at your own behaviors. What did you do? What did you say?

#### **7. How did you feel?**

Why do you think you acted the way you did? Did you feel comfortable or uncomfortable? Relaxed or anxious? successful, angry? Describe the internal and/or external factors that influenced the way you acted

#### **8. What can you do differently next time?**

The *Reflective Journal* is about changing your own behavior and learning from your experiences.

#### **9. What do you need to learn or do to be better equipped for this type of situation?**

## JOURNAL REFLECTION FORM

Based on Guidelines from the Ida Institute: [http://idainstitute.com/about\\_ida/](http://idainstitute.com/about_ida/)

Date:

Client:

|   |  |
|---|--|
| <b>1. WHAT HAPPENED IN THE SESSION?</b>   |  |
| <b>2. DESCRIBE 1-2 THINGS WHICH WENT WELL IN THE SESSION.</b>                               |  |
| <b>3. WHY DO YOU THINK THEY WENT WELL?</b>  |  |
| <b>4. HOW DID YOU FEEL? WHY DO YOU THINK YOU ACTED AS YOU DID?</b>                          |  |
| <b>5. DESCRIBE 1-2 THINGS THAT WENT LESS WELL IN THE SESSION.</b>                           |  |
| <b>6. WHY DO YOU THINK THEY DID NOT GO WELL?</b>  |  |
| <b>7. HOW DID YOU FEEL? WHY DO YOU THINK YOU ACTED AS YOU DID?</b>                          |  |
| <b>8. WHAT CAN YOU DO DIFFERENT NEXT TIME?</b>  |  |
| <b>9. WHAT DO YOU NEED TO LEARN OR DO TO BE BETTER EQUIPPED FOR THIS TYPE OF SITUATION?</b> |  |

## **APPENDIX C: LEARNING OUTCOMES/SESSION FEEDBACK FORMS**

The following outlines are the learning outcomes for clinical placements at CHSC.

Session feedback forms are designed to help the student/supervisor partners focus, in written form, on the attainment of specific learning outcomes. Please copy those forms that you will need for the semester.

## **LEARNING OUTCOMES FOR INDIVIDUAL SESSIONS**

In accordance with Evidence Based Practices, by the end of this semester, you will attain proficiency in the following:

1. Read relevant literature, review chart.
2. Collect and analyze data.
3. Demonstrate sensitivity to cultural/linguistic differences.
4. Formulate goals, initiate treatment plan.
5. Modeling and cueing target behavior
6. Increase client response rate.
7. Corrective feedback.
8. Explaining goals, rationale, and techniques to client/parent(s).
9. Writing daily progress notes (complete treatment plan).
10. Develop home program/homework assignments.
11. Introduce and conclude therapy goals/activities.

## SESSION FEEDBACK FORM: INDIVIDUAL SESSIONS

### Supervisor:

Circle appropriate learning outcome (2-3 persession)

- |  |  |
|--|--|
| <ol style="list-style-type: none"> <li>1. Read relevant literature, review chart.</li> <li>2. Collect and analyze data.</li> <li>3. Demonstrate sensitivity to cultural/linguistic differences.</li> <li>4. Formulate goals, initiate treatment plan.</li> <li>5. Modeling and cueing target behavior.</li> <li>6. Increase client response rate.</li> </ol> | <ol style="list-style-type: none"> <li>7. Corrective feedback.</li> <li>8. Explaining goals, rationale, and technique to client/parent(s).</li> <li>9. Writing daily progress notes (complete treatment plan).</li> <li>10. Develop home program/homework assignments.</li> <li>11. Utilize behavior management techniques effectively.</li> <li>12. Introduce and conclude therapy goals/activities.</li> </ol> |
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| <b>Strengths</b>             |                                     |
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| <b>Areas for Improvement</b> |                                     |
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Student Clinician Signature

## **LEARNING OUTCOMES FOR SPEAKEASY NEUROGENIC GROUP**

In accordance with Evidence Based Practices, first adult placement students will obtain proficiency in the following:

1. Learn to interact with ANCD survivors with a broad range of communication disorders, adjusting speech rate, prosody and linguistic content accordingly.
2. Leading a large group, using a directive role, obtaining responses from over 40% of group members.
3. Writing lesson plans including cognitive linguistic targets and specific communication targets.
4. Explaining activity targets and goals to small group members.
5. Modeling appropriate speech and language to group members.
6. Cuing for responses appropriate to group members goals
7. Verbal reporting of patient performance.
8. Producing a written summary of specific group members' strengths and weaknesses.
9. Designing and presenting an appropriate 10-minute educational seminar to group members.
10. Evaluating strengths and areas to improve for each session

Students with one or more adult placement experiences will obtain proficiency in 1, 3, and 4-10 of above, in addition to:

1. Leading a large group using a facilitative model, engaging over 60% of group members with focus on pragmatic targets noted in Survivor goal #1.
2. Explaining group targets and members performance to significant others.
3. Utilize appropriate evidence to make at least one adjustment in small group therapy goals for a survivor.
4. Independently generating ideas to structure environment to facilitate performance.
5. Providing models and mentorship for first semester students.

**SESSION FEEDBACK FORM: LEARNING OUTCOMES FOR SPEAKEASY  
NEUROGENIC GROUP**

**Supervisor:**   
List learning outcome (2-3/session)

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| Supervisor Signature | Student Clinician Signature |
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## **LEARNING OUTCOMES FOR PARENT TODDLER GROUP**

In accordance with Evidence Based Practices, by the end of the semester, you will attain proficiency in the following:

1. Collecting and analyzing data.
2. Formulating treatment goals consistent with evidence based practices.
3. Demonstrate sensitivity to cultural/linguistic differences.
4. Modeling language facilitation techniques.
5. Managing challenging behavior.
6. Delivering corrective feedback.
7. Leading group therapy.
8. Leading parent discussion.
9. Explaining therapy goals and techniques to parents.
10. Introduce and conclude therapy goals/activities.

## SESSION FEEDBACK FORM: PARENT TODDLER GROUP

**Supervisor:** Circle appropriate learning outcome (2-

3 per session)

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| <ol style="list-style-type: none"> <li>1. Collecting and analyzing data.</li> <li>2. Formulating treatment goals consistent with evidence based practices.</li> <li>3. Demonstrate sensitivity to cultural/linguistic differences.</li> <li>4. Modeling language facilitation techniques.</li> <li>5. Managing challenging behavior.</li> <li>6. Delivering corrective feedback.</li> </ol> | <ol style="list-style-type: none"> <li>7. Leading group therapy.</li> <li>8. Leading parent discussion.</li> <li>9. Explaining therapy goals and techniques to parents.</li> <li>10. Demonstrate effective behavior management strategies.</li> <li>11. Introduce and conclude therapy goals/activities.</li> </ol> |
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## **LEARNING OUTCOMES FOR LANGUAGE LEARNING DISABLED GROUP**

In accordance with Evidence Based Practices, by the end of the semester you will have gained proficiency in the following:

1. Completing a review of pertinent LLD literature.
2. Collecting and analyzing data in a group setting.
3. Demonstrate sensitivity to cultural/linguistic differences.
4. Leading group therapy.
5. Using a commercially available Written Language Program.
6. Delivering corrective feedback.
7. Using appropriate behavior management techniques.
8. Modeling a variety of conversational skills.
9. Formulating long and short-term goals.
10. Discussing LLD issues with parents.
11. Explaining goals and progress to parents and school personnel.
12. Introduce and conclude therapy goals/activities.

## SESSION FEEDBACK FORM: LANGUAGE LEARNING DISABLED GROUP

**Supervisor:** Circle appropriate learning outcome (2-3 per session)

1. Completing a review of pertinent LLD literature.
2. Collecting and analyzing data in group setting.
3. Demonstrate sensitivity to cultural/linguistic differences.
4. Leading group therapy.
5. Using a commercially available Written Language Program
6. Delivering corrective feedback...

7. Using appropriate behavior management techniques.
8. Modeling a variety of conversational skills.
9. Formulating long and short term goals
10. Discussing LLD issues with parents.
11. Explaining goals and progress to parents and school personnel.
12. Introduce and conclude therapy goals/activities.

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Student Clinician Signature

## **LEARNING OUTCOMES FOR SCHOOL AGED FLUENCY GROUP**

In accordance with Evidence Based Practices, by the end of this semester, you will attain proficiency in the following:

1. Collecting and analyzing speech samples.
2. Formulating semester goals.
3. Demonstrate sensitivity to cultural/linguistic differences.
4. Implementing a commercially available fluency treatment program.
5. Implementing appropriate behavior management strategies.
6. Modeling a variety of fluency shaping strategies.
7. Delivering corrective feedback.
8. Collecting data in a group setting.
9. Leading group therapy.
10. Leading parent group discussion/education sessions.
11. Explaining therapy goals and techniques to parents.
12. Introduce and conclude therapy goals/activities.

## SESSION FEEDBACK FORM: SCHOOL AGED FLUENCY GROUP

**Supervisor:** Circle appropriate learning outcome  
(2-3 per session)

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|---|---|
| <ol style="list-style-type: none"> <li>1. Collecting and analyzing speech samples.</li> <li>2. Formulating semester goals.</li> <li>3. Demonstrate sensitivity to cultural/linguistic differences.</li> <li>4. Implementing a commercially available fluency treatment program.</li> <li>5. Implementing appropriate behavior management strategies.</li> </ol> | <ol style="list-style-type: none"> <li>6. Modeling a variety of fluency shaping strategies.</li> <li>7. Delivering corrective feedback.</li> <li>8. Collecting data in a group setting.</li> <li>9. Leading group therapy.</li> <li>10. Leading parent group discussion/education sessions.</li> <li>11. Explaining therapy goals and techniques to parents.</li> <li>12. Introduce and conclude therapy goals/activities.</li> </ol> |
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Student Clinician Signature

## **LEARNING OUTCOMES FOR ADOLESCENT FLUENCY GROUP**

In accordance with Evidence Based Practices, by the end of this semester, you will attain proficiency in the following:

1. Collecting and analyzing speech samples.
2. Formulating semester goals.
3. Demonstrate sensitivity to cultural/linguistic differences.
4. Modeling a variety of fluency shaping strategies.
5. Delivering corrective feedback.
6. Leading relaxation exercises.
7. Leading group therapy.
8. Leading parent group discussion.
9. Explaining therapy goals and techniques to parents.
10. Introduce and conclude therapy goals/activities.

## SESSION FEEDBACK FORM: ADOLESCENT FLUENCY GROUP

**Supervisor:** Circle appropriate learning outcome (2-3 per session)

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| <ol style="list-style-type: none"> <li>1. Collecting and analyzing speech samples.</li> <li>2. Formulating semester goals.</li> <li>3. Demonstrate sensitivity to cultural/linguistic differences.</li> <li>4. Modeling a variety of fluency shaping strategies.</li> <li>5. Implementing appropriate behavior management strategies.</li> </ol> | <ol style="list-style-type: none"> <li>6. Delivering corrective feedback.</li> <li>7. Leading relaxation exercises.</li> <li>8. Leading group therapy.</li> <li>9. Leading parent group discussion.</li> <li>10. Explaining therapy goals and techniques to parents.</li> <li>11. Introduce and conclude therapy goals/activities.</li> </ol> |
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### Strengths

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Supervisor Signature

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## **LEARNING OUTCOMES FOR PRESCHOOL SPEECH GROUP**

In accordance with Evidence Based Practices, by the end of the semester, you will have attained proficiency in the following:

1. Demonstrating knowledge of basic characteristics of developmental apraxia, phonological processes, and pre-reading skills.
2. Collecting and analyzing data.
3. Demonstrate sensitivity to cultural/linguistic differences.
4. Formulating treatment goals.
5. Applying cueing hierarchy to elicit accurate responses.
6. Managing challenging behavior.
7. Delivering corrective feedback.
8. Leading group therapy activities.
9. Explaining therapy goals/progress and techniques to parents.
10. Developing a home practice program.
11. Implementing a commercially available phonological awareness program.
12. Introduce and conclude therapy goals/activities.

## SESSION FEEDBACK FORM: PRESCHOOL SPEECH GROUP

**Supervisor:** Circle appropriate learning outcome  
(2-3 per session)

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| <ol style="list-style-type: none"> <li>1. Demonstrating knowledge of basic characteristics of developmental apraxia, phonological processes, and pre-reading skills.</li> <li>2. Collecting and analyzing data.</li> <li>3. Demonstrate sensitivity to cultural/linguistic differences</li> <li>4. Formulating treatment goals.</li> <li>5. Applying cueing hierarchy to elicit accurate responses.</li> <li>6. Managing challenging behavior.</li> </ol> | <ol style="list-style-type: none"> <li>7. Using appropriate behavior management techniques.</li> <li>8. Delivering corrective feedback.</li> <li>9. Leading group therapy activities.</li> <li>10. Explaining therapy goals/progress and techniques to parents.</li> <li>11. Developing a home practice program.</li> <li>12. Implementing a commercially available phonological awareness program.</li> <li>13. Introduce and conclude therapy goals/activities.</li> </ol> |
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### Strengths

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## **LEARNING OUTCOMES FOR HEAD START SERVICES LANGUAGE CLASSROOM**

In accordance with Evidence Based Practices, by the end of this semester, you will attain proficiency in the following:

1. Demonstrate knowledge of theoretical underpinnings of the Prevention Model.
2. Demonstrate knowledge of Head Start services and placement in language classroom.
3. Demonstrate sensitivity to cultural/linguistic differences.
4. Deliver corrective/reinforcing feedback.
5. Collaborate with teachers/parents and administrators.
6. Structure the environment toward effective service delivery.
7. Create/implement age appropriate lesson plans, which target skills in the small group setting.
8. Demonstrate effective behavior management strategies.
9. Promote communication development in the classroom and home (creating parent/teacher handout).
10. Data keeping in a small group format.
11. Introduce and conclude therapy goals/activities.

## SESSION FEEDBACK FORM: HEAD START SERVICES LANGUAGE CLASSROOM

**Supervisor:** Circle appropriate learning outcome (2-3 per session)

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| <ol style="list-style-type: none"> <li>1. Demonstrate knowledge of theoretical underpinnings of the Prevention Model.</li> <li>2. Demonstrate knowledge of Head Start services and placement in language classroom.</li> <li>3. Demonstrate sensitivity to cultural/linguistic differences.</li> <li>4. Deliver corrective/reinforcing feedback.</li> <li>5. Collaborate with teachers/parents and administrators.</li> </ol> | <ol style="list-style-type: none"> <li>6. Structure the environment toward effective service delivery.</li> <li>7. Create/implement age appropriate lesson plans which target skills in the small group setting.</li> <li>8. Demonstrate effective behavior management strategies.</li> <li>9. Promote communication development in the classroom and home (creating parent/teacher handout).</li> <li>10. Data keeping in a small group format.</li> <li>11. Introduce and conclude therapy goals/activities.</li> </ol> |
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## **LEARNING OUTCOMES FOR HEAD START SERVICES FOR THERAPY**

In accordance with Evidence Based Practices, by the end of this semester, you will attain proficiency in the following:

1. Read and summarize relevant research/literature.
2. Collaborate with parents/teachers and administrators.
3. Demonstrate sensitivity to cultural/linguistic differences.
4. Structure the environment toward effective service delivery.
5. Demonstrate the ability to take the child's perspective.
6. Establish age appropriate therapy goals.
7. Formulate relevant lesson plans for therapy.
8. Increase response rate.
9. Deliver corrective and reinforcing feedback.
10. Collaborate with parents, teacher, and administrators.
11. Demonstrate effective behavior management strategies.
12. Introduce and conclude therapy goals/activities.

## SESSION FEEDBACK FORM: HEAD START SERVICES FOR THERAPY

**Supervisor:** Circle appropriate learning outcome (2-3 per session)

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| <ul style="list-style-type: none"> <li>• Read and summarize relevant research/literature.</li> <li>• Collaborate with parents/teachers and administrators.</li> <li>• Demonstrate sensitivity to cultural/linguistic differences.</li> <li>• Structure the environment toward effective service delivery.</li> <li>• Demonstrate the ability to take the child's perspective.</li> <li>• Establish age appropriate therapy goals.</li> </ul> | <ul style="list-style-type: none"> <li>• Formulate relevant lesson plans for therapy.</li> <li>• Increase response rate.</li> <li>• Deliver corrective and reinforcing feedback.</li> <li>• Collaborate with parents, teacher, and administrators.</li> <li>• Demonstrate effective behavior management strategies.</li> <li>• Introduce and conclude therapy goals/activities.</li> </ul> |
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## **LEARNING OUTCOMES FOR HEAD START SERVICES SCREENING/EVALUATION**

In accordance with Evidence Based Practices, by the end of this semester, you will attain proficiency in the following:

1. Collect and analyze speech samples.
2. Administer and score screening and evaluation instruments.
3. Demonstrate sensitivity to cultural/linguistic differences.
4. Structure the environment toward effective service delivery.
5. Demonstrate the ability to take the child's perspective.
6. Interpret test results.
7. Write cohesive/concise evaluation reports.
8. Demonstrate effective behavior management strategies.
9. Collaborate with parents, teachers, and administrators.

## SESSION FEEDBACK FORM: HEAD START SERVICES SCREENING/EVALUATION

**Supervisor:** Circle appropriate learning outcome (2-3 per session)

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| <ol style="list-style-type: none"> <li>1. Collect and analyze speech samples.</li> <li>2. Administer and score screening and evaluation instruments.</li> <li>3. Demonstrate sensitivity to cultural/linguistic differences.</li> <li>4. Structure the environment toward effective service delivery.</li> </ol> | <ol style="list-style-type: none"> <li>5. Demonstrate the ability to take the child's perspective.</li> <li>6. Interpret test results.</li> <li>7. Write cohesive/concise evaluation reports.</li> <li>8. Demonstrate effective behavior management strategies.</li> <li>9. Collaborate with parents, teachers, and administrators.</li> </ol> |
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| <b>Suggestions for next session</b> |  |
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## **LEARNING OUTCOMES FOR DEAF/HARD OF HEARING LANGUAGE GROUP**

In accordance with Evidence Based Practices, by the end of this semester, you will attain proficiency in the following:

1. Demonstrate knowledge of various deaf/HH information (methodology, language facilitation in sign vs. oral modes, speech, listening/auditory mode).
2. Demonstrate use of sign in language facilitation techniques.
3. Demonstrate sensitivity to cultural/linguistic differences.
4. Collect and analyze data.
5. Formulate therapy goals of deaf/HH clients.
6. Model language facilitation techniques.
7. Demonstrate effective behavior management strategies.
8. Deliver corrective feedback.
9. Lead group therapy.
10. Explain therapy goals and techniques to parents.
11. Introduce and conclude therapy goals/activities.

## SESSION FEEDBACK FORM: DEAF/HARD OF HEARING LANGUAGE GROUP

**Supervisor:** Circle appropriate learning outcome (2-3 per session)

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| <ol style="list-style-type: none"> <li>1. Demonstrate knowledge of various deaf/HH information (methodology, language facilitation in sign vs. oral modes, speech, listening/auditory mode).</li> <li>2. Demonstrate use of sign in language facilitation techniques.</li> <li>3. Collect and analyze data.</li> <li>4. Formulate therapy goals of deaf/HH clients.</li> <li>5. Model language facilitation techniques.</li> </ol> | <ol style="list-style-type: none"> <li>6. Demonstrate effective behavior management strategies.</li> <li>7. Deliver corrective feedback</li> <li>8. Lead group therapy.</li> <li>9. Explain therapy goals and techniques to parents.</li> <li>10. Introduce and conclude therapy goals/activities.</li> </ol> |
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| Strengths             |                              |
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