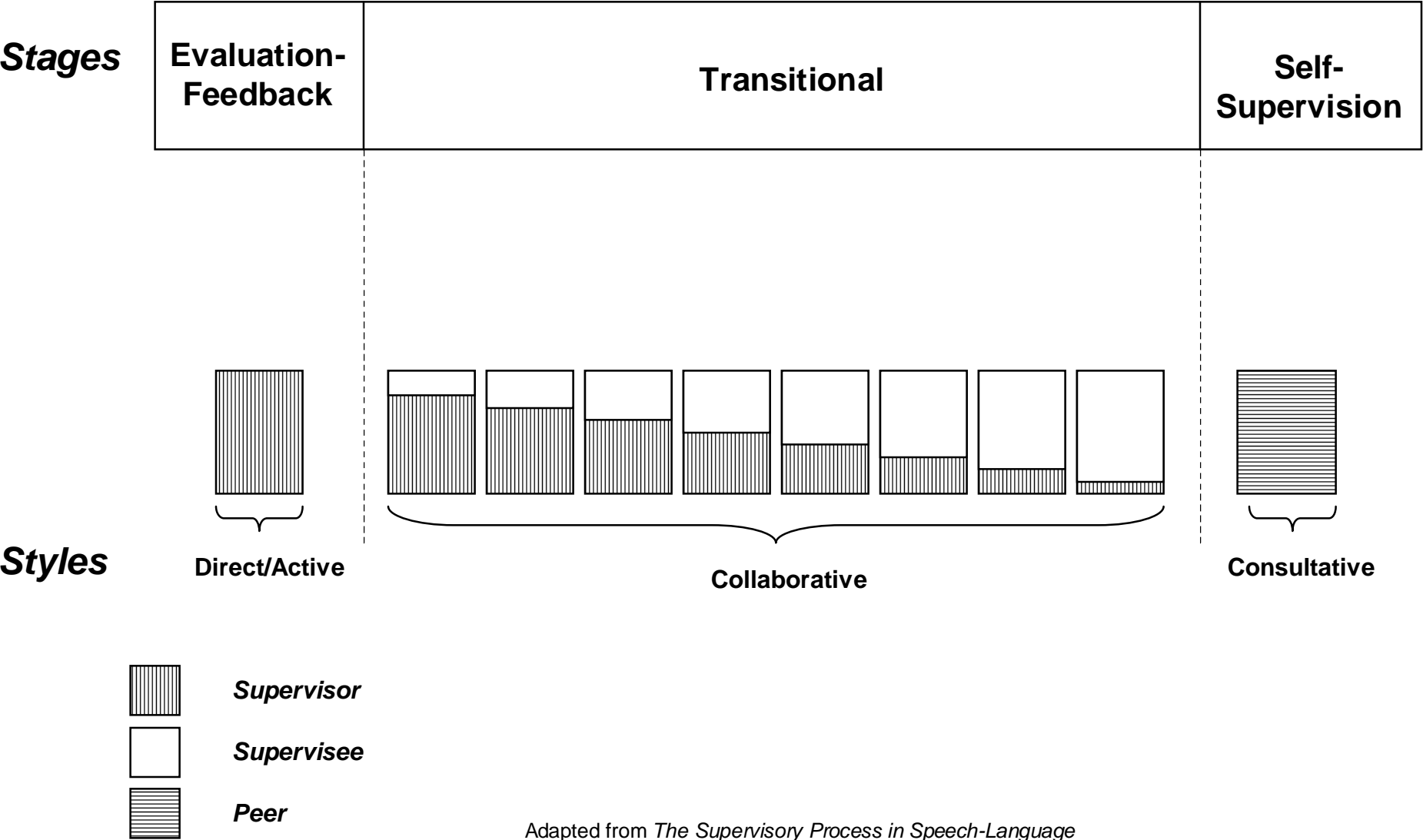


Anderson's Continuum of Supervision



Adapted from *The Supervisory Process in Speech-Language Pathology and Audiology* (p.62) by J.L. Anderson, 1988, Boston: College-Hill Press/Little Brown and Company.

Generational Differences Chart

	Traditionalists	Baby Boomers	Generation X	Millennials
Birth Years	1900-1945	1946-1964	1965-1980	(1977-1994) 1981-2000
Current Age	63-86	44-62	28-43	8-27
Famous People	Bob Dole, Elizabeth Taylor	Bill Clinton, Meryl Streep	Barak Obama, Jennifer Lopez	Ashton Kutcher, Serena Williams
#		80 Million	51 Million	75 Million
Other Names	Veterans, Silent, Moral Authority, Radio Babies, The Forgotten Generation	"Me" Generation, Moral Authority	Gen X, Xers, The Doer, Post Boomers, 13 th Generation	Generation Y, Gen Y, Generation Next, Echo Boomers, Chief Friendship Officers. 24/7's
Influencers	<p>WWII, Korean War, Great Depression, New Deal, Rise on Corporations, Space Age,</p> <p>Raised by parents that just survived the Great Depression.</p> <p>Experienced hard times while growing up which were followed by times of prosperity.</p>	<p>Civil Rights, Vietnam War, Sexual Revolution, Cold War/Russia, Space Travel</p> <p>Highest divorce rate and 2nd marriages in history.</p> <p>Post War Babies who grew up to be radicals of the 70's and yuppies of the 80's.</p> <p>"The American Dream" was promised to them as children and they pursue it. As a result they are seen as being greedy, materialistic and ambitious.</p>	<p>Watergate, Energy Crisis, Dual Income families and single parents, First Generation of Latchkey Kids, Y2K, Energy Crisis, Activism, Corp. Downsizing, End of Cold War, Mom's work, Increase divorce rate.</p> <p>Their perceptions are shaped by growing up having to take care of themselves early and watching their politicians lie and their parents get laid off.</p> <p>Came of age when USA was losing its status as the most powerful and prosperous nation in the world.</p> <p>The first generation that will NOT do as well financially as their parents did.</p>	<p>Digital Media, child focused world, school shootings, terrorist attacks, AIDS, 9/11 terrorist attacks.</p> <p>Typically grew up as children of divorce They hope to be the next great generation & to turn around all the "wrong" they see in the world today.</p> <p>They grew up more sheltered than any other generation as parents strived to protect them from the evils of the world.</p> <p>Came of age in a period of economic expansion.</p> <p>Kept busy as kids</p> <p>First generation of children with schedules.</p>

	Traditionalists	Baby Boomers	Generation X	Millennials
Core Values	Adhere to rules Conformers/Conformity Contributing to the Collective good is important Dedication/Sacrifice Delayed Reward Discipline Don't question authority Duty before pleasure Family Focus "Giving Back" is important Hard Work Law and Order Loyalty Patriotism Patience Respect for authority Responsibility Savers Stabilizing Trust in Government	Anti war Anti government Anything is possible Equal rights Equal opportunities Extremely loyal to their children Involvement Optimism Personal Gratification Personal Growth Question Everything Spend now, worry later Team Oriented Transformational Trust no one over 30 Youth Work Want to "make a difference"	Balance Diversity Entrepreneurial Fun Highly Educated High job expectations Independent Informality Lack of organizational loyalty Pragmatism Seek life balance Self-reliance Skepticism/Cynical Suspicious of Boomer values ThinkGlobally Techno literacy	Achievement Avid consumers Civic Duty Confidence Diversity Extreme fun Fun! High morals Highly tolerant Hotly competitive Like personal attention Self confident Socialability Members of global community Most educated generation Extremely techno savvy Extremely spiritual Now! Optimism Realism Street smarts

	Traditionalists	Baby Boomers	Generation X	Millennials
Attributes	<p>Committed to company</p> <p>Competent</p> <p>Confident</p> <p>Conservative</p> <p>Dedication</p> <p>Doing more with less</p> <p>Ethical</p> <p>Fiscally prudent</p> <p>Hard-working</p> <p>Historical viewpoint</p> <p>Honor</p> <p>Linear work style</p> <p>Loyal to organization/employers (duty, honor, country)</p> <p>Organized</p> <p>Patriotic</p> <p>Respectful of Authority</p> <p>Rules of conduct</p> <p>Sacrifice</p> <p>Strong work ethic</p> <p>Task oriented</p> <p>Thrifty-abhor waste</p> <p>Trust hierarchy and authority</p>	<p>Ability to handle a crisis</p> <p>Ambitious</p> <p>Anti-establishmentism</p> <p>Challenge Authority</p> <p>Competent</p> <p>Competitive</p> <p>Consensus Leadership</p> <p>Consumerism</p> <p>Ethical</p> <p>Good communication skills</p> <p>Idealism</p> <p>Live to work</p> <p>Loyal to careers and employers</p> <p>Most educated as compared to other 3 generations</p> <p>Multi-taskers</p> <p>Rebellious against convention beginning with their conservative parents.</p> <p>Traditionally found their worth in their work ethic but now seek a healthy life/work balance</p> <p>Optimistic</p> <p>Political correctness</p> <p>Strong work ethic</p> <p>Willing to take on responsibility</p>	<p>Adaptable</p> <p>Angry but don't know why</p> <p>Antiestablishment mentality</p> <p>Big Gap with boomers</p> <p>Can change</p> <p>Crave independence</p> <p>Confident</p> <p>Competent</p> <p>Ethical</p> <p>Flexible</p> <p>Focus on Results</p> <p>Free agents</p> <p>Highest number of divorced parents</p> <p>High degree of brand loyalty</p> <p>Ignore leadership</p> <p>Independent</p> <p>Loyal to Manager</p> <p>Pampered by their parents</p> <p>Pragmatic</p> <p>Results driven</p> <p>Self-starters</p> <p>Self sufficient</p> <p>Skeptical of institutions</p> <p>Strong sense of entitlement</p> <p>Unimpressed with Authority</p> <p>Willing to take on responsibility</p> <p>Willing to put in the extra time to get a job done</p> <p>Work/Life Balance</p> <p>Work to live</p>	<p>Ambitious but not entirely focused. Look to the workplace for direction and to help them achieve their goals.</p> <p>At ease in teams</p> <p>Attached to their gadgets & parents</p> <p>Best educated - Confident</p> <p>Diversity Focused - Multiculturalism</p> <p>Have not lived without computers</p> <p>Eager to spend money</p> <p>Fiercely Independent</p> <p>Focus is children/family</p> <p>Focus on change using technology</p> <p>Friendly Scheduled, structured lives</p> <p>Globalism (Global way of thinking)</p> <p>Greatly indulged by fun loving parents</p> <p>Heroism -Consider parents their heroes</p> <p>High speed stimulus junkies</p> <p>Incorporate individual resp. into their jobs.</p> <p>Innovative-think our of box</p> <p>Individualistic yet group oriented</p> <p>Invited as children to play a lead role in family's purchasing and travel decisions</p> <p>Loyal to peers</p> <p>Sociable -Makes workplace friends</p> <p>"Me First " Attitude in work life</p> <p>Most doted upon of any generation@work</p> <p>Net-centric team players</p> <p>Open to new ideas</p> <p>Optimistic</p> <p>Parent Advocacy (Parents are advocates)</p> <p>Political Savvy (like the Boomers)</p> <p>Respect given for competency not title</p> <p>Respectful of character development</p> <p>Self -absorbed</p> <p>Strong sense of entitlement</p> <p>Techno Savvy - Digital generation</p> <p>Think mature generation is "cool"</p> <p>Want to please others</p> <p>Hope to make life contributions to world</p> <p>Very patriotic (shaped by 9/11)</p> <p>Seek responsibility early on in their roles</p>

	Traditionalists	Baby Boomers	Generation X	Millennials
Family Experience	Traditional Nuclear	Disintegrating "Cleaver Family" Mom stayed home As children were seen as "special"	Latch-key kids Women widely expected to work outside the home The first "day care" generation Dual Income families	Merged families Coddled kids (they got a trophy for coming in 8 th place)
Education	A dream	A birthright	A way to get there	An incredible expense
Value	Family/Community	Success	Time	Individuality
Dealing With Money	Put it away Pay cash Save, save, save	Buy now, pay later	Cautious Conservative Save, save, save	Earn to spend
% of Workplace	%5	45%	40%	10%
Work Ethic	Dedicated Pay your dues Work hard Respect Authority Hard work Age=seniority Company first	Driven Workaholic-60 hr work weeks Work long hours to establish self-worth and identity and fulfillment Work ethic = worth ethic Quality	Balance Work smarter and with greater output, not work longer hours. Eliminate the task Self-reliant Want structure & direction Skeptical	Ambitious What's next? Multitasking Tenacity Entrepreneurial
Focus	Task	Relationships and Results	Task and Results	Global and Networked
Technology	Adapted	Acquired	Assimilated	Integral
Entitlement	Seniority	Experience	Merit	Contribution
Workplace View on Respect for Authority	Authority is based on seniority and tenure.	Originally skeptical of authority but are becoming similar to Traditionalists-Time equals authority	Skeptical of authority figures Will test authority repeatedly.	Will test authority but often seen out authority figures when looking for guidance.
Workplace View on Time at Work	Punch the clock Get the job done	Workaholics Invented 50 hr work week Visibility is the key	Project oriented Get paid to get job done	Effective workers but gone @5PM on dot. View work as a "gig" or something that fills the time between weekends.
Workplace View on Skill Building	Training happens on the job Newly developed skills benefit the company, not the individual	Skills are an ingredient to success but they are not as important as work ethic and "face time".	Amassed skills will lead to next job, the more they know the better. Work ethic is important, but not as much as skills	Training is important and new skills will ease stressful situations. Motivated by learning / want to see immediate results.
View on Work/Life Balance	Work hard to maintain job security	Were hesitant of taking too much time off work for fear of losing their place on the corporate team. As a result, there is an imbalance between work and family.	Because of parents who are Boomer workaholics, they focus on clearer balance between work and family. Do not worry about losing their place on the corporate team if they take time off.	Not only balance with work and life, but balance with work, life and community involvement and self development. Flex time, job sharing, and sabbaticals will be requested more by this generation.

	Traditionalists	Baby Boomers	Generation X	Millennials
BusinessFocus	Quality	Long Hours	Productivity	Contribution
Work Ethic and Values	Adhere to rules Dedicated work ethic Duty before fun Expect others to honor their commitments and behave responsibly Individualism is NOT valued Like to be respected Like to hear motivational messages Linear Work style Socialization is important Their word is their bond Value due process and fair play Value Honor Value compliance Value Sacrifice Value Dedication Value Hard work Value Good Attitude Value Attendance Value Practical Knowledge Value Loyalty	Challenge authority Crusading causes Dislike conformity and rules Heavy focus on work as an anchor in their lives Loyal to the team Question authority Process oriented Relationship focused at work Strive to do their very best Value ambition Value collaboration Value Equality Value Personal fulfillment/gratification Value personal growth Value teamwork Value youthfulness Want respect from younger workers Want a flexible route into retirement Willing to take risks Work efficiently	Care less about advancement than about work/life balance Expect to influence the terms and conditions of the job Work/family balance is important to them Enjoy work, but are more concerned about work/life navigation Have a work ethic that no longer mandates 10 hr days. Like a casual work environment Looking for meaningful work and innovation Move easily between jobs and criticized for having no attachment to a particular job/employer Outcome oriented Output focused Prefer diversity, technology, informality and fun Rely on their technological acuity and business savvy to stay marketable. Want to get in, get the work done and move on to the next thing.	Believe that because of technology, they can work flexibly anytime, anyplace and that they should be evaluated on work product-not how, when or where they got it done. Expect to influence the terms and conditions of the job Have a work ethic that no longer mandates 10 hr days. High expectations of bosses and managers to assist and mentor them in attainment of professional goals. Want long-term relationships with employers, but on their own terms "Real Revolution">decrease in career ambition in favor of more family time, less travel, less personal pressure. Goal oriented Looking for meaningful work and innovation May be the first generation that readily accepts older leadership Looking for careers and stability Mentoring is important to them Obsessed w/ career developments Prefer diversity, technology, informality&fun Recognize that people make the company successful Tolerant Thrive in a collaborative work environment Training is important to them Understand importance of great mentors Want to enhance their work skills by continuing their education
Preferred Work Environment	Conservative Hierarchal Clear chain of command Top-down management	"Flat" organizational hierarchy Democratic Humane Equal Opportunity Warm, friendly environment	Functional, Positive, Fun Efficient Fast paced and Flexible Informal Access to leadership Access to information	Collaborative Achievement-oriented Highly creative Positive Diverse Fun, Flexible, Want continuous feedback

	Traditionalists	Baby Boomers	Generation X	Millennials
Work is...	An obligation A Long Term Career	An exciting adventure A Career Work and then Retire	A difficult challenge A contract Just a Job	A means to an end Fulfillment Flexible Work Arrangements
What They Are Looking For In a Job	Recognition and respect for their experience Value placed on history/traditions Job security and stability Company with good reputation and ethics Clearly defined rules/policies Do what you know needs to be done	Ability to "shine"/"be a star" Make a contribution Company represents a good cause Fit in w/ company vision/mission Team approach Need clear and concise job expectations, and will get it done Like to achieve work through teams.	Dynamic young leaders Cutting edge systems/tech Forward thinking company Flexibility in scheduling Input evaluated on merit, not age/seniority If you can't see the reason for the task, they will question it. If you can't keep them engaged then they will seek it in another position.	Want to be challenged-Don't want boring job Expect to work with positive people and company that can fulfill their dreams Strong, ethical leaders/mentors Treated w/ respect in spite of age Social network They expect to learn new knowledge and skills(they see repeating tasks as a poor use of their energy and time and an example of not being taken seriously) Friendly environments(Respond poorly to inflexible hierarchical organizations. Respond best to more networked, less hierarchical organizations. Flexible schedules Want to be evaluated on output not input-on the work product itself They expect to be paid well They want to make a difference Because of being a product of the "drop down and click menu", they may need to be given a list of options

	Traditionalists	Baby Boomers	Generation X	Millennials
Work Assets	Bring value to the workplace with their experience, knowledge Consistent Disciplined Dependable Detail Oriented Hardworking Loyalty Stable Thorough Use their institutional experience and intuitive wisdom to face changes in the workplace.	Anxious to please Challenges the status quo Can creatively break down the big picture into assignments. Good at seeing the big picture Good team players Mission oriented Politically Savvy-gifted in political correctness Service oriented Will go the extra mile Works hard	Adapt well to change Consumer mentality Direct communicators Don't mind direction but resent intrusive supervision. Eager to Learn, Very Determined Good task managers Good short term problem skills Highly educated Multitaskers Not intimidated by authority Thrive on flexibility Technologically savvy Will do a good job if given the right tools Value "information" Want feedback	Consumer mentality Collaboration Goal oriented Highly educated Multitask Fast Optimistic Positive attitude Technical; savvy Tenacious
Work Liabilities	Don't adapt well to change Don't deal well w/ ambiguity Hierarchical Typically take a top down approach modeled by the military chain of command Avoid Conflict Right or wrong	Expect everyone to be workaholics Dislike conflict Don't like change Challenge Authority of Traditionalists Judgmental if disagree Not good with finances Peer loyalty "Process before results" Self-centered	Built "portable" resume Cynical;skeptical Dislike Authority Dislike rigid work requirements Impatient Lack people skills No long term outlook Respect Competance Mistrusts Institutions Rejects rules Don't understand the optimism of Boomers and Gen Y	Distaste for menial work (they are brain smart) Inexperienced Need supervision Need structure Lack discipline High expectations Lack of skills for dealing with difficult people Impatient Lack of experience Respond poorly to those who act in an authoritarian manner and/or who expect to be respected due to higher rank alone.

	Traditionalists	Baby Boomers	Generation X	Millennials
Keys to Working With	<p>Think that work is not suppose to be fun</p> <p>They follow rules well but want to know procedures.</p> <p>Tend to be frustrated by what they see as a lack of discipline, respect, logic and structure especially if the workplace is more relaxed or spontaneous.</p> <p>Consider their feelings</p> <p>Tend to be conservative in Workplace</p> <p>Like the personal touch</p>	<p>Want to hear that their ideas matter.</p> <p>They were valued youth, teens and young adults and expect to be valued in the workplace.</p> <p>Their careers define them, their work is important to them.</p> <p>Silly routines are frustrating.</p> <p>They expect their work, and themselves to matter.</p> <p>Before they do anything, they need to know why it matters, how it fits into the big picture and what impacts it will have on whom.</p> <p>Do well in teams</p> <p>Are motivated by their responsibilities to others</p> <p>Respond well to attention and recognition.</p> <p>Don't take criticism well</p> <p>Less likely to offer necessary recognition.</p> <p>Need flexibility, attention and freedom</p>	<p>Want independence in the workplace and informality</p> <p>Give them time to pursue other interests</p> <p>Allow them to have fun at work</p> <p>Give them the latest technology</p>	<p>Like a team oriented workplace</p> <p>Want to work with bright, creative people</p> <p>Take time to learn about their personal goals</p> <p>They expect to be treated respectfully.</p> <p>Raised to feel valued and very positive about themselves;they see as a sign of disrespect any requirement to do things just because this is the way it has always been done or to pay one's dues.</p> <p>Want to work with friends</p> <p>Provide engaging experiences that develop transferable skills</p> <p>Provide rational for the work you've asked them to do and the value it adds.</p> <p>Provide variety</p> <p>Grow teams and networks with great care;develop the tools and processes to support faster response and more innovative solutions.</p> <p>Provide a work environment that rewards extra effort and excellence</p> <p>Pay close attention to helping them navigate work and family issues.</p> <p>Offer structured, supportive work environment</p> <p>Personalize work and also involve in teams</p> <p>Interactive work environment</p>
Leadership Style	<p>Hierarchy</p> <p>Directive</p> <p>Command-and-control</p>	<p>Consensus/Consensual</p> <p>Collegial</p>	<p>Competence</p> <p>Everyone is the same</p> <p>Challenge others</p> <p>Ask why</p>	<p>Achievers</p> <p>TBD(this group has not spent much time in the workplace so this characteristic is yet to be determined)</p>
View of Authority	<p>Respectful</p>	<p>Impressed</p>	<p>Unimpressed</p>	<p>Relaxed</p>
My heroes are....	<p>The unit</p>	<p>Kennedy's, Martin Luther King ..</p>	<p>What's a hero?</p> <p>Boss</p>	<p>My grandparents</p> <p>Boss-if things are right</p> <p>Themselves</p>
Interactive Style	<p>Individual</p>	<p>Team Player</p> <p>Loves to have meetings</p>	<p>Entrepreneur</p>	<p>Participative</p>

	Traditionalists	Baby Boomers	Generation X	Millennials
Technology is...	Hoover Dam	The microwave	What you can hold in your hand;cell, PDA	Ethereal - intangible
Communications Media	Rotary phones One-on-one Write a memo	Touch-tone phones Call me anytime	Cell phones Call me only at work	Internet Picture phones E-mail
Communication	Discrete Present your story in a formal, logical manner Show respect for their age/experience (address as Mr, Sir, Mrs) Use good grammar and manners (no profanity) Deliver you message based on the history/traditions of the company and how they can fit Use formal language Don't waste their time Use inclusive language (we, us) Focus-words not body language Slow to warm up Memo Like hand-written notes, less email and more personal interaction	Diplomatic In person Speak open – direct style Use body language to communicate Present Options (flexibility) Use E-Comm's/face-to-face Answer questions thoroughly and expect to be pressed for details Avoid Manipulative/controlling language Like the personal touch from Managers Get consensus-include them or they may get offended Establish a friendly rapport OK to use first names Learn what is important to them Emphasize the company's vision and mission and how they can fit in	Blunt/Direct Immediate Use straight talk, present facts Use email as #1 tool Learn their language & speak it Use informalcommunication style Talk in short sound bytes Share info immediately and often Has the potential to bridge the generation gap b/w youngest and oldest workers. Don't mico-manage Use direct, straightforward approach Avoid buzz words and company jargon Tie your message to "results" Emphasize "WIIFM" in terms of training and skills to build their resume	Polite Use positive, respectful, motivational, electronic communication style.(Cell phones, email, IM, text)>these are"fun" Communicate in person if the message is very important Use email and voice mail as #1 tools Don't talk down-they will resent it Show respect through language and they will respect you Use action verbs Use language to portray visual pictures Be humorous-show you are human Be careful about the words you use and the way you say it(they are not good at personal communication because of technical ways of communicating) Be positive Determine your goals and aspirations and tie message to them Prefer to learn in networks, teams using multi-media while being entertained and excited
Feedback and Rewards	No news is good news Satisfaction is a job well done Feedback on performance as they listen Want subtle, private recognition on an individual level without fanfare.	Feel rewarded by money and will often display all awards, certificates and letters of appreciation for public view. Like praise Title recognition Give something to put on the wall. Somewhat more interested in soft benefits than younger generations Enjoy public recognition Appreciate awards for their hard work&the long hrs. they work	Not enamored by public recognition. Want to be rewarded wit time off. Freedom is the best reward Prefer regular feedback on their work but as less dependant on being told that they are good people. Somewhat more interested in benefits than younger generations Need constructive feedback to be more effective Are self-sufficient,give them structure, some coaching, but implement a hands-off type of supervisory style	Like to be given feedback often and they will ask for it often. Meaningful work Be clear about goals and expectations Communicate frequently Provide Supervision & Structure Want recognition for their heroes;bosses and grandparents. Managers who balance these frames of reference in rewarding workers create a more valuable experience for both the employee and worker.

	Traditionalists	Baby Boomers	Generation X	Millennials
Messages that Motivate	"Your experience is respected"	"You are valued" "You are needed"	Do it your way Forget the rules	You will work with other bright, creative people
Motivated by...	Being respected Security	Being valued, needed Money	Freedom and removal of rules Time Off	Working with other bright people Time Off
Money is...	Livelihood	Status Symbol	Means to an end	Today's payoff
Work and Family Life Balance	"Ne'er the two shall meet" Keep them separate At this point in their lives they are interested in flexible hrs and are looking to create balance in their lives after working most of it.	No balance "Live to work" At this point in their lives they are interested in flexible hrs and are looking to create balance in their lives. They have pushed hard, all work and no play and they are beginning to wonder if it was worth it.	"Work to live" Balance is important. They will sacrifice balance, but only occasionally. They work to live, not live to work.	"Work to live" Balance is important. They will sacrifice balance, but only occasionally. They value their lifestyle over upward mobility. If presented with a work promotion that will throw their life out of balance, they will choose their lifestyle.
Mentoring	Investment in long term commitment Support-long term commitment Show support for stability, security and community Actions w/ focus on standards and norms Allow the employee to set the "rules of engagement" Ask what has worked for them in the past and fit your approach to that experience Let them define the outcome that you both want Use testimonials from the nation's institutions Respect their experience Emphasize that you have seen an particular approach work in the past, don't highlight uniqueness or need for radical change	Stellar career important as they question where I have been and where I am going Appreciate they paid their dues under the hierarchical rules Teach them balance:work, family, financial, etc. Need to know they are valued Show them how you can help them use their time wisely Pre-assess their comfort level with technology before new projects Demonstrate the importance of a strong team and their role Emphasize that their decision is a good one and a "victory" for them Follow up, check in, and ask how the individual is doing on a regular basis, but DO NOT micro-manage.	Offer a casual work environ.& lighten up. Get them involved, Encourage creativity Allow flexibility, Be more hands off Encourage a learning environment Listen - and learn! They work with you, not for you Offer variety and stimulation May need help in taking responsibility for full process completion and in appreciating how their input affects the whole. Need their managers to appreciate that they have a life/can be more efficient one task at a time. They will leave in a second if a better deal comes along. Provide learning and development opportunities Provide situations to try new things. Ask for their input in selecting an option Be prepared to answer "why" often Present yourself as an information provider, not Boss Use their peers as testimonials Appear to enjoy your work Follow up and meet your commitments. They are eager to improve and expect you to follow through with information	Encouragement to explore new avenues through breaking the rules Raise the bar on self as they have high expectations Goals – in steps and actions Establish mentoring programs Honor their optimism and welcome and nurture them Be flexible Challenge them Respect them Offer customization-a plan specific to them Offer peer-level examples Spend time providing information and guidance Allow options, including work from home and flex time Be impressed with their decisions

	Traditionalists	Baby Boomers	Generation X	Millennials
Career Development	Not really an option for the Traditionalists. Just taught to keep their nose to the grindstone. The ultimate goal was simply to move up within the organization, but realized this happened only to a few.	Focus on developing their careers through opportunities within one organization or at least one industry. Moved up based on seniority, not always based on skill and expertise.	Take a pro-active approach to career development through more degrees and experiences both within the organization and without. This is often seen as being dis-loyal to the company, but Gen Xers see it as being loyal to themselves.	Millennials will enter the work force with more experiences than any generation before them. They will continue to seek this through requests for more experiences and opportunities. If they don't get it at their work, they will seek it elsewhere.
Training and Development	Training should contribute to the organization's goals	Training is a contribution to the organization's goals, but is also a path to promotion and additional compensation.	Training enhances their versatility in the marketplace and investment in their future. Not necessarily loyal to the company who trained them.	Willing and eager to take risks;don't mind making mistakes-they consider this a learning opportunity.
Retirement	Put in 30 years, retire and live off of pension/savings	If I retire, who am I? I haven't saved any money so I need to work, at least part time. I I've been downsized so I need to work , at least part time.	I may retire early;I've saved my money. I may want different experiences and may change careers. I may want to take a sabbatical to develop myself.	Jury is still out but will probably be similar to Gen Xers.
Fundraising Tips	<p>Offer them conservative planned giving and financial management tools. Have one on one meetings and ask their advice. No email fundraising here. The more personal the better.</p> <p>Older generations (include Boomers) may be more interested in planned giving and financial management tools. They will respond better to traditional solicitation strategies like personal letters and fact to face meetings.</p>	<p>Put them out front and in the spotlight. Get them involved, allow them to find self-fulfillment through work with your organization. Offer them more aggressive planned giving and financial management tools. Appeal to their idealism Could your agency be where they spend their "third age.?"</p>	<p>Use humor in appeals. Allow them to work independently for your agency and o their own terms- can't stand infinite committee meetings. Social entrepreneurs-"micro-loans". Creative use of new technologies. Understand their primary focus is their family. Lone ranger philanthropy and volunteerism.</p> <p>Younger generations have shorter attention spans. The trick is to engage them quickly (often with humor) let them see how they can make a difference, and connect things they care about like their families and environment. Messages can be delivered by technology but need to be short and to the point.</p>	<p>Use them for focus groups, ask their opinions. Put them in charge of using technologies for appeals-no long appeal letters. Utilize their networks-have them plan events that interest them. Act fast on their interest or you will lose them. Link your cause to sustainability. "Mid Century Modern" is cool again.</p>

Practicum Expectations

Student: XXXXX

Quarter: Spring ~ March 30 – June 5, 2015

Supervisor: Doreen Kelly Izaguirre, MA, CCC-SLP

Office Phone: 312-942-3296

Office: 1015B

Pager: 85-5411

Cell Phone: 773-294-9833

Caseload:

- Acute Care: Adolescents, Adults, and Geriatrics
- Disorders: Dysphagia, Aphasia, Dysarthria, Dysphonia/Voice Disorders, Cognitive-Communication Disorders

Environment:

- Acute Care Hospital

Preparation:

- Demonstrate *independent* thinking skills = Think first, then ask
- If you need any changes in the type or amount of feedback given by you supervisor, you are responsible to inform your supervisor ASAP. Please do not wait until the end of the quarter.
- Review and print out relevant forms in your online portal, under the section: “Clinical Methods Binder.” This section has a lot of information on how to write SOAP notes, testing norms, ASHA FCMs and other valuable information. Please do not hesitate to print out any information you might find useful, and bring it to clinic each day in your clipboard/binder.
- Review cdc.gov website for following precautions: “Standard,” “Contact,” “Droplet,” “Airborne”
- Download medical abbreviations application on your phone for use with Chart Reviews.

Research Report and Presentation:

- Midterm Research Report: Choose and evidence-based therapy activity. Provide documentation (i.e. attach an article with level of evidence) and explain the evidence based rationale for this therapeutic activity. Include the population targeted and the functional therapeutic outcome addressed (1-2 typed pages).
- Final Presentation: Choose a structured therapy approach to present to the clinical staff towards the end of the quarter. You are expected to have in-depth knowledge of the therapy technique, including awareness of the research that supports it. You will summarize the therapy approach, provide population it applies to, provide research articles (at least 2) with levels of evidence, and provide a demonstration of how to do the therapy (with another student or clinician). You will need to create materials when applicable. You will also need to supply me with a copy of the information and materials.

Before your first day in practicum, be sure you have reviewed the following:	Notes from the following courses: *Review notes only from courses you have already completed or are currently in	Neurology, Clinical Methods (including use of Clinical Methods Binder), Aphasia, Dysphagia, Speech Science, Dysarthria, Voice, Trach/Vent, Head & Neck
	Articles:	Articles should be reviewed from the previous classes
	Tests (including manuals):	MMSE, BNT (Short Form), CLQT,

	Protocols:	WAB-Bedside, SLUMS, Oral Mechanism Exam, ABA, Hearing Screen All adult protocols except Fluency and TEP
You are scheduled to be in practicum:	Days: Times: If you have an emergency or cannot attend because of illness, please do the following:	Tuesdays 8:00am until 2:00pm (active patient care hours are 9am-1pm); schedule will be in EPIC by 7:45am on Tuesdays; all documentation that is not done before 1:00pm, will be completed in the afternoon until completion Contact supervisor by office phone and fill out Absence Form to submit to Manager of SLP Clinical Education upon return
Each day in practicum, make sure you:	Wear an RUMC approved lab coat only Have the following materials with you:	Appropriate dress and timeliness are required. Please look neat and professional. Review in student handbook. Test booklets and test forms, oral motor checklist, tongue depressors, spoons, straws, calculator, penlight, thickener, stopwatch, wrist watch, recorder
Due dates:	Progress Notes: Patient Reports: Research Report: Presentation:	Progress notes will be completed daily on multiple patients One week to complete outpatient reports N/A for Spring 1 N/A for Spring 1
Tests or other procedures you are likely to get experience with during this practicum:	A. Weekly meetings/rounds B. Unique Clinical Experiences	Daily 2:00-2:30 NSICU Rounds Tuesday 8:00-8:30 CV Surgery Thursday 8:00-9:00 Neurosurgery FEES, Trach/Vent, PMV Placement

I have read and understand my clinical responsibilities and my Clinical Supervisor has answered all questions regarding practicum expectations.

Student Signature / Date

Acute Care Hospital Preparation at Rush

Protocols:

- *Oral Mechanism Examination
- *Clinical Bedside Swallow Evaluation
- Videofluoroscopic Swallow Evaluation
- Motor Speech Evaluation
- Passy-Muir Valve Evaluation
- Voice Evaluation
- Cognitive-Communication/Language Evaluation

Standardized Tests:

- Mini Mental State Examination
- SLUMS
- Boston Naming Test (Short Form)
- Cognitive-Linguistic Quick Test
- Western Aphasia Battery Revised – Bedside
- Apraxia Battery for Adults

Hospital Terms:

Precautions:

- Standard Precautions
- Contact Precautions
- Droplet Precautions
- Airborne Precautions

Respiratory Terms:

Nasal cannula	Endotracheal tube
T-piece	Tracheostomy tube
Venti mask/face mask	Passy-Muir Valve
Nasal trumpet	Cap/Capped
HHTC	

Feeding/Nutrition Terms:

Nasogastric (NG) tube	Gastrojejunal tube (G-J tube)
Orogastric (OG) tube	Enteral nutrition
Gastric tube (g-tube)	Total perenteral nutrition (TPN)
Percutaneous endogastric tube (PEG)	Central venous nutrition (CVN)
Jejunal tube (j-tube)	

Surgical/Medical Terms:

Extraventricular drain (EVD)	Angiogram
Ventropertitoneal shunt (VPS)	Anterior cervical discectomy and fusion
Craniotomy	Laminectomy
Craniectomy	CT scan
Aneurysm coiling/clipping	MRI

Common Hospital Abbreviations:

DM	CABG	ICH
HTN	PCA	PMV
OSH	SDH	CVA
CHF	ETOH	ACDF
ACA	SAH	PNA
CAD	POD	SCC
MCA	IVH	PBD

Practicum Goals for Adult Speech and Language/Cognitive Disorders

1st Experience

Following this experience, the student should be able to:

- Perform a suitable and expeditious medical chart review with frequent monitoring
- Obtain oral case history with constant modeling and supervision
- Perform a motor speech examination with constant modeling and supervision
- Select, administer, score and interpret appropriate assessment tools including the Mini-Mental State Examination, the Western Aphasia Battery, the Boston Naming Test and the Cognitive Linguistic Quick Test with frequent monitoring.
- Draft a consultation report with prognosis and write SOAP notes with constant modeling and supervision
- Provide patient and/or family education with constant modeling and supervision
- Develop appropriate patient treatment goals with constant modeling and supervision

2nd Experience

Following this experience, the student should be able to:

- Perform a suitable and expeditious medical chart review with infrequent monitoring
- Obtain oral case history with frequent monitoring
- Perform a motor speech examination with infrequent monitoring
- Select, administer, score and interpret appropriate assessment tools including the Mini-Mental State Examination, the Western Aphasia Battery, the Boston Naming Test and the Cognitive Linguistic Quick Test with infrequent monitoring.
- Draft a consultation report with prognosis and write SOAP notes with infrequent monitoring
- Provide patient and/or family education with frequent monitoring
- Develop appropriate patient treatment goals with infrequent monitoring.

3rd Experience

Following this experience, the student should be able to:

- Perform a suitable and expeditious medical chart review with guidance only
- Obtain oral case history with infrequent supervision
- Perform a motor speech examination with guidance only
- Select, administer, score and interpret appropriate assessment tools including the Mini-Mental State Examination, the Western Aphasia Battery, the Boston Naming Test and the Cognitive Linguistic Quick Test with guidance only
- Draft a consultation report with prognosis and write SOAP notes with guidance only
- Provide patient and/or family education with infrequent monitoring
- Apply fundamental knowledge regarding differential diagnosis and treatment planning to specific clinical cases with infrequent monitoring

Appendix A. Skill of the Week

Week	Topic
1	Introduction: Expectations, Site Orientation, Technology Privacy Review and System Registration, Supervision requirements for third-party payors, Logistics of clinical procedures
2	Introduction Continued: Billing System, Patient Scheduling, Medicare Standards and Procedures, Working files
3	Basic Documentation: Intro to EMR system, Flowchart/Timelines, Required Elements for Medicare, Writing strong SOAP notes
4	Evaluation: Case Hx/Interview, Review of EMR to obtain info, Assessment planning and procedures
5	Evaluation Continued: Analysis and Synthesis of Info, Treatment Planning, Goal Writing
6	Evaluation-Putting it All Together:
7	Treatment Approaches: EBP, Disorder-specific approaches
8	Progress Reporting: Dynamic Assessment, Diagnostic Treatment, Progress Report vs Recertification of Plan of Care MIDTERM REVIEW MEETING
9	Building strong documentation skills: Medical necessity, Need for skilled service, Goals and treatment match documented needs
10	Continue to build strong documentation skills:
11	Patient Education/Counseling: Reporting to Patient and Caregivers, Home Programming, Caregiver Training, Emotional Counseling/Active Listening
12	Care Conferencing and Collaboration with other disciplines: Reporting treatment planning and progress to patient and family, Reporting to other rehab professionals (“rounding”), Collaboration for functional outcomes
13	Discharge Planning: Training and Instruction, Collaboration with caregivers, Required documentation
14	Review as needed:
15	Review as needed: FINAL REVIEW MEETING

Appendix B. Required Elements in Documentation

Evaluation Report: (completed day of evaluation, conducted once a year if treatment has been continuous, or after any change in medical or functional status)

- Identifying information, ICD-9 Codes (medical and tx dx), Time In/Out
- *Assessment of hearing and vision status*
- *Level of functioning prior to incident*
- *Current level of functioning*
- *Anticipated benefits to functional ability*
- *Estimate of potential*
- E-Signature by SLP and Student (Dated)

Initial Plan of Care: (completed prior to initial treatment session, E-signature of MD required)

- Identifying information, ICD-9 codes (medical dx and treatment dx)
- *Long-term goals (measurable, functional, include anticipated duration, based on eval findings)*
- *Short-term goals (measurable, functional, include anticipated duration, based on eval findings)*
- *Type, amount, frequency and anticipated duration of tx*
- *Discharge and Generalization planning*
- E-Signature of SLP and Student (Dated)
- E-Signature of physician (Date)

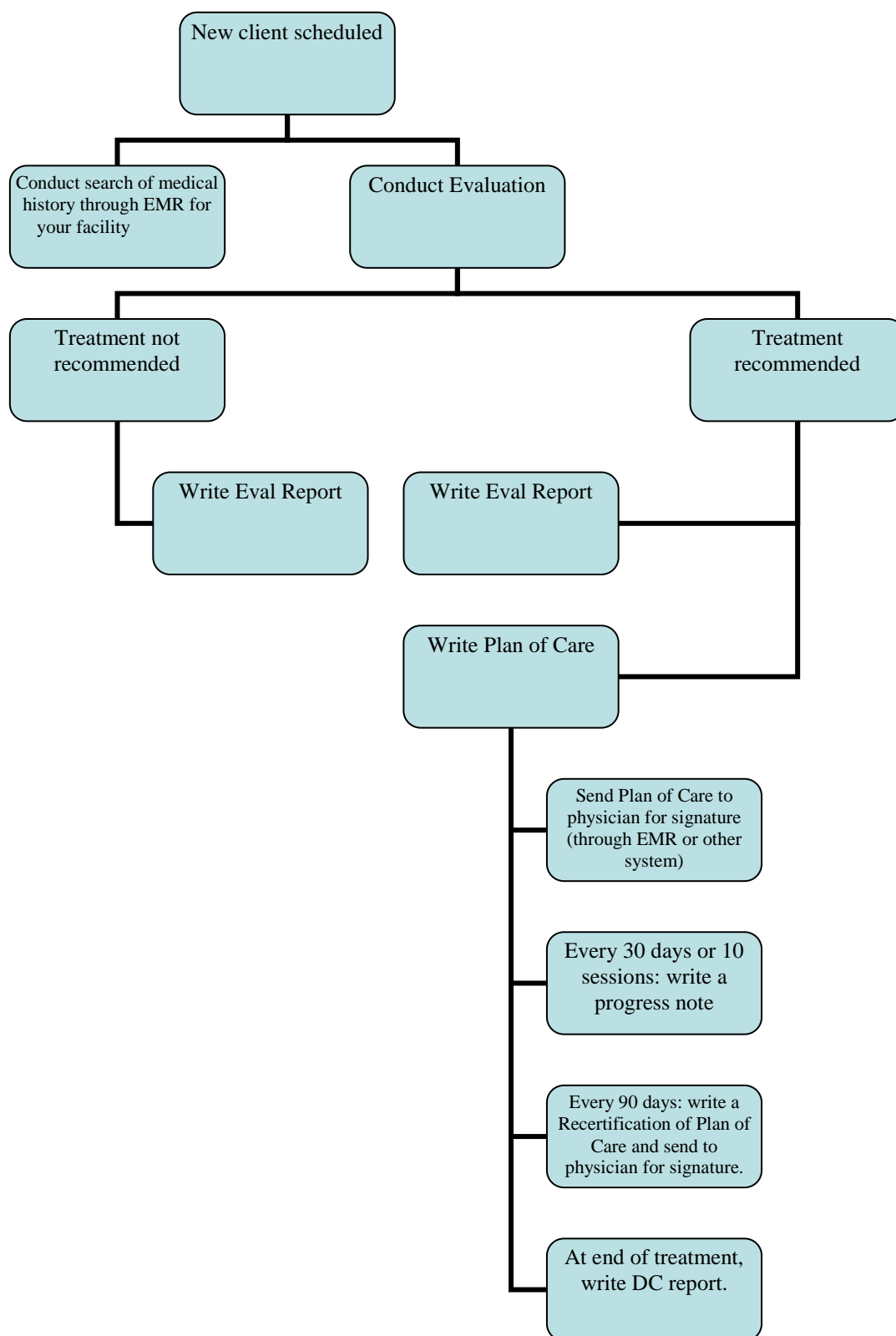
Progress Report/Recertification of Plan of Care: (PR completed every 30 calendar days, Recert of POC completed every 90 days)

- Identifying information, ICD-9 codes (medical dx and treatment dx)
- *Justification of Medical Necessity*
- *Statements of improvement/progress towards goals*
- *Any necessary modifications to long-term or short-term goals (measurable, functional, include anticipated duration, based on eval findings)*
- *Type, amount, frequency and anticipated duration of tx*
- *Discharge and Generalization planning*
- *Plans for continued tx*
- *Prognosis*
- E-Signature by SLP and Student (Dated)
- E-Signature of physician (Date)

Treatment Note: (completed after every tx session)

- Date, Time In/Time Out, Minutes of Service
- SOAP
- E-Signature by SLP and Student

Appendix C. Flowchart of Required Documentation



Appendix D. Documentation Worksheet

Client: use code until final version

DOB: blank until final version

Age: blank until final version

Date of Evaluation:

Date of Initial Treatment Session: Should not precede the date POC written

Date Plan of Care Written:

Primary Medical Diagnosis/ Treatment Diagnosis: should match ICD-9/10 codes

Primary/Referring Physician:

Reason for Referral: take from Eval Report

Long-term Goals for Duration of Treatment:

2-3 goals.

Think in terms of end of treatment (when these are met, they don't need treatment anymore).

Must be functional

Must be measurable in settings outside of therapy (involve caregivers in measurement if possible)

Short Term Goals for this Certification Period:

1-2 for each long-term goal

These would be the stepping stones toward reaching the long-term goals

Think in terms of 30-90 days (What can the client achieve in 30-90 days?)

Can be set to be reached in therapy sessions or outside of therapy

Must be measurable

Length/Frequency/Duration of Treatment:

How long will each session be?

How often will sessions occur?

How long do you think it will take to reach the long-term goals?

Prognosis:

How do you think they will do?

(Excellent, Good, Guarded, Poor)

(If you put Poor, should you really be doing therapy?)

Certification from : Date of initial tx session

through: 90 calendar days later

Appendix E. Post Evaluation Treatment Planning Worksheet

Assessment Activity	Results	Areas of Strength	Areas of Need	Priority Level

Post Evaluation Treatment Planning Worksheet, Page 2

Area of Need (in order of priority)	LT Goal	ST Goals
1.		
2.		
3.		
4.		

*** LT Goals are written with the end-product in mind. Where will they be when treatment ends? Functional, generalized and measurable. Relay skills to be demonstrated in settings outside of treatment. Involve caregivers in the measurement as much as possible.

*** ST Goals in outpatient medical settings target skills that can be achieved in 30 days. Functional, generalizable and measurable. These skills are the building blocks to achieving the long term goals. These skills begin in the treatment room and as the client progresses, transfer to other settings. Usually 1-2 ST goals for each LT Goal.

** Goals can be measured quantitatively and/or qualitatively for accuracy, level of assistance needed/level of independence or use of skills in all opportunities.



STUDENT CLINICAL ACTIVE OBSERVATION FORM

STUDENT NAME: _____ SUPERVISOR NAME: _____

PATIENT MRN/INITIALS: _____ DATE: _____

****Active Observation Form MUST be filled out completely for ALL PATIENTS observed and submitted to Supervisor.**

What items did SLP examine in the patient's chart?	
What did SLP do before entering patient's room? With whom did she speak? What did she say?	
What did SLP do when entered the patient's room?	
How did she address the patient? What words did she use? Did she speak to the family? What words did she use?	
How did she modify the environment upon entering? What numbers/information about the patient was observed before beginning the exam?	
How close did she stand to the patient? Did she touch or make contact with the patient?	
What did she say to the patient before beginning the exam?	
What clinical signs/symptoms did the patient demonstrate that made the SLP change or alter the solid or liquid presentations?	
How and with what words did SLP educate the patient/family after the exam?	
Who did the SLP speak with upon leaving the room? How did she convey her clinical decisions to ensure compliance?	

CHART REVIEW NOTES

Date:

Patient Initials/Age/DOB:	
Past medical history? Other related medical conditions?	
Date of admission to hospital/level of care?	
Medical Diagnosis for this admission?	
Relevant imaging/surgeries? Timeframe/Implications?	
What has been discussed in the last few MD notes from the referring physician? Nursing notes?	
Confirm type of SLP session and order – Dx/Tx?	
Question(s) needing to be answered per SLP assessment:	
Date of last SLP Dx/Tx session?	
Relevant previous SLP treatment history?	
Dietician Snapshot: Click on Diet to see what has been ordered	
Relevant Social History? Family involvement?	
Educational level of patient:	
Other:	

Patient is a ____ year old _____ with a past medical history of _____. He/she was admitted for _____ and is now s/p _____ with resultant _____. Results of recent imaging (date/type) are as follows _____. This is relevant because _____. Results of recent surgeries (date/type) are as follows _____. This is relevant because _____. From an SLP perspective, we are being consulted for _____. History of SLP intervention includes _____ (or “Patient has not been seen by SLP previously”). Additional information includes _____ (current diet, relevant social/educational history, etc.).

CRITICAL THINKING SKILLS

<p>1</p> <p>Knowledge</p> <p>Identification and recall of information</p>	<p>define fill in the blank list identify</p> <p>Who _____? What _____? Where _____? When _____?</p>	<p>label locate match memorize</p>	<p>name recall spell</p> <p>How _____? Describe _____? What is _____?</p>	<p>state tell underline</p>
<p>2</p> <p>Comprehension</p> <p>Organization and selection of facts and ideas</p>	<p>convert describe explain</p> <p>Re-tell _____ in your own words. What is the main idea of _____?</p>	<p>interpret paraphrase put in order</p>	<p>restate retell in your own words rewrite</p> <p>What differences exist between _____? Can you write a brief outline?</p>	<p>summarize trace translate</p>
<p>3</p> <p>Application</p> <p>Use of facts, rules, and principles</p>	<p>apply compute conclude construct</p> <p>How is _____ an example of _____? How is _____ related to _____? Why is _____ significant?</p>	<p>demonstrate determine draw find out</p>	<p>give an example illustrate make operate</p> <p>Do you know of another instance where _____? Could this have happened in _____?</p>	<p>show solve state a rule or principle use</p>
<p>4</p> <p>Analysis</p> <p>Separating a whole into component parts</p>	<p>analyze categorize classify compare</p> <p>What are the parts or features of _____? Classify _____ according to _____. Outline/diagram/web/map _____.</p>	<p>contrast debate deduct determine the factors</p>	<p>diagram differentiate dissect distinguish</p> <p>How does _____ compare/contrast with _____? What evidence can you present for _____?</p>	<p>examine infer specify</p>
<p>5</p> <p>Synthesis</p> <p>Combining ideas to form a new whole</p>	<p>change combine compose construct create design</p> <p>What would you predict/infer from _____? What ideas can you add to _____? How would you create/design a new _____?</p>	<p>find an unusual way formulate generate invent originate plan</p>	<p>predict pretend produce rearrange reconstruct reorganize</p> <p>What solutions would you suggest for _____? What might happen if you combined _____ with _____?</p>	<p>revise suggest suppose visualize write</p>
<p>6</p> <p>Evaluation</p> <p>Developing opinions, judgements, or decisions</p>	<p>appraise choose compare conclude</p> <p>Do you agree that _____? Explain. What do you think about _____? What is most important?</p>	<p>decide defend evaluate give your opinion</p>	<p>judge justify prioritize rank</p> <p>Prioritize _____ according to _____? How would you decide about _____? What criteria would you use to assess _____?</p>	<p>rate select support value</p>

CLINICAL EDUCATOR SELF-EVALUATION TOOL

CLINICAL INSTRUCTION STRATEGIES

(Reuler, Messick, Gavett, McCready, & Raleigh, 2011)

Use the scale provided to rate yourself on the frequency of use of implementing the clinical instruction strategies listed. These items were developed from a multi-disciplinary EBP review of the research on clinical instruction across 4 topic areas: *group/team-based supervision; relationships; critical thinking skills; and feedback strategies*. Use the self-evaluation tool to then develop goals for improving your clinical instruction abilities (organized by topic areas).

RATING SCALE			
0	1	2	3
NEVER/RARELY	OCCASIONALLY	FREQUENTLY	CONSISTENTLY

I. RELATIONSHIPS (E. Reuler)	0	1	2	3
I-A. Clinical Instructor to Student				
1. I clarify and define my primary role(s) as the clinical instructor				
2. I clarify the secondary role(s) of mentor and advocate				
3. I clarify the role(s) of the student in the supervisory relationship				
4. I clarify the <u>style</u> of supervision/leadership that will be used based on the student's experience				
5. I set-up specific opportunities for communication with the student				
6. I clarify expectations for student and for myself as clinical instructor				
7. I seek input on a regular basis regarding whether the communication is satisfactory for the student				
8. I recognize when I am experiencing role strain				
I-B. Student to Clinical Instructor	0	1	2	3
1. I ask/check-in with student about expectations for my role as clinical instructor				
2. I ask/check-in with student about expectations for his/her role in the supervisory process				
3. I modify my supervision/leadership style based on input and feedback from student				

I-C. GOAL(S) TO PROMOTE OPTIMAL RELATIONSHIPS:

RATING SCALE			
0	1	2	3
NEVER/RARELY	OCCASIONALLY	FREQUENTLY	CONSISTENTLY

II. CRITICAL THINKING (E. Gavett)	0	1	2	3
II-A. Clinical Instructor to Student				
1. I orient student to expectations regarding problem solving				
2. I have a strategic questioning sequence in mind when assisting student to process information at increasingly complex levels				
3. I am aware of the complexity (low-level versus higher-level) of questions posed to student				
4. I am aware of and sensitive to potential barriers student may experience when asking questions				
5. I explicitly model and/or teach student how to pose questions that lead to greater independence in problem solving				
6. I encourage reflection and suggest/teach specific strategies that will facilitate in-depth understanding of situations				
7. I use the “think out loud” strategy to model the complexity of clinical reasoning and problem solving				
II-B. Student to Clinical Instructor	0	1	2	3
1. I seek input from student regarding self-awareness of strategies used to promote problem solving				
2. I seek input from student regarding possible barriers to asking questions				
3. I modify/change teaching strategies based on student feedback and/or developing levels of independence				

II-C. GOALS TO PROMOTE CRITICAL THINKING SKILLS:

RATING SCALE			
0	1	2	3
NEVER/RARELY	OCCASIONALLY	FREQUENTLY	CONSISTENTLY

III. GROUP SUPERVISION AND TEAM LEARNING (V. McCready)	0	1	2	3
III-A. Clinical Instructor to Student				
1. I include student-active teaching methods in my clinical instruction				
2. I appreciate the experience with collaborative teamwork of the younger generation students and include group learning experiences in clinical education				
3. I am willing to try a team model of supervision and let students engage in active problem-solving (versus my doing all the problem-solving).				
4. When meeting with students in a group, I make my expectations explicit from the very beginning				
5. I teach students how to incorporate critical thinking and objective observations into the group process				
6. I promote problem-solving through team learning				
7. Before using a group supervision format, I obtain knowledge and skills in group management and dynamics				
8. When interacting with groups of students, I take risks, give constructive feedback, and communicate openly				
III-B. Student to Clinical Instructor	0	1	2	3
1. When using a team model or small group format of supervision, I ask student about their expectations for my role and for their role				
2. I modify my role as group facilitator based on student input				
3. If appropriate, I pursue continuing education in group leadership/dynamics/process				
4. If appropriate, I pursue continuing education in student-active teaching methods				

III-C. GOAL(S) ON GROUP SUPERVISION & TEAM LEARNING SKILLS:

RATING SCALE			
0	1	2	3
NEVER/RARELY	OCCASIONALLY	FREQUENTLY	CONSISTENTLY

IV FEEDBACK STRATEGIES (C. Messick)	0	1	2	3
IV-A. CLINICAL INSTRUCTOR FEEDBACK TO STUDENT				
1. I use a respectful and considerate manner when conveying feedback				
2. I solicit student input on feedback preferences (timing; form) & use the suggestions				
3. I give immediate feedback on performance (minimally by the end of day)				
4. I present balanced feedback with clear description of what has been done well and specific aspects to improve				
5. I provide some feedback in writing to beginning level student clinicians				
6. I give fair feedback focusing on critical issues related to the student's performance				
7. I address challenging/difficult issues directly with the student in an open non-judgmental manner				
8. When giving negative feedback, I facilitate student understanding of why the skill is important and how to implement the behavior more effectively				
9. I develop specific goals with the student based on skills to improve				
10. I provide the student with data on performance of defined goal(s) allowing student to monitor their own progress				
IV-B. Student to Clinical Instructor Feedback	0	1	2	3
1. I ask student to give feedback on the clinical teaching I provide (e.g., what do I do that facilitates your learning; what could I do/change in order to optimize your skill acquisition?).				
2. I make modifications in my clinical teaching based on student input and/or provide a clear rationale for why a change is not optimal				
3. I develop written professional goals and pursue continuing education to increase my knowledge and skills in goal areas				

IV-C. GOAL(S) ON FEEDBACK STRATEGIES: