

If you are viewing this course as a recorded course after the live webinar, you can use the scroll bar at the bottom of the player window to pause and navigate the course.

This handout is for reference only. It may not include content identical to the powerpoint. Any links included in the handout are current at the time of the live webinar, but are subject to change and may not be current at a later date.

## **Do You Have a Minute? Identifying and Troubleshooting the Complexities of Supervising SLP Graduate Students**

**DOREEN KELLY IZAGUIRRE, CCC-SLP  
MANAGER, SLP CLINICAL EDUCATION**

**RUSH UNIVERSITY ~ DEPARTMENT OF  
COMMUNICATION DISORDERS AND SCIENCES**

**WEBINAR FOR SPEECHPATHOLOGY.COM  
JULY 2, 2015**

### **Disclosures**

- **Relevant Financial Relationships:**
  - Salaried Instructor in the Department of Communication Disorders and Sciences at Rush University in Chicago, IL
  - Receives honoraria for CE courses and seminars, including this webinar, that was provided to Rush University
  - Receives financial compensation for teaching courses in other venues besides place of employment
- **Relevant Non-financial Relationships:**
  - Serves as reviewer for several peer-reviewed journals
  - Member of the American Speech-Language and Hearing Association (ASHA)

### **Course Description**

- This webinar will provide speech-language pathologists with information and skills to more effectively train graduate students.
- It will examine supervision standards, supervision models, and challenges, while providing strategies to enhance overall effectiveness.
- This webinar will encompass essential aspects of professional clinical education and clinical practice.

### **Learner Outcomes**

- Identify the generational differences that may impact the teaching and learning dynamic in clinical education.
- Describe the essential aspects of effective supervision.
- Describe methods for use of self-evaluation tools for students and clinical instructors in clinical education.

## Time Ordered Agenda

- 12:00pm – 12:15pm
  - Introduction and Overview, including Models of Supervision and Generational Differences
- 12:15pm – 12:45pm
  - Roles, Rules, Communication, and Tools
- 12:45pm – 1:00pm
  - Pulling it All Together with Emerging Evidence

[http://www.dylankerrigan.com/uploads/2/4/3/4/24349665/8367686\\_orig.png](http://www.dylankerrigan.com/uploads/2/4/3/4/24349665/8367686_orig.png)



### Top Ten Reasons to Supervise a Student

<http://www.asha.org/>

- 1. Develop and recruit future employees.
- 2. Stay current—learn what students are learning.
- 3. Share your expertise with future SLPs.
- 4. Establish a relationship with university programs.
- 5. Teach future SLPs to advocate for SLP services.
- 6. Introduce students to interdisciplinary teaming.
- 7. Feel good about giving back to the profession.
- 8. Develop your mentoring and supervisory skills.
- 9. Enhance your clinical skills by teaching someone else.
- 10. Leave a legacy.

### Supervision – Jean Anderson

- “Supervision is a process that consists of a variety of patterns of behavior, the appropriateness of which depends upon the needs, competencies, expectations and philosophies of the supervisor and the supervisee and the specifics of the situation (task, client, setting, and other variables).”

- McRea, E., & Brasseur, J. (2003). *The supervisory process in speech-language pathology and audiology*. Boston, MA: Allyn and Bacon.

## ASHA and Supervision

- ASHA's technical report on clinical supervision in speech-language pathology (2008b) cites Jean Anderson's (1988) definition of supervision:
  - Supervision is a process that consists of a variety of patterns of behavior, the appropriateness of which depends on the needs, competencies, expectations and philosophies of the supervisor and the supervisee and the specifics of the situation (tasks, client, setting and other variables). The goals of the supervisory process are the professional growth and development of the supervisee and the supervisor, which it is assumed will result ultimately in optimal service to clients. (p. 12)
- The ASHA technical report (2008b) adds the following elements to the above definition:
  - Professional growth and development of the supervisee and the supervisor are enhanced when supervision or clinical teaching involves self-analysis and self-evaluation. Effective clinical teaching also promotes the use of critical thinking and problem-solving skills on the part of the individual being supervised. (p. 3)
- This expanded definition was used as a basis for the following knowledge and skills statements.

## Knowledge and Skill

<http://www.asha.org/slp/supervision/>

- I. Preparation for the Supervisory Experience
- II. Interpersonal Communication and the Supervisor-Supervisee Relationship
- III. Development of the Supervisee's Critical Thinking and Problem-Solving Skills
- IV. Development of the Supervisee's Clinical Competence in Assessment
- V. Development of the Supervisee's Clinical Competence in Intervention

### **Knowledge and Skill**

<http://www.asha.org/slp/supervision/>

- VI. Supervisory Conferences or Meetings of Clinical Teaching Teams
- VII. Evaluating the Growth of the Supervisee Both as a Clinician and as a Professional
- VIII. Diversity (Ability, Race, Ethnicity, Gender, Age, Culture, Language, Class, Experience, and Education)
- IX. The Development and Maintenance of Clinical and Supervisory Documentation
- X. Ethical, Regulatory, and Legal Requirements
- XI. Principles of Mentoring

### **Challenges for the Clinical Instructor**

- Meeting productivity demands
  - Are adjustments made when you take a student?
- Comfort with supervisory or teaching techniques
  - No formal training
- Overwhelming responsibilities of the job
- Managing challenging behaviors
- Developing interpersonal skills in students

- “Many are thrust into the role without preparation, sometimes without much choice, and nearly always without much role definition from the organization for which they work or within themselves. Often they have little opportunity to talk with anyone about supervision and are forced to draw upon their own past experiences as supervisees, positive or negative, as a source for the development of their own techniques and methodologies.”

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

### **Clinical Instructor ~ Desirable Characteristics**

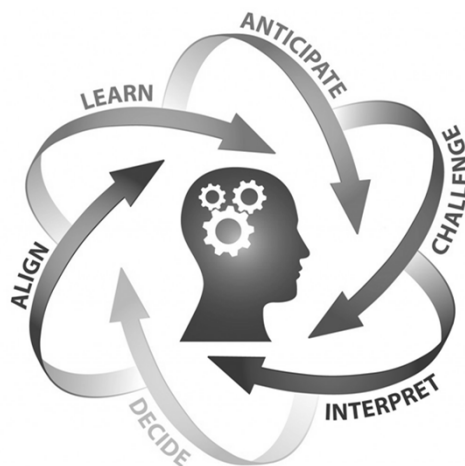
- Knowledgeable
- Supportive
- Fair
- Honest
- Realistic
- Positive
- Professional

- *What else?*



## Models of Supervision

- Administrative
  - Educational Models
  - Medical Models
- Relationship-Based
- Reflective
- Psychotherapy-Based
- Developmental
- Integrative

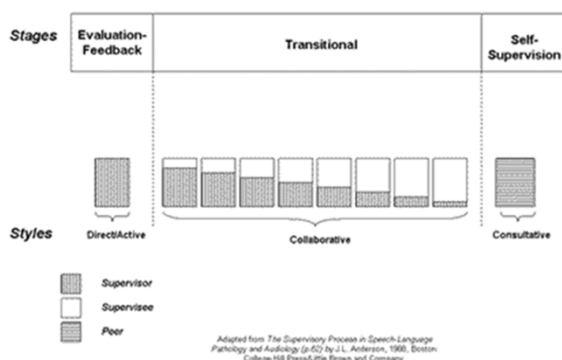


○ <http://sfsu.mcncr.org/wp-content/uploads/sites/26/2013/08/assessment-clipart.jpg>

## Anderson's Continuum of Supervision

Anderson's Continuum of Supervision aligns nicely with ASHA standards that supervision should be at the skill level of the student.

Allows for flexibility and adjustment throughout the process of skill development.



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

### 3 Stages ~ 3 Styles

#### Stages

- Evaluation-Feedback
- Transitional
- Self-Supervision

#### Styles

- Direct/Active
- Collaborative
- Consultative

### Generational Differences

- Generation Y or Millennials are
  - techno-savvy multi-taskers who are
  - collaborative and realistic

<http://brucemctague.com/wp-content/uploads/2010/05/millennials-aspecst.png>



## Challenges and Opportunities

- Technology
- Professionalism
- Mentoring
- Communication and Feedback

- o <http://www.csgcreative.com/csgblog/wpcontent/uploads/2014/12/millennial.png>

## Technology Strategies

- Teach contextually
  - Role model and provide opportunities to be present without multitasking
  - Identify technology-free times and encourage being mindfully present
- 
- Eckleberry-Hunt, J. and Tucciarone, J. (2011). The challenges and opportunities of teaching “Generation Y”. *Journal of Graduate Medical Education, Perspectives*, 458-461.

## Professionalism Strategies

- Comprehensively review rules and consequences in a structured environment
  - Develop a professional contract
  - Faculty role modeling
- 
- Eckleberry-Hunt, J. and Tucciarone, J. (2011). The challenges and opportunities of teaching “Generation Y”. *Journal of Graduate Medical Education, Perspectives*, 458-461.

## Mentoring Strategies

- Have student reflect on struggles and successes before giving feedback
- Give concrete behaviors on which to improve
- Provide immediate and summative feedback
- Involve students in remediation plans
- Incorporate self-reflection exercises

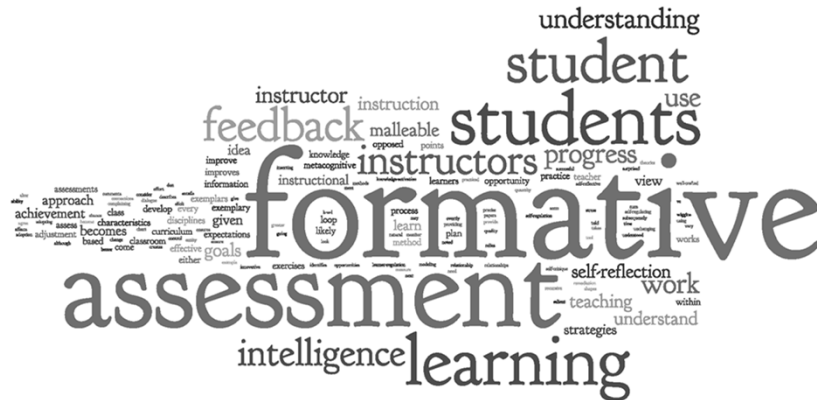
- Eckleberry-Hunt, J. and Tucciarone, J. (2011). The challenges and opportunities of teaching "Generation Y". *Journal of Graduate Medical Education, Perspectives*, 458-461.
- <http://gregmiller21stcenturyleadership.files.wordpress.com/2012/05/reflection-silcr11.jpg>

## Communication and Feedback Strategies

- Give written feedback
- Use praise and positive comments in public
- Provide consistent messaging
- Give concrete, immediate feedback

- Eckleberry-Hunt, J. and Tucciarone, J. (2011). The challenges and opportunities of teaching "Generation Y". *Journal of Graduate Medical Education, Perspectives*, 458-461.

<http://ii.library.jhu.edu/files/2014/02/FormativeAssessmentWordle3.png>



<https://rmspgcegrp2.files.wordpress.com/2013/11/assessment-wordle.jpg>

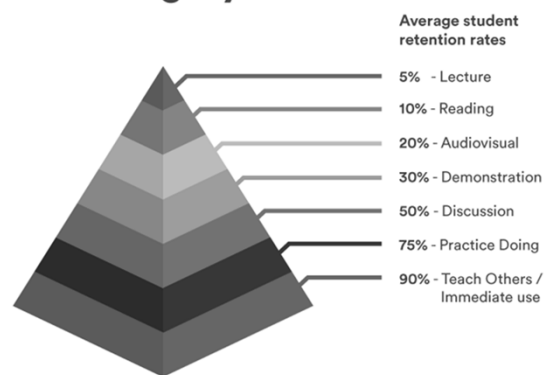


## Roles, Rules, Communication, and Tools

- The ASHA technical report (2008b):
  - Professional growth and development of the supervisee and the supervisor are enhanced when supervision or clinical teaching involves self-analysis and self-evaluation. Effective clinical teaching also promotes the use of critical thinking and problem-solving skills on the part of the individual being supervised. (p. 3)
- <http://www.asha.org/slp/supervision/>

## Learning Pyramid

What do we maximize in practicum experiences and what opportunities do we have to increase efficiencies and effectiveness?



<https://angloved.ru/wp-content/uploads/2015/03/learning-pyramid.png>

## Practicum Expectations Template (PET)

Student Name: \_\_\_\_\_ Quarter: \_\_\_\_\_ Year: \_\_\_\_\_  
 Supervisor: Doreen Kelly Izaguirre, MA, CCC-SLP Phone: 312-942-3296 Pager: 85-5699 Office: 1015B

### 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"

### 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.

I have read and understand my clinical responsibilities.

• Student Signature

Clinical Supervisor has answered any questions regarding written expectations.

<p><b>Before your first day in practicum, be sure you have reviewed the following:</b></p>	<p><b>Notes from the following courses:</b>            *Review notes only from courses you have already completed or are currently in</p> <p><b>Articles:</b></p> <p><b>Tests (including manuals):</b></p> <p><b>Protocols:</b></p>	<p><b>Neurology, Clinical Methods, Aphasia, Dysphagia, Speech Science, Dysarthria, Voice, Trach&amp;Vent, Head&amp;Neck, Cognition</b></p> <p><b>Articles should be reviewed from the previous classes</b></p> <p><b>MMSE, BNT (Short Form), CLQT, WAB-Bedside, SLUMS, Oral Mechanism Exam, ABA, Hearing Screen</b></p> <p><b>All adult protocols except Fluency and TEP</b></p>
<p><b>You are scheduled to be in practicum:</b></p>	<p><b>Days:</b></p> <p><b>Times:</b></p> <p><b>If you have an emergency or cannot attend because of illness, please do the following:</b></p>	<p><b>Tuesdays</b></p> <p><b>8:00am until 4:00pm</b></p> <p><b>Contact supervisor's office phone and fill out absence form to submit to Manger of SLP Clinical Education</b></p>



Each day in practicum, make sure you:	Are appropriately dressed; Wear an RUMC approved lab coat only  Have the following materials with you:	Appropriate dress and timeliness are required. Please look neat. 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  Due by midterm  Topic due at midterm to be approved by clinical supervisor. Final presentations will be held at noon on _____.
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  VFSS, FEES, Trach/Vent, PMV Placement

What items did SLP examine in the patient's chart?	
What did SLP do before entering patient's room? With whom did s/he speak? What did s/he say?	
What did SLP do when entered the patient's room?	
How did s/he address the patient? What words did s/he use? Did s/he speak to the family? What words did s/he use?	<b><u>STUDENT CLINICAL ACTIVE OBSERVATION FORM</u></b> STUDENT NAME: _____
How did s/he modify the environment upon entering? What numbers/information about the patient was observed before beginning the exam?	SUPERVISOR NAME: _____ PATIENT MRN/INITIALS: _____
How close did s/he stand to the patient? Did s/he touch or make contact with the patient?	DATE: _____ <b>**Active Observation Form MUST be filled out completely for ALL PATIENTS observed and submitted to Supervisor.</b>
What did s/he 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 s/he convey her clinical decisions to ensure compliance?	

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

## Learning Style Inventories

- <http://www.personal.psu.edu/bxb11/LSI/LSI.htm>
- <http://www.educationplanner.org/students/self-assessments/learning-styles-quiz.shtml>
- [http://www.odessa.edu/dept/govt/dille/brian/courses/110orientation/learningstyleinventory\\_survey.pdf](http://www.odessa.edu/dept/govt/dille/brian/courses/110orientation/learningstyleinventory_survey.pdf)

<http://2.bp.blogspot.com/-UOGzFTCewZQ/UjBYzjCC5hI/AAAAAAAAAYI/NIRP66NEyY/s1600/Screen+Shot+2013-08-29+at+10.06.16.png>



What can we maximize?

What opportunities do we have to standardize our process, build efficiencies, use forms to minimize redundancy, model behavior and skills, use former students to on-board new students?

<http://www.vector-eps.com/wp-content/gallery/human-brain-how-is-working-vectors/human-brain-how-is-working-vector3.jpg>

**Knowledge and Skill**

<http://www.asha.org/slp/supervision/>

- I. Preparation for the Supervisory Experience
- II. Interpersonal Communication and the Supervisor-Supervisee Relationship
- III. Development of the Supervisee's Critical Thinking and Problem-Solving Skills
- IV. Development of the Supervisee's Clinical Competence in Assessment
- V. Development of the Supervisee's Clinical Competence in Intervention

**Knowledge and Skill**

<http://www.asha.org/slp/supervision/>

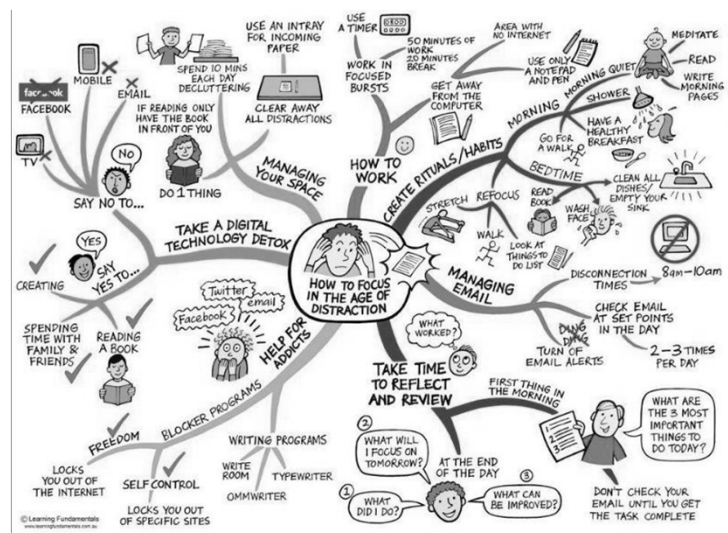
- VI. Supervisory Conferences or Meetings of Clinical Teaching Teams
- VII. Evaluating the Growth of the Supervisee Both as a Clinician and as a Professional
- VIII. Diversity (Ability, Race, Ethnicity, Gender, Age, Culture, Language, Class, Experience, and Education)
- IX. The Development and Maintenance of Clinical and Supervisory Documentation
- X. Ethical, Regulatory, and Legal Requirements
- XI. Principles of Mentoring

## Emerging Evidence

- Cognitive-Load Theory
- 4C/ID
- Adult Experiential Learning Theory

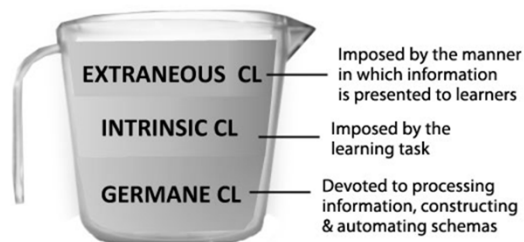
- <http://assets.kingletas.com/wp-content/uploads/2013/04/Question-People.jpg>

<http://www.mindfulpurpose.com/wordpress/wp-content/uploads/2012/04/focus-in-age-of-distraction.jpg>



## Cognitive-Load Theory ~ CLT

- Two Principles:
  - New content and tasks to be learned vary in degree of challenge for the learner
  - The cognitive load of clinical instruction changes as the learner changes



✦ <http://thelearningcoach.com/wp-content/uploads/2011/03/cog-load4.jpg>

## 4 Component Instructional Design ~ 4C/ID

- Learning tasks
- Supportive information
- Procedural information
- Part-task practice

## Adult Experiential Learning Theory

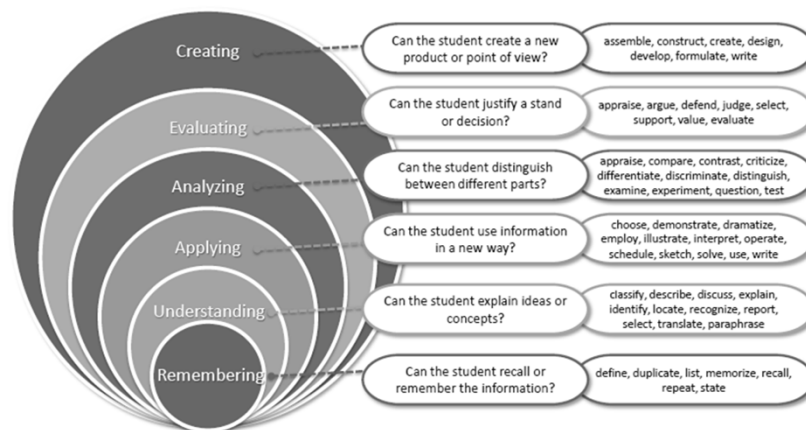
- Clinical Supervision Worksheet

- Learning Goal
- Level and Degree of Knowledge
- Desired Cognitive Processes
- Learning Behaviors This Date
- Desired Learning Behaviors for Next Session
- Plan for Next Session
- Outcomes Achieved

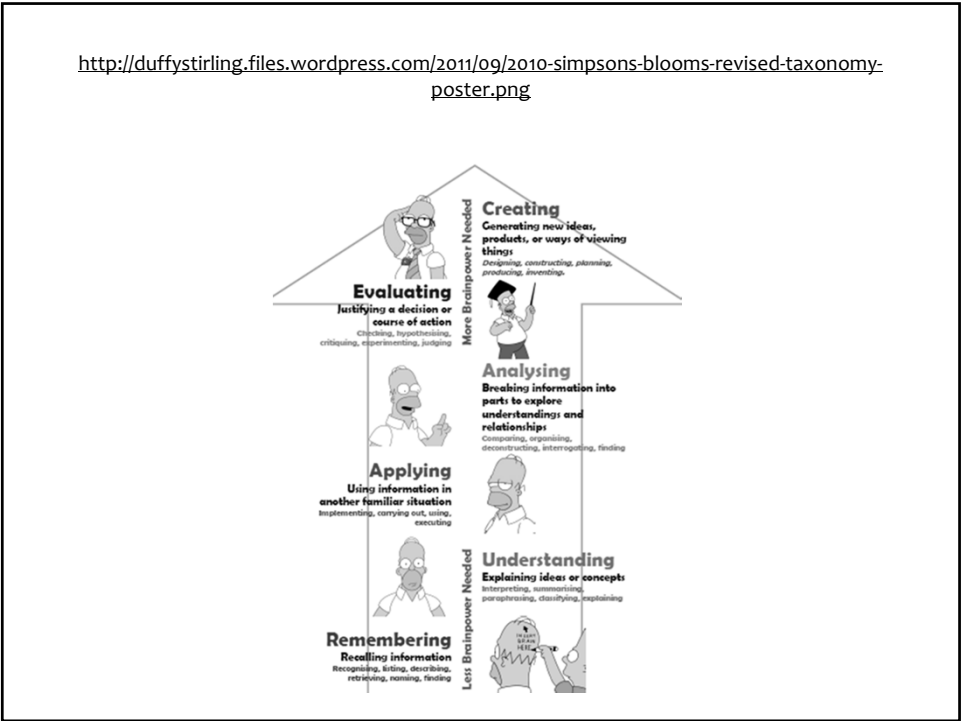
- Walden, P.R. and Gordon-Pershey, M. (2013). Applying adult experiential learning theory to clinical supervision: a practice guide for supervisors and supervisees. *SIG 11 Perspectives on Administration and Supervision*, 23:121-144.

<http://pcs2ndgrade.pbworks.com/f/1318607148/RBT.PNG>

## Bloom's Taxonomy (Revised)



<http://duffystirling.files.wordpress.com/2011/09/2010-simpsons-blooms-revised-taxonomy-poster.png>



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



## Clinical Educator Self-Evaluation Tool

- I. Relationships
- II. Critical-Thinking
- III. Group Supervision and Team Learning
- IV. Feedback Strategies

✕ [http://www.capcsd.org/proceedings/2011/talks/2011\\_CAPCSD\\_Reuler\\_SelfEvalTool.pdf](http://www.capcsd.org/proceedings/2011/talks/2011_CAPCSD_Reuler_SelfEvalTool.pdf)

## 4-Point Rating Scale

- 0 = Never/Rarely
- 1 = Occasionally
- 2 = Frequently
- 3 = Consistently

[illegible]

## **Constructive Feedback**

- Descriptive vs. evaluative
- Specific rather than general
- Focused on performance rather than personal
- Well timed
- Information sharing rather than giving advice
- Monitored for the amount of information the receiver can use
- Checked for understanding
- Provides a format for dialogue

## Other Types of Feedback

- SQF Model (Supervision, Questioning, Feedback)
  - Barnum M, Guyer S, Levy L, Graham C. at CAPCDS conference in Newport Beach
    - ✦ Confirming
    - ✦ Corrective
    - ✦ Guiding
- Critical Considerations
  - Timing
  - Specificity
  - Content
  - Modality/Form
  - Privacy

## References

- Anderson, J. L. (1988). *The supervisory process in speech-language pathology and audiology*. Boston: College-Hill Press.
- American Speech-Language-Hearing Association. (2008). *Knowledge and skills needed by speech-language pathologists providing clinical supervision* [Knowledge and Skills]. Available from [www.asha.org/policy](http://www.asha.org/policy).
- American Speech-Language-Hearing Association. (2008a). *Clinical supervision in speech-language pathology* [Position Statement]. Available from [www.asha.org/policy](http://www.asha.org/policy).
- American Speech-Language Hearing Association. (2008b). *Clinical supervision in speech-language pathology* [Technical Report]. Available from [www.asha.org/policy](http://www.asha.org/policy).
- Austin, L., & Taylor, D. (2013). Scaffolding clinical experiences for first-year graduate students. CAPCSD Annual Conference, Phoenix: AZ.
- Austin, L. (2013). Scaffolding early clinical learning for students in communication sciences and disorders. *SIG 11 Perspectives on Administration and Supervision*, 23, 86-91.
- Ayres, P., & Paas, F. (2012). *Cognitive load theory: New directions and challenges*. *Applied Cognitive Psychology*, 26, 827-832.
- Barnum M, Guyer S, Levy L, Graham C. (2009). "Supervision, Questioning, Feedback Model of Clinical Teaching: A Practical Approach" in Wiedner T. (ed) *The Athletic Trainers' Pocket Guide to Clinical Teaching*. SLACK, Inc: Thorofare NJ.
- Duthie, J. K. (2008). The clinician directed hierarchy: A clinical training tool. *Perspectives on Issues in Higher Education*, 11, 56-60.
- Geller, E., & Foley, G. M. (2009). Broadening the "ports of entry" for speech-language pathologists: A relational and reflective model for clinical supervision. *American Journal of Speech-Language Pathology*, 18, 22-41.
- Ginsberg, S., Friberg, J., & Visconti, C. (2013). *Scholarship of teaching and learning in speech-language pathology and audiology: Evidence-based education*. San Diego: Plural Publishing.

## References

- Gordon-Pershey, M., & Walden, P. R. (2013). Supervisor and supervisee perceptions of an adult learning model of graduate student supervision. *Perspectives on Administration and Supervision*, 23(1), 12–27.
- Jarvis, P. (2006). *Towards a comprehensive theory of human learning*. London: Routledge.
- Kirschner, P., Sweller, J., & Clark, R. E. (2006). Why minimal guidance during instruction does not work: An analysis of the failure of constructivist, discovery, problem-based, experiential, and inquiry-based teaching. *Educational Psychologist*, 41(2), 75–86.
- McRea, E., & Brasseur, J. (2003). *The supervisory process in speech-language pathology and audiology*. Boston, MA: Allyn and Bacon.
- Morrison, G. R. (2013). Managing cognitive load while teaching human gait to novice health care science students. *Journal of Physical Therapy Education*, 27(1), 58–69.
- Nottingham, S., Henning, J.M. (2014). Feedback in clinical education, part I: characteristics of feedback provided by approved clinical instructors. *Journal of Athletic Training*. 2014;49(1):49-57.
- Reuler, E., Messick, C., Gavett, E., McCready, V., and Raleigh, L. (2011) *EBP for Clinical Education: What do we know & what can we do?* CAPCSD Annual Conference.
- Taylor, K., White, E., Kaplan, R., O'Rourke, C.M. (2012). University: The Supervisory Process in Speech-Language Pathology: Graduate Students' Perspective. *SIG 11 Perspectives on Administration and Supervision*, 22, 47-54
- van Merriënboër, J., Sweller, J. (2010). Cognitive load theory in health professional education: Design principles and strategies. *Medical Education*, 44, 85– 93.
- Walden, P. R. (2011). Learning from experience: Future directions for clinical supervision. In L. Carozza, *Science of successful supervision and mentorship* (pp. 165–179). San Diego, CA: Plural.
- Walden, P.R. and Gordon-Pershey, M. (2013). Applying adult experiential learning theory to clinical supervision: a practice guide for supervisors and supervisees. *SIG 11 Perspectives on Administration and Supervision*, 23:121-144.

thank  
you!

## Contact Information

Doreen Kelly Izaguirre, MA, CCC-SLP

Manager, SLP Clinical Education

Faculty Instructor

Speech-Language Pathologist

[Doreen\\_Izaguirre@rush.edu](mailto:Doreen_Izaguirre@rush.edu)

312-942-3296

600 South Paulina Street

Suite 1015B

Chicago, IL 60612

