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Assess and Improve Your Supervision Skills

Nancy B. Swigert, MA, CCC-SLP, BCS-S

Moderated by:
Amy Natho, MS, CCC-SLP, CEU Administrator, SpeechPathology.com



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Assess and Improve Your Supervision Skills

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Disclosures

- Financial
 - Nancy received an honorarium for this presentation
- Non-financial
 - Nancy has previously presented on this topic

5

Learning Outcomes

After this course, participants will be able to:

- Explain how styles and roles of supervisors relate to models of supervision.
- Describe how to complete a self-assessment of skills needed for effective supervision.
- Identify strategies to supervise different levels of students and staff, as related to seven essential supervision skills.
- Describe how to utilize one web-based tool to increase efficiency of supervision.

6

What we'll cover

- Models of supervision
- Roles of supervisor and supervisee
- Styles of supervision
- Supervising different types of students and staff
- Assessing your own competence
- Seven critical skill areas for supervision
- Why documentation is critical in supervision
- Web-based tools

7

Your experience as a supervisee: Good and not so good

- Think about one positive experience you had when being supervised
- Think about one not so positive experience you had when being supervised

As we go through the course, think about what skill the supervisor exhibited (or failed to exhibit)

ASSESS AND IMPROVE YOUR SUPERVISION SKILLS
Supplemental Handout

ONE POSITIVE EXPERIENCE I HAD AS A SUPERVISEE:

ONE NOT SO POSITIVE EXPERIENCE I HAD AS A SUPERVISEE:



8

Why the course is called....

- **Assess** and Improve Your Supervision Skills
- Assess your skills related to different students and staff you supervise

9

Who do you supervise?

- Other professional staff
 - SLPs
 - AUDs
 - Other disciplines?
- CFs
- Graduate students
- Undergraduate “observers”
- Non-clinical staff

10

Assessing your competence

- ASHA has developed a comprehensive document about supervisory competence related to *clinical* supervision
- We'll use portions of that form throughout this webinar
- We'll be discussing not just *clinical* supervision, but supervision of different students and staff related to clinical and non-clinical skills

11

Self-assessment

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 groups 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.

Examples: 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 (Hecker, Messick, Garrett, McCreedy, & Raleigh, 2011).

This Self-Assessment of Competencies in Supervision may be reproduced and redistributed, as is or with adaptation, without prior permission, provided all such uses include the following statement: ©2016 American Speech-Language-Hearing Association. From A Self-Assessment of Competencies and Training Opportunities in Clinical Supervision (Final report of the ASHA Ad Hoc Committee on Supervision Training), May 2016. Retrieved from <https://www.asha.org/uploadedFiles/Self-Assessment-of-Competencies-in-Supervision.pdf>

Rating Scale			
0	1	2	3
Not Yet	Occasionally/ Just Starting	Frequently but Sporadically/ Getting There	Consistently/ Got It!

<https://www.asha.org/uploadedFiles/Self-Assessment-of-Competencies-in-Supervision.pdf>

continued

Rating Scale				
0	1	2	3	
Not Yet	Occasionally/ Just Starting	Frequently but Sporadically/ Getting There	Consistently/ Got It	
II. Relationship Development and Communication Skills				
A. I develop a supportive and trusting relationship with supervisees.				
B. I create an environment that fosters learning, and I explore personal strengths and needs of supervisees.				
C. I transfer decision-making and social power to the supervisees, as appropriate.				
D. I educate the supervisees 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?

ASHA Ad Hoc Committee on Supervision Training, 2018

13

continued

The full ASHA form covers:

- I. Supervisory Process and Clinical Education
- II. Relationship Development and Communication Skills
- III. Establishment/Implementation of Goals
- IV. Analysis and Evaluation
- V. Clinical Performance Decisions
- VI. Add'l for Clinical Educators of Graduate Students
- VII. Add'l for Preceptors of Audiology Externs
- VIII. Add'l for Mentors CFs
- IX. Add'l for Supervisors of Support Personnel
- X. Add'l re: Transitioning to new area or reentering

I've excerpted just a few from I - V

14

You might modify the form to assess your skills related to the different staff and students you supervise.

I've done that on the handout.

You will want to refer to the handout and fill in ratings during the course.

SELF-ASSESSMENT OF SOME COMPETENCIES IN SUPERVISION


Excerpted and adapted from: Appendix E: Self-Assessment of Competencies in Supervision

		Rating Scale			
		0	1	2	3
		Not Yet	Occasionally/ Just Starting	Frequently but Sporadically/ Getting There	Consistently/ Out of
Category	Competency				
I. Supervisory Process and Clinical Education	A.) I possess knowledge of collaborative models of supervision.				
	D.) I define the supervisor and supervisee roles and responsibilities appropriate to the setting.				
II. Relationship Development and Communication Skills	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 supervisees.				
	C.) I transfer decision-making and social power to the supervisee, as appropriate.				
	D.) I educate the supervisee about the supervisory process.				

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Clerical staff
Grad externs
CFs
Professional staff
Other

15



MODELS OF SUPERVISION

We'll start each section with time for you to complete your self-assessment in that area

16

Self-Assessment Models of Supervision

I A.) I possess knowledge of collaborative models of supervision.

SELF-ASSESSMENT OF SOME COMPETENCIES IN SUPERVISION

Excerpted and adapted from: Appendix E: Self-Assessment of Competencies in Supervision

Rating Scale			
0	1	2	3
Not Yet	Occasionally/ Just Starting	Frequently but Sporadically/ Getting There	Consistently/ Got It!

Category	Competency	Clerical staff	Graduate externs	CFs	Professio nal staff	Other
I. Supervisory Process and Clinical Education	A.) I possess knowledge of collaborative models of supervision.					

17

Many, many models of supervision

- Developmental Models
- Discrimination Model
- Orientation Specific Models
- Supervisory Alliance Model
- Interactional supervision
- Peer
- Administrative
- Restorative/supportive
- Normative/managerial
- Formative/educative

18

And a few more models of supervision

- **Directive Supervision:**
Supervisor's role is to inform, direct, model and assess employees' competencies
- **Nondirective supervision:**
The supervisor's role is to listen, be nonjudgmental, and provide self-awareness and clarification experiences for employees
- **Collaborative Supervision:**
The supervisor's role is to guide the problem-solving process, be an active member of the interaction, and keep the employees focused on their common problems
 - Inherent in that is to gradually place more responsibility on the supervisee

19

Might you use a different model with non-SLP staff?

- **Directive Supervision:**
Supervisor's role is to inform, direct, model and assess employees' competencies
- **Nondirective supervision:**
The supervisor's role is to listen, be nonjudgmental, and provide self-awareness and clarification experiences for employees
- **Collaborative Supervision:**
The supervisor's role is to guide the problem-solving process, be an active member of the interaction, and keep the employees focused on their common problems
 - Inherent in that is to gradually place more responsibility on the supervisee

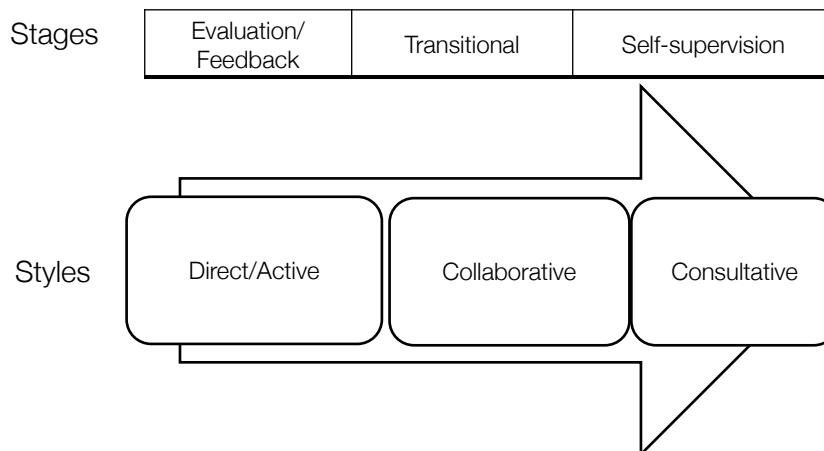
20

Let's just touch on one model that incorporates collaboration on a continuum: Anderson's model

- Often mentioned in CSD literature
- More information can be found in:
 - The Supervisory Process in Speech Language Pathology and Audiology
 - By: Elizabeth McCrea and Judith Brasseur
 - Allyn & Bacon

21

Anderson's Continuum of Supervision



22

ROLES OF SUPERVISORS & SUPERVISEES

23

Self Assessment Roles

- I D
- I define the supervisor and supervisee roles and responsibilities appropriate to the setting.

- II E
- I define expectations, goal setting, and requirements of the relationship

24

You may rate yourself differently according to who you are supervising:

- Clerical staff
- Graduate externs
- CFs
- Professional staff
- Who else?

25

Roles of supervisor: What does each mean to you?

- Coach
- Motivator
- Facilitator
- Conflict manager
- Counselor
- Discipliner
- Organizer
- Educator
- Planner
- Controller
- What other roles do you see?

26

Roles specific to mentoring a CF

- Provide meaningful mentoring and feedback to the clinical fellow.
- Assist the clinical fellow in developing independent clinical skills.

27

What is the supervisee's responsibility ?

- Being receptive to supervision
- Preparing for supervisory meetings
- Creating a learning partnership with the supervisor
- Applying what you've learned
- Monitoring and evaluating their own work
- Reflecting on your work

28

SUPERVISORY STYLES

29

Self-Assessment Supervisory style

- II C
- I transfer decision-making and social power to the supervisee, as appropriate.
- II D
- I educate the supervisee about the supervisory process.
- III F
- I adjust supervisory style based on level and needs of supervisee.

30

Many ways to describe supervisory style

- Autocratic
- Bureaucratic
- Democratic/Participative
- Laissez-faire
- People/relationship oriented
- Task oriented

You might see these same terms used to describe leadership styles

(Knudsen et al 2003)

31

Each style

- Has a different impact
- Dictated by traits and beliefs
- Where do you see your style?
- Combination of styles?

32

Relationship of the model(s) you use and your style

- As we talk about “styles” of supervision, think about how each might relate to the model of supervision used
- Directive Supervision
- Nondirective supervision
- Collaborative

33

Autocratic/authoritarian

Impact

- May lead to high turnover and absenteeism



Traits and beliefs

- Staff need constant attention since they are undependable and immature
- They cannot be trusted and must be checked frequently
- There are few opportunities for suggestions by staff to be integrated

34

Bureaucratic

Impact

- May lead to demoralized staff



Traits and beliefs

- Staff must follow strict procedures or exact compliance
- High control is usually present and staff have little input to change procedures

35

Democratic/participative

Impact

- Increases job satisfaction
- Develops staff skills
- Motivation is usually high



Traits and beliefs

- Staff involved in decisions but supervisor usually makes the final determination
- Supervisee feels in control
- Process may take longer but quality is usually more essential than speed

36

Laissez-faire

Impact

- Can lead to insufficient control



Traits and beliefs

- Staff is given high freedom but supervisor may need to monitor progress to be effective
- Best used with experienced and skilled staff

37

People/relationship oriented

Impact

- If carried to extreme confronting staff is avoided



Traits and beliefs

- Supervisor uses a friendship-like relationship and tries to create harmony between staff
- Best when combined with participative style

38

Task-oriented

Impact

- May have flaws of autocratic leadership
- Motivating and retaining staff is difficult



Traits and beliefs

- Supervisor focuses on getting the task done
- Flaws similar to autocratic style
- Roles, structure and plan is defined with little thought to impact of staff
- Staffs' well-being may not be the priority.

39

Talk about your style with the supervisee

- Let the supervisee know:
 - How you like to receive information
 - When it's the best time to come to you with questions/problems
 - How and when you are likely to respond
 - How you usually give feedback
- Discuss this with the supervisee to see how your style and theirs can be accommodated

40

Think through your expectations

Adapted from: Supervision Matters by Rita Sever

- How do you see your role as a supervisor?
- How do you see their role as supervisee?
- How do you expect people to prepare for their 1:1 meetings?
 - How often will those be held?
 - What's the format?
- How do you expect people to handle conflict?
- What should the supervisee bring to you directly?
- What should they do if they make a mistake?
- What are your deal breakers?
 - What actions will not be tolerated?

41

SEVEN ESSENTIAL SKILLS FOR SUPERVISION

42

Seven essential supervision skills

- Communicating
- Relationship building
- Setting goals
- Assessing performance
- Providing feedback
- Guiding change in behavior
- Managing conflict

There are certainly other essential skills. This list is not comprehensive

43

Communicating

#1

44

continued

Self-Assessment Communicating

- II G
- I define and demonstrate evidence of cultural competence and appropriate responses to different communication styles.

45

continued

We're communication specialists!

- So, can we actually improve our communication skills with those we supervise?
 - Yes!

46

continued

Are you hearing or listening?

- Active listening –actively trying to understand what the other person is saying
 - Not just hearing the words
- Ten steps to help you improve your listening skills
 - Rate yourself on each of these

You can use the extra handout to more easily fill this one out

TEN STEPS TO IMPROVE YOUR LISTENING SKILLS

Rating	
	Show attentiveness by facing the speaker directly
	Show interest by maintaining eye contact
	Avoid pre-judging worthiness of message based on appearance, position, vocabulary, pronunciation
	Listen for the speaker's intent and what is important to him/her
	Avoid tuning out to prepare your response while the other person is speaking
	Ask questions to clarify speaker's meaning
	Avoid interrupting the speaker
	Encourage the speaker by smiling or nodding
	Before answering, pause and consider the speaker's viewpoint so you can be tactful
	Avoid trying to have the last word

Not often	Sometimes	Mostly	Always
1	2	3	4

47

Active listening

- Show attentiveness by facing the speaker directly
- Show interest by maintaining eye contact
- Avoid pre-judging worthiness of message based on appearance, position, vocabulary, pronunciation
- Listen for the speaker's intent and what is important to him/her

Not often	Sometimes	Mostly	Always
1	2	3	4

48

Active listening

- **Avoid tuning out** to prepare your response while the other person is speaking
- Ask questions to **clarify** speaker's meaning
- **Avoid interrupting** the speaker
- Encourage the speaker by **smiling** or **nodding**
- Before answering, **pause** and consider the speaker's **viewpoint** so you can be tactful
- **Avoid** trying to have the **last word**

Not often	Sometimes	Mostly	Always
1	2	3	4

49

Some communication traps to avoid:

Adapted from : Supervision Matters by Severs

- ***The Confusion Trap***
- Start the conversation with a simple statement of the reason for the conversation
- *I'd like to talk with you about the timeliness of your documentation*

50

Communication Traps

- *The Vagueness Trap*
- Come prepared with answers to basic questions of who, what, when, where, why and how
- *The lecture trap*
- Be clear and concise and resist urge to explain too much
- Give pertinent but not irrelevant information

51

Communication Traps

- *The leave-them-guessing trap*
- Clearly state what is negotiable and what isn't
- Be clear if you are issuing a directive or seeking input
- *The Closed-Door Trap*
- Even if delivering a directive, you can still listen to reactions and concerns

52

continued

Some helpful phrases:

- *Let me think about it and get back to you*
- Sometimes what is proposed sounds okay, but maybe you aren't thinking of everything
- *Remind me to talk to you about this the next time we meet*
- When you see a supervisee say or do something that was not quite right, but doesn't require immediate intervention
 - Also handy if a topic comes up at the end of a meeting and you are out of time

53

continued

Some helpful phrases:

- *Tell me more*
- You hear something you find a little hard to believe...
- Or you suspect there is more to the story
- *Anything else?*
- When you meet with supervisee and you get the feeling they are trying to tell you something, but you don't know what it is

54

continued

Some helpful phrases:

- *So how many different ways to you see to get from here to there?*
- Use this to encourage supervisee to generate ideas
- This is not an open-ended question, but sets the stage for the next one
- *What do you see as the pros and cons of each?*
- This helps the supervisee learn to critically evaluate options
- After the project/session/issue is resolved:
- *So how do you think it went?*

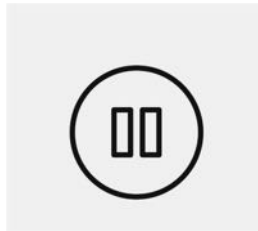
55

Some helpful phrases:

- *If you did know, how would you handle it?*
- Use when you ask supervisee to propose a solution
- Their initial reaction is "I don't know"
- *That's not okay*
- When you need to let a supervisee know that a line has been crossed
- Draws the line without shaming or punishing

56

The power of the pause



57

Times the pause will come in handy

- A supervisee does something you don't understand
- You feel your buttons are being pushed
- When things are ambiguous¹²
- When you have to apologize, put a pause between the "I'm sorry" and the reason
- When you need more information to make a decision

58

Tips to improve communication

Problem words/phrases

- Should
- Always/never
- Lazy, bad attitude, defensive, etc.

Good alternatives

- Could or Would
- Often/generally/rarely
- Describe the person's behavior

59

Tips to improve communication

YOU comment

- You need to spend more time checking these reports
- You shouldn't be doing that
- You're wrong

I or My comment

- I am concerned about the number of errors in your work
- I prefer for that not to be done again
- I don't agree OR
- That hasn't been my experience

60

continued

Relationship building #2

61

continued

Self-Assessment Relationship Building

- II A
- I develop a supportive and trusting relationship with supervisee.

62

continued

How do you view your department, practice, group?

- As a family?
- As a team?
- Describing a work environment as a family can have some unintended consequences:
 - Inappropriate behaviors (e.g. treating a co-worker like a sister)
 - Lack of boundaries
 - Alliances and cliques
 - Sets the supervisor up as “parent”

63

Problems with supervisor being viewed as “the parent”

- You have all the answers
- You set limits
- You offer rewards and punishment
- You take care of everyone
- Staff may vie to be the favorite child

64

Using a team model

- Each member clear on the goal of the game (goal of the practice, goal of the session)
- Each member knows their job
- Staff back each other up
- Each member uses his or her skills to help the team
- There is a captain of the team who sets strategies and assigns jobs, but does not make every decision on the field (The supervisor is the captain)

65

Relationship building

- What challenges have you faced in building relationships?
 - Generational differences?
 - Cultural differences?
 - Communication styles?
 - Personality types?
 - Other?

66

Building relationships can differ according to your audience

- There are many ways to describe different personality types
- Understanding the types of personalities and what they need will help you communicate with them effectively

67

Personality types

Style	Traits	Needs
FORCEFUL	Confident, bold, opinionated	Control, status, task accomplishment, directness
SOCIAL	Likable, persuasive, outgoing, optimistic	Involvement with other people, to talk, to be liked
STEADY	Controlled, patient, conscientious, pleasant	Well-defined structure/procedures, stability, ample time to change
DETAILED	Accurate, logical, quality-focused	Specific facts, attention to detail, time to analyze and think, task orientation

Adapted from: Taking the Step Up to Supervisor (Nichols)

68

How to handle each type?

TYPE	Adjusting your communication style
FORCEFUL	Come to point quickly. Be brief. Offer alternatives on how to complete a task in quickest way. Use I and My
SOCIAL	Smile. Ask for their help. Be brief. Ask their opinion and allow time for them to talk. Use their name and You. Set deadlines.
STEADY	Smile. Ask for their help. Give details. Ask for their suggestions. Set follow up meeting – to give them time to think. Give specific procedures or ask them to develop.
DETAILED	Focus on the task. Give details of procedures and performance standards. Encourage them to make improvements. Give them time to explain in detail. Ask questions. Set deadlines. Encourage them not to get bogged down in detail.

69

Building relationships in a team model

Adapted from: Supervision Matters by Rita Sever

- Enter names of supervisee on weekly or monthly calendar. Put a check every time you find a sincere way to appreciate them
- Set aside a specific time each week to write a note to a staff member thanking them for something they did that impacted the practice
- On a special holiday or event (like their work anniversary) send a note to their home telling them how much they contribute to their practice

70

Building relationships in a team model

- Make a note of birthdays and send cards or celebrate in another way
- Send an email or voice mail after hours or over weekend just to say thanks
- When you say goodnight at end of a busy day, say “Thank you for your work today”
- Celebrate success

71

Mistakes to avoid in relationship building: Favorites

- Of course you probably do have a favorite
- The staff member who:
 - meets or exceeds all your expectations
 - is easy to deal with
 - gets along with other members of your team
- BUT – you shouldn’t let others know you have a favorite

72

continued

Mistakes to avoid in relationship building: One of the gang

- Trying to be “one of the gang”
 - What do you do with your team?
 - Where do you draw the line?

73

continued

Setting goals

#3

74

continued

Self-Assessment Setting Goals

- II B
- I create an environment that fosters learning, and I explore personal strengths and needs of supervisees.

75

Goals and Assessing Performance

- Supervisees are assessed on their performance
- Part of the assessment is whether goals were met
 - Goals for the department/practice/team
 - Personal improvement goals
- The goals for the department/practice/team should be made clear
 - And employees involved in setting those goals to the extent possible
- The personal/individual goals for improvement should be established collaboratively

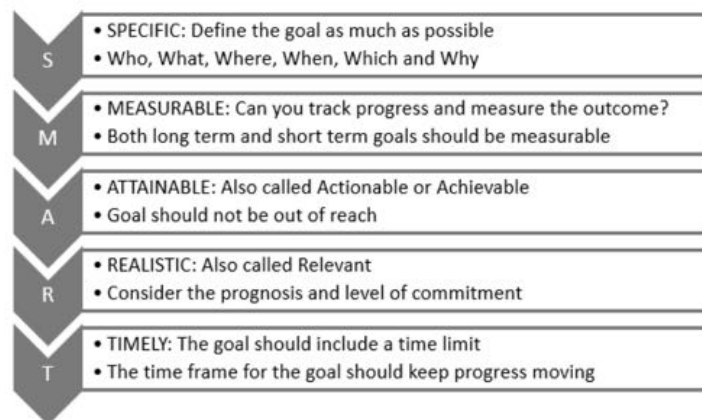
76

Goals or expectations?

- Goals for the department/practice/team are actually the expectations of the job
- These expectations should be clearly stated
- The job description should guide this discussion
- Give concrete examples of the expectations
 - “Complete documentation in a timely way” might be the wording in the job description
 - What exactly does that mean

77

Setting individual SMART goals



78

SMART goals – a new concept?

- The term SMART was first used by George Doran in a 1981 issue of Management Review as a mnemonic to define how company goals should be written.
- Peter Drucker, Management guru, also used in his approach: Management by Objectives (1981)

79

SMART: Specific

- Who: Who is involved?
- What: What do I want to accomplish?
- Where: Identify a location.
- When: Establish a time frame.
- Which: Identify requirements and constraints.
- Why: Specific reasons, purpose or benefits of accomplishing the goal.

80

SMART

Goal without specifics

CF will be more timely with paperwork.

Specific goal

CF will submit an electronic draft of progress note within 30 minutes of conclusion of visit for all treatment sessions so that the supervisor can provide feedback.

81

SMART

Goal without specifics

CF will be more timely with paperwork.

WHO

Specific goal

CF will submit an electronic draft of progress note within 30 minutes of conclusion of visit for all treatment sessions so that the supervisor can provide feedback.

82

SMART

Goal without specifics

CF will be more timely with paperwork.

WHAT

Specific goal

CF will submit an electronic draft of progress note within 30 minutes of conclusion of visit for all treatment sessions so that the supervisor can provide feedback.

83

SMART

Goal without specifics

CF will be more timely with paperwork.

LOCATION

Specific goal

CF will submit an electronic draft of progress note within 30 minutes of conclusion of visit for all treatment sessions so that the supervisor can provide feedback.

84

SMART

Goal without specifics

CF will be more timely with paperwork.

WHEN

Specific goal

CF will submit an electronic draft of progress note within 30 minutes of conclusion of visit for all treatment sessions so that the supervisor can provide feedback.

85

SMART

Goal without specifics

CF will be more timely with paperwork.

WHICH

Specific goal

CF will submit an electronic draft of progress note within 30 minutes of conclusion of visit for all treatment sessions so that the supervisor can provide feedback.

86

SMART

Goal without specifics

CF will be more timely with paperwork.

WHY

Specific goal

CF will submit an electronic draft of progress note within 30 minutes of conclusion of visit for all treatment sessions so that the supervisor can provide feedback.

87

SMART: Measurable

- FROM and TO
- Must have tangible criteria for measuring progress and success
- To determine if a goal is measurable ask:
 - How much?
 - How many?

88

SMART: Attainable (Actionable, Achievable)

- HOW
- Is the goal reasonable enough that it can be achieved?
- Setting a reasonable prognosis

89

SMART: Relevant or Realistic

- WORTHWHILE
- Is this goal relevant to the CF? Is it worth the CF's time and effort to work on this goal?

90

SMART: Timely or Time-bound

- WHEN?
- When we develop a treatment plan, we include long term and short term goals
 - Each should have a time in which it is expected to be achieved.
- When we develop goals for a supervisee, they should also be time-bound.

91

Assessing Performance

#4

92

Self-Assessment Assessing Performance

- III C
- I observe sessions, and I collect and interpret data with the supervisee
- V G
- I identify issues of concern about supervisee performance

93

What is assessed will vary

- According to who is being supervised
 - Professional staff?
 - CF?
 - Graduate externs
 - Non-clinical staff

94

Employees

- Regardless of the type of supervisee, if the person is employed by the facility/practice, there are specific expectations that need to be met

95

Team skills vs. technical/clinical skills

Team skills

- Be respectful of others
- Collaborate
- Be on time
- Come to work when scheduled
- Help others without having to be told

Technical/clinical skills

- Skills specific to the job
- Clinical SLP skills should be well-defined

96

Collecting and using data to assess performance

- Whether you are assessing “team” or “technical/clinical” skills, you should have data to back up your conclusions
- Document your observations
 - Carry a small notebook
 - Use your “Notes” section in your phone
 - Date and time your notes

97

Observation and data from clinical sessions

- Observe graduate externs, CFs and other professional staff
- Observations should not stop when a SLP gets the CCC

98

Observing and collecting data when mentoring a CF

- Conduct the required minimum mentoring obligations
 - 6 hours direct/segment
 - 6 hours indirect/segment
- Perform ongoing formal evaluations, using the Clinical Fellowship Skills Inventory [PDF].
- Complete and submit the Clinical Fellowship Report and Rating Form [PDF] to the ASHA National Office no later than 4 weeks after the CF is completed.

99

[illegible]

If you would like an electronic version of this form, email me

100

Observing and collecting data when mentoring a CF

- Conduct the required minimum mentoring obligations
 - 6 hours direct/segment
 - 6 hours indirect/segment
- Perform ongoing formal evaluations, using the [Clinical Fellowship Skills Inventory \[PDF\]](#).
- Complete and submit the [Clinical Fellowship Report and Rating Form \[PDF\]](#) to the ASHA National Office no later than 4 weeks after the CF is completed.

101

Clinical Fellowship Skills Inventory (CFSI)

Speech-Language Pathology

Description of The Inventory

The CFSI consists of 10 skill statements covering four areas: (a) evaluation, (b) treatment, (c) management, and (d) interaction. The rating scale for each skill has been designed along a 3-point continuum, ranging from "2" (representing the most effective performance) to "1" (representing the least effective performance). Approval of the clinical fellowship requires a minimum rating of "3" on the core skills during the last segment in which the core skill is rated. **Core skills are scored on the inventory with an asterisk (*).** The clinical fellowship supervisor will match the clinical fellow's performance to the descriptor for each skill. The rating for one skill need not be the same as the ratings for other skills. For each skill included on the CFSI the CF supervisor will decide which point on the scale best reflects the performance of the clinical fellow during the segment being rated. (Because the clinical fellowship is divided into three equal segments, each segment represents one third of the total experience.) **The fellowship supervisor must complete the inventory at least once during each of the three segments of the clinical fellowship.** The category "Not Applicable (NA)" appears on two items of the rating scale and may be used only for those items. **NA should be used only if the facility does not provide an opportunity for the fellow to perform the skill during the segment.** However, the CF supervisor is encouraged to coordinate the observation schedule to ensure that all applicable skills are observed and evaluated.

RATING TIPS

- To determine the rating for each skill, consider the fellow's effectiveness in working with specific client populations in terms of client's (a) age (infants, children, adults), (b) type and severity of communication disorder, (c) physical limitations, (d) cultural background, (e) English proficiency, (f) literacy level, and (g) alternative communication system use. In addition to considering these factors for all skills, Skill 4 and Skill 10 have been included to evaluate the clinical fellow's ability to **adapt** all testing and treatment procedures on the basis of these factors.

- To distinguish among the fellow's performance levels (from 3, representing most effective performance, to 1, representing least effective performance), read the descriptors carefully and consider the following four factors, when applicable, in relation to the skill being rated:

- **Accuracy**—the degree to which the clinical fellow performs a skill without error
- **Consistency**—the degree to which the clinical fellow performs a skill at the same level of proficiency across cases
- **Independence**—the degree to which the clinical fellow performs a skill in a self-directed manner
- **Supervisory Guidance**—the degree to which the clinical fellow seeks consultation when needed

Rating accuracy depends upon the frequency, duration, and range of the fellowship supervisor's observations of the fellow's performance. One of the most important factors associated with rating accuracy is the opportunity to observe relevant behaviors. Rating accuracy will be greatest when the supervisor and the fellow interact frequently on the job and the fellowship supervisor has many opportunities to observe critical work behaviors.

Rating accuracy also depends upon the familiarity of the fellowship supervisor and the fellow with the Clinical Fellowship Skills Inventory. The fellowship supervisor must observe the on-the-job performance of the fellow, and both supervisor and fellow must understand the rating process and procedures described in the Handbook.

Choose the one descriptor that best describes the clinical fellow's performance and circle the corresponding number on the Clinical Fellowship Report form. Options are available (ratings 4 and 3) for describing performance that falls between two adjacent descriptors.

Do not submit the following form. Use the Clinical Fellowship Report and Rating Form (Form B) to record fellow's rating on each skill.

E-1

102

Page 8

Evaluation Skills

1. implements screening procedures.

SCORE	DESCRIPTION
5	CF independently and accurately matches and/or adapts screening procedures to end population, selects appropriate screening criteria, administrators and screens screening instrument(s) efficiently, interprets results, and makes appropriate recommendations. CF works supervisor(s) if needed.
4	
3	CF independently and accurately matches and/or adapts screening procedures to end population, selects appropriate screening criteria, administrators and screens screening instrument(s), interprets results, and makes appropriate recommendations. CF usually seeks supervisor(s) guidance when needed.
2	
1	CF requires supervisor(s) guidance to accurately match and/or adapt screening procedures to population and to select appropriate screening criteria. CF may demonstrate difficulty in administering and scoring screening instrument(s), unclear interpreting results, and making appropriate recommendations. CF does not seek supervisor(s) guidance when needed.

^a2. Collects case history information and integrates information from client, family, caregivers, significant others, and professionals.

Rating	Key Indicator
[1.5]	CF independently and accurately seeks case history or other interview formats with consideration for all relevant factors. CF effectively collects and systematically probes for additional relevant information, obtains information from other sources, and integrates data to identify <i>clonality</i> and/or contributing factors. CF seeks supervisory guidance if needed.
[1.4]	
[1.3]	In most situations, CF independently and accurately seeks case history or other interview formats with consideration for all relevant factors. CF collects and probes for additional information, obtains information from other sources, and integrates data to identify <i>clonality</i> and/or contributing factors. CF usually seeks supervisory guidance when needed.
[1.2]	
[1.1]	CF requires supervisory guidance to accurately seek case history or other interview formats with consideration for all relevant factors. CF collects case history information that is incomplete or lacking in relevance. CF is unable to integrate data to identify <i>clonality</i> and/or contributing factors and does not seek supervisory guidance when needed.

E-2

*Core skill

103

continued

Collecting data with observation

If you want this form in electronic version, just email me

Name of CF _____	Supervisor _____	Date _____	Time _____
Direct observation _____ (addition observation _____)			
Notes _____			
Visit date _____		Opportunities for improvement _____	
<p>Observations:</p> <p>Screening _____</p> <p>Case history _____</p> <p>Education, deficits and cues _____</p> <p>Adapted intervention and teaching _____</p> <p>Measurable results for diagnosis and goals _____</p> <p>Revisions and improvements to current plans _____</p> <p>Overall, improvements in service strategies _____</p> <p>Revisions and reimplementation for treatment _____</p> <p>Periodic monitoring with data collection _____</p> <p>Adapted procedures, strategies, materials _____</p>		<p>Managers direct/indirect activities, documents _____</p> <p>Program administration and regulations _____</p> <p>Regulations in eligibility _____</p> <p>Communication skills _____</p> <p>Appropriate referrals _____</p> <p>Coordination with other professionals _____</p> <p>Counseling and supportive guidance _____</p> <p>Discusses ethics _____</p>	

104

Observing and collecting data when mentoring a CF

- Conduct the required minimum mentoring obligations
 - 6 hours direct/segment
 - 6 hours indirect/segment
- Perform ongoing formal evaluations, using the Clinical Fellowship Skills Inventory [PDF].
- Complete and submit the Clinical Fellowship Report and Rating Form [PDF] to the ASHA National Office no later than 4 weeks after the CF is completed.

105

SLP Clinical Fellow's Name _____ (please print)

Section 6. SLP/CF Skills Rating Chart Instructions for the SLP/CF Mentor

• Circle the rating that corresponds to each skill. See the Clinical Fellowship Skills Inventory for a description of each skill.
 • Rate the clinical fellow on 15 skills, using the NA (Not Applicable) rating only for skills 11 and 12.
 • Discuss the ratings with the SLP Clinical Fellow.
 • Ensure each segment is equal to one-third of the CF experience. *The core skills for SLP are 2-6, 8-11, and 14-17.

SEGMENT 1		SEGMENT 2		SEGMENT 3	
Beginning date	Ending date	Beginning date	Ending date	Beginning date	Ending date
SLP skills	Rating	SLP skills	Rating	SLP skills	Rating
1	5 4 3 2 1	1	5 4 3 2 1	1	5 4 3 2 1
2*	5 4 3 2 1	2*	5 4 3 2 1	2*	5 4 3 2 1
3*	5 4 3 2 1	3*	5 4 3 2 1	3*	5 4 3 2 1
4*	5 4 3 2 1	4*	5 4 3 2 1	4*	5 4 3 2 1
5*	5 4 3 2 1	5*	5 4 3 2 1	5*	5 4 3 2 1
6	5 4 3 2 1	6	5 4 3 2 1	6	5 4 3 2 1
7	5 4 3 2 1	7	5 4 3 2 1	7	5 4 3 2 1
8*	5 4 3 2 1	8*	5 4 3 2 1	8*	5 4 3 2 1
9*	5 4 3 2 1	9*	5 4 3 2 1	9*	5 4 3 2 1
10*	5 4 3 2 1	10*	5 4 3 2 1	10*	5 4 3 2 1
11*	5 4 3 2 1	11*	5 4 3 2 1	11*	5 4 3 2 1
12	5 4 3 2 1	12	5 4 3 2 1	12	5 4 3 2 1
13	5 4 3 2 1 NA	13	5 4 3 2 1 NA	13	5 4 3 2 1 NA
14*	5 4 3 2 1	14*	5 4 3 2 1	14*	5 4 3 2 1
15*	5 4 3 2 1	15*	5 4 3 2 1	15*	5 4 3 2 1
16*	5 4 3 2 1	16*	5 4 3 2 1	16*	5 4 3 2 1
17*	5 4 3 2 1	17*	5 4 3 2 1	17*	5 4 3 2 1
18	5 4 3 2 1 NA	18	5 4 3 2 1 NA	18	5 4 3 2 1 NA

SLP/CF Mentor's Signature: _____ Date: _____
 Clinical Fellow's Signature: _____ Date: _____
 Date of Feedback Session: _____

Section 7. SLP/CF Mentor's Recommendations and Verification of Information

☐ YES ☐ NO I recommend that the SLP/CF experience documented on this form be accepted by the CFFC as meeting the requirements for the CCC-SLP. (If NO, attach a rationale and documentation for your answer.)

☐ YES ☐ NO I affirm that there were at least 12 supervisory activities during each segment of the SLP/CF, including 6 hours of on-site observations of direct client contact and 6 other mentoring activities. (If NO, attach explanation.)

☐ YES ☐ NO I affirm that alternative methods of observation/mentoring activities were not used. (If alternative methods of observation/mentoring activities were used, prior approval was obtained from the CFFC before using these alternative methods.)

Section 8. Signatures of SLP/CF Mentor and SLP Clinical Fellow

We, the SLP/CF Mentor and the SLP Clinical Fellow, verify that we have discussed this report. We have verified that the mentor's certification was correct throughout the CF experience. We verify that we have completed the required evaluations. We further verify that we are not related in any manner.

Signature of SLP/CF Mentor: _____ Date: _____
 Signature of SLP Clinical Fellow: _____ Date: _____

NOTE: This report must be signed/submitted AFTER the end date of the experience reported on this form. If it is signed prior to the end date, it will be returned and will delay the processing of your application for certification.

AMERICAN SPEECH-LANGUAGE HEARING ASSOCIATION
 2201 Research Boulevard #613, Rockville, Maryland 20850

Revised 6/2011

106

Observing and assessing non-clinical staff

- Observe and assess for “team” skills
- Observing and assessing “technical” skills may be more challenging
 - You won’t necessarily possess expertise in those technical skills
 - E.g. accounting, web design, scheduling

107

Providing feedback

#5

108

Self-Assessment Providing Feedback

- II I
- I engage in difficult conversations when appropriate regarding supervisee's performance.
- III D
- I give the supervisee objective feedback to motivate and improve performance.
- V E
- I provide guidance regarding both effective and ineffective performance

109

Giving feedback to supervisees

- Be very specific
 - *Keith, I'd like to talk with you about your most recent diagnostic reports*
 - *Rashon, I'd like to talk with you about the percent of appointments you are calling with reminders*

110

Giving feedback to supervisees

- Deal with it in a timely way
- Don't wait for a quarterly review
 - *Let's go over this week's accounts receivable report*
 - *Let's spend a minute or two right now summarizing how that session went*



111

Giving feedback to supervisees

Make it one-on-one

NEVER publicly
criticize

Juanita, can I see you
for a minute?

Look for an
opportunity to catch
the supervisee when
no one else is around



112

Giving feedback to supervisees

- Focus on performance, not personality
 - You used a lot of activities that allowed the client to engage and move around NOT You're such a bubbly personality
 - Your treatment notes are difficult for me to read NOT You are very sloppy
- This goes for positive as well as negative feedback

113

Giving feedback to supervisees

End on a positive note

I appreciate your coming up with specific action steps to address the issue

There are different trains of thought on whether you should use this strategy with low performers



114

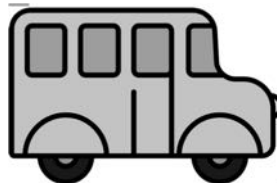
Document feedback

- Date and time the observation
- Date and time when the feedback was given
- Make it factual
- Avoid describing “personality”, instead describe behaviors

115

Dealing with low performers

- How they might react:
 - Blame others for low performance
 - Point the finger at you, claiming you haven't given them proper training or tools
 - Unload some personal problem with aim of playing on your sympathies and diverting attention from their low performance
 - Studer, 2008



116

Documenting conversations with low performers

- Describe what has been observed.
 - Be specific about what is not meeting your expectations
- Evaluate how you feel.
 - More on how to do that ... I/you
- Show what needs to be done.
 - Work 1:1 with the individual to show them what needs to change
- Know what the consequences are
 - Supervisee needs to know what will happen if expectations not met
- Studer from Results that Last (2008)

117

Guiding change in behavior #6

118

continued

Self-Assessment Guiding Change in Behavior

- IV A
- I examine collected data and observation notes to identify patterns of behavior and targets for improvement.

119

continued

Refer to the expectations and goals

- Be specific about which expectations and goals are not being met
- Use the documentation from your observations

120

continued

Documenting observations

Too

general/judgmental

- Natalie has developed a bad attitude
- Anika is careless with her paperwork

Descriptive

- In the last week, Natalie has been late to start her OP sessions 3 of the 10 scheduled appointments and when asked about it, answers in a sarcastic tone
- The last three diagnostic reports have contained errors (e.g wrong patient name on report; dates incorrect)

121

Changing behavior is the responsibility of the supervisee

- Supervisor's role is to:
 - Offer choices
 - Make suggestions
 - Provide training and re-education
 - Provide resources
 - Provide encouragement

122

Keys to changing behavior

- Clearly outline what needs to change
 - Share examples from your documentation
- State clearly what you expect
- Ask the supervisee for ideas about how the changes can be made
 - Stay focused on the supervisee's behavior
- Set specific timelines for achieving the change
 - How will success be measured?
 - Behavior observed one time?
 - Consistently over a period of time?



123

Follow up

- Set a time frame for the next meeting
 - Base this on what needs to change and how long it will take to assess (e.g. do you need to see 1 more diagnostic evaluation? 5?)
- Document in preparation for the meeting
- Know what your next steps are if the supervisee has not made the expected changes

124

continued

Managing conflict #7

125

continued

Handling conflicts

- With subordinates who were once peers
 - Can be particularly challenging to move into a supervisory role and supervise staff who were once your peers
- Between supervisees

126

continued

continued

Subordinates who were peers

- Former peers may now view you as one of “them” and no longer one of “us” and may not be comfortable talking openly with you
- Some may think they were better qualified to assume the supervisory role
- If you had minor disagreements when you were peers, may be viewed differently by the subordinate since you now have more power as a supervisor

127

continued

Handling conflict with former peers

- Talk with them directly to ask if they have a problem
- Express your understanding of their feelings
- Minimize your position of having power over them
 - Use phrases like “working together”
- Ask for opinions about changes that can be made
- Counsel them about changing their specific behaviors

128

continued

continued

Handling conflicts between subordinates

- Document the problem behavior
- Meet with each person individually
 - Ask for their view of the problem
- Meet with them together
 - Problem solving meeting
 - You state what each person's view is and then let them clarify
 - Let them state their feelings and beliefs
 - All solutions mutually agreed on
- Follow up once or twice with each person

129

continued

TOOLS AND TECHNOLOGY

130

continued

Self-Assessment Technology

- II J
- I demonstrate use of technology, when appropriate, for remote supervision.

131

Using Google Drive

- Store information that can be accessed again and again by anyone
 - Research articles
 - Practice policies
 - Forms
 - Observation notes
 - Time sheets

132

continued

Track activity

Right hand side shows who has been working in the files

My Drive X

Details Activity

Last month

Jan 15

You uploaded an item

AP project videos needed.xlsx

Jan 9

You edited an item

12-31 WHAT HAVE YOU REA...

Jan 8

Jordan Hazelwood renamed an item

ASHA project with Nancy, A ...

ASHA project with Nancy, A ...

Jan 2

You edited an item

ASHA project with Nancy, A ...

133

continued

My Drive -

Chapter 1 Preparing for Exa...

MANAGING PEDIATRIC DYSPHAGIA IN SCHOOLS

NHC18 Source Document W...

Other 3 hour ethics general a...

Endoscopic View.wmv

Effortful pitch glide.mp4

Lingual ROM stabilize jaw.m...

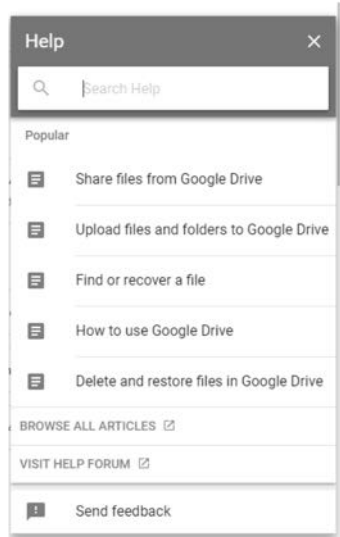
Jaw exercises.mp4

Lip exercises.mp4

Two hour presentation theore...

134

continued




An easy to use
Help menu

135

Sharing files and folders

Step 1: Find the file you want to share

Share a single file


1. On a computer, go to Google Drive [↗](#), Docs [↗](#), Sheets [↗](#), or Slides [↗](#).
2. Click the file you want to share.
3. Click Share or Share .

Share multiple files 

Send & share Google Forms 

Step 2: Choose who to share with & how they can use your file

Share with specific people

1. Under "People," enter the email address you want to share with.
 - Note: If you share with an email address that isn't a Google Account, they'll only be able to view the file.
2. To choose what someone can do with your file, click the Down arrow .
 - Learn more about how others view, comment, or edit files.
3. If you don't want to send an email to people, click **Advanced** and uncheck the **Notify people** box. If you notify people, each email address you enter will be included in the email.
4. Click **Send**.

136

continued

Limit how a file is shared

Choose if people can view, comment, or edit ▼

Change who your link is shared with ▼

How many people you can share with ▼

Related articles

- Share files from Google Drive
- Stop or change how a file is shared
- Transfer file ownership
- Share folders in Google Drive
- Find files shared with you

137

continued

Creating a new folder

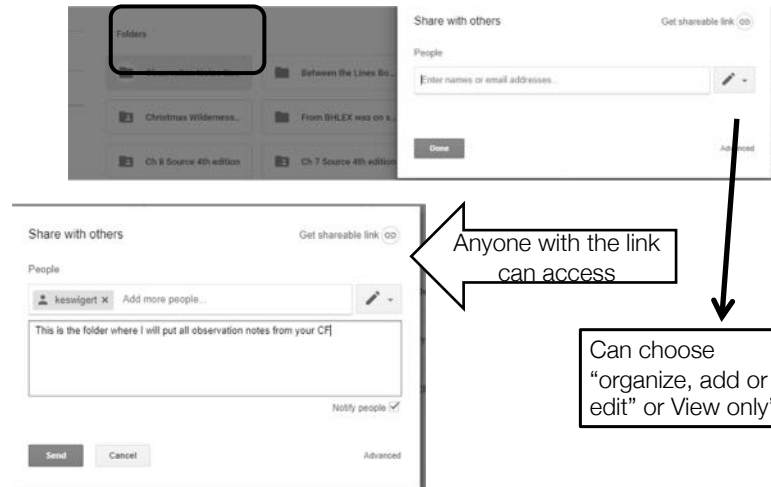


The screenshot shows the Google Drive interface. On the left, the 'New' button is highlighted with a callout box that says 'Click on New and choose folder'. To the right, a 'New folder' dialog box is open, showing a text input field with the text 'Observation Notes Sarah G' and two buttons: 'CANCEL' and 'CREATE'.

138

continued

Right click on folder and enter email addresses to share or send link

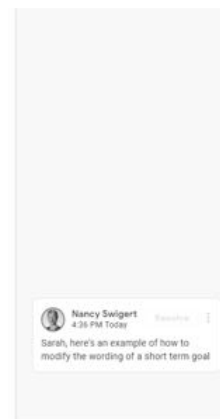


continued

You can edit and add comments

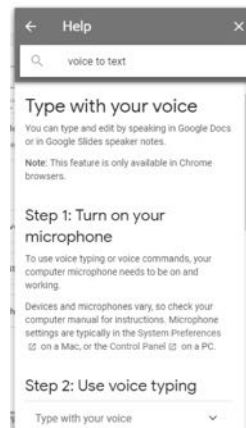
Table 5.3 Editing goals when no improvement is expected

Comparison of Short-Term Goals Worded when improvement in physiology is expected and when no improvement is expected	
Functional short-term goals when improvement is expected.	Revised functional short-term goals if only compensation objectives are appropriate because no improvement is expected
<ul style="list-style-type: none"> • Patient will increase elevation of the larynx to reduce the amount of food remaining in the pyriform sinuses that falls into the airway after the swallow. • Patient will increase closure at the entrance to the airway to keep food from entering the top of the larynx and falling into the airway after the swallow. 	<ul style="list-style-type: none"> • Patient will compensate for decreased laryngeal elevation to reduce the amount of food remaining in the pyriform sinuses that falls into the airway after the swallow. • Patient will compensate for decreased closure at the entrance to the airway to keep food from entering the top of the larynx and falling into the airway after the swallow.



continued

Voice to text in Google docs



Step 2: Use voice typing

Type with your voice

Start voice typing in a document

1. Check that your microphone works.
2. Open a document in Google Docs with a Chrome browser.
3. Click **Tools** > **Voice typing**. A microphone box appears.
4. When you're ready to speak, click the microphone.
5. Speak clearly, at a normal volume and pace (see below for more information on using punctuation).
6. When you're done, click the microphone again.

141

App Store Preview

This app is only available on the App Store



QuickVoice® Recorder

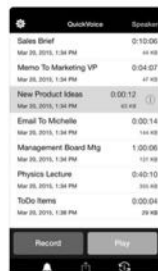
nFinity Inc.

★★★★☆ 3.3, 152 Ratings

Free - Offers In-App Purchases

Screenshots

iPhone iPad



Can record
your
comments
while
observing

142

continued^{ed}

Introducing Scannable app

Introducing Scannable app

Scannable Document

Mail Message

Evernote Export

Camera Roll More...

Evernote Scan-able app

143

continued^{ed}

1. Scan on Phone

2. SHARE

3. Upload to Google Drive

Feedback & Save

Feedback & Save

SEND SAVE

Saved to Evernote

Feedback & Save

SEND SHARE

Feedback & Save

SEND SHARE

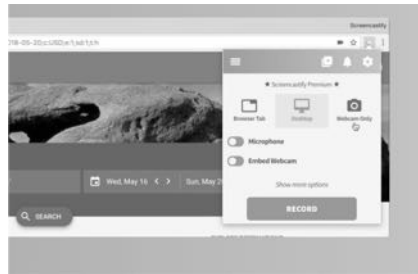
Share

Google Drive

Cancel

144

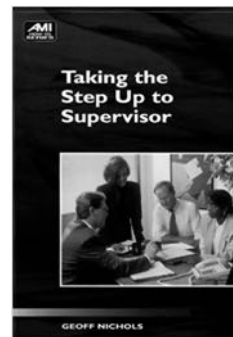
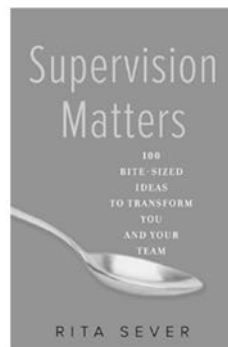
Screencastify from Chrome



- Video part of a session and then narrate your comments
- Record a Powerpoint and narrate a few slides to educate the student
- Can share on Google Drive

145

Good ways to gain more information on supervision



146

continued

Home / Practice Portal / Professional Issues / Clinical Education and Supervision

Clinical Education and Supervision

Overview

Key Issues

- Preparation for the Clinical Educator
- Goals of Clinical Education
- Competency-Based Education
- Anderson's Continuum of Supervision
- Components of The Clinical Education Process
- Teaching Methods In Clinical Education
- Other Methods Used In Clinical Education
- Assessment of the Student Clinician's Knowledge and Skills
- Effective Remediation
- Students With Disabilities
- Bilingual Student Clinicians
- Student Clinicians Who Use Non-Standard American English Dialects or Accented Speech
- Cultural Influences On Clinical Education
- Generational Differences
- Working With Academic Programs
- Ethics
- Legal/Regulatory Requirements
- Telesupervision
- Interprofessional Education and Interprofessional Practice

PRACTICE PORTAL HOME

CLINICAL TOPICS

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ASHA Practice Portal

147