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HEARING
ASSOCIATION

Ad Hoc Committee on Supervision Training

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Final Report

A Plan for Developing Resources and Training Opportunities in Clinical Supervision

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Executive Summary

Introduction

This report was prepared by the Ad Hoc Committee on Supervision Training (AHCST), which was appointed by the American Speech-Language-Hearing Association (ASHA) Board of Directors (BOD) in 2014. Due to the delay in the appointment of committee members, this committee did not begin its work until February 2015 and completed its work in May 2016.

The AHCST included four audiology and four speech-language pathology volunteer members from a variety of work settings who had experience and expertise in clinical education. The committee member composition also included representation from the Council of Academic Programs in Communication Sciences and Disorders (CAPCSD) and Special Interest Group (SIG) 11. The overall charge from the BOD was to develop a plan to advance and implement programs and develop resources for supervision training.

Specific Charges to the AHCST

1. Develop a detailed plan that lays out a well-coordinated, comprehensive, and systematic approach for establishing resources and training opportunities in clinical supervision that incorporate requisite knowledge, skills, and competencies outlined by the committee's predecessor, the 2013 Ad Hoc Committee on Supervision (AHCS), in its final report, [*Knowledge, Skills and Training Consideration for Individuals Serving as Supervisors*](#).
2. Assist in the identification of qualified persons to develop resources and provide clinical supervision training opportunities.
3. Contribute to the development of resources for the Practice Portal, and create other training opportunities, such as presentations at conferences, to enhance the breadth and depth of the clinical supervision learning opportunities offered by ASHA.
4. Submit the initial plan that identifies the topics to be addressed and the proposed method of delivery to the ASHA BOD by May 2015 (deferred until May 2016), and complete its work of further refining the implementation plan and developing the learning resources that are planned to be created by the committee prior to the end of 2016.

Committee Approach

Committee members attended two face-to-face meetings at the National Office and participated in four conference calls. Members initially reviewed the history of the need for training in supervision (noted first in the early 1970s) and then conducted an environmental scan of available resources for supervision training. The focus of the committee then turned to

ASHA resources and training opportunities to be developed. Like many previous committees, members acknowledged that supervision is a distinct area of practice and, as such, warrants formal training.

Members also discussed a plan to develop a systematic and detailed approach for addressing the four charges of the committee. Vicki Deal-Williams, Chief Staff Officer for Multicultural Affairs, presented on ASHA's Strategic Pathway to Excellence that included the *Run, Grow, Transform* model for categorizing and managing work. Subsequently, the committee decided to implement this model as a method to categorize and establish ASHA resources and training opportunities (see Charge 1, page 6). Time was also devoted to consulting with Director of Enterprise-Wide Marketing, Gwen Fortune-Blakely, on marketing the importance of supervision training. The committee agreed that advocacy is vital to the ASHA membership's acceptance of supervision training.

Finally, the committee decided to target for training the same five constituent groups engaged in supervision that were identified by the 2013 AHCS. These groups consist of

- clinical educators of graduate students in university training programs or in externships in off-campus clinical settings;
- preceptors of audiology students in the final externship;
- mentors of Clinical Fellows;
- supervisors of support personnel; and
- supervisors of professionals transitioning to a new practice area or re-entering the workforce.

The supervision goals for each of these groups are listed in Appendix A. It should be noted that the individual goals differ according to the particular group—for example, the goal for preceptors of audiology externs and mentors of clinical fellows is to facilitate the transition to independent practitioner, whereas the goal for supervisors of support personnel is to facilitate skill acquisition within the scope of practice under the supervision of a credentialed provider.

Terminology

Consistent with the AHCS, the AHCST agreed to use the term *supervisors* when referring to individuals who are clinical educators, preceptors, or mentors. Likewise, the term *supervision* will be used to describe the activities used to guide those who are developing clinical knowledge and skills in the professions of audiology and speech-language pathology. The more specific terms will be used on documents that will be made available to the ASHA membership for use in training specific groups.

Deliverables

The AHCST created the following deliverables as an outcome of fulfilling the charges that were presented to the committee by the Board of Directors:

- Topics for Supervision Training (Appendix A)
- Plan for Establishing ASHA Resources and Training Opportunities (Appendix B)
- A Sampling of Non-ASHA Resources and Training Opportunities (Appendix C)
- Supervision Training Brand Essence and Positioning Statement (Appendix D)
- Self-assessment of Competencies in Supervision (Appendix E)
- Graphic for Supervision Training (Appendix F)
- Quality indicators for identifying subject matter experts in clinical education/supervision (p.8)
- Timeline for a phased-in transition toward a requirement for training (p.13)

Recommendations

1. That the ASHA-developed brand essence on supervision training be used by academic and continuing education entities to increase engagement in supervision training among ASHA members who supervise.
2. That groups within and outside ASHA continue to coordinate and inform each other about their training resources and/or standards related to training in supervision.
3. That specific resources developed by the AHCST become content on the Clinical Education and Supervision Practice Portal—for example, “Topics for Supervisory Training”—and that any audiologist or speech-language pathologist involved in supervision training be encouraged to use these resources.
4. That ASHA begin to develop the top five priorities for resources and training indicated in the Appendix B titled “Plan for Establishing ASHA Resources and Training Opportunities.”
5. That ASHA use the AHCST’s recommended “quality indicators” for identifying experts in supervision for the development of supervision training activities and resources.
6. That the identified deliverables be disseminated broadly to ASHA members and the academic community in communication sciences and disorders (CSD).
7. That a phased-in transition process be implemented over the next 6 years, culminating in an increased number of audiologists and speech-language pathologists trained in supervision and including consideration by the Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) for a minimum requirement of 2 clock hours, every 3 years, of professional development in supervision training for ASHA members who provide clinical supervision.

The Four Charges

Charge 1: Develop a detailed plan that lays out a well-coordinated, comprehensive, and systematic approach for establishing resources and training opportunities in clinical supervision that incorporate requisite knowledge, skills, and competencies outlined by the committee’s predecessor, the Ad Hoc Committee on Supervision (AHCS, 2013).

Based on the core knowledge and skills necessary for effective supervision that were identified by the AHCS, the AHCST developed supervision training topics (see Appendix A and Charge 4). In an attempt to identify resources for ASHA members to achieve these knowledge and skills, the AHCST laid out a plan for establishing those resources and training opportunities to be developed and curated by ASHA (see Appendix B) as well as a compilation of resources and opportunities available through other related professional organizations (see Appendix C).

ASHA Resources and Training Opportunities

Appendix B outlines the AHCST’s proposed plan for establishing resources and training opportunities for clinical supervision, using the *Run, Grow, Transform* model that has guided ASHA’s strategic planning process. In this model, *Run* encompasses the management of existing, ongoing resources already supported by ASHA that can be maintained at little or no added cost—for example, the ASHA Communities for SIGs 10 and 11. *Grow* envisions innovative expansion and enhancement of existing resources, at some additional cost to the organization—for example, expansion of ASHA Professional Development (APD) opportunities devoted to supervision training. *Transform* aspires to substantive, revolutionary changes to the resources and culture of the professions, at a greater investment of time and effort—for example, the development of an interprofessional knowledge exchange and networking opportunity in clinical education and supervision. The AHCST applied this model in its exploration of existing and potential resources in the areas of professional development, research and publications, and advocacy in supervision.

In reviewing the variety of resources and training opportunities that could be developed and implemented by ASHA, the committee identified its top five planning priorities (see starred items in Appendix B):

1. Advocacy to the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) and the CFCC to consider a standard requirement for supervision training

2. Increased awareness among the academic community and the ASHA membership that clinical education and supervision is a distinct area of practice that warrants training for anyone engaged in supervision
3. Expansion and enhancement of ASHA professional development opportunities and resources on the topic of clinical education and supervision
4. Expansion of publication opportunities related to clinical education and supervision in ASHA journals, *The ASHA Leader*, e-newsletters, and so forth
5. Development of an issue theme in *The ASHA Leader* on the topic of clinical education and supervision

Non-ASHA Resources and Training Opportunities

The AHCST reviewed a variety of non-ASHA organizational resources for supervision (see Appendix C). Potential organizational resources include those from the American Academy of Audiology (AAA), CAPCSD, and state speech-language-hearing associations. A sample of specific non-ASHA resources include the following: Supervisory training modules provided to member academic programs by CAPCSD; the American Board of Audiology (ABA) Certificate Holder—Audiology Preceptor (CH-AP™) Training Program; and publications in the fields of allied health professions, medical education, and other related disciplines.

Increasing Awareness of the Need for Supervision Training

Committee members strongly agreed that more widespread awareness of the need for supervision training among ASHA members is essential to the advancement of quality improvement in clinical training for all five constituent groups identified by the AHCS and listed in Appendix A. To that end, the committee consulted with ASHA’s Director of Enterprise-Wide Marketing, and developed a brand essence to heighten such awareness. This brand essence for supervision training, which is depicted in Appendix D, identifies the core values, benefits, and positioning statement about supervision training. This “deliverable” can be shared with academic and continuing education entities to guide these entities in the development of training opportunities.

Charge 2: Assist in the identification of qualified persons to develop resources and provide clinical supervision training opportunities.

Quality Indicators

Rather than identify qualified persons by name, the AHCST decided to provide a long-term solution to meeting this charge by generating a list of specific “quality indicators” that experts in supervision should possess. The following quality indicators were modified from the

recommendations presented in the 2013 AHCS report and are meant to assist in narrowing the process for selecting appropriate candidates:

1. Minimum of 5 years' clinical education and supervisor experience in the profession
2. Evidence of teaching in clinical education and/or training experience (e.g., presentations, webinars)
3. Evidence of ongoing training or education in supervision
4. Evidence of involvement in state, regional, or national organizations related to clinical education and supervision
5. A history of presentations and/or publications in areas pertinent to clinical education and supervision

Methods for Identifying Qualified Individuals

The AHCST also identified suggested methods for locating qualified individuals through appointment and self-identification. Suggested methods for identifying qualified individuals may include the following:

1. Searching the ASHA website for self-identified individuals who hold expertise in the area of clinical education and supervision. Searches may be accessed via an updated ASHA Member Profile, ASHA Volunteer Interest Form, and ASHA link for current volunteer opportunities.
2. Identifying audiologists and speech-language pathologists who have served on former ASHA-sponsored committees, boards, and councils addressing topics related to clinical education and supervision.
3. Identifying audiologists and speech-language pathologists who have published or presented in areas pertinent to clinical education and supervision.
4. Identifying audiologists and speech-language pathologists who have expertise in clinical education and supervision from all SIGs and in particular, SIGs 10 and 11.
5. Creating partnerships within and across education and health disciplines to identify subject matter experts in supervision. Within-discipline partnerships could include, for example, ASHA-recognized specialty certification boards, CAPSCD and AAA. Interdisciplinary partnerships could include, for example, the American Physical Therapy Association (APTA) and the American Occupational Therapy Association (AOTA).

Charge 3: Contribute to the development of resources for the Practice Portal, and create other training opportunities, such as presentations at conferences, to enhance the breadth and depth of the clinical supervision learning opportunities offered by ASHA.

Development of Resources for Practice Portal

Practice Portal content in the Professional Issues section related to clinical education and supervision was developed by a team of ASHA National Office staff. Although it was not intended that members of the AHCST serve as subject matter experts in reviewing the Practice Portal content, five members on the AHCST were invited and served as reviewers.

The AHCST recommends that the following four primary resources from this final report be accessible on the Practice Portal:

1. Topics for Supervision Training (Appendix A)
2. Supervision Training Brand Essence and Positioning Statement (Appendix D)
3. Self-Assessment of Competencies in Supervision (Appendix E)
4. Graphic for Supervision Training (Appendix F)

Creation of Other Training Opportunities

Although the timeframe allotted for this committee did not allow for the creation of continuing education opportunities in supervision training, the AHCST did develop a set of resources (i.e., deliverables) that were a direct outcome of work on the four charges (see page 4 of the Executive Summary). In addition, as described earlier, in order to promote the development of opportunities for supervision training by ASHA and other entities, the AHCST created a brand essence to aid in those efforts. Committee members plan to present the work of the committee and the new brand essence at future conventions and conferences in order to raise awareness and generate interest in the topic of supervision training and to promote existing training opportunities.

Charge 4: Submit the initial plan that identifies the topics to be addressed and proposed method of delivery to the ASHA BOD by May 2016, and complete the committee's work of further refining the implementation plan and developing the planned learning resources prior to the end of 2016.

Goals and Topics for Training

As noted previously, supervision training targets five constituent groups of audiologists and speech-language pathologists who are supervising graduate students, audiology externs, Clinical Fellows, support personnel, and those transitioning to a new area of practice or re-entering the workforce. The specific goal of supervision for each group—along with both the

general and specific topics for supervisory training among the five constituent groups—is listed in Appendix A. The topics are organized within five broad categories, based on the knowledge and skills developed by the 2013 AHCS, the CAPCSD White Paper: Preparation of Speech-Language Pathology Clinical Educators (2013), and the expertise of the AHCST. The five broad categories are as follows:

- Supervisory Process and Clinical Education
- Relationship Development and Communication Skills
- Establishment/Implementation of Goals
- Analysis and Evaluation
- Clinical and Performance Decisions

In addition to the general topics for supervisory training, specific topics are recommended based on the goals and needs of the five constituent groups of those who are supervising. The topics can be developed into individual and/or collective professional development offerings. Each of these topics should be modified according to the needs of the five constituent groups of supervisors, preceptors, and mentors. The document titled *Knowledge and Skills for Individuals Serving as Supervisors* (AHCS, 2013) should be referenced in creating learning objectives for each of these topic areas. Materials should be developed to address the introductory, intermediate, and advanced needs of the learners.

Proposed Method of Delivery

It is recommended that training materials be developed according to best practices in professional development. Products should address a variety of learning styles, be accessible in a range of formats, and be appropriate for adult learners in a variety of academic and clinical settings. Offerings should have clear learning objectives, be based on identified core knowledge and skills, include opportunities for self-assessment, and infuse best practices in clinical education and supervision from within and outside the CSD discipline. Proposed delivery formats include face-to-face, online, and hybrid offerings. A “train-the-trainer” model may be of interest to certain constituent groups. Asynchronous offerings would allow trainees to access content at a time and place to meet their needs. Venues for delivery include national and state conferences, university programs, and employment sites.

Incentives

It would behoove professionals and/or organizations that offer supervision training to provide extrinsic and/or intrinsic incentives. *Extrinsic incentives* are tangible types of rewards such as certificate programs and specialty certification to recognize the qualification of the supervisor. *Intrinsic rewards* are internal to the individual and, in many ways, are less tangible. Intrinsic

incentives promote advocacy and core values and provide great opportunities for those who desire to meet the need within the professions and give back to the professions by training and mentoring future professionals.

Preparation of Persons Supervising

Those supervising should be adequately prepared by completing a minimum of 2 clock hours of continuing education activities on the topic of supervision or preceptor training every 3 years. Other means of preparation that might not yield continuing education credits include the following:

- Mentorship by an experienced supervisor or preceptor
- Completion of readings of articles and textbooks related to clinical education and supervision
- Completion of the Self-Assessment of Competencies in Supervision (see Appendix E)

The AHCS developed the self-assessment tool to assist all audiologists and speech-language pathologists engaged in supervision in self-evaluation and reflection of their own competencies. The competencies listed are based on the knowledge and skills for supervision developed by the AHCS. Clinical educators, preceptors, mentors, and other supervisors are encouraged to use the tool not only to assess competencies but also to develop goals for training to improve clinical supervision abilities.

Timeline for a Phased-In Transition Toward a Requirement for Training

The summary recommendation of the 2013 AHCS was that “supervisory training be required of those who engage in clinical supervision” and that there be “careful planning, assessment at every phase of implementation, and a thoughtful phase-in of any such requirement” (p. 18). The present ad hoc committee undertook this task and offers a transition plan to occur over a 6-year period in two phases. A specific outcome of the plan is a required minimum of 2 clock hours of professional development in supervision training every 3 years, and the overall outcome is an increased number of trained supervisors, clinical educators, preceptors, and mentors. Phase I is designed to ensure that an infrastructure is in place prior to any requirement.

Phase I: Years 1–3 (2016–2018)

- ASHA expands professional development opportunities (e.g., online webinars, sessions at ASHA conferences) for supervision training based on the established knowledge and skills and based on the brand essence.
- ASHA expands dissemination of information and resources on the topic of supervision (e.g., Practice Portal, ASHA journals, *The ASHA Leader*, e-newsletters, *Perspectives of the ASHA Special Interest Groups*).
- ASHA members voluntarily complete supervision training as part of their professional development.
- The CAA considers
 - incorporation of supervision knowledge and skills within accreditation standards for graduate students (3.0 Curriculum) and
 - faculty qualifications for clinical educators (on site and off site) to encompass supervision training (2.0 Faculty).
- The CFCC considers
 - a recommendation (as part of certification standards implementation language) for graduate students and Clinical Fellows to be supervised by individuals who have had supervision training and
 - incorporation of knowledge and skills related to supervision training for graduate students to prepare them to supervise support personnel.
- SIG 11 petitions the CFCC to establish specialty certification in supervision.

Phase II: Years 4–6 (2019–2021)

- ASHA continues to develop and offer professional development opportunities in supervision training.
- ASHA members continue to voluntarily complete supervision training as part of professional development.
- The CFCC considers requiring a minimum of 2.0 clock hours every 3 years of professional development in supervision training as part of certification maintenance for ASHA members who provide clinical supervision. (*Note: ASHA webinars are all 2.0 hours in length.*)
- CFCC specialty certification program in clinical supervision is established and operational.

References

American Speech-Language-Hearing Association. (2013). *Knowledge, skills and training consideration for individuals serving as supervisors* [Final report, Ad Hoc Committee on Supervision]. Available from <http://www.asha.org/uploadedFiles/Supervisors-Knowledge-Skills-Report.pdf> [PDF]

Resources

American Board of Audiology. ABA Certificate Holder—Audiology Preceptor (CH-AP™) Training Program Available from www.boardofaudiology.org.

American Speech-Language-Hearing Association. (n.d.). *Clinical Education and Supervision* (Practice Portal). Available from <http://www.asha.org/Practice-Portal/Professional-Issues/Clinical-Education-and-Supervision/>.

Council of Academic Programs in Communication Sciences and Disorders. (2013). *Preparation of speech-language pathology clinical educators* [White paper]. Retrieved from <http://www.capcsd.org>.

	Graduate Students	Audiology Externs	Clinical Fellows	Support Personnel	Those in Transition
e) Adhere to research/evidence-based practice, convey that information/analysis to supervisee and encourage supervisee to seek applicable research and outcomes data and to use methods for measuring treatment outcomes	•	•	•	•	•
f) Connect academic knowledge and clinical procedures	•				
g) Explore existing knowledge and skills, including transferable skills					•
h) Sequence knowledge and skills development	•				
i) Facilitate the supervisee's ability to respond to various clinical settings and expectations of SORs	•				
j) Provide appropriate balance of direct observation and other monitoring activities consistent with the Clinical Fellow's skills and goals while maintaining compliance with ASHA Clinical Fellowship guidelines			•		
k) Provide opportunities to achieve independence in the workplace			•		
l) Develop a multifaceted experience for the student within the scope of the profession		•			
m) Allow the student to develop increasing independence in the externship		•			
II. Relationship development and communication skills					
Supervisor will:					
a) Develop a supportive and trusting relationship with supervisee	•	•	•	•	•
b) Create an environment that fosters learning and exploration of personal strengths and needs of supervisee	•	•	•	•	•
c) Transfer decision-making and social power to supervisee, as appropriate	•	•	•	•	•
d) Educate supervisee about the supervisory process	•	•	•	•	•

	Graduate Students	Audiology Externs	Clinical Fellows	Support Personnel	Those in Transition
e) Define expectations, goal setting, and requirements of the relationship	•	•	•	•	•
f) Define and demonstrate expectations for interpersonal communication and other modes of communication	•	•	•	•	•
g) Define and demonstrate evidence of cultural competence and appropriate responses to different communication styles	•	•	•	•	•
h) Demonstrate recognition of and access to appropriate accommodations for supervisees with disabilities	•	•	•	•	•
i) Engage in difficult conversations, when appropriate, regarding supervisee performance	•	•	•	•	•
j) Demonstrate use of technology, when appropriate, for remote supervision	•	•	•	•	•
k) Collaborate with other supervisors where and when applicable		•		•	
l) Build and foster professional identity and engagement	•	•	•		
m) Promote self-reflection to learn new skills and hone existing skills					•
n) Establish and maintain professional boundaries and appropriate relationships		•	•		
o) Facilitate efficiency, team building, and interprofessional relationships				•	
p) Empower support personnel to (a) work at their top potential and (b) continue to develop relevant skills				•	
q) Model and develop appropriate relationships with support personnel and within the organizational structure				•	

	Graduate Students	Audiology Externs	Clinical Fellows	Support Personnel	Those in Transition
III. Establishment/implementation of goals					
Supervisor will:					
a) Develop goals/objectives with the supervisee that allow for growth in critical thinking and problem solving	•	•	•	•	•
b) Set personal goals to enhance supervisory skills	•	•	•	•	•
c) Observe sessions and collect and interpret data with supervisee	•	•	•	•	•
d) Give the supervisee objective feedback to motivate and improve performance	•	•	•	•	•
e) Understand the levels and use of questions to facilitate learning	•	•	•	•	•
f) Adjust supervisory style based on level and needs of supervisee	•	•	•	•	•
g) Review relevant paperwork and documentation	•	•	•	•	•
h) Establish goals for the Clinical Fellow experience through a collaborative process of development/assessment			•		
IV. Analysis and evaluation					
Supervisor will:					
a) Examine collected data and observation notes to identify patterns of behavior and targets for improvement	•	•	•	•	•
b) Assist supervisee in conducting self-reflections until independence is achieved	•	•	•	•	•
c) Assess supervisee performance	•	•	•	•	•
d) Determine if progress is being made toward supervisee's goals	•	•	•	•	•
e) Modify or add to goals, if needed	•	•	•	•	•
f) Analyze existing skills of the support person				•	

	Graduate Students	Audiology Externs	Clinical Fellows	Support Personnel	Those in Transition
g) Provide ongoing assessment and objective (data-based) feedback, including the use of any reporting tools		•	•		•
h) Conduct ongoing and measurable competency assessment				•	
i) Evaluate support personnel through performance-based measures rather than developmental assessment				•	
j) Assign responsibilities to support personnel based on skills assessment				•	
V. Clinical and performance decisions					
Supervisor will:					
a) Model/guide supervisee to respond to ethical dilemmas	•	•	•	•	•
b) Model/guide supervisee to apply regulatory guidance in service delivery	•	•	•	•	•
c) Model/guide supervisee to access payment/reimbursement for services	•	•	•	•	•
d) Guide supervisee in use of reflective practice techniques to modify performance	•	•	•	•	•
e) Provide guidance regarding both effective and ineffective performance	•	•	•	•	•
f) Determine if progress is being made toward goals	•	•	•	•	•
g) Identify Issues of concern about supervisee performance	•	•	•	•	•
h) Create and implement plans for improvement	•	•	•	•	•
i) Assess response to plans and determine next steps	•	•	•	•	•
j) Identify the need for continuing education and training and develop a plan for achieving necessary skills/knowledge				•	•

	Graduate Students	Audiology Externs	Clinical Fellows	Support Personnel	Those in Transition
k) Adapt to changes in the service delivery environment				•	
l) Understand the relationship defined by the agreement between the university and clinic site, and adhere to the requirements and serve as an effective liaison	•	•			
m) Accept and adhere to ASHA roles and responsibilities for mentoring Clinical Fellows			•		
n) Assist in the development of workplace navigation skills, including becoming part of the team and adhering to the policies and procedures of the facility		•	•		•
o) Facilitate the supervisee's utilization of information to support clinical decision making and problem solving	•	•	•		
p) Guide the supervisee in reflective practice to encourage flexibility, growth, and independence		•	•		
q) Delegate responsibilities effectively				•	
r) Focus on client-centered care				•	
s) Hold appropriate credentialing for the professional and supervisory roles				•	
t) Know and ensure compliance with state, federal, regulatory, and ASHA guidelines for duties and responsibilities; reimbursement; and legal and ethical repercussions in relation to the scope of practice of the supervisor				•	
u) Understand and communicate, to others in the setting, respective roles and responsibilities, including appropriate ASHA guidelines and state regulations				•	
v) Guide the supervisee in developing advocacy skills for clients, himself/herself, and the profession		•	•		
w) Match/develop skills with job assignments				•	

Notes:

1. The knowledge and skills listed in this document as well as the supervision goals for the five constituent groups are adapted from the Final Report of the 2013 Ad Hoc Committee on Supervision, titled [*Knowledge, Skills and Training Consideration for Individuals Serving as Supervisors.*](#)
2. The topic area for each group's specific set of knowledge and skills was determined by the 2016 Ad Hoc Committee on Supervision Training.
3. It is recognized that specific knowledge and skills might pertain to other constituent groups— that is, just because an item is identified only for clinical educators of graduate students does not mean that it cannot apply to supervisors in other groups.

Appendix B

Plan for Establishing ASHA Resources and Training Opportunities

ASHA Ad Hoc Committee on Supervision Training (AHCST), 2016

Aspect of ASHA Strategic Pathway	Professional Development	Research and Publications	Advocacy
<p>Transform</p> <p>Revolutionary change within the professions and/or the association</p>	<p>ASHA Professional Development (APD)</p> <ul style="list-style-type: none"> Develop an interprofessional knowledge exchange and networking opportunity in clinical education/supervision <p>Special Interest Group (SIG) 11 (Administration and Supervision)</p> <ul style="list-style-type: none"> Petition to establish a specialty certification in clinical education/supervision Explore the establishment of a mentoring program for new clinical educators/supervisors 	<p>ASHA Membership</p> <ul style="list-style-type: none"> Conduct research on the effectiveness of methods of clinical education/supervision and the effectiveness of supervision training 	<p>ASHA AHCST</p> <ul style="list-style-type: none"> Advocate to CAA and CFCC for a standard requirement regarding clinical education/supervision training*
<p>Grow</p> <p>Expand, revamp, experiment, and/or innovate within association programs, operations, and functions</p>	<p>ASHA Professional Development (APD)*</p> <ul style="list-style-type: none"> Expand/enhance Web programs and consider developing stand-alone courses on clinical education/supervision Integrate clinical education/supervision sessions at ASHA Connect conference Integrate clinical education scenarios into learning opportunities and resources. <p>ASHA Continuing Education (CE)</p> <ul style="list-style-type: none"> Disseminate information and resources to ASHA CE Providers about the need to develop CE courses in the area of clinical education/supervision Add links to the AHCST (2016) training resources (i.e., Topics for Supervision Training, Graphic for Supervision Training, Self-Assessment of Competencies for Supervision, and Supervision Training Brand Essence and Positioning Statement) to the CE Providers' resource webpage 	<p>ASHA Publications</p> <ul style="list-style-type: none"> Expand publication opportunities related to clinical education/supervision* <p>The ASHA Leader</p> <ul style="list-style-type: none"> Seek clinical education/supervision-related article ideas for possible publication as an issue theme * <p>ASHA Academic Affairs and Research Education (AARE)</p> <ul style="list-style-type: none"> Include clinical education/supervision funding opportunities in <i>Access Academics & Research</i> e-newsletter Promote, in general, clinical education/supervision as a viable area of research Include clinical education/supervision as an area of research in the CLARC program Offer the Scholarship of Teaching and Learning (SOTL) of clinical education/supervision as a future topic for the Researcher-Academic Town Meeting (RATM) at the ASHA Convention 	<p>ASHA Membership</p> <ul style="list-style-type: none"> Increase awareness that as a distinct area of practice, clinical education/supervision warrants training for all audiologists and SLPs who are engaged in supervision* <p>SIG 11</p> <ul style="list-style-type: none"> Engage local "champions" to promote clinical education/supervision research and training Increase awareness of available materials regarding the need for and value of clinical education/supervision training (e.g., Supervision Training Brand Essence and Positioning Statement [AHCST 2016])

	<p>Conventions and Meetings</p> <ul style="list-style-type: none"> Enhance and grow clinical education/supervision track and alternative learning experiences at ASHA Convention <p>Practice Portal</p> <ul style="list-style-type: none"> Continue to enhance Clinical Education and Supervision Portal including any current research, relevant journals (e.g., <i>Teaching and Learning in Communication Sciences and Disorders</i>), and links to relevant resources (e.g., Clinicians and Researchers Collaborating [CLARC]) Add links to the AHCST (2016) training resources (i.e., Topics for Supervision Training, Graphic for Supervision Training, Self-Assessment of Competencies for Supervision, and Supervision Training Brand Essence and Positioning Statement) 		
<p>Run Ongoing operations, including evolution and process improvement in association programs and functions</p>	<p>ASHA Professional Development (APD)</p> <ul style="list-style-type: none"> Continue existing Web-based programs on essential supervisory skills Continue clinical education/supervision track at Convention <p>SIGs</p> <ul style="list-style-type: none"> Continue ASHA Community, SIGs 10 and 11 Continue SIG 11 Short Course and invited sessions at Convention 	<p>Perspectives of the ASHA Special Interest Groups</p> <ul style="list-style-type: none"> Continue SIG 10 (Issues in Higher Education) Continue SIG 11 (Administration and Supervision) <p>ASHA eNewsletters</p> <ul style="list-style-type: none"> Continue articles and news related to clinical education/supervision 	<p>SIG 11</p> <ul style="list-style-type: none"> Continue to periodically survey affiliates regarding their experience, interest, and needs in clinical education/supervision Continue to advance suggestions to ASHA Board of Directors regarding the need for clinical education/supervision training <p>ASHA Academic Affairs and Research Education (AARE)</p> <ul style="list-style-type: none"> Continue reciprocal communication with CAPCSD about each organization's efforts to develop clinical education/supervision resources and training opportunities

*Top planning priorities

Appendix C

A Sampling of Non-ASHA Training Opportunities and Resources in Clinical Education/Supervision

Organization	Professional Development Opportunities and Resources
American Academy of Audiology (AAA)	<ul style="list-style-type: none"> • Audiology NOW! • <i>Journal of the American Academy of Audiology</i> • <i>Audiology Today</i>
American Board of Audiology (ABA)	<ul style="list-style-type: none"> • ABA Certificate Holder—Audiology Preceptor (CH-AP™) Training Program
Council of Academic Programs in Communication Sciences and Disorders (CAPCSD)	<ul style="list-style-type: none"> • CAPCSD Clinical Educator Online Training Modules • CAPCSD Conference Proceedings
Local, State, and Regional Professional Organizations	<ul style="list-style-type: none"> • University-sponsored training • State association convention sessions or courses • Regional convention training such as: <ul style="list-style-type: none"> ○ South Eastern University Clinical Educators (SEUCE) ○ Mid-West Clinic Directors' Conference ○ New England Clinic Directors' Group
Related Professional Organizations	<ul style="list-style-type: none"> • Clinical education courses offered by other associations, such as: <ul style="list-style-type: none"> ○ American Physical Therapy Association (APTA) ○ American Occupational Therapy Association (AOTA) ○ National Athletic Trainers' Association (NATA) • Clinical education courses offered by other health care entities such as the Veterans Health Administration (VHA) • Ida Institute Clinical Supervisor Kit • Examples of journals associated with other professions <ul style="list-style-type: none"> ○ <i>The Clinical Supervisor</i> ○ <i>Journal of Clinical Nursing</i> ○ <i>Medical Education</i> ○ <i>International Journal of Clinical Skills (IJOCS)</i>
Scholarship of Teaching and Learning (SoTL) organizations	<ul style="list-style-type: none"> • SoTL conferences, such as: <ul style="list-style-type: none"> ○ Lilly Conference Series on College and University Teaching • Examples of SOTL journals: <ul style="list-style-type: none"> ○ <i>JoSoTL: Journal of the Scholarship of Teaching and Learning</i> ○ <i>Teaching and Learning in Communication Sciences and Disorders (TLCSD)</i> ○ <i>Wiley Online Library: New Directions for Teaching and Learning</i>

Appendix D: Supervision Training Brand Essence

For Supervision Training Providers

The 2016 Ad Hoc Committee on Supervision Training used its knowledge of the power of supervision training as well as their deep insights about the target audience to develop a couple of tools that should help you market your offerings in a compelling way. Below are brief descriptions of the purpose of each tool.

Positioning Statement

The positioning statement reflects sound strategy thinking and will provide guidance as you develop all the elements of your marketing mix. Although the positioning statement is not advertising copy and should not be treated as such, it provides a foundation for developing clear, focused, and consistent messages that will resonate with the target audience.


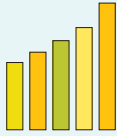



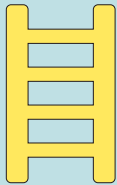
Brand Essence

The Brand Essence is a framework that shows the thinking behind the elements that are incorporated into the positioning statement. The framework shows the bridge between offerings in supervision training and the intended target audience. By starting with the target audience's relevant needs, motivations, and core values, we were able to discern the role that supervision training could play in meeting their needs and expectations. This process was foundational to translating product features into audience-relevant benefits.

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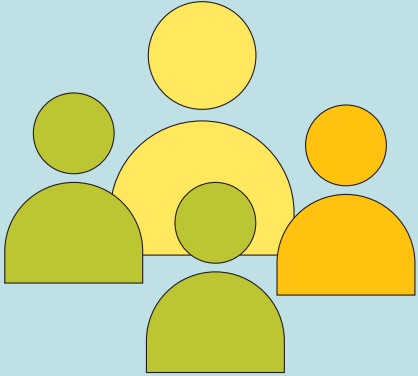


SUPERVISION TRAINING BRAND ESSENCE

My Core Value	 <p>I want to pay it forward and do as others have done for me. It's my turn. I'm responsible for the future of the profession. Practice under the guidance of experts is how everyone learns; it's critical to the vibrancy of our profession.</p>		
I Need or I Am Motivated By	<p>I'm committed to supporting the growth and vitality of the profession. I need to equip future professionals to provide the highest quality service to people with communication disorders.</p> 	<p>I want the best information. I need practical, applicable information about supervision that is grounded in evidence.</p> 	<p>I need to build my professional relationship with my students so I can effectively guide, inspire, exchange ideas, and mentor.</p>  <p>I care deeply about those I serve. I need to ensure the success of those I serve while also supporting the growth of the students I supervise.</p> 
Role of Supervision Training	 <p>Supervision training provides you with methods and support for doing your part to continue the vibrancy of the profession through excellence in supervision. We provide guidance for how to prepare future professionals in the most effective manner possible and to ensure that you have the knowledge and skills you need to excel as a clinical educator, preceptor, mentor, or supervisor.</p>		
Benefits of Supervision Training	<p>Mastery of the Supervisory Process Supervision training helps you learn and apply models for effective supervision based on best practices in the field and research on adult learning styles through courses, programs, publications, and web-based tools.</p>	<p>Relationship and Communication Skills Development Supervision training provides you with methods for building cultural competence, for responding to different communication styles, and for developing supportive, trusting relationships with supervisees.</p>	<p>Ongoing Support as You Supervise Supervision training connects you to mentors and experts in supervision who can provide practical information on how you balance it all—i.e., how you contribute to the continued growth of the profession through top-notch supervision and handle your day-to-day responsibilities.</p>

POSITIONING STATEMENT

TARGET (who uses this brand)	<p>For audiologists and speech-language pathologists, who want to do their part to continue the growth and vibrancy of the profession through excellence in supervision,</p>
FRAME OF REFERENCE (where brand fits)	<p>supervision training is the recommended method</p>
POINT OF DIFFERENCE (what sets us apart)	<p>that helps you prepare future professionals in the most effective manner possible</p>
SUPPORT (why it's believable)	<p>because it ensures that you have support and a distinct set of supervisory knowledge and skills that are practical, applicable, and grounded in evidence.</p>



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Appendix E: Self-Assessment of Competencies in Supervision

Name:

Setting:

Date Completed:

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PLAN FOR CONTINUING EDUCATION

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

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