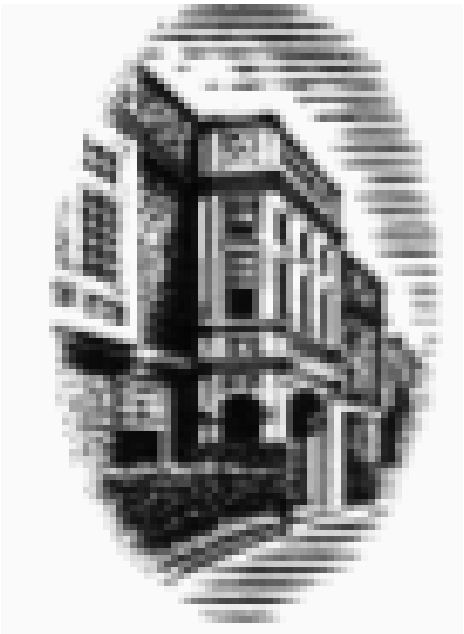
WILLIAM PATERSON UNIVERSITY
DEPARTMENT OF COMMUNICATION DISORDERS AND SCIENCES

EXTERNSHIP HANDBOOK

The graduate program at William Paterson University is accredited by the Council on Academic Accreditation of the American Speech-Language-Hearing Association



2015/2016

TABLE OF CONTENTS

SECTION 9: APPENDICES

LETTER OF INTRODUCTION

Dear Supervisor:

The Department of Communication Disorders at William Paterson University appreciates your participation in the clinical and professional education of our students. This manual has been prepared for both you and the student to provide information concerning the extern clinical practice policies and procedures. Students are provided with the extern manual prior to beginning the clinical practicum. They also understand, however, that additional requirements may be dictated by the policies and procedures of your facility and that they are expected to follow your guidelines while at your facility. Please feel free to contact me should you have questions about the externship process or policies contained within the handbook.

The clinical practicum experiences are scheduled on a semester system with a fall semester (September through December), a spring semester (January through May), and a summer semester (May/June through August). Extern assignments are based on the student's academic background, previous clinic experiences, and interests. Students who are assigned externships must also meet the specific requirements of the facility regarding coursework, observation, and previous practicum experience.

Extern sites must employ and utilize supervisors who hold both the ASHA Certificate of Clinical Competence (CCC) and state licensure in the area being supervised. A copy of the extern student's supervisor's current state license and ASHA membership must be sent to the William Paterson University Speech and Hearing Clinic before the student can begin an extern assignment. Students should be given the opportunity to observe diagnostics and treatment during the first week of the assignment. In keeping with ASHA guidelines, students must be supervised a minimum of 25% of therapy time and 50% of diagnostic evaluation time.

We hope that the student will have an opportunity to participate in all of the activities that are offered, including family conferences, case presentations, in-services, team meetings, report writing, and record keeping.

Finally, I sincerely appreciate your participation in our extern program. As always, I welcome any suggestions you may have about improving our program. I look forward to a continued partnership and hope to have the opportunity to visit your facility toward the end of the externship experience.

Sincerely,

Christine C. Natale, M.S. CCC-SLP
Clinic Manager

SECTION 1: INTRODUCTION AND OVERVIEW

GRADUATE PROGRAM MISSION STATEMENT

The mission of the Graduate Program is to prepare students for careers in speech-language pathology by providing them with a comprehensive education that encompasses an evidenced-based approach to the theoretical, practical, and ethical aspects of the field of communication sciences and disorders and which also fosters research and scholarship in order to contribute to the knowledge of the profession.

The mission of the Speech and Hearing Clinic reflects its commitment to promoting clinical excellence and ethical behavior in the areas of evaluative and therapeutic procedures, preparing its graduates to interact successfully with clients and other professionals in a variety of employment settings, and ensuring the delivery of quality professional services in speech-language pathology and audiology to individuals within the University and surrounding communities

PRACTICUM VERSUS EXTERNSHIP

Graduate students in the Department of Communication Sciences and Disorders complete at least two semesters of clinical practicum while simultaneously enrolled in academic coursework. Most practicum experiences occur at the William Paterson University Speech and Hearing Clinic and select screening sites. Typically, students accumulate a minimum of 100 clinical clock hours in practicum and a performance ranking of 4.0 prior to enrollment in externship.

Externship is the clinical capstone experience of the graduate program and provides students with opportunities to apply many concepts and skills learned in the classroom and practicum to a transitional experience between the University environment and work settings. Educational placements, which are typically part-time, occur during the next-to-last semester of study. Healthcare placements, which are typically full time, occur during the final semester. Both externships provide students with expanded opportunities to develop proficiency in the practice of speech-language pathology. Upon demonstration of the following, students are eligible to enroll in externship:

1. Completion of at least 100 clinical clock hours of graduate practicum or 125 clock hours of practicum including undergraduate hours.
2. On-campus practicum rating of 4.0 or better.
3. Approval of the Clinic Manager.
4. Achievement of no more than 6 credit hours of "C" grades in required and elective course work.
5. Achievement of an overall GPA of 3.0 or above in the graduate program.
6. Attendance at an externship meeting

PURPOSES OF EXTERNSHIP

For Students:

1. To provide a continuing series of practical experiences, adapted to students' levels of expertise, that provide opportunities for application of principles, knowledge and skills previously acquired in classes and clinical practica.
2. To learn how to assume professional roles in clinical settings while becoming accustomed to a variety of organization structures, working relationships, and job expectations.
3. To develop a professional identity as a speech-language pathologist.
4. To gain experiences in the role of a team member when working with other professionals and families in the treatment process.

For Participating Sites:

1. To provide opportunities for input into the development of the university program, thereby sharing in the education of future speech-language pathologists.
2. To serve as a catalyst for growth for participating speech-language pathologists through interaction with students.
3. To provide participating sites an opportunity to recruit new employees.

For the University:

1. To establish an outside measure of students' abilities to function efficiently and effectively as speech-language pathologists.
2. To facilitate continuous evaluation of the curriculum's relevance and effectiveness, leading to modifications when necessary.
3. To provide more diverse clinical experiences for students

STUDENT LEARNING OUTCOMES

The clinical experience is designed to develop knowledge and skills in the clinical areas of articulation, fluency, voice and resonance, receptive and expressive language, hearing, swallowing, cognitive aspects of communication, social aspects of communication, and varied communication modalities.

1. The student will:
    a. Conduct screening and prevention procedures
    b. Collect and integrating case history
    c. Select and administer appropriate standardized and non-standardized evaluation procedures and techniques, materials and instrumentation
    d. Adapt evaluation procedures to meet client needs
    f. Interpret, integrate, and synthesize all information resulting from assessment to develop diagnoses and make appropriate recommendations for intervention and/or referral
    g. Administer appropriate diagnostic protocols
    h. Write diagnostic reports that reflect accurate diagnostic findings
    i. Complete administrative and reporting functions necessary to support evaluation
    j. Refer clients for appropriate services

k. Document functional consequences of speech, language, swallowing, and/or hearing impairments

2. The student will:
   a. Develop appropriate intervention plans with measurable and achievable goals that meet client's needs
   b. Implement intervention plans involving clients and relevant others in the intervention process
   c. Use appropriate management approaches and strategies
   d. Select, develop, and use appropriate materials and instrumentation for prevention and intervention
   e. Measure and evaluate clients' performance and progress
   f. Write appropriate reports necessary to support intervention
   g. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients
   h. Refer clients for appropriate services
   i. Plan for functional and measurable goals and outcomes
   j. Interpret, integrate and synthesize information for clinical decision making, conferencing, and counseling

3. The student will:
   a. Communicate effectively, recognizing the needs, values, preferred mode of communication and cultural/linguistic background of the client, family, caregivers, and relevant others
   b. Collaborate with peers, clients and their families, and other professionals in case management
   c. Counsel the clients, caregivers and family, as it pertains to communication and swallowing disorders and their prevention
   d. Adhere to ethical and professional behavior as per ASHA's Code of Ethics
   e. Locate and use information about communication processes and disorders
   f. Express his or her ideas in written and oral form sufficient for entry into professional practice
   g. Demonstrate critical thinking ability, as shown by the ability to interpret, integrate and synthesize information related to research, assessment, intervention, and self-evaluation of clinical competence
   h. Use oral and written ability, knowledge, and skills to communicate about communication and swallowing disorders

CLINICAL PRACTICUM EXPERIENCES

The following are representative experiences in which it is anticipated the student clinician will be able to participate during clinical practicum (as appropriate). The specific experiences will vary, depending on the practicum placement to which the student is assigned.

1. Observing organization and administration of a Speech-Language Pathology program.
2. Observing treatment sessions.
3. Scheduling treatment sessions.

4. Gaining familiarity with forms and other types of documentation used by clinics in reporting, record keeping, etc.
5. Gaining familiarity and exposure to reimbursement procedures in a variety of settings.
6. Planning diagnostic evaluations and treatment based upon each client's communicative needs.
7. Assessing communication disorders.
8. Learning to use a variety of materials and gaining proficiency in the use of equipment.
9. Writing lesson, treatment, or evaluation plans with appropriate goals, logical sequence of steps, clear-cut conditions and criteria for achieving goals, type and amount of reinforcement, and appropriate selection of materials and activities.
10. Providing treatment, both individual and group, in any of the following clinical areas: articulation, fluency, voice and resonance, receptive and expressive language, hearing, swallowing, cognitive aspects of communication, social aspects of communication, and varied communication modalities.
11. Scheduling and participating in conferences with teachers, family members, and/or other professionals.
12. Observing generalization of acquired communication skills outside of the clinic setting.
13. Conducting quality assurance (QA) measures.
14. Participating in in-service training programs for clinicians (where available).
15. Attending IFSP/IEP (Individual Family Service Plan/Individual Education Plan) meetings, staffing, interpretive conferences, and/or other professional meetings.
16. Observing special programs in school systems and other interdisciplinary settings.

CLINICAL PRACTICUM SKILLS

The following are skills that we anticipate will be developed by the student clinician during his or her clinical practicum:

1. To conduct screenings and prevention procedures.
2. To perform chart reviews and collect case histories from interviewing clients and/or relevant others.
3. To select appropriate evaluation instruments/procedures.
4. To administer and score diagnostic tests correctly.
5. To adapt evaluation procedures to meet clients' needs.
6. To possess knowledge of etiologies and characteristics for each communication and swallowing disorder.
7. To interpret and formulate diagnosis from test results, history, and other behavioral observations.
8. To make appropriate recommendations for intervention.
9. To complete administrative functions and documentation necessary to support evaluation.
10. To make appropriate recommendations for client referrals.
11. To develop appropriate treatment plans with measurable and achievable goals.
12. To implement treatment plans.
13. To select and use appropriate material/instrumentation.
14. To sequence tasks to meet objectives.
15. To provide appropriate introduction/explanation of tasks.
16. To measure and evaluate client's performance and progress.

17. To use appropriate models, prompts, or cues, and allow time for the patient to respond.
18. To adapt treatment sessions to meet individual client needs.
19. To complete administrative functions and documentation necessary to support treatment.
20. To identify and refer clients for services as appropriate.
21. To possess the foundation for basic human communication and swallowing processes.
22. To possess the knowledge to integrate research principles into evidence-based clinical practice.
23. To possess knowledge of contemporary professional issues and advocacy.
24. To communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client family, caregiver, and relevant others.
25. To establish rapport and show sensitivity to the needs of the client.
26. To use appropriate rate, pitch, and volume when interacting with clients or others.
27. To collaborate with other professionals in case management.
28. To display effective oral communication with client, family, or other professionals.
29. To display effective written communication for all professional correspondence.
30. To adhere to the ASHA Code of Ethics and conduct him or herself in a professional, ethical manner.
31. To assume a professional level of responsibility and initiative in completing all requirements.
32. To demonstrate openness and responsiveness to clinical supervision and suggestions.
33. To maintain personal appearance that is professional and appropriate for the clinical setting.
34. To display organization and preparedness for all clinical sessions.

SITE SELECTION

All practicum sites are selected by the Clinic Manager with input from other clinical faculty and the student clinician. These sites represent a wide variety of settings and experiences, including public schools, private practices, skilled nursing facilities, medical centers, and specialized programs. The Clinic Manager considers the following characteristics when selecting new sites:

1. Breadth, depth, and diversity of clinical population.
2. Supervisors' interests and experiences in clinical education
3. Positive climate for clinical education.
4. Welcoming and helpful administrative and professional staff.
5. Availability of appropriate diagnostic, treatment experiences and related opportunities.

Examples of possible sites are available from the Clinic Manager

Arrangements for externships are made between William Paterson University and the healthcare facility or the educational program. Students must receive prior approval from the Department of Communication Disorders in order to take part in any externship experience.

The Clinic Manager will advise the student of possible facilities that would be appropriate for the externship upon considering various criteria which may include the following:

1. Student's availability
2. Location of the Facility
3. Coursework

4. Interests

Students are encouraged to think about where they would like to extern and the type of population they would like to work with and address possible placements during early clinical advisement meetings. Approximately 8 months in advance of the student's planned externship, an externship meeting will be held with the Clinic Manager to review expectations, timelines, responsibilities, and paperwork associated with externships. At that time, students will be required to enter their preferred externship facilities and any contact information they have gathered. Students are **not permitted** to contact prospective off site supervisors or facilities until given permission to do so by the Clinic Manager. Although student preferences are considered, there is **no** guarantee that these sites will be available. If the preferred site is unavailable, students will be asked to consider alternate placements. Refusing a comparable placement may delay externship by a semester.

No student may participate in an externship without prior approval of the Clinic Manager and the approval of an executed contract or affiliation agreement between the participating site and William Paterson University. Students are cautioned that negotiating an agreement with a new site may take up to one year and are advised to ask the Clinic Manager or whether an active contract exists between William Paterson University and the facility if they wish to extern at a specific placement.

A member of the clinical staff must be the departmental supervisor of record (usually the Clinic Manager) and be responsible for overseeing the externship experience. This person will be referred to as your William Paterson University practicum supervisor. You must also have at least one ASHA-certified on-site supervisor who is employed by the externship practicum site. The supervisor in this category will be referred to as the on-site supervisor.

Students participating in off-campus practicum may be asked to spend time observing therapy sessions until the on-site supervisor feels that the student clinician is competent to work with clients. This may have a negative impact on the amount of hours accrued. Students should consider this possibility before deciding when the externship will begin and the amount of time/days they will spend at the externship.

Externship students should always register for three credits of Graduate Clinical Practicum (CODS 6530 – Extern Practicum).

SECTION II: REQUIREMENTS

CLINICAL SUPERVISION REQUIREMENTS

The following requirements must be followed strictly during the course of the practicum:

1. The on-site supervisor(s) must hold the ASHA Certificate of Clinical Competence (CCC) in speech language pathology. A copy of all participating on-site supervisor's ASHA card must be submitted to the William Paterson University Speech and Hearing Clinic Clinical Manager before the student may begin the externship assignment. Persons holding ASHA

CCC in Speech-Language Pathology may supervise speech-language pathology evaluation and treatment services and nondiagnostic audiological screenings (i.e. pure-tone air conduction screening) for the purpose of performing a speech and/or language evaluation or for the purpose of initial identification of individuals with other communicative disorders, aural habilitation and rehabilitation services.

2. The on-site supervisor(s) must hold a New Jersey State license in speech language pathology except in public school settings where a Speech Specialist certificate is required. A copy of all participating on-site supervisor's state license or Speech Specialist certificate must be submitted to the William Paterson University Speech and Hearing Clinic Clinical Manager before the student may begin the externship assignment.
3. A minimum of 50% of each diagnostic evaluation (including screening and identification) must be observed directly by the clinical supervisor.
4. A minimum of 25% of each student's total time in clinical treatment with each patient must be observed directly by the extern supervisor. Observation of clinical treatment must be scheduled appropriately throughout the treatment period.
5. All major decisions by students regarding evaluation and treatment of a patient are to be implemented only after approval of the extern supervisor.
6. A clinician holding the ASHA CCC and state license (if applicable) must be available at the practicum site at all times when the student is providing clinical services as part of the student's clinical education.

ADDITIONAL REQUIREMENTS BEFORE INITIATION OF PRACTICUM

Some extern sites may have additional requirements for the student before the initiation of the clinical practicum. These requirements may include a resume, knowledge of sign language, previous experience with various populations, or specific coursework related to the caseload at the extern site. Some sites may accept only second year graduate students or students with prior extern experience. For current placements, this information is available from the the Clinic Manager.

AFFILIATION AGREEMENT

William Paterson University requires a signed contract with all extern sites. If the extern site does not have a contract, an affiliation agreement must be negotiated before the student assignment begins. Further, it is William Paterson University's position that the terms of a contract not exceed 3 years. These contracts must be re-negotiated, as well, before the student assignment begins. Contracts must be fully executed prior to the initiation of the clinical practicum.

STUDENT COMMITMENT

At the beginning of the practicum the student and the extern supervisor should meet to negotiate and sign the Agreement Between Student Intern and Practicum Site Student Commitment (Appendix I). This agreement delineates the duration of the practicum, days and times, and other ancillary expectations of the student's time. The contract should be returned to the William

Paterson University Speech and Hearing Clinic by the end of the first week of the extern practicum.

CLINICAL REQUIREMENTS/HOURS

In addition to 25 hours of observation, ASHA requires each student to obtain a minimum of 375 clinical hours of evaluation/treatment by the completion of the Master's degree, 50 of which may be completed when registered as an undergraduate. ASHA also requires a minimum of three different extern sites. A practicum is considered one of these extern sites only when a minimum of 50 hours are obtained at the site. The William Paterson University Speech and Hearing Clinic may count as an extern site if 50 hours are obtained at the clinic.

Although not required, it is recommended that students accrue hours across services and disorders. The following minimum distribution is suggested.

a. Evaluation

Speech disorders in children	10 hours
Speech disorders in adults	10 hours
Language disorders in children	10 hours
Language disorders in adults	10 hours

b. Treatment

Speech disorders in children	20 hours
Speech disorders in adults	20 hours
Language disorders in children	20 hours
Language disorders in adults	20 hours
Auditory rehabilitation	5 hours

c. Evaluation or Treatment

Feeding/Swallowing	5 hours

SECTION III: ROLES AND RESPONSIBILITIES

ROLE OF THE WILLIAM PATERSON UNIVERSITY PRACTICUM SUPERVISOR

The William Paterson University Practicum Supervisor is responsible for arranging placements and maintaining contact with the extern supervisor. Further, he/she is responsible for providing guidelines for grading and is available for discussing issues as well as answering questions which may arise during the course of the externship. The William Paterson University Practicum Supervisor may also make onsite visits or telephone contacts during the practicum.
In the event of identified clinical weaknesses or concern regarding the students ability to achieve a level of competence, the William Paterson University Practicum Supervisor is available to provide support or assist in problem solving issues or concerns.

ROLE OF THE ON-SITE SUPERVISOR

The on-site clinical supervisor plays a vital role in the externship experience. The responsibility for guiding and training a relatively inexperienced graduate student clinicians to become a competent professional is great. Those supervisors who are willing to provide the time, effort and energy required of this endeavor are to be commended; they perform an invaluable service to the

students they train, the University, and their profession. They must be willing to allow students to make mistakes, use critical thinking skills and to move to independent care of their caseload. They must also be able to honestly critique students' therapy skills, to help them identify their strengths as well as help them to address their weaknesses. The William Paterson University faculty and students appreciate these unpaid supervisors, who are critical to each student's professional development!

Persons involved in the direct supervision of students are selected by the sponsoring facility. Although ASHA does not specify the number of years of clinical practice before supervising a graduate student, the supervisor should have acquired sufficient knowledge and experience to mentor a student and provide appropriate clinical education. Obtaining knowledge and skills related to principles of student assessment and pedagogy of clinical education is encouraged. William Paterson University encourages facilities to select supervisors who have a minimum of three years of clinical experience. When a supervisor with less experience is assigned, the facility should notify the Clinical Manager.

One of the first responsibilities of the On-Site Supervisor should be to provide the student with an orientation to the physical facilities of the practicum site. The following should also be included:

1. Rules and regulations that apply to employees (i.e. dress requirements, use of phone)
2. Forms used by the practicum site and billing procedures (if applicable).
3. Materials and equipment available for use
4. Program functions and services
5. An introduction to other staff members and an explanation of their roles
6. Exposure control plan of the facility.

RESPONSIBILITIES

For Students:

An assignment to any practicum site carries with it the following responsibilities. Students should:

1. Conform to the rules and regulations of the externship site.
2. Familiarize themselves with the Code of Ethics of the American Speech-Language –Hearing Association (Appendix III) and conduct themselves in a professional manner in all activities relating to the practicum site to which they are assigned.
3. Maintain regular attendance at the site during hours arranged for the placement. Absences must be reported to the Clinic Manager and lost time must be made up. Externship students are normally entitled to the regular vacation and holiday leave granted by the site. Students may also take two additional days of leave upon arrangement with the extern supervisor for such things as meetings and interviews. These are not to be used for vacations.
4. Maintain regular and timely attendance at supervisory conferences for which major responsibilities include clarifying issues, asking questions, seeking out learning opportunities and exposing problems that may be experienced.
5. Fulfill, in a professional manner, all duties and responsibilities assigned by the supervisor. Special emphasis is placed on abiding by the personnel policies of the site, maintaining

confidentiality with regard to sensitive information gained in the work environment, and following all health and safety guidelines of the facility.
6. Show initiative concerning clinical responsibilities and be well prepared. They are reminded that professionalism includes demeanor and attitude.
7. Present an acceptable, professional appearance when involved in clinical or clinically related activities. Students should discuss appropriate clinical attire with their supervisors. Students should remain odor-neutral while in clinical activities.
8. Participate openly and honestly in the evaluation process.
9. Seek out and, with the clinical supervisor's approval, engage in any learning opportunity appropriate to interest, previous experience and academic preparation. If a student clinician believes that his/her academic background is weak or lacking in an area, it is his/her responsibility to fill in the gaps through reading, asking pertinent questions, independent study, etc. The on-site and or William Paterson University supervisors will be pleased to provide the student with bibliographical references and suggestions.
10. Keep accurate record of all clinical practicum clock hours and level of supervision earned at off-campus placements using the same forms as are used for recording clock hours for on-campus practicum (Appendix IV).

For Participating Sites:

Accepting a student for an externship placement carries with it the following responsibilities. The participating site should:

1. Assign an ASHA-certified supervisor to work directly with graduate student clinicians, to insure that students achieve the educational goals of the externship and to assign appropriate work duties.
2. Determine work space for students.
3. Provide students with an orientation to work-site duties, hours and site expectations.
4. Adjust the nature and amount of clinical supervision to the experience and ability of students.
5. Schedule regular meetings with students and provide appropriate evaluations of students' performance.
6. Assist students in integrating theory and practice within the profession with the implementation of evidence-based practice. All major decisions regarding evaluation and treatment should be implemented or communicated only after approval by supervisors.
7. Evaluate students' performance in writing, providing copies to students and returning all forms to the Clinic Manager or completing on-line documents by the dates specified.
8. Make available at all times, when graduate student clinicians are providing clinical services, a supervisor holding an appropriate credential to assist with clients.
9. Provide Clinic Manager with advance notice of any externship program or site change, such as shifting the student to a new supervisor not previously agreed upon.

For the University:

The William Paterson University and the Department of Communication Disorders and Sciences specifically have the following responsibilities in externship placements. The Department agrees to:

1. Acquire affiliation agreements and approve all off-campus settings to be used by students.

2. Provide off-campus supervisors with a summary of students' academic and clinical experiences, and particular needs, if requested.
3. Provide support for the off-campus experience through site visits, e-mail and telephone contact with the community supervisor as needed through the semester.
4. Provide participating sites with appropriate instruments for evaluating students.
5. Collect site data through students' evaluations and reporting forms.

SECTION 4: SUPERVISION

ASHA POSITION ON SUPERVISION

Supervision in speech-language pathology is considered a distinct area of practice and necessary for professional development. This particular area of necessary interest in our field has attracted much attention across the spectrum of the field's practitioners. Included in the Appendix of this Handbook are several documents obtained from ASHA's website (wwww.ASHA.org) discussing the organization's position on supervision, comments on ethics and supervision, and the knowledge and skills viewed as necessary for successful supervision. These documents include:

1. *Clinical Supervision in Speech-Language Pathology.* [Position Statement, 2003] (Appendix V)
2. *Supervision of Student Clinicians* [Issues in Ethics, updated 2003] (Appendix VI)
3. *Clinical Supervision in Speech-Language Pathology* [Technical Report, 2008] (Appendix VII)
4. *Knowledge and Skills Needed by Speech-Language Pathologists Providing Clinical Supervision* [Knowledge and Skills, 2008] (Appendix VIII)

ASHA STANDARDS REGARDING CLINICAL EDUCATION

Standard 3.1B:

1. Practicum experiences that encompass the breadth of the current scope of practice with both adults and children (with no specific clock-hour requirements for given disorders or settings) resulting in a minimum of 400 clock hours of supervised practicum, of which at least 375 hours must be in direct client/patient contact and 25 in clinical observation are required for graduation.
2. The student will acquire knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates of the disorders.
3. The student will acquire and demonstrate skill in communication, prevention, assessment, and intervention for people with communication and swallowing disorders, professional fundamentals including counseling, collaboration, and standards of ethical conduct, effective interactions, and the application of evidence-based practices.

Standard 3.5B:

1. Clinical supervision will be provided that is commensurate with the clinical knowledge and skills of each student.

2. Clinical procedures will ensure that the welfare of each person served by students is protected, in accord with recognized standards of ethical practice and relevant federal and state regulations**.**
3. At least one half of each diagnostic evaluation in speech and language pathology and in audiology must be directly supervised. Direct supervision is defined as observation or closed circuit TV monitoring of the student clinician. (This minimum amount of direct supervision must be adjusted upward depending on the competence of the student.)

ASHA GUIDELINES FOR SUPERVISION

1. The amount of supervision will vary depending on the student's level of knowledge, experience, and competence.
2. Supervision will never be less than 25% of the student's total contact in therapeutic settings or 50% of the student's total contact in diagnostic settings.
3. Supervision will be provided throughout the practicum and reflect a level of supervision that is commensurate with the students' ability level.
4. Although it may be desirable to have a number of student clinicians observe evaluation and management, student clinicians may earn clinical clock hours only for the portion of the time they are solely responsible for providing services to a client.
5. More than one student clinician may obtain equal credit for the same diagnostic session as long as it is professionally appropriate for multiple clinicians to be actively involved in such sessions. The time allocated for each diagnostic is based on the amount of direct contact the clinician engages in with the client.
6. The welfare of each client served by students participating in clinical practicum must be protected. Therefore, a qualified clinical supervisor will be responsible for the evaluation and management of each client, confidentiality of client information will be maintained, and safety regulations will be observed.

Supervisor Responsibility

The *supervisor is responsible* for the management of clients serviced by student clinicians. This requires consistent, ongoing supervision of all aspects of therapy and diagnosis. Supervisors must introduce themselves to parents during the first week of therapy.

Supervisors should closely monitor any feedback given by students to parents and/or clients. Students should be made to understand that his/her supervisor will be held accountable for any recommendations or prognostic statements made during a conversation with a parent or client. Supervisors must be present for all parent conferences.

Major decisions by student clinicians regarding evaluation and management of a client must be implemented or communicated to the client only after approval by the supervisor holding ASHA certification. (Note: Major decisions refer to such activities as feedback to clients and their families with respect to diagnostic conclusions, referrals to allied professionals for additional evaluation, recommendations for the trial use or purchase of a prosthetic device such as a hearing aid, and termination of treatment.)

Client Confidentiality

Client confidentiality must be respected at all times during parent conferences. *At no time* should conferences occur in the waiting room or hallways. Any clinician wishing to confer with a parent must use the therapy room at the time regularly scheduled for the client. It is permissible to stop therapy five or ten minutes early in order to talk with parents. Supervisors, as the responsible party, should be present for these conferences unless information discussed is related to home assignments (which should have been previously reviewed with the supervisor) or anticipated absences.

Students should be cautioned to adhere to rules of privacy regarding client records and folders. All conversations about clients with other clinicians should be discrete and professional.

Safety Regulations

Student clinicians must be informed about safety regulations and appropriate positioning of their clients in the therapy rooms. No children should be allowed to kneel or stand on a chair, table, or radiator. Children should sit on either a chair or the floor during therapy. Student clinicians must understand that they, along with the supervisor and the Clinic Manager, are ultimately responsible for the child's safety during therapeutic sessions.

ADDENDUM TO ASHA GUIDELINES

Screening Services

Since many of our students accrue screening hours toward their cumulative diagnostic hours, it is essential that ALL screening hours used for this purpose be supervised 50% of the time. In addition, in order for screenings to be counted as diagnostics, students must write a narrative report for each client screened. The report should include recommendations for further assessment when appropriate. This must be explained to students in advance so that there are no misconceptions regarding their hours.

Twenty-five Percent (25%) Supervision

There appear to be two interpretations of "25%" of supervision. One states that one of four sessions; i.e., 25% must be observed. The other states that 25% of each session must be supervised. Clinic policy will be to observe 25% of EACH session rather than one in four sessions. This will provide students with more consistent supervision as well as allow supervisors to determine growth of students' performance. If because of extenuating circumstances, it is not possible to observe 25% of EACH session (based on two one-hour sessions per week) then one session must be observed 50% of the time.

Establishing and Maintaining an Effective Working Relationship

ASHA's position statement on Clinical Supervision in Speech-Language Pathology and Audiology (2008) highlights 13 tasks and skills of supervision considered basic to successful clinical teaching. One of the tasks notes the importance of establishing and maintaining an effective working relationship with the supervisee. This task is basic to the success of the experience. Clinical education is evaluative and the supervisee is in a position of reduced power in the relationship.

Clinical educators need to recognize the power differential and be sensitive to it. The supervisory relationship is a unique one, and because of the fragility of the relationship, it is usually not beneficial to exert power when working with the supervisee. An atmosphere where learning is supported should be provided. The supervisee should feel comfortable in presenting thoughts and ideas relative to clinical challenges. On the other side of the supervisory relationship, it may not be healthy to develop a close "friendship" with the supervisee.

The supervisee needs to understand that the supervisor is a teacher and too much social comfort may not provide for a situation where the supervisor can evaluate performance independently of the relationship. A balance where the supervisor and supervisee are "friendly" and where the relationship is one of mutual respect and support is optimal.
Open and ongoing communication between the supervisor and the supervisee is central to the success of the supervisory relationship.

It is important for clinical educators to meet with each supervisee prior to initiating the clinical assignment/experience. This preliminary meeting should "set the stage" for the clinical/supervisory experience. Supervisees benefit from knowing the expectations of the clinical educator, and the clinical educator should, in turn, explore the supervisee's expectations for the experience and for the supervisor. This first meeting should provide the participants some sense of what will develop over the time the student is assigned to this clinical educator.

Much like a new job, the arrival at an externship experience is both an exciting and stressful time. By orienting the supervisee the transition into the transitional setting will be smoother.

The University (usually the Clinic Manager) together with the offsite supervisor (or site representative) will:
1. Establish or insure that a contract is in place which outlines the responsibilities of the University and the Clinical Site and serves to protect all parties.
2. Determine start and end dates and review any requirements of the particular setting.

Orientation information to the supervisees includes:
1. Information as to where to park, requirements for health screenings/examinations, and background checks.
2. Schedule for the days and times expected to report to the site and breaks (i.e. lunch) allowed.
3. Information on grading (especially if a site evaluation form is utilized).
4. Responsibilities for billing procedures, dress code, emergency procedures, paperwork, and the policies and procedures that are unique to the placement.
5. Expectations for non-contact hours (attendance at rounds, IEP meetings, parent-teacher meetings) and additional site requirements (journal review, inservice, case presentation).

In addition to the initial orientation, the site supervisor and supervisee may find the three stages on the continuum of supervision as defined by Anderson (1988) useful. They include:

Evaluation-Feedback Stage:
1. The supervisor is dominant and directive in working with the supervisee.

2. The supervisee benefits (and appreciates) specific input and feedback for each client assigned for intervention or diagnosis.
3. The supervisor serves as "the lead" in planning for the needs of the clients with whom the supervisee is working.
4. The supervisory feedback is considered to be "direct-active" in that the supervisor controls and the supervisee follows direction.
5. The marginal student, the student who evidences difficulty in planning, critical thinking, time management, and/or other areas of the therapy process may remain in the evaluation-feedback stage for an extended period of time.

Typically, this is a more comfortable start for the supervisee; however it is the hope that the student will move through this stage of development relatively quickly. Be aware that for many supervisees, the direct-active supervisor is the easiest to work with, however movement on the continuum to the transitional stage is anticipated.

Transitional Stage:

1. Some of the responsibility for case and client management shifts to the supervisee.
2. This process is seamless and allows the supervisee the opportunity to begin participating in the planning, implementing, and analyzing the course of treatment for patients/clients. The transition to independence can create anxiety for the supervisee and the supervisor.
3. The supervisee is anxious relative to the increased responsibility and planning required for the patient/client.
4. The supervisor may feel anxious relative to "giving up control" for the patient and family. In addition to the new clinical student, a supervisee who is working with a new clinical population will generally begin in the evaluation-feedback stage. The supervisor needs to be sensitive to any signs of unusual stress exhibited by the supervisee.
5. In this transition stage, the supervisor provides input and feedback; however the tone of the supervisory relationship becomes more of a joint project between the supervisor and the supervisee.
6. The supervisee may be able to become more independent when working with clients having some disorder types sooner than with other disorder types (e.g., the supervisee may work effectively in setting short and long term goals with children with phonological disorders but may have difficulty establishing reasonable goals for children with autism). The desired outcome of the transitional stage is that the supervisee begins to demonstrate clinical and professional skills with some degree of independence.
7. It is expected that the supervisee will become more participatory in all aspects of client management and will begin to self-analyze clinical behavior. It is possible that with certain skills (i.e. session planning) the supervisee may require little direction from the supervisor. However, the same supervisee may consistently evidence difficulty at communicating at an appropriate language level with clients/patients. In this case, the supervisor can provide collegial mentoring providing additional ideas or reinforcement as the graduate student establishes short term goals for sessions, selects materials, etc.
8. The supervisor may need to be directive in supervisory style when working with the same student in "scripting" information to be provided for the family emphasizing appropriate vocabulary choices, definition of professional terminology, etc.

Self-Supervision Stage:

1. It is the goal for each supervisee to move to the self-supervision stage. When the student reaches this stage of the continuum, the supervisor serves in a consultative role with the supervisee.
2. The supervisee grows in clinical independence.
3. The supervisee is better able to plan and implement therapy with less direct supervisory input.
4. The supervisor begins to serve in a more collaborative role and feedback at this stage mirrors the change in the supervisory role. The supervisor listens and supports the supervisee in problem solving.
5. The supervisee is responsible for the primary management of the caseload.

Significantly, Anderson notes that the continuum is not time-bound. This means that there is no set period of time that a supervisee should achieve a particular skill. The continuum is designed to support the supervisee in the development and self-recognition of clinical and professional strengths as well as the development and self-recognition of those areas requiring additional development of skill.

SECTION 5: TIME TABLE AND EXTERNSHIP DOCUMENTS

EXTERNSHIP TIME TABLE

The timeframes provided are estimates and represent the typical order and lead time needed to secure an externship placement. New sites or facilities that do not have a current affiliation agreement may require more time. Individuals considering such sites should begin the externship process earlier. Additionally, students who require accommodations (i.e. a part time externship, a placement that allows for shorter days to attend required classes, accommodations suggested by the Office of Disabilities, etc) are advised to begin their search or selection earlier than the timeframes presented in this Handbook.

At Least 6 Months Before Externship

1. Investigate sites that may interest you for an externship
2. Attend an externship meeting
3. Submit 3 choices for placement (with contact information if available)
4. Obtain and review the externship manual

At Least 5 Months Before The Externship

1. Attend interviews – Observe possible placements (as directed by the Clinic Manager)
2. Meet with Clinic Manager
    a. Review necessary pre-requisites
        - Completion of Ethics Packet & HIPAA Self Study
        - Externship Checklist
        - Current Hours
    b. Submit (to Clinical Manager) or schedule
        - Background check (Appendix IX)

- Health assessment/clearance (Appendix X & XI)

c. Discuss additional sites if preferred sites fall through

Once A Site Is "Secured"

1. Submit 2 Copies of the Externship Request Form (Appendix XII)
    a. One to the Clinic Secretary
    b. One to the Clinic Manager
2. Follow-up with one site contact/supervisor to see if anything else is required (i.e. Substitute Certificate, Drug Screening, OSHA compliance assessment, etc.)
3. Withdraw all applications for other sites

1 To 3 Weeks Before Starting The Externship

1. Follow-up with one site contact/supervisor to see if anything else is required (completing orientation packet, obtaining a parking pass or identification card etc)
2. Complete Site Supervisors' Certification & Licensure (Appendix II) and accompany the document with
    a. A copy of ALL on site supervisors ASHA cards
    b. A copy of ALL on-site supervisors state licenses (required for all sites except New Jersey public schools) Note that students participating in externships out of state are required to obtain the cooperating therapists out of state license
    c. A copy of New Jersey Speech Specialist (required for New Jersey public school sites)
3. Sign and submit the Student Commitment form (Appendix I)

Throughout The Externship

1. Treat the placement as if it were a job.
2. Be on time and leave on time.
3. Take full responsibility for tasks assigned.
4. Keep accurate clinical clock hours and have them approved by the supervisor on a regular basis.
5. Try not to ask the supervisor the same questions repeatedly. If it is difficult to remember procedural tasks or what certain medical terms mean, write them down.
6. Ask intelligent questions about the clients, the diagnosis and/or treatment options.
7. Periodically request meetings to discuss performance.
8. Be mindful of the facility's organizational structure and protocols.
9. Respect the off-site supervisor's space, including materials and files.
10. Call the Clinical Manager if you have any concerns about the site or assigned supervisor that could not be resolved through mediation procedures mentioned in this manual.

Mid-Way Through The Externship

1. Schedule Mid-Semester Review with off-site supervisor

a. Review hours to date
b. Complete self mid-semester Performance Evaluation
c. Review Cooperating Therapists Performance Evaluation (Appendix XVIII)
d. Discuss clinical strengths & weaknesses
e. Sign off on mid-semester rating

2. Schedule site visit

At The End Of The Externship

1. Schedule Final Review with off-site supervisor
    a. Review/approve hours
    b. Complete self final Performance Evaluation
    c. Review Cooperating Therapists Final Performance Evaluation
    d. Discuss clinical strengths & weaknesses
    e. Sign off on final ranking
2. Schedule meeting with Clinic Manager.
    a. Review & log clock hours
    b. Discuss Site Visit Report
    c. Advise for next semester or clear for graduation (clinical requirements only)
3. Submit Clinical Practicum Information Form (Appendix XIII)
4. Submit Site Evaluation Form (Appendix XV)
5. Complete, via Calipso Supervisor Evaluation – Supervisor Feedback (Appendix XIV)

REMINDERS

1. Students must register for CODS 6530 (3 credits) regardless of where they will be participating as an extern.
2. Students must not contact a site unless instructed by the Clinical Manager.
3. When visiting sites or interviewing for an externship, students are advised to bring a resume, a list of classes to be completed by the beginning of the externship, and a copy of their current clock hour summary
4. Every attempt should be made to negotiate with the site to complete the externship in concert with the close of the semester. Graduation clearance cannot be guaranteed for students who go beyond the last day of the semester.
5. All listed documentation is necessary and must be submitted according to the above timeframes. Failure to submit the documentation will result in the following:
    a. *Externship Request*: This triggers the official contact with the site. Failure to file this documentation may delay contract negotiations, approval from the Board of Education, interviews or paperwork filed on your behalf. This delay will affect your externship start date and may extend the externship placement
    b. *Clinical Practicum Site Information*: Students will not be allowed to begin an externship without this form and the accompanying documents (ASHA card and license or Speech Specialist certificate) filed with the Clinic Manager. A delay in

submitting this form will affect your externship start date and may extend the externship placement

c. *Site Information Form*: Failure to provide the Clinic Manager with site data will result in an "Incomplete" in Extern Practicum (CODS 6530)
d. *Site Evaluation Form*: Failure to provide the Clinic Manager with site data will result in an "Incomplete" in Extern Practicum (CODS 6530)

6. Students are reminded that the parameters of the externship (length of the program, number of days per week, number of hours per day) are set by the participating site and they may be subject to change at the discretion of the site.
7. Students are reminded that although student records are electronically managed via Calipso, a hard copy of their clock hours and Performance Evaluation should be maintained.

PROBLEM SOLVING

There is every reason to believe that the externship will be a positive and productive experience. However, supervisors should advise students as soon as possible when there is an indication that a less than satisfactory performance is being observed. If there are problems, or if a conflict occurs, please follow these suggestions:

Step 1: Discuss the concern with the supervisor or student. A discussion should include information about learning styles and suggestions about the MOST beneficial supervisory style for the student clinician.

Step 2: Develop a plan to address areas of concern

Step 3: Establish goals to rectify the problem.

In general, you should:

1. Identify the problem in writing
2. Write down the steps that both the supervisor and the student will take to resolve the problem.
3. Arrange a follow-up meeting to determine that progress is being made.
4. Contact the Clinic Manager if you need advice in determining how to present or resolve the problem.

If the concern is not resolved:

Step 4: Contact the Clinic Manager who will hold a meeting with the supervisor and the student. The Clinic Manager will act as a facilitator.

ATTENDANCE POLICY

Practicum can be arranged for one to five days per week depending on the needs of the site and the student. It is acceptable for students to continue at their sites during breaks or to overlap

semesters as long as the Clinic Manager and the Off-Campus Supervisors have approved the plan. Furthermore, the amount of time a student spends at each site is dependent upon the needs of the site, the clock hours available to the student, the student's class schedule, and in some cases, an assignment or secondary site.

Off-site practicum assignments typically require students to be on-site at least three days per week. The practicum "day" will be filled with many experiences, including seeing clients and families, attending meetings, and writing chart notes and/or reports. Only direct client/family contact and staffing may count as clinical clock hours. However, students are expected to devote non-clinical hours at sites to clinically related experiences that may not be credited toward the 400 hour total. For example, if the student clinician attends a team conference, only the time during which the clinician is directly meeting with the client or family member may be credited.

Clinicians are required to participate in their externship for the amount of time agreed in the *Student Commitment Agreement.* Further, you should be aware that some hospital/rehabilitation sites require 10-12 week assignments for five days weekly. Also, as more health care facilities begin to provide services seven days a week, it may be necessary for students to work on weekends. Students participating in off campus practicum must adhere to the schedule set up by the facility or supervisor. Students are responsible for working at their site on William Paterson University school holidays unless other arrangements have been made with the Off-Site Supervisor. Absences are to be avoided. If students need time for a school commitment (i.e. sitting for Comprehensive Examinations) they should let their extern supervisor know well in advance of the time needed. Students are reminded that frequently externships begin prior to the William Paterson semester and/or extend past the end of the semester. Therefore, when setting up the externship, consider the following:

1. When will the externship begin and end?
2. How many days will the student be able to take for personal or medical reasons?
3. If days/times need to be made-up, when will these "make-ups" occur? (At the end of the experience? On Saturdays?)

Once schedules are established at each practicum site, the student clinician is expected to be at the assigned site at those times except in the event of illness or other serious and unavoidable circumstances. If your experience needs to be extended in order to complete hours or requirements, please plan accordingly and advise the Clinic Manager

Absence Due to Illness:

In the event of personal illness, the student must call his/her site supervisor prior to scheduled arrival. This procedure must be followed each morning he/she is ill. If the student clinician is ill, or becomes ill, the student should speak directly to the appropriate individuals (the

supervisor, or department head, or secretary) if possible. The student should leave a message only as a last resort.

Absence Due To Other Circumstances

In the event of frequent absences, tardiness, or unexcused absence(s), the site supervisor should notify the Clinic Manager who will work with the student and the supervisor to resolve the concern. Students who need to be absent from practicum for a non-medical reason should submit a written request to the Clinic Manager and the relevant Off-Site Supervisor and obtain their prior approval before asking for time away from the practicum.

SECTION 6: CALIPSO

INTRODUCTION TO CALIPSO

As of fall 2013, the William Paterson University Department of Communication Disorders and Sciences will require all its student clinicians to log information related to their clinical education using Calipso, an electronic record keeping program designed specifically to account for the practical requirements of speech-language pathology students. Training sessions will be held, as needed throughout the academic year for students and supervisors. Although Calipso comes with an excellent reputation, it is the decision of the Department that both a hard copy and the electronic record of hours and evaluations be kept as we transition to a complete on-line system. Therefore, in addition to coding on-line practicum hours, the students should print the completed Calipso log forms and submit them to the Clinic Manager at the end of the semester meeting. It is further recommended that the Calipso hour form replace the William Paterson University hour form to ensure consistency.

Once you have registered for Calipso, specific instructions for approving clock hours, evaluating students, uploading required documents, etc. is available from the home (lobby page). The supervisor should refer to the Instructions for Supervisors (Appendix XVI) for information related to approving clock hours and rating clinical performance evaluations. Although Calipso does have the ability to upload documents (between the supervisor and student) limited use of this feature is expected in this inaugural year.

REGISTERING FOR CALIPSO

Each new supervisor will be provided a PIN via e-mail to set up a Calipso account. Fields regarding your practicum assignment and supervisor should be pre-populated. If you have problems accessing your account or if discrepancies or problems are identified, please contact the Clinic Manager. General instructions for registering follow:

1. Before registering, have available your
    a. PIN provided by the Clinic Manager
    b. ASHA card

c. State licensure card
d. Teacher certification information if applicable.

(If possible, have available scanned copies of your certification and licensure cards for upload during the registration process.)

2. Go to https://www.calipsoclient.com/wpunj
3. Click on the "Supervisor" registration link located below the login button.
4. Complete the requested information and click "Register".
5. On the following screen, again complete the requested information and click "Save" at the bottom of the page. A "Registration Complete" message will be displayed and you will automatically be logged into CALIPSO.
6. For subsequent logins, go to https://www.calipsoclient.com/wpunj.edu and login to CALIPSO using your 8-digit ASHA number and password that you created for yourself during the registration process (step one).
7. Click on "Supervisor Information".
8. Upload your credentials as directed.
9. Click "Home" located within the blue stripe to return to the home (lobby) page.

APPROVING CLOCK HOURS

Please refer to the instructions provided on the lobby page and in this manual for the specific protocol for approving clock hours. Please consider the following guidelines:

1. The supervisor will dictate his/her preferred procedure for submitting hours for approval (weekly, after documentation has been completed, mid-semester, etc.)
2. Students are required to complete a 2-part process including coding their hours and submitting the hours for approval. Once the student has submitted his/her hours for approval, an e-mail will be generated to alert the supervisor that hours are pending approval.
3. Prior to approving hours, review the type of service provided (diagnostic or therapeutic), the type of hour accrued (articulation, language, etc), as well as whether the service was provided to an adult or child.
4. Prior to approving hours, review the total session time and its disbursement.
5. Prior to approving hours, the supervisor will be required to note the percentage of time in direct supervision. The supervisor is reminded that the minimum requirement is 25% supervision for treatment hours and 50% supervision for diagnostic hours.
6. The supervisor may use the comment box to provide additional information (i.e differentiating from a bedside screen & evaluation.)

If errors are identified after an hour has been approved, please notify the Clinic Manager. The incorrect hour must be deleted by the Administrator/Clinic Manager and resubmitted. Prior to deleting any records the Clinic Manager will contact all parties involved. The student will be instructed to resubmit hours and the supervisor will be instructed to approve the resubmitted hours.

SUPERVISOR EVALUATION

In accordance with ASHA's Position Statement on Clinical Supervision in Speech-Language Pathology and Audiology (2008) supervisor evaluation by supervisees is one method of

evaluating supervisor effectiveness. Students will be required to provide feedback for each of his/her clinical supervisors at the end of the term. These evaluations will be entered via Calipso. Evaluations will be posted for Clinical Manager approval and shared with site supervisors.

SECTION 7: PERFORMANCE EVALUATIONS AND GRADES

FEEDBACK

Feedback is critical to the development of self-awareness and to the development of the clinical and professional skills of the supervisee. Ongoing oral **and** written feedback is recommended.

1. A comment in the hallway between patients may not be understood, remembered, nor are such comments confidential.
2. Written feedback provides a lasting record of information provided to the supervisee (and to the supervisor).
3. Feedback should balance things that the supervisee is doing well with the areas that the supervisee should target for improvement. Concentrating on only the weaknesses may overwhelm the supervisee and negatively affect the supervisor/supervisee relationship.
4. Schedule regular supervisory meetings to assure understanding of feedback provided.
5. Develop self-awareness through review of patient/client sessions, and through ongoing planning for future sessions incorporating information from prior sessions.
6. During an observation, the Supervisor may wish to use the ***Session Feedback form*** (Appendix XVII) to provide written feedback to the student. The form is a useful tool, as it provides a framework for communication while enhancing the delivery of services through documentation of needs and changes over the course of the semester.
7. For clinical practicum students, weekly conferences with the student are recommended as a means of providing feedback. For diagnostic practicum students, feedback is usually provided at the conclusion of the diagnostic session.

Other tasks of clinical education address the clinical and professional skills required of the SLP or audiologist. Demonstrations by the clinical educator may be an effective strategy for clinical teaching; however, be aware that the supervisee needs to develop his/her own clinical style. The goal of clinical education is not to create a clone of the clinical educator. The supervisee requires self-awareness to eventually work independently. Some supervisees may not recognize any of their own clinical strengths; others may not recognize any of their weaknesses.

PERFORMANCE EVALUATION

The ***Clinical Performance Evaluation*** (Appendix XVIII) is the formal assessment tool utilized in all clinical practica, including externship. It ranks evaluation skills, treatment skills, preparedness, professionalism, and personal qualities on a continuum of ***not evident*** to ***consistent***. It is completed by the supervisor and shared and discussed with the student at mid-semester and semester end. Once reviewed, it is electronically signed and becomes part of the clinical record. Cumulative Evaluations and a Performance Summary are tools available on Calipso that track and summarize Clinical Performance Evaluations over supervisors and experiences, and presents a picture of the student's clinical competency across the nine disorder areas. These cumulative assessments may be useful to the supervisor in understanding areas of

clinical weakness and the potential need for more guidance. Clinical Performance Evaluations, Cumulative Evaluations and a Performance Summary are available via Calipso.

Only one performance evaluation per supervisee needs to be completed by the supervisor per course at the mid-semester mark and at the end of the semester, regardless of the number of clients that supervisee treats over the course of the semester. If the supervisee is supervised by another supervisor during the externship experience, both evaluations will be weighted based on hour distribution and a single grade/rating will be calculated.

If the externship site has a form that it uses, William Paterson University students will be evaluated on that form as well. Supervisors should submit the site's form to the Clinic Manager for review. At the conclusion of the externship, the completed site evaluation form should be submitted to the Clinic Manager and become a part of the student's clinical documentation. Please be advised that the supervisor will be asked to also complete the William Paterson form, via Calipso, to assure compliance with ASHA standards.

The importance of the mid-term assessment is stressed. In completing this form students and supervisors should strive to balance the student's strengths with those areas that need improvement. The latter, in particular, should be the focus of the remaining weeks of the practicum placement. Both the mid semester and end of semester evaluation should be completed (via Calipso). It has been, and will continue to be, the policy that students sign each evaluation form at each conference time so there is no confusion on the rating/ranking received.

A self evaluation should be completed by the student at mid-term and semester's end. This self-evaluation is available on Calipso and mirrors the Performance Evaluation completed by the supervisor.

Informal evaluations of the student's performance should be made on a regular basis in both written and oral form, allowing the student to become immediately aware of his/her strengths and weaknesses in clinical practice.

GRADES

All clinical practica are graded as *Pass* or *Fail*. All students registered for externship practicum will receive a final ranking based on their Performance Evaluation. A ranking of 3.5 is required to achieve a Pass in CODS 6530 Extern Practicum.

Failure to demonstrate identified competences may result in:
1. An extended placement
2. An additional placement
3. Co-supervision by an additional supervisor

When it is necessary to extend the externship past the end of the William Paterson University semester, the decision of when to issue the grade is left to the discretion of the supervisor. The grade may be issued for the work done through the end of the academic semester, or the student

can be given an incomplete which will be converted to a *Pass* or *Fail* at the completion of the externship.

ASHS Clock Hours will ***not*** be granted for an *Incomplete* or a *Fail* in CODS 6530 Extern Practicum.

Supervisors should advise students as soon as possible when there is an indication that a less than satisfactory performance is being observed.

SECTION 7: ANCILIARY INFORMATION

STUDENT MEETINGS

It is expected that supervisors confer with each student clinician to determine how much assistance is required for therapy planning and implementation. This is usually done on a client by client basis. Meetings regarding student performance are left up to the discretion of the supervisors (see section on grading). Students are expected to participate in regular virtual classrooms via BlackBoard Collaborate, throughout the semester. The purpose of these meetings will be to discuss the experience with other students, to troubleshoot difficulties in caseload or responsibilities, to provide support or guidance regarding challenging aspects of the assignment. Student clinicians are encouraged to suggest topics they wish to discuss.

At the end of the externship experience, students arrange to meet with the Clinic Manager to code/verify hours, to discuss the clinical experience, and to submit/review the Site Information Form and the Site Evaluation Form

SITE VISITS

There is no set policy for the number of site visits; they vary according to student, site needs, and distance. It is the student's responsibility to contact the Clinic Manager or the faculty/supervisor assigned to that site visit, to arrange for this meeting 6 weeks prior to the end of the experience. Typically one site visit is made during the semester. This is arranged sometime between the middle and the end of the experience. When it is not possible to arrange a site visit, a phone conference between the Clinic Manager and the Off-Site Supervisor will be scheduled to review the student's performance.

Observations by the WPU representing supervisor or Clinic Manager serve several purposes for the student, the Off-Site Supervisor, and the Department. They offer an opportunity for the student to discuss with the WPU representing supervisor or the Clinic Manager his/her clinical progress and training needs. It is important for the Off-Site Supervisor to received continued communication from the department regarding expectations for training and interest in how the site relates to the development of the students as young professionals. Such communication allows for the burden of training to be shared with the University, which assumes primary responsibility for the student. The Department and students, in turn, benefit from the knowledge and assurances that this expertise is being developed according to approved standards of quality as written in this handbook. Although, if a student is not receiving necessary support, training,

or experience from the Off-Site Supervisor, he/she needs to let the Clinic Manager know as early as possible in the experience.

The Clinic Manager or WPU representing supervisor will arrange a visit that is convenient for the student clinician and Off-Site Supervisor. During the visit, the Site Visitor expects to observe at least 2 sessions or 90 minutes of direct contact hours. Additionally, the Clinic Manager or WPU representing supervisor expects to meet with at least 1 Off-Site Supervisor and the student extern individually. Following the visit, the site visitor will write a report. The report will incorporate information about the student's performance based on observation of the contact hour and the interview with the Site Supervisor. The report will be shared with the student clinician. The student will be asked to review the report and sign it after meeting with the Clinic Manager. It will become part of the student clinician's clinic file and will be considered confidential.

CONTINUING EDUCATION CREDITS FOR MENTORING

William Paterson University is an approved site for awarding Continuing Education for Teacher Certification. Only those hours of direct contact with the students can be counted. Supervisors must submit a log of the hours spent meeting with the student as well as the time observed in order to get credit for continuing education. According to the New Jersey Department of Teacher Certification, teachers are entitled to one hour per week for mentoring a student, not to exceed 75 hours per three-year period. If the school practicum is not full time (5 days per week) then the number of days should be converted to the number of weeks that would be worked if it was full time. For example, if a student attends 29 days of school practicum over a 4 month period, that converts to 6 weeks (29 divided by 5). In that instance, the supervisor will accrue 6 credits of continuing education. William Paterson University has a provider number. At the end of the practicum experience, an official certificate will be issued to the supervising Speech-Language Pathologist if one is requested.

HEALTH POLICY

All students registered for CODS 6530 are required to file proof with the Clinic Manager of health clearance from the University Wellness Center or their primary physician. Many work settings have policies requiring the same medical clearance. In addition, some health care facilities require that students carry their own health insurance so that if they contract any illness as a result of treating patients or if they are injured in the clinic, the participating facility does not incur additional expenses. All students are advised that if they do not have their own health insurance, they may be limited to the number of sites where they can be placed.

You will be working with people of all ages in a variety of settings. In order to detect and prevent communicable diseases (e.g. Hepatitis B, Coxsackei Virus, Chicken Pox, and HIV) that may be a threat to patients, hospital personnel, students, or you, health evaluations are required. The necessary data meets the requirements of the State of New Jersey Department of Health, as well as the various clinical agencies in which students' practice. The Clinical Clearance Form is available from the student Health Center, as well as available on-line and indicates the specific

information required for students in the clinical setting. No student will be allowed in the clinical setting if this form is not complete and submitted as a part of your clinical file.

UNIVERSITY LIABILITY COVERAGE

Students are provided with professional liability coverage in the amount of $1 million per occurrence/$3 million in the aggregate through a policy secured by the University. In addition, the University maintains a professional malpractice insurance policy for students.

SAFETY REGULATIONS

Student clinicians must be informed about safety regulations and appropriate positioning of their clients in the therapy rooms. Student clinicians must understand that they, along with the supervisor, are ultimately responsible for the client's safety during therapeutic sessions. Students must adhere to universal (Standard) precautions at all times when working with clients. Students should ask site supervisors to be oriented regarding fire and other emergency protocols for the particular site.

SECTION 9: APPENDICES

WILLIAM
PATERSON
U N I V E R S I T Y
SPEECH AND HEARING CLINIC
300 POMPTON ROAD ▪ WAYNE, NEW JERSEY 07470-2103
973.720.2207 FAX 973.720.3357

Agreement Between Student Intern and Practicum Site
Student Commitment

To be completed by supervisor & student

CLINICIAN:_____ SEMESTER _____

Number of days/weeks:

Specify particulars:

1. Hours/days and Times
   - Monday _____
   - Tuesday _____
   - Wednesday _____
   - Thursday _____
   - Friday _____
2. Date of Practicum Duration:
   From _____ To_____
3. Other (Special Arrangement):

Note:
If either party is experiencing difficulty, please contact the Clinic Manager/supervisor to schedule a site visit and conference as soon as problems have been identified & discussed.

Midway through the externship, please contact the Clinic Manager/supervisor to schedule a site visit and conference

Student Clinician: _____ Date: _____

Site Supervisor:_____ Date: _____

WILLIAM
PATERSON
U N I V E R S I T Y
SPEECH AND HEARING CLINIC
300 POMPTON ROAD ▪ WAYNE, NEW JERSEY 07470-2103
973.720.2207 FAX 973.720.3357

Site Supervisors' Certification & Licensure

Date:_________________

Name of Facility:____

Location: ____
____
____

Phone: ____

Supervisor(s) – *Only complete for individuals providing direct supervision*

Supervisor's Name:

ASHA Number: Licensure Number: ___________ State:_______

______ A COPY OF THE SUPERVISOR'S ASHA CARD IS ATTACHED

______ A COPY OF THE SUPERVISOR'S STATE LICENSURE IS ATTACHED

Supervisor's Name:

ASHA Number: Licensure Number: ___________ State:_______

______ A COPY OF THE SUPERVISOR'S ASHA CARD IS ATTACHED

______ A COPY OF THE SUPERVISOR'S STATE LICENSURE IS ATTACHED

Supervisor's Name:

ASHA Number: Licensure Number: ___________ State:_______

______ A COPY OF THE SUPERVISOR'S ASHA CARD IS ATTACHED

______ A COPY OF THE SUPERVISOR'S STATE LICENSURE IS ATTACHED

AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

Code of Ethics

Reference this material as: American Speech-Language-Hearing Association. (2010). *Code of Ethics* [Ethics].

Available from www.asha.org/policy.

Index terms: ethics

doi:10.1044/policy.ET2010-00309

Preamble

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by speech-language pathologists, audiologists, and speech, language, and hearing scientists. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose.

Every individual who is (a) a member of the American Speech-Language-Hearing Association, whether certified or not, (b) a nonmember holding the Certificate of Clinical Competence from the Association, (c) an applicant for membership or certification, or (d) a Clinical Fellow seeking to fulfill standards for certification shall abide by this Code of Ethics.

Any violation of the spirit and purpose of this Code shall be considered unethical. Failure to specify any particular responsibility or practice in this Code of Ethics shall not be construed as denial of the existence of such responsibilities or practices.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics as they relate to the responsibility to persons served, the public, speech-language pathologists, audiologists, and speech, language, and hearing scientists, and to the conduct of research and scholarly activities.

Principles of Ethics, aspirational and inspirational in nature, form the underlying moral basis for the Code of Ethics. Individuals shall observe these principles as affirmative obligations under all conditions of professional activity.

Rules of Ethics are specific statements of minimally acceptable professional conduct or of prohibitions and are applicable to all individuals.

Principle of Ethics I

Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities, and they shall treat animals involved in research in a humane manner.

Rules of Ethics

A. Individuals shall provide all services competently.
B. Individuals shall use every resource, including referral when appropriate, to ensure that high-quality service is provided.
C. Individuals shall not discriminate in the delivery of professional services or the conduct of research and scholarly activities on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.
D. Individuals shall not misrepresent the credentials of assistants, technicians, support personnel, students, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name and professional credentials of persons providing services.
E. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, and judgment that are within the scope of their profession to assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.

F. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services to assistants, technicians, support personnel, or any other persons only if those services are appropriately supervised, realizing that the responsibility for client welfare remains with the certified individual.
G. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession to students only if those services are appropriately supervised. The responsibility for client welfare remains with the certified individual.
H. Individuals shall fully inform the persons they serve of the nature and possible effects of services rendered and products dispensed, and they shall inform participants in research about the possible effects of their participation in research conducted.
I. Individuals shall evaluate the effectiveness of services rendered and of products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.
J. Individuals shall not guarantee the results of any treatment or procedure, directly or by implication; however, they may make a reasonable statement of prognosis.
K. Individuals shall not provide clinical services solely by correspondence.
L. Individuals may practice by telecommunication (e.g., telehealth/e-health), where not prohibited by law.
M. Individuals shall adequately maintain and appropriately secure records of professional services rendered, research and scholarly activities conducted, and products dispensed, and they shall allow access to these records only when authorized or when required by law.
N. Individuals shall not reveal, without authorization, any professional or personal information about identified persons served professionally or identified participants involved in research and scholarly activities unless doing so is necessary to protect the welfare of the person or of the community or is otherwise required by law.
O. Individuals shall not charge for services not rendered, nor shall they misrepresent services rendered, products dispensed, or research and scholarly activities conducted.
P. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if their participation is voluntary, without coercion, and with their informed consent.
Q. Individuals whose professional services are adversely affected by substance abuse or other health-related conditions shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.
R. Individuals shall not discontinue service to those they are serving without providing reasonable notice.

Principle of Ethics II

Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence and performance.

Rules of Ethics

A. Individuals shall engage in the provision of clinical services only when they hold the appropriate Certificate of Clinical Competence or when they are in the certification process and are supervised by an individual who holds the appropriate Certificate of Clinical Competence.
B. Individuals shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their level of education, training, and experience.
C. Individuals shall engage in lifelong learning to maintain and enhance professional competence and performance.
D. Individuals shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's competence, level of education, training, and experience.
E. Individuals shall ensure that all equipment used to provide services or to conduct research and scholarly activities is in proper working order and is properly calibrated.

Principle of Ethics III

Individuals shall honor their responsibility to the public by promoting public understanding of the professions, by supporting the development of services designed to fulfill the unmet needs of the public, and by providing accurate information in all communications involving any aspect of the professions, including the dissemination of research findings and scholarly activities, and the promotion, marketing, and advertising of products and services.

Rules of Ethics

A. Individuals shall not misrepresent their credentials, competence, education, training, experience, or scholarly or research contributions.
B. Individuals shall not participate in professional activities that constitute a conflict of interest.
C. Individuals shall refer those served professionally solely on the basis of the interest of those being referred and not on any personal interest, financial or otherwise.
D. Individuals shall not misrepresent research, diagnostic information, services rendered, results of services rendered, products dispensed, or the effects of products dispensed.
E. Individuals shall not defraud or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants for services rendered, research conducted, or products dispensed.
F. Individuals' statements to the public shall provide accurate information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.
G. Individuals' statements to the public when advertising, announcing, and marketing their professional services; reporting research results; and promoting products shall adhere to professional standards and shall not contain misrepresentations.

Principle of Ethics IV

Individuals shall honor their responsibilities to the professions and their relationships with colleagues, students, and members of other professions and disciplines.

Rules of Ethics

A. Individuals shall uphold the dignity and autonomy of the professions, maintain harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.
B. Individuals shall prohibit anyone under their supervision from engaging in any practice that violates the Code of Ethics.
C. Individuals shall not engage in dishonesty, fraud, deceit, or misrepresentation.
D. Individuals shall not engage in any form of unlawful harassment, including sexual harassment or power abuse.
E. Individuals shall not engage in any other form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
F. Individuals shall not engage in sexual activities with clients, students, or research participants over whom they exercise professional authority or power.
G. Individuals shall assign credit only to those who have contributed to a publication, presentation, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
H. Individuals shall reference the source when using other persons' ideas, research, presentations, or products in written, oral, or any other media presentation or summary.
I. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.
J. Individuals shall not provide professional services without exercising independent professional judgment, regardless of referral source or prescription.
K. Individuals shall not discriminate in their relationships with colleagues, students, and members of other professions and disciplines on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.
L. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation, nor should the Code of Ethics be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.
M. Individuals who have reason to believe that the Code of Ethics has been violated shall inform the Board of Ethics.
N. Individuals shall comply fully with the policies of the Board of Ethics in its consideration and adjudication of complaints of violations of the Code of Ethics.

WILLIAM PATERSON UNIVERSITY

Clockhours As Charted In CALIPSO

Clockhours

Student:		Date:	
Supervisor:		Course Number:	
Site:		Training Level:	
Semester:			
Clinical Setting:			
Dates by week:			

	Child	Adult	Total
Observation-Evaluation	HH:MM	HH:MM	HH:MM
Speech (articulation, fluency, voice, swallowing, communication modalities)			
Language (expressive/receptive language, cognitive aspects, social aspects)			
Hearing			
Total Observation- Evaluation Hours			
Observation- Treatment	HH:MM	HH:MM	HH:MM
Speech (articulation, fluency, voice, swallowing, communication modalities)			
Language (expressive/receptive language, cognitive aspects, social aspects)			
Hearing			
Total Observation- Treatment Hours			
Evaluation	HH:MM	HH:MM	HH:MM
Articulation			
Fluency			
Voice and resonance			
Expressive/receptive language			
Hearing			
Swallowing			

Authored by: Laurel H Hays, M.Ed., CCC-SLP and
Satyajit P. Phanse, M.S.
Rev/2013

Cognitive aspects of communication			
Social aspects of communication			
Communication Modalities			
Total Evaluation Hours			
Treatment	HH:MM	HH:MM	HH:MM
Articulation			
Fluency			
Voice and resonance			
Expressive/receptive language			
Hearing			
Swallowing			
Cognitive aspects of communication			
Social aspects of communication			
Communication Modalities			
Total Treatment Hours			
Total (non-observation)			

*Did this experience include patients from culturally/linguistically diverse backgrounds? ☐

*% the student was observed while providing:

Evaluation: ☐ % or ☐ hh:mm

Treatment: ☐ % or ☐ hh:mm

(minimum of 25% for evaluation and 25% for treatment for total contact with each client/patient)

*Supervisor Approval: _____

Comments or Additional Information:

Clinical Supervision in Speech-Language Pathology
Position Statement

About This Document	This position statement is an official policy of the American Speech-Language-Hearing Association. It was developed by the Ad Hoc Committee on Supervision in Speech-Language Pathology. Members of the committee were Lisa O'Connor (chair), Christine Baron, Thalia Coleman, Barbara Conrad, Wren Newman, Kathy Panther, and Janet E. Brown (ex officio). Brian B. Shulman, vice president for professional practices in speech-language pathology (2006–2008), served as the monitoring officer. This document was approved by the Board of Directors on March 12, 2008. ****
Position Statement	The position statement *Clinical Supervision in Speech-Language Pathology and Audiology* was approved in 1985. This new position statement updates that document with respect to the profession of speech-language pathology. Although the principles of supervision are common to both professions, this position statement addresses only speech-language pathology because of differences in preservice education and practice between the two professions. It is the position of the American Speech-Language-Hearing Association that clinical supervision (also called clinical teaching or clinical education) is a distinct area of practice in speech-language pathology and that it is an essential component in the education of students and the continual professional growth of speech-language pathologists. The supervisory process consists of a variety of activities and behaviors specific to the needs, competencies, and expectations of the supervisor and supervisee, and the requirements of the practice setting. The highly complex nature of supervision makes it critically important that supervisors obtain education in the supervisory process. Engaging in ongoing self-analysis and self-evaluation to facilitate the continuous development of supervisory skills and behaviors is fundamental to this process. Effective supervision facilitates the development of clinical competence in supervisees at all levels of practice, from students to certified clinicians. Clinical supervision is a collaborative process with shared responsibility for many of the activities involved in the supervisory experience. The supervisory relationship should be based on a foundation of mutual respect and effective interpersonal communication. Clinical supervisors have an obligation to fulfill the legal requirements and ethical responsibilities associated with state, national, and professional standards for supervision.

AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

Supervision of Student Clinicians
Issues in Ethics

About This Document	This Issues in Ethics statement is a revision of *Supervision of Student Clinicians* (2003). The Board of Ethics reviews Issues in Ethics statements periodically to ensure that they meet the needs of the professions and are consistent with ASHA policies.
Issues in Ethics Statements: Definition	From time to time, the Board of Ethics determines that members and certificate holders can benefit from additional analysis and instruction concerning a specific issue of ethical conduct. Issues in Ethics statements are intended to heighten sensitivity and increase awareness. They are illustrative of the Code of Ethics and intended to promote thoughtful consideration of ethical issues. They may assist members and certificate holders in engaging in self-guided ethical decision making. These statements do not absolutely prohibit or require specified activity. The facts and circumstances surrounding a matter of concern will determine whether the activity is ethical.
Introduction	This Issues in Ethics statement is presented for the guidance of American Speech-Language-Hearing Association (ASHA) members and certificate holders in matters relating to supervision of students engaged in the provision of clinical services during practicum experiences. ASHA members and certificate holders are employed in a variety of work settings and are required by their employers, by their states, and by governmental agencies, as well as by ASHA, to comply with prescribed personnel standards related to certification and licensure. Although the specific standards of these groups can and do differ, under the Code of Ethics, members and certificate holders delivering or supervising clinical services must hold ASHA certification in the area of their clinical or supervisory work regardless of the work setting, state, or jurisdiction in which they are employed. Further, ASHA-certified individuals engaged in supervision of student clinicians are bound to honor their responsibility to hold paramount the welfare of persons they serve professionally and to ensure that services are provided competently by students under their supervision.
Discussion	The Board of Ethics cites and interprets the following sections of the Code of Ethics (2010) that pertain to the supervision of student clinicians: • **Principle of Ethics I:** Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities and they shall treat animals involved in research in a humane manner. • **Principle of Ethics I, Rule A:** Individuals shall provide all services competently. • **Principle of Ethics I, Rule D:** Individuals shall not misrepresent the credentials of assistants, technicians, support personnel, students, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name and professional credentials of persons providing services. • **Principle of Ethics I, Rule G:** Individuals who hold the Certificates of Clinical Competence may delegate tasks related to provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of their profession to students only if those services are appropriately

	supervised. The responsibility for client welfare remains with the certified individual. • **Principle of Ethics II, Rule A:** Individuals shall engage in the provision of clinical services only when they hold the appropriate Certificate of Clinical Competence or when they are in the certification process and are supervised by an individual who holds the appropriate Certificate of Clinical Competence. • **Principle of Ethics II, Rule B:** Individuals shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their level of education, training, and experience. • **Principle of Ethics IV, Rule B:** Individuals shall prohibit anyone under their supervision from engaging in any practice that violates the Code of Ethics. ASHA-certified individuals who supervise students cannot delegate the responsibility for clinical decision making and management to the student. The legal and ethical responsibility for persons served remains with the certified individual. However, the student can, as part of the educational process, make client management recommendations and decisions pending review and approval by the supervisor. Further, the supervisor must inform the client or client's family of the qualifications and credentials of the student supervisee involved in the provision of clinical services. All supervised clinical activities provided by the student must fall within the scope of practice for the specific profession to count toward the student's certification. The supervisor must achieve and maintain competency in supervisory practice as well as in the disability areas for which supervision is provided. The amount of supervision provided by the ASHA-certified supervisor must be commensurate with the student's knowledge, experience, and competence to ensure that the welfare of the client is protected. The supervisor must also ensure that the student supervisee maintains confidentiality of client information and documents client records in an accurate and timely manner. Discrepancies may exist among state requirements for supervision required for teacher certification in speech-language pathology and audiology, state licensure in the professions of speech-language pathology and/or audiology, and ASHA certification standards. In states where credential requirements or state licensure requirements differ from ASHA certification standards, supervised clinical experiences (including student practica for teacher licensing) will count toward or may be applied toward ASHA certification (CCC) requirements only if those practicum hours have been supervised by ASHA-certified personnel.
Guidance	ASHA-certified individuals who supervise students should possess or seek training in supervisory practice and provide supervision only in practice areas for which they possess the appropriate knowledge and skills. The supervisor must oversee the clinical activities and make or approve all clinical decisions to ensure that the welfare of the client is protected. The supervisor should inform the client or the client's family about the supervisory relationship and the qualifications of the student supervisee.

Supervision of Student Clinicians	Issues in Ethics
	The supervisor must provide no less than the level of supervision that is outlined in the current certification standards and increase supervision if needed based on the student's knowledge, experience, and competence. The supervisor should document the amount of direct and indirect supervision provided, and design and implement procedures that will protect client confidentiality for services provided by students under supervision. ASHA members and certificate holders engaged in the preparation, placement, and supervision of student clinicians must make reasonable efforts to ensure that direct practicum supervision is provided by professionals holding the appropriate CCC. They must inform students who engage in student practica for teacher licensing, or other clinical practica under a non-ASHA-certified supervisor that these experiences cannot be applied to ASHA certification. ASHA-certified personnel cannot sign for clinical practicum experiences that were actually supervised by non-ASHA-certified individuals. It is unethical for certificate holders to approve or sign for clinical hours for which they did not provide supervision.

AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

Clinical Supervision in Speech-Language Pathology
Technical Report

About This Document	This technical report was developed by the Ad Hoc Committee on Supervision in Speech-Language Pathology of the American Speech-Language-Hearing Association (ASHA). Members of the committee were Lisa O'Connor (chair), Christine Baron, Thalia Coleman, Barbara Conrad, Wren Newman, Kathy Panther, and Janet E. Brown (ex officio). Brian B. Shulman, vice president for professional practices in speech-language pathology (2006–2008), served as the monitoring officer. This document was approved by the Board of Directors on March 12, 2008. ****
Introduction	Because of increasing amounts of data from studies on supervision, advances in technology, and a greater understanding of the value of interpersonal factors in the supervisory process, there was a need to update ASHA's 1985 position statement *Clinical Supervision in Speech-Language Pathology and Audiology* (ASHA, 1985b). This 2008 technical report accompanies an updated position statement and knowledge and skills document for the profession of speech-language pathology (ASHA 2008a, 2008b). Although the principles of supervision (also called clinical teaching or clinical education) are common to both professions, the updated documents address only speech-language pathology because of differences in pre-service education and practice between the two professions. The 1985 position statement identified specified competencies for supervisors, with an emphasis on clinical supervision of students. This 2008 technical report addresses supervision across the spectrum of supervisees, with the exception of speech-language pathology assistants. Professionals looking for guidance in supervising support personnel should refer to the ASHA position statement, guidelines, and knowledge and skills documents on this topic (ASHA, 2002, 2004b, 2004e). As stated in ASHA's position statement on clinical supervision in speech-language pathology (ASHA, 2008a), "clinical supervision (also called clinical teaching or clinical education) is a distinct area of practice in speech-language pathology and... is an essential component in the education of students and the continual professional growth of speech-language pathologists" (p. 1). Clinical supervision is also a collaborative process, with shared responsibility for many of the activities throughout the supervisory experience. At some point in their career, many speech-language pathologists (SLPs) will be involved in a role that involves supervising students, clinical fellows, practicing SLPs, and/or paraprofessionals. Many of these SLPs do not have formal training or preparation in supervision. Recognizing the importance and complexity involved in the supervisory process, it is critical that increased focus be devoted to knowledge of the issues and skills in providing clinical supervision across the spectrum of a professional career in speech-language pathology. The purpose of this technical report is to highlight key principles and issues that reflect the importance and the highly skilled nature of providing exemplary supervision. It is not intended to provide a comprehensive text on how to become a supervisor. The companion document *Knowledge and Skills Needed by Speech-Language*

	Pathologists Providing Clinical Supervision (ASHA, 2008b) delineates areas of competence, and the position statement *Clinical Supervision in Speech-Language Pathology* (ASHA, 2008a) affirms the role of supervision within the profession.
Background Information	In 1978, the ASHA Committee on Supervision indicated that there was little knowledge of the critical factors in supervision methodology (American Speech and Hearing Association, 1978). During the three decades since that report was written, a body of work has been published that has helped to identify some of the critical factors in supervision methodology and their relationship to the effectiveness of supervision. Jean Anderson's *The Supervisory Process in Speech-Language Pathology and Audiology* (1988) played a significant role in helping professionals understand the critical factors in supervision methodology and their contribution to the effectiveness of supervision. Her continuum of supervision is the most widely recognized supervision model in speech-language pathology (see Figure 1). This model is based on a developmental continuum that spans a professional career. The continuum mandates a change over time in the amount and type of involvement of both the supervisor and the supervisee in the supervisory process. As the amount of direction by the supervisor decreases, the amount of participation by the supervisee increases across the continuum (J. L. Anderson, 1988). The stages (evaluation-feedback, transitional, self-supervision) should not be viewed as time bound, as any individual supervisee may be found at any point on the continuum depending on situational variables as well as the knowledge and skill of the supervisee. The model stresses the importance of modifying the supervisor's style in response to the needs, knowledge, and skills of the supervisee at each stage of clinical development. This model also fosters professional growth on the part of both the supervisor and the supervisee In addition to the publications from acknowledged experts in the profession, ASHA has provided guidance in the area of supervision through standards, the Code of Ethics, and Issues in Ethics statements. These documents are described below in the sections *Standards, Regulations, and Legal Issues and Ethical Considerations in Supervision*.
Research on Supervision	As the profession of speech-language pathology has advanced, evidence-based knowledge about practice in clinical disorders has developed through experimental and descriptive research. However, there is little empirical evidence in the area of supervision (Spence, Wilson, Kavanagh, Strong, & Worrall, 2001), especially as it relates to client outcomes. Knowledge about supervision in speech-language pathology has primarily come from descriptive studies documented in texts by acknowledged experts, conference proceedings, and personal and shared experience. The results of descriptive studies have led to the identification of some of the behaviors that supervisors need to modify in order to be less directive and to facilitate high levels of critical thinking in supervisees (Dowling, 1995; Strike-Roussos, 1988, 1995, as cited in McCrea and Brasseur, 2003). Another major source of information about supervision comes from the research literature from other professions. McCrea and Brasseur (2003) examined the work of Rogers (1951), Carkhuff (1967, 1969), Leddick and Barnard (1980), and Hart (1982) in psychology; Fiedler (1967) in business management; Kagan (1970) in social work; and Cogan (1973) and Goldhammer (1969; Goldhammer, Anderson, & Kajewski, 1980) in education to show the extent to which other disciplines have contributed

	to our knowledge of effective supervision, and to emphasize the shared core principles of supervision regardless of the discipline and/or service delivery setting (Dowling, 2001).
Definition of Supervision	In 1988 Jean Anderson offered the following definition of the supervisory process: Supervision is a process that consists of a variety of patterns of behavior, the appropriateness of which depends on the needs, competencies, expectations and philosophies of the supervisor and the supervisee and the specifics of the situation (tasks, client, setting and other variables). The goals of the supervisory process are the professional growth and development of the supervisee and the supervisor, which it is assumed will result ultimately in optimal service to clients. (p. 12) Anderson's definition is still consistent with the goals of the process but needs some expansion. ASHA's position statement (1985b) noted that "effective clinical teaching" involves the development of self-analysis, self-evaluation, and problem solving skills on the part of the individual being supervised. Self-analysis and self-evaluation are important activities for the supervisor as well. Therefore, Anderson's definition may be expanded to include the following: Professional growth and development of the supervisee and the supervisor are enhanced when supervision or clinical teaching involves self-analysis and self-evaluation. Effective clinical teaching also promotes the use of critical thinking and problem-solving skills on the part of the individual being supervised. Critical thinking is based on building hypotheses, collecting data, and analyzing outcomes. A supervisor can facilitate the critical thinking abilities of supervisees through collecting data and facilitating problem solving. Engaging in this process will also help supervisees assess the quality of their service delivery. The *Data Collection in Supervision* section that follows provides further information on this topic. The following sections discuss key issues that affect supervision or influence the supervisory process.
Supervision Across Settings	Professional, clinical, and operational demands across practice settings vary; however, the supervisory process can be viewed as basically the same wherever speech-language pathology services are delivered. Client populations as well as equipment, tools, and techniques used to provide clinical services can differ across the practice settings. Nevertheless, the dynamics of the supervisory relationship and the components of the supervisory process are similar regardless of work setting. Often the supervisor is also responsible for day-to-day operations and program management. These supervisors with management responsibilities are accountable to multiple stakeholders (e.g., administrators, regulatory agencies, consumers, employees, and payers). These supervisors also have an obligation to provide clinical teaching to supervisees at all levels of their career. Clinical education may be managed directly by the supervisor, facilitated as a collaborative activity by the supervisor, or delivered in peer training formats (e.g., through literature review and discussion, or continuing education). Methods may vary according to the needs of the clinical population, developmental level of the supervisee, supervisor and

	supervisee teaching/learning styles and preferences, economics, and practice setting. The basic objective of professional growth and development for both the supervisor and supervisee remains at the core of the supervisory process.
Technology in Supervision	Although technology is not a new concept in supervision, the ways in which technology may be used have changed immensely. It can allow one message to be received by many at one time (through an e-mail list) or it can provide support to just one supervisee through the use of two-way videoconferencing (i.e., "esupervision"). Through the use of technology, information can be delivered at a distance in real time or be archived for users to retrieve at their convenience. Many forms of technology can be used to support communication and clinical teaching, particularly the Internet, which facilitates the use of e-mail, e-mail lists, instant messaging, Web sites/pages, videoconferencing, video software, Weblogs (or "blogs"), and podcasting. The Appendix provides examples of current uses of technology for supervision. When one uses technology in supervision (e.g., videoconferencing) it is important to be aware of and follow regulatory guidelines involving confidentiality.
The Influence of Power in Supervision	Power has been defined as the ability of one party to change or control the behavior, attitudes, opinions, objectives, needs, and values of another party (Rahim, 1989). Although different models and descriptions of power are described in the literature, some researchers have acknowledged the importance of modifying supervisees' behavior using social and interpersonal influence processes. One form of social influence is power (Wagner & Hess, 1999). According to Robyak, Goodyear, and Prange (1987), supervisors' power influences trainees to change their clinical behaviors. Other disciplines have extensively investigated social power because of the influence that power has on subordinates' compliance, motivation, satisfaction, task commitment, job performance, and interpersonal conflicts (Wagner & Hess, 1999). Understanding the influence of social power on the supervisory relationship is important. Supervisors hold the power of grading, signing off on clinical hours, conducting performance evaluations, and making promotion decisions. Lack of awareness of the influence of power can result in intimidation and a reluctance on the part of the supervisee to participate actively in the supervisory experience. Individuals from diverse cultural and/or linguistic backgrounds may respond differently to the power dynamic (e.g., to people they perceive to be in roles of authority). They may behave in ways that may be interpreted as inappropriate by those who are unfamiliar with their culture and/or background (Coleman, 2000). Therefore, it is important for supervisors to know when to consult someone who can serve as a cultural mediator or advisor concerning effective strategies for culturally appropriate interactions with individuals (clients and supervisees) from specific backgrounds.
Mentoring in Supervision	The terms *mentoring* and *supervision* are not synonymous but are often used interchangeably (Urish, 2004). Mentoring is typically defined as a relationship between two people in which one person (the mentor) is dedicated to the personal and professional growth of the other (the mentee) (Robertson, 1992). While this definition may sound similar to the relationship of the supervisor and the supervisee, the primary focus of supervision is accountability for the supervisee's performance (e.g., providing grades or conducting performance evaluations; documenting professional behavior and clinical performance). In contrast,

	mentoring focuses on creating effective ways to build skills, influence attitudes, and cultivate aspirations. Mentors advise, tutor, sponsor, and instill a professional identity in mentees. Mentoring is an intense interaction between two people, where the mentor has authority and power based on experience. To highlight the importance of the mentoring role, the 2005 ASHA Standards for Clinical Certification references mentoring. In some sections the terminology has been changed from *supervision* to *mentoring* and from *clinical fellowship supervisor* to *clinical fellowship mentor* (Council for Clinical Certification in Audiology and Speech-Language Pathology [CFCC], 2005). Some aspect of mentoring should be involved in all supervisory relationships, the degree being dependent on supervisory style, the amount of experience and skill level of the supervisee, and factors associated with the practice setting. Supervisors who maintain a "direct-active" style of supervision as described by J. L. Anderson (1988) are less likely to address the mentoring aspect of supervision. The "directactive" style focuses mainly on growth in performance rather than on the personal growth of the supervisee. "Collaborative" or "consultative" styles, as described by J. L. Anderson (1988), better facilitate the ability to address the mentoring aspect of supervision. Mentoring is most appropriate when supervisees have moved into the advanced level of the "transitional stage" and/or the self-supervision stage on the Anderson continuum. ***Training in Supervision*** Many professionals are thrust into the role of supervisor or clinical educator without adequate preparation or training (J. L. Anderson, 1988; Dowling, 2001; McCrea & Brasseur, 2003; Spence et al., 2001). They become "overnight supervisors" and are forced to draw on their own past experiences as supervisees, positive or negative, as a source for their own techniques and methodologies. Supervisors in all practice settings may also have unrealistic expectations concerning the academic and clinical preparation of supervisees, particularly students. Dowling (2001) and McCrea and Brasseur (2003) discussed research in speech-language pathology by Culatta and Seltzer (1976), Irwin (1975, 1976), McCrea (1980), Roberts and Smith (1982), and Strike-Roussos (1988, 1995) indicating that supervisors who engage in supervisory conferences/meetings without formal supervisory training tend to dominate talk time, problem solving, and strategy development. These supervisors tend to use the same direct style of supervision with all supervisees regardless of their knowledge or skill levels, and without regard for the supervisee's learning style, which can lead to passive supervisee involvement and dependence on the supervisor (J. L. Anderson, 1988). Further, a direct style of supervision diminishes the need for the supervisee to use critical thinking and problem-solving skills. Supervisors should seek training on the supervisory process so that they can learn about differing supervisory styles and develop competence in supervision. This will help ensure the use of strategies and behaviors that promote supervisee learning and development. ASHA's *Knowledge and Skills Needed by Speech-Language Pathologists Providing Clinical Supervision* (ASHA, 2008b) lists competencies for effective supervision. Training in supervision can be obtained through course work, continuing education programs, self-study, peer mentoring, and resources from ASHA (e.g., products and/or continuing education offerings) and from Special Interest Division 11, Administration and Supervision.

Supervisor Accountability

Quite often, the effectiveness of a supervisor is determined by asking the supervisee to evaluate the clinical instructor. While such evaluations do have some importance, few supervisees have sufficient understanding of the supervisory process to know what to expect of a supervisor. Further, unless complete anonymity is ensured, the likelihood of receiving honest feedback may be questioned. Therefore, supervisors should also evaluate their own behaviors relative to the supervisory process. Given the lack of validated guidelines for accomplishing such self-evaluation, supervisors must devise their own methods of data collection (McCrea & Brasseur, 2003) or turn to resources from other fields. Casey (1985) and colleagues (Casey, Smith, & Ulrich, 1988) developed a self-assessment guide to assist supervisors in determining their effectiveness in acquiring the 13 tasks and 81 associated competencies contained in the 1985 position statement (ASHA, 1985b). Analyzing the results allows the supervisor to identify supervisory objectives, decide on certain procedures, and determine whether goals were accomplished.

Studying the supervisory process in relation to one's own behavior is an opportunity for the supervisor to develop a personalized quality assurance mechanism, and a way to ensure accountability. Making a decision to improve as a supervisor also promotes job satisfaction, self-fulfillment, and ethical behavior, and prevents burnout (Dowling, 2001).

Data Collection in Supervision

Objective data about the supervisee's performance adds credibility and facilitates the supervisory process (J. L. Anderson, 1988; Shapiro, 1994). According to J. L. Anderson (1988) and Shapiro (1994), data collection methods can include rating scales, tallying behaviors, verbatim recording, interaction analysis, and individually designed methods. A number of tools have also been developed for analysis of behaviors and self-assessment (J. L. Anderson, 1988; Casey et al., 1988; Dowling, 2001; McCrea & Brasseur, 2003; Shapiro, 1994). Results from the analysis of this data can be applied both to the supervisee's clinical interactions with clients as well as to behaviors of the supervisor and supervisee during supervisory conferences. Analysis of both the supervisee and supervisor's behaviors during supervisory conferences can yield valuable insights to improve the interactions and outcomes of the supervisory experience for both individuals.

To be effective at their job, supervisors must be concerned about their own learning and development. Studying one's own behavior in supervisory process not only facilitates accountability in clinical teaching, but also is an opportunity for supervisors to examine their own behavior in order to improve their effectiveness in supervision.

Communication Skills in Supervision

Although supervisors may collect data and analyze the behaviors of supervisees, success in facilitating a supervisee's development may ultimately rest on the supervisor's skill in communicating effectively about these behaviors. While there are many resources that discuss interpersonal communication, McCrea and Brasseur (2003) briefly reviewed the literature in speech-language pathology on the interpersonal aspects of the supervisory process, citing Pickering (1979, 1984, 1987, 1990), Caracciolo and colleagues (1978), Crago (1987), Hagler, Casey, and DesRochers (1989), McCrea (1980), McCready and colleagues (1987, 1996), and Ghitter (1987). All of these researchers found a relationship between the

interpersonal skills of supervisors and the clinical effectiveness of the supervisees. In their review of the literature, McCrea and Brasseur noted the importance of a supervisor's skill in communication. Adopting an effective communication style for each supervisee was shown to affect the supervisees' willingness to participate in conferences, share ideas and feelings, and positively change clinical behaviors. Ghitter (1987, as cited in McCrea & Brasseur, 2003) reported that when supervisees perceive high levels of unconditional positive regard, genuineness, empathic understanding, and concreteness, their clinical behaviors change in positive directions.

The ability to communicate effectively is viewed by many as an aptitude or an innate skill that people possess without any training. However, many professionals operate at a level of effectiveness far below their potential (Adler, Rosenfeld, & Proctor, 2001). There are also potential barriers to clear and accurate communication (e.g., age, gender, social and economic status, and cultural/ linguistic background). Further information addressing such barriers is included in the sections *Generational Differences* and *Cultural and Linguistic Considerations in Supervision*). Training in interpersonal communication is an important component of supervisory training. Growth in the interpersonal domain will enhance supervisors' proficiencies in interacting with clinicians in a helpful manner.

Standards, Regulations, and Legal Issues

Various external groups provide guidance for or regulation of supervision in speech-language pathology, particularly with respect to students and clinical fellows. ASHA's standards for certification and accreditation, state licensure laws, and federal/state reimbursement programs set minimum standards for the amount of supervision provided to individuals who are not certified SLPs.

At the preprofessional level, the *Standards for Accreditation of Graduate Education Programs in Audiology and Speech-Language Pathology* (Council on Academic Accreditation in Audiology and Speech-Language Pathology [CAA], 2004) require competent and ethical conduct of faculty, including on-site and offsite faculty. The standards also require programs to demonstrate that "Clinical supervision is commensurate with the clinical knowledge and skills of each student…" (Standard 3.5B; CAA, 2004).

Standards and Implementation Procedures for the Certificate of Clinical Competence address the requirements for direct and indirect supervision of students (CFCC, 2005). The standards require that student supervision be provided by a certified SLP, and that at least 25% of a student's total contact with each client be directly observed. The amount of supervision "should be adjusted upward if the student's level of knowledge, experience, and competence warrants" (CFCC, 2005). Standards for clinical fellows require 36 mentoring activities, including 18 hours of on-site direct client contact observation. Both sets of standards may be updated periodically.

Regulation by state licensure boards is separate from ASHA requirements; therefore, all students, clinical fellows, and certified clinical practitioners must be aware of and adhere to ASHA certification requirements as well as their state's requirements. Licensure laws regulate the provision of SLP services within the state; for SLPs practicing in schools, different or additional standards may also be required. States' requirements for student supervision may in some cases exceed

ASHA's requirements.

Supervisors also must be aware of regulations for student supervision issued by payers such as the Centers for Medicare and Medicaid Services (CMS). For services delivered to Medicare beneficiaries under Part B, Medicare guidance explicitly states that the qualified SLP must be in the room at all times and be actively engaged in directing the treatment provided by the student (CMS, 2003, chapter 15, section 230B.1). There is an exception for services to Part A beneficiaries residing in a skilled nursing facility where "line of sight" supervision of the student by the qualified SLP is required instead of "in the room."

The nature of the supervisory relationship includes a vicarious liability for the actions of the supervisee. Supervisors hold full responsibility for the behavior, clinical services, and documentation of the student clinician. For their own protection as well as to foster the growth of students and protect the welfare of clients, supervisors must be fully involved and aware of the performance of the student and address any issues that could affect patient outcomes or satisfaction.

Ethical Considerations in Supervision

ASHA's Code of Ethics (2003) provides a framework for ethical behavior of supervisors across supervisory responsibilities. Principle of Ethics I states that client welfare must always be held paramount. Accordingly, the supervisor must provide appropriate supervision and adjust the amount and type of supervision based on the supervisee's performance. The supervisor ensures that the supervisee fulfills professional responsibilities such as maintaining confidentiality of client information, documenting client records in an accurate and timely manner, and completing other professional activities. In addition, the supervisor has an obligation to inform the client of the name and credentials of individuals (such as students) involved in their treatment.

Principle of Ethics II addresses issues of professional competence, and its rules state that professionals should only engage in those aspects of the profession that are within their scope of competence. Accordingly, supervisors should seek training in the area of effective supervisory practices to develop their competence in this area. Supervisors also have the responsibility to ensure that client services are provided competently by supervisees whether they are students, clinical fellows, or practicing clinicians. In addition, the rules state that treatment delegated to clinical fellows, students, and other nonprofessionals must be supervised by a certified speech-language pathologist.

Principle of Ethics IV addresses the ethical responsibility to maintain "harmonious interprofessional and intraprofessional relationships" and not abuse their authority over students (ASHA, 2003). See the section *The Influence of Power in Supervision* for further discussion of this issue.

Issues in Ethics statements are developed by ASHA's Board of Ethics to provide guidance on specific issues of ethical conduct. Statements related to supervision include *Fees for Clinical Service Provided by Students and Clinical Fellows* (ASHA, 2004a), *Supervision of Student Clinicians* (ASHA, 2004d), and *Responsibilities of Individuals Who Mentor Clinical Fellows* (2007).

Supervisors should also be cognizant of the problems that may arise from developing a social relationship with a supervisee in addition to their supervisory

relationship. Although working together may provide opportunities for socialization beyond professional activities, supervisors must be comfortable in addressing a supervisee's performance without being influenced by their relationship outside the work setting.

King (2003) identified situations where ethical misconduct in the area of supervision may occur. Although King's comments were directed to the supervision of students, these concerns can be applied to all supervisory relationships. According to King, situations of potential misconduct can include, but are not limited to, failure to provide a sufficient amount of supervision based on the performance of the supervisee, failure to educate and monitor the supervisee's protection of patient confidentiality, failure to verify appropriate competencies before delegating tasks to supervisees, failure to demonstrate benefit to the patient based on outcomes, and failure to provide self-assessment tools and opportunities to supervisees.

Supervision by Other Professionals

Increasingly, ASHA-certified SLPs and clinical fellows may work in settings where their direct supervisor may be an administrator or an individual from another profession. Evaluation of clinical skills by that individual is not appropriate, according to ASHA's position statement on *Professional Performance Appraisal by Individuals Outside the Professions of Speech-Language Pathology and Audiology* (ASHA, 1993). Peer appraisal and/or self-evaluation are recommended as alternatives. In addition, guidelines on the *Professional Performance Review Process for the School-Based Speech-Language Pathologist* (ASHA, 2006) were recently developed to help address this frequently occurring situation in schools.

Access to Clinical Externships

Practicing SLPs participate in the training and development of those who are entering the profession. However, pressures within the workplace have created challenges to students gaining access to externship sites (McAllister, 2005). Students are considered by some clinicians and administrators to be a drain on existing resources. The pace of the work, productivity demands, complexity of clients, and program specialization can limit an organization's willingness to embrace the task of student training (McAllister, 2005). In some cases, an externship supervisor's expectations of a student's knowledge and skills may be unrealistic and/or not met. Requirements for specified levels of supervision imposed by regulatory agencies (e.g., CMS) have also been identified as barriers to accepting students.

Staffing shortages can also limit student placement opportunities. Student training is often one of the casualties of inadequate staffing in the workplace. Veteran SLPs have much to offer students and other supervisees, but these individuals may work on a part-time or as-needed basis. Organizations that implement flexible work schedules to retain seasoned employees may refuse student placements because they believe they cannot accommodate the students' scheduling needs (McAllister, 2005). An unfortunate irony exists because sites that do not offer student externship placements are less likely to successfully recruit qualified SLPs.

McAllister (2005) posited the need for innovative solutions in the following areas. A shift in training models may be necessary in some cases to provide more opportunities for student placements. Ingenuity and collaboration between universities and work sites can ultimately produce innovative scheduling,

supervisory incentives, and exploration of new supervisory models that may allow for excellent training opportunities. Cooperative partnerships between the universities, work sites, and clinicians are needed to develop collaborative training models appropriate to work site demands and pressures. Universities can play a key role in assisting work sites in experimenting with and evaluating innovative training models and in educating potential and existing supervisors on best practices in clinical education.

Cultural and Linguistic Considerations in Supervision

The population of the United States is becoming increasingly diverse. Supervisors will interact more frequently with individuals from backgrounds that are different from their own. As they interact with others, supervisors will have to take into account culturally based behaviors, values, and belief systems to be successful in their interactions. No universal communication, learning, or behavioral style is used by all people. Many cultural values have a significant impact on how and when individuals choose to communicate, how they behave in various settings, and how they prefer to learn. Differences in cultural values have an impact on the nature and effectiveness of all aspects of clinical interactions, including supervisor-supervisee relationships. Supervisors must take into consideration culturally based behaviors and learning styles of supervisees if their interactions with them are to be successful (Coleman, 2000).

Shapiro, Ogletree, and Brotherton (2002) reported research findings that most faculty were viewed as not being prepared for engaging in the supervisory process even with students from mainstream backgrounds. This problem is even more widespread in view of previous findings that most SLPs do not believe they are prepared to work effectively with clients from culturally and linguistically diverse backgrounds (ASHA, 1985a; Carey, 1992; Coleman & Lieberman, 1995; Keough, 1990). The lack of understanding and/or appreciation for culturally and linguistically diverse clients could also have a significant impact on the nature of interactions these professionals have with other nontraditional students, such as older students or returning students (McAllister, 2005).

Supervisors who supervise individuals from culturally and linguistically diverse backgrounds should develop competencies that will help them engage in appropriate clinical education practices (ASHA, 1998a, 1998b, 2004c, 2005). Many researchers across disciplines have addressed the issue of culturally appropriate clinical intervention strategies (Adler, 1993; N. B. Anderson, 1992, Battle, 1993, Cheng, 1987, Langdon & Cheng, 1992). One of the first suggestions in most of these sources is that the service provider conduct a self-inventory of his or her cultural awareness and sensitivity. Resources for cultural competence awareness assessment may be obtained through ASHA and/or literature review. Recognizing that behavior may be influenced by culture allows supervisors to develop a better understanding of variations among people.

Generational Differences

The coexistence of multiple generations in the workforce presents unique challenges in supervision. Differences in values and expectations of one generation versus another can result in misinterpretations and misunderstandings during supervisor–supervisee interactions. McCready (2007) noted that various authors (Kersten, 2002; Lancaster & Stillman, 2002; and Raines, 2002, 2003) have mentioned that the disparities among generations today are deeper and more complex than in the past. According to Lancaster and Stillman (2002), there are

	four separate and distinct generations working together today: the Traditionalists (born between 1900 and 1945), the Baby Boomers (born 1946–1964), the Generation Xers (born 1965–1980), and the Millennials (1981–1999). People, places, events, and symbols not only define each of these generational cohorts but profoundly influence their values and expectations. Supervisors therefore need to be prepared to understand and accommodate attitudes and behaviors that may differ from their own. McCready (2007) described ways in which supervisors across work settings can bridge the generation gap and facilitate improved communication. One suggestion is to form study groups to investigate the research in this area; the group could then present their findings to a larger group within the work setting (McCready, 2007). The supervisor can also engage in discussions about the generations represented in the work setting and how generational characteristics may and may not apply to specific individuals (McCready, 2007). Such discussion might include generational characteristics that can lead to miscommunication and misunderstandings in interactions with clients and supervisors. ***Supervising Challenging Supervisees*** Students who are admitted to graduate programs in communication sciences and disorders have successfully passed through a very competitive screening process using a variety of selection criteria such as Graduate Record Examination scores, undergraduate grade point averages, and letters of recommendation. Most of these students perform well in their academic courses and clinical assignments. However, most training programs periodically encounter students who present special challenges during the supervisory process (Shapiro et al., 2002) and are often referred to as "marginal" students. Dowling (1985, as cited in Dowling, 2001) described marginal students as individuals who "cannot work independently, are unable to formulate goals and procedures, have basic gaps in conceptual understanding, and cannot follow through with suggestions" (p. 162). Given the impact on students, programs, clients, and the professions, working effectively with marginal students deserves serious and systematic consideration (Shapiro et al., 2002). These same issues may apply to supervisees of varying experience levels and in all practice settings. One characteristic that is frequently reported about these challenging supervisees is their lack of ability to accurately evaluate their skill level (Kruger & Dunning, 1999, as cited in McCrea & Brasseur, 2003). Using the supervisory conference/ meeting can be critically important in assisting them in evaluating their own performance (Dowling, 2001). During these meetings, supervisors need to give specific feedback based on data collected about the supervisee's performance and provide concrete assistance in planning and strategy development (Dowling, 2001). Eventually, however, the supervisee must learn to engage in self-analysis and self-evaluation to develop an understanding of his or her own performance.
Summary	This document defines supervision and highlights key issues that reflect the complexity of providing exemplary supervision. Acquiring competency as a supervisor is essential to developing supervisory behaviors and activities that are critical to the training of professionals. Such supervisory training may not be provided as part of graduate education programs; therefore, SLPs must look to continuing education opportunities, peer learning and mentoring, and self-study using literature that focuses on the supervisory process (J. L. Anderson, 1988; Casey et al., 1988; Dowling, 2001; McCrea & Brasseur, 2003; Shapiro, 1994;

	Shapiro & Anderson, 1989). Although there may be opportunities to learn from other disciplines that also use supervisory practices, preparation in the supervisory process specific to speech-language pathology is critically important. McCrea and Brasseur (2003) and Dowling (2001) discussed ways in which preparation in the supervisory process can be implemented. The models discussed in these texts range from inclusion of information in early clinical management courses to doctoral level preparation. Training that is included as part of academic and clinical training of professionals and extended to supervisors at off-campus practicum sites will enhance the supervisors' effectiveness (Dowling, 1992; and Dowling, 1993, 1994, as cited in McCrea & Brasseur, 2003). ASHA's *Knowledge and Skills Needed by Speech-Language Pathologists Providing Clinical Supervision* (ASHA, 2008b) delineates specific areas of competence deemed necessary to the provision of effective supervision.
Research Directions	Systematic study and investigation of the supervisory process is necessary to expand the evidence base from which increased knowledge about supervision and the supervisory process will emerge. Topics for further research may include the following: • exploring different supervisory approaches that promote problem solving, selfanalysis, and self-evaluation to develop clinical effectiveness; • identifying essential components of training effective supervisors; • examining the efficacy of supervisory training on supervisor/supervisee satisfaction and competence; • identifying the basic behaviors/skills that supervisors should use in their interactions with supervisees that are essential to an effective working relationship; • examining how supervisory style affects the development of clinical competence; • examining different methods to develop more efficient models of supervision; • examining supervisor behaviors that enhance supervisee growth (e.g., examining the process for negotiating and mutually agreeing on targets for change and measuring the impact that supervisor change has on the supervisee's professional growth) or training supervisors to use specific interpersonal skills (e.g., empathy, active listening) and then measuring how such skills enhance supervisee growth (McCrea & Brasseur, 2003); • examining the effectiveness and efficiency of technology in delivering supervision; • examining the impact of supervision on client outcomes; • examining supervisory approaches and communication styles with supervisees in consideration of gender, age, cultural, and linguistic diversity; • examining aspects of the supervisory process (i.e., understanding, planning, observing, analyzing, and integrating) and the relationship of each to the success of the supervisory experience (McCrea & Brasseur, 2003).
References	Adler, S. (1993). *Nonstandard language: Its assessment in multicultural communication skills in the classroom*. Boston: Allyn & Bacon. Adler, S., Rosenfeld, L. B., & Proctor, R. F. (2001). *Interplay: The process of interpersonal communication*. New York: Harcourt. American Speech and Hearing Association. (1978). Current status of supervision of Speech-language pathology and audiology [Special Report]. *Asha, 20*, 478–486. American Speech-Language-Hearing Association. (1985a). *Clinical management of communicatively handicapped minority language populations* [Position Statement]. Available from www.asha.org/policy.

American Speech-Language-Hearing Association. (1985b). *Clinical supervision in Speech-language pathology and audiology* [Position Statement]. Available from www.asha.org/policy.

American Speech-Language-Hearing Association. (1993). *Professional performance appraisal by individuals outside the professions of speech-language pathology and audiology* [Position Statement]. Available from www.asha.org/policy.

American Speech-Language-Hearing Association. (1998a). *Students and professionals who speak English with accents and nonstandard dialects: Issues and recommendations* [Position Statement]. Available from www.asha.org/policy.

American Speech-Language-Hearing Association. (1998b). *Students and professionals who speak English with accents and nonstandard dialects: Issues and recommendations* [Technical Report]. Available from www.asha.org/policy.

American Speech-Language-Hearing Association. (2002). *Knowledge and skills for supervisors of speech-language pathology assistants*. Available from www.asha.org/policy.

American Speech-Language-Hearing Association. (2003). *Code of ethics* (Revised). Available from www.asha.org/policy.

American Speech-Language-Hearing Association. (2004a). *Fees for clinical service provided by students and clinical fellows* [Issues in Ethics]. Available from www.asha.org/policy.

American Speech-Language-Hearing Association. (2004b). *Guidelines for the training, use, and supervision of speech-language pathology assistants*. Available from www.asha.org/policy.

American Speech-Language-Hearing Association. (2004c). *Knowledge and skills needed by speech-language pathologists and audiologists to provide culturally and linguistically appropriate services* [Knowledge and Skills]. Available from www.asha.org/policy.

American Speech-Language-Hearing Association. (2004d). *Supervision of student clinicians* [Issues in Ethics]. Available from www.asha.org/policy.

American Speech-Language-Hearing Association. (2004e). *Training, use, and Supervision of support personnel in speech-language pathology* [Position Statement]. Available from www.asha.org/policy.

American Speech-Language-Hearing Association. (2005). *Cultural competence* [Issues in Ethics]. Available from www.asha.org/policy.

American Speech-Language-Hearing Association. (2006). *Professional performance review process for the school-based speech-language pathologist* [Guidelines]. Available from www.asha.org/policy.

American Speech-Language-Hearing Association. (2007). *Responsibilities of individuals who mentor clinical fellows* [Issues in Ethics]. Available from www.asha.org/policy.

American Speech-Language-Hearing Association. (2008a). *Clinical supervision in Speech-language pathology* [Position Statement]. Available from www.asha.org/policy.

American Speech-Language-Hearing Association. (2008b). *Knowledge and skills needed by speech-language pathologists providing clinical supervision*. Available from www.asha.org/policy.

Anderson, J. L. (1988). *The supervisory process in speech language pathology and audiology*. Austin, TX: Pro-Ed.

Anderson, N. B. (1992). Understanding cultural diversity. *American Journal of Speech-Language Pathology, 1*, 11–12.

Battle, D. (1993). *Communication disorders in multicultural populations*. Boston: Butterworth-Heinemann.

Carey, A. I. (1992). Get involved: Multiculturally. *Asha, 34*, 3–4.

Casey, P. (1985). *Supervisory skills self-assessment*. Whitewater: University of Wisconsin.

Casey, P., Smith, K., & Ulrich, S. (1988). *Self supervision: A career tool for audiologists and speech-language pathologists (Clinical Series No. 10)*. Rockville, MD: National Student Speech Language Hearing Association.

Centers for Medicare and Medicaid Services *Medicare benefit policy manual*. 2003 Retrieved December 13, 2008, from http://www.cms.hhs.gov/manuals/downloads/bp102c15.pdf

Cheng, L. (1987). *Assessing Asian language performance*. Gaithersburg, MD: Aspen Publishers.

Coleman, T. J. (2000). *Clinical management of communication disorders in culturally diverse children*. Needham Heights, MA: Allyn & Bacon.

Coleman, T. J., & Lieberman, R. J. (1995, November). *Preparing speech-language pathologists for work with diverse populations: A survey* . Paper presented at the Annual Convention of the American Speech-Language-Hearing Association, Anaheim, CA.

Council for Clinical Certification in Audiology and Speech-Language Pathology. (2005). *Membership and certification handbook of the American Speech-Language-Hearing Association*. Retrieved December 28, 2007, from www.asha.org/about/membershipcertification/handbooks/slp/slp_standards.htm

Council on Academic Accreditation in Audiology and Speech-Language Pathology. (2004). *Standards for accreditation of graduate education programs in audiology and speechlanguage pathology programs*. Available from www.asha.org/policy.

Dowling, S. (1992). *Implementing the supervisory process: Theory and practice*. Englewood Cliffs, NJ: Prentice-Hall.

Dowling, S. (1995). Conference question usage: Impact of supervisory training. In R. Gillam (Ed.), *The supervisors' forum* (Vol. 2, pp. 11–14). Nashville, TN: Council of Supervisors in Speech-Language Pathology and Audiology.

Dowling, S. (2001). *Supervision: Strategies for successful outcomes and productivity*. Needham Heights, MA: Allyn & Bacon.

Dudding, C., & Justice, L. (2004). An e-supervision model: Videoconferencing as a clinical training tool. *Communication Disorders Quarterly, 25*(3), 145–151.

Keough, K. (1990). Emerging issues for the professions in the 1990s. *Asha, 32*, 55–58.

King, D. (2003, May 27). Supervision of student clinicians: Modeling ethical practice for future professionals. *The ASHA Leader, 8*, 26.

Lancaster, L., & Stillman, D. (2002). *When generations collide*. New York: Harper Business.

Langdon, H. W., & Cheng, L. (1992). *Hispanic children and adults with communication disorders*. Gaithersburg, MD: Aspen Publishers.

McAllister, L. (2005). Issues and innovations in clinical education. *Advances in Speech-Language Pathology, 7*(3), 138–148.

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

McCready, V. (2007). Generational differences: Do they make a difference in supervisory and administrative relationships? *Perspectives in Administration and Supervision, 17* (3), 6–9.

Rahim, M. A. (1989). Relationships of leader power to compliance and satisfaction with supervision: Evidence from a national sample of managers. *Journal of Management, 15*, 495–516.

Robertson, S. C. (1992). *Find a mentor or be one*. Bethesda, MD: American Occupational Therapy Association.

Robyak, J. E., Goodyear, R. K., & Prange, M. (1987). Effects of supervisors' sex, focus and experience on preferences for interpersonal power bases. *Counselor Education and Supervision, 26*, 299–309.

Shapiro, D. A. (1994). Interaction analysis and self-study: A single-case comparison of four methods of analyzing supervisory conferences. *Language, Speech, and Hearing Servicesin Schools, 25*, 67–75.

Shapiro, D. A., & Anderson, J. L. (1989). One measure of supervisory effectiveness in speech-language pathology and audiology. *Journal of Speech and Hearing Disorders, 54*, 549–557.

Shapiro, D. A., Ogletree, B. T., & Brotherton, W. D. (2002). Graduate students with marginal abilities in communication sciences and disorders: Prevalence, profiles, and solutions. *Journal of Communication Disorders, 35*, 421–451.

Spence, S., Wilson, J., Kavanagh, D., Strong, J., & Worrall, L. (2001). Clinical supervision in four mental health professions: A review of the evidence. *Behavior Change, 18*, 135–155.

Strauss, W., & Howe, N. (1992). *Generations: The history of America's future 1584 to 2069*. New York: Morrow.

Urish, C. (2004). *Ongoing competence through mentoring*. Bethesda, MD: American Occupational Therapy Association.

Wagner, B. T., & Hess, C. H. (1999). Supervisors' use of social power with graduate supervisees in speech-language pathology. *Journal of Communication Disorders, 32*, 361–368.

Knowledge and Skills Needed by Speech-Language Pathologists Providing Clinical Supervision

Knowledge and Skills

About This Document

This knowledge and skills document is an official statement of the American Speech-Language-Hearing Association (ASHA). This knowledge and skills statement was developed by the Ad Hoc Committee on Supervision. Members of the committee were Lisa O'Connor (chair), Christine Baron, Thalia Coleman, Barbara Conrad, Wren Newman, Kathy Panther, and Janet E. Brown (ex officio). Brian B. Shulman, vice president for professional practices in speech-language pathology (2006–2008), served as the monitoring officer. This document was approved by the Board of Directors on March 12, 2008.

****

Knowledge and Skills

This document accompanies ASHA's policy documents *Clinical Supervision in Speech-Language Pathology: Position Statement* and *Technical Report* (ASHA, 2008a, 2008b). ASHA's position statement affirms that clinical supervision (also called clinical teaching or clinical education) is a distinct area of expertise and practice, and that it is critically important that individuals who engage in supervision obtain education in the supervisory process. The role of supervisor may include administrative responsibilities in some settings, and, should this be the case, the supervisor will have two major responsibilities: clinical teaching and program management tasks. However, the knowledge and skills addressed in this document are focused on the essential elements of being a clinical educator in any service delivery setting with students, clinical fellows, and professionals.

Professionals looking for guidance in supervising support personnel should refer to the ASHA position statement and knowledge and skills documents on that topic (ASHA, 2002, 2004a, 2004b).

ASHA's technical report on clinical supervision in speech-language pathology (2008b) cites Jean Anderson's (1988) definition of supervision:

> Supervision is a process that consists of a variety of patterns of behavior, the appropriateness of which depends on the needs, competencies, expectations and philosophies of the supervisor and the supervisee and the specifics of the situation (tasks, client, setting and other variables). The goals of the supervisory process are the professional growth and development of the supervisee and the supervisor, which it is assumed will result ultimately in optimal service to clients. (p. 12)

The ASHA technical report (2008b) adds the following elements to the above definition:

> Professional growth and development of the supervisee and the supervisor are enhanced when supervision or clinical teaching involves self-analysis and self-evaluation. Effective clinical teaching also promotes the use of critical thinking and problem-solving skills on the part of the individual being supervised. (p. 3)

This expanded definition was used as a basis for the following knowledge and skills statements.

Developing Knowledge and Skills	All certified SLPs have received supervision during their student practica and clinical fellowship; however, this by itself does not ensure competence as a supervisor. Furthermore, achieving clinical competence does not imply that one has the special skills required to be an effective supervisor. ASHA does not have specific requirements for coursework or credentials to serve as a supervisor; however, some states or settings may require coursework and/or years of experience to serve as a supervisor. Knowledge and skills may be developed in a variety of ways: participating in courses or workshops on supervision, engaging in self-study, participating in Division 11 (Administration and Supervision), and gaining mentored experiences under the guidance of an experienced clinical educator. The following 11 items represent core areas of knowledge and skills. The supervisee is an essential partner in the supervisory process; however, these areas are presented from the perspective of knowledge and skills that should be acquired by the supervisor. ***I. Preparation for the Supervisory Experience*** **A. Knowledge Required** 1. Be familiar with the literature on supervision and the impact of supervisor behaviors on the growth and development of the supervisee. 2. Recognize that planning and goal setting are critical components of the supervisory process both for the clinical care provided to the client by the supervisee and for the professional growth of the supervisee. 3. Understand the value of different observation formats to benefit supervisee growth and development. 4. Understand the importance of implementing a supervisory style that corresponds to the knowledge and skill level of the supervisee. 5. Understand the basic principles and dynamics of effective collaboration. 6. Be familiar with data collection methods and tools for analysis of clinical behaviors. 7. Understand types and uses of technology and their application in supervision. **B. Skills Required** 1. Facilitate an understanding of the supervisory process that includes the objectives of supervision, the roles of the participants, the components of the supervisory process, and a clear description of the assigned tasks and responsibilities. 2. Assist the supervisee in formulating goals for the clinical and supervisory processes, as needed. 3. Assess the supervisee's knowledge, skills, and prior experiences in relationship to the clients served. 4. Adapt or develop observational formats that facilitate objective data collection. 5. Be able to select and apply a supervisory style based on the needs of the Clients served, and the knowledge and skill of the supervisee. 6. Model effective collaboration and communication skills in interdisciplinary teams. 7. Be able to analyze the data collected to facilitate the supervisee's clinical skill development and professional growth. 8. Use technology as appropriate to enhance communication effectiveness and efficiency in the supervisory process.

II. Interpersonal Communication and the Supervisor-Supervisee Relationship

A. Knowledge Required

1. Understand the basic principles and dynamics of effective interpersonal communication.
2. Understand different learning styles and how to work most effectively with each style in the supervisory relationship.
3. Understand how differences in age, gender, culture, social roles, and selfconcept can present challenges to effective interpersonal communication.
4. Understand the importance of effective listening skills.
5. Understand differences in communication styles, including cultural/linguistic,
   generational, and gender differences, and how this may have an impact on the working relationship with the supervisee.
6. Be familiar with research on supervision in terms of developing supervisory relationships and in analyzing supervisor and supervisee behaviors.
7. Understand key principles of conflict resolution.

B. Skills Required

1. Demonstrate the use of effective interpersonal skills.
2. Facilitate the supervisee's use of interpersonal communication skills that will maximize communication effectiveness.
3. Recognize and accommodate differences in learning styles as part of the supervisory process.
4. Recognize and be able to address the challenges to successful communication interactions (e.g., generational and/or gender differences and cultural/linguistic factors).
5. Recognize and accommodate differences in communication styles.
6. Demonstrate behaviors that facilitate effective listening (e.g., silent listening, questioning, paraphrasing, empathizing, and supporting).
7. Maintain a professional and supportive relationship that allows for both supervisee and supervisor growth.
8. Apply research on supervision in developing supervisory relationships and in analyzing supervisor and supervisee behaviors.
9. Conduct a supervisor self-assessment to identify strengths as well as areas that need improvement (e.g., interpersonal communication).
10. Use appropriate conflict resolution strategies.

III. Development of the Supervisee's Critical Thinking and Problem-Solving Skills

A. Knowledge Required

1. Understand methods of collecting data to analyze the clinical and Supervisory processes.
2. Understand how data can be used to facilitate change in client, clinician, and/or supervisory behaviors.
3. Understand how communication style influences the supervisee's development of critical thinking and problem-solving skills.
4. Understand the use of self-evaluation to promote supervisee growth.

B. Skills Required

1. Assist the supervisee in using a variety of data collection procedures.
2. Assist the supervisee in objectively analyzing and interpreting the data obtained and in understanding how to use it for modification of intervention plans.
3. Assist the supervisee in identifying salient patterns in either clinician or client behavior that facilitate or hinder learning.
4. Use language that fosters independent thinking and assists the supervisee in recognizing and defining problems, and in developing solutions.
5. Assist the supervisee in determining whether the objectives for the client and/or the supervisory experience have been met.

IV. Development of the Supervisee's Clinical Competence in Assessment

A. Knowledge Required

1. Understand and demonstrate best practices, including the application of current research in speech-language pathology, for assessing clients with specific communication and swallowing disorders.
2. Understand principles and techniques for establishing an effective client–clinician relationship.
3. Understand assessment tools and techniques specific to the clients served.
4. Understand the principles of counseling when providing assessment results.
5. Understand and demonstrate alternative assessment procedures for linguistically diverse clients, including the use of interpreters and culture brokers.

B. Skills Required

1. Facilitate the supervisee's use of best practices in assessment, including the application of current research to the assessment process.
2. Facilitate the supervisee's use of verbal and nonverbal behaviors to establish an effective client–clinician relationship.
3. Assist the supervisee in selecting and using assessment tools and techniques specific to the clients served.
4. Assist the supervisee in providing rationales for the selected procedures.
5. Demonstrate how to integrate assessment findings and observations to diagnose and develop appropriate recommendations for intervention and/or management.
6. Provide instruction, modeling, and/or feedback in counseling clients and/or caregivers about assessment results and recommendations in a respectful and sensitive manner.
7. Facilitate the supervisee's ability to use alternative assessment procedures for linguistically diverse clients.

V. Development of the Supervisee's Clinical Competence in Intervention

A. Knowledge Required

1. Understand best practices, including the application of current research in speech-language pathology, for developing a treatment plan for and providing intervention to clients with specific communication and swallowing disorders.

2. Be familiar with intervention materials, procedures, and techniques that are evidence based.
3. Be familiar with methods of data collection to analyze client behaviors and performance.
4. Understand the role of counseling in the therapeutic process.
5. Know when and how to identify and use resources for intervention with linguistically diverse clients.

B. Skills Required

1. Assist the supervisee in developing and prioritizing appropriate treatment goals.
2. Facilitate the supervisee's consideration of evidence in selecting materials, procedures, and techniques, and in providing a rationale for their use.
3. Assist the supervisee in selecting and using a variety of clinical materials and techniques appropriate to the clients served, and in providing a rationale for their use.
4. Demonstrate the use of a variety of data collection procedures appropriate to the specific clinical situation.
5. Assist the supervisee in analyzing the data collected in order to reformulate goals, treatment plans, procedures, and techniques.
6. Facilitate supervisee's effective use of counseling to promote and facilitate change in client and/or caregiver behavior.
7. Facilitate the supervisee's use of alternative intervention materials or techniques for linguistically diverse clients.

VI. Supervisory Conferences or Meetings of Clinical Teaching Teams

A. Knowledge Required

1. Understand the importance of scheduling regular supervisory conferences and/or team meetings.
2. Understand the use of supervisory conferences to address salient issues relevant to the professional growth of both the supervisor and the supervisee.
3. Understand the need to involve the supervisee in jointly establishing the conference agenda (e.g., purpose, content, timing, and rationale).
4. Understand how to facilitate a joint discussion of clinical or supervisory issues.
5. Understand the characteristics of constructive feedback and the strategies for providing such feedback.
6. Understand the importance of data collection and analysis for evaluating the effectiveness of conferences and/or team meetings.
7. Demonstrate collaborative behaviors when functioning as part of a service delivery team.

B. Skills Required

1. Regularly schedule supervisory conferences and/or team meetings.
2. Facilitate planning of supervisory conference agendas in collaboration with the supervisee.
3. Select items for the conference based on saliency, accessibility of patterns for treatment, and the use of data that are appropriate for measuring the accomplishment of clinical and supervisory objectives
4. Use active listening as well as verbal and nonverbal response behaviors that facilitate the supervisee's active participation in the conference.
5. Ability to use the type of questions that stimulate thinking and promote problem solving by the supervisee.
6. Provide feedback that is descriptive and objective rather than evaluative.

.

7. Use data collection to analyze the extent to which the content and dynamics of the conference are facilitating goal achievement, desired outcomes, and planned changes.
8. Assist the supervisee in collaborating and functioning effectively as a member of a service delivery team.

VII. Evaluating the Growth of the Supervisee Both as a Clinician and as a Professional

A. Knowledge Required

1. Recognize the significance of the supervisory role in clinical accountability to the clients served and to the growth of the supervisee.
2. Understand the evaluation process as a collaborative activity and facilitate the involvement of the supervisee in this process.
3. Understand the purposes and use of evaluation tools to measure the clinical and professional growth of the supervisee.
4. Understand the differences between subjective and objective aspects of evaluation.
5. Understand strategies that foster self-evaluation.

B. Skills Required

1. Use data collection methods that will assist in analyzing the relationship between client/supervisee behaviors and specific clinical outcomes.
2. Identify and/or develop and appropriately use evaluation tools that measure the clinical and professional growth of the supervisee.
3. Analyze data collected prior to formulating conclusions and evaluating the supervisee's clinical skills.
4. Provide verbal and written feedback that is descriptive and objective in a timely manner.
5. Assist the supervisee in describing and measuring his or her own progress and achievement.

VIII. Diversity (Ability, Race, Ethnicity, Gender, Age, Culture, Language, Class, Experience, and Education)

A. Knowledge Required

1. Understand how differences (e.g., race, culture, gender, age) may influence learning and behavioral styles and how to adjust supervisory style to meet the supervisee's needs.
2. Understand the role culture plays in the way individuals interact with those in positions of authority.
3. Consider cross-cultural differences in determining appropriate feedback mechanisms and modes.
4. Understand impact of assimilation and/or acculturation processes on a person's behavioral response style.
5. Understand impact of culture and language differences on clinician interactions with clients and/or family members.

B. Skills Required

1. Create a learning and work environment that uses the strengths and expertise of all participants.
2. Demonstrate empathy and concern for others as evidenced by behaviors such as active listening, asking questions, and facilitating open and honest communication.

3. Apply culturally appropriate methods for providing feedback to supervisees.
4. Know when to consult someone who can serve as a cultural mediator or advisor

concerning effective strategies for culturally appropriate interactions with individuals (clients and supervisees) from specific backgrounds.

5. Demonstrate the effective use of interpreters, translators, and/or culture brokers as appropriate for clients from diverse backgrounds.

IX. The Development and Maintenance of Clinical and Supervisory Documentation

A. Knowledge Required

1. Understand the value of accurate and timely documentation.
2. Understand effective record-keeping systems and practices for clinically related interactions.
3. Understand current regulatory requirements for clinical documentation in different settings (e.g., health care, schools).
4. Be familiar with documentation formats used in different settings.

B. Skills Required

1. Facilitate the supervisee's ability to complete clinical documentation accurately and effectively, and in compliance with accrediting and regulatory agencies and third party funding sources.
2. Assist the supervisee in sharing information collaboratively while adhering to requirements for confidentiality (e.g., HIPAA, FERPA).
3. Assist the supervisee in maintaining documentation regarding supervisory interactions (e.g., Clinical Fellowship requirements).

X. Ethical, Regulatory, and Legal Requirements

A. Knowledge Required

1. Understand current standards for student supervision (Council on Academic Accreditation in Audiology and Speech-Language Pathology, 2004)
2. Understand current standards for mentoring clinical fellows (Council for Clinical Certification in Audiology and Speech-Language Pathology, 2005).
3. Understand current ASHA Code of Ethics rules, particularly regarding supervision, competence, delegation, representation of credentials, and interprofessional and intraprofessional relationships.
4. Understand current state licensure board requirements for supervision.
5. Understand state, national, and setting-specific requirements for confidentiality and privacy, billing, and documentation policies.

B. Skills Required

1. Adhere to all ASHA, state, and facility standards, regulations, and requirements for supervision.
2. Assist the supervisee in adhering to standards, regulations, and setting-specific requirements for documentation, billing, and protection of privacy and confidentiality.
3. Demonstrate ethical behaviors in both interprofessional and traprofessional relationships.

	4. Assist the supervisee in conforming with standards and regulations for professional conduct. 5. Assist the supervisee in developing strategies to remain current with standards and regulations throughout their professional careers. ***XI. Principles of Mentoring*** **A. Knowledge Required** 1. Understand the similarities and differences between supervision and mentoring. 2. Understand how the skill level of the supervisee influences the mentoring process (e.g., mentoring is more appropriate with individuals who are approaching the self-supervision stage). 3. Understand how to facilitate the professional and personal growth of supervisees. 4. Understand the key aspects of mentoring, including educating, modeling, consulting, coaching, encouraging, supporting, and counseling. **B. Skills Required** 1. Model professional and personal behaviors necessary for maintenance and lifelong development of professional competency. 2. Foster a mutually trusting relationship with the supervisee. 3. Communicate in a manner that provides support and encouragement. 4. Provide professional growth opportunities to the supervisee.
References	Anderson, J. L. (1988). *The supervisory process in speech-language pathology and audiology*. Austin, TX: Pro-Ed. American Speech-Language-Hearing Association. (2002). *Knowledge and skills for supervisors of speech-language pathology assistants*. Available from www.asha.org/policy. American Speech-Language-Hearing Association. (2004a). *Guidelines for the training, use, and supervision of speech-language pathology assistants*. Available from www.asha.org/policy. American Speech-Language-Hearing Association. (2004b). *Training, use, and supervision of support personnel in speech-language pathology* [Position Statement]. Available from www.asha.org/policy. American Speech-Language-Hearing Association. (2008a). *Clinical supervision in speechlanguagepathology* [Position Statement]. Available from www.asha.org/policy. American Speech-Langauge Hearing Association. (2008b). *Clinical supervision in speechlanguagepathology* [Technical Report]. Available from www.asha.org/policy. Council for Clinical Certification in Audiology and Speech-Language Pathology 2005 *Membership and certification handbook of the American Speech-Language-Hearing Association*. Retrieved December 28, 2007, from www.asha.org/about/membershipcertification/handbooks/slp/slp_standards.htm Council on Academic Accreditation in Audiology and Speech-Language Pathology. (2004). *Standards for accreditation of graduate education programs in audiology and speechlanguagepathology programs*. Available from www.asha.org/policy.

CertifiedBackground.com

Background Checks Are Required

This school requires that each student purchase a background check through CertifiedBackground.com.

What is.CertifiedBackground.com?

CertifiedBackground.com is a background check service that allows you to purchase your own h.c·knr·n,,,rl check. The results of a background check are posted to the CertifiedBackground.com web site in a secure, tamper-proof environment, where the student, as well as the school can view the results.

How do I order my background check? IT'S EASY!

1. Go to www.CertifiedBackground.com and click on "Applicants", and then on "Order Now".
2. In the Package Code box, enter your package code.
3. Select a method of payment. CertifiedBackground.com accepts Visa, MasterCard, and money order.

Results will be available in approximately 48-72 hours.

Your package code is IL49

www.certifiedbackground.com Phone: (888) 666-7788 info@certifiedbackground.com

William Paterson University

Initial Physical Exam for Clinical Clearance

To be filled out for *Nursing or Communication Disorders and Sciences Majors only*
**All of the requirements must be completed prior to clearance for clinical participation*
(Do NOT fill this out if you have been cleared for clinical by the health center before)

Patient Name: _____

Student ID#: 855_____ DOB: _____ Age: _____

Program *(circle one):* Nursing Graduate Nursing Accelerated Communication Disorders

Allergies *(specify reaction)*: _____
Current Medications: _____
Past Medical History: _____

_____

1. Physical Examination *(To be filled out by a medical provider)*

HT _____ WT _____ LMP _____
BP _____ HR _____ RR _____ Temp _____

Vision Screen: OD _____/_____ OS _____/_____ Circle One: With / Without Correction

Color testing (circle one): Pass Fail

	WNL	Abnormal/Comments
General		
Skin		
Nodes		
HEENT		
Mouth		
Chest/Breast		
Lungs		
Heart		
Abdomen		
Gent/Rect		
Extrem/Hips		
Back/Spine		
Muscoskeletal		
Neuro		

2. Assessment:

Student is medically cleared to participate in the clinical setting *(please circle one):* **Yes** **No**
If no, explain: _____

_____ Date:_____
Provider Name and Signature

Provider's Stamp (Required)

William Paterson University

Initial Physical Exam for Clinical Clearance

To be filled out for *Nursing or Communication Disorders and Sciences Majors only*
**All of the requirements must be completed prior to clearance for clinical participation*
(Do NOT fill this out if you have been cleared for clinical by the health center before)

Name: _____ DOB: _____

3. Tuberculosis Screening/Mantoux Test: ***If step one is negative, repeat step two,1-3 weeks after initial (step 1) test.***

A) (Initial) Step One: Date Placed: _____ Date Read: Result: _____mm
Step Two: Date Placed: _____ Date Read: Result: _____mm

If valid 2-step was completed in the past, you still need a recent, annual PPD test:

B) (Annual) Date Placed: _____ Date Read: _____ Result: _____mm

If any positive, complete all below:
Interpretation of Mantoux according to "at risk" status of individual tested, i.e.:
> 5mm, 10mm, 15mm may require follow up (June 2000, CDC guidelines):

CRX Date: _____ Results *(circle one)* : Negative Positive _____

Prophylaxis/Treatment History: *Include date started and end date:* _____

_____

If treatment is not recommended give reason. Also include any precautions and follow-up instructions: _____

_____

4. CBC: A Complete Blood Count must be done (within one year) ***Must Attach Copy Of Lab Report** ☐

5. Proof of Immunity: Measles, Mumps, Rubella & Varicella ***Must Attach Copy Of Lab Titer Report** ☐

**Non-immune* titer results *require* a booster **Equivocal* titer results, booster *recommended*

MMR Booster Date *(if applicable)* _____ Varicella Booster Date *(if applicable)* _____

6. Hepatitis B Vaccine Fill in Dates of Immunizations (or attach authorized copy of vaccines)

Dose #1 _____ Dose #2 _____ 2-dose series? ☐ Dose #3 _____

- OR - **Positive** Antibody (HbsAB) Date: _____ ***Attach copy of titer lab results.***

7. Tetanus Booster Tetanus booster within the last 10 years. Booster Date: _____ *Type*: Tdap Td

Tdap vaccine is available at The Health & Wellness Center for $40 - please call for an appointment

Provider's Stamp (Required)

Submit completed forms and all required documents to:
The Counseling, Health & Wellness Center located in Overlook South

STUDENTS: *PLEASE CONFIRM THAT ALL INFORMATION IS ADDRESSED/COMPLETED TO PREVENT DELAY INYOUR CLINICAL CLEARANCE*

William Paterson University
Re-Clearance for Clinical Participation

*To be filled out by the **student** and returned to the Health Center for re-clearance **only**.*

If you have never been cleared by the health center before, you need an initial clearance form.

Name: _____ DOB: _____ /_____ /__

Student ID#: 855_____

Program *(circle one)*: Nursing Grad Nursing Accelerated Communication Disorders

Since your **last** clinical clearance *(please circle yes or no and explain if applicable):*

1. Have you had any changes in your general health? NO YES
   If yes, explain: _____
2. Have you been diagnosed with an illness? NO YES
   If yes, please explain: _____
3. Have you had any injuries? NO YES
   If yes, please explain: _____
4. Have you started any medications (prescribed or OTC)? NO YES
   If yes, please list medication, dosage, frequency & reason for use: _____
5. Have you had any *known* exposure to any communicable diseases? NO YES
   If yes, please explain:_____

6. **PPD** - You *need* an updated mantoux test **yearly** to complete your clearance.
   **Attach documentation of results. PPD available at The Health & Wellness Center for $5 per test with an appointment.*
   If you have had a positive PPD in the past, please check box ☐ What year?:_____
7. **Tetanus**- You *need* proof of a **Tetanus** booster **within** the last 10 years. **Please attach documentation. Tdap vaccine is available at The Health & Wellness Center for $40 with an appointment.*

To the best of my knowledge, the above information is accurate *(please sign & date below)*

_____

Student's Signature **DOB** **Date**

_____

Reviewed by Health & Wellness Center Staff (Sign & Print Name) **Date**

WILLIAM
PATERSON
U N I V E R S I T Y
SPEECH AND HEARING CLINIC
300 POMPTON ROAD ▪ WAYNE, NEW JERSEY 07470-2103
973.720.2207 FAX 973.720.3357

Externship Request

CLINICIAN NAME:

CLINICIAN PHONE NUMBER:

SEMESTER OF EXTERNSHIP:

EXTERNSHIP REQUEST: NAME OF HOSPITAL/REHAB FACILITY/SCHOOL:

ADDRESS:

PHONE NUMBER:

PRINCIPAL CONTACT PERSON

TITLE:

Special Instructions:

APPROVED BY COORDINATOR: YES NO _____

TRACKING:

CONTRACT

Prior contract adequate	YES: _____ NO
New Draft Sent	N/A or Date: _____
Their Contract Reviewed	N/A or Date sent to Legal _____
	N/A or Date Revisions Sent Back to Facility _____
Contract Approved	Date:_____
Contract Complete & Filed	Date:_____

WILLIAM
PATERSON
U N I V E R S I T Y
SPEECH AND HEARING CLINIC
300 POMPTON ROAD ▪ WAYNE, NEW JERSEY 07470-2103
973.720.2207 FAX 973.720.3357

Clinical Practicum Information Sites

Date:_____

Name of Facility:_____

_____

Location: _____

_____

_____

Facility Contacts (Provide name & Title – Do not include supervisor if he/she was not your initial facility contact.)

Name Title

4.

5.

Academic Prerequisites for clinical practice in the facility:

1. –
2. –
3. –
4. –
5. –
6. –

Number of terms per year the facility is used as a training site: _____

Description of functions engaged in by student clinicians (evaluations, remediation, etc.)

_____

_____

_____

Average number of hours a week the student is at the facility: _____

Description of interprofessional experiences engaged in by student clinicians (in-services, case review, etc.)

_____

_____

_____

Description of clinical population at the facility for a typical academic term:

Category	Average Number of Clients				Total
	EI	Pre-School	School Age	Adult	
Evaluation: Speech					
Evaluation: Language					
Speech & Language Screening					
Treatment: Speech Disorders- Articulation					
Treatment: Speech Disorders- Voice					
Treatment: Speech Disorders- Fluency					
Treatment: Language Disorders					
Treatment: AAC/modalities					
Treatment: Cognitive Rehabilitation					
Treatment: Dysphagia					
Related Disorders					
Other					
Audiology: Hearing Screening					
Audiology: Aural (Re)Habilitation					
Audiology: Assistive Devices					
Other:					
TOTALS					

WILLIAM PATERSON UNIVERSITY

Evaluation of Supervisor As Charted in CALIPSO

Supervisor Feedback

Student:	
*Supervisor:	
*Site:	
*Semester:	

1. Provided an orientation to the facility and caseload.
   - N/A
   - No orientation provided. Student oriented him/herself.
   - Informal orientation provided.
   - Formal orientation provided with supplemental documentation.

2. Provided the student with feedback regarding the skills used in diagnosis.
   - N/A
   - Comments were vague; and therefore, difficult to apply.
   - Comments were useful but lacked specifics or concrete examples.
   - Comments were useful, specific, and instructive.

3. Provided the student with feedback regarding the skills used in interviewing.
   - N/A
   - Comments were vague; and therefore, difficult to apply.
   - Comments were useful but lacked specifics or concrete examples.
   - Comments were useful, specific, and instructive.

4. Provided the student with feedback regarding the skills used in conferences.
   - N/A
   - Comments were vague; and therefore, difficult to apply.
   - Comments were useful but lacked specifics or concrete examples.
   - Comments were useful, specific, and instructive.

5. Provided the student with feedback regarding the skills used in behavioral management.
   - N/A
   - Comments were vague; and therefore, difficult to apply.
   - Comments were useful but lacked specifics or concrete examples.
   - Comments were useful, specific, and instructive.

6. Provided the student with feedback regarding the skills used in therapy.
   - N/A
   - Comments were vague; and therefore, difficult to apply.
   - Comments were useful but lacked specifics or concrete examples.

Authored by: Laurel H Hays, M.Ed., CCC-SLP and Satyajit P. Phanse, M.S.

Comments were useful, specific, and instructive.

7. Provided the student with feedback regarding his/her selection of diagnostic or therapy materials.

N/A
Comments were vague; and therefore, difficult to apply.
Comments were useful but lacked specifics or concrete examples.
Comments were useful, specific, and instructive.

8. Explained and/or demonstrated clinical procedures to assist student in clinical skills development.

N/A
Provided minimal explanations and/or demonstrations.
Provided adequate explanations and/or demonstrations when requested.
Provided thorough explanations and/or demonstrations for all clinical procedures.

9. Utilized evidence-based practice.

N/A
Rarely referenced current literature.
Occasionally referenced current literature.
Frequently referenced current literature.

10. Encouraged student independence and creativity.

N/A
Minimally receptive to new ideas and differing techniques.
Somewhat receptive to new ideas and differing techniques but did not encourage them.
Very receptive to new ideas and encouraged use of own techniques.

11. Provided positive reinforcement of student's successes and efforts.

N/A
Rarely commented on success and efforts.
Occasionally commented on success and efforts.
Frequently commented on success and efforts.

12. Provided student with written and/or verbal recommendations for improvement outside of midterm and final evaluation.

N/A
Rarely provided written and/or verbal recommendations
Occasionally provided written and/or verbal recommendations
Systematically provided written and/or verbal recommendations

13. Demonstrated enthusiasm and interest in the profession and in providing clinical services.

N/A
Enthusiasm and interest rarely observed; frequent negative comments.
Enthusiasm and interest occasionally observed; occasional negative comments.
Enthusiasm and interest regularly observed; frequent positive and optimistic comments.

14. Demonstrated effective interpersonal communication with student.

N/A
Seemed uninterested and/or unwilling to listen or respond to student's needs.
Some interest in student's needs shown, but communication lacked sensitivity.
Aware of and sensitive to student's need; open and effective communication.

15.Receptive to questions.

N/A
Unwilling to take time to answer questions.
Answered questions inconsistently.
Answered questions with helpful information or additional resources which encouraged me to think for myself.

16. Available to me when I requested assistance.

N/A
Supervisor was rarely available.
Supervisor was occasionally available.
Supervisor was always available.

17. Utilized effective organizational and management skills.

N/A
Rarely organized; showed difficulty balancing supervisory and clinical responsibilities.
Somewhat organized; balanced supervisory and clinical responsibilities with little difficulty.
Always organized; balancing supervisory and clinical responsibilities with ease.

18. Referred me to or provided me with additional resources (materials, articles, video tapes, etc.)

N/A
Provided minimal or no additional resources.
Provided helpful resources upon student request.
Provided helpful resources without student request.

19. Realistically demanding of me as a student intern.

N/A
Expectations were either too high or too low for level of experience with no attempts to adjust.
Expectations were generally appropriate for my level of experience.
Expectations were individualized and adjusted according to my strengths and weaknesses.

Overall how would you rate this clinical experience?

Superior
Very Good
Good
Fair
Poor

Additional Comments:

What experience during this practicum provided you with the greatest learning opportunity?

Externship Site Review

Name of Extern: _____

Externship Site: _____

Term of Externship: from: _____ to: _____

Weeks of Externship: _____

Date of Review: _____

Clinical Supervisor(s): _____

Orientation/Transition

New staff orientation made me feel more comfortable with the professionals I worked with during this externship.

5	4	3	2	1	N/A
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable

New staff orientation helped me understand the school's/hospital's goals and philosophies.

5	4	3	2	1	N/A
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable

Early observation and orientation to treatment techniques/methodology helped me make a smooth transition to more independent treatment planning.

5	4	3	2	1	N/A
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable

I felt as though I had a good understanding of the children on my caseload following the initial orientation period.

5	4	3	2	1	N/A
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable

Paperwork

Paperwork requirements (daily logs, final progress report, weekly lesson plans) were manageable.

5	4	3	2	1	N/A
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable

Time allotted to complete chart reviews and/or files helped me in planning my sessions and understanding disorder types.

5	4	3	2	1	N/A
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable

Goals, materials, and strategies were clearly written to help me plan lessons and/or treatment.

5	4	3	2	1	N/A
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable

Treatment observation forms I completed initially helped me plan short term goals/activities.

5	4	3	2	1	N/A
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable

Direct Supervision

Clinical supervisors allotted sufficient time to discuss cases/background history.

5	4	3	2	1	N/A
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable

Clinical supervisors reviewed oral motor, augmentative, language treatment strategies necessary

to meet caseload's needs.

5	4	3	2	1	N/A
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable

Weekly planning forms/meetings were helpful in keeping to the overall externship schedule.

5	4	3	2	1	N/A
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable

Clinical supervisor gave me the independence to manage the caseload as my own by the end of the externship.

5	4	3	2	1	N/A
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable

Clinical supervisor supported me in my efforts to practice an inclusion/push-in model of treatment.

5	4	3	2	1	N/A
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable

Clinical supervisor provided the minimum if not more clinical supervisory hours as required by ASHA.

5	4	3	2	1	N/A
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable

Education

The externship resources binder provided me with information I needed to know about my externship's caseload and therapy techniques.

5	4	3	2	1	N/A
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable

The clinical supervisor provided me with enough educational support.

5	4	3	2	1	N/A
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable

The clinical supervisor provided me with enough educational support regarding treatment techniques/strategies.

5	4	3	2	1	N/A
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable

Therapy materials available at the school were helpful in treatment planning and execution.

5	4	3	2	1	N/A
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable

Caseload

The number of students seen for therapy was manageable.

5	4	3	2	1	N/A
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable

By the externship's end, I felt more comfortable working with this population.

5	4	3	2	1	N/A
Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable

Personal areas of growth coming out of an externship:

1.

2.

3.

Program suggestions for the future:

1.

2.

3.

Other comments:

_____ _____

Graduate Extern Date

CALIPSO
INSTRUCTIONS FOR
CLINICAL SUPERVISORS
https://www.calipsoclient.com/wpunj

Step 1: Register as a Supervisor on CALIPSO

(**C**linical **A**ssessment of **L**earning, **I**nventory of **P**erformance, and **S**treamlined **O**ffice-Operations)

- Before registering, have available your 1) PIN provided by the Clinical Coordinator, 2) ASHA card, 3) state licensure card, and 4) teacher certification information if applicable. If possible, have available scanned copies of your certification and licensure cards for upload during the registration process.
- Go to https://www.calipsoclient.com/wpunj
- Click on the "Supervisor" registration link located below the login button.
- Complete the requested information and click "Register."
- On the following screen, again complete the requested information and click "Save" at the bottom of the page. A "Registration Complete" message will be displayed and you will automatically be logged into CALIPSO.

Step 2: Login to CALIPSO

- For subsequent logins, go to https://www.calipsoclient.com/wpunj and login to CALIPSO using your 8-digit ASHA number and **password that you created for yourself during the registration process (step one.)**

Step 3: Select Supervisee / Student

- Locate "Change class to:" and select from the drop-down menu the appropriate class
- Click "Change."
- Click on "Student Information"
- Locate "Add Student of Interest" and select your student from the drop-down menu.
- Click "Add."

Step 4: View Student Clock Hour Records

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

Step 5: View Student Cumulative Evaluation

- Click on “Cumulative evaluation” to view a summary of your student’s clinical competency across the 9 disorder areas.
- Upon completion of the clinical program, students must have an average score of 3.0 or higher for all clinical competencies listed on the form.
- Please make note of any areas of deficiency (highlighted in orange.)
- Click “Student Information” located within the blue stripe to return to the student list.

Step 6: View Student Immunization and Compliance Records

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

Step 7: Complete Site Information Form

- From the home page, click on the “Site Information Forms” link under the Management header.
- Click “Add new form.”
- Complete the requested information and click “Save.”

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

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

Step 9: Complete Midterm Evaluation

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

Step 10: Complete Final Evaluation

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

Step 11: Approve Clock Hours

- At the completion of the rotation or as often as directed, your student will log their clock hours into CALIPSO.
- An automatically generated e-mail will be sent notifying you that clock hours have been submitted and are awaiting approval.
- Login to CALIPSO (step two.)
- Click "clockhour forms pending approval."
- Identify your current student's record.

- Click “View/Edit” in the far right column.
- Review hours, making changes if necessary.
- Complete the % of time the student was observed while conducting evaluations and providing treatment.
- Approve clock hours by selecting “yes” beside “Supervisor approval” located at the bottom of the page.
- Click “Save.

Step 12: View Your Supervisory Summary

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

Step 13: View Your Supervisory Feedback

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

Step 14: Update Your Information

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

Authored by: Laurel H Hays, M.Ed., CCC-SLP and Satyajit P. Phanse, M.S.

WILLIAM PATERSON UNIVERSITY

300 POMPTON ROAD • WAYNE, NEW JERSEY 07470-2103

DEPARTMENT OF COMMUNICATION DISORDERS AND SCIENCES

CLINICAL SUPERVISION

Session Feedback

Date of Observation: **Time:**

Client:

Clinician:

POSITIVE POINTS:

AREAS IN NEED OF IMPROVEMENT:

SUGGESTIONS:

THINGS TO THINK ABOUT:

ADJUSTMENTS/MODIFICATIONS TO PLAN:

QUESTIONS THAT AROSE DURING OBSERVATION:

COMMENTS:

WILLIAM PATERSON UNIVERSITY

Evaluation of Student as charted in CALIPSO

Performance Evaluation

Supervisor:
*Student:
*Site:
*Evaluation Type:
*Semester:
*Course Number:

*Patient Population:

Young Child (0-5) ☐
Child (6-17) ☐
Adult (18-64) ☐
Older Adult (65+) ☐

Performance Rating Scale

Please refer to the Performance Rating Scale for grading criteria. Use a score between 1 and 5, in 0.25 increments (1.25, 1.5 etc.)

1 - Not evident
2 - Emerging
3 – Present
4 - Adequate
5 - Consistent

* If n/a, please leave space blank.

Refer to Performance Rating Scale above and place number corresponding to skill level in every observed box.

Evaluation Skills	Artic	Fluency	Voice	Language	Hearing	Swallow	Cognition	Social Aspects	Comm. Modalities
1. Conducts screening and prevention procedures (std III-D, std IV-G, 1a).									
2. Performs chart reviews and collects case history from interviewing patient and/or relevant others (std IV-G, 1b).									
3. Selects appropriate evaluation instruments/ procedures (std IV-G, 1c).									
4. Administers and scores diagnostic tests correctly (std IV-G, 1c).									
5. Adapts evaluation procedures to meet patient needs (std IV-G, 1d).									

Evaluation Skills	Artic	Fluency	Voice	Language	Hearing	Swallow	Cognition	Social Aspects	Comm. Modalities
6. Possesses knowledge of etiologies and characteristics for each communication and swallowing disorder (std III-C).									
7. Interprets and formulates diagnosis from test results, history, and other behavioral observations (std IV-G, 1e).									
8. Makes appropriate recommendations for intervention (std IV-G, 1e).									
9. Complete administrative functions and documentation necessary to support evaluation (std IV-G, 1f).									
10. Makes appropriate recommendations for patient referrals (std IV-G, 1g).									
Score totals:									

Total number of items scored:	Total number of points:	Section Average:

Comments:

Treatment Skills	Artic	Fluency	Voice	Language	Hearing	Swallow	Cognition	Social Aspects	Comm. Modalities
1. Develops appropriate treatment plans with measurable and achievable goals. Collaborates with clients/ patients and relevant others in the planning process. (std IV-g, 2a).									
2. Implements treatment plans. (std IV-G, 2a).									
3. Selects and uses appropriate materials/ instrumentation (std IV-G, 2c).									
4. Sequences task to meet objectives.									
5. Provides appropriate introduction/ explanation of tasks.									
6. Measures and evaluates patients' performance and progress (std IV-G, 2d).									
7. Uses appropriate models, prompts, or cues. Allows time for patient response.									
8. Adapts treatment session to meet individual patient needs (std IV-G, 2e).									

Treatment Skills	Artic	Fluency	Voice	Languag e	Hearing	Swallow	Cognition	Social Aspects	Comm. Modalitie s
9. Completes administrative functions and documentation necessary to support treatment (std IV-G, 2f).									
10. Identifies and refers patients for services as appropriate (std IV-G, 2g).									
Score Totals:									

Total number of items scored:	Total number of points:	Section Average:

Comments:

Preparedness, Interaction, and Personal Qualities	Score
1. Possesses foundation for basic human communication and swallowing processes (std III-B).	
2. Possesses the knowledge to integrate research principles into evidence0based clinical practice (std III-F).	
3. Possesses knowledge of contemporary professional issues and advocacy (std III-G).	
4. Communicates effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the patient, family, caregiver, and relevant others (std IV-G, 3a).	
5. Establishes rapport and shows sensitivity to the needs of the patient.	
6. Uses appropriate rate, pitch, and volume when interacting with patients or others.	
7. Provides counseling and supportive guidance regarding communication and swallowing disorders to patents, family, caregivers, and relevant others (std IV-G, 3c).	
8. Collaborates with other professionals in case management (std IV-G, 3b).	

9. Displays effective oral communication with patient, family, or other professionals (std IV-B).	
10. Displays effective written communication for all professional correspondence (std IV-B).	
11. Adheres to the ASHA Code of Ethics and conducts him or herself in a professional, ethical manner (std III-E, IV-G, 3d).	
12. Assumes a professional level of responsibility and initiative in completing all requirements.	
13. Demonstrates openness and responsiveness to clinical supervision and suggestions.	
14. Personal appearance is professional and appropriate for the clinical setting.	
15. Displays organization and preparedness for all clinical sessions.	

Total number of items scored:	Total number of points:	Section Average:

Comments:

Improvements Since Last Evaluation:

Strengths/Weaknesses:

Recommendations for Improving Weaknesses:

Total points (all sections included):_____ Adjustment: 0.0

Divided by total number of items:_____

Evaluation Score: _____

Letter Grade:_____

Quality Points:_____

By entering the student's name, I verify that this evaluation has been reviewed and discussed with the student prior to final submission.

Student Name: | Date Reviewed:

I verify that this evaluation is being submitted by the assigned clinical supervisor and that I have supervised the above named student.

*Supervisor Name: | *Date Completed:

Standards referenced herein are those contained in the Membership and Certification Handbook of the American Speech-Language-Hearing Association. Readers are directed to the ASHA Web site to access the standards in their entirety.

……..

Authored by: Laurel H. Hays, M.ED., CCC-SLP and Satyajit P. Phanse, M.S.