GUIDELINES FOR CLINICAL INSTRUCTION AND SUPERVISION IN COMMUNICATION SCIENCES AND DISORDERS
at
Loma Linda University

THE PAST

Clinical practicum was rather casual in the early days of the profession. Before the 1940s, most speech-language pathologists (called, "speech correctionists") considered supervision important; however, guidelines were nonexistent until 1942, when the first supervised clock hours (only 200!) were required by what would later become known as the American Speech-Language-Hearing Association (ASHA). It wasn't until 1967, at the ASHA convention, that the first discussion of supervision as a discipline was introduced (Miner, 1969). The 1970s and 1980s saw a dramatic increase in professional literature on supervision, and ASHA formed the Council of University Supervisors in Speech-Language Pathology and Audiology. Over the past several decades, this Council has evolved into ASHA's Special Interest Division 11 (Administration and Supervision). In 1985, ASHA published the first detailed list of tasks and competencies for supervisors, which was revised in 2008. (See the ASHA publication, *Knowledge and Skills Needed by Speech-Language Pathologists Providing Clinical Supervision:* http://www.asha.org/docs/html/KS2008-00294.html).

THE PRESENT

In recent years, emphasis has been on the *process* of clinical instruction, with its associated models of supervision. Students preparing for a career in speech-language pathology are required to demonstrate sufficient breadth and depth of knowledge, as well as skills, to competently carry out the functions within the scope of practice for the profession. Students are required to demonstrate knowledge and skills in *evaluation*, *intervention*, and *interaction/ personal qualities* across the following areas: *articulation, fluency, voice and resonance, receptive and expressive language, hearing, swallowing, cognitive aspects of communication, socials aspects of communication, and communication modalities*. This new focus presents challenges, as well as exciting, opportunities to shape the future of the profession. You will see, as you read through this manual, that knowledge and skills have been arranged along a continuum. The continuum moves the student clinician through stages that begin with direct instruction and culminate in collaboration. **The goal of clinical practicum is to prepare students to be competent *beginning* clinicians, ready to begin the mentored Clinical Fellowship Experience.**

THE FUTURE

The official policy of the American Speech-Language-Hearing Association (approved March 12, 2008) is as follows:

*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. (2008). *Clinical Supervision in Speech-Language Pathology* [Position Statement]. Available from www.asha.org/policy.)

Most clinicians in the field of Speech-Language Pathology see clinical instruction or supervision either as a privilege or as a duty. There are as many motives for being a clinical instructor (CI) as there are clinical instructors, but most fall into a few common categories. Most of us feel a commitment to the profession, to help shape the future of the profession. We recognize that, without master clinicians, universities cannot prepare students properly for the clinical aspects of the profession. Clearly, ASHA has validated the importance of clinical supervision (ASHA, 1982, 1985, 1989, 2008). When clinical instructors are polled about reasons for wanting to supervise student clinicians, responses always include: commitment to the profession, desire to share what they know; desire to learn from students; desire to influence future clinicians; and, safeguarding ethical standards of the profession. Clinical instructors consider themselves teachers, mentors, consultants, advisors, counselors, role models, facilitators, evaluators, and supporters (to name only a few!). The clinical instructor is the connective tissue that holds the body of knowledge together while skills are honed in the naïve apprentice. The concepts of "experienced clinician, sensitive teacher, and discriminating professional" (Holloway, 1995) take shape in this handbook and will provide guidance as you help mold our future colleagues.

WHAT IS CLINICAL SUPERVISION?

"The major task of the supervisor is to help the supervisee unravel the clinical process, to understand it, to form a conceptual framework, and to apply theoretical knowledge." (Anderson, 1988)

In its most general sense, supervision is the inspection or overseeing of work done by a subordinate. The implication is that the person doing the work is knowledgeable and skilled, and needs *minimal* guidance. This is not the case with clinical supervision. The

essence of clinical supervision is, in fact, clinical instruction.

WHAT IS CLINICAL INSTRUCTION?

The central focus of clinical instruction is "the development of self-analysis, self-evaluation, and problem-solving skills..." (ASHA, 2008) The clinical instructor (CI) is the student clinician's primary resource. The student clinician learns by watching and by interacting with the CI; however, a broad spectrum of skills must be employed by the CI during the clinical practicum. 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 self-concept 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 intraprofessional 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 life-long 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.

(American Speech-Language-Hearing Association. (2008). *Knowledge and Skills Needed by Speech-Language Pathologists Providing Clinical Supervision* [Knowledge and Skills]. Available from www.asha.org/policy.)

In other words, the major task of the clinical instructor is to be a translator of theory and research into practice; and, the challenge is to create a learning environment that will enhance the student clinician's skills and confidence.