# Supervision of Clinical Fellows – The Basics

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# DISCLOSURES

## Financial Compensations:

Financial compensation from The Lavi Institute for this presentation

Part-Time Employee of San Diego Office of Education on Loan to NSD

## Nonfinancial Relationships:

Member of American Speech Hearing and Language Association (ASHA), California Speech and Hearing Association (CSHA), and American Cleft Palate Association (ACPA)

Affiliated with ASHA SIG 16 and SIG 18

Board Member of Mueller Charter School. Dr. Tremper receives no compensation as a member of the board of directors.

Board Member of Connect-Med International. Dr. Tremper receives no compensation as a member of the board of directors.

Advisory Board Member - InterFace Kids. Dr. Tremper receives no compensation as a member of the board of directors.

# Learning Objectives

The learner will be able to describe the roles and responsibilities of a Clinical Fellowship (CF) Mentor

The learner will be able to describe developmental and collaborative models of supervision

The learner will be able to describe the principles of adult learning

# Is it supervising or mentoring?

## Supervisor

**a person who is in charge of a group of people or an area of work and who makes sure that the work is done correctly and according to the rules**

evaluates, disciplines, is task oriented

Cambridge Dictionary

## Mentor

**a person who gives a younger or less experienced person help and advice over a period of time, especially at work or school**

guides and nurtures, is scholarly and focused on career development

Cambridge Dictionary

## Clinical Fellow Mentor

CF mentors play a critical role in the preparation of speech-language pathologists (SLPs). They (1) assess the Clinical Fellow in the demonstration of skills and knowledge appropriate for independent practice and (2) provide professional support and personal guidance to the Clinical Fellow across the CF period.

ASHA Supervision of Clinical Fellows

# Why Supervise/Mentor?

- ★ Supports professional practice and reflection
- ★ Furthers your own clinical skills
- ★ Contributes to ensuring a qualified and prepared SLPs pool
- ★ Close relationship with your Alma Mater
- ★ It is a rewarding experience and supporting others enhances health

# NUTS and BOLTS

Know your requirements and responsibilities

# Mentor Qualifications:

## ASHA

- Hold a current CCC-SLP throughout the entire CF experience
- The CF Mentor and Clinical Fellow cannot be related in any way
- Must have 9 months of full-time experience (or its part-time equivalent) working as a speech language pathologist after earning the CCC-SLP
- Must have completed 2 hours of professional development in the area of supervision after being awarded the CCC-SLP (Effective January 2020) ASHA Professional Development Supervision Courses

Supervision Requirements for Clinical Educators and Clinical Fellowship Mentors, American Speech-Language-Hearing Association

A Guide to the ASHA Clinical Fellowship Experience, American Speech-Language-Hearing Association

## CALIFORNIA

1) I possess the qualifications to supervise an *RPE (Required Professional Experience)* applicant: a California SLP license; or (if employed by a public school) a clear and valid teaching credential authorizing service in language, speech, and hearing issued by the California Commission on Teacher Credentialing.

4) I will not supervise a greater number than three RPEs at any one time pursuant to California Code of Regulations Section 1399.153.4.

9) I have completed the initial six hours of continuing professional development in supervision training and will complete three hours every four years thereafter.

Application Checklist for Speech-Language Pathologists Required Professional Experience (U.S. Graduates) Speech Language Pathology and Audiology & Hearing Aid Dispensers Board

# Mentor Qualifications For Speech Language Pathology Assistants (SLPA)

## ASHA SLPA Supervision

**ASHA**

The minimum qualifications for an SLP to supervise the SLPA include the following:

- ★ Hold the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) from ASHA and/or possess the necessary state-credentials
- ★ Completion of a minimum of 9 months of experience after being awarded ASHA certification (i.e., completion of the 9-month Clinical Fellowship followed by 9 months of experience)
- ★ Completion of a minimum of 2 hours of professional development in clinical instruction/supervision
- ★ Adherence to state guidelines for supervision of the SLPA
- ★ It is recommended that the professional development course taken in clinical instruction or supervision include content related to the supervision of SLPAs

**CALIFORNIA**

- ★ Effective July 1, 2024, a supervisor **may supervise three full-time equivalent support personnel but not exceed six support personnel at any time.** A "support personnel" designation includes speech-language pathology assistants and speech-language pathology aides.
- ★ **Direct supervision** of a speech-language pathology assistant **includes tele-supervision**.
- ★ **A higher level of supervision is required during the first 90 days of work following a speech-language pathology assistant's initial licensure. (20% weekly)**
- ★ The Board requires both a minimum level of experience and professional development training in supervision **before** supervising a speech-language pathology assistant.

## The SLPA should *NOT* engage in any of the following activities:

- representing themselves as the SLP;
- interpreting assessment tools for the purpose of diagnosing disability, determining eligibility or qualification for services;
- administering or interpreting feeding and/or swallowing screenings, checklists, and assessments;
- diagnosing communication and feeding/swallowing disorders;
- developing or determining the feeding and/or swallowing strategies or precautions for students, patients, and clients;
- disclosing clinical or confidential information (e.g., diagnosis, services provided, response to treatment) either orally or in writing to individuals who have not been approved by the SLP to receive information unless mandated by law;
- writing, developing, or modifying a student's, patient's, or client's plan of care in any way;
- making referrals for additional services;
- assisting students, patients, and clients without following the individualized plan of care prepared by the ASHA certified SLP;
- assisting students, patients, and clients without access to supervision;
- selecting AAC systems or devices;
- treating medically fragile students, patients, and clients without 100% direct supervision;
- performing procedures that require specialized knowledge and training (e.g., vocal tract prosthesis shaping or fitting, vocal tract imaging);
- providing input in care conferences, case conferences, or any interdisciplinary team meeting without the presence or prior approval of the supervising SLP or other designated SLP;
- providing interpretative information to the student, patient, client, family, or others regarding the student’s, patient’s, or client’s status or service;
- signing or initialing any formal documents (e.g., plans of care, reimbursement forms, reports) without the supervising SLP’s co-signature;
- discharging a student, patient, or client from services.

# Reporting Requirements and Responsibilities

In preparation:

- ★ Complete ASHA's Self-Assessment of Competencies of Supervision (Appendix E)
- ★ Avail yourself to any PD required based on your self-assessment
- ★ Read ASHA's Issues in Ethic's statement, Responsibilities of Individual Who Mentor Clinical Fellows in Speech-Language Pathology
- ★ Review the requirements (both ASHA and State) and make sure you can commit

During CF Supervision

- ★ Complete all records and feedback/ratings within a timely manner
- ★ Observe and accurately rate all skills listed in the Clinical Fellowship Skills Inventory (CFSY)
- ★ Verification must be completed within 90 days of the end CFY year.

California
8) At the time of supervision completion, I will complete the RPE Verification Form. I will submit the originally signed form to the Board within 10 calendar days of supervised experience completion or termination of supervision.

# How Much Supervision?

Total of 18 hours direct and 18 hours of indirect observation (minimum).

In each segment (3 total segments- each at least 12 weeks long):

- ★ Minimum of 6 hours of on-site and in-person direct observation of evaluation or treatment services
  - Revisions (August 2022—Effective January 1, 2023)
  - Standard VII-A was updated to allow (a) up to 25% of required Clinical Fellowship (CF) experience direct contact hours to be completed via telepractice and (b) up to 3 hours of direct CF supervision per segment to be completed using telesupervision.
- ★ Minimum of 6 hours indirect observation

California

3) I agree to provide eight hours of direct monitoring per month for each full-time RPE (defined as 30-40 hours per week) and four hours of direct monitoring per month for each part-time RPE (defined as 15-29 hours per week). (for approx 9 months)

# Standard VII-B: Clinical Fellowship Mentorship

- "Mentoring must include onsite, in person observations and other monitoring activities, which may be completed by correspondence, review of video and/or audio recordings, evaluation of written reports, telephone conferences…"

- "The CF mentor and Clinical Fellow must participate in regularly scheduled formal evaluation of the CF's progress during the CF experience."

- "The amount of direct supervision provided by the Clinical Fellow mentor must be commensurate with the CF's knowledge, skills and experience…"

**"Supervision must be sufficient to ensure the welfare of the individual(s) receiving services."**

# Standard VII-B: Clinical Fellowship Mentorship (Cont'd)

- "The mentoring SLP must engage in no fewer than 36 supervisory activities ….
- ….must include 18 on-site observations of direct client contact at the Clinical Fellow's work site …."
- "At least six (6) on-site observations must be conducted during each third of the CF experience."
- "Direct observation must consist of the Clinical Fellow engaging in screening, evaluation, assessment, and/or habilitation/ rehabilitation services."

- The use of feedback sessions is an integral part of the CF experience
- It is encouraged to provide the Clinical Fellow written feedback
- Mentor must provide Performance Feedback at least once during each segment using the CFSI (Clinical Fellowship Skills Inventory)
  - Completed through the ASHA CF Portal

# Clinical Fellowship Skills Inventory

- Clinical Fellow must receive a score of “2” or better on all skills on the 2020 CFSI during the final segment of the experience

- 4 areas - 21 skills in total
  - Assessment Skills
  - Treatment Skills
  - Professional Practice Skills
  - Interpersonal Skills
    - If scores are “2” or “1” , the Mentor must counsel the CF in writing and verbally and maintain records
    - Negative recommendations for segments 1 and 2 will not impact certification eligibility unless there is evidence the the CF may have engaged in unethical practice.

# What If?

**More than 1 mentor?**

*If collaboration is strong, can have a primary mentor who completes the CF report, otherwise each mentor must complete the required supervisory activities for the weeks and hours to be counted toward the completed CF*

**If change of setting?**

*CF mentor evaluates all skills in each setting during each segment*

**Change in mentor?**

*Each mentor must complete the full 6 hours of indirect and direct services, cannot make up what is missing.*

*All skills as identified in the Clinical Fellowship Skills Inventory (CFSY) must be observed and evaluated during each segment.*

# Not Just Nuts and Bolts…

People Skills, Collaboration, Learning

# MODELS OF SUPERVISION


TPT- Adrienne F

Review of a few models, suited to Clinical Fellow Supervision/Mentoring

# Many Models, Many Choices

The developmental models are **progressive stages of supervision** based on the **supervisee's level,** typically beginning with a more directive approach for the novice supervisee, **finalizing with a collegial, collaborative approach**..

The collaborative supervision model is a **combination of directive and non-directive** supervision approaches that involves both the supervisor and supervisee working together to identify and solve problems. It's based on the idea that **learning is a partnership** between students and teachers. In this model, **both parties are equally active and share responsibilities**.

# Integrated Development Model

Stoltenberg, McNeill, and Delworth (1988) (Hogan, 1964), Harvey, Hunt, and Schroeder (1961) Stoltenberg (1981); Stoltenberg and Delworth (1987))

Most studied. Has four levels based on the student:

- Level 1 – entry level, with high motivation but high anxiety and fearful of evaluation
- Level 2 – mid-level experience with fluctuating confidence and motivation
- Level 3 – secure and stable, consistently confident with some self-doubt that does not impede the ability to proceed
- Level 4 - has a high level of awareness regarding personal competency.

# Level 1

*Clinical Fellow* - May have the textbook/research knowledge, but does not have the confidence, is easily intimidated by either the supervisor and/or has little experience in the work situation.

*Supervisor* - Needs to begin by establishing the relationship and providing more direct support, assuming the principal role of problem solving.

*Example*: Sup: I noticed 3 of the 4 students were not engaged throughout your therapy session, ensure their engagement by…..

# Level 2

*Clinical Fellow* - has gained confidence and is making appropriate clinical judgements, however still struggles to keep balanced focus on self and client.

*Supervisor* - Transitions from being responsible for identifying areas of improvement to giving that responsibility to the CF. Gives options for solutions.

*Example*:

Sup: Did you notice that the parent did not interact doing the parent meeting? Here are some strategies that you may be able to use to increase parent interaction.

Sup: Why did you use this particular strategy?

# Level 3

*Clinical Fellow* - Is developing self awareness of own reaction and the interaction with the patient/student.

*Supervisor* - Offers broad topics, is increasingly collaborative

Example:

Sup: How do you feel about this morning's therapy session?

CF: I felt I was successful in using the strategy we spoke about to increase student engagement, but am thinking it woujld be even better if I…..

# Level 4

Clinical Fellow: Aware of own personal competency, strong sense of self and assurance

Sup: is present to provide support, direction or input as requested by CF

CF:  I was having difficulty …… I have looked into…… do you have any other resources I look into?

# Collaborative Model

Gogan (1973); Goldhammer (1969); Acheson & Gall (1987)

Cogan's Clinical supervision model was based on teacher supervision. Looking at the cycle of supervision and its phases

Phase 1: Establishing the teacher-supervisor relationship

Phase 2: Planning with the teacher

Phase 3: Planning the strategy of observation

Phase 4: Observing instruction

Phase 5: Analyzing the teaching-learning processes

Phase 6: Planning the strategy of the conference

Phase 7: The conference

Phase 8: Renewed planning

# Phase 1 - Establish a relationship

- Meet with the Clinical Fellow - get to know them
  - prior experience, knowledge
  - learning preferences
  - preferred communication mode
  - confidence level
  - work ethic
- Be clear as to the expectations, yours and theirs.
- Do they understand the role of the supervisor/mentor?
- Do they understand the process of the CF year and their responsibilities?

# Phase 2 and 3 - Planning and Strategy for Observation

- Schedule if it is a direct or indirect observation
  - Clarify expectations for each type of observation
  - Ensuring correct number of observations per trimester
  - Advance notice for reports, paperwork, etc.
- Set up your communication/feedback system
  - Will you use google sheets, hand-written notes? Example
- Strategies for how you will be observing

# Phase 4: Observation

- Be unobtrusive
  - Students, make them aware that it is the clinician you are observing not them
  - Adults, that they or their caregiver is aware of the situation

- Take notes, make sure you provide concrete examples both of what needs improvement and what worked well

# Phase 5: Analyzing the Observation

- Allow time for the Clinical Fellow to analyze their session.
- If possible, plan to meet same day of the observation so that it is fresh in your minds
- Remember to provide your feedback/observation at the Clinical Fellow's level
  - beginner - direct feedback
  - intermediate - joint
  - advanced - self-directed
- Communicate openly, effectively and positively
- Document

# Phase 6 and 7: Planning and Conference


Phase 6 and 7:

- Based on the Clinical Fellow's level, you may be more directive at the beginning  as to the type of conferencing.
- As they evolve it becomes more collaborative
- Towards the end, the conferencing is led by the Clinical Fellow
- Communication should be neutral and non-judgemental

# Phase 8: Renewed Planning

Phase 8:

- Changes to be made are decided upon
  - how has feedback been taken?
  - are resources provided being used?
  - how is their notetaking/documentation?

- The cycle starts again

# CREATIVE MODEL OF SUPERVISION

Looking at something in any a variety and creative way

- ★ combining models or behaviors from different models
- ★ shifting the supervisory responsibility elsewhere
- ★ applying insights from other fields

# Why Use a Collaborative Supervision Model?


- Creates trust
- Clinical fellow's feel supported and valued
- Professional growth for both Clinical Fellow and Supervisor
- Creates a positive and lasting impact on the Clinical Fellow and Supervisor

# ADULT LEARNING

# Learning Styles

ASHA states under Skill Required for SLPs Providing Clinical Supervision:

B: recognize and accommodate differences in learning styles as part of the supervisory process.

Visual

Auditory

Read/Write

Kinesthetic

Intrapersonal/Solitary

Logical

Interpersonal

Linguistic

## VISUAL LEARNER

Visual representations, diagrams, charts, videos, illustrations, connecting written word to a visual

## AUDITORY LEARNER

Listening, speaking, recordings

## READ/WRITE

Textbooks, slides, handouts, taking notes, underlining/highlighting

## KINESTHETIC LEARNER

Hands-on, movement, role-play, simulations, participation in activities, trial and error

## INTERPERSONAL/SOLITARY LEARNER

Textbooks, slides, handouts, taking notes

Self-reflection, self-study, independence, and working alone and quietly.

## LOGICAL LEARNER

Breaking down into steps, need to understand the reason behind content, the ability to recognize patterns and use logical reasoning.

## INTRAPERSONAL LEARNER

Work best in a group, participating in study groups, talking it out

## LINGUISTIC LEARNER

Love to read and remember what you read, words are powerful, take notes

# Learning Styles - A Myth?

There is no research based evidence of “Learning Styles” but may be a preference

Use the different styles to:

- Create engaging environment (i.e., use movement)
- Establish clear, reachable goals (i.e., providing written feedback)
- Use assessments to inform instruction (i.e., role play, write report)

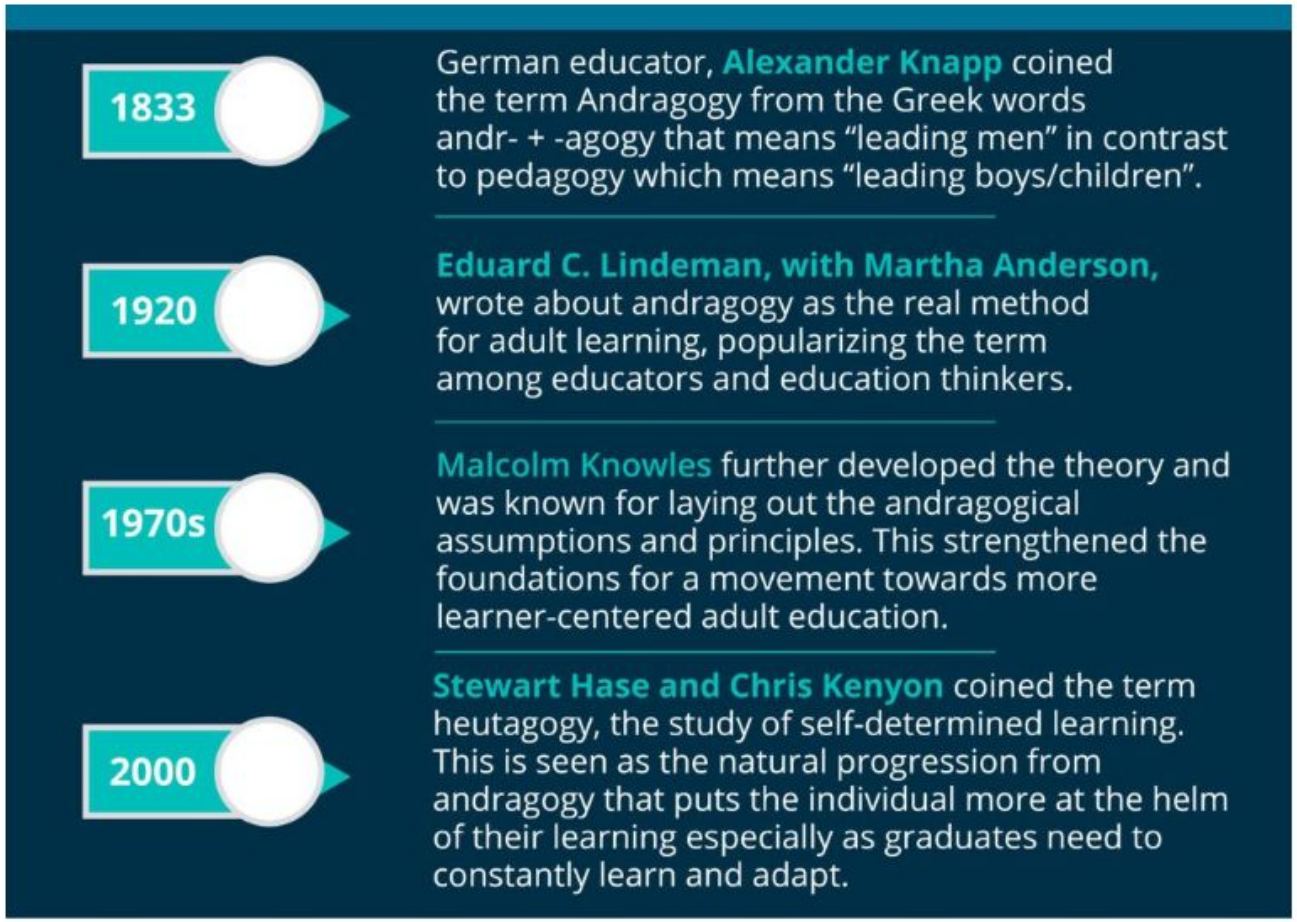
Carlson McCall,R., Padron, K. Andrews, C.

# an·dra·go·gy

/ˈandrəˌgäjē/
*noun*

the method and practice of teaching adult learners; adult education

Oxford Language Google Dictionary



## Andragogy

Self-Directed Learning

CF Mentor's role:

- ★ tutor and mentor
- ★ developing CF's ability to become more self-directed

## Heutagogy

Self-Determined Learning

CF's Mentor Role:

- ★ relinquish role of leader
- ★ facilitate
- ★ guide and provide resources

# Principles of Adult Learning

## Andragogy

Why am I doing this? I need to know the value, reason, benefit to me.

Adults want to know why they should learn

## Heutagogy

What would happen if…

Learning is not necessarily based on need but on novel situations

# Principles of Adult Learning

## Andragogy

I have past experiences, knowledge and ideas

Adults bring experience to learning

## Heutagogy

I look at what I have learned and use it to make decisions

Learner decides the path by negotiating the learning

# Principles of Adult Learning

## Andragogy

I know I have to learn because it interest me or benefits me

Adults are leady lo learn when the need arises.

## Heutagogy

I am excited to learn so I can apply it to novel situations

Self-efficacy

# Principles of Adult Learning

## Andragogy

Treat me as an adult, respect that I can take responsibility for my own learning

Adults need to take responsibility

## Heutagogy

I know what what my next steps are and can with with others to increase my learning

Learners are interdependent

# Principles of Adult Learning

## Andragogy

What is the task I need to complete?

Adults are task-oriented

## Heutagogy

How can I use what I know to problem solve?

Learners are proactive

# ETHICS

# ASHA Ethics Requirements

## Principles 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.**

*Rule A*. Individuals shall provide all clinical services and scientific activities competently.

- The mentor has the responsibility to assist the Clinical Fellow in the development of competent delivery of services, and ultimately has the responsibility to evaluate the clinical competence of the individual. It is wise to keep in mind that the successful completion of the CF is the final assessment for independent clinical practice.

*Rule D*. Individuals shall not misrepresent the credentials of aides, assistants, technicians, support personnel, students, research interns, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.

- It is important for the mentor to demonstrate appropriate sharing of the credentials of the Clinical Fellow with the consumer.

*Rule R*. Individuals whose professional practice is adversely affected by substance abuse, addiction, or other health-related conditions are impaired practitioners and shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.

- Circumstances where professional practice is adversely affected by substance abuse, addiction, or other health-related conditions are atypical, but of the utmost importance to address, no matter the setting or mentoring environment.

Asha Code of Ethics

# ASHA Ethics Requirements (Cont'd)

## Principle of Ethics II

*Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities.*

*Rule D*. Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.

- With state licensure boards across the nation and ASHA either requiring or considering requiring ethics and/or supervision specific continuing education credits, mentors could benefit from areas of training explicitly focused on supervision of Clinical Fellows.

*Rule E*. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's certification status, competence, education, training, and experience.

- In situations where the mentor becomes aware that the Clinical Fellow needs additional education, training, or experience in a particular practice area, it is the responsibility of the mentor to facilitate the fellow's acquisition of such education, training, or experience. *Rule E* may apply when both the mentor and the Clinical Fellow are employed within the same entity and the Clinical Fellow is considered a member of the professional staff.

## Principles of Ethics III

**In their professional role, individuals shall act with honesty and integrity when engaging with the public and shall provide accurate information involving any aspect of the professions.**

Rule A: Individuals shall not misrepresent their credentials, competence, education, training, experience, or scholarly contributions.

Rule D: Individuals shall not misrepresent the credentials of aides, assistants, technicians, students, research assistants, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.

Rule F: Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, or any nonprofessionals over whom they have supervisory responsibility.

Asha Code of Ethics

# ASHA Ethics Requirements (Cont'd)

## Principles of Ethics III

**In their professional role, individuals shall act with honesty and integrity when engaging with the public and shall provide accurate information involving any aspect of the professions.**

*Rule A*. Individuals shall not misrepresent their credentials, competence, education, training, experience, or scholarly contributions.

- It is the ethical responsibility of the mentor to maintain professional credentials throughout the supervision for all Clinical Fellows. The mentor must also prohibit the Clinical Fellow from providing services for which they are not qualified and assure they do not misrepresent their professional services to the public.

*Rule B*. Individuals shall avoid engaging in conflicts of interest whereby personal, financial, or other considerations have the potential to influence or compromise professional judgment and objectivity.

*Rule C*. Individuals shall not misrepresent research and scholarly activities, diagnostic information, services provided, results of services provided, products dispensed, or the effects of products dispensed.

- The mentor needs to provide ethical guidance to assure that the Clinical Fellow understands how to identify a conflict of interest and does not engage in inappropriate activities.

Asha Code of Ethics

# ASHA Ethics Requirements (Cont'd)

## Principles of Ethics IV

**Individuals shall uphold the dignity and autonomy of the professions, maintain collaborative and harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards**

*Rule G*. Individuals shall not engage in any form of harassment, power abuse, or sexual harassment.

*Rule L*. Individuals shall not discriminate in their relationships with colleagues, assistants, students, support personnel, and members of other professions and disciplines on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, dialect, or socioeconomic status.

- According to Rules G and L, the mentor has the responsibility to treat the Clinical Fellow with dignity and respect at all times, allowing the Clinical Fellow to develop professionally without intimidation or fear of reprisal.

*Rule R*. Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice, research ethics, and the responsible conduct of research.

- A mentor who allows a Clinical Fellow to provide clinical services under their supervision when the Clinical Fellow is not properly licensed as required by the applicable state, aids in the misrepresentation of services provided as well as the misrepresentation of the Clinical Fellow's credentials.

Asha Code of Ethics

# CULTURAL SENSITIVITY and COMPETENCE

# Cultural Sensitivity

**cultural sensitivity**

Updated on 04/19/2018

awareness and appreciation of the values, norms, and beliefs characteristic of a cultural, ethnic, racial, or other group that is not one's own, accompanied by a willingness to adapt one's behavior accordingly.


APA Dictionary of Psychology, American Psychological Association

# Cultural Competence

**cultural competence**

Updated on 11/15/2023

1. possession of the skills and knowledge that are appropriate for and specific to a given culture.
2. ability to collaborate effectively with individuals from different cultures in personal and professional settings. This usually involves a recognition of the diversity both between and within cultures, a capacity for cultural self-assessment, and a willingness to adapt personal behaviors and practices. Cultural competence, also known as intercultural competence, has become a central concept in business, education, health care, government, and many other areas

APA Dictionary of Psychology, American Psychological Association

**Cultural Responsiveness**

- ★ Ability to learn from and relate to people

**Cultural Humility**

- ★ Focus on personal reflection and growth

Supervisor/Mentee - are we aware of our own cultural expressions, biases and prejudices

Are we able to discuss ours and the mentee's in an open discussion?

# How to build cultural competence

ACTIVE LISTENING

EMPATHY

ENGAGEMENT

# ASHA's Resources

## Cultural Competence Check-in

https://www.asha.org/practice/multicultural/self/

# Reminders

- Review the requirements needed
- Reflect on your level of commitment and ability
- Reflect on your level of supervisory skills

- Meet your CF and establish a relationship
- Identify type of supervision is most appropriate
- Take PD hours to enhance your skills

- Take into consideration cultural sensitivity and ethical considerations

- Plan, document, repeat the cycle

ENJOY THE EXPERIENCE

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# Resources

ASHA 2020 Clinical Skills Fellowship Inventory https://www.asha.org/siteassets/uploadedfiles/2020-clinical-fellowship-skills-inventory.pdf

ASHA 2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology https://www.asha.org/certification/2020-slp-certification-standards/

ASHA A Guide to Clinical Fellowship Experience https://www.asha.org/certification/clinical-fellowship/

ASHA Apprendix E - Self Assessment of Competencies in Supervision https://www.asha.org/siteassets/uploadedfiles/self-assessment-of-competencies-in-supervision.pdf

ASHA Code of Ethics https://www.asha.org/policy/et2016-00342/

ASHA Cultural Competence Check-Ins https://www.asha.org/practice/multicultural/self/

ASHA Topics for Supervision Training https://www.asha.org/siteassets/uploadedfiles/topics-for-supervision-training.pdf

ASHA Speech-Language Pathology Assistant (SLPA) Skills Inventory https://www.asha.org/siteassets/supervision/slpa-skills-inventory.pdf

ASHA Supervision of Clinical Fellows https://www.asha.org/practice/supervision/supervision-of-clinical-fellows/#:~:text=CF%20mentors%20play%20a%20critical,Fellow%20across%20the%20CF%20period.

ASHA Practice Portal - Clinical Education and Supervision https://www.asha.org/practice-portal/professional-issues/clinical-education-and-supervision/

ASHA Practice Portal - Cultural Responsiveness https://www.asha.org/practice-portal/professional-issues/cultural-responsiveness/#collapse_1

Clinical Fellow Feedback Sample https://docs.google.com/spreadsheets/d/1qMO3vx2IUuGGDhQpvH6QeDNULvsOHb7s/edit?gid=1710742861#gid=1710742861

Speech Language Pathology and Audiology & Hearing Aid Dispensers Board Application Checklist for Speech-Language Pathologists Required Professional Experience (U.S. Graduates) https://www.speechandhearing.ca.gov/forms_pubs/combined_slp_app_pack_rpe

# Thank You

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