Clinical Education and Supervision Strategies for Success: It Starts with Us!

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Disclosures

Financial:
- Carol Ann Raymond is a salaried clinical professor in Communication Sciences and Disorders at the University of Georgia.
- Debra Schober-Peterson is a salaried clinical professor in Communication Sciences and Disorders at Georgia State University.

Non-Financial:
- Carol Ann Raymond served on the ASHA Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) from 2016-2018 and is currently GSHA Membership Chair and President for the GSHFoundation.
- Debra Schober-Peterson is the current GSHA Strategic Planning Committee Chair and Coordinator for the Supervisor Interest Network of the Georgia Speech-Language-Hearing Association (SING).

Products or Services: This presentation will provide information on resources for professional development in supervision (free and commercially available).
COMMUNICATION SCIENCES AND DISORDERS

- Undergraduate, masters, educational specialist, and doctorate degrees
- UGA Speech and Hearing Clinic

AUDIOLOGY

- Comprehensive hearing evaluations
- Hearing aid evaluations
- Auditory brainstem response
- Auditory processing disorders
- Infant hearing testing
- Hearing aid dispensing and repairs
- Assistive listening devices
- Custom swim molds
- Custom hearing protection molds/musician’s and hunter’s ear plugs
- Aural rehabilitation for hearing aid users and caregivers

SPEECH-LANGUAGE PATHOLOGY

- Comprehensive services for speech, language, fluency, voice, cognitive-communication
- Literacy disorders (The Wilson Reading System ®)
- Transgender speech and voice modification services
- Voice and resonance disorders
- Lee Silverman Voice Treatment (LSVT LOUD®) for Parkinson’s disease/neurological impairments
- Videostroboscopy evaluations
- Augmentative and alternative communication
- Accent or dialect modification or reduction
- Chatterpups classes for toddlers and parents
- SMILE Literacy Program (Structured Multi-sensory Intervention for Literacy Enhancement)
- D.A.W.G. Talk Intensive Aphasia Group
- Prevention programs/community screenings
Georgia State University
Communication Sciences and Disorders

DEPARTMENT OF COMMUNICATION SCIENCES AND DISORDERS

- Masters and doctorate degree
- Undergraduate option in Department of Communication to complete pre-requisite coursework
- Georgia State University Speech-Language-Hearing Clinic (Downtown Atlanta)—Urban Campus
- Satellite clinic at Georgia State’s Clarkston campus

CLINICAL SERVICES

- Comprehensive services for speech, language, fluency, voice, cognitive-communication; hearing screenings and evaluations
- Accent modification and dialect reduction
- ChatterCats program for school-age children (social skills)
- #TeenTalk (adolescent social skills group)
- PAWS
- Panther Club
- Accent Group---Partnership with Intensive English Program
- Partnership with Atlanta Children’s Shelter (toddlers/preschoolers)
- Partnership with Clarkston Refugee Family Literacy (preschoolers and parents)
- Partnership with Thomasville Heights Elementary School
## Learning Outcomes

<table>
<thead>
<tr>
<th>Identify</th>
<th>Identify tools to establish effective supervisee-supervisor relationships.</th>
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</thead>
<tbody>
<tr>
<td>Describe</td>
<td>Describe approaches for providing effective feedback and having difficult conversations.</td>
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<tr>
<td>Apply</td>
<td>Apply strategies for developing professionalism in supervisees.</td>
</tr>
<tr>
<td>Utilize</td>
<td>Utilize resources for clinical education processes and professional development.</td>
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</tbody>
</table>
Audience Poll

WHERE DO YOU WORK?

- School
- Hospital / Rehab Facility
- SNF
- Home Health
- Private Practice
- University
- Other

WHAT TYPES OF SUPERVISOR EXPERIENCES HAVE YOU HAD?

- Student (University Clinic)
- Intern/Extern
- Clinical Fellow
- Support Personnel (Aides/Assistants)
- Professional Staff
- Other
Questions to Consider

- What is your definition of supervision/clinical education/instruction?
- Are you an effective supervisor? How do you know?
- Does having clinical expertise = skilled clinical educator?
- What are the competencies required to be a supervisor or mentor?
- Do you have a burning question about supervision?
2020 ASHA Clinical Certification Standards

SEE ASHA WEBSITE FOR COMPLETE DESCRIPTION
HTTPS://WWW.ASHA.ORG/CERTIFICATION/
2020 Audiology Standards Changes (1/1/2020)

- Degree requirement – must hold an AuD degree or equivalent from CAA-accredited program (I)
- Clinical hours – specific number no longer prescribed by the CFCC. Applicants and programs will have to ensure experiences meet CAA standards for duration and CFCC standards for depth and breadth of knowledge and skills
- Knowledge and skills - updated and reordered (II)
- Supervised clinical experiences - encouraged to include IPP/IPE (III)
- Clinical supervised experience – if entire supervised clinical experiences were not under supervisor with CCC-A, may make up remainder of experience post-graduation under a CCC-A holder; post-graduate supervisor will also attest to knowledge and skills (III)

- https://www.asha.org/Certification/2020-Audiology-Certification-Standards
2020 ASHA SLP Standards Changes (1/1/2020)

- Physical science coursework - must include physics or chemistry content and meet university physical science requirements for non-CSD major students (IV-A)
- Knowledge and skills areas - refined to include speech sound production (replaces “articulation”), fluency disorders, literacy, and feeding within the current nine core content areas (IV-C)
- Supervised clinical experiences and clinical fellowship experiences - encouraged to include IPP/IPE (V-B)
- Clinical observation – must be guided (V-C)
- Graduate clock hours – must be completed while the applicant is enrolled in graduate student in a CAA accredited program (V-D)

  - https://www.asha.org/Certification/2020-SLP-Certification-Standards
SLP Guided Observations (V-C)

Certification in SLP requires a minimum of 400 clock hours of supervised clinical experience in SLP practice. Twenty-five hours must be spent in guided clinical observation, and 375 hours must be spent in direct client/patient contact.

- Guided clinical observation hours generally precede direct contact with clients/patients. E.g., debriefing of a video recording with a CCC-SLP, discussion of therapy or evaluation procedures that had been observed, debriefings of observations that meet course requirements, or written records of the observations.

- It is important to confirm that there was communication between the CCC-SLP and observer, rather than passive experiences where the student views sessions and/or videos.

- It is encouraged that the student observes live and recorded sessions across settings with individuals with a variety of disorders and completes debriefing activities as described above.
Audiology & SLP Standards Changes (1/1/2020)

Audiology

❖ Clinical supervisor qualifications:
  Clock hours must be earned under supervisors who have had:
  ▪ 9 months of experience after earning the CCC-A
  ▪ 2 hours of professional development in supervision (III)

❖ Certification maintenance:
  ▪ Certified Audiologists must complete 1 hour of Ethics CE per certification maintenance period beginning with 2022-2022 interval (V)

SLP

❖ Clinical supervisor and CF mentor qualifications:
  Clock hours must be earned under supervisors/mentors who have had:
  ▪ 9 months of experience after earning the CCC-SLP and
  ▪ 2 hours of professional development in supervision (SLP V-E/VII-B)

❖ Certification maintenance:
  ▪ Certified SLPs must complete 1 hour of Ethics CE per certification maintenance period beginning with 2022-2022 interval (VIII)
Effective 1/1/2020, supervisors/mentors:

- Must complete **2 hours** of professional development/continuing education in clinical instruction/supervision.
  - The professional development/continuing education must be completed **after** being awarded the CCC and **prior to** the supervision of a student.
    - **One-time** requirement for professional development in supervision area
    - Can be new or previously completed course, taken after CCC was awarded
    - See approved course content at [https://www.asha.org/Certification/Prof-Dev-for-2020-Certification-Standards/](https://www.asha.org/Certification/Prof-Dev-for-2020-Certification-Standards/)
Supervisor / Mentor Qualifications - Verification

**Supervisor Listing**
- CE Registry subscribers who complete the clinical education professional development will automatically be marked as meeting the requirement.
- Members can self-report completion of the requirement also through My ASHA Account.

**Certification Verification website**
- ASHA Certification and Ethics Verification Example
  - [https://9h0enp.axshare.com/#g=1&p=details_page__eligible](https://9h0enp.axshare.com/#g=1&p=details_page__eligible)

Clinical Instruction, Supervision or Clinical Fellowship Mentor
XXX **has met** the 2020 ASHA certification standards for clinical instruction and/or supervision and is eligible to be a clinical instructor, supervisor, and/or clinical fellowship mentor for an individual pursuing ASHA certification.
Read more about the [2020 Certification Ethics and Supervision requirements](https://9h0enp.axshare.com/#g=1&p=details_page__eligible).
Additional Certification Changes (1/1/2020)

- **Standards Implementation:**
  - Supervisor must be on-site with student.
  - Clock hour time must be counted in actual minutes (no rounding up).
  - Asynchronous clinical simulation supervision must include debriefing activities = to minimum of 25% of the clock hours earned for each simulated patient.

- **Online Forms:**
  - Online certification applications and program director approvals
  - Online Clinical Fellowship Experience forms
  - Report and ratings changes to be implemented
Standards Changes in Progress

- Telepractice and telesupervision guidelines for students and clinical fellows
- Audiology and SLP assistants certification program
  - Applications targeted to be by end of 2020
- English language proficiency recommendations
Supervision History and Terms
Historical Perspective

1978 - ASHA Committee on Supervision reported little knowledge available on critical factors needed for supervision

1985 – ASHA Committee on Supervision developed and adopted *Position Statement on Clinical Supervision*

- 2001 - *Supervision: Strategies for Successful Outcomes and Productivity* (Dowling)
- 2003 - *The Supervisory Process in Speech-Language Pathology and Audiology* (McCrea and Brassuer)
2005 – ASHA changed title for Clinical Fellow supervisor to CF Mentor
2008 – ASHA Technical report on clinical supervision

2013 – CAPCSD *White paper: Preparation of speech-language pathology clinical educators*

• 2013 – ASHA Ad Hoc Committee on Supervision - *Knowledge, skills and training considerations for individuals serving as supervisors*
• 2016 – ASHA Ad Hoc Committee on Supervision Training – *A plan for developing resources and training opportunities in clinical supervision*
Georgia Perspective

GSN - Georgia Supervisory Network

SING – Supervisory Interest Network of Georgia (GSHA)
Supervisor Interest Network of GSHA (SING)

▪ A network of SLPs and Audiologists interested in the distinct practice of clinical supervision either at the pre-service level (students) or in employment settings (CFs, employees within discipline, employees across disciplines)

▪ Open to all GSHA members!
Supervision Definition

- 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. (Anderson, 1988, p. 12, referenced in ASHA, 2008)
ASHA, 2008: 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.
More Terms

- Mentor – Less directive; facilitates and promotes reflective practice techniques
  - Related to clinical fellow experience, shift from university to professional setting (Hudson, 2010)
  - More collaborative with shared responsibility, CF has more autonomy (Lubinski & Hudson, 2013)

- Preceptor – Experienced clinician who shares professional knowledge by teaching in the real world, interactive learning triad with student, clinician, and patient Newman, Sandridge, and Lesner (2011)
2020 Standards Terms

- 2020 ASHA Standards
  - *Clinical educator* refers to and may be used interchangeably with “supervisor,” “clinical instructor,” or “preceptor.”
  - Clinical Educator or Instructor - Preferred term to describe those who train, supervise, and educate graduate students in the academic setting for audiology and speech-language pathology across the training continuum (CAPCSD, 2013).

- We will use “supervisor” in this presentation to include those who supervise employees, etc.
Consider - Words of Wisdom

“Think of yourself as a clinical instructor and mentor rather than a supervisor - it will make all the difference in the world in the quality of the experience for you and your student(s).

Supervisors monitor the work behaviors of others. That is certainly a part of what you will need to do in your new role. It misses, however, the important aspect of teaching clinical and professional skills, as well being a supportive coach and mentor to others. Supervisors insure compliance; clinical mentors coach, teach and empower. Someone in your new position is charged with growing new competent clinicians, helping clinical staff grow and refine their skills and not solely with the policing of existing skills. These are not just semantic differences but essential paradigm shifts in the clinical education process. This is a philosophical discussion that has been going on in the world of clinical education for years and has influenced how our roles as clinical educators is perceived and implemented. “

Kevin McNamara, Southern Connecticut State University,
Division 11 Discussion List, “Words of Wisdom 4-1-09"
CAA Program Accreditation Policy Additions

Academic programs must:

- Provide content and opportunities for students to demonstrate an understanding of the role of clinical teaching and clinical modeling, as well as supervision of students and other support personnel (3.1.1).

- Include content and opportunities so that each demonstrates knowledge and skills in the processes of clinical education and supervision; interaction skills and personal qualities, including counseling and collaboration; self-evaluation of effectiveness of practice (3.1.2)

http://caa.asha.org/wpcontent/uploads/Accreditation-Standards-for-Gra...
Student Knowledge and Skill Requirements (CCC-SLP)

• Competencies with clients across the lifespan
• From culturally/linguistically diverse backgrounds
• With various types and severities of disorders, differences, and disabilities.

• Must demonstrate ability to integrate and apply information in prevention, assessment, and intervention for nine areas, including:

CCC-SLP Standards IV-C, IV-D, V-B, V-F

“Big 9” Areas – Required Student Knowledge and Skills

Red indicates changes/additions for 1/1/2020

- articulation—renamed speech sound production to encompass articulation, motor planning and execution, phonology, and accent modification
- fluency and fluency disorders
- voice and resonance, including respiration and phonation
- receptive and expressive language: phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, paralinguistic communication and literacy in speaking, listening, reading, and writing
- hearing, including the impact on speech and language
- Swallowing/feeding including structure and function of orofacial myology, oral, pharyngeal, pulmonary, esophageal, gastrointestinal, and related functions across the life span
- cognitive aspects of communication (attention, memory, sequencing, problem-solving, and executive functioning)
- social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
- augmentative and alternative communication
Family Educational Rights and Privacy Act (FERPA)

- Protects privacy rights of student’s educational records for parents and students 18 and older or students attending postsecondary institution at any age
  - Applies to educational agencies and institutions that receive funds by the U.S. Dept. of Education
  - Covers education record – any document directly related to the student and maintained by the institution
    - Does not include records kept solely in possession of the maker (personal memory aids)
    - Includes directory information, performance evaluations/grades, official communication regarding student status (email, etc.)
      - Directory information - includes student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance
  - Provides rights to inspect, review, and request amendment of education records
  - Requires consent to disclosure personally identifiable information in the education record
    - May disclose directory information if parents/eligible students notified and given opportunity to opt out of disclosure

FERPA

Supervisors should remember:

- A student’s education record, including directory information, may not be disclosed unless the student has given expressed written consent.

- Student’s grades or performance should never be shared with anyone not directly responsible for the student’s training; including other students receiving training, other professionals, and staff members.
FERPA---Examples to Consider

SIG 11 Post:

What are your thoughts on contacting a CF's grad program to see if there is any insight on why the CF is struggling? I have a SLP friend who stated she called and found out the program had passed the CF on the condition she didn't work in acute care and we'll that's where she was at. But my co-workers feel this is not appropriate at this stage since she is no longer a student.

This is also my first CF. I've had many students and have never encountered issues at this level. So I'm a bit unsure of what to do.

Name listed in post

FACEBOOK Posts: Example: My student intern doesn’t seem to have a clue about how do to a bedside evaluation. What do you suggest?

https://www.asha.org/associates/Social-Media-Etiquette-for-Professionals/

https://www.asha.org/Practice/ethics/Ethical-Use-of-Social-Media/
Effective Supervision and Mentoring

STYLES
FEEDBACK
SELF-ASSESSMENT
Evidence of Training Needs

- Research evidence shows effective supervision and mentoring support service delivery and positive outcomes (Lubinski and Hudson, 2013)
- Supervisors with training are more effective than those who have not had training (O’Connor, 2008)
- Supervisors in all settings may have unrealistic expectations (ASHA, 2008)

Robke, 2016
Effective Supervision

Requires clinical experience plus

Training in supervisory processes, with a focus on:
- models of supervision
- interpersonal components
- leadership styles and management approaches
- self-assessment and analysis
- adaptation of supervisory style to meet needs, expectations, and clinical competence of supervisees
Effective Supervisor (Cont.)

- accountability and evaluation of the supervisory process
- written and verbal feedback methods
- observation methods and data collection
- conferencing techniques
- peer supervision
- research methods
- supervising marginal students
- supervision knowledge and skills
Effective Supervision (Cont.)

Central premise of supervision
- Supervisee should achieve goals of:
  - Self-development
  - Self-evaluation
  - Problem-solving
Anderson’s Model

- Stresses importance of modifying different styles of communication for each stage of growth and supervisee need
- Facilitates adopting the process to the needs of the supervisee

Importance - Previous research in SLP literature indicated supervisors tend to be direct and use a telling style, especially for supervisors without training in supervision (Dowling, 2001)
Anderson's Continuum of Supervision

<table>
<thead>
<tr>
<th>Stages</th>
<th>Evaluation-Feedback</th>
<th>Transitional</th>
<th>Self-Supervision</th>
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</thead>
</table>

**Styles**
- Direct/Active
- Collaborative
- Consultative

Direct Style

Supervisors tend to:

• Dominate talk-time, problem-solving and strategy development
• Ask numerous questions
• Use same, unchanging style with all supervisees
Direct Style

Leads to:

• Passive supervisee involvement
• Dependence on supervisor
• Decreased supervisee growth
Collaborative/Transitional

- Not as direct but still involved
- More shared responsibility
- Collaboration in therapy process
Consultative

• Self-evaluation and self-supervision develops
• Relationship becomes mentor focused
• Supervisee becomes more independent
Optimal Supervision

- Changes in response to needs of supervisee
- Involves supervisee as an active participant in process
- Moves supervisee toward goals of independent functioning and self-supervision
Maximizing Feedback

Feedback is integral part of supervisory relationship (Dowling, 2001)

• Fosters supervisee development
• Forms basis for evaluation
Feedback = ???

- When you hear the word “feedback,” what are your thoughts?

- What are your supervisee’s/mentee’s thoughts?
Feedback

Feedback is a BIG area to tackle in Supervision

- Why is giving supervisees or mentees feedback challenging?
Maximizing Feedback

“Good feedback involves sharing ideas rather than giving advice, exploring alternatives rather than giving answers. It is focused on behavior that can be modified and is accompanied by specific suggestions for change” (Abbott & Lyter, as cited in Kadushin & Harness, 2002, p. 161).
Reactions to Feedback

Positive
• Feel fulfilled by positive feedback
• Tend to view as accurate

Negative
• Feel less satisfied with negative feedback
• Tend to perceive as incorrect
• Recalled less accurately
• Likely to be rejected

Dowling, 2001
Effective Feedback Criteria

- Systematic
  - Objective, Accurate, and Consistent
- Timely
- Clearly understood
  - Specific with expectations or guides
- Acceptable
  - Balance of positive and negative statements
- Reciprocal - Supervisor and supervisee mutuality

Freeman as cited in Dowling, 2001
Supervisee’s Preferences  (Dowling, 2001)

- Clear expectations for performance
- Helpful suggestions
- Prompt feedback
- Honest and specific input
- Praise
- Respect
- Encouragement to self-evaluate before the supervisor evaluates
Supervisee’s Dislikes

• Absence of feedback
• Predominately negative feedback
• Sarcastic, negative statements
• Nasty written notes
• Discrepant evaluations between supervisors
• Refusal by supervisor to discuss ratings
Verbal Feedback

- Should balance positive and negative (Anderson, 1988)
- Should focus on (as cited in Dowling, 2001)
  - Strengths (Borgen & Admundson, 1996)
  - Solutions (Juhnke, 1996)
- Avoid direct suggestions (Costa & Garmston, 1989)
  - Guide supervisee to problem solve and self-evaluate
- Most agree, should end conference on positive note
- Should be sensitive to tolerance level and supervisee needs
Contingent, Positive Reinforcement

- Linked to increased motivation and enhanced job performance
- More likely than negative to change behavior and enhance job satisfaction
- Includes:
  - Praise
  - Acknowledgement
  - Commendation

Podsakoff et al. as cited in Dowling, 2001
Criticism

Criticism is more likely to have positive effect when it is:

• Timely
• Constructive
• Specific

Abbott & Lyter, as cited in Dowling, 2001
A Good Read!

*Thanks for the Feedback: The Science and Art of Receiving Feedback Well*

Douglas Stone and Sheila Heen

Viking Penguin

2014
Additional Thoughts about Feedback

- Feedback occurs daily in all aspects of our life.
- Some feedback is solicited, some not.
- No feedback is feedback.
- Feedback is essential to professional development.
- Feedback is essential for healthy relationships (personal and professional).
More Thoughts

Often we dread feedback.

Often we want to dismiss feedback as being wrong.

Feedback rests at the middle of conflicting desires:

1. learning/growing
2. acceptance/respect
Types of Feedback

1. Appreciation
2. Coaching
3. Evaluation

Knowing that there are three types = helpful!
Appreciation Feedback

About relationships and connection with others
Conveys I notice you, you have been working hard
Conveys thanks
Appreciation matters A LOT to people
Appreciation feedback---never outgrown
Coaching Feedback

Aim is to help someone learn or change
Focus is on improvement
Used for two different needs:
1. To improve knowledge or skill
2. To identify a problem (and offer solutions)
Evaluation Feedback

Always a level of comparison against others or a set of standards

Helpful for aligning expectations, clarifying consequences, justifying decisions

Often may seem that there are judgments beyond the assessment itself

May include reassurance that “you can do it”---a positive judgment that can be motivating within the evaluation process.
WE NEED ALL THREE

Each form of feedback satisfies different needs

<table>
<thead>
<tr>
<th>Type of Feedback</th>
<th>Giver’s Purpose</th>
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<tbody>
<tr>
<td>Appreciation</td>
<td>To see, acknowledge, connect, motivate, thank</td>
</tr>
<tr>
<td>Coaching</td>
<td>To help receiver expand knowledge, sharpen skills, improve capability</td>
</tr>
<tr>
<td>Evaluation</td>
<td>To rate/rank against a set of standards, align expectations, inform decision making</td>
</tr>
</tbody>
</table>
Balance

Ideally, we receive both coaching and appreciation frequently

First step: knowing the type of feedback being given.

Does the receiver knowing what she is receiving?

Important: Evaluation feedback. We can’t focus on how to improve until we know where we stand.

Example: student will look at grade on report before reading comments
Professionalism

What does this mean to you?

How do you foster professionalism?
Professionalism includes:

• On-time/Appropriate attendance
• Responsible for actions
• Maintains confidentiality
• Appropriate appearance and demeanor
• Ethical behavior
• Appropriate interaction with clients and co-workers
• Effective communication skills
• Follows workplace rules and regulations
Fostering Professionalism

• Provide clear expectations and be consistent
• Be a good role model
• Provide immediate feedback when concerns arise
• Don’t equate “personality” with professionalism or lack of (e.g., avoid “that’s just the way she is”)
• Provide information about what to is needed rather than what not to do (e.g., instead of “don’t be so negative” indicate what needs to be done and how)
• Encourage self-assessment
Supervisee Self-Assessment

ASHA, 2008a:

- 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.
Clinical supervision is a collaborative process, with shared responsibility for many of the activities throughout the supervisory experience (ASHA, 2008b, p. 3).

...the supervisor’s objective should always be increased responsibility on the part of the supervisee for self-analysis (McCrea & Brasseur, 2003).
Self-Assessment Benefits

Self-analysis helps students:

- Become accurate observers of their own behavior and that of their clients (Dowling, 2001)
- Learn how to learn (Arthur, 1995)
- Become responsible for own professional growth
  - Formative self-evaluation continues as a professional
  - Self-monitor consistently with knowledge, technical, and ethical standards
  - Increases probability of autonomous, life-long learning
  - Enhances ability to apply theoretical concepts to real-world situations
Professional Development Resources

CAPCSD
ASHA
CAPCSD eLearning Courses

- Online courses (5 modules each) on clinical education processes
  - NO cost to CAPCSD members (university programs)
  - Each program is given a login to share with clinical educators
  - Courses are available for ASHA and AAA CEUs or no CEUs

- Two courses are currently available:
  - COURSE 1: Foundations of Clinical Education
  - COURSE 2: Effective Student-Clinical Educator Relationships
CAPCSD eLearning Course 1

Foundations of Clinical Education

Module 1: The Importance of Clinical Education
Module 2: Roles and Responsibilities in the Clinical Education Process
Module 3: Knowledge and Skills for Effective Clinical Education
Module 4: Methods of Clinical Education
Module 5: Evidence-Based Principles in Clinical Education
Effective Student-Clinical Educator Relationships

Module 1: Communication as a Foundational Framework for Effective Relationships
Module 2: Learning and Teaching Styles in the Clinical Education Environment
Module 3: Through the Looking Glass: How Personal Perspectives Influence Relationships
Module 4: Creating a Healthy Clinical Learning Environment
Module 5: Maintaining Positive Relationships
1. **Create** an account and
2. **Enroll** in a course using the enrollment code specific to each course and type of CEU desired (provided above).

See complete eLearning Course information at [http://www.capcsd.org/elearning-access897/](http://www.capcsd.org/elearning-access897/).
# CAPCSD Enrollment Links and Codes

<table>
<thead>
<tr>
<th>Course Title (CEU Provider)</th>
<th>URL</th>
<th>Enrollment Code</th>
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<tr>
<td>Foundations of Clinical Education (AAA)</td>
<td><a href="http://elearning.capcsd.org/">http://elearning.capcsd.org/</a></td>
<td>3k2@wTiL</td>
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<tr>
<td>Foundations of Clinical Education (ASHA or no CEUs)</td>
<td><a href="http://elearning.capcsd.org/">http://elearning.capcsd.org/</a></td>
<td>r7W@8CRk</td>
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<td>Effective Student-Clinical Educator Relationships (AAA)</td>
<td><a href="http://elearning.capcsd.org/">http://elearning.capcsd.org/</a></td>
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ASHA Professional Development Resources

- Offered to ASHA members at no charge as a member benefit at https://www.asha.org/professional-development/supervision-courses/
  - *Nine Building Blocks of Supervision* [0.2 ASHA CEUs (2.0 PDHs)]
  - *Knowledge, Skills, and Competencies for Supervision* [0.1 ASHA CEUs (1.0 PDHs)]
Questions to Re-Consider

What is your definition of supervision/clinical education/instruction?

Are you an effective supervisor? How do you know?

Does having clinical expertise = skilled clinical educator?

What are the competencies required to be a supervisor or mentor?

Do you have a burning question about supervision?
Questions


References


Resources


Contact

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http://stories.barkpost.com/bulldogs-college-mascots/