

Dear Supervisor:

The faculty in Communication Sciences and Disorders appreciates your participation in the clinical education of our students. This handbook has been prepared to share our off-campus clinical practicum policies and procedures with you. Audiology students are informed of University expectations and receive the AuD Handbook for Clinical Practicum prior to beginning their off-campus experiences. 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 site.

The University of Cincinnati schedules practicum on a semester system with each semester lasting approximately 15 weeks. Approximate dates are late Aug-Dec for fall, Jan-end of April for spring, and May-Aug for summer. Students will expect to complete at least 50 clock hours during each placement. Practicum assignments are based on the student's academic background, previous clinical experiences, and interests. Students who are assigned to off-campus placements must meet any specific requirements expected by the facility in regard to course work, time commitment, observation, and/or previous practicum experience.

Off-campus placements must employ an audiologist who holds both current CCC and state licensure in the area being supervised, in this case audiology. We expect that students will have an opportunity to observe diagnostics/treatment during the first week of the assignment. Students must be supervised a minimum of 50% of client contact time for each diagnostic activity and 25% for those involving treatment. These time guidelines should be adjusted upward to meet student and facility needs as appropriate.

The students have been instructed to call their supervisors prior to the beginning of the semester to set up an initial interview. At that time or within the first two weeks of the semester, the student will bring a Practicum Commitment form for the two of you to discuss, complete, and sign. The student should make a copy of the completed form for her/himself and then return the original to the Audiology Practicum Coordinator.

The Audiology Practicum Coordinator will plan to visit the 2<sup>nd</sup> and 3<sup>rd</sup> year students at your site once during the semester if time allows. At the end of each semester, the student will write a narrative self-evaluation, complete the “Student Evaluation of Site/Supervisor” form and ask you to sign their hours on the “AuD Skills Competency Evaluation” form as well as give them ratings in all areas that pertain to your particular site. All hours spent at your facility may be counted, whether or not the time is spent in direct client contact. The student must turn in these three items to the Audiology Practicum Coordinator by the Wednesday of exam week or an alternate day as stipulated by practicum conditions. The student will bring you a blank “AuD Skills Competency Evaluation” form to complete and sign. This completed evaluation should be reviewed with the student **and then forwarded to the Practicum Coordinator within two weeks after the end of the semester**. It is extremely important that this form be returned in a timely manner; the scores you designate for each category are entered into a database which tracks the student’s progress over the course of the four-year AuD program and insures that requirements for graduation have been met.

It is hoped that students will be able to participate in all of the activities that are offered in your practice, agency, school, or medical setting including professional and family conferences, staff meetings, report writing, record keeping, or whatever else your job entails. All of these other activities are important for their professional growth in addition to their direct clinical experiences.

We are always available to discuss student performance or any question or problems you might encounter. We sincerely appreciate your willingness to be involved in our students’ clinical training and welcome any suggestions regarding the process.

Sincerely,

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Clinical Supervision in Speech-Language Pathology and Audiology	

## **SECTION I OVERALL REQUIREMENTS**

Clinical practicum experiences are provided for graduate students in the University of Cincinnati Audiology Clinics on East Campus and at the Woodward Career Technical High School as well as off-campus sites. Graduate students gain experience with children and adults with a variety of auditory problems in a wide range of settings.

### OBSERVATION HOURS

The Communication Sciences and Disorders Department requires that students observe a minimum of 25 hours of evaluation and treatment of children and adults with disorders of speech, language, and/or hearing prior to participating in clinical practicum. These observation activities must be supervised by a person holding the Certificate of Clinical Competence (CCC) in the area being observed.

### CLINICAL CLOCK HOURS

Students must obtain a minimum of 2,000 clinical clock hours in order to graduate with the AuD degree as well as fulfill ASHA requirements for certification.

The following outlines the minimum clinical clock hours a student must obtain in a variety of areas with specific populations in order to meet the requirements set forth by the Communication Sciences and Disorders Department's AuD program :

EVALUATION: 80 hours

Adults - 40  
Children - 40

TREATMENT: 20 hours

AMPLIFICATION: 80 hours

Adults - 10  
Children - 10

SPEECH PATHOLOGY: 15 hours

Screening - 15  
\*with normal hearing persons\*

For audiology licensure in the state of Ohio, a student must obtain a doctor of audiology degree from an audiology program accredited by an organization recognized by the United States Department of Education.

### CLINICAL CERTIFICATION BOARD INTERPRETATIONS ON CLINICAL PRACTICUM

Persons holding CCC in Audiology may supervise:

Audiological evaluation; Amplification (hearing aid selection and management);  
Aural habilitative and rehabilitative services; Speech and/or language screening for  
the purpose of initial identification of individuals with other communicative disorders.

## **SECTION II PRACTICUM DEADLINES AND FORMS**

### **PRACTICUM PAPERWORK DEADLINES**

The student is responsible for completing the following forms **every semester** and adhering to the stated deadlines. These forms are available in the clinical faculty office area (G45).

#### **Due the second week of the semester:**

Practicum Commitment

#### **Due Wednesday of exam week:**

Clinical Experience Record (practicum hours sheet signed by supervisor)

Self Evaluation (Narrative)

AuD Student Evaluation of Site and Supervisor

(except when continuing at the same site the following quarter)

#### **Due within 2 weeks after semester ends:**

AuD Skills Competency Evaluation form (completed form from supervisor)

### **PRACTICUM COMMITMENT FORM**

**Due the second week of the semester:** At the beginning of the semester the student and supervisor meet to negotiate and sign the practicum contract. The contract should be given to the Practicum Coordinator by the second week of the semester.

### **CLINICAL EXPERIENCE RECORD FORM**

**Due Wednesday of Exam week:** At the end of the semester, the student clinician uses the Clinical Experience Record form to complete, **in duplicate**, a summary of his/her total clinical hours. **ONLY ONE FORM IS REQUIRED PER SEMESTER. MULTIPLE EXPERIENCES/SITES SHOULD GO ON THE SAME FORM.** The student is responsible for filling out the form completely including the semester, year, dates, and column totals. Both copies are to be signed by the supervisor(s) and the practicum coordinator. One copy is put into the student's practicum file and the second copy is for the student clinician to keep for his/her own records. The Department copy is later entered into the software program in order to track the student's hours. A summary of total hours to date is printed out and given to each student at the end of each semester.

The clinical experience forms are the official record used to verify students' clinical hour accumulations toward fulfilling licensure, ASHA, and degree requirements.

### **SELF EVALUATION**

**Due Wednesday of Exam Week:** At the end of the semester, the student clinician will write a narrative self-evaluation. The completed evaluation is to be discussed with the site supervisor and then submitted to the practicum coordinator.

## AuD STUDENT EVALUATION OF SITE AND SUPERVISOR FORM

**Due Wednesday of Exam Week:** The student must complete a site/supervisor form at the end of the semester. The student may wait to complete this form until the end of a two-semester or more practicum assignment at the same site. The form is given to the Audiology Practicum Coordinator, who will forward it to the Supervisor after it is reviewed.

## AuD SKILLS COMPETENCY EVALUATION FORM (from Supervisor)

**Due within 2 weeks after semester ends:** At the end of every semester, the site supervisor will complete an evaluation of the student's performance. The student is responsible for bringing a UC AuD Skills Competency Evaluation Form to the supervisor at the end of the semester. The supervisor should use this form as well as any other evaluation form of their choosing if so desired. The student and supervisor should discuss their evaluations at the end of the semester. The supervisor will forward the evaluation to the Practicum Coordinator within two weeks after the semester ends. The Practicum Coordinator will review the evaluation, enter the ratings in CSD's Student Assessment Management System (SAMS) database, and place the evaluation in the student's practicum file. It is very important that this completed form be returned to the Practicum Coordinator each quarter so that evidence of mastery of various skills can be documented in order to track students' progress over the course of the program as well as to insure meeting graduation requirements.

## RECORD OF OBSERVATION EXPERIENCE

All observation clock hours accumulated by the student clinician are to be recorded, **in duplicate**, on the Clinical Observation Form. Both copies are to be signed by the supervisor. One copy is to be given to the practicum coordinator and the second copy is for the student clinician's records. An Observation Report form must be completed for each time period in which the student is involved in observation activities.

**SECTION III  
SAMPLE FORMS  
PRACTICUM COMMITMENT  
FOR AuD STUDENTS  
University of Cincinnati  
Communication Sciences and Disorders Department**

**Student:** \_\_\_\_\_

**Semester/Year:** \_\_\_\_\_

**Site:** \_\_\_\_\_

The University of Cincinnati student who has been assigned to a Communication Sciences and Disorders Practicum placement at your site **will bring a resume to this interview**. The student has agreed to the following guidelines:

1. The student will participate in a minimum of \_\_\_\_ hours/days (circle one) of directed client observation before he/she is allowed to begin provision of supervised clinical services.
2. The student will begin the practicum experience on \_\_\_\_\_ and finish on \_\_\_\_\_.

Days per week: (circle)    M            T            W            TH            F

Time Schedule:    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

3. Request for time off: The student is required to abide by the calendar of the site rather than that of the University. Time off during University break periods and/or vacation or for other leave **must** be requested from the preceptor in advance. The time frame for advance requests for this site is as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. The student will follow all rules of confidentiality as they pertain to clients and their families and as such will respect and comply with HIPAA regulations.
5. Diagnostic evaluations, chart notes, and other reports/paperwork must be submitted by deadlines specified by the site preceptor:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. The student will comply with the following dress code:  
**NO** T-shirts, flip-flops, capri pants, shorts, jeans, low-cut blouses, bare midriffs, heavy fragrances, and other as dictated by the practicum site as noted below; tattoos must be covered up as fully as possible.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. The student will comply with all other pertinent policies and procedures of the practicum site:

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It is understood that the practicum experience may be terminated at any time during the first \_\_\_\_ week trial period either by the site preceptor, Practicum Coordinator, or the student.

It is further understood that the practicum experience may be terminated at any time at the discretion of the site preceptor and/or Practicum Coordinator.

8. The on-site preceptor has agreed to the following guidelines:

- a) The preceptor will have primary responsibility for coordination and supervision of the student's professional work at this site.
- b) The preceptor recognizes and agrees to abide by the following supervision requirements set forth by the CSD Department: supervision of a minimum of one-half of time spent in diagnostic activities and a minimum of one-fourth of time spent in treatment (habilitative) activities by the student.
- c) The preceptor and student will have conferences scheduled at least \_\_\_\_\_
- d) The preceptor will share the evaluation of the student's performance with the student and Practicum Coordinator through completion of end-of-quarter AuD Skills Competency Evaluation forms as well as telephone and e-mail communications throughout the quarter on an as-needed basis.

9. The Practicum Coordinator will plan to make \_\_\_\_ visit(s) to the practicum site during the quarter.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Site Preceptor's Name  
(PLEASE PRINT)

\_\_\_\_\_  
Site Preceptor's Signature                      ASHA#                      State License#

\_\_\_\_\_  
U.C. AuD Practicum Coordinator



**UNIVERSITY OF CINCINNATI  
COMMUNICATION SCIENCES AND DISORDERS DEPARTMENT  
AuD STUDENT EVALUATION  
OF SITE AND SUPERVISOR**

Student: \_\_\_\_\_ Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Site: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ ASHA #: \_\_\_\_\_ State License #: \_\_\_\_\_

- 1) What percentage of the time were you directly supervised when performing clinical activities?
  
- 2) Did the supervisor inform you as to what competencies were expected of you as a student clinician in this setting? If so, was this done verbally and/or in writing?
  
- 3) Were guidelines provided to you for writing reports (if applicable)? In what manner did the supervisor provide these to you?
  
- 4) Regarding clinic workload, do you feel that you were given (circle one or more):
  - a) too many clients
  - b) too few clients
  - c) not enough variety in clients
  - d) appropriate number and variety of clients

Comments:





Student: \_\_\_\_\_ Site: \_\_\_\_\_ Date: \_\_\_\_\_  
 Semester \_\_\_\_\_ Supervisor Name: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_  
 ASHA Number: \_\_\_\_\_

**Skills Assessment Detail**

The competency statements that comprise this document have been designed for the purpose of practicum goal-setting and the monitoring and evaluating of students level of performance. The organizational structure is designed to enable our program to determine if and when a student has mastered the specific skill competencies identified on our certification standards. The specific competency statements from the standards that the student is required to master and are addressed with this evaluation form are shown on the last page of this packet. The competencies are categorized into four skill areas: Specific Evaluation Skills, Specific Treatment Skills, General Clinical Skills, and Professional Skills.

The following table displays the desired performance rubric to use in evaluating students' clinical performance use the scale numbers to indicate the students level of performance for the competencies appropriate to the particular clinical experience. It is not anticipated that each of the listed competencies on the form will be evaluated for each clinical experience. Enter a performance level value only for those specific skill competencies the student demonstrated in this clinical experience. Leave the other skill competencies blank. Comments can be entered for each specific skill category.

Performance Rubric	
1. Not Evident	Competency/skill not evident; Requires constant supervisory modeling/intervention
2. Emerging	Competency/skill emerging; Requires frequent supervisory instruction
3. Developing	Competency/skill present but needs further development; Requires frequent supervisory monitoring
4. Refining	Competency/skill developed but needs refinement and/or consistency
5. Independent	Requires infrequent supervisory monitoring; Competency/skill well-developed and consistent; Requires guidance and/or consultation only

Clinical Hours in Audiology					
	Selection and Use of Amplification Devices	Evaluation	Treatment	Related Disorders	Staffing Hours
Children					
Adults					

Speech Language Hours: _____	Observation Hours: _____
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Total Hours for the Semester \_\_\_\_\_

2011 CCC Competency Standards		
<p>Standard IV-A: Foundations of Practice The applicant must have knowledge and skills in:</p> <p>*A22. <i>Oral and written forms of communication</i> A23. Principles, methods, and applications of acoustics (e.g., basic parameters of sound, principles of acoustics as related to speech sounds, sound/noise measurement and analysis, and calibration of audiometric equipment), as applicable to: a. occupational and industrial environments b. community noise c. classroom and other educational environments d. workplace environments. A24. The use of instrumentation according to manufacturer, Å&amp;#s specifications and recommendations. A25. Determining whether instrumentation is in calibration according to accepted standards. A26. Principles and applications of counseling. A27. Use of interpreters and translators for both spoken and visual communication. A28. Management and business practices, including but not limited to cost analysis, budgeting, coding and reimbursement, and patient management. A29. Consultation with professionals in related and/or allied service areas.</p>	<p>Standard IV-C: Assessment The applicant must have knowledge and skills in:</p> <p>C2. Assessing individuals with suspected disorders of hearing, communication, balance, and related systems.* C3. Evaluating information from appropriate sources and obtaining a case history to facilitate assessment planning. C4. Performing otoscopy for appropriate audiological assessment/management decisions, determining the need for cerumen removal, and providing a basis for medical referral. C5. Conducting and interpreting behavioral and/or electrophysiologic methods to assess hearing thresholds and auditory neural function. C6. Conducting and interpreting behavioral and/or electrophysiologic methods to assess balance and related systems. C7. Conducting and interpreting otoacoustic emissions and acoustic immittance (reflexes). C8. Evaluating auditory-related processing disorders C9. Evaluating functional use of hearing C10. Preparing a report, including interpreting data, summarizing findings, generating recommendations, and developing an audiologic treatment/management plan. C11. Referring to other professionals, agencies, and/or consumer organizations.</p>	<p>Standard IV-E: Advocacy/Consultation The applicant must have knowledge and skills in:</p> <p>E1. Educating and advocating for communication needs of all individuals that may include advocating for the programmatic needs, rights and funding of services for those with hearing loss, other auditory dysfunction, or vestibular disorders. E2. Consulting about accessibility for persons with hearing loss and other auditory dysfunctions in public and private buildings, programs, and services. E3. Identifying underserved populations and promoting access to care.</p>
<p>Standard IV-B: Prevention and Identification The applicant must have the knowledge and skills in:</p> <p>B1. Implement activities that prevent and identify dysfunction in hearing and communication, balance, and other auditory-related systems. B2. Promote hearing wellness, as well as the prevention of hearing loss and protection of hearing function by designing, implementing, and coordinating universal newborn hearing screening, school screening, community hearing, and occupational conservation and identification programs. B3. Screen individuals for hearing impairment and disability/handicap using clinically appropriate, culturally sensitive, and age-and site-specific screening measures. B4. Screen individuals for speech and language impairments and other factors affecting communication function using clinically appropriate, culturally sensitive, and age-and site-specific screening measures B5. Educate individuals on potential causes and effects of vestibular loss. B6. Identify individuals at risk for balance problems and falls who require further vestibular assessment and/or treatment or referral for other professional services.</p>	<p>Standard IV-D: Intervention (Treatment) The applicant must have knowledge and skills in:</p> <p>D1. The provision of intervention services (treatment) to individuals with hearing loss, balance disorders, and other auditory dysfunction that compromises receptive and expressive communication. D2. Development of a culturally appropriate audiologic rehabilitative management plan that includes, when appropriate, the following: a. Evaluation, selection, verification, validation, and dispensing of hearing aids, sensory aids, hearing assistive devices, alerting systems, and captioning devices, and educating consumer and family/caregivers in the use of and adjustment to such technology. b. Determining of candidacy of persons with hearing loss for cochlear implants and other implantable sensory D3. Determination of candidacy for vestibular and balance rehabilitation therapy to persons with vestibular and balance impairments D4. Treatment and audiologic management of tinnitus D5. Provision of treatment services for infants and children with hearing loss; collaboration/consultation with early interventionists, school based professionals, and other service providers regarding development of intervention plans (i.e. individualized education programs and/or individualized family service plans). D6. Management of the selection, purchase, installation, and evaluation of large-area amplification systems D7. Evaluation of the efficacy of intervention (treatment) services</p>	<p>Standard IV-F: Education/Research/Administration The applicant must have knowledge and skills in:</p> <p>F1. Measuring functional outcomes, consumer satisfaction, efficacy, effectiveness, and efficiency of practices and programs to maintain and improve the quality of audiologic services, F2. Applying research findings in the provision of patient care (evidence based practice). *F3. <i>Critically evaluating and appropriately implementing new techniques and technologies supported by research based evidence</i> *F4. <i>Administering clinical programs and providing supervision of professionals as well as support personnel</i> F5. Identifying internal programmatic needs and developing new programs. *F6. <i>Maintaining or establishing links with external programs, including but not limited to education programs, government programs, and philanthropic agencies.</i></p>

\*Indicates skills not address on the AuD Skill Competency Evaluation form



Student: \_\_\_\_\_

- |   |
|---|
| Performance Levels<br>1. Not Evident<br>2. Emerging<br>3. Developing<br>4. Refining<br>5. Independent |
|---|

Evaluation							
Preparation/Planning		Evaluation Procedures			Information Management		
	Evaluate referral information for assessment planning		Screen for hearing impairment		Conduct immitance audiometry		Document evaluation procedures and results
	Obtain case history		Screen for speech/language		Conduct AEP testing		Interpret results to establish type and severity of loss
			Perform otoscopy		Conduct vestibular evaluation		Counsel patient/family re: results and treatment rx
			Conduct pure tone air/bone, with and without masking		Conduct CAPD evaluation		Generate appropriate rx and referrals
			Conduct speech audiometry		Conduct AR assessment		
			Conduct OAE audiometry				

**Evaluation Comments**

Treatment							
Preparation/Planning		Evaluation Procedures			Information Management		
	Develop appropriate treatment plan		Conduct hearing aid evaluation		Provide amplification orientation		Document treatment procedures and results
	Determine Candidacy for Vestibular Rehab/Treatment		Select and recommend appropriate amplification		Provide aural rehabilitation		Assess treatment and results
			Correctly fit and dispense amplification		Assess for, counsel, and fit personal assistive devices		Monitor and summarize treatment outcomes
			Assess amplification system- electroacoustic analysis		Assess for, counsel, and manage other sensory devices (CI)		Counsel patient/family/other re: treatment outcomes
			Assess amplification system- real ear measures		Assess for, counsel, and manage large-area assistive devices		Generate appropriate rx and referrals
			Assess amplification system- subjective behavioral		Treatment/management of tinnitus/hyperacusis		
			Treatment for infants/children with hearing loss				

**Treatment Comments**



**General Clinical Skills**

Special Populations		Interaction Skills		Information Management		Instrumentation	
	Modifies techniques for pediatric patients		Works effectively with patients from diverse backgrounds		Appropriately documents procedures and results		Assesses and maintains equipment calibration
	Modifies techniques for geriatric patients		Use interpreters/translators appropriately		Synthesize information and make decisions on patient		Uses instruments according to specs and recommendations
	Modifies techniques for difficult-to-test patients		Interviews and counsels patients/families effectively		Produce acceptable written reports and log notes		
			Establishes and maintains rapport		Complete patient care documentation		
			Collaborates with relevant professionals as necessary		Correctly completes billing forms		
			Serves as patient/family advocate				

**General Clinical Skills Comments**

**Professional Skills**

	Projects a professional attitude and demeanor		Punctual for all clinical sessions as well as meetings		Adheres to AAA and ASHA Code of Ethics		Maximizes learning opportunities
	Maintains professional appearance and conduct		Engages in program design/management functions		Applies research findings to clinical practice		

**Professional Skills Comments**



## TRACKING FORM FOR CLINICAL HOURS – AUDIOLOGY

AuD Student \_\_\_\_\_ Semester \_\_\_\_\_ Year \_\_\_\_\_

Site \_\_\_\_\_

Date	Location	Selection and Use of Amplification & Assistive Devices		Evaluation		Treatment	Related Disorders	Staffing	Speech-Language Screening
		Child	Adult	Child	Adult				
<b>TOTALS:</b>									

## SECTION IV ASHA POSITION STATEMENT

### Clinical Supervision in Speech-Language Pathology and Audiology

*The following position paper, developed by the Committee on Supervision, was adopted by the American Speech-Language-Hearing Association through its Legislative Council in November 1984 (LC 8-84). Members of the Committee included Elaine Brown-Grant, Patricia Casey, Bonnie Cleveland, Charles Diggs (ex officio), Richard Forcucci, Noel Matkin, George Purvis, Kathryn Smith, Peggy Williams (ex officio), Edward Wills, and Sandra Ulrich, Chair. Also contributing were the NSSLHA representatives Mary Kawell and Sheran Landis. The committee was under the guidance of Marianna Newton, Vice President for Professional and Governmental Affairs. Contributions of members of the ASHA Committee on Supervision for the years 1976–1982 are acknowledged. Members of the 1978–1981 Subcommittee on Supervision (Noel Matkin, Chair) of the Council on Professional Standards in Speech-Language Pathology and Audiology are also acknowledged for their work from which the competencies presented herein were adapted.*

WHEREAS, the American Speech-Language-Hearing Association (ASHA) needs a clear position on clinical supervision, and WHEREAS, the necessity for having such a position for use in student training and in professional, legal, and governmental contexts has been recognized, and

WHEREAS, the Committee on Supervision in Speech-Language Pathology and Audiology has been charged to recommend guidelines for the roles and responsibilities of supervisors in various settings (LC 14-74), and

WHEREAS, a position statement on clinical supervision now has been developed, disseminated for both select and widespread peer review, and revised; therefore RESOLVED, that the American Speech-Language-Hearing Association adopts "Clinical Supervision in Speech-Language Pathology and Audiology" as the recognized position of the Association.

### Introduction

Clinical supervision is a part of the earliest history of the American Speech-Language-Hearing Association (ASHA). It is an integral part of the initial training of speech-language pathologists and audiologists, as well as their continued professional development at all levels and in all work settings. ASHA has recognized the importance of supervision by specifying certain aspects of supervision in its requirements for the Certificates of Clinical Competence (CCC) and the Clinical Fellowship Year (CFY) (ASHA, 1982). Further, supervisory requirements are specified by the Council on Professional Standards in its standards and guidelines for both educational and professional services programs (Educational Standards Board, ASHA, 1980; Professional Services Board, ASHA, 1983). State laws for licensing and school certification consistently include requirements for supervision of practicum experiences and initial work performance. In addition, other regulatory and accrediting bodies (e.g., Joint Commission on Accreditation of Hospitals, Commission on Accreditation of Rehabilitation Facilities) require a mechanism for ongoing supervision throughout professional careers. It is important to note that the term **clinical supervision**, as used in this document, refers to the tasks and skills of clinical teaching related to the interaction between a clinician and client. In its 1978 report, the Committee on Supervision in Speech-Language Pathology and Audiology differentiated between the two major roles of persons identified as supervisors: clinical teaching aspects and program management tasks. The Committee emphasized that although program management tasks relating to administration or coordination of programs may be a part of the person's job duties, the term **supervisor** referred to "individuals who engaged in clinical teaching through observation, conferences, review of records, and other procedures, and which is related to the interaction between a clinician and a client and the evaluation or management of communication skills" (Asha, 1978, p. 479). The Committee continues to recognize this distinction between tasks of administration or program management and those of clinical teaching, which is its central concern. The importance of supervision to preparation of students and to assurance of quality clinical service



- has been assumed for some time. It is only recently, however, that the tasks of supervision have been well-defined, and that the special skills and competencies judged to be necessary for their effective application have been identified. This Position Paper addresses the following areas:

- tasks of supervision
- competencies for effective clinical supervision
- preparation of clinical supervisors

### **Tasks of Supervision**

A central premise of supervision is that effective clinical teaching involves, in a fundamental way, the development of self-analysis, self-evaluation, and problem-solving skills on the part of the individual being supervised. The success of clinical teaching rests largely on the achievement of this goal. Further, the demonstration of quality clinical skills in supervisors is generally accepted as a prerequisite to supervision of students, as well as of those in the Clinical Fellowship Year or employed as certified speech-language pathologists or audiologists.

Outlined in this paper are 13 tasks basic to effective clinical teaching and constituting the distinct area of practice which comprises clinical supervision in communication disorders. The committee stresses that the level of preparation and experience of the supervisee, the particular work setting of the supervisor and supervisee, and client variables will influence the relative emphasis of each task in actual practice. The tasks and their supporting competencies which follow are judged to have face validity as established by experts in the area of supervision, and by both select and widespread peer review. The committee recognizes the need for further validation and strongly encourages ongoing investigation. Until such time as more rigorous measures of validity are established, it will be particularly important for the tasks and competencies to be reviewed periodically through quality assurance procedures. Mechanisms such as Patient Care Audit and Child Services Review System appear to offer useful means for quality assurance in the supervisory tasks and competencies. Other procedures appropriate to specific work settings may also be selected. The tasks of supervision discussed above follow:

1. establishing and maintaining an effective working relationship with the supervisee;
2. assisting the supervisee in developing clinical goals and objectives;
3. assisting the supervisee in developing and refining assessment skills;
4. assisting the supervisee in developing and

- refining clinical management skills;
5. demonstrating for and participating with the supervisee in the clinical process;
6. assisting the supervisee in observing and analyzing assessment and treatment sessions;
7. assisting the supervisee in the development and maintenance of clinical and supervisory records;
8. interacting with the supervisee in planning, executing, and analyzing supervisory conferences;
9. assisting the supervisee in evaluation of clinical performance;
10. assisting the supervisee in developing skills of verbal reporting, writing, and editing;
11. sharing information regarding ethical, legal, regulatory, and reimbursement aspects of professional practice;
12. modeling and facilitating professional conduct; and
13. demonstrating research skills in the clinical or supervisory processes.

### **Competencies for Effective Clinical Supervision**

Although the competencies are listed separately according to task, each competency may be needed to perform a number of supervisor tasks.

1.0 Task: Establishing and maintaining an effective working relationship with the supervisee.

Competencies required:

- 1.1 Ability to facilitate an understanding of the clinical and supervisory processes.
- 1.2 Ability to organize and provide information regarding the logical sequences of supervisory interaction, that is, joint setting of goals and objectives, data collection and analysis, evaluation.
- 1.3 Ability to interact from a contemporary perspective with the supervisee in both the clinical and supervisory process.
- 1.4 Ability to apply learning principles in the supervisory process.
- 1.5 Ability to apply skills of interpersonal communication in the supervisory process.
- 1.6 Ability to facilitate independent thinking and problem solving by the supervisee.
- 1.7 Ability to maintain a professional and supportive relationship that allows supervisor and supervisee growth.
- 1.8 Ability to interact with the supervisee objectively.
- 1.9 Ability to establish joint communications regarding expectations and responsibilities in the clinical and supervisory processes.
- 1.10 Ability to evaluate, with the supervisee, the effectiveness of the ongoing supervisory

relationship.

2.0 Task: Assisting the supervisee in developing clinical goals and objectives.

Competencies required:

2.1 Ability to assist the supervisee in planning effective client goals and objectives.

2.2 Ability to plan, with the supervisee, effective goals and objectives for clinical and professional growth.

2.3 Ability to assist the supervisee in using observation and assessment in preparation of client goals and objectives.

2.4 Ability to assist the supervisee in using self-analysis and previous evaluation in preparation of goals and objectives for professional growth.

2.5 Ability to assist the supervisee in assigning priorities to clinical goals and objectives.

2.6 Ability to assist the supervisee in assigning priorities to goals and objectives for professional growth.

3.0 Task: Assisting the supervisee in developing and refining assessment skills.

Competencies required:

3.1 Ability to share current research findings and evaluation procedures in communication disorders.

3.2 Ability to facilitate an integration of research findings in client assessment.

3.3 Ability to assist the supervisee in providing rationale for assessment procedures.

3.4 Ability to assist supervisee in communicating assessment procedures and rationales.

3.5 Ability to assist the supervisee in integrating findings and observations to make appropriate recommendations.

3.6 Ability to facilitate the supervisee's independent planning of assessment.

4.0 Task: Assisting the supervisee in developing and refining management skills.

Competencies required:

4.1 Ability to share current research findings and management procedures in communication disorders.

4.2 Ability to facilitate an integration of research findings in client management.

4.3 Ability to assist the supervisee in providing rationale for treatment procedures.

4.4 Ability to assist the supervisee in identifying appropriate sequences for client change.

4.5 Ability to assist the supervisee in adjusting steps in the progression toward a goal.

4.6 Ability to assist the supervisee in the description and measurement of client and clinician change.

4.7 Ability to assist the supervisee in documenting client and clinician change.

4.8 Ability to assist the supervisee in integrating documented client and clinician change to evaluate progress and specify future recommendations.

5.0 Task: Demonstrating for and participating with the supervisee in the clinical process.

Competencies required:

5.1 Ability to determine jointly when demonstration is appropriate.

5.2 Ability to demonstrate or participate in an effective client-clinician relationship.

5.3 Ability to demonstrate a variety of clinical techniques and participate with the supervisee in clinical management.

5.4 Ability to demonstrate or use jointly the specific materials and equipment of the profession.

5.5 Ability to demonstrate or participate jointly in counseling of clients or family/ guardians of clients.

6.0 Task: Assisting the supervisee in observing and analyzing assessment and treatment sessions.

Competencies required:

6.1 Ability to assist the supervisee in learning a variety of data collection procedures.

6.2 Ability to assist the supervisee in selecting and executing data collection procedures.

6.3 Ability to assist the supervisee in accurately recording data.

6.4 Ability to assist the supervisee in analyzing and interpreting data objectively.

6.5 Ability to assist the supervisee in revising plans for client management based on data obtained.

7.0 Task: Assisting the supervisee in development and maintenance of clinical and supervisory records.

Competencies required:

7.1 Ability to assist the supervisee in applying record-keeping systems to supervisory and clinical processes.

7.2 Ability to assist the supervisee in effectively documenting supervisory and clinically related interactions.

7.3 Ability to assist the supervisee in organizing records to facilitate easy retrieval of information concerning clinical and supervisory interactions.

7.4 Ability to assist the supervisee in establishing and following policies and procedures to protect the confidentiality of clinical and supervisory records.

7.5 Ability to share information regarding documentation requirements of various accrediting and regulatory agencies and third-party funding sources.

8.0 Task: Interacting with the supervisee in planning, executing, and analyzing supervisory

conferences.

Competencies required:

- 8.1 Ability to determine with the supervisee when a conference should be scheduled.
- 8.2 Ability to assist the supervisee in planning a supervisory conference agenda.
- 8.3 Ability to involve the supervisee in jointly establishing a conference agenda.
- 8.4 Ability to involve the supervisee in joint discussion of previously identified clinical or supervisory data or issues.
- 8.5 Ability to interact with the supervisee in a manner that facilitates the supervisee's self-exploration and problem solving.
- 8.6 Ability to adjust conference content based on the supervisee's level of training and experience.
- 8.7 Ability to encourage and maintain supervisee motivation for continuing self-growth.
- 8.8 Ability to assist the supervisee in making commitments for changes in clinical behavior.
- 8.9 Ability to involve the supervisee in ongoing analysis of supervisory interactions.
- 9.0 Task: Assisting the supervisee in evaluation of clinical performance.  
Competencies required:
  - 9.1 Ability to assist the supervisee in the use of clinical evaluation tools.
  - 9.2 Ability to assist the supervisee in the description and measurement of his/her progress and achievement.
  - 9.3 Ability to assist the supervisee in developing skills of self-evaluation.
  - 9.4 Ability to evaluate clinical skills with the supervisee for purposes of grade assignment, completion of Clinical Fellowship Year, professional advancement, and so on.
- 10.0 Task: Assisting the supervisee in developing skills of verbal reporting, writing, and editing.  
Competencies required:
  - 10.1 Ability to assist the supervisee in identifying appropriate information to be included in a verbal or written report.
  - 10.2 Ability to assist the supervisee in presenting information in a logical, concise, and sequential manner.
  - 10.3 Ability to assist the supervisee in using appropriate professional terminology and style in verbal and written reporting.
  - 10.4 Ability to assist the supervisee in adapting verbal and written reports to the work environment and communication situation.
  - 10.5 Ability to alter and edit a report as appropriate while preserving the supervisee's writing style.
- 11.0 Task: Sharing information regarding ethical, legal, regulatory, and reimbursement

aspects of the profession.

Competencies required:

- 11.1 Ability to communicate to the supervisee a knowledge of professional codes of ethics (e.g., ASHA, state licensing boards, and so on).
- 11.2 Ability to communicate to the supervisee an understanding of legal and regulatory documents and their impact on the practice of the profession (licensure, PL 94-142, Medicare, Medicaid, and so on).
- 11.3 Ability to communicate to the supervisee an understanding of reimbursement policies and procedures of the work setting.
- 11.4 Ability to communicate a knowledge of supervisee rights and appeal procedures specific to the work setting.
- 12.0 Task: Modeling and facilitating professional conduct.  
Competencies required:
  - 12.1 Ability to assume responsibility.
  - 12.2 Ability to analyze, evaluate, and modify own behavior.
  - 12.3 Ability to demonstrate ethical and legal conduct.
  - 12.4 Ability to meet and respect deadlines.
  - 12.5 Ability to maintain professional protocols (respect for confidentiality, etc.)
  - 12.6 Ability to provide current information regarding professional standards (PSB, ESB, licensure, teacher certification, etc.).
  - 12.7 Ability to communicate information regarding fees, billing procedures, and third-party reimbursement.
  - 12.8 Ability to demonstrate familiarity with professional issues.
  - 12.9 Ability to demonstrate continued professional growth.
- 13.0 Task: Demonstrating research skills in the clinical or supervisory processes.  
Competencies required:
  - 13.1 Ability to read, interpret, and apply clinical and supervisory research.
  - 13.2 Ability to formulate clinical or supervisory research questions.
  - 13.3 Ability to investigate clinical or supervisory research questions.
  - 13.4 Ability to support and refute clinical or supervisory research findings.
  - 13.5 Ability to report results of clinical or supervisory research and disseminate as appropriate (e.g., in-service, conferences, publications).

## **Preparation of Supervisors**

The special skills and competencies for effective clinical supervision may be acquired through special training which may include, but is not limited to, the following:

1. Specific curricular offerings from graduate programs; examples include doctoral programs emphasizing supervision, other postgraduate preparation, and specified graduate courses.
2. Continuing educational experiences specific to the supervisory process (e.g., conferences, workshops, self-study).
3. Research-directed activities that provide insight in the supervisory process.

The major goal of training in supervision is mastery of the "Competencies for Effective Clinical Supervision." Since competence in clinical services and work experience sufficient to provide a broad clinical perspective are considered essential to achieving competence in supervision, it is apparent that most preparation in supervision will occur following the preservice level. Even so, positive effects of preservice introduction to supervision preparation have been described by both Anderson (1981) and Rassi (1983). Hence, the presentation of basic material about the supervisory process may enhance students' performance as supervisees, as well as provide them with a framework for later study.

The steadily increasing numbers of publications concerning supervision and the supervisory process indicate that basic information concerning supervision now is becoming more accessible in print to all speech-language pathologists and audiologists, regardless of geographical location and personal circumstances. In addition, conferences, workshops, and convention presentations concerning supervision in communication disorders are more widely available than ever before, and both coursework and supervisory practicum experiences are emerging in college and university educational programs. Further, although preparation in the supervisory process specific to communication disorders should be the major content, the commonality in principles of supervision across the teaching, counseling, social work, business, and health care professions suggests additional resources for those who desire to increase their supervisory knowledge and skills.

To meet the needs of persons who wish to prepare themselves as clinical supervisors, additional coursework, continuing education opportunities, and other programs in the supervisory process should be developed both within and outside graduate education programs. As noted in an earlier report on the status of supervision (ASHA, 1978), supervisors themselves expressed a strong desire for training in supervision. Further, systematic study and

investigation of the supervisory process is seen as necessary to expansion of the data base from which increased knowledge about supervision and the supervisory process will emerge.

The "Tasks of Supervision" and "Competencies for Effective Clinical Supervision" are intended to serve as the basis for content and outcome in preparation of supervisors. The tasks and competencies will be particularly useful to supervisors for self-study and self-evaluation, as well as to the consumers of supervisory activity, that is, supervisees and employers.

A repeated concern by the ASHA membership is that implementation of any suggestions for qualifications of supervisors will lead to additional standards or credentialing. At this time, preparation in supervision is a viable area of specialized study. The competencies for effective supervision can be achieved and implemented by supervisors and employers.

### **Summary**

Clinical supervision in speech-language pathology and audiology is a distinct area of expertise and practice. This paper defines the area of supervision, outlines the special tasks of which it is comprised, and describes the competencies for each task. The competencies are developed by special preparation, which may take at least three avenues of implementation. Additional coursework, continuing education opportunities and other programs in the supervisory process should be developed both within and outside of graduate education programs. At this time, preparation in supervision is a viable area for specialized study, with competence achieved and implemented by supervisors and employers.

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