



Department of Communication Sciences and Disorders
College of Allied Health Sciences
University of Cincinnati PO Box 670379
Cincinnati, OH 45267-0379

3202 Eden Avenue
344 French East Building
Phone: (513) 558-8501
Fax: (513) 558-8500
Web: www.uc.edu/csd

Dear Supervisor,

The Faculty in Communication Sciences and Disorders appreciates your participation in the clinical education of our students. This Supervisor's Manual has been prepared to share off-campus clinical practicum policies and procedures with you. Students are informed of University expectations and review a Clinical Practicum Manual prior to beginning of practicum. Students understand, however, that additional requirements may be dictated by the policies and procedures at your facility and they are expected to follow your guidelines while at your site.

All students complete annual HIPAA training, criminal background checks (state and federal) and Bloodborne Pathogen (BBP) training. Both the university and students maintain records of required immunizations, which are available upon request. Students are covered under Professional Liability Insurance through UC during the graduate program and verification of this is also available upon request.

The University of Cincinnati on-campus program schedules practicum with each semester lasting approximately 15 weeks (August-December), (January-April/May), (May-Aug). This schedule varies with Online (formerly Distance Learning or DL) Programs. Practicum assignments are based on the student's academic background, previous clinical experiences, and interests. These assignments may be either full-time or part-time. Students assigned to off-campus placements must meet the specific requirements/expectations by the facility in regard to coursework, attendance, time commitment/schedule, observation, and/or previous practicum experience.

Audiologists and Speech-Language Pathologists who supervise students in practicum must hold their American Speech Language Hearing Association (ASHA) Certificate of Clinical Competence and a state license to practice in the profession. We expect that students will have an opportunity to observe treatment/diagnostics during the first week of their assignment. Students must be supervised a minimum of 25% of client contact time for therapy and 50% for evaluations.

Students have been instructed to contact their supervisors prior to the beginning of the semester for an interview to discuss their level of experience and knowledge base. At the beginning of the term, students will bring a Practicum Commitment Form for the two of you to discuss and sign. The student is required to upload this form to our database, CALIPSO, within the first 2 weeks of the semester or when the practicum begins.

We hope that students can participate in all of the activities that are offered in your agency, school, or medical setting including professional and family conferences, team meetings, report writing, record keeping, or whatever else your job entails. Although student can only obtain practicum hours for

direct contact with clients/patients, all of these other activities are important for their professional growth.

We will plan to visit you and your student at your site at least once during the semester, unless other arrangements are made to touch base about the student's performance. Our clinical education documentation is managed via a web-based program called CALIPSO. Step-by-step instructions will be sent to you regarding the registration process if you are not already registered with UC. You will be evaluating students using a midterm (optional) and final performance evaluation using the CALIPSO system. This evaluation is directly related to the student's letter grade in his/her clinical practicum coursework.

Graduate students must achieve an average of at least 3.5 rating in all areas of Evaluation, Intervention and Interaction/Personal Qualities in the "Big Nine" disorders areas by the end of their second year in to graduate.

We are always available to discuss student performance or clinical issues with you. We sincerely appreciate your willingness to be involved in our students' clinical training and welcome suggestions regarding the process.

ON-CAMPUS

Krista A. Beyrer, M.A. CCC-SLP, healthcare

Email: beyrerka@umail.uc.edu

Lisa Williamson, M.A. CCC-SLP, schools

Email: willi3lo@ucmail.uc.edu

ONLINE (formerly Distance Learning/DL)

Erin Redle, PhD, CCC-SLP, ACinD

Email: creacher@ucmail.uc.edu

Lesley Raisor-Becker, PhD, CCC-SLP, WVa

Email: raisorlj@ucmail.uc.edu

Stacey Emmer, M.S. CCC-SLP, TTI NY

Email: rofeh99@aol.com

Faige Biron, M.A. CCC-SLP, TTI Israel

Email: f.biron@consulttti.com

PRACTICUM REQUIREMENTS IN SPEECH-LANGUAGE PATHOLOGY

Graduate students in Speech-Language Pathology must demonstrate that they have acquired the knowledge and skills necessary to practice in the profession. Students will need to achieve clinical competencies at designated levels in assessment and treatment for a variety of disorders areas across the lifespan. Graduate students are given opportunities for practicum in a range of settings including health care and schools.

OBSERVATION HOURS

ASHA requires that students observe evaluation and treatment of children and adults with a variety of communication disorders prior to entering their graduate program. A minimum of 25 hours of observation is required. These observations must be supervised by a person holding the ASHA Certificate of Clinical Competence (CCC) in Speech-Language Pathology and/or Audiology in the appropriate practice area. Undergraduate students at UC may contact you to observe in your setting, but graduate students will have already earned these hours.

CLINICAL CLOCK HOURS

ASHA specifies that students should engage in practicum experiences that encompass the breadth of the current scope of practice with both adults and children (with no specific clock-hour requirements for given disorders or settings) resulting in a minimum of **400 clock hours** of supervised practicum. At least 375 hours must be obtained in direct client/patient assessment of treatment and 25 hours in clinical observation. The following is a breakdown of the UC CSD department requirements for minimum required clinical hours in Speech-Language Pathology:

EVALUATION: 40 hours

Language Disorders	20
Adults	10
Children	10
Speech Disorders	20
Adults	10
Children	10

TREATMENT: 80 hours

Language Disorders	40
Adults	20
Children	20
Speech Disorders	40
Adults	20
Children	20

***Speech Disorders include Voice, Articulation, Stuttering and Dysphagia.

There is a required minimum of 10 hours in either hearing screening and/or aural rehabilitation. The student's goal should not be to meet the minimum hour requirements in each area. The more clinical hours obtained with a variety of clients, the better prepared the student will be to meet the challenge of working in the profession.

CLINICAL CERTIFICATION SUPERVISION REQUIREMENTS:

Persons holding CCC's in Speech-Language Pathology may supervise:

- All speech-language pathology evaluation and treatment services.
 - Speech screenings (to identify if an evaluation is warranted)
 - Non-diagnostic audiological screening (i.e. hearing screenings to identify if an evaluation is warranted including pure tone, immittance and otoscopic screening)
 - Aural habilitation and rehabilitative services.
- Persons holding CCC's in Audiology may supervise:
 - Audiological evaluation and intervention
 - Amplification (hearing aid selection and management)
 - Aural rehabilitative and rehabilitative services.
 - Speech and/or language screening for the purpose of initial identification of individuals with other communicative disorders.

1. Only direct client contact may be counted as clinical practicum hours. Direct time spent with either the client and family member engaging in information seeking, information giving, counseling, or training for a home program may be counted as clinical clock hours (provided the activity is related to evaluation and treatment).
2. Hours to be counted in the "evaluation" category include the initial diagnostic assessment, re-evaluation, or screening.
3. Time spent in a multi-disciplinary staffing, treatment session preparation, education appraisal and review or in meetings with other professionals regarding diagnosis and treatment of a given client may not be counted. Conference time with clinical supervisors may not be counted.
4. If a client presents communication disorders in a two or more of the disorder categories, accumulated clock hours should be distributed among these categories according to the amount of treatment time spent on each. For example, if a client with both language and articulation problems received twenty hours of treatment and approximately $\frac{3}{4}$ of each treatment session was spent on language and $\frac{1}{4}$ was spent on articulation, the clinician should record credit for 15 hours of language treatment and 5 hours of articulation treatment.

ASHA standards for supervision, effective 1/1/2020

As of 1/1/2020, any SLP supervising a student for clinical hours and competencies must have a minimum of 2 hours of continuing education/training in supervision. This includes any SLP 'covering for' or 'participating in' the management of a student within a common practicum setting. Free CEs are currently available via ASHA and the Council of Academic Programs in CSD (CAPCSD). Please contact any UC practicum coordinator or the Director of Clinical Education in SLP CSD for more information.

CLINIC ATTENDANCE POLICY for students (revised 9-26-2018)

Professionalism is required at all times and attendance is crucial for professionalism. Students are expected to demonstrate the highest level of commitment to clinical practicum and treat it as they would paid employment. The following details our attendance expectations during clinical experiences.

Regular attendance is expected without the expectation of any 'days off' across all practicum settings for the duration of the graduate program. Attendance and professionalism issues will impact your grade and are at the discretion of Supervisor/Practicum Coordinator/Director of Clinical Education.

1st year

In the event that a request for 'days off' is made, it would be related to 1 of these 6 classifications:

1. Illness
 - 1-2 days – off, no doctor's note, must make up at supervisor's discretion
 - 3rd day – off, must have doctor's note, must make up at supervisor's discretion
 - If 5 consecutive practicum days - requires discussion of practicum extension, medical leave and/or an incomplete for semester and will be determined by supervisor/faculty
 - Must email Supervisor, Practicum Coordinator and Director of Clinical Education EACH/EVERY day out for illness. All days off for illness must be made up.
2. Death in immediate family (no makeup required)
3. Extenuating circumstances (will be determined by supervisor/faculty)
4. Personal Day - Request to take the 1 allotted 'free' day of 2-year program without makeup (with supervisor approval)
5. Grade Reduction Day (GRD/unexcused absence)- Request for 1-2 days off which must be made up **AND** results in half-grade reduction per day for that semester. Maximum of 2 days for length of program.
6. Other: religious holidays, professional conferences/conventions, required department activities such as Fluency Friday (spring semester) and PRaISE (spring semester). No makeup required.

2nd year

In the event that a request for 'days off' is made, it would be related to 1 of these 6 classifications:

1. Illness
 - 1-2 days – off, no doctor's note, must make up at supervisor's discretion
 - 3rd day – off, must have doctor's note, must make up at supervisor's discretion
 - If 5 consecutive days - requires discussion of practicum extension, medical leave and/or an incomplete for semester and will be determined by supervisor/faculty
 - Must email Supervisor, Practicum Coordinator and Director of Clinical Education EACH/EVERY day out for illness. All days off for illness must be made up.
2. Death in immediate family (no makeup required)
3. Extenuating circumstances (will be determined by supervisor/faculty)
4. Personal Day - Request to take the 1 allotted 'free' day of 2-year program without makeup (with supervisor approval)
5. Grade Reduction Day (GRD/unexcused absence) - Request for 1-2 days off which must be made up **AND** results in half-letter grade reduction per day per semester. Maximum of 2 days for length of program.
6. Other: religious holidays, professional conferences/conventions, required department activities such as Fluency Friday (spring semester) and PRaISE (spring semester). No makeup required.

Attendance should be established and followed as outlined in practicum commitment form with supervisor, completed and submitted within first 2 weeks of practicum start date.

Program-specific requests (Fluency Friday, PRaISE, professional conferences, etc.) should be included in Practicum Commitment Form during semester event is to take place.

Personal Day - This date(s) should be approved by the Practicum Supervisor of that specific semester, by the 1st day of the semester in which the absence will occur and be included the practicum commitment form. This day off may not be approved beyond the start of the new term and is at the discretion of site supervisor.

PROCEDURE to request a 'day off' or to report an illness/absence/extenuating circumstance

On-Campus Students

After an initial discussion with immediate Supervisor, a formal request/notification must be made via email and concurrent (at the same time/in same email) to Practicum Coordinator and Director of Clinical Education (and copy immediate Supervisor.) If immediate Supervisor grants absence, student has options as defined in 1-6 above of how 'day off' will be classified.

Year 1 – you will need to notify site Supervisor AND Lisa Williamson if in a Head Start Placement AND Krista Beyrer. All other placements, you will need to notify site Supervisor AND Krista Beyrer.

Year 2 – you will need to notify site Supervisor AND Lisa Williamson if in a school placement AND Krista Beyrer. Medical placements, including Children's Hospital, site Supervisor AND Krista Beyrer.

ACinD and WVa Students

Years 1 and 2 – follow procedure above for on-campus student AND notify your Program Director (ACinD- Erin Redle, WVa- Lesley Raisor- Becker).

EXPLANATION of 6 classifications of 'days off'

1. **For illness**, a doctor's excuse must be provided after the 2nd consecutive day of illness and email Supervisor, Practicum Coordinator and Director of Clinical Education EACH/EVERY day out for illness from 1st day until return to practicum. For illnesses lasting more than 2 weeks (during 1st year) or 1 week (2nd year), a medical leave will be discussed between student, Supervisor(s), and Practicum Coordinator. Days off from illness must be made up.
2. **Death in Immediate Family** Immediate family is legally defined as a parent; sibling; child by blood, adoption, or marriage; spouse; grandparent or grandchild.
3. **Extenuating circumstances** are defined as matters out of one's control. This may include the death of someone close to you not in immediate family, serious illness in family member, accident, etc. For circumstances lasting more than 2 weeks (1st year) or 1 week (2nd year), a medical leave will be discussed between student, Supervisor(s), Practicum Coordinator and faculty. Required makeup days are at the discretion of site supervisor.
4. Students may request a **single Personal Day**, over the course of the entire graduate program, under the following conditions:
 - a. Requests of potential 1-day off is made at start date of practicum to site Supervisor and is documented in the Practicum Commitment Form. If this is the 'free' day of the program, no makeup is required.
 - b. Students are allowed a total of one day of an anticipated absence (such as might occur for weddings, showers, reunions, etc.) over the course of the graduate program. Use of this one day will not affect your practicum grade. This date(s) should be approved by the Practicum Supervisor of that specific semester, by the 1st day of the semester in which the absence will occur and be included the clinical practicum contract. These days off may not be approved beyond the start of the new term and are at the discretion of site supervisor.
 - c. Also, the procedure must be followed to request a day off as specified above.
5. Student requests for **Grade Reduction Day (GRD)/unexcused**, if approved by site Supervisor, must be made up, and will result in a half-letter grade reduction for that semester for each day of absence.

Procedure must be followed to request as specified above.

6. **Program-specific requests** (e.g. Fluency Friday, PRAISE, professional conferences, etc.) should be included in Practicum Commitment Form during semester event is to take place. No makeup required. *Clinical practicum dates/times are subject to site, may vary site-to-site and may not correlate with course schedule or university breaks. Do not compare your clinical schedule with that of your peers, as they will likely be different. ALWAYS follow the clinic schedule of your practicum site.*

Excessive absences

Any additional, unapproved absence not classified within the 6 categories of this policy may result in probation. In addition, failure to follow the notification procedure outlined in this policy may also result in probation and is at discretion of faculty.

If you attempt to negotiate days off or change your practicum schedule (reducing number of days per week, for example) with your supervisor without discussing this with the Director of Graduate Education/school or medical practicum coordinator/or ACinD/WVa Program Director if pertinent, this will be treated as an example of unprofessional behavior and the consequence will be a reduction in that semester's practicum grade by 2 full letter grades AND probation.

Students have the following breaks during their graduate program:

SLP year 1

Fall –

- Labor Day
- reading days (class only, clinic attendance is required)
- Veteran's Day (class only, off campus clinic attendance required)
- Thanksgiving Day and following day
- The period between when finals week ends and the first day of spring semester. Outside clinical practicum sites may extend beyond finals week – (NOTE that the schedule of the clinical setting may be different, and you are expected to ALWAYS follow the clinical setting schedule)

Spring –

- MLK, Jr. Day
- Spring break week, only if not expected to be at clinical site (follow clinical setting schedule)
- Week between spring and summer semester (outside clinical practicum sites may extend beyond finals week – ALWAYS follow clinical schedule)

Summer –

- Memorial Day
- July 4th (Date the University observes- NOTE that this does NOT include the day surrounding the holiday)
- Weeks following finals in August, until Wednesday prior to classes beginning or when clinical setting schedule deems is the start date
- All students are expected to attend the annual picnic which is always the Thursday before the start of classes in August.

SLP year 2

Follow the schedule of your assigned practicum site.

The student is responsible for completing the following forms every semester and to upload to the CALIPSO system for easy access (next page):

PRACTICUM COMMITMENT FORM

At the beginning of the term, the student and supervisor will meet to negotiate and sign the practicum commitment. This form must be uploaded to CALIPSO by the second week of the semester/or second week of the start of the practicum.

CLINICAL HOUR TRACKING FORM

This is the form that students use to keep track of their ongoing clinical hours during the term. Students will be entering their own clinical hours in CALIPSO with supervisor approval at any interval the student and supervisor agree upon. The tracking form serves as a worksheet to help students track hours. Students should record hours daily to help with accuracy in tracking.

CALIPSO

Clinical education documentation is managed via a web-based program called CALIPSO. You can access CALIPSO by going to www.calipsoclient.com/uc. You will receive step-by-step instructions on how to register for CALIPSO after you are assigned a graduate student and we have received the Practicum Commitment Form which includes your ASHA number. If you have registered with CALIPSO in the past through another university, you will need to register again with UC. We can then generate a temporary PIN number for you for registration purposes. We will also need a photo copy of your current ASHA card. Through your CALIPSO account, you will be able to confirm a student's clinical hours and provide a midterm and final performance evaluation.

The student will complete a supervisor feedback form at the end of the semester which will be reviewed by the practicum coordinators/Director of Clinical Education and sent to you for your review. Students will need to achieve at least an average 3.5 rating in all clinical competency areas for certification purposes and to graduate.

The following pages show both the general and school-specific Practicum Commitment Form that students will bring to you to fill out at the beginning of the practicum assignment.

PRACTICUM COMMITMENT FORM
University of Cincinnati
Communication Sciences and Disorders Department

Student Name: _____
 Semester/Year: _____
 Site: _____
 Supervisor: _____
 Site Address: _____
 Supervisor's Email: _____
 Supervisor's Phone: _____
 Student's Phone: _____

1. The University of Cincinnati student, who has been assigned to a Communication Sciences and Disorders Practicum, has agreed to the following guidelines and expectations for beginning/end day/dates of practicum and hours of work each day:

Start day/date:					
Days of week	Monday	Tuesday	Wednesday	Thursday	Friday
Practicum Site:					
Hours each day					
End day/date:					

*hours must be flexible based on daily needs of clinical placement

2. The student will maintain the days/hours specified above through finals week each semester of the graduate program and potentially longer, **per site/supervisor specifics**.

3. **Regular attendance is expected.** Read and initial below.

_____ I understand that attendance and professionalism will impact my grade and is at the discretion of supervisor/practicum coordinator/Director of Clinical Education.

_____ Potential days off from practicum might include: religious holidays, professional conferences/conventions, and required department activities such as Fluency Friday (spring semester), and PRAISE (spring semester).

_____ A request for 'days off' is reserved for illness or extenuating circumstances ONLY, such as a death in the student's immediate family.

_____ A doctor's excuse must be provided for all illness-related absences.

_____ Your direct practicum supervisor (the supervisor who will approve your clinical hours and competencies in the setting) is the person to whom your request/notification or extenuating event should be addressed with additional notifications to practicum coordinator of your program and Director of Clinical Education for on-campus programs.

_____ The student is required to make up minutes/days they are absent from practicum, including illness, and will be negotiated with supervisor in the practicum commitment at the beginning of the

term or following an absence from illness.

____ Clinical practicum dates/times are subject to site, may vary site-to-site and may not correlate with course schedule or university breaks.

____ I have read the Essential Requirements document and the Code of Ethics and will be held accountable and will follow these guidelines and principles.

Please list known obligation or conflict with schedule designated above in #1 and #2.

-
4. The student will follow all rules of confidentiality as they pertain to clients and clients' families and facility rules and regulations.
 5. Therapy plans, evaluations, and other reports must be submitted by deadlines specified by the site supervisor: _____
 6. The student will participate in at least _____ of directed observation before he/she begins to provide clinical services (up to a maximum of _____).
 7. The student will comply with all policies and procedures of the practicum site and in accordance with the clinical/school practicum manual(s) at the University of Cincinnati.

If at any time in the first 4 weeks of the term the supervisor feels that the student is not progressing toward independence at the practicum site, the practicum coordinator should be contacted to discuss a plan of action.

The on-site supervisor has agreed to the following guidelines:

1. The supervisor will have primary responsibility for coordination and supervision of the student's professional work at this site.
2. The supervisor recognizes and agrees to abide by the observation requirements set by ASHA; supervision of a minimum of 25% of client contact time for therapy and and diagnostic evaluations.
3. The supervisor and student will have conferences scheduled at least _____.
4. The supervisor will share the evaluation of the student's performance with the student and Practicum Coordinator.

The Practicum Coordinator will make ____ visit(s) to the practicum site during the quarter.

Student

Site Supervisor

ASHA#

State License#

(Please attach a photocopy of your updated ASHA card)

U.C. Practicum Coordinator

(Form revised 7/30/2018)

SCHOOL PRACTICUM COMMITMENT FORM

**University of Cincinnati
Communication Sciences and Disorders Department**

Student Name: _____
Student Cell Phone: _____
Semester/Year: _____
Site: _____
School SLP Supervisor: _____
School Address: _____
Supervisor school Email: _____
Supervisor Cell Phone: _____
Supervisor ASHA number: _____ **State license #** _____

1. *The University of Cincinnati student, who has been assigned to a Communication Sciences and Disorders Practicum, has agreed to the following guidelines and expectations for beginning/end day/dates of practicum and hours of work each day:*

List **beginning and ending dates, name of school and school hours** for each day:

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

2. The student will maintain the days/hours specified above through finals week each semester of the graduate program and potentially longer, **per site/supervisor specifics**.

3. **Regular attendance is expected.** Read and initial below.

_____ I understand that attendance and professionalism will impact my grade and is at the discretion of supervisor/clinical coordinator.

_____ Potential days off from practicum might include: religious holidays, professional conferences/conventions, and required department activities such as Fluency Friday (spring semester), and PRAISE (spring semester).

_____ Please be aware that student teachers are required to attend professional development,

conferences, staff meetings and inservices UNLESS you feel that they would not be beneficial to their professional development (such as meetings to discuss the caseload for the following year).

_____ Potential days off must be negotiated with supervisor at practicum start date and UC site coordinator(s) must be notified of day(s) off **for any reason.**

_____ The student is required to make up minutes/days they are absent from practicum, including illness, and will be negotiated with supervisor in the practicum commitment at the beginning of the term or following an absence from illness.

_____ Clinical practicum dates/times are subject to site, may vary site-to-site and may not correlate with course schedule or university breaks.

_____ I have read the Essential Requirements document and the Code of Ethics and will be held accountable and will follow these guidelines and principles.

Please list known obligations or conflicts with schedule designated above in #1 and #2:

-
4. The student will follow all rules of confidentiality as they pertain to clients and clients' families.
 5. Therapy plans, evaluations, and other reports must be submitted by deadlines specified by the site supervisor. ALL STUDENT TEACHERS MUST WRITE LESSON PLANS IN SOME FORM WHICH MUST INCLUDE AT LEAST: Objectives targeted and activity.
 6. See suggested timeline at the end of this document for how to phase in your student teacher. Please give your student teacher **written feedback at least one time per week** through midterm to help them with their skills. We would appreciate that you continue to model some therapy sessions all through the semester. This helps our students learn best.
 7. The student will comply with all policies and procedures of the practicum site and in accordance with the clinical/school practicum manual(s) at the University of Cincinnati. **If at any time in the first five weeks of the term, the supervisor feels that the student is not progressing towards independence at the practicum site, the practicum coordinator should be contacted to discuss a plan of action. The on-site supervisor has agreed to the following guidelines:**
 1. The supervisor will have primary responsibility for coordination and supervision of the student's professional work at this site.
 2. The supervisor recognizes and agrees to abide by the observation requirements set by ASHA; supervision at a minimum of 25% of client contact time for therapy and

and diagnostic evaluations.

3. The supervisor and student will have conferences scheduled at least _____
_____.
4. The supervisor will share the evaluation of the student's performance with the student and Practicum Coordinator.
5. The Practicum Coordinator will make 1 visit to the practicum site during the semester unless issues arise with placement. In this case additional visits will be made by the UC School Practicum Coordinator. If an issue arises with the student teacher then an intervention action plan will be written for the student teacher to follow and the CSD Department Chair and Practicum Coordinator will be notified of this plan.
6. Please attach a copy of the district calendar which would specify school vacations and inservice days.
7. Also please attach a copy of the supervisor's ASHA card.
8. Please bring this completed form to your first school practicum class.

Student

Site Supervisor ASHA# State License#
(Please provide a photocopy of your updated ASHA card)

U.C. Practicum Coordinator

Calipso Clinical Hours Tracking Form

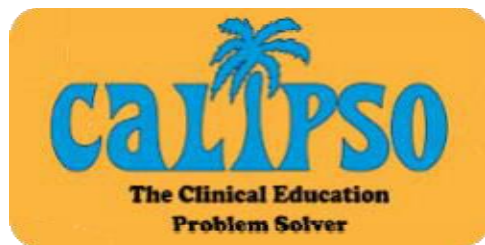
Clinician: _____

Date	Client	Semster _____ Year _____								Speech								Site _____		Supervisor Initials	
		Language																Related Disorders			
		Rec/Exp		Social		Cognitive		AAC		Artic		Fluency		Voice		Dysphagia		Hearing			ESL/Other
		Tx	Dx	Tx	Dx	Tx	Dx	Tx	Dx	Tx	Dx	Tx	Dx	Tx	Dx	Tx	Dx	Scr	Aural Rehab		
	C / A																				
	C / A																				
	C / A																				
	C / A																				
	C / A																				
	C / A																				
	C / A																				
	C / A																				
	C / A																				
	C / A																				
	C / A																				
	C / A																				
	C / A																				
	C / A																				
	C / A																				
	C / A																				
	C / A																				
	C / A																				
	C / A																				
	C / A																				
	C / A																				
	C / A																				
	C / A																				
	C / A																				
	C / A																				
	Total																				
	Total																				

C = Child A = Adult

Supervisor's Signature: _____

ASHA # _____



CALIPSO INSTRUCTIONS FOR CLINICAL SUPERVISORS

<https://www.calipsoclient.com/uc>

Step 1: Register as a Supervisor on CALIPSO

(Clinical Assessment of Learning, Inventory of Performance, and Streamlined Office-Operations)

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

Step 2: Login to CALIPSO

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

Step 3: Select Supervisee / Student

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

Step 4: View Student Clock Hour Records

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

Step 5: View Student Cumulative Evaluation

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

Step 6: View Student Immunization and Compliance Records

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

Step 7: Complete Site Information Form

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

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

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

Step 9: Complete Midterm Evaluation

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

Step 10: Complete Final Evaluation

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

Step 11: Approve Clock Hours

- At the completion of the rotation or as often as directed, your student will log their clock hours into CALIPSO.
- An automatically generated e-mail will be sent notifying you that clock hours have been submitted and are awaiting approval.
- Login to CALIPSO (step two.)
- Click “clockhour forms pending approval.”
- Identify your current student’s record.
- Click “View/Edit” in the far right column.
- Review hours, making changes if necessary.
- Complete the % of time the student was observed while conducting evaluations and providing treatment.
- Approve clock hours by selecting “yes” beside “Supervisor approval” located at the bottom of the page.
- Click “Save.”

Step 12: View Your Supervisory Summary

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

Step 13: View Your Supervisory Feedback

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

Step 14: Update Your Information

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



Office of Risk Management and Insurance
University of Cincinnati PO Box 670785
Cincinnati, OH 45267-0785
51 Goodman Drive
(513) 558-5042
(513) 558-1046 Fax

October 11, 2018

RE: University of Cincinnati Medical Professional Liability Insurance Program

To Whom It May Concern:

The University of Cincinnati, through its Office of Risk Management and Insurance, maintains a comprehensive program of self-insurance and commercially purchased insurance, covering property, casualty and liability exposures to the University and its employees, agents, and volunteers, while acting on the University's behalf. Students are covered under this program for Professional (patient care) liability only, while engaged in clinical rotations at the request or direction of the University through a health care education program.

The primary level of insurance for general and professional (patient care) liability is provided through a self-insurance program, consisting of trust funds maintained by an independent trustee and actuarially supported to liability limits of \$100,000 per occurrence for general liability and \$4 Million per occurrence for professional liability. The funds financial soundness is reviewed and certified annually by an outside actuarial firm.

We also participate in a self-insurance program among several state universities in Ohio for automobile liability and general liability insurance coverage's. In addition, commercially purchased excess insurance is provided above the primary liability insurance coverage's with limits of \$15 Million and higher depending on the type of claim. However, because the primary level of coverage is through self-insurance, there is no "Certificate of Insurance" for this coverage, and additional insured parties cannot be named.

Worker's Compensation insurance for University employees is provided through the state fund. We have been assigned a "Worker's Compensation Risk Number", however, there is not a "certificate" for that coverage.

If there are any further questions, please feel free to contact the University of Cincinnati Department of Enterprise Risk Management at 513-558-5042.

Sincerely,

A handwritten signature in black ink, appearing to read 'Anita Ingram'.

Anita Ingram, ARM, MBA, MTS
Assistant VP/Chief Risk Officer

**DEPARTMENT OF COMMUNICATION SCIENCES AND DISORDERS
SPEECH-LANGUAGE PATHOLOGY
PRACTICUM REMEDIATION/ACTION PLAN**

Student: _____ Date: _____

Supervisor: _____

U. C. Liaison: _____

1. Identify (and agree to) competencies not being met during the practicum period:

Skills:

Assessment: _____

Intervention: _____

Interaction/Person Qualities: _____

2. Plan of

Action: _____

3. Action Steps Achieved: _____

Date: _____

If Not Achieved: _____

- _____ Extend time at site
- _____ Practicum at another site
- _____ Terminate practicum
- _____ Other

Comments:

Practicum Supervisor: _____ Student: _____

University Liaison _____

Action Plan Outcome Practicum

Students enrolled in practicum during their first or second year will need to achieve competency levels (of 3 and 4's respectively) in each disorder area experienced and in professional codes of conduct.

Students enrolled in practicum during their second year must achieve competencies at a 4 level in the nine areas of disorder types reflected on the CALIPSO system. Competencies are achieved in the areas which reflect their current patient load. At the end of each quarter, their competencies will be assessed, and competency needs reviewed in order to achieve all 4's by graduation.

If a supervisor feels that, at any time, a student is not moving along the continuum for independence, she or he will contact the University liaison who will meet with the supervisor and student to develop an Action/Remedial plan. All will agree to the plan and its consequences and sign the form. If the student is not able to achieve the action steps at the end of the quarter, they will not pass competencies for that practicum site. Clinical hours cannot be given if students do not pass their competencies. Students may be required to extend their practicum in order to meet competency levels or perform practicum at another site. Another plan or course of action may need to be developed depending on specific circumstances.

If a student has not met competencies at a site, they will be placed on practicum probation for the following quarter, which requires successful fulfillment of the remediation/action plan. If a student receives an action plan at two sites and is not successful in gaining the needed competencies, practicum will be terminated.



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

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

Ad Hoc Committee on Supervision in Speech-Language Pathology

Reference this material as: American Speech-Language-Hearing Association. (2008). *Knowledge and Skills Needed by Speech-Language Pathologists Providing Clinical Supervision* [Knowledge and Skills].

Available from www.asha.org/policy.

Index terms: supervision

doi:10.1044/policy.KS2008-00294

© Copyright 2008 American Speech-Language-Hearing Association. All rights reserved.

Disclaimer: The American Speech-Language-Hearing Association disclaims any liability to any party for the accuracy, completeness, or availability of these documents, or for any damages arising out of the use of the documents and any information they contain.

About This Document

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

Knowledge and Skills

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

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

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

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

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

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

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

Developing Knowledge and Skills

All certified SLPs have received supervision during their student practica and clinical fellowship; however, this by itself does not ensure competence as a supervisor. Furthermore, achieving clinical competence does not imply that one has the special skills required to be an effective supervisor. ASHA does not have specific requirements for coursework or credentials to serve as a supervisor; however, some states or settings may require coursework and/or years of experience to serve as a supervisor. Knowledge and skills may be developed in a variety of ways: participating in courses or workshops on supervision, engaging in self-study, participating in Division 11 (Administration and Supervision), and gaining mentored experiences under the guidance of an experienced clinical educator.

The following 11 items represent core areas of knowledge and skills. The supervisee is an essential partner in the supervisory process; however, these areas are presented from the perspective of knowledge and skills that should be acquired by the supervisor.

I. Preparation for the Supervisory Experience

A. Knowledge Required

1. Be familiar with the literature on supervision and the impact of supervisor behaviors on the growth and development of the supervisee.
2. Recognize that planning and goal setting are critical components of the supervisory process both for the clinical care provided to the client by the supervisee and for the professional growth of the supervisee.
3. Understand the value of different observation formats to benefit supervisee growth and development.
4. Understand the importance of implementing a supervisory style that corresponds to the knowledge and skill level of the supervisee.
5. Understand the basic principles and dynamics of effective collaboration.
6. Be familiar with data collection methods and tools for analysis of clinical behaviors.
7. Understand types and uses of technology and their application in supervision.

B. Skills Required

1. Facilitate an understanding of the supervisory process that includes the objectives of supervision, the roles of the participants, the components of the supervisory process, and a clear description of the assigned tasks and responsibilities.
2. Assist the supervisee in formulating goals for the clinical and supervisory processes, as needed.
3. Assess the supervisee's knowledge, skills, and prior experiences in relationship to the clients served.
4. Adapt or develop observational formats that facilitate objective data collection.
5. Be able to select and apply a supervisory style based on the needs of the clients served, and the knowledge and skill of the supervisee.
6. Model effective collaboration and communication skills in interdisciplinary teams.
7. Be able to analyze the data collected to facilitate the supervisee's clinical skill development and professional growth.

8. Use technology as appropriate to enhance communication effectiveness and efficiency in the supervisory process.

II. Interpersonal Communication and the Supervisor-Supervisee Relationship

A. Knowledge Required

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

B. Skills Required

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

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

A. Knowledge Required

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

4. Understand the use of self-evaluation to promote supervisee growth.

B. Skills Required

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

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

A. Knowledge Required

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

B. Skills Required

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

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

A. Knowledge Required

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

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

B. Skills Required

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

VI. Supervisory Conferences or Meetings of Clinical Teaching Teams

A. Knowledge Required

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

B. Skills Required

1. Regularly schedule supervisory conferences and/or team meetings.
2. Facilitate planning of supervisory conference agendas in collaboration with the supervisee.
3. Select items for the conference based on saliency, accessibility of patterns for treatment, and the use of data that are appropriate for measuring the accomplishment of clinical and supervisory objectives.

4. Use active listening as well as verbal and nonverbal response behaviors that facilitate the supervisee's active participation in the conference.
5. Ability to use the type of questions that stimulate thinking and promote problem solving by the supervisee.
6. Provide feedback that is descriptive and objective rather than evaluative.
7. Use data collection to analyze the extent to which the content and dynamics of the conference are facilitating goal achievement, desired outcomes, and planned changes.
8. Assist the supervisee in collaborating and functioning effectively as a member of a service delivery team.

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

A. Knowledge Required

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

B. Skills Required

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

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

A. Knowledge Required

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

B. Skills Required

1. Create a learning and work environment that uses the strengths and expertise of all participants.
2. Demonstrate empathy and concern for others as evidenced by behaviors such as active listening, asking questions, and facilitating open and honest communication.
3. Apply culturally appropriate methods for providing feedback to supervisees.
4. Know when to consult someone who can serve as a cultural mediator or advisor concerning effective strategies for culturally appropriate interactions with individuals (clients and supervisees) from specific backgrounds.
5. Demonstrate the effective use of interpreters, translators, and/or culture brokers as appropriate for clients from diverse backgrounds.

IX. The Development and Maintenance of Clinical and Supervisory Documentation

A. Knowledge Required

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

B. Skills Required

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

X. Ethical, Regulatory, and Legal Requirements

A. Knowledge Required

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

B. Skills Required

1. Adhere to all ASHA, state, and facility standards, regulations, and requirements for supervision.

2. Assist the supervisee in adhering to standards, regulations, and setting-specific requirements for documentation, billing, and protection of privacy and confidentiality.
3. Demonstrate ethical behaviors in both interprofessional and intraprofessional relationships.
4. Assist the supervisee in conforming with standards and regulations for professional conduct.
5. Assist the supervisee in developing strategies to remain current with standards and regulations throughout their professional careers.

XI. Principles of Mentoring

A. Knowledge Required

1. Understand the similarities and differences between supervision and mentoring.
2. Understand how the skill level of the supervisee influences the mentoring process (e.g., mentoring is more appropriate with individuals who are approaching the self-supervision stage).
3. Understand how to facilitate the professional and personal growth of supervisees.
4. Understand the key aspects of mentoring, including educating, modeling, consulting, coaching, encouraging, supporting, and counseling.

B. Skills Required

1. Model professional and personal behaviors necessary for maintenance and life-long development of professional competency.
2. Foster a mutually trusting relationship with the supervisee.
3. Communicate in a manner that provides support and encouragement.
4. Provide professional growth opportunities to the supervisee.

References

- Anderson, J. L. (1988). *The supervisory process in speech-language pathology and audiology*. Austin, TX: Pro-Ed.
- American Speech-Language-Hearing Association. (2002). *Knowledge and skills for supervisors of speech-language pathology assistants*. Available from www.asha.org/policy.
- American Speech-Language-Hearing Association. (2004a). *Guidelines for the training, use, and supervision of speech-language pathology assistants*. Available from www.asha.org/policy.
- American Speech-Language-Hearing Association. (2004b). *Training, use, and supervision of support personnel in speech-language pathology* [Position Statement]. Available from www.asha.org/policy.
- American Speech-Language-Hearing Association. (2008a). *Clinical supervision in speech-language pathology* [Position Statement]. Available from www.asha.org/policy.
- American Speech-Language-Hearing Association. (2008b). *Clinical supervision in speech-language pathology* [Technical Report]. Available from www.asha.org/policy.
- Council for Clinical Certification in Audiology and Speech-Language Pathology 2005 *Membership and certification handbook of the American Speech-Language-Hearing Association*. Retrieved December 28, 2007, from www.asha.org/about/membership-certification/handbooks/slp/slp_standards.htm
- Council on Academic Accreditation in Audiology and Speech-Language Pathology. (2004). *Standards for accreditation of graduate education programs in audiology and speech-language pathology programs*. Available from www.asha.org/policy.