

References to Conversations about conversations Graduate Student Clinicians 1 & 2:

Clinical practicum instruction (GENERALLY):

Anderson, J. L. (1988). *The supervisory process in speech language pathology and audiology*. Austin, TX: Pro-Ed.

Carozza, L. (2011). Research Tool #2: Reflective Practice. Science of Successful Supervision and Mentorship: Plural Publishing, Inc.

Holland, A. & Nelson, R. (2013). Counseling in Communication Disorders: A Wellness Perspective, 2nd Edition.

Kerr, J. (2015, July). Examining Our Attitudes toward Clinical Supervision. *SpeechPathology.com*, Article 2748. Retrieved from: <http://www.speechpathology.com>

Knowles, M. (1980). What is andragogy. *M. Knowles (Autor), The modern practice of adult education, from pedagogy to andragogy*, 40-62.

McCrea, E. S., & Brasseur, J. A. (2003). The supervisory process in speech-language pathology and audiology. Pearson Education, Inc.

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Clinical practicum instruction (JMC LESSON PLANS):

1. Introductory survey

First year graduate students (Spring semester):

ASHA (2008). Competencies for Effective Clinical Supervision.
<http://www.asha.org/policy/PS1985-00220.htm#sec1.4>

Carozza, L. (2011). Research Tool #2: Reflective Practice. Science of Successful Supervision and Mentorship: Plural Publishing, Inc. pp. 84-85.

McCrea, E. & Brasseur, J. (2003). Expectations for Supervision. *The Supervisory Process in Speech-Language Pathology and Audiology*. Pearson Education, Inc. pp. 53-59.

Second year graduate students (Fall semester), in addition to the above:

Dixon, D. (2015). How to Nail the Job Interview. *ASHA Leader*, 20: 32-33.

2. Documentation (“A” Notes)

ASHA (2016, November). Documentation of Skilled versus Unskilled Care for Medicare Beneficiaries. Retrieved from:

<http://www.asha.org/Practice/reimbursement/medicare/Documentation-of-Skilled-Versus-Unskilled-Care-for-Medicare-Beneficiaries/>

Hedge, MN & Davis, D. (1995). Report Writing. Clinical Methods and Practicum in Speech Language Pathology, 2nd ed., pp. 115-133.

Measure, S. (2013). Dos and Don'ts of Documentation. Presentation on www.speechpathology.com

Staltari, C., Baft-Neff, A., Marra, L., & Rentschler, G. (2010). Supervision: Formative Feedback for Clinical Documentation in a University Speech-Language Pathology Program. *Perspectives on Administration and Supervision*, 20: 117-123.

Wilkerson, DL (2000) Documenting Clinical Service Delivery: Writing Style and Lexical Selection. *Contemporary Issues in Communication Disorders*, 27: 6-13.

3. Writing Goals

ASHA (2010). Writing Measureable Goals and Objectives. Worksheet/template adapted from HCESC Smart Sheet, Chalfant and McGraw, 4/2004

Dudek-Brannan, K. Writing Goals with a Meta-Linguistic Focus: the “Where,” the “What,” and the “How.” Retrieved on-line December 16, 2015 at

<http://drkarenspeech.com/writing-goals-with-a-metalinguistic-focus-the-where-the-what-and-the-how/>

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Mount, M. (2014, November). Goal Writing Aligned with State Standards.

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Palmer College Clinics Prognosis Guidelines for Faculty Clinicians and Interns (Year unknown)

Torres, I. (9/10/2013). “How to take the pain out of writing treatment goals”

(<http://blog.asha.org/2013/09/10/tricks-to-take-the-pain-out-of-writing-treatment-goals/>).

Wakefield, L. & Ott, K. (2014, November). How to Write SMARTER IEP Goals: Strategies for SLPs. *SpeechPathology.com*, Article 2453. Retrieved from <http://www.speechpathology.com>

4. Session structure

Douglas, C. (accessed Oct. 30, 2013). Wrap-up Activities for Training Professionals. <http://www.leadstrat.com/component/content/article/12-for-facilitators/122-wrap-up-activities-for-training-professionals>

Lewis, B. (accessed Oct. 30, 2013). Top 8 Components of a Well-Written Lesson Plan http://k6educators.about.com/od/lessonplanheadquarters/tp/8_steps_lp.htm

Multimodal communication/Augmentative and Alternative Communication (AAC)

Barclay, L. A. (2011). *Learning to listen/listening to learn: teaching listening skills to students with visual impairments*. American Foundation for the Blind.

Calculator, S. N. (2002). Use of enhanced natural gestures to foster interactions between children with Angelman syndrome and their parents. *American Journal of Speech-Language Pathology*, 11(4), 340-355.

Dowden, P. (2004). Continuum of communication independence. http://depts.washington.edu/augcomm/03_cimodel/commind1_intro.htm

Fallon, K. A., Light, J. C., & Paige, T. K. (2001). Enhancing vocabulary selection for preschoolers who require augmentative and alternative communication (AAC). *American Journal of Speech-Language Pathology*, 10(1), 81-94.

Kovach, T. (2009). Augmentative & Alternative Communication Profile A Continuum of Learning. Linguisystems.

Lederer, S. (2009). First Words, First Books and Focused Language Stimulation. *SpeechPathology.com*. Retrieved from: <http://www.speechpathology.com>, no longer available.

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Williams, M. B., Krezman, C., & McNaughton, D. (2008). "Reach for the stars": Five principles for the next 25 years of AAC. *Augmentative and Alternative Communication*, 24(3), 194-206.

Check-in / Review:

- (1). Modeling and providing examples are ways to...
 - (a) teach exactly what an adult learner must do.
 - (b) promote thinking about possible approaches.**
 - (c) demonstrate the best and only option.
 - (d) use an SLPs spare time with arts and crafts.

- (2). Published resources that offer research-based guidance on clinical practicum instruction include (but are not limited to):
 - (a) Continuum of Communication Independence
 - (b) Science of Successful Supervision and Mentorship
 - (c) The Supervisory Process in Speech-Language Pathology and Audiology
 - (d) b & c**

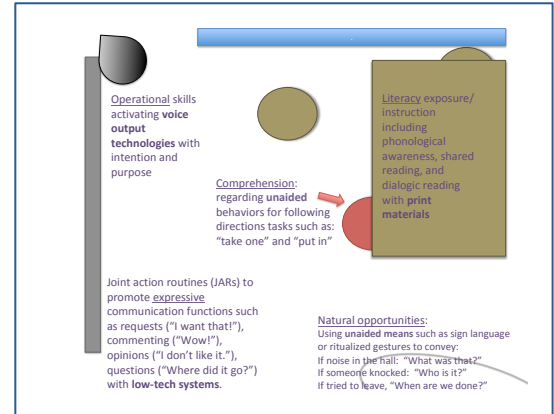
- (3). McCrea & Brasseur (2003) put forward that educational programs for SLPs should strive toward “clinicians who are able to go beyond their supervisors.”
 - (a) True**
 - (b) False

- (4). Using surveys within clinical practicum instruction could:
 - (a) demonstrate a means that could be used to acquire information about learners,
 - (b) document thought process and expectations in quantifiable and shareable ways,
 - (c) provide structured opportunities for self-monitoring,
 - (d) All of these**

- (5). SLPs should always prepare detailed lesson plans whether they are working therapeutically or within a supervisory position.
 - (a) Bureaucracy and documentation are part of the work at all levels; that’s the deal.
 - (b) Everyone learns by writing out what they are going to do, with citations to the EBP references that informed their decisions.
 - (c) While this may be important and helpful in key situations, it is likely not practical; also, not everyone benefits from the same approaches.**
 - (d). It will be necessary to be able to submit these plans to supervisors of supervisors for review and feedback, or have them available to SLP subs in the event of an unanticipated sick day.

- (6). This discussion about clinical practicum experiences for individuals with complex communication disorders included explicitly preparing graduate students with: information about the disorder, family values about technology, consideration of staging the means and communication exchanges, pre-programming the iPad to be ready in the session at the clinic, connecting data collection to the situation, and goals for AAC.
 - (a). True
 - (b). False**

- (7). Graduate students loved this approach of clinical practicum instruction.
- (a) Nope. They reported being insulted by an intrusive level of micro-management.
 - (b). Yes! This is exactly what everyone wanted.
 - (c). That's not the point. It feels better as a supervisor/mentor to be doing more.
 - (d). It's not known. Some students reported appreciating it at the time, some felt it was overwhelming at the time; but, in any case, conclusive measures on these ideas had not been tracked at the time.**
- (8). One measure that was mentioned as a means to inform if clinical supervision is appropriate:
- (a) Request an SLP peer that you respect review your student's documentation.
 - (b) Complete a self-audit based on ASHA's rubric for expectations of supervisors.**
 - (c) Collaborate with a colleague from a different but related discipline (e.g., OT, reading specialist, etc.), and de-brief privately later.
 - (d). It is safe to assume that if the graduate clinician's learners are making progress towards the goals, everything is fine.
- (9). Using a variety of presentation methods and accepting multiple modes of responses is not unique to clinical practicum instruction for serving persons with complex communication needs – it's fundamental to all communication with anyone.
- (a). This statement is absolutely true.
 - (b). This statement is not necessarily true.
 - (c) . This statement truly reflects Jessica's stance.**
 - (d). This statement is totally false.
- (10). This image underscores:

	<ul style="list-style-type: none">(a) Staging communication interactions in the clinic session.(b) Both how the clinic room can be set up and how person-partner-environment characteristics influence strategy with communication means.(c) Responses to the questions: how am I doing, what is the situation, and who else is involved?(d) How to illustrate “under” versus “next to” using Powerpoint graphics.
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