GRADUATE STUDENT CLINICAL EDUCATION

Preparing Montana SLPs

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Disclosure

- Jennifer Schoffer Closson:
  - Financial: You received a speaking fee, you are employed by U of M
  - Non-Financial: Member of MSHA and ASHA

- Amanda Jackson:
  - Financial: You received a speaking fee, you are employed by U of M
  - Non-Financial: Member of MSHA and ASHA

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Presenters

- Jennifer Schoffer Closson MS CCC-SLP
  - Clinical Educator
- Amanda Jackson MS CCC-SLP
  - Externship Coordinator

WELCOME

Who is joining us?

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Abstract

Clinical education is a valuable component in the graduate student experience. These placements are highly valued and anticipated by graduate students and offer excellent opportunities for clinical educators. Join us to learn about the **benefits, process of clinical education, and how to impart feedback and develop skills in our future colleagues** while earning CEUs to meet the new ASHA standards for clinical education.

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Learning Objectives

1. Participants will learn the **benefits** of clinical education in Montana
2. Participants will develop their understanding of the **processes** associated with clinical education
3. Participants will meet the **requirements** for becoming a clinical educator by attending this session.
4. Participants will learn **strategies** for developing skills in future clinicians aligned with their own professional style while integrating preferred learning avenues.

THE BENEFITS

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Professional Benefits

- As a clinical educator you are **giving back to your profession** by sharing your vast knowledge and modeling your expertise for the development of our future colleagues.
- Enhances knowledge and skills by connecting through your graduate on **current evidence based practices** and relevant issues.
- Development of greater **self awareness**.
- **Shared workload** opportunities.
- **Relationship** that is mutually reinforcing and collegial.
- Growth of ideas through **collaboration**.
- Added value of **new perspectives** to client treatment.
- Personal **satisfaction**.
- New **energy**.
- Promotes **well-being** at the work place.
- Further **development** of supervisory and communication skills.
- Increased **critical thinking** and problem solving.
- **Recruitment** tool for future employees.

Financial Benefits through OPI Grant for Clinical Educators in Montana

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Reimburse ASHA dues

Access to CAPCSD Clinical Education Workshops: Free CUEs

Annual Conference Opportunity

Part-time Practicum Supervision 2-3 Days per week

- stipend up to $400

  OR

- 1 credit graduate class through the UM SELL Program

Full-time Practicum Supervision 3.5-5 Days per week

- stipend up to $800

  OR

- 2 credit graduate class through the UM SELL Program

Graduate classes benefit employees on pay schedules with steps and lanes.

Clinical Educators may waive these benefits.

- *Available to out of state CEs*

Do you know of any benefits?

THE REQUIREMENTS

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ASHA:

- Supervision must be provided by individuals who hold the Certificate of Clinical Competence (**CCC**) in the appropriate profession.
- The amount of direct supervision must be **commensurate with the student's knowledge**, skills, and experience, must not be less than **25% (treatment and diagnostics)** of the student's total contact with each client/patient, and must take place periodically throughout the practicum.
- Supervision must be **sufficient to ensure the welfare** of the client/patient.
- Direct supervision must be in **real time (on-site).**
- A supervisor must be **available to consult** with a student providing clinical services to the supervisor's client.
- Supervision of clinical practicum is intended to provide **guidance and feedback** and to facilitate the student's acquisition of essential clinical skills.

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Figure 1. Stages and Amount of Direct Therapy and Diagnostics: Student Supervision for Growing Clinical Competence

Stages	Student Observes	Transitional: Student Starts to Participate							Self-Supervision
100% 90% 80% 70% 60% 50% 40% 30% 20% 10%									
Supervision/ Input	Direct/ Active	Collaborative							Consultative
	400 Clinical Practicum Hours: Therapy (Included in total 400)							Total	
Hours:	40	40	320					400	
	DeWit RiteCare		External Practicums						CFY Year
			Minimum **Therapy and Diagnostics** Supervision 25%						

Anderson, 1988

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2 Hours & 9 Months

Effective January 1, 2020

- All clinical educators must have at least **nine months of post-certification practice experience.**
- **Two hours of post-certification professional development** in supervision before serving as a clinical educator.
- These two requirements are required for **graduate student** clinicians AND **clinical fellows** (limited license in Montana)

Questions?

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THE PROCESS

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U of M SLHOS

- Students **submit** externship suggestions to Clinical Externship Coordinator
- **Confirmed** placement
- **Affiliation Agreement/Memorandum of Understanding (MOU)-** contract between your facility and the University of Montana.
- **Clinical Pre-placement Review**-review of supervision requirements and conflicts of interest
- **Official Notification** sent to student about 1 month before the placement starts
- Student **contacts** the supervising SLP and facility and checks on facility-specific requirements
- First day of placement the SLP and student fill out **Clinical Practicum Agreement**
- **Mid-term** evaluation and phone conference (15 minutes) with Externship Coordinator
- **Final** evaluation and phone conference (15 minutes) with Externship Coordinator

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Clinical Pre-placement Review

- **ASHA Code of Ethics** https://www.asha.org/code-of-ethics/
- Each party agrees to maintain the confidentiality requirements of FERPA and HIPAA
- **Principles of Equitable Treatment**- Nondiscriminatory attitude without regard to race, color, religion, national origin, creed, service in the uniformed services (as defined in state and federal law), veteran status, sex, age, political ideas, marital or family status, physical or mental disability, or sexual orientation.
- **Supervised clinical experience**- defined as clinical services (i.e., assessment/diagnosis/evaluation, screening, prevention, treatment, report writing, family/client consultation, and/or counseling) related to the management of populations that fit within the ASHA Scope of Practice in Speech-Language Pathology.
  - **These experiences allow students to:**
    - **interpret, integrate, and synthesize core concepts and knowledge;**
    - **demonstrate appropriate professional and clinical skills; and**
    - **incorporate critical thinking and decision-making skills while engaged in identification, evaluation, diagnosis, planning, implementation, and/or intervention.**

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Clinical Pre-placement Review

- **ASHA Supervision (Clinical Education) Requirements** (see slide 12)
- **Continuing Education for Supervision and 9 months post CF** (see slide 13)
- **Direct Contact Hours**- According to ASHA, it is talking to (direct) and talking about (non-direct) the client. If a student is working with and/or talking directly with the client, they can count the hours as direct contact hours (active participation). Any time that is spent talking about the client does not count as direct contact hours.
- **No Conflict of Interest-** Our program strives to maintain the highest standard of integrity. The purpose of this policy it to protect both our clinical educators and our students from being placed in uncomfortable situations and to ensure that we are providing the highest quality experiences available to our students and rewarding experiences for our clinical educators. Conflicts of interest are defined as an opposition between the private interests and the official or professional responsibilities of a person in a position of trust, power, and/or authority.
  - Please disclose if you have a conflict of interest and/or are an immediate family member to the SLHS graduate student or clinical educator/supervisor listed on this review
  - *All situations will be reviewed be the clinical education team to determined appropriate fit and in the best interest of the SLHS graduate student and the off-campus clinical educator.

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Clinical Practicum Agreement

- Exchange **contact** information
- Solidify externship schedule **dates**-student must stay for indicated dates, regardless of acquired hours, indicate any days off (school holidays, etc.)
- **UM requirements**: Immunizations (Hep. B series, MMR, Varicella immunization or titer, and TDAP), PPD (TB), HIPAA and Universal Precautions training, CPR/First Aid Certification, Background Check (Verified Credentials), UM Liability Insurance and Proof of Health Insurance
- **Discuss Site-Specific Requirements:** Flu Shot, Drug Screen, etc.
- Policy or arrangements for managing personal illness, holiday, unforeseen emergencies
- Pre-arranged absences (must be approved by clinical educator and indicated on this form)
- Dress Requirements
- Determine clock hour submission schedule
- Review **course** completed
- Required Preparation, Reading, Documentation, Meetings, and Expectations for Site

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Clinical Practicum Agreement

- **Share any of the following that will be helpful in preparing the student for the placement**
  - Readings related to specific disorders, diagnostics, and therapy techniques
  - Supervisor's typical caseload (number of sessions, days, disorders
  - Commonly used diagnostic tools/procedures
  - Commonly used intervention techniques/tools/programs

- **Report writing requirements**:
  - Type/style or format:
  - Frequency:
  - Deadlines:
  - Chart notes/documentation

- Discuss orientation to caseload, supervision style, and graduate student learning style
- Required Staff meetings
- Client/patient conferences

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Calipso

- Clock hour approval
- KASA evaluations
- Rate students with in the 9 domains
  - (Speech Sound Production, Fluency, Voice, Language, Hearing, Swallowing, Cognition, Social Aspects, and AAC)
- We have received good feedback on the program
- User friendly instructions
- Amanda and Naomi are always available to help troubleshoot
  - We are happy to help! ☺

Questions?

LEARNING & SUPERVISORY STYLES

The Supervisory Relationship

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Effective interpersonal communication requires

knowledge of and ability to implement the basic principles of effective interpersonal communication;

- appreciation for the importance of **listening** and the ability to use behaviors that facilitate effective listening (e.g., silent listening, questioning, paraphrasing, empathizing, and supporting);
- knowledge of key principles of **conflict resolution** and the ability to use conflict resolution strategies appropriately (e.g., active listening, openness to discussion, and allowing for open-ended discussion);
- understanding different **learning styles** and having the ability to work effectively with each style within the supervisory relationship; and
- understanding different **communication styles** (e.g., cultural/linguistic, generational, gender) and having the ability to address potential challenges to successful communication related to these differences.

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Student Self-Advocacy

- The VARK Questionnaire
- Expectation for student to communicate learning style
  - Visual
    - Want to see it, map it, diagram it, chart it
  - Aural/Auditory
    - Talking things through, lecture, discussion
  - Read/Write
    - text-based input and output, manuals, reports, essays, and assignments
  - Kinesthetic
    - concrete personal experiences, examples, practice, or simulation
  - Mixed Modality
    - The VARK Buffet

  - While reviewing the clinical practicum agreement, learning and supervisory styles can be discussed and considered

Positive Placement: Perspectives of students and educators in rehabilitation medicine

Mark Hall, Lu-Anne McFarlane, and Susan Mulholland

(PT, OT and SLP)

Factors contributing to positive outcomes

Findings:

- Student and clinical educators **attitudes** towards teaching and learning, and the team at the placement site are key factors

- **Preparation** of both the student and clinical educator about the roles and responsibilities

Table 1. Participant ratings of placement aspects

Aspect of placement		Students	Clinical educators
Student relationship with clinical educator	Not important Important	3% 97%	n/a n/a
Student's willingness to learn	Not important Important	n/a n/a	6% 94%
Student's relationship with team members	Not important Important	13% 87%	13% 87%
Physical space	Not important Important	56% 44%	61% 38%
Orientation	Not important Important	43% 57%	32% 68%
Student's interest in area of practice	Not important Important	46% 54%	36% 64%
Location of placement and social supports	Not important Important	41% 59%	61% 29%
Social activities and resources for student	Not important Important	50% 50%	64% 36%

For ease of interpretation, data in the original four point scale were collapsed into two categories, important and not important.

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Supervisory Styles

- Goleman, 2012
- 3 year study
- https://nealandministries.files.wordpress.com/2012/02/goleman-leadership-that-gets-results.pdf

	Commanding/ Coercive	Visionary/ Authoritative	Affiliative	Democratic	Pace setting	Coaching
Description	Also refers to "dictatorship" Demands immediate compliance.	Mobilizes people toward a vision.	Focuses on emotional needs over work needs. Creates harmony and builds emotional bonds.	Uses participation, listening to both the bad and the good news.	Builds challenging and exciting goals for people. Setting high standards for performance.	Connecting corporate goals while helping people find strengths and weaknesses, linking these to career aspirations and actions.
Style in a phrase	"Do what I tell you."	"Come with me."	"People come first."	"What do you think?"	"Do as I do, now"	"Try this."
Underlying emotional intelligence competencies	Drive to achieve, initiative, self-control.	Self-confidence, empathy, change catalyst	Empathy, building relationships, communication.	Collaboration, team leadership, communication.	Conscientious-ness, drive to achieve, initiative	Developing others, empathy, self-awareness
When to use	In a crisis or urgency, to kick-start a turnaround, or with problem employees	When changes require a new vision, or when a clear direction is needed	To heal rifts in a team or to motivate people during stressful situations.	To build buy-in or consensus, or to get input from valuable employees	To get quick results from a highly motivated and competent team	Coach, mentor and develop individuals when they need to build long-term strengths.
Weaknesses	Members can feel stifled as they are treated as workers and not asked for an opinion.	Lacks the ability to help team members understand how they get to a vision or goal.	Confrontation and emotionally distressing positions can be avoided.	Can be lots of listening but very little effective action.	Can lack emotional intelligence.	Can come across as micromanaging.

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Supervisory styles

- 1. The **coercive style**. This "**Do what I say**" approach can be very effective in a turnaround situation, a natural disaster, or when working with problem employees. But in most situations, coercive leadership inhibits the organization's flexibility and dampens employees' motivation.
- 2. The **authoritative style**. An authoritative leader takes a "**Come with me**" approach: she states the overall goal but gives people the freedom to choose their own means of achieving it. This style works especially well when a business is adrift. It is less effective when the leader is working with a team of experts who are more experienced than he is.
- 3. The **affiliative style**. The hallmark of the affiliative leader is a "**People come first**" attitude. This style is particularly useful for building team harmony or increasing morale. But its exclusive focus on praise can allow poor performance to go uncorrected. Also, affiliative leaders rarely offer advice, which often leaves employees in a quandary.

- 4. The **democratic style**. **"What do you think?"** This style's impact on organizational climate is not as high as you might imagine. By giving workers a voice in decisions, democratic leaders build organizational flexibility and responsibility and help generate fresh ideas. But sometimes the price is endless meetings and confused employees who feel leaderless.
- 5. The **pacesetting style**. **"Do as I do, now"** A leader who sets high performance standards and exemplifies them himself has a very positive impact on employees who are self-motivated and highly competent. But other employees tend to feel overwhelmed by such a leader's demands for excellence—and to resent his tendency to take over a situation.
- 6. The **coaching style**. **"Try this"** This style focuses more on personal development than on immediate work-related tasks. It works well when employees are already aware of their weaknesses and want to improve, but not when they are resistant to changing their ways.
- **The more styles a leader has mastered, the better**. In particular, being able to switch among the authoritative, affiliative, democratic, and coaching styles as conditions dictate creates the best organizational climate and optimizes business performance.

Where do your see yourself?

- Do you find yourself moving between the different styles?
- When do you see yourself using:
  - Commanding/coercive
  - Visionary/authoritative
  - Affiliative
  - Democratic
  - Pace setting
  - Coaching

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Questions?

FEEDBACK

Taken from: ASHA Clinical Education and Supervision

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Goals of Clinical Ed.

- acquire fundamental knowledge about normal and disordered communication;
- **develop critical thinking and clinical decision-making skills;**
- acquire an understanding of clinical practices and methodology and the ability to implement them;
- **develop the ability to analyze research and apply evidence to clinical practice;**
- become competent in using equipment and technology necessary for diagnosing and treating communication disorders;
- **become competent in analyzing assessment and treatment behaviors to evaluate the effectiveness of clinical practices;**
- become competent in charting and monitoring patient records;
- **develop professional communication skills—both verbal and written;**
- **develop professional behaviors, including the ability to work with individuals and their families;**
- **develop skills necessary to function appropriately on an interprofessional team;** and
- become competent in medical coding and billing.

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Critical Thinking

- The "in the moment clinician"
- Intuitive clinician
- Critical thinking allows the clinician to **access knowledge** about the field, determine how that knowledge can be **applied** in clinical situations, **evaluate** outcomes, modify his or her thinking, and make appropriate **clinical adjustments**.
- Ask questions to activate critical thinking
  - provide a **model** for how practicing clinicians reason;
  - provide a **structure** for student clinicians to connect theory and practice; and
  - challenge student clinicians to **apply their thinking beyond** the specific client or situation (Gavett & Peapers, 2006, 2007; King, 1995).

  - Walking through scenarios in anticipation
  - Coaching
  - Does reflection help with critical thinking?

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Feedback

- **objective data** — nonjudgmental data collected, analyzed and shared with the student clinician
- **narratives** — written descriptions of specific behaviors during a session, along with the clinical educator's impressions (e.g. field notes; Anderson, 1998)
- **rating scales** — ratings on a specified number of clinical skills; although criteria for judgment are sometimes provided, rating scales are subjective by nature and need to be paired with objective data to support the ratings
- **Discussion and reflection** – need to identify that this is feedback as well (take notes)
- **Simulation/roll playing**
- **Peer review** - writing
- **Self-evaluation**
  - Video review
  - Written reflection/journaling

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Simulation – 75 hours

- Simulation is a method that **replaces or amplifies real client/patient experiences** with scenarios designed to replicate real health encounters (Passiment, Sacks, & Huang, 2011). Simulation affords an opportunity to build knowledge and experience by rehearsing in a safe environment (e.g., clinical skills lab), where potential harm to the client/patient is minimized.
- The **standardized patient** (SP) is a well-accepted and frequently used simulation tool. The SP is a layperson hired and trained to **portray an actual patient** within a clinical setting. He or she presents with faculty-defined patient history and physical symptoms and provides a consistent, controlled clinical experience for teaching and assessment purposes. Academic programs in CSD are beginning to employ SPs for clinical education purposes (e.g., Zraick & Allen, 2002; Zraick, Allen, & Johnson, 2003). Other simulation tools include computer avatars and lifelike mannequins (Zraick, n.d.).

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SSCC

- Start
- Stop
- Continue
- Change

Reflection: Stop/Start/Continue/Change

Stop: What is something that didn't go well in today's session (something I should try to stop)
Start: What is something that could be put in place to improve? (something I could start)
Continue: What is something that is going well? (something I should continue)
Change: What is something that could use revision? (something I could change)

Client Initials: _____ Client time & date: _____

Notes: _____

Action:	**Justification:**
Stop:	
Start:	
Continue:	
Change:	

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Giving Feedback

Factors that can influence the effectiveness of feedback include

- **timing** (immediate or delayed);
- **frequency** (more or less often);
- **tone** (positive, negative, or balanced);
- **form** (spoken or nonspoken); and
- **specificity** (more or less detailed/specific).

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Receiving Feedback

Factors that can affect how receptive a student clinician is to feedback include

- whether or not the student **agrees** with the clinical educator;
- the particular **learning situation** (e.g., if new skills are being learned);
- **personalities** of the clinical educator and student clinician that can set the tone for their interactions; and
- the **timing** of feedback (e.g., in the presence of a client/patient or in private).

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Cognitive Apprenticeship Instructional Model

Cognitive apprenticeship was introduced by Collins, Brown, and Newman (1989) as an instructional model for situated learning, in which students **learn to apply skills by performing tasks and solving problems in a variety of authentic contexts**.

The cognitive apprenticeship model applies the following teaching methods to promote situated learning:

- **modeling** — demonstrating tasks and explaining internal (cognitive) processes (e.g., decision making)
- **coaching** — observing students as they perform tasks and providing feedback, hints, models, and reminders in the moment
- **scaffolding** — tailoring support to students' current level of knowledge and gradually removing support as they become more competent
- **articulation** — encouraging students to verbally express their knowledge, reasoning, or problem solving
- **reflection** — encouraging students to reflect on their own skills and problem-solving abilities as compared with their cognitive model of expertise
- **exploration** — setting general goals for students and encouraging them to formulate and pursue personal goals of interest

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Students with Disabilities

- Institutions are required by law to provide **reasonable accommodations**. Specifically, they are required to make reasonable modifications in their practices, policies, and procedures and to provide auxiliary aids and services for individuals with disabilities—unless doing so would (a) fundamentally alter the nature of the goods, services, facilities, privileges, advantages, and accommodations that they offer or (b) result in an undue financial or administrative burden on the institution.
- **recording devices**, and/or sign language interpreters;
- allowing **extended time** for taking tests and completing clinic-related tasks (e.g., documentation and preparation);
- equipping school computers with **screen-reading, voice recognition,** or other adaptive software or hardware;
- modifying the environment to facilitate use of **clinical equipment**; and
- ensuring **wheelchair access** to clinical environments (e.g., for both examiner and patient side of sound suites).

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Remediation

- **Difficult conversations** frequently pertain to the student's clinical performance but may also be related to other behaviors such as keeping commitments, being punctual, or demonstrating professionalism. These conversations often **involve differing perspectives, opposing opinions, strong emotions, and potentially high-stakes outcomes** (Patterson, Grenny, McMillan, & Switzler, 2012; Whitelaw, 2012).
- One approach for initiating and resolving difficult conversations is the learning conversation. It involves
  - learning the story of the participants without assigning blame;
  - inviting participants to express their views and feelings; and
  - creating a partnership for problem-solving (Harvard Negotiation Project, n.d.; Stone, Patton, & Heen, 2010).
- The learning conversation requires willingness on the part of the clinical educator to put aside his or her views and listen to the student, with the goal of understanding and acknowledging the student's perspective. This **nonjudgmental listening** can provide a safe emotional environment and facilitate the problem-solving process (Luterman, 2006).
- A **performance improvement plan**—also referred to a remediation plan—is a formal process used to help the student clinician **improve performance or modify behavior**. The need for remediation can stem from performance on clinical examinations that identifies the student's areas of need.
- As part of the process, the clinical educator and student clinician identify specific performance and/or behavioral concerns and develop a **written plan of action** to address these concerns. The following specific steps in developing and implementing performance improvement plans are adapted from the Society for Human Resource Management (2013).

Questions?

ATTESTATION

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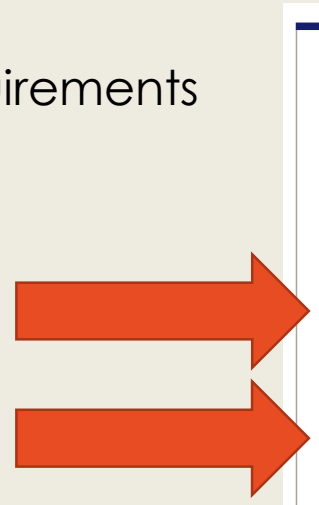
Lets Do It Now!

To verify your requirements:

- Please log into your ASHA member account
- Select, **My Account** and log in
- Click on ***2020 Requirements for Clinical Instructors, Supervisors, and Clinical Fellowship Mentors***
- Verify if you meet the requirements

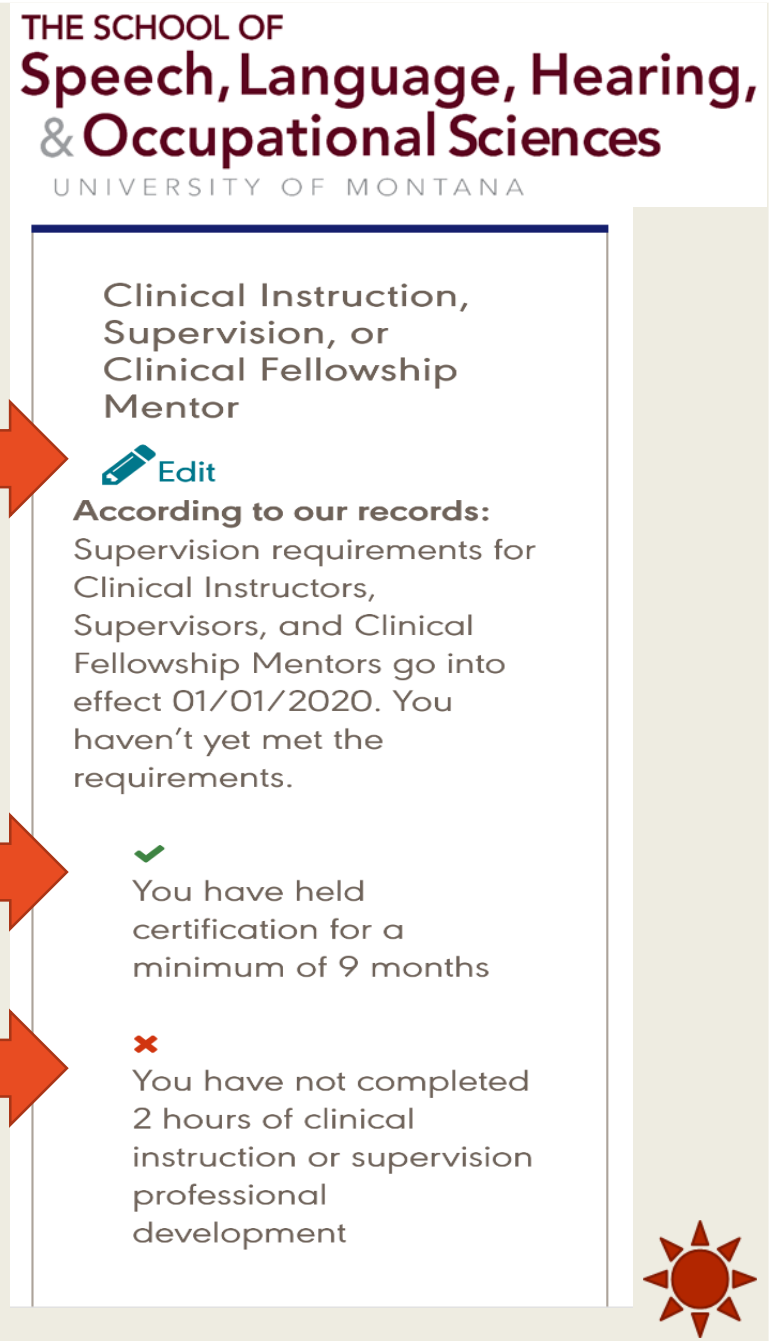


EDIT and Attest

If you have completed this requirement, but it is **not** indicated on your account or your just **completed** it,

- please select ***edit*** and attest that you have completed the supervision CEUs requirement.
- (If audited by ASHA you will need to provide proof of completion.)

- *__NOTE__ these items will also be required for CF SUPERVISION starting Jan. 1st, 2020.



Questions?

SUPPLEMENT

Clinical Professionalism Rubric

Appendix B

Clinical Professionalism Rubric

Name: Date:	Inadequate 1	Emerging 2	Satisfactory 3	Proficient 4	Advanced 5
Pragmatics					
1. Attitude *Correlates w/KA SA standard V-B-3a	Does not demonstrate a constructive attitude	Rarely demonstrates a constructive attitude	Demonstrates a constructive attitude on some occasions	Demonstrates a constructive attitude on many occasions	Demonstrates a constructive attitude on a majority of occasions
2. Communication Style Interactions *Correlates w/KA SA standard V-B-3a, b, d	Does not demonstrate the skills and or knowledge of *when* to say *what* to *whom* and *how much*	Rarely demonstrates skills and knowledge of *when* to say *what* to *whom* and *how much*	Demonstrates skills and knowledge of *when* to say *what* to *whom* and *how much on some occasions*	Demonstrates skills and knowledge of *when* to say *what* to *whom* and *how much on many occasions*	Demonstrates skills and knowledge of *when* to say *what* to *whom* and *how much* on a majority of occasions
3. Nonverbal Aspects of Communication Interactions *Correlates w/KA SA standard V-B-3a	Current usage of nonverbal aspects of communication is inappropriate and detracts from the content of the message.	Rarely demonstrates appropriate nonverbal aspects of communication and current nonverbal usage may interfere with interpersonal/ social aspects of communication.	Demonstrates appropriate nonverbal aspects of communication when interacting with others on *some* occasions	*Consistently* demonstrates appropriate nonverbal aspects of communication when interacting with others.	Adeptly and consistently demonstrates the appropriate use of nonverbal aspects of communication *reflecting affiliation and interest in partner*
4. Social Register *Correlates w/KA SA standard V-B-3a	*Does not* appropriately changes intonation, stress patterns, vocal intensity, and pace based on the listener.	*Rarely* changes intonation, stress patterns, vocal intensity, and pace based on the listener.	*Inconsistently* changes intonation, stress patterns, vocal intensity, and pace based on the listener.	*Consistently* and *appropriately* changes intonation, stress patterns, vocal intensity, and pace based on the listener.	*Adeptly, consistently*, and appropriately changes intonation, stress patterns, vocal intensity, and pace based on the listener.
Accountability /Conduct					
5. Physical Preparedness *Correlates w/KA SA standard V-B-3a, d	Does not complete all assigned tasks or materials	Completes *some* assigned and needed tasks materials completed and/or misses deadlines and needs reminders	Completes *most* assigned and needed tasks /materials completed	Completes *all* assigned and needed tasks/ materials, and plan of action	Completes *all* assigned and needed tasks/ materials, a plan of action and *goes above and beyond* that assigned
6. Mental Preparedness *Correlates w/KA SA standard V-B-3a,d	Does not seek direction and does not readily demonstrate independent reflection/ problem solving	Seeks direction without independent reflection or problem solving	Inconsistently attempts to problem solve and reflects upon a topic/client, before seeking direction.	Independently problem solves and reflects upon a topic/client, before seeking direction.	*Actively reflects upon, thinks beyond* the topic or client, and independently problem solves before seeking direction.
7. Follow Through *Correlates w/KA SA standard V-B-3a, d	*Does not* do what says will do	Does what says will do but *misses deadlines* and *needs reminders*	Does what says will do and makes deadlines but *needs reminders*	*Independently* does what says will do in a *timely* way	*Independently* does what says will do in a *timely* way and *goes above and beyond* the expected
8. Personal Responsibility *Correlates w/KA SA standard V-B-3a,d	Complete reliance on others for responsibility- gives excuses and displays helplessness	Takes personal responsibility for some actions, and decisions, but frequently places own convenience over that of others	Takes personal responsibility for some actions, and decisions	Takes personal responsibility for all actions, decisions, and ultimate consequences	Takes personal responsibility for all actions and places importance of professional duties, tasks, and problem solving *above one's own convenience.*

* note: from the American Speech Language Hearing Association's 2014 Knowledge and Skills Acquisition standards

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Clinical Professionalism Rubric….

Appendix B Continued
Clinical Professionalism Rubric

	Inadequate 1	Emerging 2	Satisfactory 3	Proficient 4	Advanced 5
Competency/Excellence					
9. Self-Improvement / Reflection *Correlates w/KASA standard V-B-3a,d	Continually makes the same mistakes without any consideration for improvement and does not follow prompts to modify behavior	Even with prompting, slightly modifies own behavior without full consideration of evidence	Appropriately modifies own behavior in consideration of evidence that may be easily available but needs prompts.	Independently reflects on own behavior most of the time and appropriately modifies based on evidence that may be easily available	*Consistently, independently,* and appropriately reflects on own behavior and appropriately modifies, based on evidence and best practice *sought out beyond* what is easily available
10. Participation *Correlates w/KASA standard V-B-3a	Does not offer relevant information and does not appear to be prepared	Offers little relevant information and does not appear to be prepared	Offers some information with most of it relevant, but does not reflect preparation	Participates in a relevant appropriate way that may reflect some preparation	Participates in a relevant meaningful way that reflects thoughtful preparation
11. Application of Feedback *Correlates w/KASA standard V-B-3a	Does not incorporate feedback	Inappropriately applies and incorporates feedback over multiple occasions	Applies and incorporates feedback in an appropriate manner with reminders	Applies and incorporates constructive feedback in an appropriate manner	Thoughtfully reflects upon, applies and incorporates constructive feedback in an effective and strategic manner
12. Response to Authority *Correlates w/KASA standard V-B-3a	Responds to constructive feedback with anger and emotional displays	Responds to constructive feedback in a manner that is defensive	Responds appropriately *some of the time* to constructive critiques and advice	Responds appropriately *most of the time* to constructive critiques and advice	Consistently responds graciously and appropriately to constructive critiques and advice
Sensitivity to Others					
13. Resource Management *Correlates w/KASA standard V-B-3a,d	*Does not accommodate* for resources (e.g., time, space, materials) requiring others to adjust for own needs	*Rarely accommodates* for resources (e.g., time, space, materials) and often others requiring others to adjust for own needs.	*Accommodates* for *some* resources but not all and thus requiring others to adjust to own needs at times.	*Consistently accommodates* for resources (time, space, materials).	Appears to *value, anticipate,* and *consistently accommodates* resources (time, space, materials).
14. Professional Image *Correlates w/KASA standard V-B-3a	Appearance/ professional image is regularly inappropriate and does not consistently abide by professional appearance guidelines of facility	Sometimes appearance /professional image is inappropriate and inconsistent with client and/or stakeholder expectations	Most of the time appearance/ professional image is appropriate with minor exceptions that may be inconsistent with client and stakeholder expectations	Appearance/ professional image is consistently appropriate so that client and/or stakeholders expectations are met.	Efforts are made and appearance/ professional image is appropriate so that client/stakeholders likely fell confident , safe, & comfortable,
15. Client Welfare *Correlates w/KASA standard V-B-3a, d	Appears unaware and is insensitive to the needs of the client	Appears aware of the needs of the client without appropriate adjustments or modifications made	Appears aware of the needs of the client with some appropriate adjustments or modifications made	Appears sensitive to the needs of the client and adjusts accordingly	Consistently prioritizes, anticipates, considers, and quickly adjusts to the needs of the client in consideration of best practices
16. Cultural and Linguistic Awareness *Correlates w/KASA standard V-B-3a,d	Is insensitive to cultural differences and uses inappropriate examples and terms.	Does not incorporate cultural awareness or sensitivity into treatment.	Appears to respect client's or others' cultural/linguistic differences but needs prompts with sensitive responses	Most of the time independently considers /respects cultural /linguistic differences and responds sensitively and appropriately	Adeptly, independently, and consistently considers, respects cultural /linguistic differences and responds sensitively and appropriately

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