Teaching Students to Practice at the Top of the License

Lemmietta McNeilly, PhD, CCC-SLP
Barbara Jacobson, PhD, CCC-SLP

ASHA
Vanderbilt
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<td>Lemmietta McNeilly</td>
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<td>Barbara Jacobson</td>
<td>Vanderbilt Paid Employee</td>
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As a result of this presentation, you will be able to:

1. Describe “top of the license” practice
2. Develop functional goals for individuals using the ICF framework
3. Identify strategies for an innovative clinical education model
Topics

• Changing landscapes: healthcare and education
• Top of the License Practice
• ICF framework to develop functional goals
VISION
Making effective communication, a human right, accessible and achievable for all.

MISSION
Empowering and supporting audiologists, speech-language pathologists, and speech, language, and hearing scientists through advancing science, setting standards, fostering excellence in professional practice, and advocating for members and those they serve.

STRATEGIC OBJECTIVES
1. Expand data available for quality improvement and demonstration of value
2. Advance Interprofessional Education and Interprofessional Collaborative Practice (PE/PP)
3. Enhance the generation, publication, knowledge translation, and implementation of clinical research
4. Enhance service delivery across the continuum of care to increase value and access to services
5. Increase influence and demonstrated value of audiology and speech-language pathology services
6. Increase the diversity of the membership
7. Enhance international engagement
8. Increase members’ cultural competence

TRANSFORM
Revolutionary change within the professions and/or the association

GROW
Expand, revamp, experiment and/or innovate within association programs, operations, and functions

RUN
Ongoing operations, including evolution and process improvement in association programs and functions

OPERATIONAL PRIORITIES
- Enhance membership value and satisfaction
- Maintain an effective technology infrastructure
- Maximize non-dues revenue
- Facilitate staff engagement, inclusion, and a culture of learning
- Ensure effective project and process management and execution
- Ensure effective management and utilization of resources and data
STRATEGIC OBJECTIVE #4

Enhanced Service Delivery Across The Continuum of Care to Increase Value and Access to Services
STRATEGIC OBJECTIVE #4

• Prepare audiologists and speech-language pathologists for changes

• Enhance knowledge of collaborative practice

• Work with support personnel
STRATEGIC OBJECTIVE #4

- “Top of the License” Practice
- Clinical education models of practice
- Supervision of clinicians and graduate students
STRATEGIC OBJECTIVE #4

• Demonstrate value of service and promote access to services

• Enhance members’ use of varied service delivery options.

• Telepractice
Changing Landscapes: Healthcare and Education
Outcomes of Healthcare Summit

• Identified a set of **options** and gained **consensus recommendations** for strategic actions that respond to health care challenges and opportunities in the areas of:
  – Professional practice
  – Research and data needs
  – **Professional preparation**
  – Member education and inter-professional education
  – Information dissemination to energize change
• Determine ASHA’s role in proactively safeguarding the professions in light of the changing landscape in health care.

• [Link](http://www.asha.org/uploadedFiles/ASHA/Practice/Health-Care-Reform/Healthcare-Summit-Executive-Summary-2012.pdf)
Health Care

TRENDS

MEDICARE TRYING TO LIMIT OVERUTILIZATION

• High documentation demands/increased denials/Department of Justice investigations
• Trend toward alternative payment models rather than fee for service
• Focus on value, outcomes, performance measures

PRIVATE INSURERS WILL FOLLOW SIMILAR TRENDS

AFFORDABLE CARE ACT, IMPACT ACT, ETC

CHALLENGES IN HOSPITALS

• Staff reduction
• Outcomes reporting
• Cost savings focus
School TRENDS

- Teacher accountability
- State standards
- Medicaid/budget constraints
- SLPAs
- Collaboration
- Shortages and expanding workload
- Every Student Succeeds Act (ESSA)
Expenses increasing and Reimbursement decreasing

Health Plans and Medicaid Trends

• Increased denials
• Fewer sessions approved
• Demand for measurable outcomes, functional improvement, cost savings
Audiology TRENDS

- Unbundling of services
- Direct-to-consumer hearing tests and hearing aid sales
- Personal sound amplification Products (PSAP)
- Audiology assistants
• Re-frame the Profession
• Expand the Clinical Paradigm
• Outcomes, Databases and Quality
• Professional Preparation
• ICF Framework & Writing Functional
• IPE/IPP
• Disseminate Information
Reframing the Profession

• “Top of License Practice ”

• Communication outcomes linked to health care quality of life

• Consideration of Social Determinants of Health
The roles and responsibilities of SLPs listed below should provide the basis for speech-language services in schools to promote efficient and effective outcomes for students.

- **Critical Roles** — *SLPs have integral roles in education and are essential members of school faculties.*

- **Range of Responsibilities** — *SLPs help students meet the performance standards of a particular school district and state.*

- **Collaboration** — *SLPs work in partnership with others to meet students' needs.*

- **Leadership** — *SLPs provide direction in defining their roles and responsibilities and in ensuring delivery of appropriate services to students.*
CLINICAL PARADIGM CHANGES

- Move from deficits/impairments to functional effectiveness
- Move from silos to interprofessional collaborative practice
- Expand beyond traditional service models
- Include consultations with other professionals that enhance care coordination within and across settings
- Consider the social determinants of health
RESPONDING TO THE CLINICAL PARADIGM CHANGES
Quality and Outcomes Measurement Needs

• SLPs need guidance documents for optimal practice (e.g. pathways, protocols)
• Update NOMS
• Outcomes focused on patient/student functional measures
• Patient reported outcomes
• Consider cross-professional outcomes tool
DEMONSTRATING VALUE —and Outcomes—

• Adhere to best practice (e.g. Practice Portal, institutional protocols and procedures, EBP)

• Participate in ASHA’s National Outcomes Measurement System (NOMS)
  - new audiology registry being developed

• Functional patient goals (ICF)

• Patient-reported outcomes

• IMPACT Act – Medicare reporting

• Relating student outcomes to state standards
INNOVATIVE APPROACHES
to Pre-Professional Education

• Interprofessional education (IPE)
• Leadership development
• Advocacy education
• Training on
  • documentation,
  • Billing, and
  • Coding
• Clinical practicum “Active” approaches
  • (e.g. simulation, case-based or problem-based learning)
• Supervision training of
  • support personnel
• Consider embedding CF in the degree program
• Varying Degree Program Options
  • (combined degrees, distance learning, rehab degrees)
INNOVATIVE APPROACHES
— to Professional Education —

• Interprofessional collaborative practice (IPP)
• Professional learning communities (PLCs)
• Supervision training
  • Support Personnel
  • Graduate Students
  • CFs
  • SLPs
  • Other professionals
• Leadership development
• Advocacy education
• Specialty Certification
  • SLP clinical doctoral programs
    • (e.g., SLPD, DCsD)
Clinical Doctorate in Speech-Language Pathology

- Post-entry level, clinical degree
- Intended for clinicians seeking advanced clinical expertise and leadership skills
  - Not intended to replace the PhD
  - Not intended to serve as entry-level degree
- Many institutions have expressed interest
- 8 institutions currently offer the degree
Clinical Doctorate in Speech-Language Pathology

For more information, see:

- ASHA’s Guidelines for the Clinical Doctorate in Speech-Language Pathology
May require new ways of thinking and working:

- Delegating responsibilities that do not require professional interpretation and judgment
- Enhancing supervision and management skills
- Demonstrating and articulating our unique knowledge and skills (value) and how we can contribute to teams
“Audiologists and SLPs should engage in **ONLY** those patient/student/client care activities that require their level of expertise and skill”.

**Ad Hoc Committee on Refreshing the Professions**
Practicing At The Top Of The License Includes:

• Assessment
• Skilled intervention
• Consultations with colleagues regarding functional goals and treatment options
• Delegation (supervision/mentoring)
  - Clinical fellows
  - Students
  - Support personnel - speech-language pathology/audiology assistants
  - Extenders - Technicians, family members, volunteers
PARADIGM SHIFT TO PERSON-CENTERED CARE

Using the ICF framework to develop individual functional goals
Overview of the International Classification of Functioning, Disability and Health (ICF)

Travis Threats, PhD
2015 ASHA Ad Hoc Committee on the ICF
INTERNATIONAL CLASSIFICATION OF FUNCTIONING, DISABILITY AND HEALTH (ICF)

Developed by the World Health Organization (WHO) in 2001

Provides a framework for an individual’s functioning and disability within the context of their activities and social roles in everyday life
ICF FRAMEWORK of Health and Disability (WHO, 2011)

APPLICATIONS OF FRAMEWORK

**INDIVIDUAL LEVEL**
- Body functions and structures (impairment)
- Environmental factors

**INSTITUTIONAL LEVEL**
- Activities (Limitation)

**SOCIAL LEVEL**
- Participation (Restriction)
- Personal factors

Bio-psycho-social-spiritual approach in the context of ethics, human rights and legal framework
ICF

- Addresses Functioning
- Is not based on etiology or "consequence of disease," but as a component of health
- The World Health Organization defines "health" as,
  
  the complete physical, mental, and social functioning of a person and not merely the absence of disease

In this definition, functioning as classified in the ICF is an essential component of health.
ICF

• Describes Health and Health Related Domains using standard language
• The purposes of the ICF include:
  • Collection of statistical data
  • Clinical research
  • Clinical use
  • Social policy use
Target **individually meaningful** activities or roles that a person cannot perform or avoids performing as a result of a health condition.
Why Target Functional Goals?

• To maximize outcomes, because treatment of impairments alone may not lead to functional improvement or be meaningful to the individual

• To optimize the individual’s potential to engage in meaningful activities following discharge

• To increase engagement with clients and their families

• To demonstrate the value of skilled services to payers
ASHA / CAPCSD 2018

ICF CASE STUDY: SLP

Interprofessional Collaborative Practice and Person-Centered Care Using the ICF Framework

Candace P. Vickers, Ph.D., CCC-SLP
California Baptist University

2015 ASHA Ad Hoc Committee on the International Classification of Functioning, Disability and Health (ICF)
Functional Goals Templates Using ICF

- AAC for Child with Cerebral Palsy
- Acquired Apraxia of Speech
- Aphasia
- Cleft Lip and Cleft Palate
- Dementia
- Dysarthria
- Language Disorder
- Pediatric Feeding and Swallowing
- Permanent Childhood Hearing Loss
- Severe Hearing Loss and Falls
- Speech Sound Disorder
- Swallowing
- Tinnitus Management
- Traumatic Brain Injury
- Voice

https://www.asha.org/slp/icf/
What are person-centered functional goals?

- Goals identified by the client, in partnership with the clinician and family, that allow participation in meaningful activities and roles.
Why target person-centered functional goals?

- To maximize outcomes that lead to functional improvements that are important to the individual
- To optimize the individual’s potential to participate in meaningful activities
- To facilitate a partnership that ensures the individual and family have a voice in the care received and outcomes achieved
- To demonstrate to the payers the value of skilled services

What is the ICF, and how does it help?

The International Classification of Functioning, Disability and Health (ICF)—developed by the World Health Organization (WHO)—is a framework to address functioning and disability related to a health condition within the context of the individual’s activities and participation in everyday life.
<table>
<thead>
<tr>
<th>Assessment Data</th>
<th>Body Functions and Structures</th>
<th>Activities and Participation</th>
<th>Environmental and Personal Factors</th>
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<tr>
<td></td>
<td><strong>Oral swallow</strong>&lt;br&gt;Reduced range of motion in tongue, lips, and jaw&lt;br&gt;Reduced labial closure with poor management of secretions&lt;br&gt;Poor tongue lateralization with food pocketed in left buccal cavity</td>
<td><strong>Coughs when drinking thin liquids</strong>&lt;br&gt;<strong>Cannot safely chew and swallow preferred solid food items</strong>&lt;br&gt;<strong>Cannot locate food and liquid on the left side of the table</strong></td>
<td><strong>Is 72 years old</strong>&lt;br&gt;<strong>Has comorbid chronic health conditions—diabetes and hypertension</strong>&lt;br&gt;<strong>Receives limited family support for compliance with diet modification</strong>&lt;br&gt;<strong>Was previously independent with the aid of technology</strong>&lt;br&gt;<strong>Has sufficient financial resources to pay for personal care</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Pharyngeal swallow</strong>&lt;br&gt;Poor pharyngeal constriction</td>
<td></td>
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<tr>
<td></td>
<td><strong>Cognitive function</strong>&lt;br&gt;Reduced insight and safety judgment&lt;br&gt;Impulsivity</td>
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Swallowing

Clinical Reasoning

What impairments most affect function in the current setting or at discharge, based on clinician assessment and the individual’s self-report?

What activities are most important to the individual in the current or discharge setting?

What environmental/personal characteristics help or hinder participation in activities or situations in the current or discharge setting?

Goal Setting

Mr. J’s Functional Goals

Long-Term Goal:
Mr. J will safely consume modified diet in the community and at home to maintain full hydration and satisfy nutritional needs.

Short-Term Goals:
- In 90% of trials—with moderate verbal cues during 30-minute meals, Mr. J will check and clear pocketed material.
- With minimal cues, Mr. J will use customized scanning strategies to locate and consume food and drink during a meal.
- In 90% of trials of a home exercise program, Mr. J will use mobile technology to increase range and strength of lips, tongue, and jaw so that he can drink from a straw and eat without oral spillage.
- With minimal cues, Mr. J will self-monitor his rate of drinking and use compensatory strategies to eliminate coughing.

For clinical and documentation questions, contact healthservices@asha.org.

The interpretation of ICF and examples above are consensus based and provided as a resource for members of the American Speech-Language-Hearing Association.
Continuum of Service Delivery

- Using extenders
- Rehab technicians
- Family members
- Community workers
- SLPAs
Continuum of Service Delivery

• Consultations
  • Other professionals
  • Individuals and families
• Self management
Continuum of Service Delivery

• Intensive treatment
  – More frequent sessions scheduled in blocks

• Service Delivery Models
  – Varying location, frequency, length of sessions
Continuum of Service Delivery

• Telepractice
  • State laws
  • Equipment and software
  • Requirements at both locations
Interprofessional Collaborative Practice (IPP)
Interprofessional education (IPE)
“...two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes.”

World Health Organization Definitions

Interprofessional (or collaborative) practice (IPP)

“...multiple health workers from different professional backgrounds provide comprehensive health services by working with patients, their families, caregivers, and communities to deliver the highest quality of care across settings.”

How IPP Differs from Multidisciplinary/Interdisciplinary Collaboration

- Patient/student-family is part of the team
- Shared responsibility/accountability
- Role clarification
- Non-hierarchical / non-territorial
- Transparency
- Integrated evaluation, service provision, Professional Development
- Continuous, seamless, dynamic communication
Training in Supervision

• Specialty Certification in Supervision Training
• New requirements for Supervisors
• For more information:
  – SIG 11, Administration & Supervision
  – Ad Hoc Committee on Supervision Training Report on a Plan for Developing Resources and Training Opportunities in Clinical Supervision
Clinical Education and Supervision

Overview

The scope of this Practice Portal page is the clinical education and supervision of graduate students in audiology and speech-language pathology in university and off-site settings.

Many of the principles included in this page also apply to the mentoring and supervision of speech-language pathology clinical fellows and professionals transitioning to a new area of practice, as well as to the supervision of support personnel.

For information related to mentoring clinical fellows, see *Issues in Ethics: Responsibilities of Individuals Who Mentor Clinical Fellows in Speech-Language Pathology* (ASHA, 2013a). For information specific to support personnel, see *audiology assistants, speech-language pathology assistants,* and *speech-language pathology assistant scope of practice* (ASHA, 2013b).

Definition of Terms

The terms *clinical supervisor* and *clinical supervision* are often used in reference to the training and education of student clinicians, recognizing that supervision is part of the training and education process. *Supervision* can be broadly defined as overseeing and directing the work of others. However, clinical supervisors do much more than oversee the work of the student clinician. They teach specific skills, clarify concepts, assist with critical thinking, conduct performance evaluations, mentor, advise, and model professional behavior (*Council of Academic Programs in Communication Sciences and Disorders* [CAPCSD], 2013).

Many professionals involved in the supervisory process suggest that the terms *clinical educator* and *clinical instructor* more accurately reflect what the clinical supervisor does (CAPCSD, 2013). The term *clinical educator* is used here to refer to individuals involved in the clinical training, education, and supervision of audiology and speech-language pathology graduate students at all levels of training.
Setting

• Graduate programs in the context of a comprehensive speech & hearing center
  - MS SLP, AuD, MDE
  - Located within School of Medicine

• Clinical training
  - Apprentice (‘elbow-to-elbow’) model
  - SLP - Initial placements in Pediatric clinic as they correspond with coursework in child speech/language
  - AuD – Adult placement until pediatric courses completed

• Orientation to the clinic setting – 1st semester course
  - EMR, WHO-ICF, task analysis, behavior mgt., co-treating, working with interpreters
Services

- **Pediatric**
  - Speech/language/feeding-swallowing/AAC/OT
  - Hearing impaired preschool
  - Autism preschool
  - Pediatric otolaryngology clinics

- **Adult**
  - Inpatient/acute care (Level 1 Trauma, Stroke Center, Burn, Geriatric, Palliative) & OP swallowing
  - Comprehensive OP rehabilitation (SLP, OT, PT, SW); Aphasia Group
  - Vanderbilt Voice Center (voice dx/tx, laryngectomy rehabilitation, VPI assessment)
  - Otolaryngology (audiology/vestibular)

- **Vanderbilt Children's Hospital**
  - PICU, NICU, OP MBS
  - Newborn hearing screening
IPP Settings

• Clinics
  ➢ ALS, HD, Movement Disorders, TBI
  ➢ Developmental, Complex Aerodigestive, Downs Syndrome, Cleft Palate, (OI)

• Huddles
  ➢ ICUs (Neurointensive, Surgical Intensive, Medical Intensive)

• H&N Tumor Board

• Radiology
  ➢ MD now in the suite with SLPs
Service Delivery/Other Settings

- Individual/Group/Preschool/Consultative
- Telepractice (NCCD, PBPRI, f/u newborn hrg. screen)
- Schools
- Inpatient rehabilitation
- Private practice
- (SNF, LTAC)
Clinical Realities

• EMR
  - Templated documentation
  - Smart text (supervisor driven)
  - SOAP
    - Subjective; Assessment

• Billing/Diagnostic codes (CPT/ICD-10)/G-codes

• Reimbursement constraints

• Attendance and compliance

• Template utilization
  - Clinician availability plotted against scheduled appointments.
Acute Care

• Efficiency
  ➢ Communication
  ➢ Service delivery
Acute Care

- Navigating the EMR
  - PBL project
    - Extract critical information
  - ‘telling the story’

- Goals
  - Discharge planning
  - Diagnosis/Prognosis
  - Education
    - Patient/family
  - Collaboration
    - MD, RN, RT, PT/OT, RD

- Admin. Asst. - FEES set-up, HLD
- Participation in data gathering
- Student presentation
OP Adult Rehabilitation

• Comprehensive Assessment

• Team Communication and Collaboration
  ➢ Participation in PCC

• SLP-A
  ➢ Scoring
  ➢ Low tech AAC
  ➢ AAC documentation
  ➢ Tx for non-Mcare pts.
OP Adult Rehabilitation

• Patient Centered Intervention
  ➢ Aligned with patient and caregivers
  ➢ Goal attainment scaling

• Solution-focused brief therapy

• Participation in IPP Clinics
OP Pediatric Services

• Speech/Language Therapy

• Pediatric Feeding/Swallowing

• Specialty Certifications – CLC, BCS-S, ATP

• Hearing & Speech Technicians
  - Materials creation
  - Cleaning/low level disinfection

• Emphasis on a variety of intervention models

• Working with interpreters effectively
Meharry-Vanderbilt Alliance: Interprofessional Education

- A strategic partnership that leverages the strengths of both institutions
- Founded in 1999
- Has three main pillars of focus, with cross cutting initiatives

Meharry-Vanderbilt Alliance Pillars

Research
Community Engagement
Interprofessional Education
Meharry-Vanderbilt Alliance

- Guided by an inter-institutional, interprofessional faculty collaborative
- Transitions in the delivery of IPE competencies
- Inclusion of community partners to promote mutual benefit

• Interprofessional Clinical Case Competition
  - How do we make IPE more meaningful and impactful?
  - 2014-2015 IPE Community Based Pilot Project

2017-2018 Project
Community Benefit

- Community-defined priorities
- Community Mobilization
- Improved Population Health

Educational Benefit

- Didactic Learning
- Inter-institutional IPE
- Professional Preparedness
Training Programs

Graduate Training Programs (5 Institutions)

- Speech-Language Pathology (Vanderbilt)
- Occupational Therapy (Belmont)
- Pharmacy (Lipscomb)
- Dentistry (Meharry)
- Medicine (Meharry, Vanderbilt)
- Nutrition (Vanderbilt)
- Nursing (BSN, ANP) (Belmont, Vanderbilt)
- Social work (TSU)
- Physical Therapy (Belmont)
- Public Health (Meharry)
Community Partners

- St. Luke’s Community House
  - Comprehensive community center with Senior Services and preschool components

- Dismas House
  - Provides a variety of services for former offenders with 72 hours of release

- Urban Housing Solutions
  - Provides affordable housing to the disadvantaged, medically disenfranchised, homeless, and/or otherwise underserved

- Oasis
  - Youth services ranging from crisis intervention to youth leadership and community engagement to college and career access
Training and Team Building

- Students Receive Preparatory Training In:
  - Cultural competence
  - Focus group planning & implementation
  - Ethics
  - HIPAA
  - Community Engagement

- Community Partners also provide on-site orientations to expose students to their target populations
ASHA / CAPCSD 2018

Community Engagement & Problem Solving

• Held focus groups
• Conducted interviews
• Assessed community need
• Engaged in team building activities and debriefings
• Proposed and drafted prospective deliverable options
• Worked together to create sustainable deliverables meant to address community needs
• Received feedback from partners and community members
LaryHacks

- Team competition for students in speech pathology, medicine, engineering, business, and design
- Wond’ry – VU center for innovation and entrepreneurship
- Access to makerspace design lab
  - 3D printers, materials
Top of the License - IPP

• Communication with other Professions
  ➢ Emphasis on establishing collegiality and boundaries

• Participation in huddles
  ➢ Trauma, Neurology/Neurosurgery, Medicine, Geriatrics, SICU

• Shadowing specialty teams - rounding
  ➢ Consultation/Liaison Psychiatry
  ➢ Neurology
  ➢ Trauma
Top of the License Utilizing Extenders

• SLPAs
  ➢ Service delivery
  ➢ Test scoring

• Hearing & Speech Techs
  ➢ Materials creation
  ➢ LLD & HLD
  ➢ Monitoring EOC

• Caregiver Education and Training
Top of the License–Specialization

• Critical thinking and decision making
  ➢ *In the ‘hot seat’*

• Specialty Practice and Specialty Certification

• Contributing to Lean Initiatives (Outcomes/Value)

• Modeling A Clinical Career Path
Vision for the Future in Clinical Education

• Policy and Economics Education and Practice (Beyond Medicare, Medicaid)
  ➢ Health care and Education policy
  ➢ Funding structures
  ➢ Cost drivers
  ➢ Power brokers

• Demonstrating value
  ➢ Lean projects
  ➢ Measuring outcomes

• Advocacy

• Resources
Resources

• I can function mobile app
  http://icfmobile.org/

• ASHA ICF Resources
  http://www.asha.org/slp/icf

• SLP Case Study – Vickers
  https://www.youtube.com/watch?v=r2Gcy3EwcCE&feature=youtu.be
Resources

  - Documentation in healthcare
  - Documentation in schools


References

• Klein, McCarthy Sentara Healthcare: Making Patient Safety an Enduring Organizational Value, The Commonwealth Fund, March 2011

• “Health Care Reform and Speech-Language Pathology Practice”—The ASHA Leader
  www.asha.org/Publications/leader/2010/100803/Health-Care-Reform-SLP.htm

• Why we Need to Practice at the Top of the License
References

- Health Care Summit Executive Summary
  http://www.asha.org/uploadedFiles/ASHA/Practice/Health-Care-Reform/Healthcare-Summit-Executive-Summary-2012.pdf

- Reframing the Professions

- Roles and Responsibilities for School-based SLPs
  http://www.asha.org/policy/PI2010-00317/

- Ad Hoc Committee on Supervision Training Report

- Academic Affairs Board Guidelines on the Clinical Doctorate
  http://www.asha.org/Academic/questions/Guidelines-for-the-Clinical-Doctorate-in-Speech-Language-Pathology/
Questions?

Thank you!