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Maximize How You Supervise: Report of the 2016 ASHA Ad Hoc Committee on Supervision Training

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Maximize How You Supervise: Report of the 2016 ASHA Ad Hoc Committee on Supervision Training

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Maximize How You Supervise!

Report of the 2016 ASHA Ad Hoc Committee on Supervision Training



American
Speech-Language
Hearing
Association

American Speech-Language-Hearing Association November 17, 2016 Philadelphia PA

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- Lynn Williams, CCC-SLP, Vice President for Academic Affairs in Speech-Language Pathology (2016)

Disclosure Statement

All authors, both presenting and non-presenting, served as members of the ASHA Ad Hoc Committee on Supervision Training.

All received the travel reimbursement and accommodations typically offered to ASHA committee volunteers for travel to two meetings held at the ASHA National Office in Rockville, MD.

None received or expect to receive financial gains from their work on this committee.

Why Does Supervision Training Matter?

Supervision training is essential to equip both future and practicing audiologists and speech-language pathologists with the knowledge and skills to ...

- provide the highest quality service to people with communication differences and disorders.
- continue the vibrancy of the profession through excellence in supervision.
- excel in an effective manner as a supervisor, preceptor, clinical educator or mentor.

The committee understood that while there was strong consensus on the importance of supervision training, there was also real and lingering concerns about the potential impact of training requirements on the availability of people in the profession willing to serve as clinical educators, mentors and preceptors.

The AHCST framed its work from the perspective that supervision training deeply matters, is essential to the professions of audiology and SLP, and that the time had come for the professions of Aud and SLP to systematically embrace and act on that need.

Recognition of Supervision as a Discrete area of Learning

(1972) Indiana University instituted a doctoral-level program “to prepare students to teach others how to supervise and to conduct research in the supervisory process” (Anderson, 1988).



As early as 1972 a pedagogy in supervision was formally developing, with emerging research to define the knowledge and skills associated with supervision.

The ASHA Committee on Supervision in Speech Pathology and Audiology (1978)

Charged to recommend standards and guidelines for the roles and responsibilities of supervisors in training programs, the CFY and across various employment settings.

Supervision involved both clinical teaching and program administration.



Momentum to formalize and recognize the importance of supervision built through the 1970's

ASHA Position Statement: *Clinical Supervision in Speech-Language Pathology and Audiology* (1985)

Legitimized supervision as a “distinct area of expertise and practice.”

Stipulated that “special preparation is needed to enable individuals to function competently as supervisors.”



The 1980's saw a continued movement towards recognizing the unique skill set associated with supervision, and a recognition for the need for training to acquire such skills.

ASHA Position Statement: *Clinical Supervision in Speech-Language Pathology*. (2008)

Updated the 1985 Position Statement for the profession of speech-language pathology.

Noted that “Supervisors should seek training on the supervisory process so that they can learn about differing supervisory styles and develop competence in supervision.”



By the new millennium, there was a strong emphasis on the need for supervision training, but drew short of proposing a mandate

Organizational Support for the Practice of Clinical Supervision in Audiology and Speech-Language Pathology



During the time frame we've been discussing, there was growing recognition that clinical supervision at every level of training and practice is associated with a distinct pedagogy and is an area in need of careful and systematic research.

Slow shift away from clinical education/supervision as an afterthought

A Convergence of Interest in Supervision Training

- ASHA SIG 11 supervisor credential survey (2010): Responses indicated overwhelming recognition of the importance of formal training in supervision.



SPECIAL INTEREST GROUPS

- ASHA Ad Hoc Committee on Supervision (2013): “All persons engaged in supervision across settings [should] be trained in the overarching skills and knowledge necessary for supervision.”



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There has been recent momentum in recognizing the need (urgency) for supervision training to maintain the health, integrity and standing of the discipline.

- Council of Academic Programs in Communication Sciences and Disorder White Paper: *Preparation of Speech-Language Pathology Clinical Educators* (2013): “Formal training/preparation of clinical educators is necessary and should be required.”
- American Board of Audiology *Preceptor Training Needs Gap Analysis* (2014): Resulted in the establishment of the ABA Certificate Holder—Audiology Preceptor (CH-AP™) Training Program



- Council for Clinical Certification proposal (2016):
 - Have at least 9 months of full-time clinical experience after award of ASHA certification prior to supervising students.
 - “Individuals who supervise students must have a minimum of two (2) continuing education/certification maintenance hours in supervision. These CEs/CMHs should be earned prior to the start of supervising students.”



After a long journey of recognition, supervision training as a consistent component of clinical education and professional practice is poised to be a reality.

- Council on Academic Accreditation in Audiology and Speech-Language Pathology (2017): Standard 3.1.1B...“Understand the role of clinical teaching and clinical modeling as well as supervision of students and other support personnel.”



Small Group Discussion: Your Personal History with Supervision Training

- What type of training in supervision did you receive prior to or at the time of your first supervisory experience?
- What did you feel well-equipped to manage in your first supervisory experience?

Group facilitation: Allow 5 minutes for discussion, then present typical types of training, as indicated in recent surveys. Ask for show of hands for each type presented; invite additional comments

Specific Charges to the AHCST

- Develop a detailed plan that lays out a well-coordinated, comprehensive, and systematic approach for establishing resources and training opportunities in clinical supervision that incorporate requisite knowledge, skills, and competencies outlined by its predecessor, the 2013 ASHA Ad Hoc Committee on Supervision.

The AHCST was convened in October of 2014, and given a two-year time frame to address four charges:

- Contribute to the development of resources for the Practice Portal and create other training opportunities, such as presentations at conferences, to enhance the breadth and depth of the clinical supervision learning opportunities offered by ASHA.
- Assist in the identification of qualified persons to develop resources and provide clinical supervision training opportunities.

- Submit the initial plan that identifies the topics to be addressed and proposed method of delivery to the ASHA Board of Directors (BOD) by May 2015 (deferred until May 2016) and complete its work of further refining the implementation plan and developing the learning resources that are planned to be created by the committee prior to the end of 2016.

AHCST Recommendations

- That the ASHA-developed brand essence on supervision training be used by academic and continuing education entities to increase engagement in supervision training among ASHA members who supervise.
- That groups within and outside ASHA continue to coordinate and inform each other about their training resources and/or standards related to training in supervision.

- That specific resources developed by the AHCST become content on the Clinical Education and Supervision Practice Portal.
- That ASHA begin to develop the AHCST's top five identified priorities for resources and training.
- That ASHA use the AHCST's recommended "quality indicators" for identifying experts in supervision for the development of supervision training activities and resources.

Top 5 priorities

1. Advocacy to the CAA and the CFCC to consider a standard requirement for supervision training
2. Increased awareness among the academic community and the ASHA membership that clinical education and supervision is a distinct area of practice that warrants training for anyone engaged in supervision
3. Expansion and enhancement of ASHA professional development opportunities and resources on the topic of clinical education and supervision
4. Expansion of publication opportunities related to clinical education and supervision in ASHA journals, The ASHA Leader, e-newsletters, and so forth
5. Development of an issue theme in The ASHA Leader on the topic of clinical education and supervision

Quality Indicators:

1. Minimum of 5 years' clinical education and supervisor experience in the profession
2. Evidence of teaching in clinical education and/or training experience (e.g., presentations, webinars)
3. Evidence of ongoing training or education in supervision
4. Evidence of involvement in state, regional, or national organizations related to

clinical education and supervision

5. A history of presentations and/or publications in areas pertinent to clinical education and supervision

- That a phased-in transition process be implemented over the next 6 years, culminating in an increased number of audiologists and speech-language pathologists trained in supervision...

...including consideration by the Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) for a minimum requirement of 2 clock hours, every 3 years, of professional development in supervision training for ASHA members who provide clinical supervision.

- That the identified deliverables be disseminated broadly to ASHA members and the academic community in communication sciences and disorders (CSD).

Full discussion of the AHCST recommendations may be found in the its final report: "A Plan for Developing Resources and Training Opportunities in Clinical Supervision"*

<http://www.asha.org/uploadedFiles/A-Plan-for-Developing-Resources-and-Training-Opportunities-in-Clinical-Supervision.pdf>

*The report and recommendations of the AHCST was accepted by the ASHA BOD in June 2016 via resolution BOD 13-2016

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Five Constituent Groups for Supervision Training

- clinical educators of graduate students in university training programs or in externships in off-campus clinical settings
- preceptors of audiology students in the final externship
- mentors of Clinical Fellows
- supervisors of support personnel
- supervisors of professionals transitioning to a new practice area or re-entering the workforce

For Five Constituent Groups, specific topics for supervision training will be presented (based on 2013 ASHA AHSC report on Supervision: students in university programs, two pre-professional groups (CFY, final year externs), support personnel, professionals in transition

Topics for Supervision Training

- Supervisory process and clinical education
- Relationship development and communication skills
- Establishment/implementation of goals
- Analysis and evaluation
- Clinical and performance decisions

Supervisory Process and Clinical Education



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- a. Collaborative models of supervision – e.g., Anderson – McCrea – supervisee (SEE) is guided through a continuum outlining direct/active supervision, consultative with graduated independence of SEE, collaborative – peer to peer
- b. Adult learning techniques – e.g., teaching the teacher, reflective practice – self observation/self-evaluation

Relationship Development and Communication Skills



- a. Develop a supportive and trusting relationship with SEE – e.g., make suggestions/corrections in private not while patient is present
- b. Define expectations, goal setting and requirements of the relationship – e.g., hours, dress code, deadlines, management of unscheduled time
- c. Engage in difficult conversations when appropriate regarding SEE performance – e.g., unexplained absences, lack of punctuality, missed deadlines
- d. Define and demonstrate expectations for interpersonal communication and other modes of communication – e.g., “I” statements rather than “you” statements

Establishment/Implementation of Goals



- a. Observe sessions and collect and interpret data on supervisee – e.g., number of times SEE uses verbal feedback (good job) that does not vary, number of attempts and tip sizes to get a tympanometric seal
- b. Give SEE objective feedback to motivate and improve performance – e.g., scheduled meetings (semester timelines, monthly intervals), impromptu evaluation
- c. Understand the levels and use of questions – e.g., series of questions sequencing levels of understanding (e.g., Bloom's taxonomy – knowledge, comprehension, synthesis)

Analysis and Evaluation



- a. Examine collected data and observation notes to identify patterns of behavior and targets for improvement (e.g., SEE always arrives 5-10 minutes late)
- b. Assist SEE in conducting self reflections until independence is achieved (e.g., SEE did not build in traffic/travel time)
- c. Assess SEE performance (e.g., grade, retention following probationary period)

Clinical and Performance Decisions



- a. Model/guide SEE to respond to ethical dilemmas (e.g., boundary issues)
- b. Model/guide SEE to access payment/reimbursement for service (e.g., Medicare/Medicaid deadlines, billing and coding requirements, covered services)

Spoiler alert – these five categories and specific topics are also represented in the Self-Assessment Tool for Supervision

Plan for Establishing ASHA Resources and Training Opportunities Using a *Run, Grow, Transform* Framework

Appendix B Plan for Establishing ASHA Resources and Training Opportunities

ASHA Ad Hoc Committee on Supervision Training (AHCST), 2016

Aspect of ASHA Strategic Pathway	Professional Development	Research and Publications	Advocacy
Transform Revolutionary change within the professions and/or the association	ASHA Professional Development (APD) <ul style="list-style-type: none"> Develop an interprofessional knowledge exchange and networking opportunity in clinical education/supervision Special Interest Group (SIG) 11 (Administration and Supervision) <ul style="list-style-type: none"> Petition to establish a specialty certification in clinical education/supervision Explore the establishment of a mentoring program for new clinical educators/supervisors 	ASHA Membership <ul style="list-style-type: none"> Conduct research on the effectiveness of methods of clinical education/supervision and the effectiveness of supervision training 	ASHA AHCST <ul style="list-style-type: none"> Advocate to CAA and CFCC for a standard requirement regarding clinical education/supervision training*
Grow Expand, revamp, experiment, and/or innovate within association programs, operations, and functions	ASHA Professional Development (APD)* <ul style="list-style-type: none"> Expand/enhance Web programs and consider developing stand-alone courses on clinical education/supervision Integrate clinical education/supervision sessions at ASHA Connect conference Integrate clinical education scenarios into learning opportunities and resources 	ASHA Publications <ul style="list-style-type: none"> Expand publication opportunities related to clinical education/supervision* The ASHA Leader <ul style="list-style-type: none"> Seek clinical education/supervision-related article ideas for possible publication as an issue theme* 	ASHA Membership <ul style="list-style-type: none"> Increase awareness that as a distinct area of practice, clinical education/supervision warrants training for all audiologists and SLPs who are engaged in supervision* SIG 11

Introduction – refer to handout (Grid outlining resources for professional development), research/publications and advocacy in the following framework:

- 1. TRANSFORM** – What could be transformative in supervision training?– identifying that this is a distinct area of practice within the profession,
- 2. GROW** – Expanding/enhancing existing opportunities,
- 3. RUN** – continue ongoing operations. Examples in each area will be presented.

Professional Development

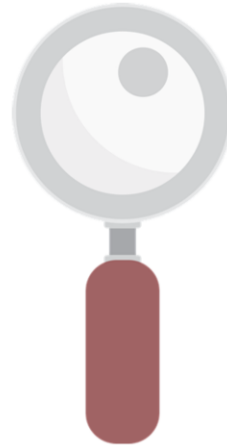


Transform – e.g., SIG 11 – petition to establish a specialty certification

Grow – Expand/Enhance web programs, develop CE opportunities

Run – Continue existing Web-based programs, continue clinical education/supervision track at convention

Research/Publications



- a. Transform – Research conducted on effectiveness of clinical education and supervision methods
- b. Grow – ASHA Leader – clinical education and supervision as a possible issue theme
- c. Run – Continue SIGs 10 (Issues in Higher Ed) and 11 (Administration and Supervision)

Advocacy



- a. Transform - ASHA AHCST – advocate to CAA and CFCC for a standard requirement (first suggested in 19?? – VM for info)
- b. Grow – SIG 11 – engage local “champions” to promote clinical education/supervision research and training
- c. Run – SIG 11 – continue to periodically survey affiliates regarding their experience, interest, and needs in clinical education/supervision

Sampling of Non-ASHA Training Opportunities and Resources in Clinical Education/Supervision

Appendix C
A Sampling of Non-ASHA Training Opportunities and Resources in Clinical Education/Supervision

Organization	Professional Development Opportunities and Resources
American Academy of Audiology (AAA)	<ul style="list-style-type: none"> • Audiology NOW! • <i>Journal of the American Academy of Audiology</i> • <i>Audiology Today</i>
American Board of Audiology (ABA)	<ul style="list-style-type: none"> • ABA Certificate Holder—Audiology Preceptor (CH-AP™) Training Program
Council of Academic Programs in Communication Sciences and Disorders (CAPCSD)	<ul style="list-style-type: none"> • CAPCSD Clinical Educator Online Training Modules • CAPCSD Conference Proceedings
Local, State, and Regional Professional Organizations	<ul style="list-style-type: none"> • University-sponsored training • State association convention sessions or courses • Regional convention training such as: <ul style="list-style-type: none"> ○ South Eastern University Clinical Educators (SEUCE) ○ Mid-West Clinic Directors' Conference ○ New England Clinic Directors' Group

Introduction –

American Academy of Audiology – Audiology NOW convention, JAA, Audiology Today
 American Board of Audiology – ABA Certificate Holder – Audiology Preceptor (CH-AP) Training Program

Council of Academic Programs in Communications Sciences and Disorders (CAPSCD) – CAPSCD – Clinical Educator Online Training Modules

Local, State and Regional Professional Organizations – University sponsored (e.g., Gallaudet training), South Eastern University Clinical Educators, Mid-West Clinical Directors' Conference, New England Clinic Directors' Group

Related professional organizations – American Physical Therapy Association, American Occupational Therapy Association, National Athletic Trainers Association, Ida Institute (audiology website)

Scholarship of Teaching and Learning Organizations – Journal of the Scholarship of Teaching and Learning, Lilly Conference Series on College and University Teaching

Self- Assessment Tool

- Intent
 - Assist SLPs & Audiologists engaged in supervision to evaluate their own competencies
 - Develop goals for training to improve clinical supervision abilities
 - Use as a tool to guide continuing education efforts
- Process of Development
 - Competencies were based on knowledge & skills for supervision developed by AHCS
 - Format modeled on similar tools

The Self-Assessment tool was one of the deliverables developed by the 2016 ASHA Ad Hoc Committee on Supervision Training (AHCST) to assist all audiologists and speech language pathologists engaged in supervision in conducting a self-assessment of the knowledge and skills for supervision identified by the Ad Hoc Committee on Supervision (ASHA, 2013). This tool is intended to be used to rate competencies and to develop goals for training in order to improve abilities as a clinical educator, preceptor, mentor, or supervisor.

One of the additional recommendations made by the 2016 Ad Hoc Committee is that the Self- Assessment would be used as a continuing education tool so that SLPs & AuDs has a more formal opportunity to self-reflect, plan, and individualize which competency areas needed additional supervision training.

In terms of developing the Self-Assessment Tool, the competencies were based on the knowledge & skills for supervision developed by the AHCS 2013 and the format was inspired by The American Occupational Therapy Association Self-Assessment Tool for Fieldwork Educator Competencies and The Clinical Educator Self-Evaluation Tool: Clinical Instruction Strategies (Reuler, Messick, Gavett, McCready, & Raleigh, 2011).

Rating Scale			
0	1	2	3
Not Yet	Occasionally/ <i>Just Starting</i>	Frequently but Sporadically/ <i>Getting There</i>	Consistently/ <i>Got It!</i>

I. Supervisory Process and Clinical Education	0	1	2	3
A. I possess knowledge of collaborative models of supervision.				
B. I possess knowledge of adult learning styles.				
C. I possess knowledge of teaching techniques (e.g., reflective practice, questioning techniques).				
D. I define the supervisor and supervisee roles and responsibilities appropriate to the setting.				
E. I adhere to research/evidence-based practice, convey that information/analysis to the supervisee, and encourage the supervisee to seek applicable research and outcomes data and to use methods for measuring treatment outcomes.				

What are your strengths and items needing improvement in this area?

Now refer to the actual self-assessment tool; Audience discussion of the tool

Deconstructing the Self-Assessment Tool

- Evaluating the need for supervision training through self-reflection

- Supervisory Process & Clinical Education
- Relationship Development & Communication Skills
- Establishment/Implementation of Goals
- Analysis of Evaluation
- Clinical & Performance Decisions
- Specific Additional Competencies for 5 constituents



In terms of the content within the Self-Assessment Tool, there are 5 broad areas and then additional competencies for each of the 5 constituent groups:

1. Clinical Educators of Graduate Students
2. Audiology Preceptors
3. Mentors of Clinical Fellows
4. Supervisors of Support Personnel
5. Supervisors of those transitioning to New Practice Area

Again, content was based on the knowledge and skills for supervision developed by the AHCS 2013. We will look more closely at the actual Self-Assessment Tool in the next few slides and then have some time to discuss some of the components and your thoughts on using the tool as a continuing education tool. Some of the components include reviewing knowledge and skills in learning styles, having difficult conversations, creating learning goals, and data collection. Free response questions to reflect on strengths, weaknesses, and personal goals are also provided after each section.

Self-Assessment as Continuing Education Tool

- Use of the self-assessment to prepare persons supervising
- Outlining a continuing education plan
 - Competency areas to be addressed
 - How will the competency be improved?



It was decided by the committee members that the self-assessment tool may serve as another means of preparation for those supervising that may not yield continuing education credits.

At the end of the Self-Assessment Tool, there is a page dedicated to outlining a individualized continuing education plan. Specific competency areas are listed and then a plan for how the competency will be improved is provided. Examples include: Independent Study, Academic coursework, conference presentation, mentorship. This would help the SLP or AuD in planning to fulfill the continuing education credit requirement (that is the long term goal of the committee).

Developing the ASHA Brand Essence

- Intent
 - Increase awareness of need for supervision training
 - Increase engagement in supervision training
 - Signify the importance of advocacy
 - Serve as a resource for academic & continuing education entities
- Process of Development
 - Collaboration with ASHA's Director of Enterprise-Wide Marketing
 - Core values, benefits, and positioning statement

Committee members strongly agreed that both an increase in awareness of the need for supervision training and increased engagement in supervision training among ASHA members are essential to quality improvement to the 5 constituent groups: (1) Clinical Educators of Grad Students (2) Preceptors of Audiology Externs (3) Mentors of Clinical Fellows (4) Supervisors of Support Personnel (5) Supervisors of Those in Transition.

The committee agreed that advocacy is vital to the ASHA membership's acceptance of supervision training. It was also the committee's intent to promote training opportunities and generate interest in the topic.

Committee members wanted to provide a deliverable that could be used by academic and continuing education entities that would help to market the significance of supervision training in a compelling way.

Therefore, committee members consulted with ASHA's Director of Enterprise Wide Marketing, Gwen Fortune Blakely, and developed an ASHA brand essence on supervision training that captured the core values, benefits, and positioning statement about supervision training.

ASHA Brand Essence

- What is it?
- Role of the position statement
- Audience-relevant benefits: Significance of “the why?”
 - Needs, motivations, and core values
 - Role of supervision training in meeting needs and expectations

What is it? A Brand Essence is a framework that shows the thinking behind the elements that are incorporated into a position statement. The position statement reflects the sound strategy thinking and will provide clear, focused messages for the target audience.

Audience-relevant benefits: Framework shows the target audience’s relevant needs, motivations, and core values and discerns the role that supervision training could play in meeting their needs and expectations. The committee felt strongly that providing the “why?” and delving deeply into thinking behind the elements that went into why this topic is of significance to our field. Supervision training is ultimately needed for the longevity of our field and to be sure we are providing quality EBP for those we serve.

Small Group Activity #2: What is your Brand Essence?

- Why do you feel supervision training is important?

- My core value: _____

- I need or I am motivated by: _____







- Role of Supervision Training: _____

- Benefits of Supervision Training: _____

Audience will be divided into small groups. Each group will create their own brand essence using the same process that the AHCST used to create the brand essence. Groups will share their thoughts on the significance of supervision training. This will spark a discussion about the significance of “the why” and how communicating “the why” will assist with achieving the intended goals of the committee’s work.

Stress concept of “Paying it Forward”

Stress the benefits to off-campus supervisors


My Core Value	 <p>I want to pay it forward and do as others have done for me. It's my turn. I'm responsible for the future of the profession. Practice under the guidance of experts is how everyone learns; it's critical to the vibrancy of our profession.</p>			
I Need or I Am Motivated By	<p>I'm committed to supporting the growth and vitality of the profession. I need to equip future professionals to provide the highest quality service to people with communication disorders.</p> 	<p>I want the best information. I need practical, applicable information about supervision that is grounded in evidence.</p> 	<p>I need to build my professional relationship with my students so I can effectively guide, inspire, exchange ideas, and mentor.</p> 	<p>I care deeply about those I serve. I need to ensure the success of those I serve while also supporting the growth of the students I supervise.</p> 
Role of Supervision Training	 <p>Supervision training provides you with methods and support for doing your part to continue the vibrancy of the profession through excellence in supervision. We provide guidance for how to prepare future professionals in the most effective manner possible and to ensure that you have the knowledge and skills you need to excel as a clinical educator, preceptor, mentor, or supervisor.</p>			
Benefits of Supervision Training	<p>Mastery of the Supervisory Process Supervision training helps you learn and apply models for effective supervision based on best practices in the field and research on adult learning styles through courses, programs, publications, and web-based tools.</p>	<p>Relationship and Communication Skills Development Supervision training provides you with methods for building cultural competence, for responding to different communication styles, and for developing supportive, trusting relationships with supervisees.</p>	<p>Ongoing Support as You Supervise Supervision training connects you to mentors and experts in supervision who can provide practical information on how you balance it all—i.e., how you contribute to the continued growth of the profession through top-notch supervision and handle your day-to-day responsibilities.</p>	

TARGET For audiologists and speech-language pathologists, who want to do their part to continue the growth and vibrancy of the profession through excellence in supervision.

FRAME OF REFERENCE supervision training is the recommended method (where brand fits)

POINT OF DIFFERENCE (what sets us apart) that helps you prepare future professionals in the most effective manner possible

SUPPORT (why it's believable) because it ensures that you have support and a distinct set of supervisory knowledge and skills that are practical, applicable, and grounded in evidence.




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Deconstructing the ASHA Brand Essence

- Core Value
- Motivations
- Role of Supervision Training
- Benefits of Supervision Training
- Positioning Statement

Review of the Brand Essence's core content components:

Core Value: I want to pay it forward as I am responsible for the future profession

Motivations: Committed to supporting the growth of the profession, I want the best information, I want to build my professional relationship with my students, I care deeply about those I serve

Role of Supervision: Ensure you have the knowledge and skills to excel as a clinical educator, preceptor, mentor, and supervisor

Benefits: mastery of the supervisory process, relationship and communication skills development, ongoing support as you supervise

Positioning statement: Supervision training is recommended method for preparing future professionals in an effective manner because it ensure that you have the supervisory skills grounded in evidence.

Small Group Conversation 3: Actualizing Supervision Training

What can you do to implement supervision training in your setting?

Which resources might you use?

How can you enlist support for the concept of supervision training?

5 minute small group discussion addressing possible next steps; 5 minutes to report back. Closing comments as appropriate.

Thank You!

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