

Planning in the Supervisory Process

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Planning in one form or another has long been a fundamental task of professionals in audiology and speech-language pathology. Historically, the main emphasis in planning has been in support of client service delivery, for example individualized education programs and SOAP (i.e., subjective, objective, assessment, and plan) notes. Reflection on the complexity of the needs and expectations of the supervisory dyad as they are overlaid onto the clinical process, however, leads to the conclusion that, if all participants in the supervisory process are to grow and develop professionally, clinical teaching cannot take place haphazardly or spontaneously. Every facet of it must be thoughtfully considered and planned.

Several Core Areas from the Knowledge and Skills to Provide Clinical Supervision (American Speech-Language-Hearing Association [ASHA], 2008) are important to the planning stage. These areas include:

- I. Preparation for the Supervisory Process
- II. Interpersonal Communication and Supervisor-Supervisee Relationship
- III. Development of Supervisee's Critical Thinking and Problem-Solving Skills
- IV. Development of Supervisee's Clinical Competence in Assessment
- V. Development of Supervisee's Clinical Competence in Intervention
- VI. Supervisory Conferences and Meetings of Clinical Teaching Teams
- VII. Evaluating the Growth of the Supervisee both as a Clinician and as a Professional
- VIII. Diversity