2020 Clinical Fellowship Skills Inventory
2020 CLINICAL FELLOWSHIP SKILLS INVENTORY

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Description of the Clinical Fellowship Skills Inventory (CFSI)

In 2018, the Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) completed a year-long revalidation study of the current CFSI, which has been largely unchanged since 1993. The study aimed to complete the following objectives:

- Identify whether the 18 clinical skills are relevant, critical, and important for entry-level practice.
- Identify core –versus– non-core skills and determine if they should be rated in the same manner.
- Determine if the N/A response is an effective rating option.
- Determine the following:
  - Whether the four domain areas of evaluation, treatment, management, and interaction are valid and sufficient for the clinical skills
  - Whether the 5-point rating scale and verbal anchors are clear, consistent, and complete in measuring clinical skill level
  - Whether the descriptors of the rating scale are valid, useful, and accurate
  - Whether the instructions for how to use the clinical skill rating scales are clear and complete
  - Whether the assessment’s qualification score accurately reflects the minimum level of competency that a Clinical Fellow must possess to independently practice speech-language pathology
Results of this revalidation highlighted the following changes:

- Simplified instructions/explanation of ratings focused on accuracy, consistency, clinical judgment, and autonomy.
- A new 3-point rating scale – *Does Not Meet Expectations, Meets Expectations, and Exceeds Expectations* for entry-level independent practice.
- The four domains remain largely the same (Assessment, Treatment, Professional Practices, and Interpersonal).
- Skills have been updated and expanded to 21 areas.
- Updates reflect current practice requirements/terminology.
- Additions highlight the need for skills in interprofessional practice and cultural competencies.

**Directions for Using the CFSI**

At the beginning of the Clinical Fellowship (CF) experience, it is recommended that the CFSI be reviewed by the Clinical Fellow and CF mentor and, at a minimum, during one feedback session per segment. In addition, prior to completing the CFSI below, CF mentors are highly encouraged to review [ASHA’s Scope of Practice for Speech-Language Pathology](https://www.asha.org/public/speechscope-slp/) with their Clinical Fellow.

The CFSI consists of 21 skill statements covering the following areas: (a) assessment, (b) treatment, (c) professional practice, and (d) interpersonal. The rating scale for each skill has been designed as a 3-point rating scale where 1 = *Does Not Meet Expectations*, 2 = *Meets Expectations*, and 3 = *Exceeds Expectations* for entry-level independence practice. Approval of the CF experience requires a minimum rating of “2” on each of the 21 skills during the last segment. *It is the responsibility of the CF mentor and the Clinical Fellow to ensure that each skill is observed and rated during each segment.*

For each skill included on the CFSI, the CF Mentor will determine (1) which point on the scale best reflects the performance of the Clinical Fellow during the segment being rated and (2) if the Clinical Fellow either meets the criteria, does not meet the criteria, or exceeds expectations. The rating for one skill need not be the same as the ratings for other skills.
Rating Tips

To determine the rating for each skill, consider the Clinical Fellow’s effectiveness in the following two areas:

- Working with specific client/patient populations in terms of the client’s/patient’s (a) age (infants, children, adults); (b) type and severity of communication disorder; (c) physical limitations; (d) cultural background; (e) English proficiency; (f) literacy level; and (g) alternative communication system use
- Working collaboratively with related professionals

To determine the Clinical Fellow’s rating among the choices of Does Not Meet Expectations, Meets Expectations, or Exceeds Expectations, read the descriptors carefully and consider the following four factors, when applicable, in relation to the skill being rated:

- **Accuracy**—the degree to which the Clinical Fellow performs a skill without error
- **Consistency**—the degree to which the Clinical Fellow performs a skill at the same level of proficiency across cases
- **Independence**—the degree to which the Clinical Fellow performs a skill in a self-directed manner
- **Supervisory Guidance**—the degree to which the Clinical Fellow seeks consultations when needed

Rating accuracy depends upon the frequency, duration, and range of the CF mentor’s observations of the Clinical Fellow’s performance. One of the most important factors associated with rating accuracy is the opportunity to observe relevant behaviors. Rating accuracy will be optimal when the CF mentor and the Clinical Fellow interact frequently on the job and when the CF mentor has many opportunities to observe critical skills. Rating accuracy also depends upon the familiarity of the CF mentor and the Clinical Fellow with the CFSI. The CF mentor must observe the on-the-job independence of the Clinical Fellow, and both CF mentor and Clinical Fellow must understand the rating process and procedures.

**Submitting CF Experience Documentation**

Within 90 days of completing the CF experience, applicants must log in to their ASHA accounts and enter the CF experience details on their online applications. CF mentors will then have 90 days to verify and complete this documentation through the CF portal located within their ASHA account. Completing this verification online replaces the paper-based Clinical Fellowship Report and Rating Form.
Clinical Fellowship Skills Inventory (CFSI)

Prior to completing the CFSI below, CF mentors and Clinical Fellows are highly encouraged to review ASHA’s Scope of Practice. Below are four areas consisting of 21 skill statements. When rating the Clinical Fellow, consider the following ratings.

<table>
<thead>
<tr>
<th>3 = Exceeds Expectations</th>
<th>The Clinical Fellow is consistently accurate and independent in routine and complex situations, has an intuitive grasp of situations, and exceeds the skills of entry-level practitioners.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 = Meets Expectations</td>
<td>The Clinical Fellow is accurate, consistent, seeks minimal mentor guidance in routine situations, and has skills that are consistent with entry-level practitioners.</td>
</tr>
<tr>
<td>1 = Does Not Meet Expectations</td>
<td>The Clinical Fellow is (1) inaccurate and inconsistent, (2) cannot work independently in routine situations, and/or (3) does not seek mentor guidance when it is appropriate to do so.</td>
</tr>
</tbody>
</table>

A. Assessment Skills

<table>
<thead>
<tr>
<th>Skill</th>
<th>Description</th>
<th>1 = Does Not Meet Expectations</th>
<th>2 = Meets Expectations</th>
<th>3 = Exceeds Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Implements screening procedures</td>
<td>• Matches and/or adapts screening procedures to various populations</td>
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<tr>
<td></td>
<td>• Selects screening criteria, administers and scores screening instrument(s), and/or educates others (e.g., Response to Intervention [RtI], swallowing/hearing/cognitive/language/articulation screenings)</td>
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<td></td>
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</tr>
<tr>
<td>2. Interprets results of screening procedures</td>
<td>• Interprets results</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>• Makes recommendations and referrals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skill</td>
<td>Description</td>
<td>1 = Does Not Meet Expectations</td>
<td>2 = Meets Expectations</td>
<td>3 = Exceeds Expectations</td>
</tr>
<tr>
<td>-------</td>
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<td>-------------------------</td>
</tr>
</tbody>
</table>
| 3. Collects and integrates comprehensive case history information | • Collects case history  
• Collects and obtains additional information from various sources and records  
• Integrates information from all sources to identify etiologic and/or contributing factors | | | |
| 4. Selects and implements assessment procedures | • Selects assessments (e.g., nonstandardized and standardized behavioral observations)  
• Adapts assessment procedures to various populations  
• Administers and scores assessment(s) accurately | | | |
| 5. Interprets and integrates assessment results | • Interprets and integrates all assessment results  
• Formulates diagnostic impressions  
• Synthesizes assessment results into treatment planning | | | |
| 6. Develops recommendations based on a comprehensive assessment | • Determines eligibility criteria for initiation of treatment  
• Determines eligibility criteria for discharge/dismissal  
• Clearly communicates assessment results to relevant individuals  
• Makes referrals | | | |
### B. Treatment Skills

<table>
<thead>
<tr>
<th>Skill</th>
<th>Description</th>
<th>1 = Does Not Meet Expectations</th>
<th>2 = Meets Expectations</th>
<th>3 = Exceeds Expectations</th>
</tr>
</thead>
</table>
| 1. Designs and documents evidence-based client-/patient-centered treatment plans | • Establishes treatment plans  
• Designs specific, measurable, attainable, realistic, timely, and functional goals  
• Determines the frequency and intensity of treatment, utilizing best practices |                                |                        |                          |
| 2. Selects and implements evidence-based treatment                   | • Selects and/or develops intervention strategies  
• Independently implements intervention strategies  
• Provides treatment that addresses goals |                                |                        |                          |
| 3. Selects and utilizes materials                                   | • Selects and/or develops materials that are relevant to client/patient needs  
• Utilizes materials and/or instrumentation effectively |                                |                        |                          |
| 4. Adapts treatment components to meet individual client needs       | • Recognizes need to adapt intervention procedures, strategies, materials, and/or instrumentation  
• Adapts treatment to culturally and linguistically diverse clients/patients |                                |                        |                          |
| 5. Collects data routinely to determine treatment efficacy and effectiveness | • Independently and accurately collects data  
• Utilizes treatment data to guide decisions and determine effectiveness of services |                                |                        |                          |
| 6. Determines criteria to initiate, modify, and terminate treatment | • Determines criteria for initiation of treatment  
• Determines criteria for modification of treatment  
• Determines criteria for discharge/dismissal  
• Clearly communicates treatment outcomes to relevant individuals |                                |                        |                          |
# C. Professional Practice Skills

<table>
<thead>
<tr>
<th>Skill</th>
<th>Description</th>
<th>1 = Does Not Meet Expectations</th>
<th>2 = Meets Expectations</th>
<th>3 = Exceeds Expectations</th>
</tr>
</thead>
</table>
| 1. Adheres to the ASHA Code of Ethics and to state codes of ethics, and federal, state, and local laws related to client/patient information | • Reviews and interprets the codes of ethics before taking actions  
• Acts in accordance with the codes of ethics  
• Maintains client/patient records in accordance with HIPAA/FERPA policies, including the appropriate, confidential, and ethical use of social media | | | |
| 2. Schedules and prioritizes direct and indirect service activities | • Prioritizes and coordinates various activities, including scheduling client contacts and meetings | | | |
| 3. Manages and documents client/patient records | • Maintains accurate, detailed client/patient records and completes documentation, including professional contacts (e.g., conversation with a physician, parent/caregiver contact, mailing reports, etc.)  
• Completes documentation in a timely manner | | | |
| 4. Complies with local, state, federal, and payer’s regulations to determine eligibility and complete billing requirements for reimbursement | • Reviews and interprets the local, state, federal, and payer’s regulations before taking actions  
• Acts in accordance with the local, state, federal, and payer’s regulations  
• Completes billing requirements accurately and in a timely manner | | | |
| 5. Demonstrates competencies and adapts to individualized needs of culturally and linguistically diverse populations | • Acquires knowledge of best practices for culturally and linguistically diverse populations  
• Applies best practices for culturally and linguistically diverse populations  
• Provides education and/or resources to promote best practices for culturally and linguistically diverse populations | | | |
| 6. Provides education and/or resources | • Provides clear and meaningful education and/or resources to promote the knowledge, prevention, and treatment of communication and related disorders (e.g., swallowing, hearing, cognitive, and linguistic) | | | |
## D. Interpersonal Skills

<table>
<thead>
<tr>
<th>Skill</th>
<th>Description</th>
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</table>
| 1. Adapts communication style to meet needs of all individuals | - Acknowledges and adapts personal nonverbal communications  
- Interprets and responds to nonverbal communications of others  
- Uses terminology and phrasing in oral and written communications (e.g., reports, correspondence, emails, text messages) that correspond to the semantic competency of the audience  
- Actively listens to client/patient and others, and responds accordingly  
- Includes information that is accurate and complete |
| 2. Collaborates interprofessionally | - Maintain professional boundaries, utilizing the scope of practice of allied health and/or education professionals  
- Engages interprofessionally with allied health and/or education professionals to enhance client/patient outcomes |
| 3. Counsels and educates clients/patients and relevant others | - Actively listens to clients/patients and others, and responds accordingly  
- Engages clients/patients and relevant others in problem solving  
- Educates and encourages client/patient self-advocacy  
- Provides information and resources that are specific to the needs of the client/patient |
**TEMPLATE FOR TRACKING SUPERVISORY ACTIVITIES**

<table>
<thead>
<tr>
<th>Clinical Fellow’s Name: ___________________</th>
<th>Clinical Fellowship (CF) Mentor: ____________</th>
<th>ASHA ID: __________</th>
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<tbody>
<tr>
<td>Location: __________________________________</td>
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</tr>
<tr>
<td>Segment #: ________________________________</td>
<td>Segment Start Date: ________________________</td>
<td>Segment End Date: __________</td>
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<table>
<thead>
<tr>
<th>Date of Observations</th>
<th>Activity Observed</th>
<th>Comments/ Feedback</th>
<th>Hours Observed</th>
<th>Direct or Indirect?</th>
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Date of Feedback Session: ________________  Total Hours Observed During This Segment: ________________

**This form was created as a guide for CF mentors and Clinical Fellows to use during each segment while completing the CF experience. It is not necessary to use this form nor submit this form to ASHA at the completion of the CF experience. Please do not submit the CFSI or tracking form to ASHA.**