

Professional Support Templates

October 2022



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Acknowledgements

This document is adapted from a range of professional support resources and guidelines, including but not limited to:

- SA Health: Allied health clinical supervision framework (March 2014).
- The Superguide A handbook for supervising allied health professionals (2012), Health Education and Training Institute, NSW.
- Victorian allied health clinical supervision framework (May 2019).
- Community of Practice design guide: A step-by-step guide for designing & cultivating communities of practice in Higher Education (2005).
- Centers for Disease Control: Community of practice charter template (n.d.)

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Important Note

The templates in this document are provided as an example only and it is acknowledged that other templates may be more relevant to a person's workplace. In addition, speech pathologists should seek information from their employers, funding bodies or from relevant state/territory governments regarding current policies and procedures relating to supervision and other forms of professional support.

Definitions

Professional support: a broad term referring to support provided to practitioners to assist them to develop speech pathology and professional skills, abilities and knowledge, and enhance the quality of their work, productivity, safety, and confidence to practice (Winstanley & White, 2003). This may include supervision, mentoring, peer supervision, peer support, communities of practice and coaching.

Supervision: a professional, contracted relationship between a practitioner and an experienced professional (the supervisor) in the practitioner's area of practice. Supervision supports practitioners' accountability and adherence to professional, ethical and workplace standards; critical reflection; and ability to meet the professional development and work role needs of the practitioner. Supervision is collaborative, may result in reciprocal learning, can be formalised via written agreements or discussion regarding relevant terms, participant roles, expectations, learning goals, and may involve documentation of supervisory activities and progress (Australasian Association of Supervision, 2020).

Mentoring: a professional support and guidance relationship between a practitioner and mentor/s. Practitioners may have several mentors throughout their career to support their practice and learning (Howlett, et al., 2020). Mentors are usually selected based on their established skills or knowledge, and ability to support the practitioner's specific learning needs and goals. Mentoring is not typically aimed at ensuring accountability within a workplace.

Peer supervision: occurs between two or more practitioners within the same context or area of practice, who may have similar levels of experience and knowledge. It may include consultation and support for problem-solving and professional decision-making. Reciprocal learning takes place through utilisation of the skills, experience, and knowledge within the group of practitioners which has mutual benefits and involves self-directed learning, reflection, sharing of experiences, and feedback processes. Peer supervision may be formalised through a written agreement or discussion regarding participant roles, expectations, and learning goals, and self-reflection on learning outcomes.

Peer support: occurs between similarly experienced practitioners and can support reflective practice, collaboration and problem-solving. Unlike supervision, mentoring, and peer supervision, it may not include a written agreement and is less likely to have documented learning goals or involve self-reflection on learning outcomes.

Communities of practice: involve a group of practitioners, of potentially different levels of experience and knowledge, engaging in a collective learning process. Communities of practice involve: a shared domain or area of practice; a community or group of practitioners who engage in joint activities and discussions, and help and support each other; and a practice where 'shared repertoire of resources: experiences, stories, tools, [and] ways of addressing recurring problems' is developed (Wenger-Trayner & Wenger-Trayner, 2015, p. 2). Communities of practice may be facilitated by someone with experience in facilitation to encourage the collective wisdom of the group to identify and find solutions. Communities of practice may exist within various formats including journal clubs and learning networks.

Coaching: involves a partnership between a practitioner and coach where the practitioner is supported to 'maximise their personal and professional potential' (International Coaching Federation, 2022, n.p.). Coaches support practitioners to identify goals, engage in self-reflection, and implement self-directed solutions and strategies. Coaches may not be speech pathologists or allied health professionals; in which case they are not able to provide guidance specific to speech pathology practice.

Agreement Templates

Template 1: Supervision Agreement

Between supervisee and supervisor

Date Agreement Made	
Supervisee	
Supervisor	
Review Date	

1. Supervision will address the following areas:

(General practice or professional areas in which support will be provided)

Learning Goals

(What skills, knowledge, or qualities are desired? Are these goals specific, measurable, achievable, realistic, and timely?)

2. Supervision will take the following format, frequency, and duration:

(e.g., 1:1, group, onsite, video conference, fortnightly, monthly, 30 minutes, 1 hour, etc.)

3. Confidentiality

- We agree to keep all discussions confidential between participants.
- We agree to only share details about speech pathology service users that are required to engage in professional support related to their circumstances.
- We agree that when a service user is discussed, we will de-identify their information.
- We agree that, if it is required to share identifiable information about a speech pathology service user during supervision, we will first obtain informed consent from that service user or their responsible carer.
- We agree to store records containing confidential service user information in a manner that complies with legal and ethical obligations.
- We understand that there is a Duty of Care that may override confidentiality in exceptional circumstances.

- Such circumstances could be if the supervisee describes unsafe, unethical, or illegal practices
 and does not go through appropriate procedures to address these after discussion between the
 supervisor and supervisee.
- If disclosure is determined to be necessary, the supervisor will inform the supervisee of the perceived reasons for the disclosure.
- In some circumstances, the supervisor may be obligated by the court to disclose information in a legal proceeding.
- Additional confidentiality considerations:

4. Supervision Records

Who will record and maintain the following documentation?

Participation log:

(Records date, time, format, and attendees of a supervision session. May be shared with operational manager and others.)

Detailed record of supervision sessions:

(Can include discussion topics, progress on learning outcomes, actions, new learning to undertake, future agenda items, preparation for next session. Typically remains confidential.)

The supervisee is typically responsible for maintaining any Continuing Professional Development (CPD) Record. This is a separate document which records the date, CPD category (S), hours of learning, general statements about key learnings and impact or implications for practice.

Where will the records be kept?

	Participation log:	
_	i ai licibalion iou.	

Detailed record of supervision sessions:

Paper and digital records will be kept secure by participants.

Who will have access to this information?

-	Participation log:	
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Detailed record of supervision sessions:

Review the Confidentiality section of this agreement.

	Participants will discuss whether the supervisee prefers that records should be archived or passed on to a new supervisor.		
	Records will be maintained in line with state/territory records management policies and for as long as a claim in negligence or contract may be brought against either the supervisor or supervisee.		
Αc	Iditional considerations related to records:		
	5. Supervision Sessions		
	The supervisee will prepare for each session by:		
	The supervisor will prepare for each session by:		
	Should a session need to be rescheduled we agree to:		
6.	Evaluate		
	When will participants review and evaluate learning goals and outcomes? (This can include achievement of learning outcomes, discussing factors that could assist in the attainment of goals, modifying current goals, or creating new goals.)		
	When will participants review and evaluate the supervision partnership? (This includes discussion of any factors that impact on the partnership, such as format, frequency, scheduling, interpersonal communication, feedback style, fulfilment of expectations, etc.)		

What will happen to records when the supervision partnership is concluded.

7. Other Considerations

	The details of this document can be modified at any time when	agreed by ea	ach participant.
	We will give each other open and honest feedback.		
	We will listen to and respect each other's personal perspective.		
	Additional considerations:		
	Additional considerations:		
Sig	ned:	Date:	
Na	me:	-	(Supervisee)
Siç	ned:	Date:	
Na	me:		(Supervisor)

Template 2: Mentoring Agreement

Between mentee and mentor

Date Agreement Made	
Mentee	
Mentor	
Review Date	

1. Mentoring will address the following areas:

(Practice or professional areas in which support will be provided)

Learning Goals

(What skills, knowledge, or qualities are desired? Are these goals specific, measurable, achievable, realistic, and timely?)

2. Mentoring sessions will take the following format, frequency, and duration:

(e.g., onsite, video conference, fortnightly, monthly, 30 minutes, 1 hour, etc.)

3. Confidentiality

- We agree to keep all discussions confidential between participants.
- There is a Duty of Care that may override confidentiality in exceptional circumstances.
- Such circumstances could be if the mentee describes unsafe, unethical, or illegal practices and does not go through appropriate procedures to address these after discussion between the mentor and mentee.
- If disclosure is determined to be necessary, the mentor will inform the mentee of the perceived reasons for the disclosure.
- In some circumstances, the mentor may be obligated by the court to disclose information in a legal proceeding.
- Additional confidentiality considerations:

4. Mentoring Records Who will record and maintain the following documentation? Participation log: (Records date, time, format, and attendees of a mentoring session. May be shared with operational manager and others.) Detailed record of mentoring sessions: (Can include discussion topics, progress on learning outcomes, actions, new learning to undertake, future agenda items, preparation for next session. Typically remains confidential.) The mentee is typically responsible for maintaining any Continuing Professional Development (CPD) Record. This is a separate document which records the date, CPD category (S), hours of learning, general statements about key learnings and impact or implications for practice. Where will the records be kept? Participation log: __ Detailed record of mentoring sessions: Paper and digital records will be kept secure by participants. Who will have access to this information? Participation log: Detailed record of mentoring sessions: Review the Confidentiality section of this agreement. What will happen to records when the mentoring partnership is concluded. Participants will discuss whether the mentee prefers that records should be archived or passed on to a new mentor. Additional considerations related to records:

5. Mentoring Sessions

The mentee will prepare for each session by:

The mentor will prepare for each session by:		
Should a session need to be rescheduled we agree to:		
6. Evaluate		
When will participants review and evaluate learning goals and outcomes? (This can include achievement of learning outcomes, discussing factors that could assist in the attainment of goals, modifying current goals, or creating new goals.)		
When will participants review and evaluate the mentoring partnership? (This includes discussion of any factors that impact on the partnership, such as format, frequency, scheduling, interpersonal communication, feedback style, fulfilment of expectations, etc.)		
When will this partnership conclude? (Date or timeframe.)		
7. Other Considerations		
Either of us may request a review of this agreement at any time.		
We are committed to establishing a mutually beneficial partnership for the duration of this agreement.		
We will give each other open and honest feedback.		
We will listen to and respect each other's personal perspective.		

We agree to a no-fault conclusion to our partnership if necessary.

Additional considerations:		
Signed:	Date:	
Name:	-	(Mentee)
Signed:	Date:	
Name:	_	(Mentor)

Template 3: Peer Supervision Agreement

Between peer supervision participants

Date Agreement Made	
Participant 1	
Participant 2	
Review Date	

 Peer supervision will address the following are

(Practice or professional areas in which support will be provided)

Participant 1	Participant 2

Learning Goals

(What skills, knowledge, or qualities are desired? Are these goals specific, measurable, achievable, realistic and timely?)

Participant 1	Participant 2

2. Peer supervision will take the following format, frequency, and duration:

(e.g., onsite, video conference, fortnightly, monthly, 30 minutes, 1 hour, etc.)

3. Confidentiality

- We agree to keep all discussions confidential between participants.
- We agree to only share details about speech pathology service users that are required to engage in professional support related to their circumstances.
- We agree that when a service user is discussed, we will de-identify their information.
- We agree that, if it is required to share identifiable information about a speech pathology service user during peer supervision, we will first obtain informed consent from that service user or their responsible carer.
- We agree to store records containing confidential service user information in a manner that complies with legal and ethical obligations.

- We understand that there is a Duty of Care that may override confidentiality in exceptional circumstances.
- Such circumstances could be if a peer supervision participant describes unsafe, unethical, or illegal practices and does not go through appropriate procedures to address these after discussion between the participants.
- If disclosure is determined to be necessary, the participant will inform their peers supervision partner of the perceived reasons for the disclosure.
- In some circumstances, the peer supervisor may be obligated by the court to disclose information in a legal proceeding.
- Additional confidentiality considerations:

4. Peer Supervision Records

Who will record and maintain the following documentation?

Participation log:

(Records date, time, format, and attendees of a peer supervision session. May be shared with operational manager and others.)

Detailed record of supervision sessions:

(Can include discussion topics, progress on learning outcomes, actions, new learning to undertake, future agenda items, preparation for next session. Typically remains confidential.)

Each peer supervisor is typically responsible for maintaining their own Continuing Professional Development (CPD) Record. This is a separate document which records the date, CPD category (S), hours of learning, general statements about key learnings and impact or implications for practice.

Participation log:

Detailed record of peer supervision sessions:

Paper and digital records will be kept secure by participants.

Who will have access to this information?

•	Participation log	j:

Detailed record of peer supervision sessions:

Review the Confidentiality section of this agreement.

What will happen to records when the peer supervision partnership is concluded.

Participants will discuss whether the peer supervisor prefers that records should be archived or passed on to a new professional support partner.

	Records will be maintained in line with state/territory records management policies and for as long as a claim in negligence or contract may be brought against either participant.		
A	Additional considerations related to records:		
5. Pe	er Supervision Sessions		
Peer	supervisors will prepare for each session by	<i>y</i> :	
	Participant 1	Participant 2	
Shou	ld a session need to be rescheduled we agr	ee to:	
6. Ev	aluate		
(This	will participants review and evaluate learni can include achievement of learning outcomes, ment of goals, modifying current goals, or creat	discussing factors that could assist in the	
(This	will participants review and evaluate the period includes discussion of any factors that impact of uling, interpersonal communication, feedback s	on the partnership, such as format, frequency,	
VA/I	ill this manta analog a such de 2		
	will this partnership conclude? or timeframe.)		

7. Other Considerations

Either of us may request a review of this agreement at any time.

We are committed to establishing a mutually beneficial partnership for the duration of this agreement.

We will give each other open and honest feedback.

We will listen to and respect each other's personal perspective.

We agree to a no-fault conclusion to our partnership if necessary.

Additional considerations:

Signed:	_ Date:	
Name:	_	(Participant 1)
Signed:	_ Date:	
Name:	_	(Participant 2)

Template 4: Community of Practice Charter

Date Charter Made	
Domain or Topic Area of the Community	
Community Leaders	
Review Date	

Domain

1. Purpose

(Broad description of why the Community is being created, the value to participants and speech pathology service users, and what participants can expect to learn or actions they may undertake.)

Objectives

(How will the community's purpose be realised? What skills, knowledge, or qualities will participants obtain? What actions will participants undertake? Are any goals specific, measurable, achievable, realistic and timely?)

Community

2. Membership

(Who will participate in the community? Are there eligibility criteria for participation?)

Expectations

(What are the expectations for community participation? What norms will lead to productive and professional engagement by community members?)

Practice

3. Roles

(What roles are required for the community to operate? Who will fulfil these roles? Are there eligibility criteria for specific roles? Roles could include community leaders, sponsors, learning facilitators, etc.)

4. Ways of Working

(How will the community work together? What format will they use to connect? How frequently will meetings take place? How long will meetings last?)

5. Confidentiality

- We agree to keep all discussions confidential between community members.
- We agree to only share details about speech pathology service users that are required to engage in professional support related to their circumstances.
- We agree that when a service user is discussed, we will de-identify their information.
- We agree that, if it is required to share identifiable information about a speech pathology service user in the community, we will first obtain informed consent from that service user or their responsible carer.
- We agree to store records containing confidential service user information in a manner that complies with legal and ethical obligations.
- We understand that there is a Duty of Care that may override confidentiality in exceptional circumstances.
- Such circumstances could be if a community member describes unsafe, unethical, or illegal
 practices and does not go through appropriate procedures to address these after discussion
 within the community.
- If disclosure is determined to be necessary, the community members will inform the participant of the perceived reasons for the disclosure.
- In some circumstances, a community member may be obligated by the court to disclose information in a legal proceeding.

	• ,	Additional confidentiality considerations:			
6	Col	mmunity Records			
٠.		o will record and maintain the following documentation?			
	•	Participation log: (Records date, time, format, and attendees of community meetings. May be shared with relevant individuals outside the community.)			
	•	Detailed record of community meetings: (Can include discussion topics, progress on learning outcomes, actions, new learning to undertake, future agenda items, preparation for next session. Typically remains confidential.)			
		Each community member is typically responsible for maintaining their own Continuing Professional Development (CPD) Record. This is a separate document which records the date, CPD category (S), hours of learning, general statements about key learnings and impact or implications for practice.			
	WI	here will the records be kept?			
	•	Participation log:			
	•	Detailed record of community meetings:			
	Pa	per and digital records will be kept secure by participants.			
	WI	ho will have access to this information?			
	•	Participation log:			
	•	Detailed record of community meetings:			
	Re	Review the Confidentiality section of this agreement.			
	What will happen to records when the community of practice is concluded.				
	Ac	Iditional considerations related to records:			

7.	Community Meetings		
	Community members will prepare for meetings by:		
	Should a community meeting need to be rescheduled we agree to:		
	Evaluate nen and how will members review and evaluate their individual learning outcomes and		
ac (T	tions? nis can include achievement of learning outcomes, discussing factors that could assist in the ainment of goals, modifying current goals, or creating new goals.)		
ob (T	nen and how will members review and determine whether the community's purpose and jectives are being met? nis includes discussion of any factors that impact on the community, such as format, frequency, heduling, interpersonal communication, feedback style, fulfilment of expectations, etc.)		
	Other Considerations mmunity members may request a review of this charter under the following conditions:		
	mmunity members are committed to establishing a mutually beneficial partnership for the duration this community.		
Сс	mmunity members will give each other open and honest feedback.		
Cc	mmunity members will listen to and respect each other's personal perspective		

Community members agree to a conclusion of the community under the following conditions:		
Additional considerations:		
Signed:	Date:	
Name:		
Signed:	Date:	
Name:		
Signed:	Date:	
Name:		
Signed:	Date:	
Name:		

Template 5: Community of Practice Member Agreement

Community Organisers and	Members	
Date Agreement Made		
Community of Practice		
Community Member		
Review Date		
1. Agreement with Domain I have read and I understand t to the community's Purpose ar	he Domain as described in the Comm nd Objectives.	nunity of Practice Charter. I agree
	ity he Community as described in the Co s of Membership and Expectations.	ommunity of Practice Charter. I
to the community's Roles, Way	he Practice as described in the Comn ys of Working, terms of Confidentiality nmunity Meetings, systems of Evaluat	, maintenance of Community
4. Other Terms of Agreemen (Any other terms for participati Charter.)	t ing in the community that are not outli	ined in the Community of Practice
Signed:		Date:
Name:		(Community Member)
		Date:

Name:

(Community Leader)

Checklist Templates

Template 6: Professional Support Checklist

Checklist for Super	vision, Mentoring, Peer Supervision	
Name of Support Provider		
Name of Speech Pathologist:		
Tick when completed	TASK	
	Support provider identified	
	Support partners introduced	
	Professional support agreement meeting scheduled	
Professional support	agreement:	
	Roles and responsibilities discussed	
	Goals of the support partnership determined considering the experience, knowledge, skills and attributes of the speech pathologist and the requirements of the workplace	
	Methods for engagement determined considering the experience, knowledge, skills and attributes of the supervisee and the requirements of the workplace	
	Frequency and duration of support activities determined	
	Terms and limits of confidentiality discussed and agreed	
	Where appropriate, engagement of external supervision support has been negotiated	
	Arrangements for support records discussed and agreed	
	Arrangements to review and evaluate the professional support partnership discussed and agreed	
	Copy of agreement shared with supervisor and supervisee	
	If applicable, copy of agreement shared with other, relevant individuals, (e.g., a workplace manager)	

Record Templates

Template 7: Participation Log

^		Occurred to the District of the second	
٧r	IDACH PATHAIAMIST	SIINNORT PROVIDER	
い	eech Pathologist:	Support Provider:	

Date of Session	Duration of Session / CPD Hours of Learning	Format	Attendees

Template 8: Professional Support Record

Present:			
Apologies:		· · · · · · · · · · · · · · · · · · ·	
Date:	Duration / CP	D Hours or Learnin	g:
Topic	Discussion		Agreed action
Agenda items for nex	ct session	Preparation requ	uired
Signed		Signed	
Nate		Date	

Evaluation Templates

Template 9: Evaluation of Professional Support Partnership

Support Provider: _		Speech Patho	ologist:		
Partnership Type: _		Date:			
Rating scale					
1. Almost never	2. Occasionally	3. Often	4. Almost	always	5. Always
Quality of the Profe	ssional Support Parti	nership		Support Provider	Speech Pathologist
	ally acceptable agreemens and accountability of bo		, goals,		
2. The support partner	fulfilled their commitmen	nts as specified in th	ne agreement.		
The support partner sessions and meeti	collaborated in creating	and working to an a	agenda for		
The support partner discussion.	collaborated in identifyin	ng questions and to	pics for		
The support partner punctual in attendin	was responsive, met exp g sessions.	pected timelines, ar	nd was		
6. The support partner	was prepared for sessio	ns and meetings.			
7. The support partner manner.	completed assigned acti	ions and tasks in a	timely		
	considered ethical issue rofession's Code of Ethic	- •	sional practice		
	prioritised understanding		-		
	r engaged in culturally and s related to the support p sers.				
11. The support partner styles.	was responsive to indivi	dual learning and c	ommunication		
12. The support partner issues and solutions	used questions and feeds. s.	dback effectively to	explore		
	facilitated or engaged in e questions and profession		al self-		
14. The support partner	understood and met con	nfidentiality obligation	ons.		
	regularly evaluated, sou on with the support partne	-	ised issues		

16. The support partner maintained an appropriate, professional relationship.		
17. The support partner facilitated an atmosphere of trust and support.		
The support partner was flexible and adapted to changing needs in the support partnership.		
Support Provider Outcomes	Support Provider	Speech Pathologist
19. The support provider effectively modelled professional and practice skills (if applicable)		
20. The support provider explained concepts and material clearly.		
21. The support provider considered and responded to the learning goals, experience, knowledge, skills and attributes of the speech pathologist		
22. The support provider encouraged the speech pathologist to share their unique perspectives and respected their opinions.	ue	
23. The support provider assisted the speech pathologist to identify their learning needs, knowledge, skills, and attributed related to professional practice.	g	
24. The support provider demonstrated knowledge, skills, and attributes related the professional area in which support was provided.	to	
Speech Pathologist Outcomes	Support Provider	Speech Pathologist
Speech Pathologist Outcomes 25. The speech pathologist's learning goals were achieved, and/or they increase their professional knowledge, skills and attributes.	Provider	
25. The speech pathologist's learning goals were achieved, and/or they increase	Provider	
25. The speech pathologist's learning goals were achieved, and/or they increase their professional knowledge, skills and attributes.26. The speech pathologist's confidence related to professional practice	Provider	
 25. The speech pathologist's learning goals were achieved, and/or they increase their professional knowledge, skills and attributes. 26. The speech pathologist's confidence related to professional practice increased. 27. The speech pathologist's understanding of and engagement in the workplace. 	Provider	
 25. The speech pathologist's learning goals were achieved, and/or they increase their professional knowledge, skills and attributes. 26. The speech pathologist's confidence related to professional practice increased. 27. The speech pathologist's understanding of and engagement in the workplace and/or profession increased. 	Provider	
 25. The speech pathologist's learning goals were achieved, and/or they increase their professional knowledge, skills and attributes. 26. The speech pathologist's confidence related to professional practice increased. 27. The speech pathologist's understanding of and engagement in the workplace and/or profession increased. 28. The speech pathologist's knowledge of ethical issues increased. 	Provider ed	Pathologist
 25. The speech pathologist's learning goals were achieved, and/or they increase their professional knowledge, skills and attributes. 26. The speech pathologist's confidence related to professional practice increased. 27. The speech pathologist's understanding of and engagement in the workplace and/or profession increased. 28. The speech pathologist's knowledge of ethical issues increased. Outcomes and Future Directions 	Provider ed	Pathologist
 25. The speech pathologist's learning goals were achieved, and/or they increase their professional knowledge, skills and attributes. 26. The speech pathologist's confidence related to professional practice increased. 27. The speech pathologist's understanding of and engagement in the workplace and/or profession increased. 28. The speech pathologist's knowledge of ethical issues increased. Outcomes and Future Directions 29. What are some positive outcomes that were achieved from the professional 	Provider ed	Pathologist
 25. The speech pathologist's learning goals were achieved, and/or they increase their professional knowledge, skills and attributes. 26. The speech pathologist's confidence related to professional practice increased. 27. The speech pathologist's understanding of and engagement in the workplace and/or profession increased. 28. The speech pathologist's knowledge of ethical issues increased. Outcomes and Future Directions 29. What are some positive outcomes that were achieved from the professional i) 	Provider ed	Pathologist

30. What could have been done differently in the professional support partnership?
i)
ii)
iii)
31. What knowledge, skills and attributes could the speech pathologist focus on in future professional support?
i)
ii)
iii)
32. What professional development activities could be benefit either support partner? (I.e., Professional development related to the areas in which the speech pathologist sought support or in the provision of professional support.)
i)
ii)
iii)

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