From student to extern: Supervising the new generation of SLP's; they did not teach me that in graduate school

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Objectives

- Describe 3 supervisory styles and their relation to Anderson’s Continuum of Supervision (Anderson, 1988)
- Identify 3 tasks that are relevant to clinical supervision
- Collaborate on identification and creation of a supervisory philosophy
Other disciplines in rehabilitation: Physical Therapy

- The APTA Credentialed Clinical Instructor Program is preferred, not required, and is open to all health professionals.
- This training is 2 days F2F and 16.5 CEUS for physical therapy and slightly less for not PT providers due to assessment centers.
- The standardized APTA Clinical Performance Instrument, Utilized for CE assessment is required TRAINING to evaluate. Clinical instructors must meet a training threshold to pass the APTA training to utilize the APTA CPI to work with a Student intern in physical therapy. This training is 2 hrs online w 2 CEUs.
- The APTA also prefers a minimum of 1 year of experience to serve as a CI as a position statement by the APTA.
Occupational Therapy

- Two-day workshop for fieldwork educators.
- Fieldwork Educators Certificate Program (FWECP)
- Earn 15 Contact Hours/1.5 AOTA CEUs
- See more at: http://www.aota.org/Education-Careers/Fieldwork/Workshop.aspx#sthash.CzjMk4AD.dpuf
ASHA requirements

- Supervisors should have established competency in any area of practice in which the supervisor or student may engage.

- The supervisor should have acquired sufficient knowledge and experience to mentor a student and provide appropriate clinical education. Obtaining knowledge and skills related to principles of student assessment and pedagogy of clinical education is encouraged.

- Direct supervision must be in real time and must never be less than 25% of the student's total contact with each client/patient and must take place periodically throughout the practicum. These are minimum requirements that should be adjusted upward if the student's level of knowledge, experience, and competence warrants.
What is a supervisor?

According to the position statement from ASHA: supervisor referred to “individuals who engaged in clinical teaching through observation, conferences, review of records, and other procedures, and which is related to the interaction between a clinician and a client and the evaluation or management of communication skills”
It is the position of the American Speech-Language-Hearing Association that clinical supervision (also called clinical teaching or clinical education) is a distinct area of practice in speech-language pathology and that it is an essential component in the education of students and the continual professional growth of speech-language pathologists. The supervisory process consists of a variety of activities and behaviors specific to the needs, competencies, and expectations of the supervisor and supervisee, and the requirements of the practice setting. The highly complex nature of supervision makes it critically important that supervisors obtain education in the supervisory process. Engaging in ongoing self-analysis and self-evaluation to facilitate the continuous development of supervisory skills and behaviors is fundamental to this process. Effective supervision facilitates the development of clinical competence in supervisees at all levels of practice, from students to certified clinicians. Clinical supervision is a collaborative process with shared responsibility for many of the activities involved in the supervisory experience. The supervisory relationship should be based on a foundation of mutual respect and effective interpersonal communication. Clinical supervisors have an obligation to fulfill the legal requirements and ethical responsibilities associated with state, national, and professional standards for supervision.
What do you think your supervisor expects from you?

- Basic knowledge and foundations/knowledge of disorders
- Professionalism
- To ask questions (inquisitive)
- Ability to apply knowledge to clinical experiences
- Punctuality
- Willing to learn
- Clinical problem solving skills
- Collaboration
- Engagement with clients during sessions
- Flexibility
Lets talk about generations!
Traditionalist (Mature/Silents)

1925-1945

- Peace! Jobs! Suburbs! Television! Rock 'n Roll! Cars! Playboy Magazine!
- Korean and Vietnam War generation.
- The First Hopeful Drumbeats of Civil Rights!
- Pre-feminism women
- Disciplined, self-sacrificing, & cautious.
- School problems: passing notes and chewing gum
Baby Boomers 1946-1964

- “me” generation
- Revolution, peace!
- Buy it now, use credit
- Women began working outside the home
- TV generation
- Optimistic, driven, team-oriented
- Divorce was more accepted
Generation X

1965-1980

- "Latch key" children
- Many single parents
- Individualist and entrepreneurial
- Introduced to the computers
- Want what they want, now!
- Credit card debt!
- Labels and brand names
- School problems: Drugs
- Want to learn, explore, and make a contribution
Generation Y
Millenials

- Schedule everything
- 9-11 (9/1/01)
- Academic pressure
- Unlimited access to information
- Want fast and immediate processing
- They have been told over and over again that they are special, and they expect the world to treat them that way
- School problems: safety
- They do not live to work
Generation Z

Born after 2001

- Two groups: Tweens (8-12) & toddlers/elementary (0-7)
- Children leave behind toys at younger and younger age
- Savvy consumers: they know what they want and how to get it and they are over saturated with brands
Supervision
ASHA’s requirements

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Anderson’s Continuum of Supervision

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Anderson’s Continuum simplified

- **Stages**
  - Evaluation Feedback
  - Transitional
  - Self Supervision

- **Styles**
  - Direct/Active
  - Collaborative
  - Consultative
“Preschool was a great learning experience. During wrap up it would be beneficial if you as a supervisor give us feedback so we don’t feel like we aren’t doing a good job. The written feedback was good, but it helps to know when the session is over whether you were pleased with the session or not.”

“I would have learned, if he would have demonstrated certain therapy techniques. I felt confused about his expectations for our performance during therapy.”
Evaluation - Feedback Stage

- Supervisor is dominant.
- Beginning supervisee
- Supervisee working in a new setting or with a new type of client
- ‘Marginal Student’ stays at this stage. Unknowledgeable or clinically inept. Unprepared for the clinical interaction, unable to problem-solve, overwhelmed by dynamics of the situation, accustomed to being told what to do.
- Supervisee has passive role.
Direct-Active Style

- Supervisor has maximum control and responsibility. Supervisee has minimal participation.
- The purpose is NOT TO CLONE!!
The marginal clinician

- The supervisor is likely to ask questions, give positive and negative feedback, engage in problem solving, generate strategies, and give concrete guidance in assessment and treatment.

- It is helpful when the supervisor collects data so they can produce proper documentation. At the same time it reduces the demands on the clinician.
Goals, Strategies & Outcomes

- **Goal:**
  - Assist them in functioning at least at minimally acceptable level

- **Strategies:**
  - Joint planning
  - Role playing
  - Demonstrations
  - Structured observations
  - Recording the sessions
  - Some verbatim samples
  - Document conferences (logs, journal)

- **Outcomes**
  - With intensive supervision, they will be able to strengthen their work to an acceptable or higher level
  - Remove clinician from clinical experience and create an action plan with specific goals
  - Support in seeking an alternative vocation
Suggestions

- Have other supervisors observe, with marginal clinicians it is recommended to have more than one supervisor
- Regular recording of sessions
- Documentation
- Timeline for improvement
Transitional

Supervisee has reached a level of competency and knowledge and supervisor has achieved an attitude that results in participation by both.

Joint problem solving and peer interaction

Shared deliberation

Supervisee not yet independent but moving along in that direction.

Supervisee can participate on decision making

Learning to analyze clinical action and plan future strategies

Make modifications during their clinical sessions

Problem solve

Collaborate within the supervisory conference

Supervisor is able to allow the supervisee to assume responsibility

Interaction becomes closer to peer interaction

Supervisees may move back and forth at this stage
Collaborative Style

- Dynamic, problem solving process.
- Supervisor and supervisee work together.
- Both assume responsibility and provide input at different times. Both establish objectives together. Supervisor and supervisee share responsibilities and interact as professionals to meet common objectives.
Average clinician

Exhibits satisfactory performance or have significant difficulties in isolated areas. Most of the skills are acceptable or better.
Goals, Strategies & Outcomes

- **Goal:**
  - Maximize their professional development, enhance patient treatment, and increase involvement in supervisory process. Help them become consistently competent (average or higher).

- **Strategies:**
  - Continue joint planning, demonstration, directed observations, recordings
  - Data collection

- **Outcomes**
  - Case load assignment increases in diversity and complexity
  - Continue with documentation, objective documentation.
Suggestions

- Do some self reflection on sessions.
- Increase data collection duties, and show problem solving using the data.
- Encourage interpretation of data.
- Set goals to help improve professionally and clinically (review articles, EBP articles for particular clients).
- Direct feedback and some collaboration.
Self-Supervision

Supervisees have the ability self-analyze their clinical behavior and to alter it. There is some independence in problem solving. Peer interaction and consultative interaction.
Consultative Style

- Peer relation between supervisor and supervisee.
- Can be used at during the educational program, off campus, CF, or employment setting.
- Supervisee does not require continuous monitoring. With students, it could occur with a client with which they have developed expertise.
- Supervisor listens, supports, problem solves, and when necessary, provides suggestions.
Outstanding Clinician

- Clinician is competent in all areas evaluated. Strong assessment and treatment skills.
Goals, Strategies & Outcomes

- **Goal**
  - Maximize their potential. Professional development and problem solving skills.

- **Strategies**
  - Collaboration with supervisee, with telling and consultation when appropriate.
  - Self-assessment.
  - Some specific instructions and verbalizations to use.
  - Data collection is critical at this stage.
  - Ongoing professional activities.

- **Outcome**
  - Maintain outstanding level and achieve clinical excellence.
Suggestions

- Encourage autonomy.
- Increase participation in conferences and goal setting.
- Collaboration during conferences.
A collaborative style is recommended to move along the continuum. It consists of 5 steps:

1. Understanding the supervisory process
   Both supervisor and supervisee should have clear understanding of the objectives and procedures of the experience.

2. Planning
   It is recommended to plan for the client, the clinician, the supervisee, and the supervisor.

3. Observing
   Both supervisor and supervisee collect data about the session.

4. Analyzing
   Supervisor and supervisee analyze the data collected about the sessions. The data are examined, categorized, and interpreted using the changes, or lack of, in clinician and client.

5. Integrating
   All the information from the components are discussed.
Comments

- “We were provided regular feedback and learning was regularly facilitated, however more precise expectations would have provided less stress & complications throughout semester.”

- “I don’t think I had enough supervision. He rarely ever came into my sessions to tell me if I was doing something right or wrong. My feedback never gave any suggestions for improvement, it just told me what I was doing wrong. I don’t feel like my questions were answered clearly. I would benefit from more direct supervision/suggestions/modeling.”
Feedback (Cascia, 2013)

- Students have multiple supervisors and every supervisor has different expectations and supervisory style. Students must adapt to each supervisor and this could create some confusion regarding therapeutic techniques and approaches.

- Supervisors provided more similar comments (positive and negative) when a structured tool was used. This is suggesting that a structured tool for feedback allows for less subjective comments.

- A supervision plan with different skills are measured across a time frame is suggested. Sequential skills that will build a better clinician is recommended.
Feedback Tool (Wilson & Emm, 2013)

- Suggest that a tool for effective supervision should include the following:
- Balance positive feedback with corrective criticism
- Be specific
- Provide suggestions to improve and rationale for benefits of suggestions
What do you expect from your supervisor?

- Constructive criticism
- Professionalism
- Guidance/Advice
- Appropriate feedback
- Be patient
- Teach every moment possible
- Good modeling (demonstrations)
- Use of EBP
- Help locating resources
- Interest in teaching
Tips for supervisors

- Clarify expectations about time in facility
- Specify contacts for communication between university and supervisor
- Ask about problem solving strategy or plan
- Clarify student’s progress measurements
- Set up conferences with supervisee
- Be clear with expectations
- Discuss facility policies
- Recognize student’s learning style and response to feedback
The supervisory philosophy is based on core values and our beliefs about the relationship with the supervisee. It is a statement of our values, priorities, and our principles of supervision. It helps us determine if we fit within the organization. It reveals the way we want to be supervised. Can change, and we should re-examine it every year. Should be easy to remember, easy to communicate, and easy to understand. Can be public or private. Likely to change over time as it is influenced by experience, surrounding, and personal evolution.
Creating a Supervisory philosophy (McNair, 2011)

- Describe what good supervision looks like to you
- Talk to other supervisors or role models about their supervisory philosophy
- Make a list of values about supervision
- Identify priorities for working with others and principles by which you act
- Write in present tense (consider writing a statement about where you hope to be in the future)
Philosophy

- Once it has been developed...

PUT IT INTO ACTION!

- Revisit every year
Questions?

You Have to Ask

If one does not ask for information he seldom receives it; so I, for my part, make it a rule to answer any civil question that is asked me.

—The Tin Woodman of Oz, 1900
References