SUPERVISION BOOT CAMP

American Speech Language Hearing Association

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SPONSORED BY DIVISION 11

- SUPERVISION AND ADMINISTRATION and presented by:

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Welcome

- Introduction of speakers
- Getting to know the audience
- Information regarding Division 11, Administration and Supervision

A Quick Write

- I would define supervision as:

Supervision Defined

- “Supervision is a process that consists of a variety of patterns of behavior, the appropriateness of which depends upon the needs, competencies, expectations and philosophies of the supervisor and the supervisee and the specifics of the situation (task, client, setting, and other variables).” --McCrea, Elizabeth S. and Brasseur, Judith A., The Supervisory Process in Speech-Language Pathology and Audiology, Allyn & Bacon, 2003, p. 8

Working Definition of Supervision – O'Connor compilation of audience comments

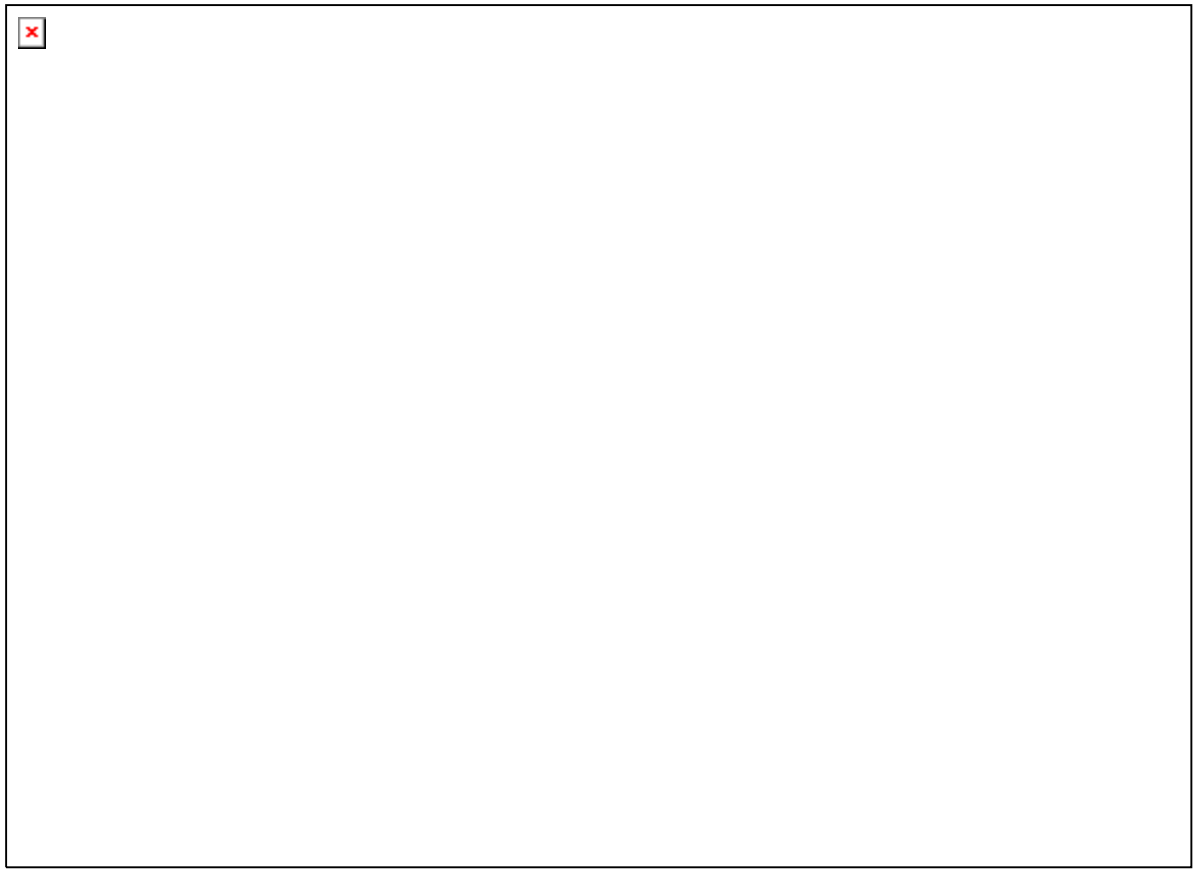
- To create a learning and working environment that will enhance the skills and confidence of the supervisee, and, ultimately, provide mutual strength, support and growth for both the supervisee and the supervisor.

- “A central premise of supervision is that effective clinical teaching involves, in a fundamental way, the development of self-analysis, self-evaluation and problem-solving skills on the part of the individual being supervised.”

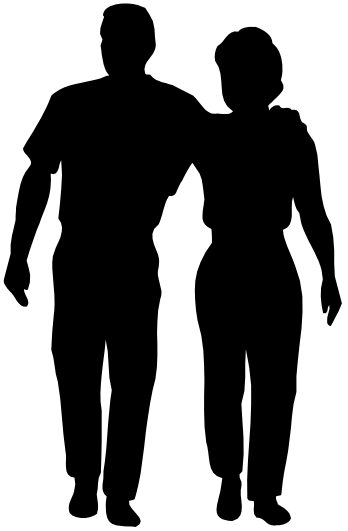
“Clinical Supervision in Speech-Language Pathology and Audiology,” ASHA, 1985 (position statement)

The Continuum of Supervision

Jean Anderson, The Supervisory Process, 1988.



Stages of Supervision



Evaluation Feedback Stage

Supervisor has dominant role

- What type of supervisee is seen in this stage:
  - beginning supervisee
  - marginal student
  - supervisee who is working with a new disorder category, new setting, new supervisor

Transitional Stage

- Supervisee is a participant
- Supervisor encourages and supports the supervisee in the management of the clinical process
- Supervisee is moving toward independence
  - Moving in competence, knowledge and skill
- What type of Supervisee is seen here?
  - Someone who is learning to analyze the clinical sessions & her/his own behavior

Self-Supervision Stage

- Supervisor views the supervisee as an independent problem solver
- Relationship becomes more of a peer interaction
- What type of Supervisee is seen here?
  - A person who is beginning to function independently but acts within boundaries of expertise
  - Can analyze sessions and clinical behavior

Styles of Supervision

Direct-Active

- The supervisor provides the direction for the supervisee

Collaborative Style

- Less directive but not inactive
- Shared responsibility
- Jointly establish objectives
- Collaboration is apparent

Consultative Style

- Self supervision is beginning
- Mentoring relationship develops
- Supervisee assumes the primary management

Style is dependent on:

- Stage of supervisee's knowledge and development
- Expected Outcome
  - Graduate Intern
  - SLPA
  - SLPA in fieldwork experience
  - Clinical Fellow
  - New Employee

Key Components of Supervision

- Understanding
- Planning
- Observation
- Analysis
- Integration

Understanding

- Perceptions of supervisee and supervisor roles
  - Is the supervisor the authority figure?
  - Is the supervisee able to problem solve?
  - Is the supervisee a passive participant?

- Goals and objectives for supervision
  - Goals for the client and for the supervisee

- Prior experiences in supervision

- Preferences for supervisory styles
  - What are the consequences of their preferred supervision style?
  - What types of feedback are preferred?
- Diversity

- Utilize

  - Supervisory expectation scale

  (Larson, L. 1982)

  - Supervisory needs rating scale

  (Larson, L. 1982)

  - Measurement of attitudes toward clinical supervision (Powell, 1987)

Supervisor - “know thy self”

- What is the supervisor’s philosophy of supervision?
- Is the behavior consistent with the philosophy?
- Why do individuals become supervisors?

Teaching supervisors about supervisory process

- Components of supervision
- Perceptions of supervisees about supervision
- Insight into problem solving
- Goals and objectives for supervisees
- Preferences for supervisory styles
- Dealing with anxiety
- Continuum of supervision

Planning

- Four-fold planning

- 1) for the client
- 2) for the clinician
- 3) for the supervisee
- 4) for the supervisor

Planning for the role of the supervisee

- setting objectives for supervisory conference
- deciding which data should be collected from the conference
- planning the self-analysis of conference data
- planning what the supervisee will being into conference based on data
- planning an agenda for the conference

Observing Supervisory Process

- Importance of observation

- Students should have observational skills before they

  start practicum

- These skills should include:
  - 1) differentiation of behavioral events & behavioral impressions
  - 2) systematic data recording
  - 3) analysis of data

Planning the observation

- Should be done jointly by participants
- A useful instrument is Kansas Inventory of Self-Supervision (Mawdsley, 1985)

Who does the data collection?

- The supervisees collect data on themselves and the client.
- The supervisor collects data on supervisee and may want to take data on the client to check the clinician's reliability

Myths about observation

- The supervisor's data is accurate
- Supervisor's ratings may be biased based on prior information about supervisee
- There may be a lack of agreement between professionals viewing the same session

Observational Techniques

- Methods of Data Collection

  - Recording evaluative statements
  - Tallies of behaviors
  - Rating scales
  - Verbatim recording
  - Interaction Analysis System

Analysis

- Purpose of analysis is to organize the raw data so that it becomes coherent and usable for the feedback component

- Focus on salient patterns

Integrating Components

- Expectations about feedback
- Supervisees must learn appropriate balance between direct feedback from the supervisor and self-analysis
- Planning the feedback
- Goals should be directed toward supervisee's movement along the continuum

Providing the Feedback

- Written feedback
- Spontaneous or unscheduled verbal interaction

Conference

- Collaborative Style
- There will be an agenda
- Evidence of data collection which is organized
- Analysis will be related to goals and objectives

Scheduled conferences

- Study by Culatta and Seltzer (1976)
- supervisor asked 70% of the questions
- supervisor spoke more than supervisees
- there was an absence of evaluation statements by the supervisor or self-evaluation by the supervisee

- Tufts (1984) did a content analysis of conferences.
  - Seventy percent of the time in conferences was spent on clinical procedures , lesson analysis and client information

Supervisor Roles
How they differ based on qualifications of supervisee

First let's talk about Speech-Language Pathology Assistants (SLPAs)

- SLPAs serve in an adjunctive capacity to SLPs.
- Qualifications: vary from state to state.
  - Check ASHA web site for "State Licensure Trends," and then click on State Regulation of Support Personnel.

More on SLPA Qualifications

- 35 States officially regulate SLPAs:
  - 12 licensure
  - 22 registration
  - 1 certification
- Qualifications range from high school diploma to BA plus additional graduate credit hours or BA plus clinical hours.

Supervisor Responsibilities

- These statistics tell us that each supervisor must be familiar with the qualifications to be an assistant in his or her state. The laws and regulations of your state supersede ASHA guidelines.
- The amount and type of supervision should be based on:
  - The skill level/knowledge of SLPA
  - The patients/clients served
  - The service setting
  - The tasks assigned

Types of Supervision

- In California we define three types of supervision:
  - Immediate – physically present
  - Direct – on-site w/guidance available
  - Indirect – not on-site but available by electronic means
- Need to determine what is appropriate based on skill of SLPA and client needs

- Supervisor needs to determine what type of clients to assign. What needs to be considered:
  - Again, skill and training of SLPA
  - Program needs
  - Client needs
  - Your preference

What duties will the SLPA perform?

- ASHA Guidelines on the ASHA web site can help you here.
- Many states have incorporated the scope of responsibilities from the 2004 Guidelines into the laws or regulations.
  - Available on ASHA web site www.asha.org.
  - Type in Guidelines for Use of Support Personnel

Activities Allowed for SLPA

- Conduct speech-language screenings without interpretation, as directed by supervising SLP
- Provide direct treatment assistance
- Follow/implement documented treatment plans/IEPs developed by supervising SLP
- Document client/patient progress
- Assist SLP during assessments
- Act as an interpreter-translator, when competent to do so
- Clerical: scheduling, materials preparation
- Assist SLP with research projects/inservice trainings and family/community education

Is On-site Training Needed?

- They have “technical knowledge” and clinical hours from fieldwork experience but systematic training and careful planning are necessary.
- Must decide how this will be done
- What are the needs of the program?
- What are the needs of the SLPA?

Revisiting the “Continuum”

- Evaluation Feedback Stage where you see the beginning supervisee.
  - Good at the beginning of the job or assignment.
  - Supervisor will be using a very direct active style at this point.
- Transitional Stage, begin to see supervisee as a participant. Someone who can begin to make decisions.
  - Can the assistant move into this stage?
  - Can the supervisor begin to assume a collaborative style?

Strategies for Using Your SLPA Effectively

- Ready: The Interview
- Set: Observation/preparation
- Go: Your SLPA in action

Getting Ready – The Interview (Find out about your SLPA!)

- What populations are you most interested in working with and why?
- What are your strengths?
- What are your weaknesses?
- What form of supervision helps you to work best?
- What are your skills/experiences in our field?
- Describe your time-management skills.
- What are your professional work objectives?

Getting SET...Making sure that your SLPA observes you and is prepared!

- Learning your environment
  - people, places, procedures
- Therapy materials
  - Where are they? What kinds of materials?
- Student files/charts
  - reading, discussing, charting, organizing
- IEPs/Treatment Plans
  - understanding, carrying out
- Meeting the students and clients
  - Observing YOU in action!

Go! Your SLPA in action!

- Carrying out the treatment plan as you have demonstrated/explained
- Performing speech/language screenings
- Assisting in evaluations/testing
- Documenting client behaviors
- Record-keeping, file maintenance, billing, scheduling
- Preparing, ordering, creating, arranging materials
- Other

Legal and Ethical Considerations

- The fully qualified Speech-Language Pathologist is responsible for the services provided for by assistants.
- You are legally and ethically responsible for the clients seen by the Assistant.
- Ethical considerations:
  - Assigning appropriate clients
  - Delegating appropriate tasks
  - Providing appropriate supervision

Supervising the Graduate Extern

- On site supervisor vs. university supervisor
  - How they differ based on setting?
  - What is their role?
  - Forty-five percent of SLPs in health care settings have supervised within the past year (2002)
    - SNFs and home health settings reported fewer graduate interns

Supervisor Qualifications

- Guidelines……
- 1985 ASHA Position Statement (ASHA, 1982a)
  - minimum qualifications for supervisors included that in addition to the master's degree and CCC in the area supervised supervisors should have at least two years of professional experience (after the CFY) and some coursework in supervision
- Position Statement - Clinical Supervision in Speech-Language Pathology and Audiology, 1985
- Clinical teaching

Clients and Level of Supervision

- Use of the continuum
- ASHA Guidelines- never less than 25% of the student's total contact with each client/patient

Continuum of Supervision

- For the graduate student

Legal and Ethical Issues

- Confidentiality
- Vicarious liability
- Competence
- Dual relationship

Supervising Clinical Fellows

- A bit different than in the other areas we are discussing as the CF has specific requirements (forms) that need to be addressed for certification
- CF supervisor is a component part of the paperwork completion process (different from supervision of graduate student)

Let's start with the requirements:

- Access SLPCF Report and Rating Form (available on-line)
- Importance of maintaining certification
  - If the clinical fellowship supervisor's certification lapses, the clinical fellow may be required to extend his/her clinical fellowship.
- 80% of the CF's time must be in direct patient contact – assessment, family contact, counseling/consultation of patient/family

- “It is the responsibility of the clinical fellow to verify the certification status of the clinical fellowship supervisor before initiating the experience and to verify the supervisor's continuing certification throughout the duration of the clinical fellowship experience.”
- http://asha.org/about/membership-certification/handbooks/slp/slp_clinical_fellowship.htm#cfs

Orientation for the CF experience

- Talking about to the CF experience – not to the job setting
- Review with the CF how you view your role – discuss your expectations for the experience
- Ask your CF how they view the experience and their expectations for the experience
- Talk about their supervisory experiences to this point – what was helpful, what wasn't
- Talk about how this supervisory experience will be the same and how it will be different

And…

- What populations (age groups/disorders) do you enjoy the most and why?
- What do you perceive as your clinical/professional strengths?
- What do you perceive as your clinical/professional weaknesses?
- What form of feedback is most beneficial to you?
- What are your experiences in field to date?
- Describe your time-management skills.
- What are your professional goals at this time?

Possible ethical dilemma with CF

- Many times – you are a colleague, worse yet – a friend!
- Objectivity
- Setting the stage

How much supervision is required?

- 36 supervisory contacts – 12 per each of 3 segments – 18 hours of direct observation of CF with clients/patients and 18 other activities
- The clinical fellow may NOT provide supervision to students during CF

- If the clinical fellowship is not completed within 4 years of the date the academic and practicum education is completed, the clinical fellow must reapply and meet the academic and practicum requirements in effect at the time of reapplication.

What about multiple supervisors?

- One supervisor is responsible of collating evaluations of all supervisors

Signed agreement between CF and CF supervisor addresses:

- the duration of the supervision
- the number of on-site supervisory activities and the duration of each on-site supervisory activity
- the other monitoring activities
- the manner for delivery of feedback
- the supervisor's commitment to complete and sign the Clinical Fellowship Report and Rating Form within 30 days of completion of the CF experience
- a mechanism for terminating the clinical fellowship if it becomes necessary
- an account of the direct expenses and payment schedule for which the clinical fellowship supervisor will be reimbursed (e.g., transportation, meals, lodging, telephone, etc.)
  - Payment must not be conditional upon the clinical fellowship supervisor's recommendation for approval of the clinical fellowship.
- a statement that both the supervisor and the clinical fellow have verified that the clinical fellowship supervisor's certification is current throughout the clinical fellowship.

What if the CF does not meet the requirements?

- CFCC indicates that the supervisor must counsel the CF both orally and in writing
- Document – observations of the CF, feedback provided
- Must indicate that CF has failed to meet requirements on the Clinical Fellowship Report and Rating Form
- Must submit a letter of explanation and supporting documentation and a signed Clinical Fellowship Report and Rating Form completed for the portion of the clinical fellowship supervised to CFCC. This information must be shared with the clinical fellow.
- Liability – CF supervisor is not liable for work of CF

CFSI

- CF and supervisor identify performance areas in which improvement is needed
- Develop and implement performance improvement plans
- CF should self-analyze performance on the CFSI as well
- Four Performance areas including: (5 point rating scale)
  - Evaluation (5 skills): selection, adaptation, administration of an assessment battery and interpretation of results
  - Treatment (5 skills): selection, development, adaptation, and implementation of treatment plans and intervention strategies
  - Management (3 skills): service activities and compliance with administrative and policy requirements
  - Interaction (5 skills): communication skills and collaboration with other professionals

CFSI

- Review skills to be assessed and assure CF understands the rating scale (minimum rating of 3 is required in each core area at the time of the final evaluation of CF)

- If a change is made in the site, supervisor, or category of hours worked per week, the supervisor submits completed and signed Clinical Fellowship Report and Rating Form for the portion of the CF that was completed to the CFCC within 4 weeks of the change.

- At the end fellowship, the **clinical fellowship supervisor mails the completed Clinical Fellowship Report and Rating Form** to the Certification office at ASHA.
- Keep a copy

Revisiting the “Continuum” as it applies to the CF

- Evaluation Feedback Stage – may be there in the beginning particularly in a new setting but should move quickly
- Transitional Stage
- Self-Supervision Stage – we are facilitating the CF’s performance/skill to move to this stage

What should supervision of the CF look like?

- Mentoring relationship – serve as a resource, a sounding board
- Discuss areas of strength and areas to continue to develop (allow CF to share perceptions and comment/support)
- Model behavior – if you are in a professional group – invite the CF

- Point out opportunities to develop advocacy skills
- Provide guidance on involvement with patient families, other ethical issues
- Be careful relative to judgments about the facility where the CF is employed – look at CF and situations discussed objectively

What to address during the evaluation?

- It’s a time to set goals together
- It’s a time to provide feedback to the CF

Appropriateness of goals

- Try to collaborate to determine a reasonable timeline for improvement
- For example, if CF is evidencing difficulty in understanding paperwork required for insurance billing, is it reasonable to set a goal of understanding billing requirements within a 3 month period?

Look for ways to direct CF

- Provide references of current information which may assist CF with caseload
- Share new assessments/materials which may be of interest

May find yourself…

- Assisting the CF in dealing with supervisory issues within the setting
- Time management, organization strategies
- Identification of knowledge base weaknesses or need for additional types of experience
- Strategies for addressing difficult situations within the setting

In general,

- CF supervision is a professionally rewarding experience
- Most proceed without a problem – over 95% are completed without any difficulty

General Considerations for Performance Evaluations

- Need to establish performance standards
  - Competency based, task oriented?
- Need to review these standards at the beginning of the assignment or job
- Will performance be tracked developmentally?
- How often will evaluations occur?

Constructive Feedback

- Descriptive vs. evaluative
- Specific rather than general
- Focused on performance rather than personal
- Well timed
- Information sharing rather than giving advice
- Monitored for the amount of information the receiver can use
- Checked for understanding
- Provides a format for dialogue (agreement or disagreement.

Evaluation: Assessing the Supervisee

- Principles involved
  - Accountability
  - Shared responsibility
    - Legal
    - Ethical
- Goal is to be helpful to supervisee

Characteristics of Effective Evaluation

- Appropriate number of performance evaluations
- Specific Feedback
- Honesty
- Consistency
- Effective Communication

Challenge:

To create a learning and working environment that facilitates bridging the gap between:

- **knowledge and skills**
- **ivory tower and real life**

Evaluating the Supervisor

- Important, but often neglected activity.
- This can be modeled after the supervisee competency-based assessment, determining whether the supervisor “assisted me in...” and then the same competencies are listed.
- Important to also evaluate the supervisory process.

Evaluating the Supervisory Process

- Ask yourself and the supervisee how often these occurred:
  - Planning conferences prior to providing services to the client
  - Providing feedback regarding sessions with the client
  - Supervisory conferences to discuss issues, concerns, performance

More on Evaluating the Process Rating: 1=almost always; 2=occasionally; 3=almost never

- In general, my supervisor...
- ✓ Made clear the expected behaviors/desired results
- ✓ Provided instructions in a clear, understandable manner
- ✓ Invited dialog/discussion
- ✓ Provided specific/appropriate feedback
- ✓ Was willing to take time to answer questions
- ✓ Demonstrated a supportive, encouraging attitude rather than being judgmental or punitive.
- ✓ Made time for planning on a weekly basis
- ✓ Scheduled regular supervisory conferences

Supervisor SELF-Evaluation!

- "In general, **I** made every effort to..."
- ✓ Make clear the expected behaviors/desired results
- ✓ Provide instructions in a clear, understandable manner
- ✓ Invite dialog/discussion
- ✓ Provide specific/appropriate feedback
- ✓ Answer supervisee's questions
- ✓ Demonstrate a supportive, encouraging attitude rather

  than being judgmental or punitive.
- ✓ Make time for planning on a weekly basis
- ✓ Schedule regular supervisory conferences

Strategies for Self-Evaluation

- Central premise of supervision is that effective clinical teaching involves the development of self-analysis, self-evaluation and problem solving skills on the part of the individual being supervised.
- So how can we as supervisors facilitate this process?

Facilitating Self-Analysis

- Encourage input from the supervisee by using language that promotes critical thinking, problem solving.
- Be a good listener. Support the idea that supervisee can self-analyze and problem solve on their own
- Consult vs. consultation
  - Consult – seek advice or information
  - Consultation – helping process which emerges out of need to solve a problem.

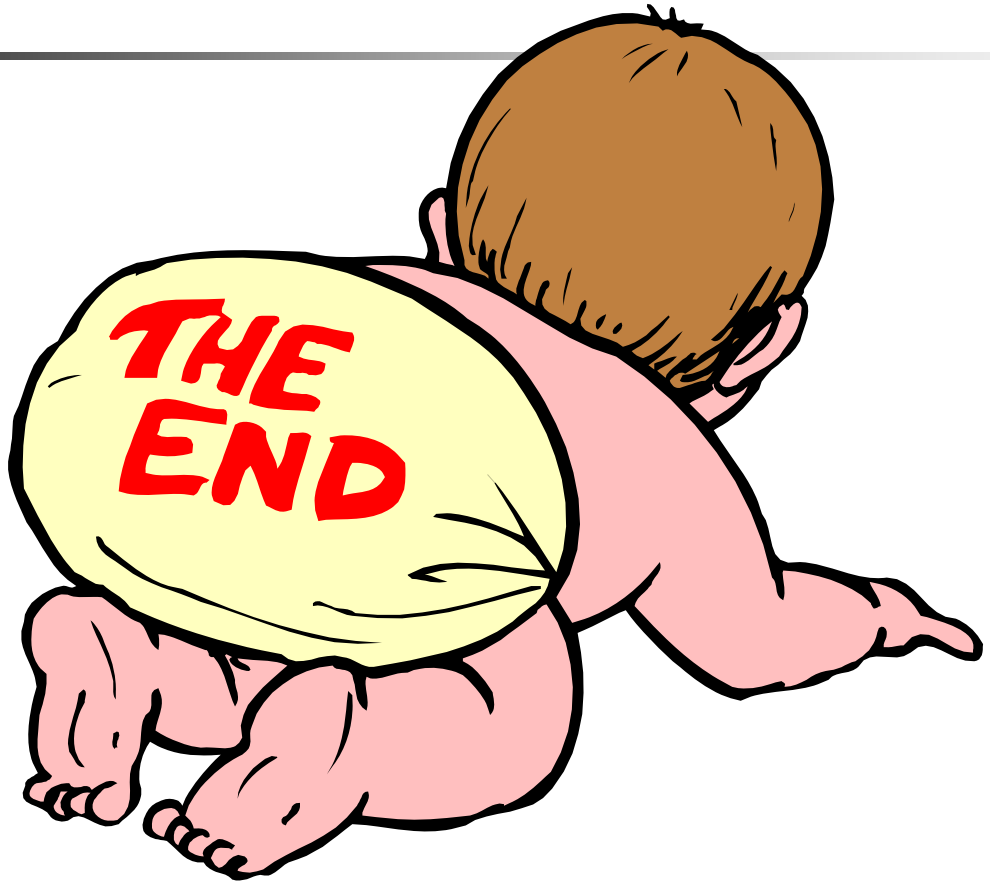
Questions?

- Scenarios for consideration (if time permits)

Resources: asha.org

http://asha.org/members/phd-faculty-research/default-academicscommunity

- Faculty, Researchers, & PhD Students
  - Teaching Tools
- **Speech-Language Pathology**
  - **The Role of Clinical Education**
    Education and training in the art and science of clinical education yields quality supervision. This article written by affiliates of Special Interest Division 11: Administration and Supervision outlines the need for research and training in supervision and clinical education.
  - **Clinical Education and the Professions**
    Discover the difference between classroom teaching and clinical teaching and the process for guiding students to acquire clinical independence from graduate school through the clinical fellowship.
  - **Resources for Supervision**
    Policy documents, articles, and useful Web sites for the clinical educator.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END

Merci

Vielen Dank

Gracias

Obrigado!