A LOOK AT SUPERVISION IN THE 21ST CENTURY

Invited Session: Special Interest Division 11 Administration and Supervision ASHA Ad Hoc Committee on Clinical Supervision in Speech-Language Pathology
Ad Hoc Committee Members

Lisa O’Connor (chair), Progressus Therapy of Marin
Christine Baron, National Rehab. Hospital
Thalia Coleman, Appalachian State U.
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Janet Brown (ex officio), ASHA
Introduction and Background

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Work of the Committee

Issues in Rewriting Documents
- 1985 position statement/knowledge & skills
- Special Interest Division
- Differences and similarities: audiology and speech-language pathology

Status of Documents
- Position statement, technical report, knowledge and skills—pending approval
- Will appear at www.asha.org/policy/
Who Are the Stakeholders?

Students
University clinic supervisors
Practicum supervisors
SLP employers, managers in healthcare, schools
Practicing clinicians—lifelong learners
Colleagues/mentors

NOTE: SLPAs addressed separately
Why Is Supervision So Important?

Relationship to shortages in the profession
Changing climate of practice
  - Expanded scope of practice
Ensuring quality of services provided
  - Legacy
Supervision in Practicum Settings

Common Challenges
- Productivity/workload burden
- Lack of incentives/rewards

Health Care
- Medicare requirements
- Part time staff
- Focus of populations/settings
  - SNF, home health
Incentives to Promote Supervision

ASHA 2007 Health Care Survey

- CE credit for supervision (75%)
- Financial incentive (59%)
- Reduced caseload/productivity (45%)
- More training in supervision (22%)
Examples of Incentives

By Universities
- University courses
- “Training Day” with CE credit
- Library access
- Financial remuneration

By Employers
- Reduced caseload
- Career ladder (“internship coordinator”)
Rewards for Externship Supervision

Positive experience; rewarding
Connection with universities
Professional growth & development
Effective recruiting tool
Definitions of Supervision

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The Problem

Often supervisors have limited knowledge/training on how to be a supervisor!
Such knowledge and skills are key to effective supervision
So what does supervision really mean?
Quick Write

My definition of SUPERVISION is…
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).

A Central Theme of Supervision is Critical Thinking and Self-Analysis!
“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)
Position Statement on Supervision

Supervision is a distinct area of practice. It is an essential component in the education of students and for continual professional growth. It consists of a variety of activities and behaviors specific to the needs, competencies, expectations of the supervisor and the supervisee, as well as the requirements of the practice setting. Education in the supervisory process is necessary.
Things Fundamental to the Supervisory Process

Supervisors should engage in ongoing self-analysis to facilitate the refinement of supervisory skills.

Supervisory relationship should be based on a foundation of mutual respect and effective interpersonal communication.

Supervisors must be aware of the legal and ethical responsibilities involved in supervision.
Issues Related to Quality of Supervision

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Training

Overnight supervisors
Lack of training dominates
Talk time
- Problem solving
- Strategy development

Direct supervision leads to:
- Passive involvement
- Dependence on the supervisor (Anderson, 1988)

Educate supervisors about the supervisory process
- Knowledge and skills document (in process)
Supervisor Accountability

Evaluation by the supervisee
Self-analysis/self-evaluation
Communication Skills in Supervision

Top Six Skills (Winsor, et al., 1997)
- Listen effectively
- Work well with others
- Operate effectively in small groups
- Gather information from others before decision making
- Write effective reports
- Give effective feedback
AND: able to use technology
Use of Technology

Vital
Messages to one or many
Archived information or in real time
Variety of forms
Comfort level to newest generations
Technology applications

E-mail & attachments
E-mail listsservs
Instant messaging
Web sites/Web pages
E-supervision
Video software
Weblogs
Podcasting
Standards, Regulations and Legal Issues

ASHA documents
State licensure laws
Federal-state reimbursement programs
Ethical Considerations

Code of Ethics, Principle I

- Ensure client services are provided competently by supervisees
  - students
  - clinical fellows
  - practicing clinicians
- Hold client's welfare paramount
- Ensure that provision of services are within scope of practice
  - seek continuing education as needed
…Ethical Considerations

Code of Ethics, Principal IV

- Maintain harmonious interprofessional and intraprofessional relationships
  - don't abuse authority
  - model appropriate behavior
  - restrict level of working relationship
Supervision by Non-SLPs

Professional Performance Appraisal by Individuals Outside of the Profession (ASHA, 1992)

Professional Performance Review Process for the School-Based Speech-Language Pathologist (ASHA, 2006)
Supervising Culturally and Linguistically Diverse Supervisees

Interact more frequently with individuals from diverse backgrounds

Account for culturally based behaviors, values and belief systems in interactions
Generational Differences

Multiple generations from Boomers to Millennials and beyond
Offer best of one generation while adapting to new generation
Supervising Challenging Supervisees

Additional time and resources required
Promoting self-evaluation of skills
Outcomes of Supervision

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Pre-requisites to Positive Outcomes

Supervisor’s awareness of:
- previous clinical experiences of supervisee (graduate, student clinician, clinical fellow)
- supervisee’s expectations of supervision
- supervisor expectations
- supervisory experiences of supervisor
Supervisee’s Knowledge and Skill Development

Acquired through study of normal and abnormal communication
Continues to grow with clinical experience and continued learning
Understands the importance of using evidence to support clinical decisions

ASHA’s Evidence-Based Practice in Communication Disorders: An Introduction (2004)
Keys to Positive Outcomes From Supervision

Effective communication between the supervisor and the supervisee
Recognition and acceptance that the supervisee is continuing to learn
Utilization of resources by the supervisor and the supervisee that support positive outcomes
Recognition that supervision and supervisory style changes with growth of the supervisee
Recognition and respect for power differential in supervisory relationship
The Power of Power

Supervisors hold the reins and most supervisees recognize this.
Positive supervisory outcomes hinge on a recognition of the differential in power but do not allow an abuse of the differential in power.
Supervisors should have a unique relationship with the supervisee that is respectful, supportive, friendly, professional.
The Standards for the Certificate of Clinical Competence in Speech-Language Pathology

For positive outcome, supervision must be appropriate to the student's level of knowledge, experience, and competence. For positive outcome, supervision of the supervisee must be sufficient to ensure the welfare of the client/patient.
...The Standards for the Certificate of Clinical Competence in Speech-Language Pathology

For positive outcome, supervised practicum must include experience with client/patient populations across the life span and from culturally/linguistically diverse backgrounds. Practicum must include experience with client/patient populations with various types and severities of communication and/or related disorders, differences, and disabilities.

www.asha.org/about/membership-certification/handbooks/slp/slp_standards.htm#Std_I
THE CONTINUUM OF SUPERVISION AND APPROPRIATE STYLES

From Anderson, J.L. (1988). The supervisory process in...
Supervisory Continuum – Anderson, 1988

Successful outcomes:

- recognize that supervisees will be at different positions on the continuum throughout clinical training
- reflect understanding that supervisory styles change based on the supervisee’s position on the continuum
- reflect an understanding that supervision is a dynamic process – supervisory style should also be a dynamic process
Example of Changing Supervisory Style to Benefit Supervisee Outcome

Supervisee is a last semester student in graduate program beginning externship in a SNF. Supervisee has observed several bedside evaluations and has assisted the supervisor in varying degrees. The supervisor has provided verbal and written feedback reflecting strengths and areas for improvement. The supervisee has been noted to consistently improve in the bedside swallowing assessment process and is now conducting an assessment of a patient “independently”. Supervisor is providing direction step by step throughout this process. What considerations does this present? How is this situation addressed to result in a positive outcome that ultimately assists the supervisee?
The Picture of the Desired Outcome…(Supervisee)

A supervisee who generally receives accolades from all supervisors…

- uses critical thinking, self-analysis, self-evaluation and problem solving skills
- prepares for planning meetings, treatment sessions
- communicates and relates well with patients/patient families, support staff, other professional staff, supervisor
- provides rationales for clinical decisions
- submits paperwork in a timely manner
...The Picture of the Desired Outcome...(Supervisee)

- Writes concisely and clearly
- Plans for the client
- Listens, asks questions, participates in the supervisory relationship
- Applies academic information to the clinical experiences
- Establishes meaningful and appropriate short and long term goals for patients and clients.
…The Picture of the Desired Outcome…(Supervisor)

A supervisor who describes the experience of supervising as:
- having learned some new information from the supervisee
- having benefited from the supervisees enthusiasm for the profession, position, experience
- having appreciated the new challenge of supervision in their job description
- feeling appreciated as a supervisor
Knowledge and Skills Necessary for Effective Supervision

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1985 ASHA Position Statement vs.
2007 ASHA Knowledge and Skills Document

22 years of change
Student supervision vs. supervision across a spectrum of supervisees
Basic tasks/competencies for student supervision vs. knowledge and skills for supervising any supervisee
Written for supervisors
Acquiring Supervisory Expertise

Self study
ASHA’s products
Courses/workshops
Special Interest Division 11
Mentoring by an experienced supervisor
Core Areas of Draft *Knowledge and Skills* Document

Demonstrate the fundamental skills of supervision
Establish and maintain a productive relationship with the supervisee
Develop the supervisee’s clinical competence in assessment
Develop the supervisee’s clinical competence in intervention
Core Areas…

Facilitate the development of the supervisee’s critical thinking and problem-solving skills

Plan, execute and analyze supervisory conferences

Evaluate the growth of the supervisee both as a clinician and as a professional

Incorporate principles of mentoring in supervision
Core Areas…

Demonstrate sensitivity to cultural and linguistic differences that affect individual learning and behavioral styles across settings

Emphasize effective development and maintenance of clinical and supervisory documentation

Demonstrate conformance with ethical, regulatory and legal requirements
Q & A
Resources

Certification:
http://www.asha.org/about/Membership-Certification/

Supervision resources:
http://www.asha.org/members/slp/supervision

Special Interest Division 11:
www.asha.org/about/Membership-
Certification/divs/div_11.htm


ASHA Policies on Ethics

Clinical Fellowship Supervisor’s Responsibilities (2004)
Fees for Clinical Service Provided by Students and Clinical Fellows (2004)
Supervision of Student Clinicians (2004)

Available at:
www.asha.org/policy/type.htm