

**Bridging Perspectives:
Lessons from Supervising
and Coordinating
Graduate Internships**

Nathaniel Friedman, MA, CCC-SLP



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Disclosures

- Employed by Eastern Michigan University
 - Title: Clinical educator and internship coordinator
- Received MSHA conference fee waiver
- Gen AI was used for portions of this presentation



EASTERN MICHIGAN UNIVERSITY
**Special Education & Communication
Sciences and Disorders**

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Outline

1. Who Am I?
2. Supervisor perspectives
 - a. Discussion - Challenges
 - b. Challenges
 - c. Lessons learned
3. Internship coordinator perspective
 - a. Discussion - Supporting critical thinking
 - b. Lessons learned
 - c. Discussion - Creating goals with Bloom's hierarchy
4. Supervision Strategies Recap and Resources
5. Recommended readings and resources

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Learning Objectives

1. Describe at least one strategy to provide effective supervision described in this presentation.
1. Describe a technique that promotes student clinicians' growth in critical thinking, self-evaluation, or clinical decision-making.
1. Analyze common challenges in graduate student supervision and identify approaches to address them.

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Supervised Experiences - Externships and CF

My perspective has been shaped by experiences being supervised:

- Inclusive private school for students with hearing impairments
- Inpatient Hospital Setting - Acute Care
- Public School CF



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Supervisor Experiences - Clinical Career

My perspective has been shaped by my experiences being a supervisor:

- Corewell Health Center for Exceptional Families - Outpatient Pediatric Clinic
- Michigan Medicine Pediatric Rehabilitation Center - Pediatric clinic, Autism treatment program and diagnostic clinics
- Arbor Autism Centers - Private Practice



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What challenges do you encounter when hosting a student or mentoring a clinical fellow?

Please type your answers in the chat

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Supervisor Perspective - Challenges



- Limited support from organizations
- Lack of training in supervision concepts
- Feedback and conflict management
- Complex student needs
- Generational differences in communication and values
- Lack of clinical experience and/or professionalism in students

What Are the Biggest Challenges for Supervisors When Working With Students or New Clinicians? - Ask the Experts 2019

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Supervisor Perspective - Lessons Learned

Supervision parallels therapy
 Communication is key
 Build Structure to Support
 Developing critical thinking
 Feedback



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Supervision Parallels Therapy

- Baseline data and communicate expectations
 - Document early data to compare later
- Building goals and designing activities
 - Achievable and measurable goals
 - Goals should be functional
 - Students provide input into goals
 - Activities should be designed using incremental increases in complexity and decreases in prompting to lead toward independence
- Regular assessments to meet benchmarks
- Difficult conversations
 - Utilize similar strategies to difficult conversations in therapy/assessment settings



(Marshall, 2022)

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Supervision Parallels Therapy - Timelines

- Wk 1:
 - Build rapport
 - Discuss goals
 - Observe
 - Baseline measurements
- Wk 2:
 - Begin therapy with high degree of support
- Wk 3-4:
 - Teach concepts directly
 - Measure progress in goal areas against final outcomes



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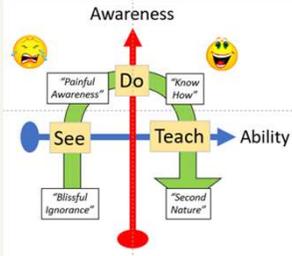
Supervision Parallels Therapy - Timelines

- Wk 5-6:
 - Continue to increase independence
 - Measure generalization
- Wk 7-8:
 - Less direct teaching, more indirect instruction to support critical thinking
 - Less supportive feedback, working toward self-evaluation
- Wk 8-12:
 - Increased independence
 - Increased complexity
 - Increased accuracy and/or independent error correction
 - Improved self-monitoring
 - Outgoing testing - did you meet your original goals?



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Supervision Parallels Therapy - See-Do-Teach Approach



- Step 1 **See**: Show a therapy strategy with verbal description
 - Step 2 **Do**: Have your intern do it with your supervision
 - Step 3 **Teach**: Student teaches the strategy to someone else (parent, teacher, colleague; link to class projects)
- Micro-level
Macro-level

"See one, do one, teach one": Balancing patient care and surgical training in an emergency trauma department - PMC
Image: See-Do-Teach - HCSE Blog

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Communication is Key

Reed (2024), CAPCSD Presentation

- Communicate expectations early
 - Set standards
 - Provide education using matching communication methods
 - Be aware of generational differences
- Open and honest communication
 - Transparency
 - Constructive feedback
 - Include internship coordinator as needed
- Value your student's perspective
 - Ask what they need from you as a supervisor to maximize their learning experience
 - Compare how you build your own structure to how they build theirs
- Written documentation helps
 - Written documentation of conversations can help you be on the same page

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Structure and Scaffold to Support

- When students struggle, adding structure can help
 - Structure adds clarity and support
 - Regular documentation helps everyone be on the same page
 - Compare to assessment standards that are already present (CAA)
- Examples of support
 - Weekly meetings with goal review
 - Written comments on individual sessions
 - Teaching in-the-moment
 - Providing exemplars of documentation
 - Clearly worded goals
- Regular meetings always help
 - Dynamically adjust feedback according to need
 - Opportunities for routine check-ins helps you be on the same page
 - Written documentation of regular meetings and feedback provided is helpful to review and move forward with clarity



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What is your favorite way of supporting or scaffolding clinical skill development.

Please type your answers in the chat

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Supporting Critical Thinking

- Model
- Guide/Coach/Teach
- Link Academic + Research + Clinical
- Normalize failure
 - Point out your own mistakes in therapy
 - Discuss what changes you'll make next time
 - Strength-based approach
 - Therapy is like science
 - Model language to encourage a growth mindset
- Less direct teaching > direct instruction
 - Asking open-ended probing questions
 - Allow the clients to teach the students



<https://www.spoon88.com/blog/critical-thinking/>

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Give me an example of how you normalize failure?

Please type your answers in the chat

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Fun with AI!

Prompt: I want to teach SLP clinical educators how to design goals based on Bloom's (Anderson's) taxonomy. I'm using it to demonstrate how learning develops and how educators can design activities at their site to support their student's education while following this taxonomy. I want you to create more goals based on other areas of speech language pathology based on my examples.

Aphasia	Dysphagia
<p>Remember: List hallmark features of Broca's, Wernicke's, and conduction aphasia; identify subtests of the WAB or BDAE.</p> <p>Understand: Describe how lesion location relates to aphasia type; explain neurological areas associated with comprehension, repetition, and naming.</p> <p>Apply: Administer and score a naming or comprehension subtest; collect and analyze a language sample.</p> <p>Analyze: Interpret WAB/BDAE results to classify aphasia type; analyze discourse for paraphasias, agrammatism, or circumlocution.</p> <p>Evaluate: Evaluate appropriateness of therapy goals based on severity, prognosis, and patient priorities; critique a SOAP note for clarity and reasoning.</p> <p>Create: Write a diagnostic summary integrating standardized testing and discourse analysis; develop a person-centered treatment plan with measurable goals.</p>	<p>Remember: Identify phases of swallowing and structures involved; list common signs of aspiration.</p> <p>Understand: Explain how neurological conditions affect swallowing physiology; describe rationale behind compensatory strategies.</p> <p>Apply: Conduct a bedside swallow screening; apply compensatory strategies and observe effects.</p> <p>Analyze: Interpret MBS/FEES results to identify physiological impairments; analyze relationships between clinical signs and instrumental findings.</p> <p>Evaluate: Evaluate safety and appropriateness of diet recommendations; critique a dysphagia plan of care for alignment with instrumental results.</p> <p>Create: Develop a comprehensive dysphagia treatment plan with goals and strategies; write a diagnostic summary integrating instrumental and clinical data.</p>

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Goal Writing - Your Turn to Practice!

Use Bloom's Taxonomy verbs to create 3 levels of learning objectives/goals that are specific to your practice. Type your answers in the chat.

01	02	03	04	05	06
KNOWLEDGE: Define, Identify, Describe, Recognize, Tell, Explain, Recite, Memorize, Illustrate, Quote	UNDERSTAND: Summarize, Interpret, Classify, Compare, Contrast, Infer, Relate, Extract, Paraphrase, Cite	APPLY: Solve, Change, Relate, Complete, Use, Sketch, Teach, Articulate, Discover, Transfer	ANALYZE: Contrast, Connect, Relate, Devise, Illustrate, Distill, Conclude, Categorize, Take Apart	EVALUATE: Critique, Reframe, Judge, Defend, Appraise, Value, Prioritize, Plan, Grade, Reframe	CREATE: Design, Modify, Role-Play, Develop, Rewrite, Phot, Modify, Collaborate, Invent, Write

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Backward Design

- Craft your goals/learning outcomes
 - Identify your desired results
 - Learning outcomes from my syllabus are broad but can be used as a structure
- Design the course assessment
 - Determine acceptable evidence
 - Observations
 - Weekly meetings
 - Self-reflection
- Plan your learning activities
 - Plan learning experiences and instruction
 - How do your activities link back up to the assessment and learning outcomes?

The Backward Design Process

Identify desired results
What I want the students to understand and know and be able to do?

Determine assessment evidence
How do I check they have learned?

Plan learning experiences and instruction
Which learning activities will lead students to the desired results?

Teaching frameworks and models - Institute for Teaching and Learning Innovation - University of Queensland

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Q & A

What strategy or strategies will you consider the next time you host a student or clinical fellow?

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Reach Out!

Email me with questions: nfriedma@emich.edu

PDF of these slides available here: