

Supervision Matters

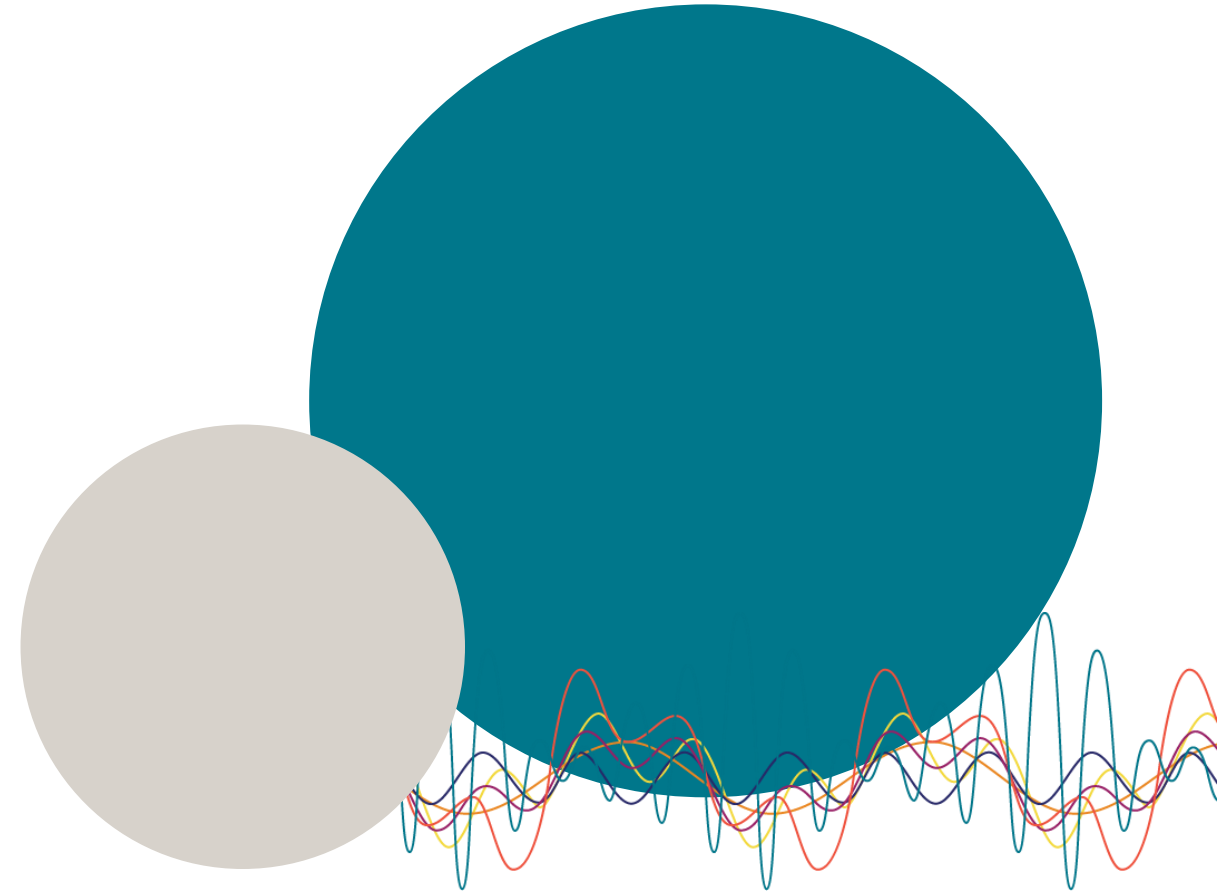
A. Lynn Williams, Ph.D., CCC-SLP

2021 ASHA President

East Tennessee State University

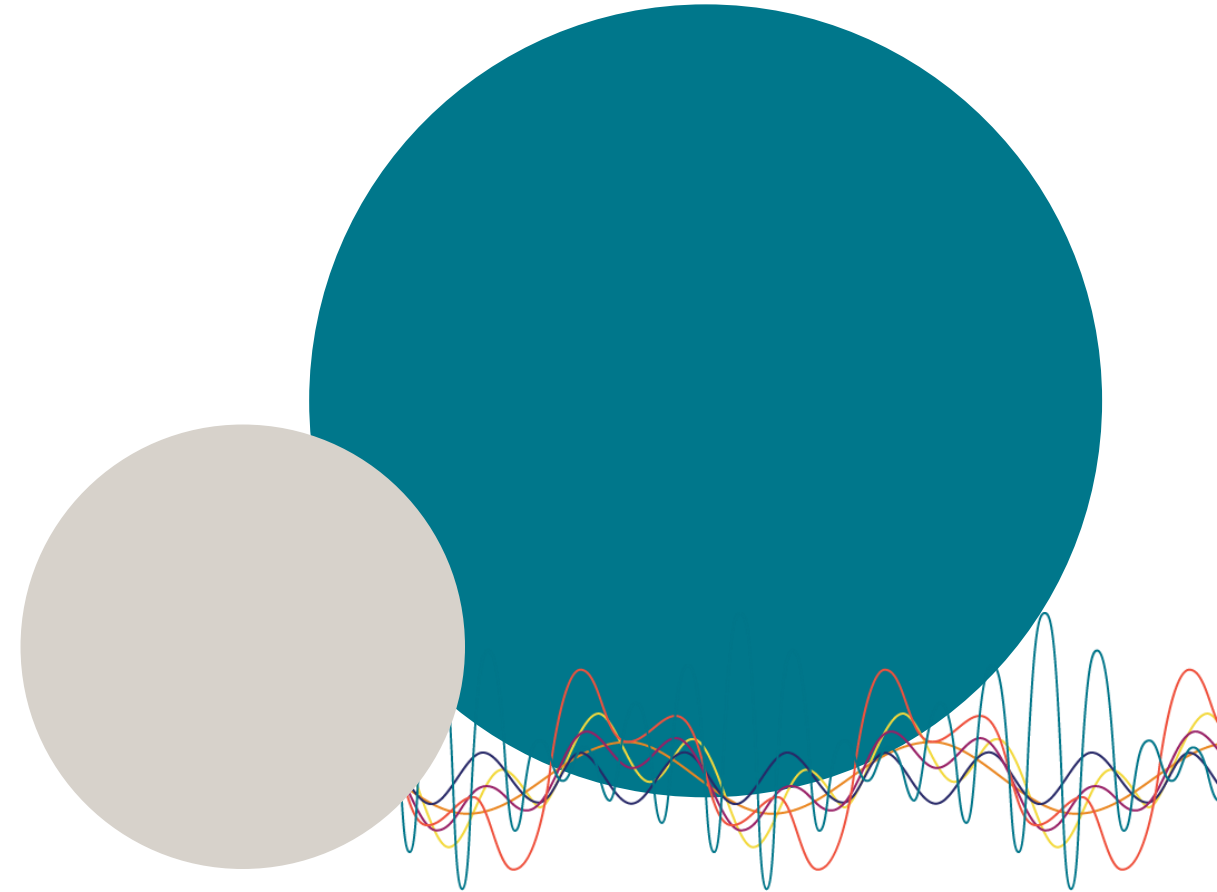
Disclosures

- Financial: none
- Non-financial:
 - 2021 ASHA President
 - 2017 ASHA Vice President for Academic Affairs liaison to the ASHA Ad Hoc Committee on Supervision Training
 - Portions of this presentation were presented at CAPCSD and ASHA



Learning Outcomes

1. Identify three existing clinical education/supervision training resources
2. Design a supervision experience that appropriately supports a supervisee, including setting and reviewing expectations, building opportunities for communication and feedback, orienting the supervisee to the clinical environment, and providing resources for further supervisee education.
3. Describe a potential strategy for promoting supervision training among your associates.



Outline

Historical overview of recognition of supervision within ASHA as a distinct area of clinical practice and training

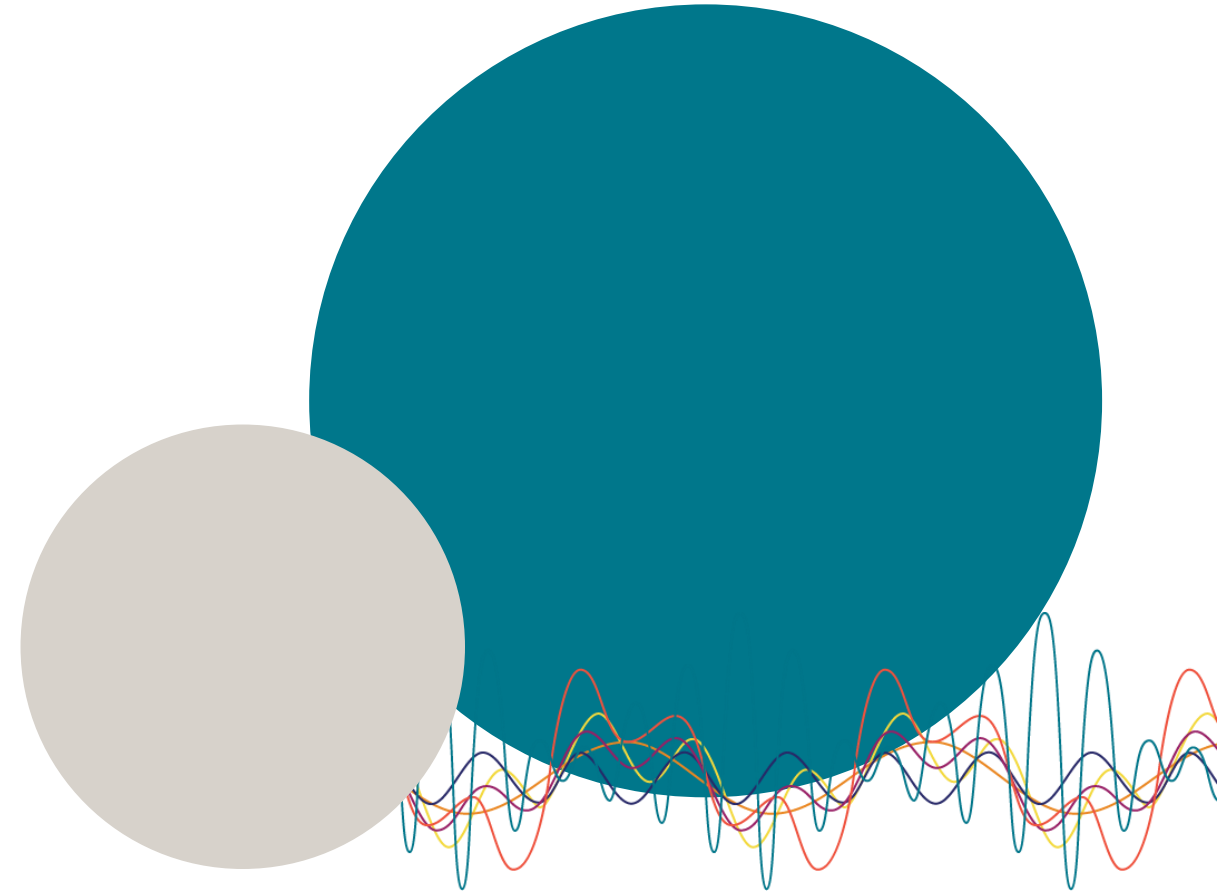
Resources for Supervision Training

- Self-Assessment Tool for Supervision Training
- Topics for Supervision training
 - 5 target audiences
 - 5 topic areas
- Plan for Establishing ASHA Resources and Training Opportunities
 - Professional Development
 - Research and Publications
 - Advocacy

Components of Clinical Supervision

Ad Hoc Committee on Supervision Training (AHCST) Members

- Vicki McCready, CCC-SLP, Ad Hoc Committee Chair
- Loretta Nunez, Ex Officio
- Stephanie Adamovich, CCC-A
- Karleung Cornell Cheung, CCC-A
- Carol Dudding, CCC-SLP, Council of Academic Programs in Communication Sciences and Disorders Representative
- Natalie Lenzen, CCC-A
- Kevin McNamara, CCC-SLP, Special Interest Group 11 Representative
- Nancy Nelson, CCC-A
- Samantha Procaccini, CCC-SLP
- Shari Robertson, CCC-SLP, Vice President for Academic Affairs in Speech-Language Pathology (2015)
- Lynn Williams, CCC-SLP, Vice President for Academic Affairs in Speech-Language Pathology (2016-2018)



Naming Ourselves and Defining What We Do

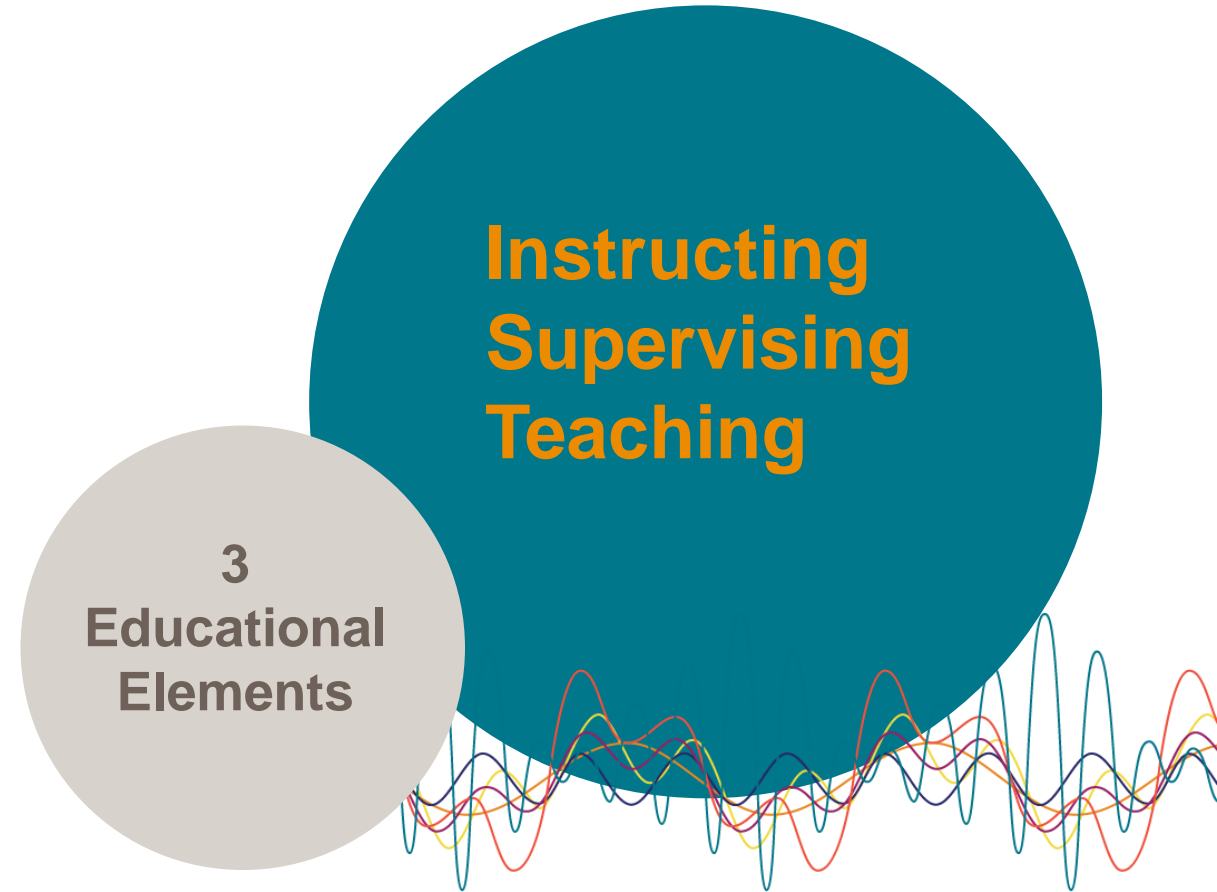
Supervisor

Clinical educator

Preceptor

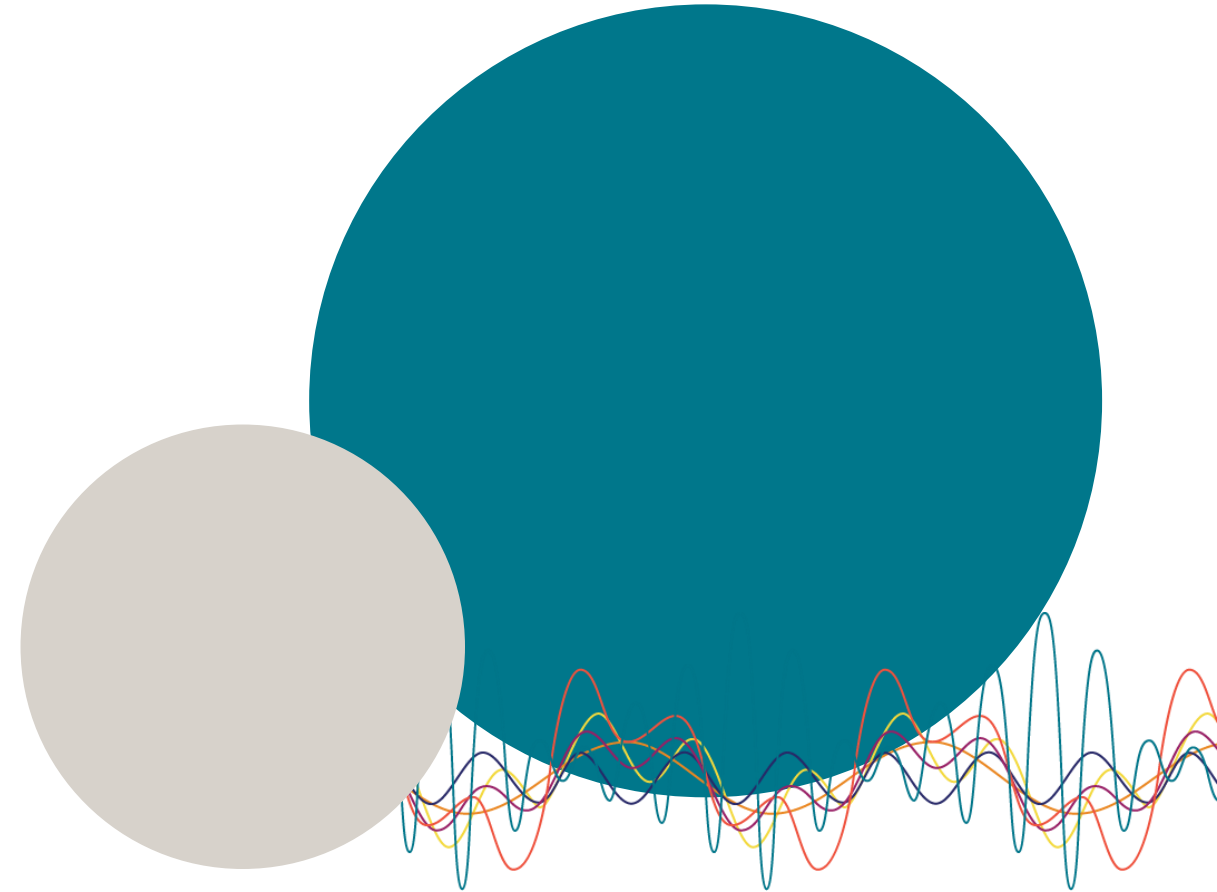
Clinical Educator

- Role of “supervisor” changed from one of “managing” and “controlling” to that of “clinical educator” that links the 3 educational elements of instructing, supervising, and teaching in a way that facilitates development of professional competence, capability, and life-long learning



What are the Goals of Clinical Education?

- Integration and application of academic information
 - Informed and flexible practice
 - Self-analysis
 - Independent, problem-solvers
 - Life-long learners



Why Does Supervision Training Matter?

Supervision training is essential to equip both future and practicing audiologists and speech-language pathologists with the knowledge and skills to ...

- provide the highest quality service to people with communication differences and disorders.
- continue the vibrancy of the profession through excellence in supervision.
- excel in an effective manner as a supervisor, preceptor, clinical educator or mentor.

Early Recognition of Supervision as a Distinct Area of Practice and Training

1972 Indiana University begins PhD program in clinical supervision

1974 Council of University Supervisors in Speech-Language Pathology and Audiology (CSSPA) established

1978 ASHA Committee on Supervision in SLP/AUD addresses roles and responsibilities of supervisors

1985 ASHA Position Statement: "special preparation is needed to enable individuals to function competently as supervisors"

1991 ASHA Division 11 (now SIG 11) Administration and Supervision established

2008 ASHA Position Statement: "supervisors should seek training on the supervisory process so that they can learn about differing supervisory styles and develop competence in supervision"

2013 ASHA Ad Hoc Committee on Supervision: "All persons engaged in supervision across settings [should] be trained in the overarching skills and knowledge necessary for supervision"

2016 ASHA Ad Hoc Committee on Supervision Training: recommends supervision training requirement

ASHA Position Statements Regarding Clinical Supervision

1985	2008	2013
<p>Legitimized supervision as a “distinct area of expertise and practice.”</p> <p>Stipulated that “special preparation is needed to enable individuals to function competently as supervisors.”</p>	<p>Noted that “Supervisors should seek training on the supervisory process so that they can learn about differing supervisory styles and develop competence in supervision.”</p>	<p>Roles, responsibilities, and skill set were clearly defined by ASHA and CAPCSD</p> <ul style="list-style-type: none">• Now that knowledge and skill set needed to provide effective supervision more clearly defined, concerns are focused on how individuals may adequately acquire those competencies



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

SIG 11

SPECIAL INTEREST GROUPS



American
Speech-Language
Hearing
Association

2010: Supervisor credential survey indicated overwhelming recognition of the importance of formal training in supervision

2017: Submitted application for ASHA Specialty Certification in supervision

2013: ASHA *Ad Hoc Committee on Supervision* noted “All persons engaged in supervision across settings [should] be trained in the overarching skills and knowledge necessary for supervision.”

2016: ASHA *Ad Hoc Committee on Supervision Training* recommends supervision training requirement



2013: White Paper: *Preparation of Speech-Language Pathology Clinical Educators* notes “Formal training/preparation of clinical educators is necessary and should be required.”

2014: American Board of Audiology *Preceptor Training Needs Gap Analysis* identifies need for preceptor training

Movement Toward Formalized Supervision Training

- **2013 AHC on Supervision (AHCS)**

- Explicit roles, responsibilities and skill set needed to engage in supervision were defined systematically
- Recognized the ongoing culture of engaging in supervision practices through trial and error or past experiences rather than from available evidence and best practices
- Made first formal ASHA affiliated recommendation that all persons engaged in supervision be trained in skills and knowledge necessary for supervision

- **2016 AHC on Supervision Training (AHCST)**

- 3 significant recommendations:
 1. Increase awareness and advocacy efforts for supervision training
 2. Improve the quality, availability and accessibility to supervision training opportunities
 3. Formalize supervision training requirements

AHCST Recommended

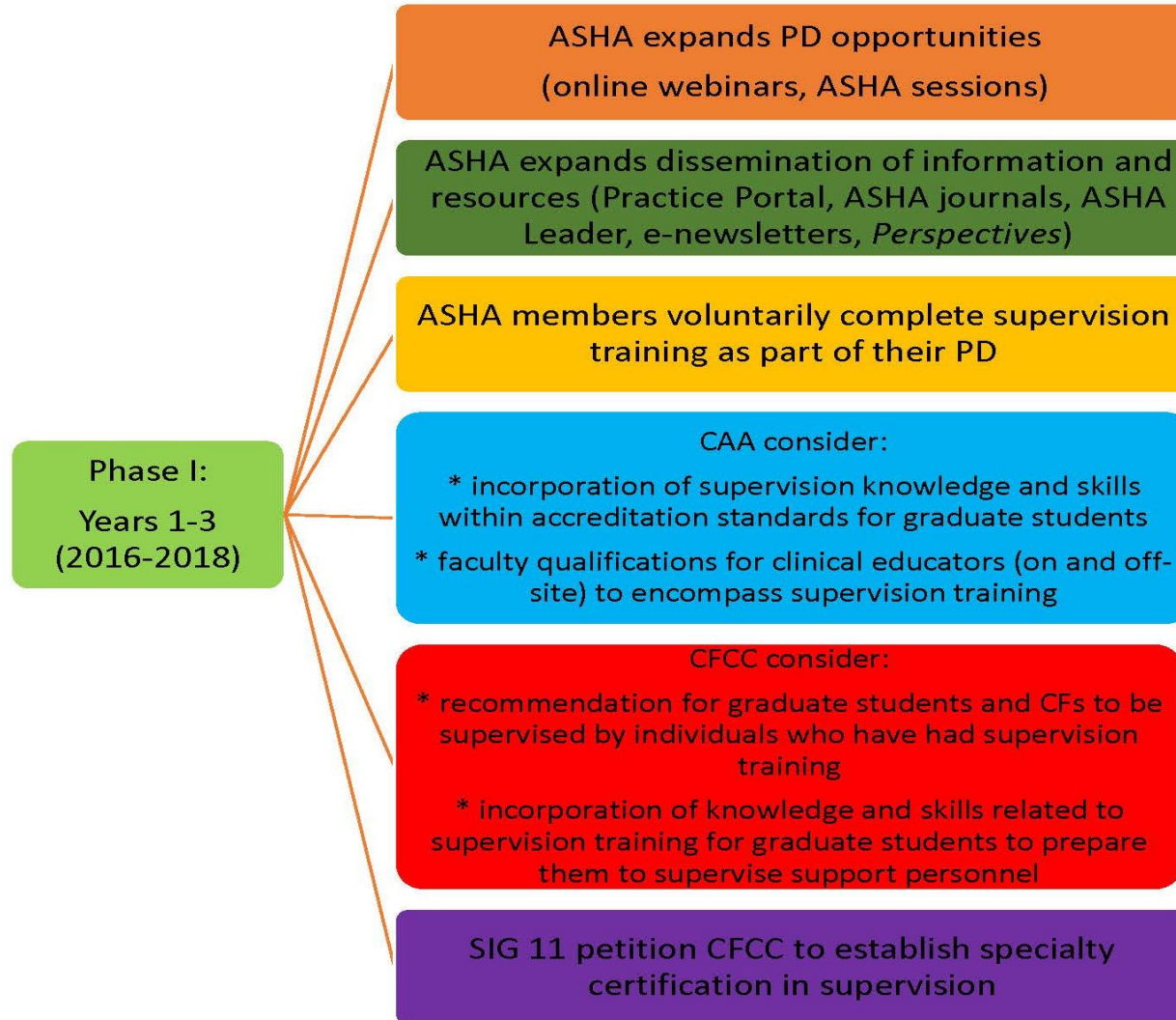


A phased-in transition process to be implemented over the next 6 years, culminating in an increased number of audiologists and speech-language pathologists trained in supervision



The Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) consider a minimum requirement of 2 clock hours for ASHA members who provide clinical supervision

6-Year Plan: Phase I



Completed ✓

6 Year Plan: Phase II





Approved (Jan 1, 2020):

9 months of full-time clinical experience after award of ASHA certification prior to supervising students.

Minimum of 2 continuing education /certification maintenance hours in supervision prior to the start of supervising students.



2017 Standards:

3.1.1B...“Understand the role of clinical teaching and clinical modeling as well as supervision of students and other support personnel.”

For SLP students: “demonstration of ... processes of clinical education and supervision.”

Your Personal History with Supervision Training

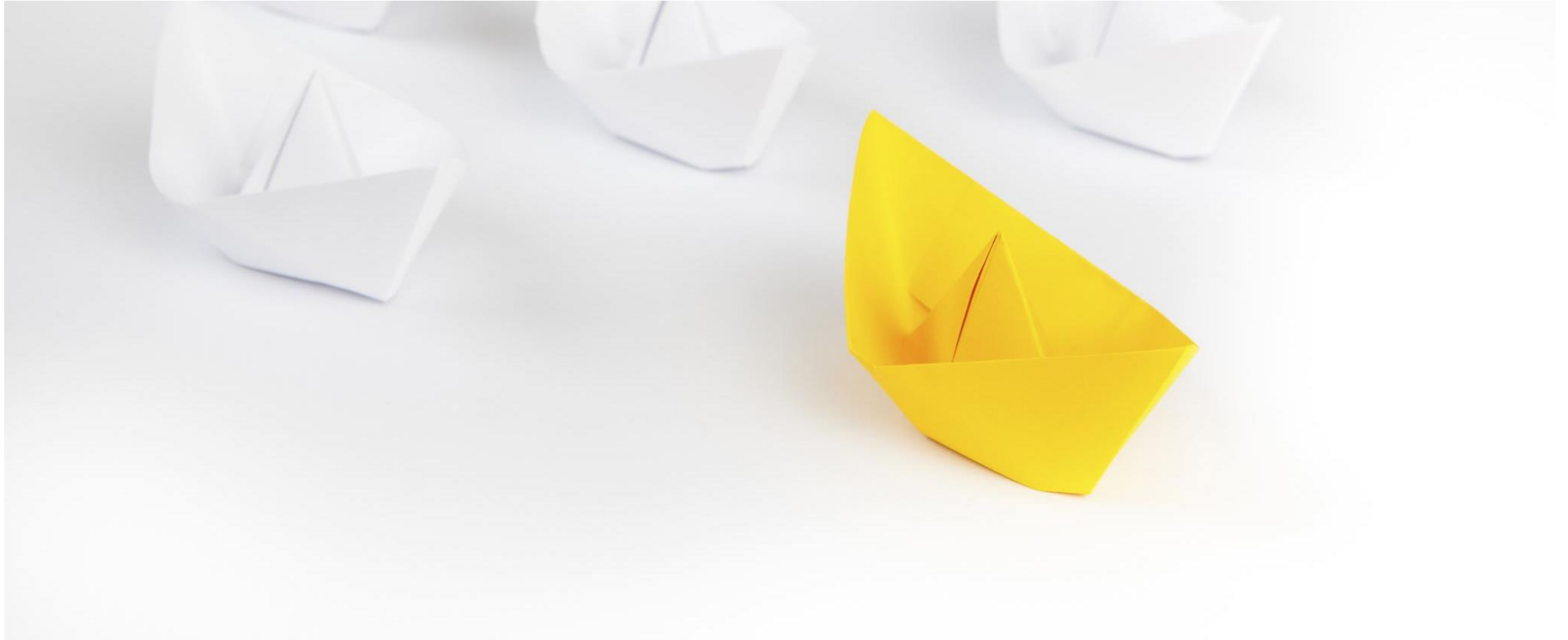


How did you learn to be a clinical educator? Did you receive training in supervision prior to or at the time of your first supervisory experience?



Did you feel well-equipped to manage in your first supervisory experience?

Any questions about importance of supervision training?



Building Capacity for Well-Trained Clinical Educators, Preceptors, and Mentors



ASHA Practice Portal

- Under Professional Issues
 - Clinical Education and Supervision

<https://www.asha.org/Practice-Portal/Professional-Issues/Clinical-Education-and-Supervision/>

Supervision Training



The question now is how do we determine:

What training is necessary
How to implement training
Where to find training resources



To address these questions, AHCST developed following tools:

Self-Assessment of Competencies in Supervision (ASHA, 2016)
Guide to ASHA and Non-ASHA Resources

Self-Assessment as Continuing Education Tool



Use of the self-assessment to prepare persons supervising



“Studying the supervisory process in one’s own behavior is the first step to accountability in the clinical teaching aspect of the supervisory process” (McCrea & Brasseur, 2003)

Guided questions assist in setting goals to achieve competencies
Outlining a continuing education plan



Map methods that will be used to achieve goals



Track completion

Self- Assessment Tool for Supervision Training

Intent

- Assist SLPs & Audiologists engaged in supervision to evaluate their own competencies
- Develop goals for training to improve clinical supervision abilities
- Use as a tool to guide continuing education efforts

Process of Development

- Competencies were based on knowledge & skills for supervision developed by AHCS
- Format modeled on similar tools



Self- Assessment of Competencies in Supervision

<https://www.asha.org/si/teassets/uploadedfiles/self-assessment-of-competencies-in-supervision.pdf>

Appendix E: Self-Assessment of Competencies in Supervision

Name:

Setting:

Date Completed:

As noted on ASHA's Clinical Education and Supervision Practice Portal, "the clinical education process incorporates self-assessment on the part of the student clinician *and* the clinical educator. Self-assessment enhances professional growth and development and provides an opportunity for each person to identify goals and determine whether these goals are being met." This tool was developed by the 2016 ASHA Ad Hoc Committee on Supervision Training (AHCST) to assist all audiologists and speech-language pathologists engaged in supervision in conducting a self-assessment of the knowledge and skills for supervision identified by the Ad Hoc Committee on Supervision (ASHA, 2013). Use this tool to rate your competencies and to develop your goals for training in order to improve your abilities as a clinical educator, preceptor, mentor, or supervisor.

Instructions: Put a checkmark in the box that describes your perceived level of competency for each of the overall knowledge and skills listed on pages 2–6. These items pertain to all audiologists and speech-language pathologists engaged in supervision. The items listed on pages 7–11 are knowledge and skills that are specific to five constituent groups—that is, clinical educators of graduate students, preceptors of audiology externs, mentors of Clinical Fellows, supervisors of support personnel, and supervisors of those individuals transitioning to a new area of practice or those reentering the profession (ASHA, 2013). Complete the self-assessment only for the group(s) for which you engage in supervision. On the final page is space for you to plan any needed training in supervision that is based on your goals.

Example: If you are a mentor of a Clinical Fellow, you would assess your competency on the items listed on pages 2–6 as well as your competency on the additional items listed on page 9.

Deconstructing the Self-Assessment Tool

- **5 Topic Areas**

1. Supervisory Process & Clinical Education
2. Relationship Development & Communication Skills
3. Establishment/Implementation of Goals
4. Analysis of Evaluation
5. Clinical & Performance Decisions

+ Specific Additional Competencies for 5 constituents



Target Audiences for Supervision Training

1. Clinical Educators of Graduate Students
2. Preceptors of Audiology Externs
3. Mentors of Clinical Fellows
4. Supervisors of Support Personnel
5. Supervisors of those transitioning to a new area of practice or those reentering the profession

TRAINING



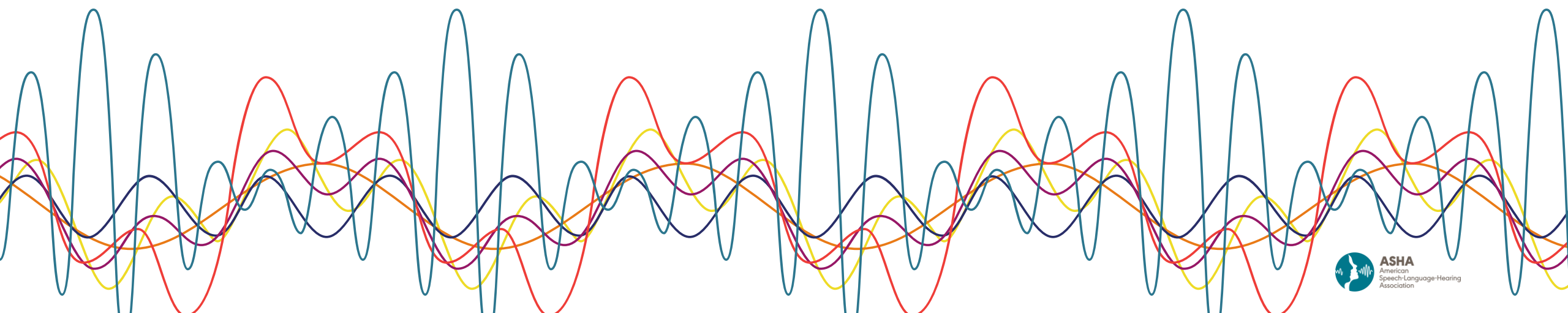
Rating Scale			
0	1	2	3
Not Yet	Occasionally/ <i>Just Starting</i>	Frequently but Sporadically/ <i>Getting There</i>	Consistently/ <i>Got It!</i>

I. Supervisory Process and Clinical Education	0	1	2	3
A. I possess knowledge of collaborative models of supervision.				
B. I possess knowledge of adult learning styles.				
C. I possess knowledge of teaching techniques (e.g., reflective practice, questioning techniques).				
D. I define the supervisor and supervisee roles and responsibilities appropriate to the setting.				
E. I adhere to research/evidence-based practice, convey that information/analysis to the supervisee, and encourage the supervisee to seek applicable research and outcomes data and to use methods for measuring treatment outcomes.				

What are your strengths and items needing improvement in this area?

Topics for Supervision Training

<https://www.asha.org/siteassets/uploadedfiles/topics-for-supervision-training.pdf>



Plan for Establishing ASHA Resources and Training Opportunities

<https://academy.pubs.asha.org/wp-content/uploads/2019/05/Plan-for-Establishing-ASHA-Resources-and-Training-Opportunities.pdf>

Plan for Establishing ASHA Resources and Training Opportunities Using a *Run, Grow, Transform* Framework

Aspect of ASHA Strategic Pathway	Professional Development	Research and Publications	Advocacy
Transform Revolutionary change within the professions and/or the association	ASHA Professional Development (APD) <ul style="list-style-type: none"> Develop an interprofessional knowledge exchange and networking opportunity in clinical education/supervision Special Interest Group (SIG) 11 (Administration and Supervision) <ul style="list-style-type: none"> Petition to establish a specialty certification in clinical education/supervision Explore the establishment of a mentoring program for new clinical educators/supervisors 	ASHA Membership <ul style="list-style-type: none"> Conduct research on the effectiveness of methods of clinical education/supervision and the effectiveness of supervision training 	ASHA AHCST <ul style="list-style-type: none"> Advocate to CAA and CFCC for a standard requirement regarding clinical education/supervision training*
Grow Expand, revamp, experiment, and/or innovate within association programs, operations, and functions	ASHA Professional Development (APD)* <ul style="list-style-type: none"> Expand/enhance Web programs and consider developing stand-alone courses on clinical education/supervision Integrate clinical education/supervision sessions at ASHA Connect conference Integrate clinical education scenarios into learning opportunities and resources. ASHA Continuing Education (CE) <ul style="list-style-type: none"> Disseminate information and resources to ASHA CE Providers about the need to develop CE courses in the area of clinical education/supervision Add links to the AHCST (2016) training resources (i.e., Topics for Supervision Training, Graphic for Supervision Training, Self-Assessment of Competencies for Supervision, and Supervision Training Brand Essence and Positioning Statement) to the CE Providers' resource webpage 	ASHA Publications <ul style="list-style-type: none"> Expand publication opportunities related to clinical education/supervision* The ASHA Leader <ul style="list-style-type: none"> Seek clinical education/supervision-related article ideas for possible publication as an issue theme* ASHA Academic Affairs and Research Education (AARE) <ul style="list-style-type: none"> Include clinical education/supervision funding opportunities in <i>Access Academics & Research</i> e-newsletter Promote, in general, clinical education/supervision as a viable area of research Include clinical education/supervision as an area of research in the CLARC program Offer the Scholarship of Teaching and Learning (SOTL) of clinical education/supervision as a future topic for the Researcher-Academic Town Meeting (RATM) at the ASHA Convention 	ASHA Membership <ul style="list-style-type: none"> Increase awareness that as a distinct area of practice, clinical education/supervision warrants training for all audiologists and SLPs who are engaged in supervision* SIG 11 <ul style="list-style-type: none"> Engage local "champions" to promote clinical education/supervision research and training Increase awareness of available materials regarding the need for and value of clinical education/supervision training (e.g., Supervision Training Brand Essence and Positioning Statement [AHCST 2016])

Plan for Establishing ASHA Resources and Training Opportunities Using a *Run, Grow, Transform* Framework

Aspect of ASHA Strategic Pathway	Professional Development	Research and Publications	Advocacy
	<p>Conventions and Meetings</p> <ul style="list-style-type: none"> Enhance and grow clinical education/supervision track and alternative learning experiences at ASHA Convention <p>Practice Portal</p> <ul style="list-style-type: none"> Continue to enhance Clinical Education and Supervision Portal including any current research, relevant journals (e.g., <i>Teaching and Learning in Communication Sciences and Disorders</i>), and links to relevant resources (e.g., Clinicians and Researchers Collaborating [CLARC]) Add links to the AHCST (2016) training resources (i.e., Topics for Supervision Training, Graphic for Supervision Training, Self-Assessment of Competencies for Supervision, and Supervision Training Brand Essence and Positioning Statement) 		
<p>Run Ongoing operations, including evolution and process improvement in association programs and functions</p>	<p>ASHA Professional Development (APD)</p> <ul style="list-style-type: none"> Continue existing Web-based programs on essential supervisory skills Continue clinical education/supervision track at Convention <p>SIGs</p> <ul style="list-style-type: none"> Continue ASHA Community, SIGs 10 and 11 Continue SIG 11 Short Course and invited sessions at Convention 	<p>Perspectives of the ASHA Special Interest Groups</p> <ul style="list-style-type: none"> Continue SIG 10 (Issues in Higher Education) Continue SIG 11 (Administration and Supervision) <p>ASHA eNewsletters</p> <ul style="list-style-type: none"> Continue articles and news related to clinical education/supervision 	<p>SIG 11</p> <ul style="list-style-type: none"> Continue to periodically survey affiliates regarding their experience, interest, and needs in clinical education/supervision Continue to advance suggestions to ASHA Board of Directors regarding the need for clinical education/supervision training <p>ASHA Academic Affairs and Research Education (AARE)</p> <ul style="list-style-type: none"> Continue reciprocal communication with CAPCSD about each organization's efforts to develop clinical education/supervision resources and training opportunities

Run, Grow, Transform: Professional Development

- APD offerings
- ASHA CE Provider offerings
- ASHA Convention and ASHA Connect
- Clinical Education and Supervision Practice Portal
- SIG 10 and 11



Building Blocks of Supervision



USE THE BUILDING BLOCKS to create a supervision experience to help supervisees develop independence and self-evaluation skills. While describing a generally linear process, some elements may be done in tandem or may be revisited several times throughout the process.

1
Review requirements

2
Discuss prior experiences

Preparation

3
Create a schedule

4
Communicate expectations

5
Provide orientation

Initiation

6
Establish goals

7
Provide education

8
Provide practice

9
Evaluate progress

Ongoing

O P E N C O M M U N I C A T I O N

Run, Grow, Transform: Research and Publications

- Member generated research
- Funding opportunities
- Clinicians and Researchers Collaborating (CLARC)
- ASHA publication opportunities
 - The *ASHA* Leader
 - ASHA e-newsletters
 - Perspectives



Run, Grow, Transform: Advocacy

Advocate a standard requirement regarding clinical education / supervision training to the:

- Council on Academic Accreditation
- Council for Clinical Certification
- ASHA leadership and related professional organizations



Run, Grow, Transform: Advocacy

SIG 11

- Engage local “champions” to promote clinical education/supervision research and training
- Increase awareness of available materials regarding the need for and value of clinical education/supervision training (e.g., Supervision Training Brand Essence and Positioning Statement [AHCST 2016])
- Periodically survey affiliates regarding their experience, interest, and needs in clinical education/supervision
- Advance suggestions to ASHA Board of Directors regarding the need for clinical education/supervision training

Sampling of Non-ASHA Training Opportunities and Resources in Clinical Education/Supervision



2017: On-line clinical supervision training courses launched



2016: ABA Certificate Holder—Audiology Preceptor (CH-AP™) Training Program launched

Sampling of Non-ASHA Training Opportunities and Resources in Clinical Education/Supervision

Appendix C

A Sampling of Non-ASHA Training Opportunities and Resources in Clinical Education/Supervision

Organization	Professional Development Opportunities and Resources
American Academy of Audiology (AAA)	<ul style="list-style-type: none"> • Audiology NOW! • <i>Journal of the American Academy of Audiology</i> • <i>Audiology Today</i>
American Board of Audiology (ABA)	<ul style="list-style-type: none"> • ABA Certificate Holder—Audiology Preceptor (CH-AP™) Training Program
Council of Academic Programs in Communication Sciences and Disorders (CAPCSD)	<ul style="list-style-type: none"> • CAPCSD Clinical Educator Online Training Modules • CAPCSD Conference Proceedings
Local, State, and Regional Professional Organizations	<ul style="list-style-type: none"> • University-sponsored training • State association convention sessions or courses • Regional convention training such as: <ul style="list-style-type: none"> ○ South Eastern University Clinical Educators (SEUCE) ○ Mid-West Clinic Directors' Conference ○ New England Clinic Directors' Group

Actualizing Supervision Training



What ways can we implement supervision training for our supervisors? Preceptors? Off-site supervisors?



What resources can we use?



How can we increase awareness of the need for supervision training?

Any questions/comments about supervision resources?



A large teal circle is positioned on the left side of the slide, partially overlapping the text.

The Supervisory Process

Components of Clinical Supervision

Anderson's (1988) Supervisory Continuum

Stages of the Continuum of Supervision			
	Evaluation-Feedback	Transitional	Self-Supervision
Styles	Direct/Active	Collaborative	Consultative
Roles	Supervisor	SOR -> SEE	Peer

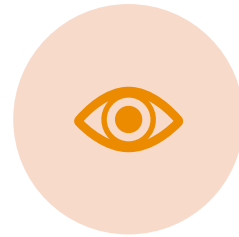
Components of Supervision



UNDERSTANDING
THE SUPERVISORY
PROCESS



PLANNING



OBSERVING

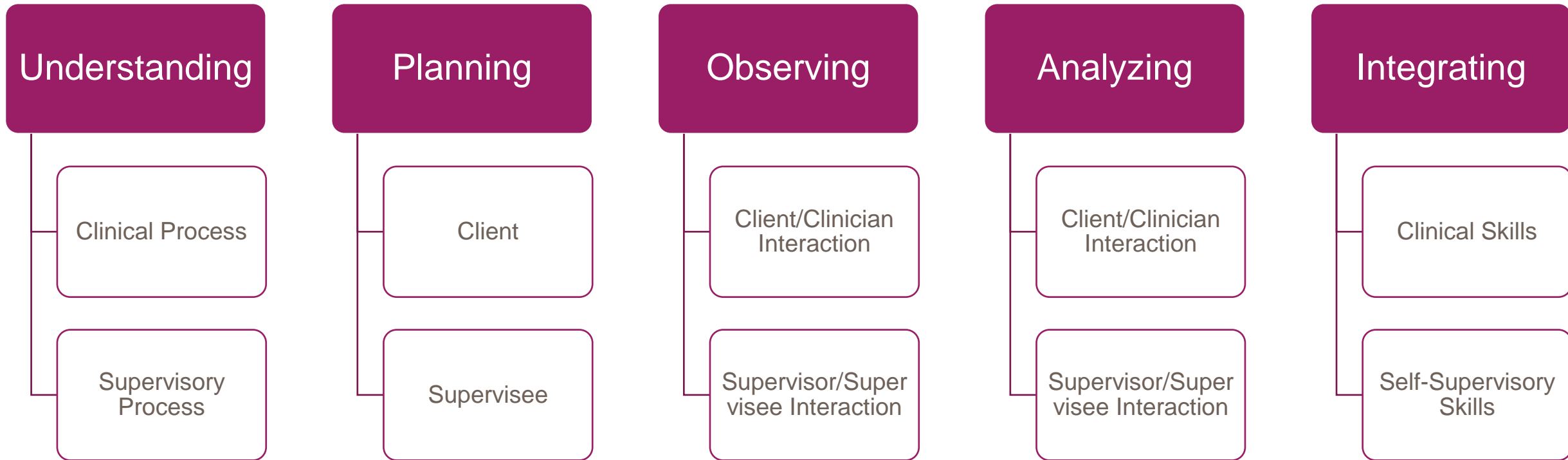


ANALYZING



INTEGRATING

Parallel Between Clinical and Supervisory Processes



Understanding the Supervisory Process

- Topics included in this component:
 - The components of the supervisory process
 - Supervisee's expectations about supervision
 - Goals and objectives for supervision
 - Prior experiences in supervision
 - Styles of supervision and supervisee preferences
 - Supervisee anxieties
 - Supervisee's needs and competencies

2 Purposes

Understanding:

- the supervisory process
- the interpersonal nature of supervision

Supervisory Needs Rating Scale

Supervisory Needs Rating Scale

Regardless of what you indicated about your expectations, now indicate to what extent you need the same behaviors to occur during your future individual supervisory conferences. Circle the number that best represents the level of occurrence at which the behaviors suggested by each item are needed. The numbers correspond to the following categories:

- 1 – To a very little extent
- 2 – To a little extent
- 3 – To some extent
- 4 – To a great extent
- 5 – To a very great extent

1. To what extent do you need your supervisors to give suggestions on therapy techniques to be used in subsequent clinical sessions? 1 2 3 4 5
2. To what extent do you need your supervisors to pay attention to what you are saying whenever you talk to them? 1 2 3 4 5
3. To what extent do you need to inform your supervisors of your needs? 1 2 3 4 5
4. To what extent do you need your supervisors to use your ideas during discussion during conferences? 1 2 3 4 5
5. To what extent do you need your supervisors to be available to talk to you immediately following clinical sessions? 1 2 3 4 5
6. To what extent do you need your supervisors to ask you to think about strategies that might have been done differently or that may be done in the future? 1 2 3 4 5
7. To what extent do you need your supervisors to function as teachers who are instructing you? 1 2 3 4 5
8. To what extent do you need to give value judgments about your clinical behavior? 1 2 3 4 5
9. To what extent do you need your supervisors to demonstrate how to improve your performance? 1 2 3 4 5
10. To what extent do you need discussions with your supervisors to be focused on clients' behaviors rather than on your behavior? 1 2 3 4 5
11. To what extent do you need your supervisors to be willing to listen to your professional problems? 1 2 3 4 5
12. To what extent do you need to use conference time to provide information about the clinical session to your supervisors? 1 2 3 4 5
13. To what extent do you need your supervisors to tell you the weaknesses in your clinical behavior? 1 2 3 4 5
14. To what extent do you need to ask many questions during your conferences? 1 2 3 4 5
15. To what extent do you need your supervisors to give a

- rationale for their statements or suggestions?
16. To what extent do you need your supervisors to be the superiors and you the subordinate in the relationship? 1 2 3 4 5
 17. To what extent do you need your supervisors to give you the opportunity to express your opinions? 1 2 3 4 5
 18. To what extent do you need your supervisors to use conference time to discuss ways to improve materials? 1 2 3 4 5
 19. To what extent do you need your supervisors to be willing to listen to your personal problems? 1 2 3 4 5
 20. To what extent do you need to state the objectives of your conferences? 1 2 3 4 5
 21. To what extent do you need your supervisors to help you set goals for your client? 1 2 3 4 5
 22. To what extent do you need your supervisors to be supportive of you? 1 2 3 4 5
 23. To what extent do you need your supervisors to motivate you to perform at your highest potential? 1 2 3 4 5
 24. How often do you need your supervisors to meet with you for an individual conference?
Please check each applicable time and then rate only those times checked according to your level of *need*.
 ___ weekly throughout practicum 1 2 3 4 5
 ___ weekly at beginning & end of practicum 1 2 3 4 5
 ___ at your request 1 2 3 4 5
 ___ at supervisor's request 1 2 3 4 5
 1 – most needed
 5 – least needed
 25. What information sources have influences your responses to the previous questions?
Please check all applicable sources and then rate only those sources checked according to level of *influence*.
 ___ peer group (students at same training level) 1 2 3 4 5
 ___ graduate student clinicians (at more advanced level than you) 1 2 3 4 5
 ___ clinical supervisors 1 2 3 4 5
 ___ academic courses 1 2 3 4 5
 ___ training program policies (i.e. practicum manual) 1 2 3 4 5
 ___ other (please specify) 1 2 3 4 5
 1 – most influential
 5 – least influential
 26. Do you have any supervisory needs which have not been covered in the previous questions? If so, please specify in the space below.

From Larson, L. (1982). Perceived supervisory needs and expectations of experienced vs. inexperienced student clinicians. (Doctoral dissertation, Indiana University, 1981). *Dissertation Abstracts International*, 42, 4758B. (University Microfilms No. 82-121, 183)

Supervisory Expectations Rating Scale

Supervisory Expectations Rating Scale

Please give your assessment of what you expect will happen during your future individual supervisory conferences. Circle the number that best represents the level of occurrence of the behaviors suggested by each item. The numbers correspond to the following categories:

- 1 – To a very little extent
- 2 – To a little extent
- 3 – To some extent
- 4 – To a great extent
- 5 – To a very great extent

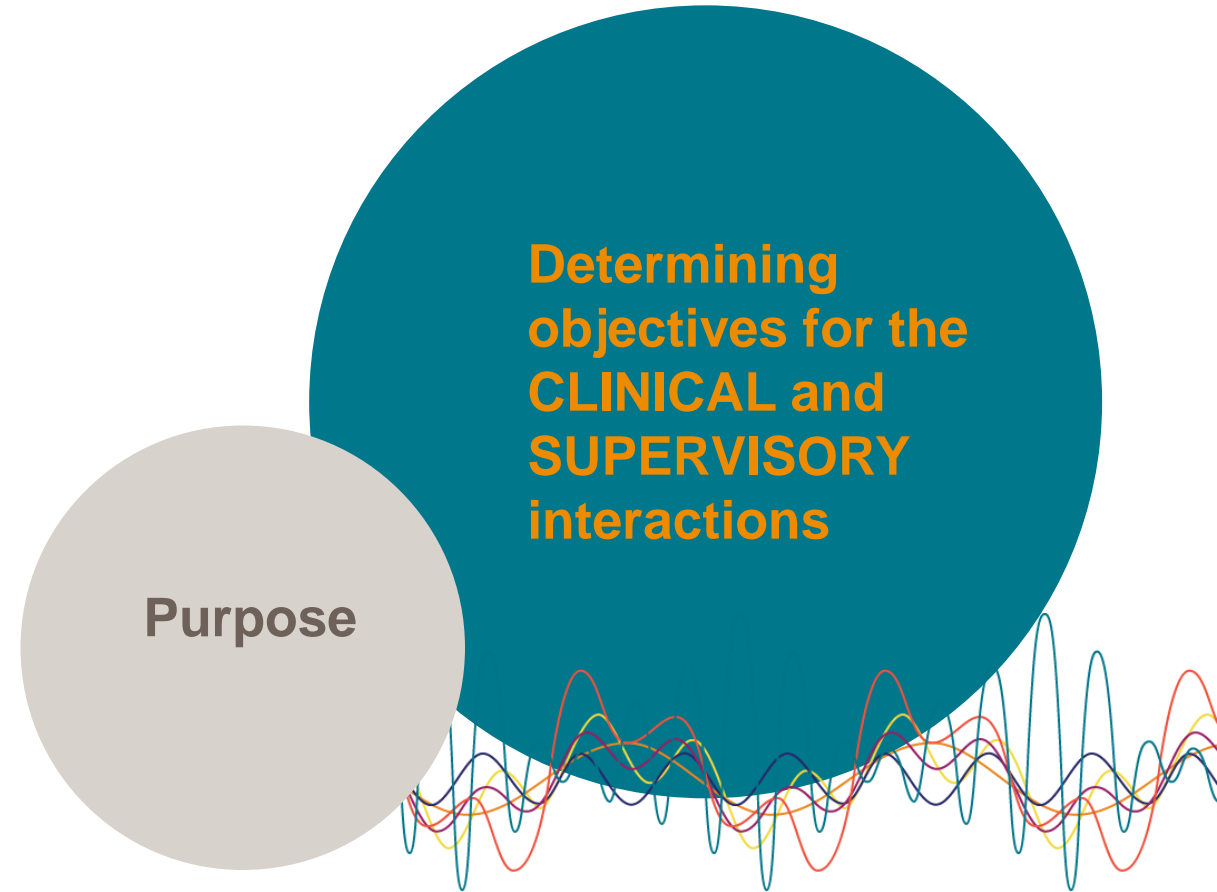
- | | | | | | |
|--|---|---|---|---|---|
| 1. Do you expect your supervisors will help you set goals for your client? | 1 | 2 | 3 | 4 | 5 |
| 2. Do you expect your supervisors will use conference time to discuss ways to improve materials? | 1 | 2 | 3 | 4 | 5 |
| 3. Do you expect your supervisors will motivate you to perform at your highest potential? | 1 | 2 | 3 | 4 | 5 |
| 4. Do you expect you will state the objectives of your conferences? | 1 | 2 | 3 | 4 | 5 |
| 5. Do you expect your supervisors will pay attention to what you are saying whenever you talk with them? | 1 | 2 | 3 | 4 | 5 |
| 6. Do you expect you will ask many questions during your conferences? | 1 | 2 | 3 | 4 | 5 |
| 7. Do you expect your supervisors will use your ideas in discussion during conferences? | 1 | 2 | 3 | 4 | 5 |
| 8. Do you expect your supervisors will function as teachers who are instructing you? | 1 | 2 | 3 | 4 | 5 |
| 9. Do you expect you will inform your supervisors of your needs? | 1 | 2 | 3 | 4 | 5 |
| 10. Do you expect your supervisors will tell you the weaknesses in your clinical behavior? | 1 | 2 | 3 | 4 | 5 |
| 11. Do you expect you will use conference time to provide information about the clinical session to your supervisors? | 1 | 2 | 3 | 4 | 5 |
| 12. Do you expect your supervisors to be willing to listen to your professional problems? | 1 | 2 | 3 | 4 | 5 |
| 13. Do you expect your supervisors will be available to talk to you immediately following clinical sessions? | 1 | 2 | 3 | 4 | 5 |
| 14. Do you expect your supervisors will be the superiors and you the subordinate in the relationship? | 1 | 2 | 3 | 4 | 5 |
| 15. Do you expect you will give value judgments about your clinical behavior? | 1 | 2 | 3 | 4 | 5 |
| 16. Do you expect your supervisors will give suggestions on therapy techniques to be used in subsequent clinical sessions? | 1 | 2 | 3 | 4 | 5 |

17. Do you expect your supervisors will be supportive of you? 1 2 3 4 5

From Larson, L. (1982). Perceived supervisory needs and expectations of experienced vs. inexperienced student clinicians. (Doctoral dissertation, Indiana University, 1981). *Dissertation Abstracts International*, 42, 4758B. (University Microfilms No. 82-11, 183)

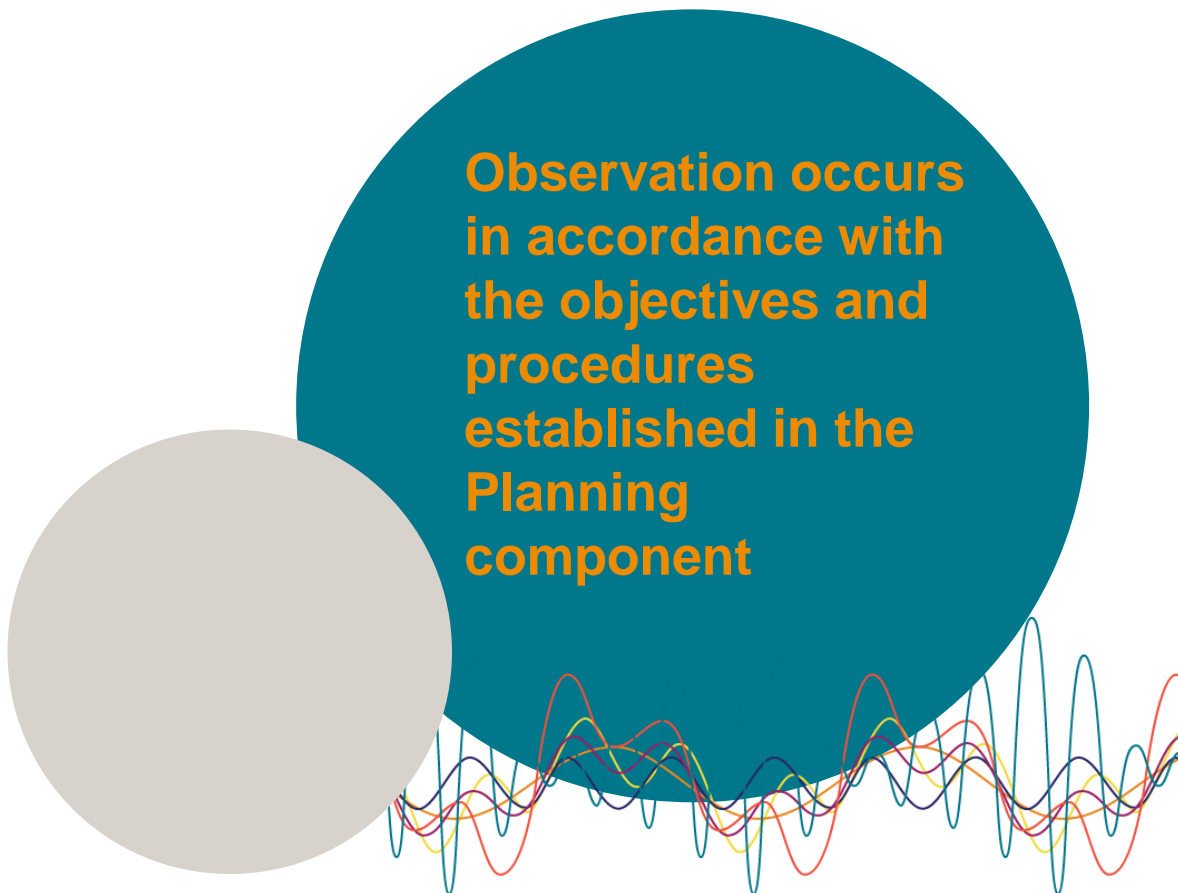
Planning

- Clinical Interaction: Goals and objectives for client
- Supervisory Interaction: Goals and objectives for SOR/SEE



Observing


1. What will be observed, i.e., what data will be collected?
2. How will the observation be accomplished (i.e., methodology)?
3. How will the observational data be analyzed?
4. How will the findings be integrated (in future planning)?



Observation occurs in accordance with the objectives and procedures established in the Planning component

Analyzing

- Learning to analyze both clinical and supervisory interactions is part of the professional growth of supervisees
- Is an essential part of the preparation of supervisors



**Analysis is not
synonymous
with evaluation**

Integrating

- Place where professional self-growth is operationalized



**Merges
components of
Understanding,
Planning,
Observing, and
Analyzing**

Forms in Supervision

Feedback forms

Supervisory Needs/Expectations

Self-appraisal

Evaluation

Learning Processes in Clinical Education

- Reflection
- Self-evaluation
- Journaling
- Peer learning

Reflection



True growth in learning does not occur by experience alone, but by reflecting on the experience



“reflection-in-action” versus
“reflection-on-action”

Health professionals need to do both, but students often find it easier to reflect “on-action” than “in-action”

Ability to make on-line changes reflects movement from intermediate to advanced level of clinical skills

Reflection

Planned and conscious reflection ensures that students make decisions out of awareness

Unconscious reflection may result in same clinical decision, but student is unaware of how they arrived at that decision and would miss a learning opportunity that resulted from the generation and consideration of other possibilities during the decision-making process

Development of Reflection



Ability to reflect is developed to different levels in different students



Content and outcome of reflection will be different depending on the stage of the student on the supervisory continuum

Beginning students asked to focus on the important elements of the event

Advanced students encouraged to identify their thinking processes and evaluate the soundness of these

Reflection: 3 Stage Model ("The Reflecting Clinician")



Return to experience

Chronological "replay" of events



Attend to feelings

Importance of positive feelings in persisting in challenging situations
Negative emotions may actually cause barriers to learning



Re-evaluate the experience

Integrate thoughts and feelings into a new perspective, idea, or attitude

Self-Evaluation

- Related to reflection
 - Self-evaluation is reflection about the adequacy of one's clinical skills and professional conduct
 - Therefore, self-evaluation is part of the daily work of practicing clinicians and is an integral part of being a professional
- Provides opportunity for adult learner to “diagnose” own learning needs and gain increasing clinical independence

Ways of Self-Evaluating

Supervisory conferences

- Complexity of utterances
- Directness of SOR
- Types of questions asked

Videos

- Rating scales

Written self-evaluations

- Journaling

Prompts to Assist Students in Self-Evaluation

- What was your overall impression of the session?
- What things went well during the session, and what did you learn?
- What things went wrong and what did you learn?
- Did the session follow your plan? Why or why not?
- What theoretical knowledge did you use, or could you have used, during the session?
- What do you need to learn or find out about before the next session?
- Do you want your supervisor to observe the next session?

Journaling

A tool that fosters reflective practice since “writing-to-learn” is a reflective process

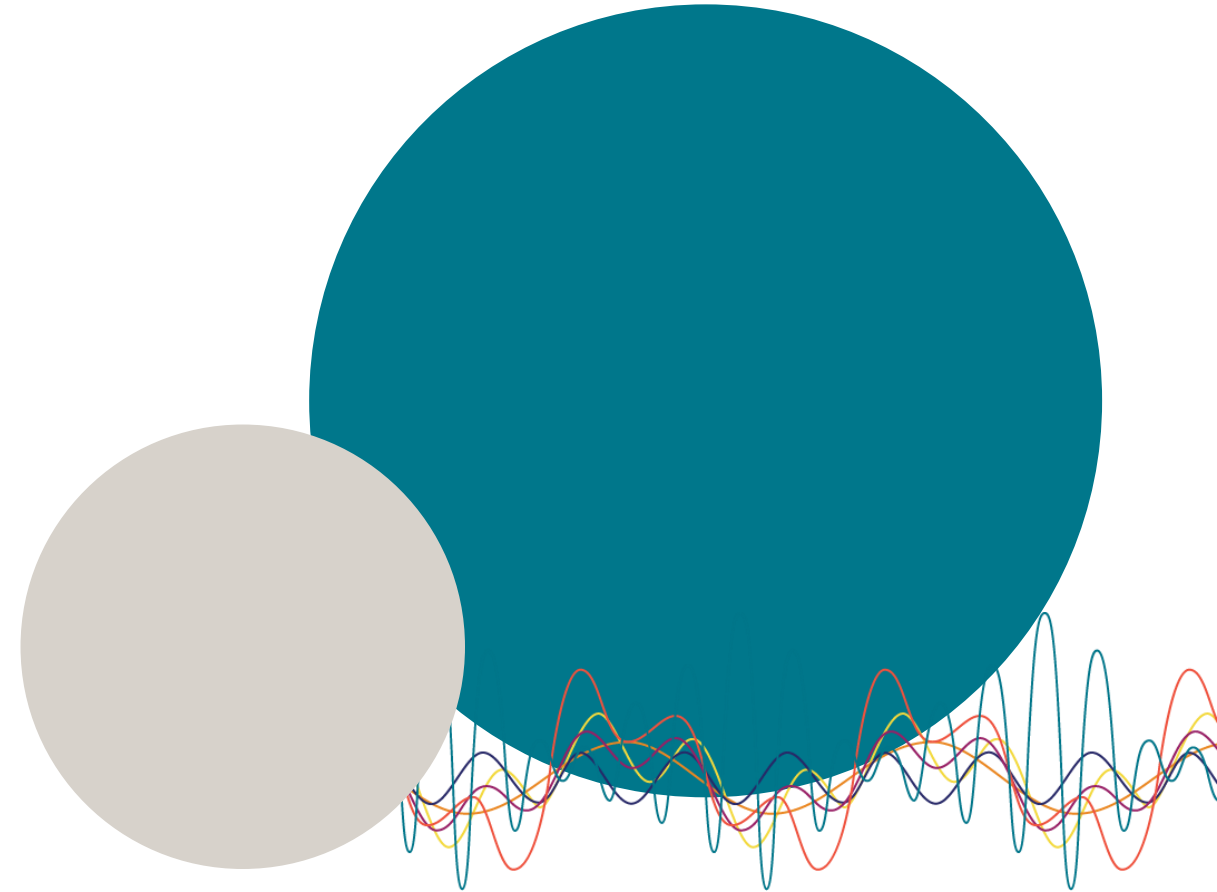
Orders and represents one’s own learning and thinking and makes sense of practical experiences and events

Dialogue with oneself as students come to value their “practical knowledge”

“Knowledge cannot be given, it must be constructed, and understanding is an internal process of creating knowledge through the ways one thinks about the world” (Blais, 1988)

Helping Students to Write

- Questions can be used to focus, direct, or redirect students in their thinking during clinical practice.
- Significant key questions may be posed to relate theory already presented to students in lectures or act as a stimulus to theory yet to be presented.
 - Advantage of this is that students can see an equal emphasis on both theory and practice and the integration of theory in practice

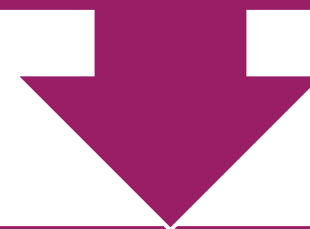


Motivators and Starters for Writing Journals

- I was amazed/frightened when ...
- What do I need to do to prepare for tomorrow?
- What caught my attention today?
- The most exciting experience today!
- The importance of self-discipline/motivation
- I responded to the situation as I did
- What puzzled me?
- What did I enjoy, dislike, accomplish during clinical today?
- What did I learn from the discussion?
- How was my performance during clinical practice?
- What happened when ...?
- What am I most/least confident about?

Assessment of Journaling

Self-critique of journal entries empowers students to identify issues of importance to them



Self-evaluation

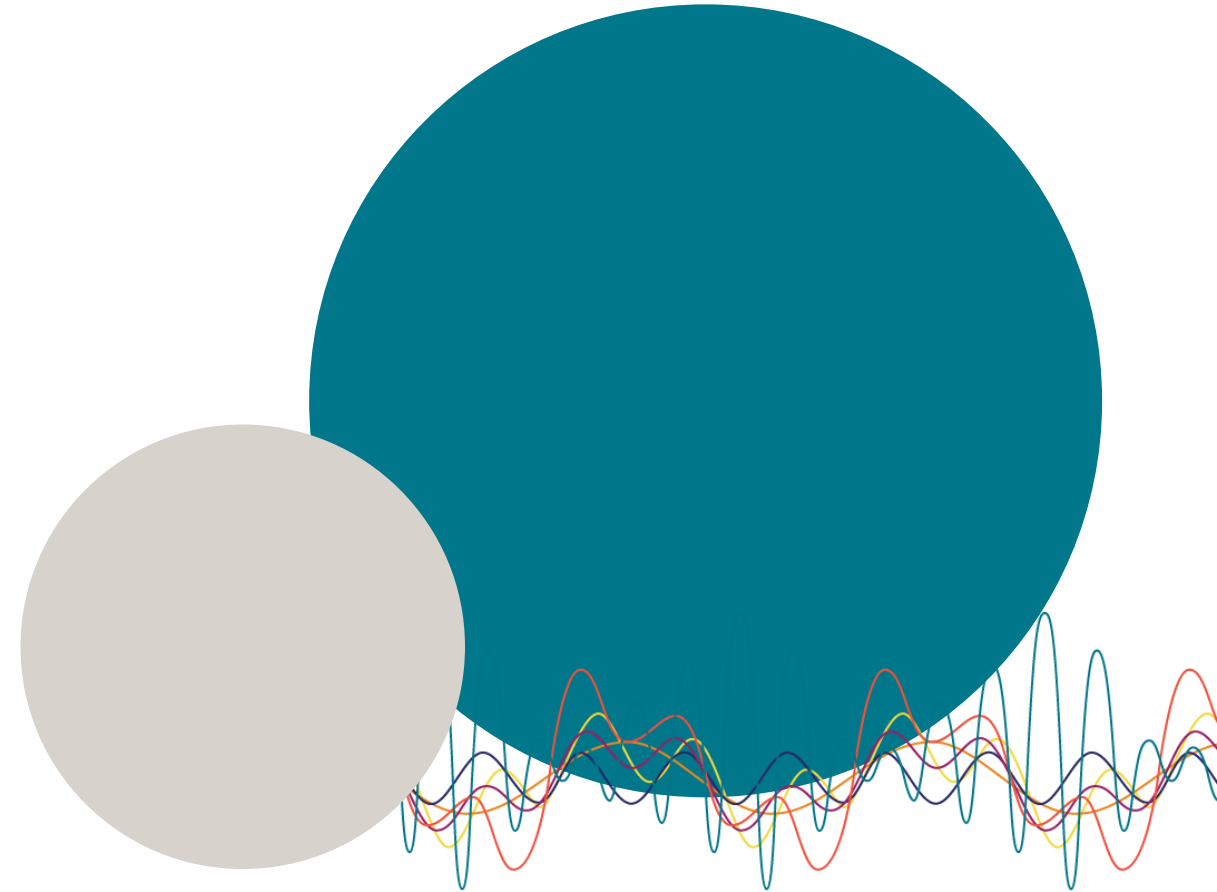
Which entries make the greatest impact on you now?

Which seem least worth doing?

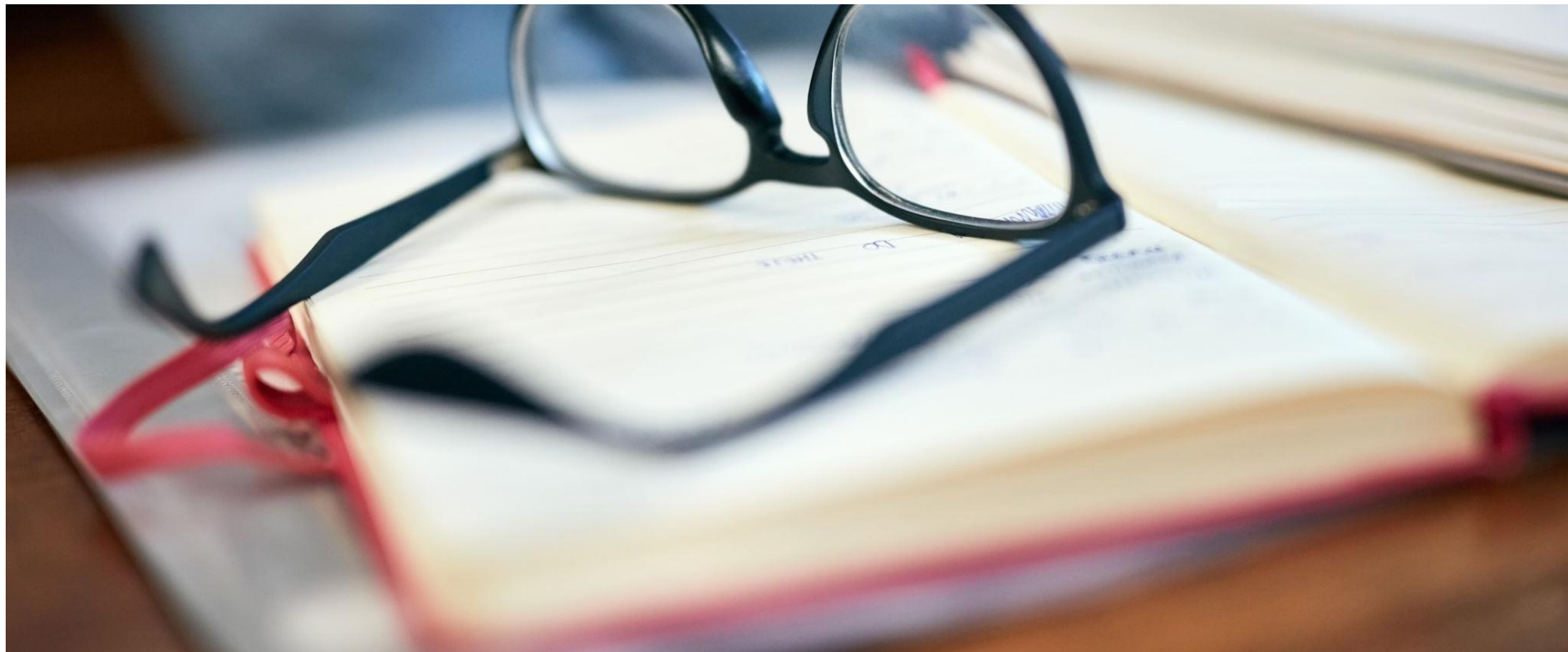
What patterns do you find from entry to entry?

Peer Learning

- Goal of clinical education to produce independent clinicians who are capable of evaluating their own skills and performance and participating in life-long learning
- Benefits
 - Broaden perspectives and knowledge
 - Develop professional interactional skills and promote professional socialization



Any Questions About Components and Learning Processes in Supervision?



Developing the ASHA Brand Essence for Supervision Training

Intent:

- Increase awareness of need for supervision training
- Increase engagement in supervision training
- Signify the importance of advocacy
- Serve as a resource for academic & continuing education entities

What is your Brand Essence?

Why do you feel supervision training is important?

- My core value: _____
- I need or I am motivated by: _____
- Role of Supervision Training: _____
- Benefits of Supervision Training: _____

My Core Value



I want to pay it forward and do as others have done for me.
 It's my turn. I'm responsible for the future of the profession. Practice under the guidance of experts is how everyone learns; it's critical to the vibrancy of our profession.

I Need or I Am Motivated By

I'm committed to supporting the growth and vitality of the profession.



I need to equip future professionals to provide the highest quality service to people with communication disorders.

I want the best information. I need practical, applicable



information about supervision that is grounded in evidence.

I need to build my professional relationship with my students



so I can effectively guide, inspire, exchange ideas, and mentor.

I care deeply about those I serve.



I need to ensure the success of those I serve while also supporting the growth of the students I supervise.

Role of Supervision Training



Supervision training provides you with methods and support for doing your part to continue the vibrancy of the profession through excellence in supervision. We provide guidance for how to prepare future professionals in the most effective manner possible and to ensure that you have the knowledge and skills you need to excel as a clinical educator, preceptor, mentor, or supervisor.

Benefits of Supervision Training

Mastery of the Supervisory Process

Supervision training helps you learn and apply models for effective supervision based on best practices in the field and research on adult learning styles through courses, programs, publications, and web-based tools.

Relationship and Communication Skills Development

Supervision training provides you with methods for building cultural competence, for responding to different communication styles, and for developing supportive, trusting relationships with supervisees.

Ongoing Support as You Supervise

Supervision training connects you to mentors and experts in supervision who can provide practical information on how you balance it all—i.e., how you contribute to the continued growth of the profession through top-notch supervision and handle your day-to-day responsibilities.



TARGET (who uses this brand) For audiologists and speech-language pathologists, who want to do their part to continue the growth and vibrancy of the profession through excellence in supervision,

FRAME OF REFERENCE (where brand fits) supervision training is the recommended method

POINT OF DIFFERENCE (what sets us apart) that helps you prepare future professionals in the most effective manner possible

SUPPORT (why it's believable) because it ensures that you have support and a distinct set of supervisory knowledge and skills that are practical, applicable, and grounded in evidence.

Reflection: Actualizing Supervision Training

What can you do to implement supervision training in your setting?

Which resources might you use?

How can you enlist support for the concept of supervision training?

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A. Lynn Williams

Professor, East Tennessee State University
2021 ASHA President

Contact Me

Email: williamL@etsu.edu

Instagram: @LynnWilliamsSLP

LinkedIn: Lynn Williams

