Successful Supervision in The Community

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Nice to meet you!

> A bit about us....
> A bit about you....
> Why are we all here?

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Agenda

> Fundamentals: Supervision 101
  – Fundamentals
  – Break out discussion
> Next Steps: The One-minute Preceptor
  – Content
  – Break out discussion
> Case Studies: Challenging Cases & Ethical Issues
  – Content
  – Break out discussion
Supervision 101

Taking stock of our own settings

> Supervision of the:
  - Community or student volunteer
  - Graduate Clinician
  - Clinical Fellow
  - New Employee
    - SLPs, Audiologists, Related Service Professional and Assistants
  - Seasoned employees
    - Professionals
    - Skilled staff
Supervision Defined

- Supporting
- Nurturing
- Mentoring
- Monitoring
- Modeling
- Empowering
- Inspiring
- .......

Supervision across settings

A continuum of teaching, supporting and mentoring

From within the academic setting to and throughout the working world environments
Focus on the Continuum

Assistants across Work Settings

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Components of the Supervisory Process

- Understanding (the process)
- Planning
- Observing
- Analyzing
- Integrating

My Role in the Continuum

- Know where I am in the “stages” of supervising
- Know who I am supervising
  - This includes considering:
    - Academic Preparation
    - Experience Base
    - Relevant Histories
- Know the Desired Outcomes + Culminating Objectives
Who Am I?

> My upbringing
> My preparation
> My work history
> My professional history......

> What is my story?

Qualities of a “Successful” Supervisor

> Desire and Passion
> Knowledge Base
> Professional Behavior
> Interpersonal Skills
> Effective Communication
> The Ability to......
Turning Perfectionism to Excellence

Becoming human

A delicate balance

A Paradigm Shift

> Turning Perfectionism into Excellence

– From “pleasing the supervisor” to “pleasing one’s self and focusing on the job at hand”

– Shifting from the supervisor as the watch dog to the supervisor as a resource and team member

– From “I want to be right, and I don’t want to take a risk and be wrong” to “I do my best, and if I make a mistake, I evaluate the situation and learn from it”
Supervision is a multifaceted, complex process

> Excellence in clinical service *may or may not* equate with excellence in supervision
> In order for us to grow as supervisors, we need to recognize, and be recognized, for how complex supervision is for all of us

Reflection Questions

> When I have supervised students in the past I most enjoyed....
> When I have supervised students in the past I was challenged by....
> When I think about taking a student into my current work situation, I begin to consider....
> If I were to have a teaching philosophy, it would include....
Turn to a neighbor and discuss…

> Previous supervision experiences
  – Roses
  – Thorns

> Your supervisory style

Break Out Discussion

> Step 1: Complete the self-evaluation tools
> Step 2: Review the Important Functions in Supervision and Mentoring Documents
  – Discuss with a partner how your self-evaluation overlays on to the important functions.
    > What aspects of supervision do you feel prepared and excited for?
    > What aspects feel daunting? How might you address those challenges?
Effective Feedback

> How much?
> When?
> Where?
> What style?

Consider your style and setting
> It’s okay to give feedback in a variety of ways but it’s always helpful to set clear expectations
> Research shows that students benefit most when you explicitly label/state, “I’m giving you feedback now”!
> Ask you student how they prefer to receive feedback but also be prepared to share with them what will work best for your setting.
Effective Feedback

How to be specific

> Focus on observations, not inferences “You did such and such vs. you are…”
> Focus on descriptions, not judgments “What I observed was… vs. that was inadequate.”
> Focus on specific details, not generalities “At the start of the interview with Mrs. Jones, I noticed…vs. your introductions are all…”

The One-minute Preceptor
One Minute Preceptor

First, a disclaimer: Is the “One Minute Preceptor” model going to help you do all your “precepting” in one minute? No!!

Studies have shown that the average teaching encounter takes 10 minutes:

- 6 minutes for the learner to present.
- 3 minutes for the preceptor to ask questions and clarify information.
- This leaves 1 minutes of discussion and teaching time.
- The One Minute Preceptor strategy still takes longer than a minute. But it provides a structure to the encounter that helps you maximize the amount of time for teaching.


The One-Minute Preceptor

The 5 Micro Skills of Clinical Teaching

1. Get a commitment
2. Probe for supporting evidence
3. Teach general rules
   • Take each encounter to a learning point
4. Feedback: Reinforce what was right
5. Feedback: Correct mistakes
SNAPPS

> When you feel like you don’t have time for feedback, have the student do this!

• S – Summarize the case
• N – Narrow the differential
• A – Analyze the evidence
• P – Probe the preceptor
• P – Plan the management and follow-up
• S – Self-directed study topic

Written Reflection

A Self-Directed Learning Guide

1. Tell me what you thought went well (strength): Comment on aspects of performance that were effective and good to continue.

2. Identify something that you would like to work on or try (for development)
   a. Identify a behavior the learner knows how to do and encourage to do more often.
      Or
   b. Highlight a point of growth for the learner, a doable challenge (aka. SMART goal) for future interactions.

3. Describe something that you would change with (correct mistakes): Describe actions that were not helpful, or could be harmful and should be stopped.
Challenging Scenarios

Scenario 1: The Marginal Extern

Susan is an extern in an off-campus placement in an acute care rehabilitation setting and is due to graduate at the end of the term. Throughout the placement she has had a number of problems: her externship supervisor has observed that she is often late for appointments, fails to complete paperwork in a timely manner, and has difficulty relating to patients and their families. The supervisor has given her constructive suggestions and over the past few weeks she has shown some improvement. The supervisor who has her own caseload and managerial responsibilities is beginning to worry that she will no longer have the time to give Susan the help she needs. At the same time, the supervisor is feeling some pressure to bring Susan's skills “up to par” because she graduates at the end of the term. The university externship coordinator agrees to meet with the externship supervisor and mentions on the phone that a less-than-satisfactory grade could create problems.

Discuss in small group

- Possible causes?
- Possible strategies?

Scenario: The Perfectionist Supervisee

(from Vicki McCready)
Mary is an externship student with a lot of fears about clinical performance. Her academic record has been stellar, i.e. she entered graduate school with a 3.9 GPA. Her professors from both undergraduate and graduate courses have remarked how Mary would be quite upset if she received an A- and not an A on a paper or project. After getting the grade, she would immediately seek out the professor and ask what she had done wrong. Her on-campus clinical supervisors have felt very concerned about how she will be on her externship placements.

After very thorough planning, Mary has her first contact with a client at her externship site. Her off-campus supervisor participates with her and gives her both encouraging and constructive feedback. After the session, Mary comes to see the supervisor and appears very nervous and teary eyed. She wonders how she will ever make it in this field.
Discuss in small group

> Possible causes?
> Possible strategies?

Scenario: Supervisors with different expectations

(from Vicki McCready)

Sam has been an intern in an off-campus site for a month and he does not know what to do about the situation in which he finds himself. He thought he was prepared for his internship experience. He had done well academically and clinically in an on-campus practicum and approached his off-campus assignment with enthusiasm and a positive attitude. Having never worked in this setting or with this population, he knew he had a lot to learn and initially would require a lot of direct-active supervision.

His fieldwork supervisor, on the other hand, was expecting an intern who could move right into his clinical assignments. She knew that Sam had a strong academic and clinical record so far and she was pleased that the university was sending her such a strong student. She thought that she had clarified her site's expectations to the on-campus clinical coordinator. Much to her surprise and concern, Sam's skills and background knowledge were not at all what she expected.

Meanwhile, the on-campus coordinator was excited about Sam's placement and knew he would do a great job just as he had been doing on campus. She expected the fieldwork supervisor to prepare Sam for the experience and "break him in" gradually. With these expectations in mind, she did not feel the need to call in Sam or to touch base with his fieldwork supervisor during this first month.
**Discuss in small group**

- Possible causes?
- Possible strategies?

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**Scenario: Older supervisee, younger supervisor from different cultural backgrounds**

From Vicki McCready

June, age 30, is the supervisor for Athena, age 35. Athena, an African American mother with two children has returned to school to pursue another degree in a helping profession. Her children are in school during the day leaving Athena with time now to be in school again herself. Before having a family, Athena worked as a personnel manager at a nursing home. Enjoying older adults, she would like to specialize with this population.

June, on the other hand, is a single Caucasian adult without a lot of “real world” experience. Her area of clinical expertise and her research have involved young children. June went from her master's degree to her doctoral studies without too much work outside the academic setting. Her research has been published in the premier journals of her national association. With a shortage of supervisors in her department, she has agreed to supervise Athena's first clinical practicum.

As the two meet for the first time to plan for the clinical experience, it becomes apparent that there is not immediate rapport. June wonders how she will ever be able to supervise this woman and Athena wonders why in the world she was assigned to June!
Discuss in small group

> Possible causes?
> Possible strategies?

Scenario: Student with undisclosed mental health issues

from Vicki McCready

Pamela is a first-year graduate student who is completing her clinical practicum hours in the on-campus clinic. The supervisors have observed that her clinical performance is quite inconsistent. She often loses concentration in therapy, becomes disorganized with her clinical materials and appears fatigued. At other times she performs well within expectations for her level of experience. Pamela is incredibly thin, rarely eats anything other than fat-free yogurt, declines offerings of food at departmental social gatherings and maintains a strict regimen of exercise at the campus recreation center. She wears baggy pants and has hair that is noticeably thinning. The supervisor is understandably concerned about Pamela’s health as well as her unpredictable performance in clinical practicum. Recently other students have spoken with the supervisor about their concerns for Pamela. The supervisor is unsure as to how to proceed, especially since the student has not disclosed any personal information to her.
Discuss in small group

> Possible causes?
> Possible strategies?

Scenario: The Outstanding Clinician

Adapted from Dowling, 2001

Don often requested the most difficult clients because he felt that the challenge increased his growth. His test selection was innovative and insightful, while his manner with his clients was delightful to observe. Don’s sessions were always goal-oriented, well implemented, and creative. When a difficulty arose, he quickly gathered data to identify the source with input from the supervisor. Occasionally problems arose within a session, but Don was always able to engage in self-reflection after the session and identify what he would do differently next time. At the mid-term conference, he could identify both his areas of strength and those he wanted to improve. The supervisor was very pleased with his growth. The supervisor wanted to ensure that this experience is rich enough for Don. She worried that he would “wither on the vine” if he did not have ample enough opportunity to continue to enhance his above average clinical skills.

*Since this scenario is challenging in a different manner than the other scenarios, your group gets its own set of questions!
Discuss in small groups

- What is the challenge here?
- What are the supervisor’s responsibilities?
- What could be some pitfalls when supervising an exceptional student?
- Where on the continuum of supervision would Don fall?
- How can the supervisor move him up the continuum?

Ethical Considerations in Supervision

ASHA offers a few questions to consider

1. Must clients be informed of qualifications of those providing clinical service?
2. What level of supervision should be provided to students and CFs?
3. Is it legitimate to charge for services provided by individuals who are not fully trained or certified?
4. Must students complete all related course-work before being assigned to a particular case?
Must clients be informed of qualifications of those providing clinical service?

Discuss...

What level of supervision should be provided to the student or CF?

Discuss
Is it legitimate to charge for the services provided by individuals who are not fully trained or certified?

Discuss

Must students complete all related course-work before being assigned to a particular case?

Discuss
More information

> ASHA on supervision and ethical considerations

> ASHA on Medicare coverage of patients being seen by SLP students and CFs...

Resources

> ASHA Practice Portal on Clinical Education and Supervision

> Supervisor self-assessment of competencies in supervision
References