SLP Clinical Supervision Training

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Agenda
• Clinical Education-Definition
• Knowledge and Skills of a Clinical Educator
• Clinical Education Tasks
• Ethical Considerations
• Anderson’s Continuum of Supervision and Appropriate Styles
• Process of CE
• Evaluation of Students
• Supervising the Marginal Student
• Supervising Generation “Me”
What is Clinical Education?

• Supervision is a process that consists of a variety of patterns of behavior, the appropriateness of which depends upon the needs, competencies, expectations, and philosophy of the Supervisor and the Student and the specifics of the situation, task, client, setting, and other variables.

  Anderson, 1988, p. 12

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Terms

• Preceptor: Audiology, Nurses
• Clinical Instructor (CI): PT, OT
• Clinical Supervisor: SLP
• Clinical Educator (CE): SLP

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What is Clinical Education?

• ASHA’s Position Statement on Clinical Supervision (also called clinical teaching or clinical education)
  • Distinct area of practice in speech-language pathology
  • Essential component in the education of students and the continual professional growth of speech-language pathologists
  • Process consists of:
    • A variety of activities and behaviors specific to the needs, competencies, and expectations of the CE and Student, and the requirements of the practice setting

  American Speech-Language-Hearing Association, 2008b, p. 1
Why do Clinical Educators Need Training?

- “The highly complex nature of supervision makes it critically important that supervisors obtain education in the supervisory process.”
- “Clinical supervisors have an obligation to fulfill the legal requirements and ethical responsibilities associated with state, national, and professional standards for supervision.”

*American Speech-Language-Hearing Association, 2008b, p. 1*

Knowledge and Skills of a Clinical Educator

- Provide hands on clinical training for the student
  - Know adult learning styles
  - Relationship with the student
- Connect academic and clinic procedures
  - Evidenced-Based Practice
- Help transition student from being a mentored professional to an independent professional

Clinical Educator Tasks

- Establish and maintain an effective working relationship with the student
- Assist the student in developing clinical goals
- Assist the student in developing and refining assessment skills
- Assist the student in developing and refining clinical management skills
- Participate in the clinical process
- Assist the student in observing and analyzing assessment and treatment sessions

*Dowling, 2001, p.151*
Clinical Educator Tasks

- Assist the student in the development and maintenance of clinical supervisory records
- Holding supervisor-student conferences
- Evaluate their clinical performance
- Assist the student in developing skills of verbal reporting, writing and editing
- Sharing information regarding ethical, legal, regulatory, and reimbursement aspects of professional practice
- Model and facilitate professional conduct
- Demonstrate research skills in the clinical process

Dowling, 2001, p.151

Ethical Considerations for the Clinical Educator

- Be sure to:
  1. Discuss confidentiality with students
  2. Assign students appropriate clients
     - CE is ultimately responsible for the caseload
  3. Delegate appropriate tasks
     - Remember their level of competency (1st year versus 2nd year)
  4. Provide Appropriate Supervision
     - At least 25% of diagnostic and treatment sessions
       - Payers (insurance companies) may limit student involvement
  5. Inform families services may be provided by a student

The Continuum of Supervision and Appropriate Styles

Anderson, 1988
Anderson’s Continuum

- Stages of Supervision
  - Evaluation-Feedback Stage
  - Transitional Stage
  - Self-Supervision Stage

- Styles of Supervision
  - Directive-Active Style
  - Collaborative Style
  - Consultative Style

Stages of Supervision

Evaluation Feedback Stage

- CE has dominant role
- Student is passive
- Student is unable to problem solve
- Type of Student seen at this stage:
  - Beginning student
  - Marginal student
  - Student is working with a new disorder category, complex client, new setting, new CE
Transitional Stage

- Student is an active participant – participates in decision making
- CE encourages and supports the student in the management of the clinical process
- Joint problem solving takes place
- Student is transitioning toward independence
  - Increasing competence, knowledge and skill
- Type of Student seen at this stage:
  - Student is learning to analyze the clinical sessions and his/her own behavior

Self-Supervision Stage

- CE views the student as an independent problem solver
- Relationship becomes more of a peer interaction
- Type of student seen at this stage:
  - Student is beginning to function independently, but acts within boundaries of expertise and training
  - Student can analyze session and clinical behaviors

Styles of Supervision
Directive-Active

- The CE provides the direction for the Student
- The CE is more active
- The student is more passive
- *This style of supervision is best suited for the Evaluation-Feedback Stage*

Collaborative

- Less directive, but not inactive
- Shared responsibility
- Jointly establish objectives
- Collaboration is apparent
- *This style of supervision is best suited for the Transitional Stage*

Consultative

- Self supervision is beginning
- Mentoring relationship develops
- Student assumes the primary management
- *This style of supervision is best suited for the Self-Supervision Stage*
Style depends on:

- Client disorder type
- Severity of client
- Clinical setting
- Student’s academic standing

Style also depends on:

- Stages of Student’s knowledge and development
- Expected Outcome
  - Graduate on-campus student
  - Graduate intern
  - SLPA
  - Clinical fellow
  - New employee

Important Note

- The amount of supervision may always be increased or decreased depending on the student’s (or employee’s) level of performance
- Style of supervision should match student’s level of knowledge and skills for the given client or situation
Students may have coursework but no clinical experience with…

- Patients with oral-motor issues
- Patients with dysphagia
- Patients with laryngectomies
- Students will NOT have experience with ALL communication disorders
- All students will have limited experience when arriving at your facility

The Process of Becoming a CE

- Identify appropriate facilities
  - Reasonable requirements
  - Appropriate hours
  - Type caseload
  - CE qualifications
- Establish a contract
  - Types of contracts
  - Timeline
  - Student requirements—background check, CPR, immunizations, HIPAA training, etc.

CE Commitments

- Time
- Number of students
- Coursework prerequisites
- Days (part-time versus full-time)
- Duration
- Provision of adequate learning environment
Requirements for Counting Hours

- ASHA requires 400 hours (25 undergraduate observation & 375 graduate hours)
- Must be direct contact hours

Hours that count

- ASHA requires 400 hours (25 undergraduate observation and 375 direct service)
- Students can only count direct participation time
- Taking data during sessions
- Performing the evaluation and/or treatment
- Talking to caregivers
- Attending meetings (IEPs, etc.) with client and/or caregivers (including professional team members)
- Mixing consistencies and assisting during swallow studies (FEES, MBSs)
Hours that do not count

- Observation time (observing from a two-way mirror; no participation, etc.)
- IEP meetings when the client or caregiver is not present
- Staffings (no client or family present)

**If possible, find a way for the student to participate so he/she can count hours.**

Guidelines

- No set number of hours in each area
  - May vary by state licensing boards
- Big 9
  - Articulation
  - Cognition
  - Communication Modalities
  - Fluency
  - Hearing
  - Receptive/Expressive Language
  - Social aspects
  - Swallowing
  - Voice and Resonance
- Recording hours
- Examples

Student Documentation of Hours

- Varies per University
  - Online systems; Paper
    - UA, UM → Calipso
    - Samford, USA → Typhon
    - AU, A&M → Paper
Evaluation of Students

- 3 areas:
  - Professionalism; Interaction
    - Punctuality/attendance, submitting work on time, organization/preparedness, attitude, etc.
  - Evaluation
    - Diagnostic testing, reports and professional writing skills, etc.
  - Treatment
    - Create and execute plans, therapy, parent education, reports, etc.

Student Feedback

- Verbal and/or Written
- Balanced—Positive and Constructive

Evaluation Considerations

- Interpretation of the ratings may vary based on the student’s knowledge and skills
  - Part-time student versus full-time extern
- Grade Inflation
Grades

- B (3.0) = Passing
- C = Requires remediation
- D or F = Unsatisfactory and hours do not count

Supervising the Marginal Student

- Primary Focus Today:
  - Graduate student
  - Extern/Intern
- Could also include:
  - SLPAs
  - CF
  - Employees

Students At-Risk Protocol

- Identify students with marginal clinical skills
- Students-at-risk cannot perform independently in several areas
- Prevent inadequately prepared students from matriculating through the program
Students At-Risk

- Do not recognize their weaknesses
- May be unaware that their skills are lacking
- Have difficulty accepting responsibility for their actions
- May place blame on another individual (client or CE) or circumstance

*Dowling, 2001*

Responsibilities of the Off Campus Clinical Educator

- Maintain documentation
- Notify the University’s Clinic Director (or off-campus liaison)

Responsibilities of the Off Campus Liaison

- Site Visit
- Skype or conference call
- Document the events (both sides)
- Collaborate with the off campus site to develop remediation if appropriate
- Remove student from placement if necessary
Remediation Strategies

- Develop an improvement plan
  - Student, University Liaison, CE
- Develop measurable goals and outcomes
- Set deadlines
- University Liaison and CE monitor student progress

Other Remediation Strategies

- Student Self-Evaluation
- Student-CE conferences
- Role playing
- Cooperative planning
- Video analysis
- Demonstration therapy

  Dowling, 2001

Documentation

- Documentation of remediation process is crucial
  - Document content and outcomes of Student-CE conferences
  - Retain written diagnostic and treatment reports
  - Retain data collection from videotape observations
  - Incorporate timelines for completion of remediation
  - Include consequences

  Dowling, 2001
Essential Skills and Attributes
Required for the Study of CSD
Disposition
Tasks and Skills (12.0)

• "Temperamental Makeup" (Merriam-Webster)
• "Makeup"-Physical, mental, moral constitution (Merriam-Webster)

Essential Skills and Attributes
Disposition

• ASHA: Becoming increasingly concerned with the disposition of students
• ASHA: States that disposition should be documented and charted.
• SUPERVISORS TEND TO AGREE WITH ASHA!

Disposition

• Suggestions for evaluating student professional disposition in 10 areas:…
  • Self-Awareness/Self Acceptance
  • Emotional Management
  • Reliability/Conscientiousness/Work Ethic
  • Empathy/Care for Others
  • Relationships
  • Flexibility
  • Reflectivity
  • Integrity
  • Enthusiasm/Passion
  • Commitment to the Profession
Essential Skills and Attributes
Disposition

- OCUPRS: States that [clinical] students must consistently demonstrate the emotional resilience and balance to manage a myriad of emotionally charged or ethically challenging scenarios that frequently arise in all work settings.
- Adaptability to changing environments and the ability to work in the face of uncertainties that are inherent in the care of clients are necessary.

Essential Skills and Attributes
Disposition

Disposition: Social and Emotional Contributors

Generation “ME”

Source: Generation Me: Why Today’s Young Americans Are More Confident, Assertive, Entitled—and More Miserable Than Ever Before.
By Jean M. Twenge, Ph.D.
Disposition & Generation “ME” (Twenge)

Cost of Membership?

Between 1988 and 2003, the likelihood of a college student suffering from depression doubled and suicidal ideation tripled. Anti-depressant use by all Americans has increased by almost 400 percent between 1988 and 2008 and correspondingly, the use of antidepressants on college campuses in United States and the utilization of campus counseling centers increased as well—Reshmi L. Singh, Ph.D.

Cost of Membership?

College and Career: reality is rarely consistent with the expectation:

- Told repeatedly that they are special
- Unique people,
- Whose opinions are important
- Who can achieve anything as long as they follow their dreams...reality?

- Few get into the best colleges, and even fewer into the best graduate schools.

Cost of Membership?

Reality? Expectation? Re: Employment

GenMe expects high-paying, high-prestige jobs in which their input is highly valued, and their rapid advancement is assured.

High external locus of control: Difficult to take ownership of failures.
Disposition & Generation “ME” (Twenge)

- How to communicate/work with GenMe?
  - process is on going
  - pursue opportunities to broaden our students’ vision
  - culture of self must be challenged by culture of community
  - offer the opportunity to live and serve in community, pursue common goals, and discover the value of putting the needs of another ahead of one’s own needs

Disposition & Generation “ME”

- How to communicate/work with GenMe?
- Professional Series…
  - “How to Launch Your Best Professional Self”, C.Wade (2014)
    - TRAIN YOUR STUDENTS TO BE AWARE OF……..
  - What You Say, How you Say It, Where you Say It
    - What: Verbal and Non-Verbal
    - How: Listen, Acknowledge, Explore, Respond
    - Where: Environments? Familiar home, work/learning, social.

Disposition & Generation “ME”

- How to communicate/work with GenMe?
  - “How to Launch Your Best Professional Self”, C.Wade (2014)
  - BE AWARE OF:…….
  - Communication Styles:
    - “Old School Formality vs. New School Informality”:
      - Old School (Veterans & Babyboomers-1946-1964): View “New School” as ‘too casual’ in work and verbal/written communication (text, email)
      - Lack of appreciation for correct grammar and/or spelling.
Disposition &
Generation “ME”

• How to communicate/work with GenMe?
  • Communication Styles:
    • "Old School Formality vs. New School Informality:
    • Veterans and Baby Boomers like face-to-face
      communication, eye contact vs. Millennials prefer text-based
      mediums of communication…eye contact not important.
    • Veterans and Baby Boomers—Utilitarian: DO WHAT IS
      REQUIRED TO GET THE JOB DONE…RIGHT.
    • Generation X & Millennials seek more alignment between
      work and personal values/lifestyle.

  THESE DIFFERENCES IF NOT DISCUSSED CAN
  CREATE MISCONCEPTIONS……..

Disposition &
Generation “ME”

• How to communicate/work with GenMe?
  • Communication Styles:
    • Because Millennials tend seek more
      alignment between work and personal
      values/lifestyle …Clinical performance
      (paperwork and professional interaction) can
      be compromised, if a healthy balance is not
      established.

Disposition &
Generation “ME”

• How to communicate/work with GenMe?
  • Communication Styles:
    • Not unusual to see personal and professional
      communication is used interchangeably
      ➢ "Hey…are you finished with my schedule?"
      ➢ "I’m unable to come to practicum because my boyfriend
        and I just broke up"……..
      ➢ "Can’t turn in clinical paperwork because my dog had a
        bad night"……..

WHAT DO WE DO?
Disposition &
Generation “ME”

How to communicate/work with GenMe?
- Speak Truth!—
- student conduct accountability
- career counseling
- simple face-to-face interactions

“We will do our students a great service by helping students align their expectations of themselves, their futures, and society with the realities that they will face.” (Twenge, 2014)

Disposition &
Generation “ME”

How to communicate/work with GenMe?
- Speak Truth!—Up front and honest with specifics:
- Bringing to the forefront actions that will need to be amended in order to be deemed professional and competent….with a smile 😊
- “I’m not picking on you……..
- “Don’t Let This Be You”-Series
  Peer Review of Clinical Interaction/Paperwork

Establish specific written goals to address specific concerns

Who should I contact if I want to a
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References