Supervision & Mentorship: 
The Future of Our Profession

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Why Are We Here?
How do we answer the call?

Students
Only once we have provided support and training to practicing SLPs can we train more students and eventually expand the pipeline.
Reasons to Not Supervise

- I don't have any official training
- I have not been in the field long enough
- My facility doesn't support supervision
- I don't get any recognition for supervising
- It's too time consuming
- I don't feel confident in my skills
- Students are scary

Benefits: Reasons to be a Mentor/Supervisor

- You'll learn
- To “pay it forward”
- Recognition
- Get extra work done!
- Review and validate
- Generativity (vs Stagnation)
- Energizing Emotions
- Future Personal Payoffs
- Help Your Organization
- Leave the World Better Than You Found It (Generativity)

Why Do I Supervise?

- I love it.
- Reminds me why I became an SLP
- Makes me appreciate what I do

- Why do you supervise? Or want to supervise?
Workshop Overview

- Supervisory Process: Supervision vs Mentorship
- Benefits
- Communication Styles / Exercise
- Clinical Skills Acquisition
- How to Develop Your Own System
- Pitfalls & How to Avoid Them
- Review

Learning Objectives

- 1. Delineate between a mentor and a supervisor and the importance this difference makes to the internship process.
- 2. Describe the process of clinical skill acquisition over time as it applies to the internship process.
- 3. Define common communication and learner styles that can lead to supportive supervisor-intern relationships

Plot Twist

- Don’t think like a supervisor…
- Think like a clinician.
BUT FIRST...ASHA GUIDELINES

- ASHA standards for Council for Academic Accreditation (CAA) specify that students shall be supervised directly for twenty-five percent or more of the time they are involved with patients/clients. This time can be adjusted upward for student clinicians who require more supervisory time.

- This time involvement is not to be interpreted as an average but, rather, as a consistent investment of supervisory time. That is, the supervisor should not assume that because the student was supervised 100 percent of the time during the first half of the semester that supervision can be cut to less than 25 percent of the time during the last half of the semester.

Years of Experience & Training Requirement

- No minimum. However the clinician should have acquired sufficient knowledge and experience to mentor a student and provide appropriate clinical education.

- Obtaining knowledge and skills related to principles of student assessment and pedagogy of clinical education is encouraged.

Supervision Defined

- What does it mean to you....
- What does it not mean....

Supervision

- "Supervision" – "the act of one person watching over the work of another who is less skilled, usually in a work, professional, or educational context." Wikipedia
- "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)." McCrea, Elizabeth S. and Brasseur, Judith A., The Supervisory Process in Speech-Language Pathology and Audiology, Allyn & Bacon, 2003, p. 8

The Continuum of Supervision

Anderson's Continuum of Supervision
Illustrative Model of Scaffolding

What the students can already do: Foundational knowledge

That students cannot do on their own: New Task

Provided from the instructor: Scaffolding

What students can now do on their own as result of the scaffold: Scaffolding fades or is removed: Known knowledge

Sound Familiar?

• Scaffolding (van Kleeck, 1994; Vigil & van Kleeck, 1996).
• Just replace the word “student” with the word “child” and the word “supervisor” with the word “adult”
• OR… if you aren’t a parent, just replace the word “student” with the word “client”.
• In other words, we know how to do this!

Stages of Supervision

1. Evaluation Feedback Stage
   • Supervisor dominant
   • Needed when student is new or dealing with new disorder category, new intervention or assessment
   • Strategies/Behaviors:
     • Modeling and demonstration from supervisor
     • Supervisor is dominant in discussions
     • Feedback is specific
     • Student self evaluates
     • Marginal students will stay here longer
2. Transitional Stage
- Supervisee has reached a level of competence in knowledge and skill and can operate independently to some extent.
- Supervisee can analyze their clinic behavior to some extent and make some modifications on their own.

Strategies/Behaviors:
- Supervisor engages supervisee in joint problem solving and peer interaction (not assuming the lead).
- This stage is a shared process.
- Student self evaluates.

3. Self-Supervision Stage
- Student becomes more of an independent problem solver, analyzes behavior and makes appropriate changes based on self analysis.
- Relationship shifts to more of a collegial interaction rather than teacher/student.

Strategies/Behaviors:
- Supervisor gives more collaborative feedback.
- Student takes on the caseload.
- Not everyone will get here in a 10 week term.
- Student self evaluates.

Styles of Supervision
- Direct-Active (Evaluation of Feedback Stage)
  - Directing, suggesting and modeling
- Collaborative (Transitional Stage)
  - Assist the student's problem solving and critical thinking
  - Involve the student in decision making
  - Supervisor provides feedback, but also encourages input
- Consultative (Self-Supervision Stage)
  - Student seeks assistance when appropriate
  - Cooperative interaction between supervisor and student
  - Student can identify strengths and weaknesses and make modifications
Adapt Your Approach

- What style do you associate most closely with?
- Know your style and know when to adapt based on the student’s learning stage
- Know what stage your student is at
- Adjust your approach depending on the level, experience and personality of your student
- Communicate expectations with the supervisee
- Informal or formal conferences
- Balance targets for improvement with positive feedback

Case Study Problems

#1 – The Failing Intern

- Sarah is a graduate student clinician, assigned to an off-site placement in an acute care rehab setting. She expects to complete her graduate program at the end of the current term and has accepted a CFY position in a rehab program. Throughout the 5 day/week, 10-week placement, Sarah has had a number of problems. Her on-site supervisor observes that Sarah is often late for appointments, fails to complete paperwork, shows poor documentation skills, has difficulty relating to patients and families, and struggles to make clinical decisions and to master clinical assessment tools. During conferences, the supervisor has given Sarah constructive suggestions, and they have agreed on specific goals such as being on time for all clients, completing daily paperwork before leaving the facility, and preparing for sessions ahead of time.

Failing Intern Continued

- Over the past few weeks, Sarah has shown some improvement, but continues to need direction to select therapy materials, to set daily goals for patients she has been managing for several weeks, and to administer familiar assessment tools accurately.
- The supervisor consults with the university practicum coordinator to outline her concerns. The university coordinator notes that Sarah’s performance has been uneven throughout her enrollment in the program and that other supervisors have expressed similar concerns. The university coordinator points out that Sarah is scheduled to graduate this term and that a less than satisfactory grade could create problems.
Case #1: Applications

- What stage of Anderson's Supervision Continuum is Sarah at?
- Based on what we know, what style of supervision might work best for Sarah?
- Understanding: The bigger picture. Making sure we have all of the pieces to the problem so we can be solution focused.
- Integrating: Synthesizing the above information into a solution focused plan.

Applications #1: Answers

- What stage of Anderson's Supervision Continuum is Sarah at?
  - Evaluation / Feedback
- Based on what we know, what style of supervision might work best for Sarah?
  - Self-Supervision
- Understanding: The bigger picture. Making sure we have all of the pieces to the problem so we can be solution focused.
  - What were the expectations of the facility, the supervisor, the university and Sarah for this assignment?
  - Were there any external circumstances that were contributing to her difficulties (illness, family or financial issues)?
  - To what extent did Sarah discuss her strengths and needs with her supervisor? What goals were established prior to beginning? Are there any ethical issues to be considered?
  - What varieties of data collection has the on-site supervisor employed? Has Sarah been actively involved in the process?
  - What role has the university liaison played? Have they remained in contact?
  - Is there documentation of interactions?
  - What varieties of analyses has the on-site supervisor employed? Has Sarah been actively involved in the process?
  - Is there documentation of events?
- Integrating: Synthesizing the above information into a solution focused plan.

Supervisory Action Plan

- Exercise
Case Study #2: Controlling Supervisor

- Mia is a second year graduate student who is in the sixth week of her second off-campus practicum – a skilled nursing facility placement. Before the current semester, she had accrued approximately 100 clock hours and previous practicum evaluations were very positive. Her on-site supervisor has supervised university graduate students for several years and has always been a bit reluctant in turning over her caseload.

- In a meeting with your University liaison, you learn that Mia is distressed. She has reported that in the first three weeks of the term, she received no feedback. Twice during that time, she heard a generic “you’re doing fine.” In the past three weeks, as Mia has gradually assumed the caseload, her supervisor interrupts therapy to point out what Mia is doing wrong or needs to do differently. On occasion, she has taken over the session and instructed Mia to watch.
Continued….
• Mia states, “Her sole focus is on what I do wrong and I don’t know what I’m doing right, if anything.” Not only does the supervisor’s observation style and strategy for giving feedback undermine her credibility with the students, it also makes Mia feel like a failure. “One day in the lunchroom with all the teachers around, she listed the things I had done wrong that morning, I suddenly lost my appetite.”

Case #2 Applications:
• What stage of Anderson’s Supervision Continuum is Mia at?
• Where do you feel she should be?
• Based on what we know, what style of supervision might work best for Mia?
• Understanding: The bigger picture. Making sure we have all of the pieces to the problem so we can be solution focused.
• Observing: What types? By Whom? Documented? 360° responsibility (student, supervisor, university liaison)
• Integrating: Synthesizing the above information into a solution focused plan.

Case #2: Answers
• What stage of Anderson’s Supervision Continuum is Mia at?
  • Evaluation / Feedback
  • Where do you feel she should be?
  • Transitional
• Understanding: The bigger picture. Making sure we have all of the pieces to the problem so we can be solution focused.
  • Observing: What types? By Whom? Documented? 360° responsibility (student, supervisor, university liaison)
  • Integrating: Synthesizing the above information into a solution focused plan.

Here’s a situation where the supervisee has the opportunity to modify the supervisor’s behavior. Since we are all supervisors here, let’s think about how what initial steps in self-observation Mia could make to turn the tables? What data collection and analysis she could make? How would you suggest she be more active and decrease the supervisor’s directive style?

If Mia employees a systematic approach in collecting and analyzing data, she may be able to demonstrate her unexpected level of competence that may effect change in the supervisor’s behavior. How can Mia demonstrate that she is capable of managing the expected without the supervisor’s constructive criticism?

Synthesizing the above information into a solution focused plan.
Supervisory Action Plan

- Exercise

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ASHA Position Statement

An effective working relationship between supervisors and supervisees is essential to the success of student learning
Break Time
Stretch, Breathe and Refocus

Mentorship
Roles, Styles and Skills

Mentorship Defined
- What does this mean to you…..
- What does this not mean to you…..
- Do you have a mentor?
**Mentoring in Supervision**

- Mentoring and supervision are not synonymous, but used interchangeably.
- Mentoring = relationship between two people in which one person (mentor) is dedicated to the personal and professional growth of the other (mentee). Focuses on creating effective ways to build skills, influence attitudes, and cultivate aspirations. Advise, tutor, sponsor, and instill a professional identity in mentees. It’s an intense interaction between two people, where the mentor has authority and power based on experience.
- Supervisor = primary focus of supervision is accountability for the supervisee’s performance.

- Some aspects of mentoring should be involved in all supervisory relationships, the degree being dependent on supervisory style, the amount of experience and skill level of the supervisee and practice setting.
- “Direct-Active” style less likely to address the mentoring aspect of supervision. Focuses mainly on growth in performance.
- “Collaborative” or “Consultative” styles better facilitate the ability to address mentoring aspects.
- Mentoring is most appropriate when supervisees have moved into the advanced level of the “transitional stage” and/or the self-supervision stage on the Anderson continuum.

http://www.asha.org/policy/TR2008-00296/#sec1.5

**Mentorship**

- “It is the third most powerful relationship for influencing human behavior (after the family and couple relationships) if it is working.”
- Source: Richard E. Caruso, PhD
Role of the Mentor & Mentee

<table>
<thead>
<tr>
<th>Mentor</th>
<th>Mentee</th>
</tr>
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<tbody>
<tr>
<td>Provide guidance and support</td>
<td>Driver of Relationship</td>
</tr>
<tr>
<td>Coach /Advisor</td>
<td>Development Planner</td>
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<tr>
<td>Source of Encouragement / Support</td>
<td>Resource Partner</td>
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<tr>
<td>Resource Person</td>
<td>Teacher</td>
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<tr>
<td>Champion</td>
<td>Continuous Learner</td>
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Mentoring Skills – How do we do this?

- Create an open and supportive climate for discussion
- Demonstrate good listening / follow up skills
- Provide constructive feedback and advice

Self-Assessment

- What are my strengths as a mentor?
- What are my challenges as a mentor?
- In what ways can I compensate for my mentoring weaknesses (e.g. books, training, advice from good role model)?
“What you give, you get, ten times over.”
~Yoruba Proverb

Communication
Driver, Analytical, Amiable and Expressive

Communication Styles

• “I know you believe you understood what you think I said but, I am not sure you realize that what you heard is not what I meant”
  ~Your Mother
Effective Communication

- As communication specialists, we should know how to communicate effectively with supervisees

Communication Styles

- Analytical
- Driver
- Amiable
- Expressive

Exercise

- Communication Style Self-Assessment
- Which one are you?
Exercise

• How would you communicate this message?
  • A colleague is always ready to jump in and help, but lacks follow through. Your boss views your colleague as a “team player”, but the fact that she continues to drop the ball, which you are usually picking up, makes this difficult for you to hear.
  • How would you communicate to your colleague that she needs to follow through on her commitments?
  • When if this were a student?
Face * Analyst * Controller * Entertainer???
That’s right, you are a Chameleon-ENTERTAINER!
Woo-hoo! You've joined the exciting world of Chameleon-ENTERTAINERs.

We, Chameleon-ENTERTAINERs have a predominance of ENTERTAINER characteristics and can morph into other FACE styles with relative ease. Typically, we will challenge everything and we love to tease; we’re self-assured people who are brilliant at creating and sustaining enthusiasm.

Break Time
Or Not???
Clinical Skill Acquisition

These are based off of the ASHA Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech Pathology – Standard IV: Knowledge Outcome. 

These standards have been incorporated into our electronic documentation system, CALIPSO. This is where we have supervisors grade their students on their skill acquisition.

Knowing Where Your Supervisee Is

- Take a strengths/weaknesses inventory during initial meeting
- Supervisee reflection of skills
- Set goals at the beginning of term vs just at mid-term
- Use the ASHA standards or CALIPSO grading document to guide you.
- For those who are not SLP’s, or not supervising PSU students, refer to your university grading sheet for discipline specific competencies.
Developing Specific Competencies for Skill Acquisition

- Provided by the NW Clinic of Voice and Swallowing
  - Core Competencies Example
  - Intern Competency Outline Example

How To Develop Your Own System

- Analyze your own populations served and disorders treated.
- Catalogue your assessments and frequently used treatment modalities.
- Develop a competencies list based on the above.
- Develop a timeline to meet competencies that is realistic for the student and you.
- Develop learning tools (articles, references, videos, training materials – use resources provided to you by your company)
- Ask for DOR or Education Coordinators for help.

Pitfalls & How To Avoid Them: Communication is Key

- Lack of communication with the University Externship liaison
- Selection of appropriate sites and supervisors
- Maintaining accountability while balancing supervisee and client needs
- Unrealistic expectations for student’s knowledge and skill level
- Lack of defining roles of the supervisor and supervisees
- Supervisors loss of autonomy due to university supervisor’s direct supervision.
- Misunderstanding responsibility of supervisor (perceiving student as a helper and not actively supervising)
- Grading and evaluation
Set Clear Expectations

Examples

- Demonstrate initiative – come up with own solutions
- Accept constructive feedback and integrate information
- Open to learning new methods
- Self evaluate
- Demonstrate critical thinking skills
- Communicate needs
- Come to meetings with questions and potential solutions

PSU Process

Liaisons, CALIPSO and Benefits

PSU Training / Preparation

- Adding more TT Faculty w/Medical Focus
- Clinical Experiences based on Student Interests
- Advanced Medical SLP
  - Basic Vitals Training (Temp, BP, Pulse, monitors)
  - Transfer training
  - PT/OOT Collaboration
  - Counseling
  - Chart Review
  - Medical Report Writing
  - DX Abbreviations
  - Medications and their effects
  - Trach and vent
The PSU Process: How Do I Get Started?

- Contact your facility liaison
- Await contact from your student
- Await contact from your University liaison
- Register with CALIPSO
- Site visits / Support

Benefits to Supervising for PSU

- $125 Honorarium per student
- CE Vouchers
- 60% CE Discounts

CALIPSO

- Electronic Documentation
  - Mid-Term & Final Evaluations
  - Clock Hours
  - https://www.calipsoclient.com/pdx/account/login
  - Support (Tutorials, Faculty Liaison)
Review:
Communication is Key
Identify your communication style
Identify your supervisory/mentorship style
Set yourself up for success!
Develop your own system for skills acquisition and competencies.
Have fun!

Action Items

• What will you do after this workshop?
  • Decide to take a student
  • Develop competencies for your site
  • Develop a skill acquisition time line
  • Explore your communication style
  • Take more classes or read more on supervision
  • Encourage others to take students
  • Share
  • Staff Education

QUESTIONS???
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References