

Supervisor Skills & Strategies in Speech-Language Pathology

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What is Supervision?

Consider a few of your prior supervisors, particularly those who were most effective.

What characteristics did they demonstrate that helped you learn?

What did you appreciate most about them?

Supervision

A process between a supervisor, mentor and/or coach that guides and supports the learner through hands-on clinical training with the goal of developing independent clinical and professional knowledge and skills (Newman, 2005)

Emphasis is on PROCESS!

Challenges of Supervision

- 1) Balance providing appropriate and quality clinical services for clients with meaningful learning experiences for students.
- 2) Working supervision into an already busy schedule.
- 3) Many have not received formal training in supervision.

Potential Solutions

- 1) Integrate service to clients along with training. Reserve time daily or weekly for discussion, planning and feedback.
- 2) Supervision will involve more time up front, however, the student should gradually take the lead with planning and implementation.

3) Training Resources:

ASHA Continuing Education Programs

Peer Mentoring

ASHA Division 11

University Resources

Who makes a good supervisor?

- An SLP with good skill and experience (3 years or more)
- An SLP who has the desire to mentor and teach
- An SLP who has effective communication skills

Effective Supervision Involves 3 Components:

- Self Analysis
- Self Evaluation
- Problem Solving skills (perhaps guided by the supervisor)

Traditional Style- Supervisor observes and provides feedback without discussion with student

Learner Centered Supervision and Self Directed Learning: Facilitates independence and encourages self reflection and evaluation

(ASHA, 2008)

Set Clear Expectations

Examples of Expectations Set by Supervisors:

- Demonstrate initiative- come up with own solutions
- Accept constructive feedback & integrate information
- Open to learning new methods
- Self evaluate
- Problem solve
- Make and learn from mistakes
- Communicate needs
- Come to meetings with questions and potential solutions

Any others???

Expectations (continued)

Ask the student about:

- Prior knowledge and experiences with disorders and populations
- What skills s/he would like to focus on as a learner
- How he/she learns best, in terms of things you can do as a supervisor (e.g., demonstrate, give immediate feedback, etc.)

Communicate about the following:

- Your expectations as a Clinic Educator in terms of level of independence, student observation, preparedness and so forth
- Attendance/hours/ holidays
- Clinic and non-clinic responsibilities (e.g., bus, recess
- Associated costs (if any)- TB tests, parking
- HIPPA and agency policies
- Emergency policy and procedures
- What to do if supervisor and/or client is out
- Necessary paperwork
- Participation in meetings and collaboration with other staff

Anything Else?

Personal Preference Exercise

1. Do you tend to make decisions with the head?
Do you tend to make decision with the heart?
2. Would you prefer to be the one to carry out the project?
Would you prefer to create the ideas/plans rather than carry them out?
3. Do you tend to meet deadlines the last minute?
Do you organize and plan in advance?
4. Are you creative?
Are you more logical?
5. Are you good with details?
Are you good with the big picture?
6. Are you outgoing and gregarious?
Are you more reserved and thoughtful?

What else is important in working with you?

Given your tendencies, how can you best serve clients and work effectively within this environment?

Stages of Supervision (Jean Anderson)

1. Evaluation-Feedback Stage (Direct-active style of supervision)

- Supervisor Dominant
- Beginning student, student in a new setting, student with new type of client
- Student or supervisor agree that direct support is needed

Strategies/Behaviors:

- Modeling and demonstration from supervisor
- Student is “coached” while supervisor is present
- Supervisor is dominant in discussions re: client
- Student self evaluates

Continuum of Supervision (cont).

2) Transitional Stage (Collaborative Style)

- Supervisee has reached a level of competency 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 student in joint problem solving and interaction
- Prior to giving direction, supervisor asks the student, “What do you think is going on?” “How did you do?” “Any ideas on what to do?”
- Videotaping or audio recording the student and client (if feasible) is helpful at this stage. Student watches the video (listens to recording) and problem solves.
- Student self evaluates

Continuum of Supervision (cont).

3) Self-supervision Stage (Consultative)

- Student accurately analyzes his/her behavior and makes changes based on self analysis
- Student no longer dependent on supervisor for observation, analysis and feedback
- Some clinicians will not reach this stage across spectrum of age and disorders

Strategies/Behaviors:

- Assumes considerable student independence
- Student brings client to the supervisor as needed to consult on treatment and assist with problem solving
- Student self evaluates

ASHA Standards for Supervision

1. SLP with ASHA Certification must be on site or available for phone consultation at all times student is providing services. Assure that someone is available if emergency may arise.
2. 50% of each diagnostic session must be directly supervised.
3. 25% of all treatment sessions must be directly supervised.
4. Medicaid requires 100% supervision.
5. Students accrue clock hours only for direct service to client and/or family, and participation in the session as an active participant (e.g. taking data and serving as communicative partner).
6. The agency and supervisor assume ultimate responsibility for the services to clients. Students are not to be paid as employees, replace staff, or be responsible for giving services to clients apart from its educational value.
7. Feedback to student is to be oral and written.

UNM Graduate Clinician Assignments

- ❖ First rotation: student training is provided within the UNM Speech and Language Clinic (UNM SLC) with a focus on basic intervention techniques and strategies
- ❖ Second rotation: generally training is within UNM SLC with a focus on diagnostic techniques and strategies. Some students will be placed off-site in school or private practice settings depending upon level of competence.
- ❖ Third rotation: combination of UNM SLC and off-site training, although predominately off-site
- ❖ Fourth rotation: combination of UNM SLC and off-site training, although predominately off-site
- ❖ Fifth rotation: full time internship off-site

Second, Third & Fourth rotation Practicum Students: require 6 hours direct client contact per week for 13 weeks (9 hours for 8 weeks in summer); 12-15 hours on site per week.

Full time Interns: 32-40 hours per week, minimum of 10 weeks

UNM Supervision Paperwork

Required: Clinical Practicum Evaluation Form

(Complete via CALIPSO student tracking software at mid term and end of semester with suggested grade)

- ❑ 19 ASHA competencies for Evaluation, Treatment and Interpersonal/Professional Qualities
 - Supervisor rates student on each competency using the following scale:
 - 1 = Absent Skill/Maximum Instruction
 - 2 = Emerging or Inconsistent Skill/Specific Direction
 - 3 = Developing/Ongoing Guidance
 - 4 = Consistent with Occasional Prompts/Intermittent Prompting
 - 5 = Consistent and Capable/Regular Oversight
 - 6 = Independently Competent/Collaborative Input
 - 7 = Exceptional/Collegial Relationship

Optional Forms

- Semester Plan & Agreement (for orientation and expectations)
- Treatment and Diagnostic Session Evaluation forms
- Supervisor & Agency may request evaluation of Supervisor and Site

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Supervision references and resources are available upon request