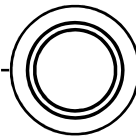
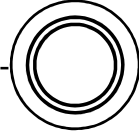


# Supervising the Marginal Student



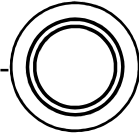
**NOW WHAT DO I DO ?**  
**JANICE M. WRIGHT, CLINICAL SUPERVISOR**  
**OHIO UNIVERSITY**  
**WRIGHTJ2@OHIO.EDU**

# What Good Supervisors Do



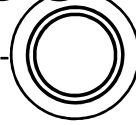
- Integrate theory and practice
- Teach
- Participate in the professional education and development of the supervisee
- Create learning environment that enhances the supervisee's clinical skills
- Create a safe, trusting and supportive relationship
- Monitor the quality of the supervisee's work

# Definitions



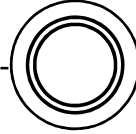
- – interaction that takes place between the clinician and the client
- – interaction that takes place between the supervisor and the clinician and may be related to the behavior of the clinician or the client or to the program in which the supervisor and clinician are employed
- ASHA, 1978

# TASKS of SUPERVISION



- Clinical Teaching – interaction between supervisor/supervisee in any setting which furthers the development of clinical skills of students or practicing clinicians as related to changes in client behavior
- Program Management- activities that relate to administration or coordination of programs

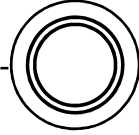
# Situational Leadership



- ❖ No one style of supervision is best
- ❖ A supervisor must be prepared to deal differently with different supervisees
- ❖ Within any given supervisor/supervisee relationship, circumstances may require periodic changes in style

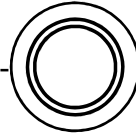


# Process of Supervision



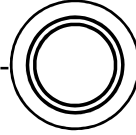
- Process = Tasks + Functions
- Procedures
- Style
- Artistry
- Craftmanship

# Effective Techniques



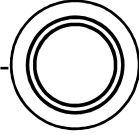
- Knowledge
- Confidence
- Direction – know where you want your supervisee to go

# Phases of the Supervisory Relationship



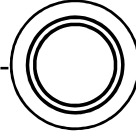
- Beginning
- Mature
- Termination

# The Beginning Phase



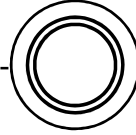
- Clarifying relationship with supervisor
- Establishing of supervision contract
- Supporting and teaching interventions
- Developing competencies
- Developing treatment plans

# Development of Contracts



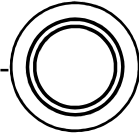
- Mutual agreement between supervisor and supervisee
- Dynamic in that it must change over the life cycle of the supervisory relationship

# Contracts Spell Out



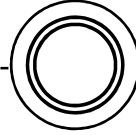
- Mutual expectations
- Mutual responsibilities
- Mutual requirements
- Milestones

# Milestones



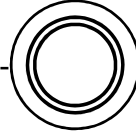
- Critical, interim changes in behavior or condition that indicate supervisee is on track to end result (Performance Target)
- Indicate a logical sequence of change you expect supervisee to achieve over time
- Project how many and when supervisee is expected to reach each milestone

# Benefits of the Contract



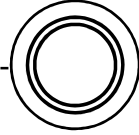
- Reduces miscommunication
- Minimizes covert agendas
- Facilitates the orientation of the supervisee
- Reduces abuse of power by the supervisor

# Contracts allow for



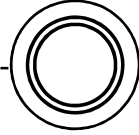
- Breaking through impasses
- Overcoming difficulties
- Definition of problems by bringing all issues out on the table
- Identification and investigation of an issue to arrive at a common ground
- Time for differences and disagreements

# Assessment



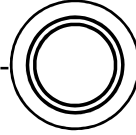
- The purpose of the assessment process is to determine what supervisee brings to the table
- The purpose of the assessment process is to determine what the supervisor brings to the table
- Determining what the supervisee needs to learn and wants to learn
- Determining how equipped the supervisor is to meeting the supervisee's needs

# Supervisor



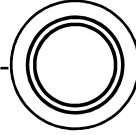
- What are your boundaries, limits, expectations?
- What is my leadership style?
  - Self analysis
- What do I expect from the clinician ?
  - Beginning stage
  - Mature stage
  - Termination stage

# Leadership style



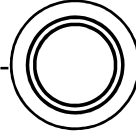
- How can you self-analyze?

# Boundaries, Limits, Expectations



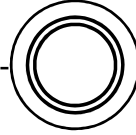
- What are your personal boundaries ?
- Myers-Briggs Index – Interaction Style Indicator

# Do your interests flow mainly to....



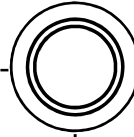
<b>E - The outer world of actions, objects and persons</b> <b>Extraversion</b>	<b>I - The inner world of concepts and ideas</b> <b>Introversion</b>
<b>S - The immediate, real practical facts of experience and life</b> <b>Sensing</b>	<b>N – the Possibilities, relationships and me</b> <b>Intuition anings of experience</b>
<b>T – Objectively, impersonally , considering causes of events and where decisions may lead</b> <b>Thinking</b>	<b>F –Subjectively and personally weighing values of choices and how they matte</b> <b>Feeling r to others</b>
<b>J – In a decisive, planned and orderly way, aiming to regulate and control events</b> <b>Judgement</b>	<b>P – in a spontaneous, flexible way aiming to understand life and adapt to it</b> <b>Perception</b>

# Supervisee



- Analysis of skills: self- evaluation
- KISS
- Casey Self- Analysis Form
- Inventory for Self-Evaluation
- Myers-Briggs Interaction Style Indicator

Supervision Protocol  
Marianne Malawista, Ph.D. CCC-SLP  
Ohio University



I. Describe Process of Supervision and Feedback Format (Week 1)

A. Orientation

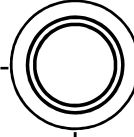
- Tour facility
- Clinic assignment dates through end of quarter \_\_\_\_\_
- Assignment/appointment deadline responsibility
- Observe supervisor therapy session and discuss
- Use Evaluation of Treatment Session form

B. Supervision Style

- Review therapy/ observation format specific to site
- Ask for clinician expectations from supervisor \*
- Discuss verbal feedback (Saras and Post) 2004
- Discuss written feedback

\* Use of Larson tool

# Supervisory Protocol



## II. Set Clear Performance Criteria (Weeks 1& 2)

### A. KASA

Review KASA and KASA Worksheet interface (to be completed at final conference)

### B. Evaluation of Treatment Session

Review form – complete together to i.d. strengths, needs, goals

Establish goals based on observed and/or reported needs

Student responsible to meet deadlines/discuss with supervisor

## III. Demonstrate Reliable Observation of Student Work

### A. Schedule of Observation

Treatment sessions: directly observe 50-100% of each session

Diagnostic sessions: Directly observe 75% - 100% of each session

### B. Documentation of Observation

Will provide written feedback :

Every 2<sup>nd</sup> treatment session

Every diagnostic session

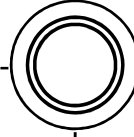
- Review format

Face-to face conferences will occur every day:

Am – 15 minutes to review cases

Pm – 20 – 30 minutes to review skills

# Supervisory Protocol



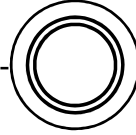
- Monitor Student's Use of Feedback

- Feedback Implementation
- Implement as agreed
- Failed to implement
- Determine reason
- Establish corrective action and/or goal

- Goal Attainment

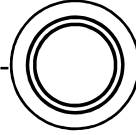
- Met goal(s)
- Continue practicing new skill
- Establish new goal if indicated
- Failed to meet goal(s)
- Determine breakdown between feedback and application
- Apply corrective action
- Observe for change

# Implementation



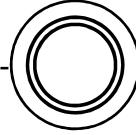
- Protocol signed and dated
- Reference list attached
- Goals are established for supervisee

# Supervisory Action Plan



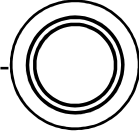
- Neegotiating the focus and determining the outcomes of the supervisory process

# Action Plan



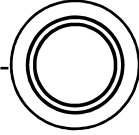
- The goal is to create a plan that facilitates the process and experience of supervision
- The plan will enable the supervisee to achieve clinical skills leading to competence in the clinical process
- The plan provides a blueprint for bridging didactic information and clinical implementation

# Action Plan



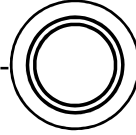
- Promotes and guides the maturation process leading to independence and self-supervision
- Outcomes focus
- ASHA 2005 guidelines

# Effective Supervision



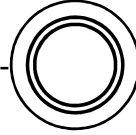
- Transcends a teacher-pupil relationship
- Is multifaceted
- Is dynamic

# Analysis and Evaluation



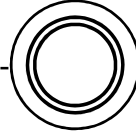
- Supervisee's strengths/needs
- Documented evidence of supervisee's skills and behaviors
- Assessment of the effect on supervision
- Is this a problem?

# Supervisor-Supervisee Relationship



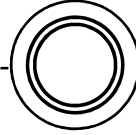
- Expected outcome
- What is the desired end result?
- What will happen with planned change?
- Behavior/skills to modify
- What changes need to be made by the supervisee?
- What changes need to be made by the supervisor?

# Action Plan



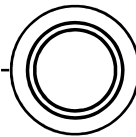
- Techniques and Strategies
- Who will do what? How? When?
- How will we know the outcome has been achieved?
- Results
- Date and document what occurred.

# Performance Targets



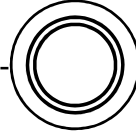
- Observable and verifiable change in the supervisee's behavior or condition
- Bound in Time
- Set using "hard" numbers
- Doable with a stretch
- Answers the question; "What is success?"

# Goal Setting Criteria for the Student Clinician



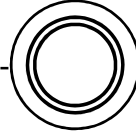
**ROMERO, D. GOAL- SETTING SELF-  
ASSESSMENT TOOL - 2000**

# Skill Descriptors



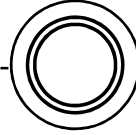
- 7 – strongest: I have acquired a professional level of knowledge and expertise on this task through study and experience and have had multiple opportunities to apply this knowledge skillfully and independently
- 6- strong: I have acquired a high level of knowledge and expertise on this task through study and experience and have had many opportunities to apply this knowledge with some supervision

# Skill Descriptors



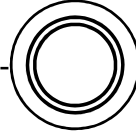
- 5 – emerging: I have acquired a level of knowledge on this task through study and some experience. I have had some opportunities to apply this knowledge under direct supervision
- 4 – untested: While I have some knowledge of this task acquired through study. I have not had the opportunity to apply this knowledge clinically

# Skill Descriptors



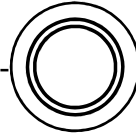
- 3- weak: I have adequate knowledge of the task through study but Relevant opportunities to apply it clinically have not been provided for me.
- 2 – weaker: I have insufficient knowledge of the task required and would perform inadequately if called upon to perform this task.
- 1 – weakest: I have no knowledge of this task

# Skill Areas



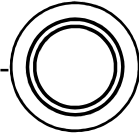
- Preparation and Professionalism
- Execution of Diagnostic/ Baseline Collection
- Wrap up/counseling
- Development of Goals
- Lesson Plan Development and Report Writing
- Organization of Sessions and Data Collection

# Tasks



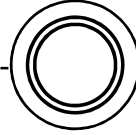
- 1. I can gather case history information as part of the assessment process
- 2. I can interpret case history information accurately in making a diagnosis
- 3. I accurately interpret medical information in the case history to help make a diagnosis
- 4. I interpret personal information in the case history to help make a diagnosis

# Interpretation



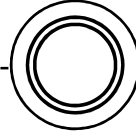
- Based on your self- ratings write a goal or goals which you would like to accomplish this quarter.
- Example: My goal would be to move from a 3 to a 4 in interpreting case history information. I feel that I need to review a number of case histories with my supervisor to help understand the process of interpretation.

# Preparation and Professionalism



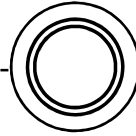
- I can demonstrate warmth, appropriate eye contact and sensitivity to the client's or family's feelings
- I can reduce anxiety in the client and family through my behavior and attitude
- I can interact with client in a way appropriate to age and abilities
- I can set and enforce boundaries, limits and expectations

# Preparation and Professionalism



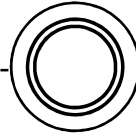
- I can motivate clients to perform
- I can demonstrate independence
- I can demonstrate initiative
- I can deal tactfully with client's frustrations in a session
- I can appear confident about my own performance

# CASE STUDY



- Annie is an SLP graduate student on a 15 week externship placement at Crosstown Rehabilitation Center. Throughout the placement Annie has had some difficulties. Her supervisor has observed that Annie is often late for client appointment, has difficulty completing paperwork in a timely manner, demonstrates poor documentation skills, has difficulty relating to patients and their families and struggles to make clinical decisions.

# What are the specific problems/questions



- **Late for client appointments**

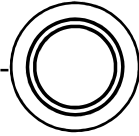
Is she coming from somewhere?

Is she talking to staff in-between clients ?

- **Late in finishing up previous sessions**

Is she too involved with the minutia ?

# What are the specific problems/questions?



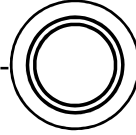
- **Difficulty completing paperwork in a timely manner**

Is she expected to complete after each session ?

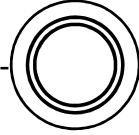
Is she expected to complete at the end of the day ?

Is she clear on the amount and type of paperwork ?

Other problems/questions ?

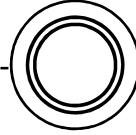


# What is the plan ?



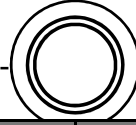
- Write a behavioral objective for Annie
- What is the performance, condition and criteria ?
- What are the specific behaviors you can facilitate change ?
- What are the specific behaviors that you may not be able to facilitate change?

# PRODUCT STEPS



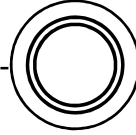
- Product Steps are the program activities and services that are implemented in order to engage the customer and affect changes in their behavior or condition.

# What is the contract?



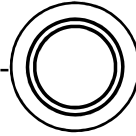
Supervisee's Strengths/Weaknesses	Effects on Supervision	Expected Outcome	Behavior/Skills to Modify	Teaching and Strategies	Results
Documented evidence of supervisee's skills and behaviors	Is effect positive or negative? Is there a problem?	What is the desired end result? What will happen with planned change ?	What changes need to be made by the supervisee/sor?	Who will do what?	Date and document what occurred?

# The Ideal Supervisor



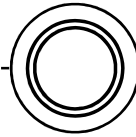
- The goal is Clinical Education – not program management – ASHA guidelines, 2007
- Adapt a constructivist approach to supervision- Gilliam & Pena, 1995
- Foster behavior that will allow the student of move towards goals they find important
- Create a feeling of well-being
- Use interpersonal influence for attainment of goals

# REFERENCES



- American Speech-Language-Hearing Association (2008). Knowledge and Skills Needed by Speech Language Pathologists Providing Clinician Supervision (Knowledge and Skills) Available from [www.asha.org/policy](http://www.asha.org/policy)
- Larson, L. (1982) Perceived supervisory needs and expectations of experienced vs. inexperienced student clinicians. (Doctoral dissertation, Indiana University. 1981) Dissertations Abstracts International, 42.4758B
- Malone, W. (2008) Clinical Supervision – We Are More Than Bosses, We Are Leaders. Workshop. October, 2008. Cambridge, Ohio
- Malawista, M. (2006) Supervision Protocol; Ohio University
- Saras, L.J. & Post, D.M. (2004) Supervisory responses to critical teaching incidents during speech-language therapy. The Clinical Supervisor, 23(1), 121-137

# THANK YOU FOR ATTENDING



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