The Struggle Is Real!

WHAT TO DO WHEN SUPERVISEE PERFORMANCE IS LESS THAN SATISFACTORY

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Disclosures

Financial Disclosures

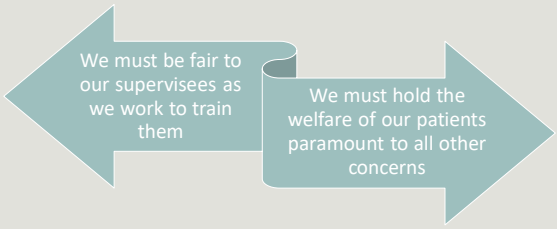
- This presentation includes discussion about training programs, and I am employed by University of South Carolina to coordinate practicum placements. University of South Carolina paid for my registration for this conference.

Non-Financial Disclosures

- This presentation includes discussion about training programs, and I am employed by University of South Carolina to coordinate practicum placements.

2

Frame it up!



3

Being a Gatekeeper

"…infrequent experiences with marginal students seem to be inevitable despite our best efforts of prevention and Intervention. Although we have an obligation to provide intervention and support to marginal students, it is important to insure that only qualified and competent professionals enter the workforce and achieve certification" (Shapiro, 2002).

SHAPIRO, D. A., OGLETREE, B. T., & BROTHERTON, W. D. (2002). GRADUATE STUDENTS WITH MARGINAL ABILITIES IN COMMUNICATION SCIENCES AND DISORDERS: PREVALENCE, PROFILES, AND SOLUTIONS. *JOURNAL OF COMMUNICATION DISORDERS*, *35*(5), 421–451. DOI: 10.1016/S0021-9924(02)00093-X

4

ASHA's Supervisory Requirements

5

ASHA Requirements For Supervising Students

ASHA Certification

Sufficient knowledge and experience to mentor/educate

Direct supervision appropriate to the level of knowledge/skill level of the student

At least 25% of the total contact with each client/patient, periodically throughout the practicum

Supervision adequate to ensure the welfare of the client

STUDENT SUPERVISION FAQS. (N.D.). RETRIEVED JANUARY 16, 2020, FROM HTTPS://WWW.ASHA.ORG/SLP/SCHOOL/STUDENTSUPFAQS/

6

ASHA Requirements For Supervising CFs

ASHA Certification throughout the entire CF experience (divided into three equal segments)

A *minimum* of 6 hours of direct and 6 hours indirect observation during each segment

Must provide performance feedback to the Clinical Fellow at least once during each segment of the CF using the 2020 Clinical Fellowship Skills Inventory (CFSI) form.

Ensure all skills are observed and evaluated during each segment

A GUIDE TO THE ASHA CLINICAL FELLOWSHIP EXPERIENCE. (N.D.). RETRIEVED JANUARY 16, 2020, FROM HTTPS://WWW.ASHA.ORG/CERTIFICATION/CLINICAL-FELLOWSHIP/#CFSI_MENTOR

7

Asha's Additional Requirements For All Supervisors (Effective January 2020)

CCC for at least 9 months

2 hours professional development in the area of supervision after earning CCC

STUDENT SUPERVISION FAQS. (N.D.). RETRIEVED JANUARY 16, 2020, FROM HTTPS://WWW.ASHA.ORG/SLP/SUPERVISIONFAQS/

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Best Practice for Supervision

9

Continuum of Supervision

There are many ways to supervise that are "right"

Different strategies/styles are appropriate at different points in time

Factors include needs, skills, viewpoints of supervisor and supervisee, setting

Supervisor's dominance decreases as supervisee's participation increases

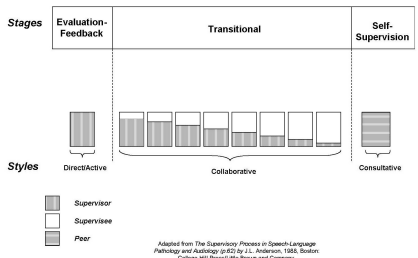
None of the stages are time-bound

Place on the continuum may change based on the task/patient/situation/setting

MCCREA, E. S., & BRASSEUR, J. A. (2003). *THE SUPERVISORY PROCESS IN SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY* (2NDED.). BOSTON: ALLYN AND BACON.

10

Anderson's Continuum of Supervision



Adapted from The Supervisory Process in Speech-Language Pathology and Audiology (p.62) by J.L. Anderson, 1988, Boston: College-Hill Press/Little Brown and Company.

11

Dreyfus Model of Skill Acquisition

Developmental- based on student performance and experiential learning

Situational- focus on actual performance in particular situations, compared across time

Skill- acquired by following abstract/formal rules, while learning through experience

Learner must:

- Be open and responsive to improve over time
- Learn to recognize whole situations in terms of past experiences
- Move from textbook knowledge to experience-based responses

DOI: 10.1177/027046760403600303

DREYFUS, S. E., & DREYFUS, H. L. A FIVE-STAGE MODEL OF THE MENTAL ACTIVITIES INVOLVED IN DIRECTED SKILL ACQUISITION. A FIVE-STAGE MODEL OF THE MENTAL ACTIVITIES INVOLVED IN DIRECTED SKILL ACQUISITION (1980). BERKELEY: OPERATIONS RESEARCH CENTER, UNIVERSITY OF CALIFORNIA, BERKELEY.

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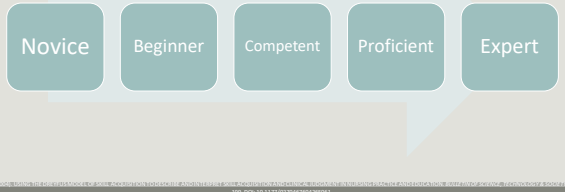
Dreyfus Model



DREYFUS, S. E., & DREYFUS, H. L. A FIVE-STAGE MODEL OF THE MENTAL ACTIVITIES INVOLVED IN DIRECTED SKILL ACQUISITION, A FIVE-STAGE MODEL OF THE MENTAL ACTIVITIES INVOLVED IN DIRECTED SKILL ACQUISITION (1980). BERKELEY: OPERATIONS RESEARCH CENTER. UNIVERSITY OF CALIFORNIA. BERKELEY

13

Adult Learning

Self-directed

Enter the learning situation with past experience

Need some impetus to trigger a "need to know"

Approach leaning with a task-centered focus

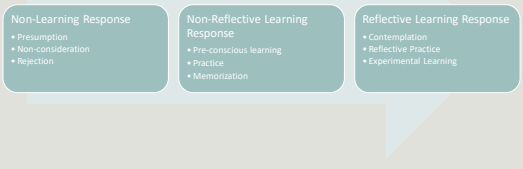
Intrinsic and extrinsic motivation

Need to know *why* they should learn to do something

GORDON-PERSHEY, M., & WALDEN, P. R. (2013). SUPERVISOR AND SUPERVISEE PERCEPTIONS OF AN ADULT LEARNING MODEL OF GRADUATE STUDENT SUPERVISION. *PERSPECTIVES ON ADMINISTRATION AND SUPERVISION*, *23*(1), 12. DOI: 10.1044/AAS23.1.12

14

Clinical Supervision Model Based on Jarvis' Principles of Adult Experiential Learning



WALDEN, P. R., & GORDON-PERSHEY, M. (2013). APPLYING ADULT EXPERIENTIAL LEARNING THEORY TO CLINICAL SUPERVISION: A PRACTICAL GUIDE FOR SUPERVISORS AND SUPERVISEES. *PERSPECTIVES ON ADMINISTRATION AND SUPERVISION*, *23*(3), 121. DOI: 10.1044/AAS23.3.121

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Expert vs. Novice Supervisors

Expert	Novice
Positive view of the process	Increased stress
Regular feedback	Less consistent feedback
Listen before giving advice	Less frequent feedback
	More focused on client than on supervisee

- TAUANCH-KLINGER, C., & COOPERSON, S. (2017). CLINICAL SUPERVISION IN A MEDICAL SETTING: A PRELIMINARY STUDY ABOUT THE PRACTICES AND BELIEFS OF EXPERT AND NOVICE CLINICIAN SUPERVISORS. *PERSPECTIVES OF THE ASHA SPECIAL INTEREST GROUPS*, *2*(13), 7–16. DOI: 10.1044/PERSP2.SIG13.7

16

Common student errors

Feedback not specific enough to help clients learn

Incorrect productions ignored

Too much time spent on things that don't matter (e.g. coloring, explaining reward system, playing a game)

Off-task activities

GILLAM, R. B., ROUSSOS, C. S., & ANDERSON, J. L. (1990). FACILITATING CHANGES IN SUPERVISEES CLINICAL BEHAVIORS. *JOURNAL OF SPEECH AND HEARING DISORDERS*, *55*(4), 729–739. DOI: 10.1044/JSHD.5504.729

17

Effects of Interpersonal Relationships

Successful experience depends heavily on the relationship between supervisee and supervisor

Relationship should encourage the supervisee to identify strengths, pose questions, communicate concerns, share new ideas/information

Supervisor should use assessment tools to identify strengths, next steps to develop competence, promote improvement, and encourage self-reflection

Be clear about expectations/goals on both sides

Encourage open communication

FREDRICKSON, T., & MOORE, S. (2014). KEY FACTORS OF INFLUENCE IN CLINICAL EDUCATOR RELATIONSHIPS. *PERSPECTIVES ON ADMINISTRATION AND SUPERVISION*, *24*(1), 12. DOI: 10.1044/AAS24.1.12

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What students and supervisors want

Students want	Supervisors want
Knowledgeable	Responsible
Reliable	Reliable
Helpful	Honest
Respectful	Caring

FREDRICKSON, T., & MOORE, S. (2014). KEY FACTORS OF INFLUENCE IN CLINICAL EDUCATOR RELATIONSHIPS. *PERSPECTIVES ON ADMINISTRATION AND SUPERVISION, 24*(1), 12. DOI: 10.1044/AASD4.1.12

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Productive Conflict in Supervision

Learning how to manage conflict results in a better experience for the supervisor and supervisee

Poor conflict control:
- Decreased learning, damage to relationship
- May start to hide difficulties from supervisors and disregard feedback

Good conflict control:
- Strengthened relationship, better supervision outcomes, professional growth for both sides
- Student more receptive to learning

Cause of conflict- miscommunication; differing expectations, personality types, supervisory/learning styles; insensitive criticisms/disapproving attitudes; supervisee resistance/defensiveness/irresponsibility/anxiety; lack of supervision; organizational dysfunction

NELLIS, A. C., HAWKINS, K. L., REDIVO, M., & WAY, S. (2011, OCTOBER). *PRODUCTIVE CONFLICT IN SUPERVISION. ACES CONFERENCE.* NASHVILLE. RETRIEVED FROM HTTPS://WWW.COUNSELING.ORG › VISTAS › 2_2012-ACA-PDFS › ARTICLE_81

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Conflict Control and Managing Conflict

Conflict Control	Managing conflict
• Acknowledge that conflict is a natural component of supervisory relationships • Communicate openly about conflict management • Acknowledge/normalize feelings of anxiety about the experience • Set explicit/measurable goals • Provide clear/timely feedback • Receptive/non-defensive demeanor	• Proactively address concerns with supervisee • Be mindful of supervisee developmental level, and provide appropriate level of support • Recognize areas of strength and growth • Provide structured, balanced, constructive feedback

NELLIS, A. C., HAWKINS, K. L., REDIVO, M., & WAY, S. (2011, OCTOBER). *PRODUCTIVE CONFLICT IN SUPERVISION. ACES CONFERENCE.* NASHVILLE. RETRIEVED FROM HTTPS://WWW.COUNSELING.ORG › VISTAS › 2_2012-ACA-PDFS › ARTICLE_81

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Effective Feedback

Be direct and straightforward
- Specific deadlines
- Clear instructions
- Written rules/expectations

Try to give verbal feedback as soon as possible (immediately following sessions, or at the end of the day).
- Consider a weekly "debrief"
- Be specific about what you saw (or didn't)
- Outline what they need to do differently

Follow-up with written feedback
- Official documentation
- Supervisor log or informal "worksheet"

Provide guidance for documentation
- Track edits in documents using "track changes"
- Utilize templates and "cheat sheets" for forms/reports, when possible
- Create outlines and agendas for written lesson plans, schedules

DURKIN, D. (2008, MARCH–APRIL). YOUTH MOVEMENT. *COMMUNICATION WORLD*, 1–4.

22

Data-Driven Supervision/Documenting Supervisee Performance

Objective data facilitates understanding and documents supervisee performance/supervisory efforts

Useful tools include
- Rating scales
- Tallying behaviors
- Verbatim recording
- Interaction analysis
- Individually designed methods
- Tools for analysis of behaviors and self-assessment

ANDERSON, J. L. (1986). *THE SUPERVISORY PROCESS IN SPEECH LANGUAGE PATHOLOGY AND AUDIOLOGY*. AUSTIN, TX: PRO-ED.
SHAPIRO, D. A. (1994). INTERACTION ANALYSIS AND SELF-STUDY: A SINGLE-CASE COMPARISON OF FOUR METHODS OF ANALYZING SUPERVISORY CONFERENCES. *LANGUAGE, SPEECH, AND HEARING SERVICES IN SCHOOLS, 25*, 67–75.

23

When Your Supervisee Is Struggling

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What is going on?

Reasons for poor performance are complex, and are different for each individual

Nationwide shortage of externship sites

Increased mental health difficulties, which disrupts learning

Students who are stressed about income/housing/health do not perform to their potential

Remediation programs not well researched or standardized

Students from culturally/linguistically diverse backgrounds may have more difficulties during clinical placements (this has been shown across disciplines)

Failure to fail

DAVENPORT, R., HEWAT, S., FERGUSON, A., MCALISTER, S., & LINCOLN, M. (2017). STRUGGLE AND FAILURE ON CLINICAL PLACEMENT: A CRITICAL NARRATIVE REVIEW. *INTERNATIONAL JOURNAL OF LANGUAGE & COMMUNICATION DISORDERS*, *53*(2), 218–227. DOI: 10.1111/1460-6984.12256

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As soon as you realize there is a problem

Model the professional/clinical behaviors you need to see

Communicate with him/her about the issue verbally and in writing

Begin to maintain written records of all contacts/conferences

Document the deficits
- Students: grade performance, contact university administrator
- Clinical Fellows: document on CFSI form

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What is a marginal student?

Sustained performance deficits in academic and/or clinical domains

Disproportionate investment of educational resources

High risk of failing to achieve competence, despite the time commitment required to teach them

Deficits in:
- Conceptual understanding
- Formulating goals/procedures
- Following through with suggestions

SHAPIRO, D. A., OGLETREE, B. T., & BROTHERTON, W. D. (2002). GRADUATE STUDENTS WITH MARGINAL ABILITIES IN COMMUNICATION SCIENCES AND DISORDERS: PREVALENCE, PROFILES, AND SOLUTIONS. *JOURNAL OF COMMUNICATION DISORDERS*, *35*(5), 423–451. DOI: 10.1016/S0021-9924(02)00093-3

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Types of difficulty

Lack of academic knowledge

Lack of clinical expertise

Lack of professionalism

SHAPIRO, D. A., OGLETREE, B. T., & BROTHERTON, W. D. (2002). GRADUATE STUDENTS WITH MARGINAL ABILITIES IN COMMUNICATION SCIENCES AND DISORDERS: PREVALENCE, PROFILES, AND SOLUTIONS. *JOURNAL OF COMMUNICATION DISORDERS*, *35*(5), 421–451. DOI: 10.1016/S0021-9924(02)00093-X

28

Characteristics of Marginal Students

Cannot perform independently in several areas

Poor clinical and/or academic performance

Do not recognize weaknesses

May be unaware their skills are lacking

Have difficulty accepting responsibility for their actions

May place blame on another individual (client or supervisor) or circumstance

ZYLA-JONES, E., & WILSON, M. W. (2008). IDENTIFICATION AND REMEDIATION OF AT-RISK STUDENT CLINICIANS IN AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY. *PERSPECTIVES ON ADMINISTRATION AND SUPERVISION*, *18*(1), 24. DOI: 10.1044/AAS18.1.24

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Lack of Awareness

People who are less competent than their peers are often convinced that their skills are above average

The metacognitive skills used to *produce* correct judgement, are the same skills used to *recognize* correct judgement

- Top-quartile participants underestimate their ability/better able to assess their performance and the performance of their peers
- Bottom-quartile participants:
  - Inflated estimates of their performance
  - Did not gain insight by observing superior behavior of peers
  - Often attribute poor performance to an outside cause
  - Most pronounced when facing difficult tasks for which they do not have requisite knowledge

KRUGER, J., & DUNNING, D. (1999). UNSKILLED AND UNAWARE OF IT: HOW DIFFICULTIES IN RECOGNIZING ONE'S OWN INCOMPETENCE LEAD TO INFLATED SELF-ASSESSMENTS. *JOURNAL OF PERSONALITY AND SOCIAL PSYCHOLOGY*, *77*(6), 1121–1134. DOI: 10.1037/0022-3514.77.6.1121

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Supporting Marginal Students

Some supervisors do not provide negative feedback because they are concerned about the supervisee's reaction, especially if the negative feedback involves the supervisory relationship or supervisee's professional behavior

Important to address skills *and* relationships

- Name the difficulty immediately
- Discuss without shaming
- Attune to developmental and relational needs of the supervisee
- Provide support
- Anticipate potential difficulties, and address them early
- Acknowledge your own mistakes
- Remain patient and transparent

GRANT, J., SCHOFIELD, M. J., & CRAWFORD, S. (2012). MANAGING DIFFICULTIES IN SUPERVISION: SUPERVISORS PERSPECTIVES. *JOURNAL OF COUNSELING PSYCHOLOGY*, *59*(4), 528–541. DOI: 10.1037/A0030000

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Helping Marginal Students Improve

Regular feedback

Directive style of supervision

Supervisor-generated data

Joint planning

Role playing

Demonstration therapy

Structured observations

Remediation/coaching/improvement plans

Written supervisory contracts

Videotaping

SHAPIRO, D. A., OGLETREE, B. T., & BROTHERTON, W. D. (2002). GRADUATE STUDENTS WITH MARGINAL ABILITIES IN COMMUNICATION SCIENCES AND DISORDERS: PREVALENCE, PROFILES, AND SOLUTIONS. *JOURNAL OF COMMUNICATION DISORDERS*, *35*(5), 421–451. DOI: 10.1016/S0021-9924(02)00093-X

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Conflict Management

Conflict distracts from patient care and has a negative effect on patient outcomes

Conflict must be managed, rather than avoided

Being open-mindedness to the ideas and perspectives of others promotes positive outcomes

If the issue occurs once discuss the content of the issue; if it has occurred repeatedly, discuss the pattern of events.

Have the discussion when you are able to think calmly and clearly

Discussion in a private, preferably neutral, setting with enough protected time for the discussion

Participants in the discussion should feel they have been treated fairly and with respect

OVERTON, A., & LOWRY, A. (2013). CONFLICT MANAGEMENT: DIFFICULT CONVERSATIONS WITH DIFFICULT PEOPLE. *CLINICS IN COLON AND RECTAL SURGERY*, *26*(04), 259–264. DOI: 10.1055/S-0033-1356728

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Common Errors in Conflict resolution

Avoiding the issue

Softening the message with compliments

Using non-verbal "hints" or subtle comments to address the problem

Blaming someone else for the decision/request you are making

Judging/blaming

Being too vague in your description of the problem

OVERTON, A., & LOWRY, A. (2013). CONFLICT MANAGEMENT: DIFFICULT CONVERSATIONS WITH DIFFICULT PEOPLE. *CLINICS IN COLON AND RECTAL SURGERY*, *26*(04), 259–264. DOI: 10.1055/S-0033-1356728

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Difficult Conversations

Define the problem
- Begin with the facts from your perspective. Use "I" statements whenever possible.
- Share appropriate/relevant information
- Describe the gap between the expected and observed behavior

Allow all parties to state their opinions and perspectives
- Listen respectfully
- Ask clarifying questions (without imposing your view)
- Express empathy
- Display active listening skills

Brainstorm solutions and create a follow-up plan
- Find commonality and acceptable compromises
- Create an action plan that outlines who/what/when

OVERTON, A., & LOWRY, A. (2013). CONFLICT MANAGEMENT: DIFFICULT CONVERSATIONS WITH DIFFICULT PEOPLE. *CLINICS IN COLON AND RECTAL SURGERY*, *26*(04), 259–264. DOI: 10.1055/S-0033-1356728

35

If you think your CF is not going to make it

If CF is terminated or if mentor will not verify successful completion, complete the online CF Mentor Verification page and provide documentation for the negative recommendation
- Letter of explanation and supporting documentation
- Signed Clinical Fellowship Report and Rating Form (must be shared with the CF)
- May be asked to complete a CF Mentor Verification page

The CF may complete a new CF or request an appeal

A GUIDE TO THE ASHA CLINICAL FELLOWSHIP EXPERIENCE. (N.D.). RETRIEVED JANUARY 16, 2020, FROM HTTPS://WWW.ASHA.ORG/CERTIFICATION/CLINICAL-FELLOWSHIP/#QUALI-MENTOR

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What happens to a student if they "Fail" a practicum experience?

Remediation/coaching plan

Repeat practicum experience/modified practicum

Referral to support services for help with any academic/physical/mental/social issues that may have contributed to the problem

Not getting to count the clinical hours earned

In extreme cases:

- Probation
- "Counseling out" of program
- Dismissal from program
- Refusal to verify skills for ASHA certification application

SHAPIRO, D. A., OGLETREE, B. T., & BROTHERTON, W. D. (2002). GRADUATE STUDENTS WITH MARGINAL ABILITIES IN COMMUNICATION SCIENCES AND DISORDERS: PREVALENCE, PROFILES, AND SOLUTIONS. *JOURNAL OF COMMUNICATION DISORDERS*, *35*(5), 421–451. DOI: 10.1016/S0021-9924(02)00093-X

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Tools

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Continuum of Professional Behaviors
A Tool for Development/Evaluation

	Time Management	Dependability	Professionalism	Interpersonal Communication Skills	Clinical Reasoning and Problem Solving	Commitment to Advancing Knowledge	Response to Feedback	Stress Management
Emerging	☐ Evidences organization and preparation for clinical day ☐ Efficiently uses unstructured time	☐ Demonstrates excellent attendance ☐ Demonstrates punctuality ☐ Completes assignments on time	☐ Abides by ASHA Code of Ethics ☐ Abides by facility policies/ procedures ☐ Dresses professionally ☐ Demonstrates awareness of and sensitivity to societal and individual differences	☐ Interacts with socially acceptable eye contact and body language ☐ Reads social cues appropriately	☐ Recognizes and identifies problems in the clinical process ☐ Consults with others to identify problems and possible solutions	☐ Identifies need for further learning ☐ Demonstrates a positive attitude toward learning	☐ Demonstrates active listening skills ☐ Accepts feedback with a positive attitude	☐ Recognizes own stressors ☐ Recognizes distress in others
Refining	☐ Manages schedule ☐ Considers planning for upcoming events ☐ Demonstrates flexibility	☐ Recognizes own limits in knowledge/skills ☐ Follows through on commitments ☐ Recognizes level of effort required for successful treatment	☐ Identifies positive role models ☐ Shows consideration of and respect for individual and societal differences ☐ Projects professional image ☐ Recognizes value of professional meetings	☐ Uses judgment and sets limits in the time and place for topics of discussion ☐ Actively participates in conversations in an appropriate manner	☐ States a problem clearly ☐ Prioritizes problems ☐ Identifies potential contributors to a problem ☐ Poses solutions to problems ☐ Identifies consequences of possible solutions	☐ Welcomes new learning opportunities ☐ Consistently appears engaged and invested	☐ Seeks feedback ☐ Implements changes in response to feedback	☐ Establishes outlets to relieve stress ☐ Manages time and organizes tasks to minimize overall stress
Developed	☐ Sets priorities and adjusts as needed ☐ Delegates tasks when appropriate ☐ Exhibits ability to multi-task ☐ Uses session time effectively	☐ Independently manages most daily tasks ☐ Remains cognizant of client's overall success	☐ Demonstrates accountability for decisions ☐ Exhibits openness to contradictory ideas ☐ Daily performance elicits level of trust to allow independence ☐ Recognizes speech/ language treatment as one aspect of client's life	☐ Tactfully communicates perceptions and opinions ☐ Works cooperatively with others ☐ Understands the value of collaboration	☐ Accepts responsibility to develop solutions ☐ Implements solutions independently ☐ Evaluates the effectiveness of solutions and outcomes	☐ Sets personal and professional goals ☐ Takes initiative to direct own learning	☐ Continues to seek feedback ☐ Develops plans of action in response to feedback ☐ Reconciles differences in opinion regarding performance with maturity and sensitivity	☐ Responds calmly to urgent or unsettling situations ☐ Maintains professional demeanor in all situations

Developed by Lynn Drozinski & Elizabeth McKerlie (2009)

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Quick feedback and reflection

FEEDBACK	SELF-REFLECTION
Date	Date
Session (de-identified)	Session (de-identified)
Things I liked	Things I think went well
What I would like to see next time	Things that could have gone better
Suggestions to prepare for next time	Patient/family reactions to this interaction
Other comments	My plan for next time
	Things my supervisor could do to support me
	Other comments

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ASHA Resources for Supervision

Technical Report : Clinical Supervision in Speech-Language Pathology from the Ad Hoc Committee on Supervision in Speech-Language Pathology (https://www.asha.org/policy/tr2008-00296.htm)

ASHA Practice Portal: Clinical Education and Supervision (https://www.asha.org/PRPSpecificTopic.aspx?folderid=8589942113&section=Key_Issues)

Frequently Asked Questions about Student Supervision (https://www.asha.org/slp/supervisionfaqs/)

Special Interest Group 11, Administration and Supervision (https://www.asha.org/sig/11/)

ASHA's *FREE* continuing education courses about supervision https://www.asha.org/professional-development/supervision-courses/

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References and further resources

A Guide to the ASHA Clinical Fellowship Experience. (n.d.). Retrieved January 16, 2020, from https://www.asha.org/certification/Clinical-Fellowship/#qual-mentor

Anderson, J. L. (1988). *The supervisory process in speech language pathology and audiology*. Austin, TX: Pro-Ed.

Benner, P. (2004). Using the Dreyfus Model of Skill Acquisition to Describe and Interpret Skill Acquisition and Clinical Judgment in Nursing Practice and Education. *Bulletin of Science, Technology & Society*, *24*(3), 188–199. doi: 10.1177/0270467604265061

Davenport, R., Hewat, S., Ferguson, A., Mcallister, S., & Lincoln, M. (2017). Struggle and failure on clinical placement: a critical narrative review. *International Journal of Language & Communication Disorders*, *53*(2), 218–227. doi: 10.1111/1460-6984.12356

Drazinski, L., & McKerlie, E. (2009). Continuum of Professional Behaviors A Tool for Development/Evaluation. Retrieved October 31, 2014, from http://www.asha.org/events/convention/handouts/2009/0910_drazinski_lynn_2/.

Dreyfus, S. E., & Dreyfus, H. L. A five-stage model of the mental activities involved in directed skill acquisition, A five-stage model of the mental activities involved in directed skill acquisition (1980). Berkeley: Operations Research Center, University of California, Berkeley.

Duthie, J. K., & Robbins, D. (2013). The Clinician-Directed Hierarchy: Effective Clinical Instruction Across University Settings. *Perspectives on Issues in Higher Education*, *16*(1), 4–16. doi: 10.1044/ihe16.1.4

Fredrickson, T., & Moore, S. (2014). Key Factors of Influence in Clinical Educator Relationships. *Perspectives on Administration and Supervision*, *24*(1), 12. doi: 10.1044/aas24.1.12

Gillam, R. B., Rousseau, C. S., & Anderson, J. L. (1990). Facilitating Changes in Supervisees Clinical Behaviors. *Journal of Speech and Hearing Disorders*, *55*(4), 729–739. doi: 10.1044/jshd.5504.729

Gordon-Pershey, M., & Walden, P. R. (2013). Supervisor and Supervisee Perceptions of an Adult Learning Model of Graduate Student Supervision. *Perspectives on Administration and Supervision*, *23*(1), 12. doi: 10.1044/aas23.1.12

Grant, J., Schofield, M. J., & Crawford, S. (2012). Managing difficulties in supervision: Supervisors perspectives. *Journal of Counseling Psychology*, *59*(4), 528–541. doi: 10.1037/a0030000

Hale, S., Quevedo, S., Brannen, S., Hudson, M., Klick, P., Koehnke, J., … Shepard, N. (2013). *Final Report: Knowledge, Skills and Training Consideration for Individuals Serving as Supervisors. Final Report: Knowledge, Skills and Training Consideration for Individuals Serving as Supervisors* (pp. 1–21). Washington, DC: ASHA Ad Hoc Committee on Supervision.

Kruger, J., & Dunning, D. (1999). Unskilled and unaware of it: How difficulties in recognizing one's own incompetence lead to inflated self-assessments. *Journal of Personality and Social Psychology*, *77*(6), 1121–1134. doi: 10.1037/0022-3514.77.6.1121

Munn, E. N. (1995). Empowering the Marginal Student: A Skills-Based Extra-Credit Assignment. *Teaching of Psychology*, *22*(3), 189–192. doi: 10.1207/s15328023top2203_7

Livingston, A., Moran, M. J., Phillips, D., & Zylla-Jones, E. (2012). Supervision: Facilitating the Transition From Classroom to Clinic: Strategies and Methods. *Perspectives on Administration and Supervision*, *22*(2), 55. doi: 10.1044/aas22.2.55

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References and further resources (continued)

McCrea, E. S., & Brasseur, J. A. (2003). *The supervisory process in speech-language pathology and audiology* (2nd ed.). Boston: Allyn and Bacon.

Nellis, A. C., Hawkins, K. L., Redivo, M., & Way, S. (2011, October). *Productive conflict in supervision. ACES Conference.* Nashville. Retrieved from https://www.counseling.org › vistas › 2_2012-ACA-PDFs › Article_81

Overton, A., & Lowry, A. (2013). Conflict Management: Difficult Conversations with Difficult People. *Clinics in Colon and Rectal Surgery*, *26*(04), 259–264. doi: 10.1055/s-0033-1356728

Pawlicki, L., & Connell, C. W. (1981). Helping Marginal Students Improve Academic Performance Through Self-Management Techniques. *NACADA Journal*, *1*(1), 44–52. doi: 10.12930/0271-9517-1.1.44

Peaper-Fillyaw, R., Bruce, M., Gavett, E., Klick, P., McCollum, M., Robinson, L., … Flahive, M. (2013). White Paper: Preparation of Speech-Language Pathology Clinical Educators. CO.

Procaccini, S. J., Carlino, N. J., & Joseph, D. M. (2016). Clinical Teaching Methods for Stimulating Students Critical Thinking. *Perspectives of the ASHA Special Interest Groups*, *1*(11), 3–17. doi: 10.1044/persp1.sig11.3

Shapiro, D. A. (1994). Interaction analysis and self-study: A single-case comparison of four methods of analyzing supervisory conferences. *Language, Speech, and Hearing Services in Schools*, *25*, 67–75.

Shapiro, D. A., Ogletree, B. T., & Brotherton, W. D. (2002). Graduate students with marginal abilities in communication sciences and disorders: prevalence, profiles, and solutions. *Journal of Communication Disorders*, *35*(5), 421–451. doi: 10.1016/s0021-9924(02)00093-x

Student Supervision FAQs. (n.d.). Retrieved January 16, 2020, from https://www.asha.org/slp/supervisionFAQs/

Tallancich-Klinger, C., & Cooperson, S. (2017). Clinical Supervision in a Medical Setting: A Preliminary Study About the Practices and Beliefs of Expert and Novice Clinician Supervisors. *Perspectives of the ASHA Special Interest Groups*, *2*(11), 7–16. doi: 10.1044/persp2.sig11.7

Walden, P. R., & Gordon-Pershey, M. (2013). Applying Adult Experiential Learning Theory to Clinical Supervision: A Practical Guide for Supervisors and Supervisees. *Perspectives on Administration and Supervision*, *23*(3), 121. doi: 10.1044/aas23.3.121

Zylla-Jones, E., & Wilson, M. W. (2008). Identification and Remediation of At-Risk Student Clinicians in Audiology and Speech-Language Pathology. *Perspectives on Administration and Supervision*, *18*(1), 24. doi: 10.1044/aas18.1.24

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Continuum of Professional Behaviors
A Tool for Development/Evaluation

	Time Management	Dependability	Professionalism	Interpersonal Communication Skills	Clinical Reasoning and Problem Solving	Commitment to Advancing Knowledge	Response to Feedback	Stress Management
Emerging	☐ Evidences organization and preparation for clinical day ☐ Efficiently uses unstructured time	☐ Demonstrates excellent attendance ☐ Demonstrates punctuality ☐ Completes assignments on time	☐ Abides by ASHA Code of Ethics ☐ Abides by facility policies/ procedures ☐ Dresses professionally ☐ Demonstrates awareness of and sensitivity to societal and individual differences	☐ Interacts with socially acceptable eye contact and body language ☐ Reads social cues appropriately	☐ Recognizes and identifies problems in the clinical process ☐ Consults with others to identify problems and possible solutions	☐ Identifies need for further learning ☐ Demonstrates a positive attitude toward learning	☐ Demonstrates active listening skills ☐ Accepts feedback with a positive attitude	☐ Recognizes own stressors ☐ Recognizes distress in others
Refining	☐ Manages schedule ☐ Considers planning for upcoming events ☐ Demonstrates flexibility	☐ Recognizes own limits in knowledge/skills ☐ Follows through on commitments ☐ Recognizes level of effort required for successful treatment	☐ Identifies positive role models ☐ Shows consideration of and respect for individual and societal differences ☐ Projects professional image ☐ Recognizes value of professional meetings	☐ Uses judgment and sets limits in the time and place for topics of discussion ☐ Actively participates in conversations in an appropriate manner	☐ States a problem clearly ☐ Prioritizes problems ☐ Identifies potential contributors to a problem ☐ Poses solutions to problems ☐ Identifies consequences of possible solutions	☐ Welcomes new learning opportunities ☐ Consistently appears engaged and invested	☐ Seeks feedback ☐ Implements changes in response to feedback	☐ Establishes outlets to relieve stress ☐ Manages time and organizes tasks to minimize overall stress
Developed	☐ Sets priorities and adjusts as needed ☐ Delegates tasks when appropriate ☐ Exhibits ability to multi-task ☐ Uses session time effectively	☐ Independently manages most daily tasks ☐ Remains cognizant of client's overall success	☐ Demonstrates accountability for decisions ☐ Exhibits openness to contradictory ideas ☐ Daily performance elicits level of trust to allow independence ☐ Recognizes speech/ language treatment as one aspect of client's life	☐ Tactfully communicates perceptions and opinions ☐ Works cooperatively with others ☐ Understands the value of collaboration	☐ Accepts responsibility to develop solutions ☐ Implements solutions independently ☐ Evaluates the effectiveness of solutions and outcomes	☐ Sets personal and professional goals ☐ Takes initiative to direct own learning	☐ Continues to seek feedback ☐ Develops plans of action in response to feedback ☐ Reconciles differences in opinion regarding performance with maturity and sensitivity	☐ Responds calmly to urgent or unsettling situations ☐ Maintains professional demeanor in all situations

Developed by Lynn Drazinski & Elizabeth McKerlie (2009)

Available from: http://www.asha.org/events/convention/handouts/2009/0910_drazinski_lynn_2/