Supervision: Tools and Strategies for Reflective Practice

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Speaker Disclosure

- Melanie is receiving travel funding for this presentation
- Melanie is an employee of EBS Healthcare receiving a salary
- Melanie receives royalties from her textbook "Professional Issues in Speech-Language Pathology and Audiology," (Lubinski, Hudson, 2013, Delmar-Cengage; Plural, 2018)

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Learner Outcomes

Participants will:

- Identify stages of skill acquisition in the development of clinical skills and knowledge;
- Discuss evidence-supported strategies promoting independent practice through critical reflection;
- Describe the knowledge and skills needed for effective clinical education;
- Describe a self-assessment tool for competencies in supervision.

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Agenda

- 10 minutes: Myths and General Assumptions in Supervision
- 25 minutes: Essential Knowledge and Skills for Effective Supervision-An Overview
- 25 minutes: Strategies to Promote Critical Thinking and Reflective Practice
- 30 minutes: Self-Assessment of Competencies in Supervision
- 30 minutes: Discussion and Wrap-Up

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2020 Standards

- Clinical supervisors will have to have a minimum of nine (9) months of practice experience post-certification before serving as a supervisor;
- Two hours of professional development in the area of supervision post-certification before serving as a clinical supervisor or CF mentor.

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Myths and General Assumptions

- Experience creates the best supervisors

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Myths and General Assumptions

"We do not learn from experience …we learn from reflecting on experience."

-John Dewey

http://mgulfmarinac.com/14-things-that-are-obsolete-in-21st-century-schools/

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Experience as a Liability

- Supervisors and Mentors may be far removed from the actual experience of learning new and challenging skills
- May be reluctant to express your own vulnerability-fixated on your image of being an expert
- Tendency to make unfair comparisons between supervisees
- Unrealistic expectations about how learning occurs, leading to frustration and impatience

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Myths and General Assumptions

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We Are Not Creating Our Clones

- Adjust supervisory style according to the needs of the supervisee
- Reinforce the concept of collaboration
- Provide opportunities to achieve independence
- Incorporate reflective practice to encourage flexibility, growth, and independence

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Myths and General Assumptions

- Competent clinicians are effective supervisors

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Essential Knowledge and Skills for Effective Supervision

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Clinical Supervision: Historical Perspective

- 1985: ASHA Position Statement to establish a clear position on clinical supervision
- 2005: ASHA revision of certification guidelines for the Clinical Fellowship Experience (no longer a "CFY"; "Mentor" instead of "Supervisor" with more autonomy placed on Clinical Fellow)
- 2007: ASHA Policy document regarding CF Mentoring
- 2008: ASHA Technical report and document addressing knowledge and skills for clinical supervision
- 2010: ASHA Policy document regarding ethical issues pertaining to supervision of students
- American Board of Audiology and most states now have specific supervision requirements for beginning clinicians
- 2013: ASHA Policy Document on Supervision of Assistants
- 2013: ASHA Ad Hoc Committee on Supervision
- 2013: CAPCSD White Paper on Supervision
- 2016: ASHA Ad Hoc Committee on Training in Supervision
- 2020: ASHA will require training for supervisors of graduate students and clinical fellows

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ASHA Position Statement on Knowledge and Skills in Clinical Supervision (2008)

11 Core areas that should be acquired by supervisor:

1. Preparation for supervisory experience
2. Interpersonal communication and supervisor-supervisee relationship
3. Development of supervisee's critical thinking and problem-solving skills
4. Development of supervisee's clinical competence in assessment
5. Development of supervisee's clinical competence in intervention
6. Supervisory conferences or meetings of clinical teaching teams
7. Evaluating growth of supervisee both as clinician and as professional
8. Diversity
9. Documentation
10. Ethical, regulatory, legal requirements
11. Principles of mentoring

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Competencies Are Specifically Defined

- As a distinct area of practice, effective supervision requires a unique set of knowledge and skills
- Education should focus on specialized skills for the supervisory process
- Attainment of competence requires specific training

(ASHA, 2013c; CAPCSD, 2013).

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Overview of Essential Knowledge and Skills for Effective Supervision

- Developed by ASHA's Ad Hoc Committee on Supervision in 2013
- Identified 9 overarching knowledge and skill areas of training for all persons engaged in supervision

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Knowledge

- Supervisory process and clinical education;
- Includes knowledge of collaborative models of supervision; adult learning styles; teaching techniques (e.g., reflective practice, questioning techniques); ability to define supervisor/supervisee roles and responsibilities appropriate to setting.

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Skills

- Relationship Development
- Communication Skills
- Establishing and Implementing Goals
- Analysis
- Evaluation
- Clinical Decisions
- Performance Decisions
- Research/Evidence-Based Practice

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Relationship Development

- Establish and develop trust
- Create environment to foster learning
- Transfer decision-making and social power to supervisee, as appropriate
- Educate supervisee about supervisory process

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Communication Skills

- Expectations, goal-setting, requirements of relationship
- Expectations for interpersonal communication
- Appropriate responses to differences in communication styles and evidence of cultural competence
- Recognition and access to appropriate accommodations for supervisees with disabilities
- Engage in difficult conversations, when appropriate
- Access to and use of technology for remote supervision, when appropriate

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Establishing and Implementing Goals

- Collaborative development of goals/objectives for supervisee's clinical and professional growth in critical thinking
- Set personal goals to enhance supervisory skills (e.g., ASHA's Self-Assessment tool)
- Observe sessions, collect/interpret data, share data with supervisee
- Provide feedback to motivate and improve performance
- Understand levels and use of questions to facilitate clinical learning
- Adjust supervisory style based on level and needs of supervisee
- Review relevant paperwork and documentation

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Analysis

- Examine collected data and observation notes to identify patterns of behavior and target areas for improvement;
- Assist supervisee in conducting self-reflections until independence is achieved.

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Evaluation

- Assess performance of supervisee
- Determine if progress is being made toward achieving supervisee's goals
- Modify current goals or establish new goals if needed

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Clinical Decisions

- Respond appropriately to ethical dilemmas
- Apply regulatory guidance in service delivery
- Access payment/reimbursement for services rendered

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Performance Decisions

- Guide supervisee in reflective practice techniques to modify own performance
- Assess supervisee performance and provide guidance regarding both effective and ineffective performance
- Identify issues of concern in regard to supervisee performance
- Create and implement plans for improvement that encourage supervisee engagement
- Assess response to plans for improvement and determine next steps, including possibility of failure, remediation, or dismissal

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Research-Evidence-Based Practice

- Refer to research and outcomes data and their application in clinical practice
- Encourage supervisee to seek applicable research and outcomes data
- Utilize methods for measuring treatment outcomes

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Supervisory Relationship/Setting Expectations

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Goals of Clinical Supervisor

Ensure protection and welfare of the client

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Goals of Clinical Supervisor

Ensure that supervisee is practicing within professional guidelines

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Scope of Practice in SLP

- http://www.asha.org/policy/SP2016-00343/

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Goals of Clinical Supervisor

Provide for professional growth and development of the supervisee

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Goals of Clinical Supervisor

Teach supervisee to become a competent and independent clinician

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Components of a Successful Supervisory Relationship

- Understanding of different communication styles
- Knowledge of adult learning styles
- Trust
- Self-Disclosure
- Cultural competence
- Boundary management
- Appropriate balance of power
- Knowledge of conflict resolution strategies
- Recognition of the value of both parties in the relationship
- Validation of strengths
- Support and advocacy
- Active listening, Empathizing, Questioning

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Setting Expectations

Fredrickson and Moore (2014) cite the importance of clarifying expectations and discussing discrepancies early on as an important strategy.

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Group Think

What would you want to discuss during the collaborative stage? What should your supervisee know about you? Is there anything that you would want to know about him/her?

"Fred always makes a poor first impression — he says it saves a lot of time."

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Diversity

- Race
- Ethnicity
- Gender
- Gender Identity/Expression
- Age
- Religion
- National Origin
- Sexual orientation
- Disability

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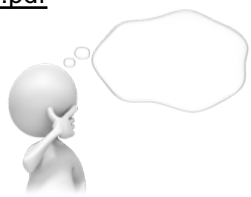
Personal Reflection Tool

- http://www.asha.org/uploadedFiles/Cultural-Competence-Checklist-Personal-Reflection.pdf



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Establishing Goals

- A collaborative process
- Supports supervisee's professional growth in critical thinking, problem-solving, self-awareness, reflective practice

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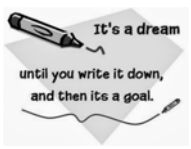
Establishing Goals

- Refer to competencies that will be evaluated
- Select goals from these competencies
- Consider standards for measuring performance
- Discuss time frame for goal attainment
- Plan review dates to see if goals are being addressed



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Non-Clinical Goals

- Licensure/credentialing/liability
- Navigating the workplace/policies and procedures
- Working with other professionals: Teambuilding
- Managing time and resources effectively
- Dealing with stress and avoiding burnout
- Managing conflict in the workplace
- Cultural competence

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Data Collection

- Supervisor needs to determine what specific data is being collected (ex. supervisee's communication skills; quality of service delivery based on specific clinical activity, etc.)
- Data collected by supervisee typically centered on client behavior
- Should correspond to established goals related to expected clinical activities and professional growth

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Types of Data Collection

- Verbatim recording
- Selective verbatim
- Rating scales
- Tally
- Interaction analysis
- Nonverbal analysis
- Individually designed

(Casey, Smith and Ulrich, 1988)

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Data Analysis

- Logical
- Meaningful

- Have a specific purpose

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Purposeful Analysis of Data

- Identify patterns of behavior
- Target areas for improvement

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Assessment, Feedback, Critical Reflection

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Purpose of Assessment

- To enhance learning for both parties
- Supervisor should emphasize “growth” and not “judgment” aspect
- Supervisee should know that no “surprises” will be brought up
- Should provide objective assessment and direct feedback

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Performance Assessment

- It is critical that the clinical educator and the student clinician be jointly involved in the evaluation process (Anderson, 1988; McCrea & Brasseur, 2003).
- Expectations for performance and evaluation tools need to be clarified at the beginning of the supervisory experience (Brasseur, 1989)

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Evaluation and Feedback

Overemphasis on evaluation component of supervisory process may be destructive to the supervisory relationship (S. Dowling, 2001)

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Evaluation Tools

- Performance Profiles
- Self-Evaluation Checklists
- Skill Inventories (CFSI)
- Narratives (journals)

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Performance Assessment

- Establish clear educational plans and objective goals.
- Set expectations with the student.
- Rate each expected behavior independently.
- Consider specific data to support performance judgments.
- Use full performance rating levels to accurately indicate strengths and areas for improvement.
- Separate oneself from the evaluation—recognize that someone can be different but still perform effectively.
- Conduct in-house reliability training to ensure that all clinical educators use rating systems in a similar manner

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Assessment/Evaluation

The effective supervisor assists the supervisee in describing and measuring his or her own progress and achievement as part of this ongoing process

(ASHA, 2008)

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Self-Evaluation

- Encourages reflection-on-action (determines effectiveness of applicable solutions)
- Serves as source of motivation (recognizes role as leader)
- Promotes independence (utilizes feedback when constructing professional goals)

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Effective Feedback

- Descriptive, not evaluative
- Specific, not general
- Focused on behavior, not individual
- Well-timed
- Shares information, not giving advice
- Considers quantity recipient is able to receive
- Determines degree of agreement from receiver

(Pfeiffer and Jones, 1987)

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Types of Feedback

- ***Appreciation***: designed to validate, motivate, and express thanks.
- ***Coaching***: geared toward facilitating improvement in the receiver or identifying a problem in the relationship between the giver and the receiver.
- ***Evaluation***: serves to rate or rank the receiver against a set of standards.

(Stone, D. and Heen, S., 2014)

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Receiving Feedback

"For us as clinical educators, it is crucial that we cultivate the skills that will allow the receiver… to make thoughtful decisions about if and how he or she will use the information that is received."

(McCready, V., Raleigh, L., Schober-Peterson, D., Wegner, J., 2016)

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Self-Reflection

- Was I specific about the concerns? Did I provide examples?
- Did I avoid shaming, blaming, judging, using inflammatory language?
- Did I listen to the other person with an open mind?
- Were the timing and setting conducive to the conversation?
- Did my nonverbal communication and tone of voice match my words?
- Did I take responsibility for both my intentions and my impact?
- Did I check assumptions about the other person?
- Did I try to find mutually satisfactory solutions, or was I trying to be right or to win?

(Sanderson, 2005)

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Critical Thinking

"Educational and professional success require developing one's thinking skills and nurturing one's consistent internal motivation to use those skills"

(Facione, 2000)

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Reflective Practice

- Supervisor will assist the supervisee in conducting self-reflections until independence is achieved;
- Supervisor will guide the supervisee in using reflective practice techniques to modify his/her own performance.

(ASHA, 2013)

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Critical Thinking

"Most clinical educators recognize the significance of, and implications for implementing teaching methods which foster critical thinking. However, many clinical educators demonstrate uncertainty about which methods to employ and how to implement such methods."

(Procaccini, S., Carlino, N., Joseph, D., 2016)

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Levels of Reflectivity

- Technical Rationality
- Practical Action
- Critical Reflection

(Pultorak, E.G.,1993)

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Application of Critical Reflection

(adapted from Pultorak,1993)

1. What were the strengths of the session?
2. What, if anything, would you change about the session?
3. Which conditions were important to the desired outcome(s)?
4. What, if any, unanticipated outcomes resulted from the session?
5. Was this session successful?

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Portfolio Contents

- Observations/Evaluations
- Video or audio
- Letters
- Continuing Education
- Goals and Outcomes

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Journals

- Your most important textbook for self-directed learning
- Your selections will accumulate into a body of knowledge that will give you real power in your field of interest
- It will be your record of what you do, what you decide to change, and what you learn when you put your plan into action
- It will be where you study the process that you followed as you worked…and where you studied yourself as a performer. Such studies will lead you to changes that will greatly improve your productivity

(Gibbons, M., 2008)

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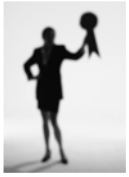
Effectiveness and Accountability

- Chart and maintain successful course for new clinician
- Promote self-evaluation leading to self-supervision
- Promote critical thinking skills and reflective practice
- Give proper consideration to their influence
- Demonstrate compassionate guidance
- Instill confidence, empowerment

(Hudson, 2010)



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Self-Assessment of Competencies in Supervision (2016)

- Developed by ASHA Ad Hoc Committee on Supervision Training (AHCST), 2016
- A self-rating tool designed to develop training goals to improve clinical abilities as clinical educator, preceptor, mentor, or supervisor

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Self-Assessment of Competencies in Supervision (2016)

- http://www.asha.org/uploadedFiles/Self-Assessment-of-Competencies-in-Supervision.pdf

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Discussion and Wrap-Up

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