Building a Foundation of Excellence in Clinical Supervision

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Mississippi Speech & Hearing Association

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We’ll Talk About...

- Key roles and responsibilities unique to supervising
- Areas of competency in striving to be an effective team: supervisor & supervisee learning and professional growth
- Principle concepts of effective feedback and evaluation
- Key generational differences that will impact our learning, teaching, and working environment
- Resources that will support effective supervision across work settings
Taking stock of our own settings

Supervision of the:

- Community or student volunteer
- Graduate supervisee
- Clinical fellow supervisee
- New employee supervisee
  - SLPs, Audiologists, and Assistants
- Seasoned employees
  - Professional
  - Skilled staff
Who is Entering Our Workforce Today?

• Demographics
  ➢ Age range is on average 23-28 years, however we have mature graduates in their 40’s+
  ➢ Gender – predominately female
  ➢ Life experiences
  ➢ Work habits and histories
  ➢ Personal lives
Why use…..

Supervision and Clinical Education for today?
Supervision defined (?)

- **Supervision** means that act of one person watching over the work of another who is less skilled, usually in a work, professional, or educational context.
- In psychology and psychotherapy supervision refers to the system whereby therapists are expected to arrange another therapist for their own benefit or to discuss their work. It is part of professional good practice.
- In Great Britain the term can also mean a tutorial, that is, a meeting between a student and a teacher responsible for their learning, in education.
- In childcare and general use, the verb "to supervise" means to watch over, and is often used in the context of an adult watching children to ensure they are attended, acceptably behaved, and safe.
Additional words that come to mind

- Supporting
- Nurturing
- Mentoring
- Monitoring
- Modeling
- Empowering
- Inspiring
- ........
Supervision across settings

A continuum of mentoring and support

From within the academic setting to *and throughout* the working world environments
Supervision in Our Work Settings

• What is the culture of the setting
  – What is the system framework
  – How is supervision defined
  – Is the work setting a static or dynamic environment
  – How does everyone view “the supervisee”

• Who wants to Supervise?
  – Identified roles and responsibilities
  – Clear expectations
  – Value in supervising
  – Compensation and reward

• Who wants to be supervised?
  – Is there a defined relationship
  – Are there clear expectations of performance.desired outcomes
  – Are there opportunities for feedback/give and take
Who Are We Supervising

• Support Personnel
• Graduate Students
• Newly graduated SLPs
• Newly hired SLP
• Staff (non-SLP)
• Related professionals (OT, PT.....)
• Peer SLPs
What Do We Bring to the Table?

“Supervisory Intelligence”

- Discipline-specific Intelligence
  - and
  - Emotional Intelligence
    - Self-regulation
    - Motivation
    - Empathy
    - Social skills

Goleman 2004
To understand the process of supervising individuals, to develop the art of mentoring the supervisee, it’s essential to draw upon the literature that we have on “models” of supervision.....
Model of Supervision

- Morris Cogan (1973)
  - Introduced “clinical supervision”
    - designed to improve teaching behavior
  - Model based on the educational setting
  - Articulated an on-going cycle of supervision with 8 distinct phases
  - The foundation:
    - colleagueship and
    - supervision at the level of the supervisee’s needs
  - Conferences focused on joint data collection, analysis, problem solving and strategy development
  - Planning, planning, planning
Model of Supervision

• Jean Anderson – the “mother” of supervision in our professions
  – Made significant additions and contributions to Cogan’s model
  – Stressed the importance of modifying the supervisor’s style in response to the supervisee’s needs

• “The Continuum Perspective” published in 1988
The Continuum Stages

- **Evaluation & Feedback Stage**
  - Supervisor assumes a dominant role
  - Supervisee assumes a *passive/directed role*

- **Transitional Stage**
  - Supervisee participates in decision-making and learns to analyze clinical environment
  - Supervisor and supervisee *collaborate*

- **Self-supervision Stage**
  - Supervisee analyzes their own strengths & weaknesses and is responsible for their own growth
  - Supervisor is a *consultant*
Components of the Supervisory Process

• Understanding (the process)
  Preparing the supervisee to participate by discussing:
  • Roles
  • Responsibilities
  • Objectives
Components of the Supervisory Process

• Planning
  – Actively engaging the supervisee (i.e., setting a meeting schedule, identifying professional objectives)
  – Supervisory planning – using tasks and competencies defined in regulations (i.e., MSHA, ASHA)
  – Identifying the role of each participant in the supervisory meetings
  – Identifying data regarding supervisee’s clinical skills and patient performance - to be collected and analyzed during the course of the supervisee’s clinical work
Components of the Supervisory Process

• Observing
  – Supervisor will be collecting objective and comprehensive data
  – However, both parties will be actively collecting data for discussion in the regularly scheduled meeting
Components of the Supervisory Process

• Analyzing
  – Examining, categorizing and interpreting data in relation to change or lack of change in the clinical and supervisory process
  – Applying data to guide future clinical work – evidence-based clinical supervision!

• Integrating
  – Communicating about the supervisory process components
    (e.g., expectations, roles, data collection, observations, analysis)
  – Re-adjusting the process as needed
Supervisory Styles

Direct-Active

– Used during evaluation and feedback stage
– The supervisor is instructor; provides opinions, suggestions, concrete information

Collaborative

– Used during the transitional stage
– Both parties receive and provide feedback

Consultative

– Applied during “self-supervision” stage
– Problem-solving is key
– Supervisee solicits the supervisor’s advice
My Role in the Continuum

• Know who I am supervising
  – Academic Preparation
  – Experience Base
  – Relevant Histories
  – Desired Outcomes AND Culminating Objectives
My Role in the Continuum

• Know where we are in the “stages” of supervising

• Assess and re-assess my skills in addressing the components of the process of clinical preparation

• Examine, re-examine, and develop my skills in moving from being a:
  – Direct-modeler/Informer
  – Collaborator
  – Consultant/Advisor/Reference

*Depending on the individual we are working with!*
Tools for a Supervisory Plan

Getting to Know the Individual:

• Educational Background
  – Review online content of program
    • Didactic coursework and Practica
  – Contact faculty as appropriate
  – Recognize unique contributions to your setting

• Employment History

• Related Paid, Volunteer & Life Experiences
Tools for a Supervisory Plan: Building a Team

Getting to Know the Individual:

• Describe your learning style.
  – Are you a visual learner? A verbal learner? A mix?
• What do you feel you do well?
• What do you feel are your challenge areas?
• What are you “work-related” goals for this year
• What makes you nervous or anxious?
• Do you like immediate verbal feedback in addition to written information following a session?
• What would you like to learn more about?

(Adapted from Jennifer Kerr, UW)
Tools for a Supervisory Plan: Building a Team

- Work-setting Expectations
  - Assignments
  - Scope of job
  - Timelines and time frame
  - Learning objectives
  - Resources to support learning
  - Communication methods
  - Avenues for feedback and evaluation
  - Supervision Philosophy
  - Other......
The Team

Essential Elements

• Familiarity
• Trust
• Respect
• Loyalty
• ..............
Additional Tools

• Casey’s Supervisory Skills Self-Assessment Instrument
  – Identify strengths and challenges
  – Formulating goals to develop expertise

• Larsen’s Supervisory Expectations Rating Scale and Supervisory Needs Rating Scale
  – Acknowledging prior learning
  – Identifying supervision goals
  – Based on the “continuum,” where to start
What is Our Desired Outcome As a Clinical Educator?

• Ask yourself: “what is my responsibility for this individual?”

• Is this the desired outcome?
  ▪ To provide the opportunity for clinical development
  ▪ To form the basis for evaluation
  ▪ To foster tomorrow’s leaders
  ▪ To bring them onto the “team”

adapted from ASHA, 2008
Qualities of a “Successful” Supervisor

- Desire and Passion
- Knowledge Base
- Professional Behavior
- Interpersonal Skills
- Effective Communication
- The Ability to......
Essential Responsibilities of a Supervisor

• Feedback
• Evaluation
Feedback

Any message sent by a person with the intent of affecting the receiver’s behavior

Evaluation

• A systematic determination of a subject's merit, worth and significance, using criteria governed by a set of standards (Wikipedia 2013)

• A cumulative summary based on evidence, data, observations

• A “final” decision

• A judgment
Feedback

Should be:

- Informed
- Objective
- Non-evaluative

<table>
<thead>
<tr>
<th>Feedback</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Integral part of learning process</td>
<td>• Presents a judgment</td>
</tr>
<tr>
<td>• Provides information</td>
<td>• Identifies how well or how poorly a specific goal is met</td>
</tr>
<tr>
<td>• Not judgmental</td>
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</tbody>
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Feedback

- Mutually given and received
- Well-timed to be relevant
- Based on 1st hand data
- Limited to remedial behaviors
- Deals with specific performance
- Descriptive and non-evaluative
Examples of ....

Feedback
- “Good, clear rationale to parents”
- “Solid professional content in your Dx report”
- “I liked how you worked through XYZ with the child”

Evaluation
- “___ was weak”
- “Wow, I really liked your session”
- “I didn’t care for that choice of activities”
- “That was great!”
- “Perfect!”
Considerations.....

**Feedback**

- Neutral
- Uses nouns & verbs
- Formative

**Evaluation**

- Comes after the fact
- Uses adjectives and adverbs
- Summative
Decisions, Decisions....

Consider:

• Whether to give feedback
• What to say
• How to give feedback
• When to offer feedback
• Where to provide feedback
• And, how to handle the supervisee’s responses
Preparing for Feedback

• Focus on observed behaviors
• Be limited to behaviors that can be modified
• Be limited in quantity
• Be specific
• Be timely, frequent and expected
Providing Feedback

• Agree on the goals
• Allow opportunity for self-assessment
• Focus on needs and goals of supervisee
• Use non-judgmental terms
• Include subjective information but label it as such
• Allow for supervisee reaction
Types of Feedback

• What are you most comfortable with?
• What did you have in school?
• Types:
  – Narrative
  – Rating scale
  – Objective
  – Competency-based
Narrative Feedback

• Content and form are highly diverse
• Structure is important
• Clarity is provided in information and observations
• Use of questions is carefully considered
Rating Scale Feedback

• Establish the criteria for judging
• Agree within the facility on the meaning of items
• A rating scale can be subjective and highly inconsistent
• Applying an overall average can be misleading and lead to skewed picture

Best rating scales have specific items related to performance
Objective Feedback

• Not evaluative or judgmental
• Included formal observation and informal “counting” of behaviors
• Must be done on an ongoing basis
Feedback using a Competency Based Assessment

• Assessments categorized into competencies
  – Interpersonal communication
  – Planning
  – Assessment skills......

• ASHA Standards
  – KNOWLEDGE AND SKILLS ACQUISITION (KASA)
Barriers to Effective Feedback

Supervisor’s Perspective

• Past experience with negative feedback
• Presence of strong positive or negative feelings between supervisor and supervisee
• Marked age/generational differences
Barriers to Effective Feedback

Supervisor’s Perspective

• Worry about hurting feelings
• Uncertainty about own judgments
• Lack of time to organize
• Concern about popularity
• Desire to keep relationships comfortable
Barriers to Effective Feedback

Supervisor Perspective

• Lack of 1\textsuperscript{st} hand observational data
• Overly biased by 2\textsuperscript{nd} hand data
• Difficulty in differentiating feedback vs. evaluation
• Fear that feedback will have effects beyond its intent
Barriers to Effective Feedback

Supervisee’s Perspective

• Wanting only positive feedback
• Perceiving feedback as statement about personal worth
• Perception that feedback is unfair if goal has not been stated
Barriers to Effective Feedback

Supervisee’s Perspective

- Embarrassment
- Feelings that feedback is irrelevant
- Lack of respect for supervisor
- Eliciting feelings of parent-child relationship
Conversations

• Difficult vs. Easy discussions with students, employees, colleagues

• Barriers in our communications?
A Unique Way of Getting Started

Getting ready to provide feedback

• Create a space
• Feedback is merely information
• Information is power
• It’s about “creating a powerful team!”

Susan Leahy : www.susanleahy.com
“CHIRP Technique”

• C = create trust – a trust relationship
• H = help them see their behavior
• I = the impact of that behavior on you
• R = remember to ask the question, “help me understand what you are thinking or feeling?”
• P = put this behavior behind us, and how are we going to move on....

http://www.youtube.com/watch?v=_bArBXdMQVw

Susan Leahy : www.susanleahy.com
Practical Tools

• Writing talking points prior to coming together
• Reflecting back: “This is what I’ve heard”
• Summarizing: “Tell me what you’ve heard”
The Relationship

The feedback process is particularly problematic because of a power relationship........interwoven with emotion

A clinical educator plays two roles:

- Assisting the student with on-going shaping through feedback
- Passing judgment on the student’s work
  - With the supervisor as the “expert,” that can naturally elevate the status” of judgments and bring about supervisee feelings on a continuum of pride to shame  
    Hiller et al 2001

Power:

- Is dynamic and multi-dimensional
- Incorporates the perspective of both parties

The outcome of an interaction is tied directly to how power is used

Dunbar 2004
The Relationship

• In part, the student makes an emotional investment in an assignment (their work) and expects some “return on that investment”

• The student’s view suggests the salient factors in the feedback process are related to issues of:
  • Emotion
  • Identity
  • Power
  • Authority
  • Subjectivity and Discourse

Higgins, et al. 2001
Communication in the Relationship

“Our everyday communication usually ‘works’ because it is based on shared understandings”

- Shared histories
- Shared discourse experience for reference
- Shared ability to interpret implicit messages

Students in an educational relationship may be challenged to interpret the intended messages

Higgins, et al. 2001
What Might Hold Us Back

- Emotional involvement
- Avoidance of conflict
- Resentment of time/effort required
- Questioning our perspective
- Fear of negative perception
- Denial of the seriousness of the problem
- Hope the problem will resolve itself
- Fear of legal ramifications
What Might Influence How We Handle a Conversation

• Our own emotional investment
  – In the patient care
  – In our job
  – In the profession.....

• Our History with “conflict” in and out of work
• Productivity and Workload
• Internal/External stresses
• ............
Feedback

Supervisors reported:

• “easier feedback” is generally related to clinical problems
• “difficult feedback” pertains to the supervisory relationship, the supervisee’s personality, or professional behavior.

“Supervisors avoided difficult feedback when there was ambiguity about the supervisory boundary, a weak supervisory relationship, or lack of supervisee openness or when the supervisory relationship was at risk”

Hoffman, et. al. 2005
Consider these Words

• “Help me understand....”
  – What are you thinking
  – What are you feeling
  – ......

• “I” and “We” in the same conversation
  – Speak for myself
  – Speak as a team

• “It’s unfortunate” or “I’m sorry”
Sarah has struggled to perform at a consistent level of professionalism across the job:

- Requirements are not being met and she’s not meeting your expectations
  - Data and record entries:
    - Intermittently late
    - Test data was missing in a recent evaluation note
    - Patient or student/family education was not reflected in several entries
  - At least 3 complaints from staff about abrupt or rude responses to inquiries about chart notes and/or plans of care; staff worried about continuity of care; “decreased confidence in your supervisee”

You are becoming aggravated and highly embarrassed

Most recently, she gave you the nicest birthday card that said you were one of the best supervisors they’ve had…..
Consider.....

• What are the facts and the issues?
• What are the barriers to communication; what will or could get in the way?
• What would you need to do to prepare for communication?
• If.... Then, how would you begin the conversation?
• How would you address an adverse reaction to the conversation?
Scenario B

Carrie is in the 4th week of a 15 week clinical rotation. She has surpassed your wildest dreams of a graduate intern this quarter. She is working on the assigned cases and readily prepares for each session, has appropriate objectives, writes great notes, is able to think of next steps for services, etc. She will be a gem!

• What type of feedback will help her grow?
• What might you do to facilitate her learning?
• What could get in the way of her continued growth?
Scenario C

Bill is struggling in his clinical skills. You are so disappointed; this is not what you expected! You learn that previous supervisors have experienced challenges in clinical decision making, writing skills, and professional oral communication!

- What are the issues here?
- What will or could get in the way of working with this individual?
- What you would need to do to prepare to communicate?
- How would you handle this?
“I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel”

Maya Angelou
Our Generational Differences

“To heighten awareness and understanding of the generalized differences among generations, in order to decrease misunderstandings, conflicts, stress, discomfort, frustration, and miscommunication. And, to increase effectiveness in the workplace without reinforcing stereotypes.”

(M.Tarrant, 2005)
These Are Challenging & Rewarding Times

• This is the 1\textsuperscript{st} time in our history that we have 4 generations of individuals working at the same time, and potentially, in the same location side-by-side

• Can these differences be a blessing or a curse?
What Defines a Generation?

- They are a group of people defined by specific age boundaries
- They are born during a certain era
- They share similar life experiences growing up, and
- Their values and attitudes tend to be similar.
Who are these Generational Groups?

- Traditionalists (1900 -1945)
- Baby Boomers (1946-1964)
- Generation Xers (1965-1980)

- Cuspars (on the “cusp” of 2 generations)

• **Traditional/Veteran (Matures)** – born from 1922 – 1945
  – 5% of the national workforce
  – **currently 69 – 92 y/o**

• **Baby Boomers** – born from 1946 – 1964
  – 45% of the national workforce
  – **currently 50 – 68 y/o**

• **Generation X** – born from 1965 – 1980
  – 40% of the national workforce
  – **currently 34 – 49 y/o**

• **Millenial/Generation Y** – born from 1981 – 2000
  – 10% of the national workforce
  – **currently 14 – 33 y/o**

• **Generation Z . . . . .**
In General, Traditionalists were Influenced by...

• The Great Depression and WW II

• Characteristically
  – Patriotic and Loyal
  – Fiscally conservative and responsible
  – Respect authority: top-down management
Baby Boomers

• Parents held secure jobs
• Culture of
  – Vietnam Era and Watergate
  – Sex, Drugs and Rock & Roll
• Challenged the status quo rules & policies
• Invented the 60-hour work week and career achievements
• Introduced “buy now: pay later”
Generation Xers

- Skyrocketing divorce rates, layoffs, challenges to the presidency, organized religion and big corporations
- Latch-key kid
- The era of video games and personal computers: instant gratification
- Dissolution of employer loyalty in workplace
- Work-Life Balance: work isn't the most important thing in their lives
Millennials/Generation Y

• 9/11 and Terrorism
• A global society in real-time
• Access to cell phones, pagers and personal computers all their lives
• Eager to learn and enjoy questioning things; confident with high self-esteem
• Immersed in teamwork in school, organized sports and extracurricular activities
• Challenged the traditional job description
• More likely to make entire career changes or to build parallel careers
Let’s not forget: the Cuspers

- Defined by the boundaries of two generational groups
- May be a valuable resource in any work group
- They can foster understanding between the two generations
- They're often skilled at mediating, translating and mentoring
Cuspers Today

- **Traditionalist/Baby Boomer**
  - Born around 1940 until 1945, value the strong work ethic of the traditionalists. But some of these Cuspers are also eager to challenge the status quo, a definite Baby Boomer trait.

- **Baby Boomer/Generation Xer**
  - Born between 1960 and 1965, these Cuspers witnessed the success of their older Baby Boomer counterparts, but they themselves experienced the recession that plagued the early Generation Xers. Computers didn't come into elementary and high schools until after they graduated.

- **Generation Xer/Millennial**
  - Born from 1975 to 1980, these Cuspers possess an interesting mix of Generation X skepticism and Millennial optimism. They're quite comfortable with technology.
Consider Their Career Goals

Work is...

**Traditionalist:** An obligation

**Boomer:** Self-fulfilling

**Gen X:** A way to get paid
Orientation to Work

I am...

**Traditionalist:** Thankful to be employed

**Boomer:** A workaholic

**Gen X:** Working to live, not living to work

**Millennial:** Keeping balance in my life
Achieving Balance?

Coming & Going...

**Traditionalist:** Early to work; perfect attendance

**Boomer:** Leave 10 minutes after the boss!

**Gen X:** What difference does it make?
Motivation

I am motivated by...

**Traditionalist:** Doing a good job

**Boomer:** Money, title, recognition, nice office

**Gen X:** Freedom

**Millennial:** Meaningful work
Rewards

My rewards are...

**Traditionalist:** Being wise & being recognized for it

**Boomer:** Tangible

**Gen X:** Freedom, portable retirement, investing in education, relaxed dress code

**Millennial:** Tangible & intangible, fun environment, participating in decisions
Management

I support...

Traditionalist: The *chain* of command. I know my place

Boomer: The *change* of command

Gen X: Self-command

Millennial: Collaboration
Longevity in the Workplace

Changing jobs is...

**Traditionalist:** Disloyalty to the company & that carries a stigma

**Boomer:** Going to put me behind

**Gen X:** Necessary to build a resume

**Millennial:** Part of the daily routine
Feedback

Traditionalist: No news is good news
Boomer: Once a year and with lots of documentation.
Gen X: Sorry to interrupt, but how am I doing?
Millennial: Feedback whenever I want it at the push of a button
Where do we go from here?

• Be aware of the differences. Acknowledge that everyone is different. Their unique experiences influence their attitudes toward work.

• Appreciate the strengths. Instead of harboring frustration over differences, focus on the positive attributes these individuals possess.

• Manage the differences effectively. Once we've acknowledged the differences and taken time to consider the strengths of these individuals, find ways to interact with them that will be mutually beneficial.
Examples of Strategies for Success

For Generation Xers to use with Baby Boomers

• Show respect
• Choose face-to-face conversations
• Give them your full attention
• Play the game
Examples of Strategies for Success

For Baby Boomers to use with Generation Xers

- Get to the point
- Use e-mail
- Give them space
- Get over the notion of dues paying
- Lighten up
Working with Traditionalists

◦ Honor the chain of command
◦ Offer them job security
◦ Value their experience
◦ Appreciate their dedication

Working with Millennials

◦ Challenge them
◦ Ask them their opinion
◦ Find them a mentor
◦ Provide timely feedback
Closing Thoughts: Resource Ideas

- Establish and review my expectations
- Set expectations with the student, SLPA, CF, new hire
- Gather my feedback tools
- Set a time for feedback
- Check my words & ask “am I evaluating or shaping”
- Develop next steps – just like a lesson plan
- Review feedback and convene for a set evaluation time:
  - mid-point and final evaluation, or an annual review time
Address Fears

• Check what you tolerate in others
  – Are we intolerant with what we see in ourselves
  – Do we project our fears on others

• Do you fear the unknown – how do you get what you need to know?

• Reason and reflect

• Make a plan of action, much like a lesson plan
Plan, plan, plan.....

• Provide foundational information on:
  ▪ The role of feedback and evaluation
  ▪ Our clinical education relationship

• Create:
  ▪ Clinical Learning Profile – to open up a dialogue early in the relationship
  ▪ Clinical expectations – onsite and offsite

• Provide examples of:
  ▪ Methods of feedback
  ▪ Assessment tools for clinical competencies
Remember.....

• Need to assume that supervisees will not fully understand assessment criteria we use

• Feedback may need to include more of a dialogue:
  – Discussion
  – Clarification
  – Negotiation

• To equip the supervisee with a better appreciation of what is expected of them
Listen to Understand

and,

Listen to Influence
A Paradigm Shift

Turning Perfectionism into Excellence

- From “pleasing the supervisor” to “pleasing oneself and focusing on the job at hand”

- Shifting from the supervisor as the watch dog to the supervisor as a resource and team member

- From “I want to be right, and I don’t want to take a risk and be wrong” to “I do my best, and if I make a mistake, I evaluate the situation and learn from it”
“Supervision is a highly significant activity of mentoring, guiding, and shaping the next generation of competent therapists, and it is important that we come to understand how to do this well.”

Grant et al 2012
Are you what you expected to be?

“The only expectation I’ve ever had for myself is that I be the best that I can. And that is an evolutionary process. So I’m comfortable with where I am [now], knowing that it’s somewhere less than I expect of myself for the course of my life.”

O’Neill, 1986, p. 6 Hartford Courant, CT
References


• *Needed by Speech-Language Pathologists Providing Clinical Supervision [Knowledge and Skills].*  www.asha.org/policy.


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