

# IT TAKES A VILLAGE: WHY YOUR SUPERVISION MATTERS

**ArkSHA 2017**

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## DISCLOSURE STATEMENT

Aletha Cook, Arianne Pait, Chenell Loudermill, Jennifer Fisher, Jennifer Franklin, Kathy McDaniel, and Jan Traughber have no relevant financial or nonfinancial relationship(s) within the products or services described, reviewed, evaluated or compared in this presentation.

### LEARNING OBJECTIVES:

1. The participants will review the role and responsibilities of clinical supervisors.
2. The participants will discuss the pros and cons of being a clinical supervisor.
3. The participants will acquire knowledge about available resources for supervisors.
4. The participants will gain knowledge about various training programs across the state.

### WHY DID WE THINK IT WAS IMPORTANT TO DO THIS?

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### Supervision Fallacies

- Clinical expertise with clients translates into effective clinical education
- Eligibility for supervision translates into effective clinical education
- If you've been supervised, you can supervise.

### Supervision Realities

- "A viable area of specialized study"
- A "distinct area of expertise and practice"

(ASHA, 1985; ASHA 2008a)

**SIG 11**

- Increase awareness of available materials regarding the need for and value of clinical education/supervision training (e.g., Supervision Training Brand Essence and Positioning Statement [AHCST 2016])
- Periodically survey affiliates regarding their experience, interest, and needs in clinical education/supervision
- Advance suggestions to ASHA Board of Directors regarding the need for clinical education/supervision training

**WHY DOES SUPERVISION MATTER?**

It is essential to equip both future and practicing audiologists and speech-language pathologists with the knowledge and skills to ...

- provide the highest quality service to people with communication differences and disorders.
- continue the vibrancy of the profession through excellence in supervision.
- excel in an effective manner as a supervisor, preceptor, clinical educator or mentor.

**SMALL GROUP DISCUSSION: PERSONAL HISTORY WITH BEING SUPERVISED**

Think about the following:

- What was your supervisor like?
- What were some of the best and maybe not so good experiences as a graduate clinician?

Give us a few words to describe your first experience as a clinician.

**SMALL GROUP DISCUSSION: YOUR PERSONAL HISTORY WITH BEING A SUPERVISOR**

Think about the following:

- What type of training in supervision did you receive prior to or at the time of your first supervisory experience?
- Did you feel well-equipped to manage in your first supervisory experience?

Give us a few words to describe your first experience as a supervisor.

**TIMELINE/HISTORY**



**ASHA POSITION STATEMENTS REGARDING CLINICAL SUPERVISION:**

**1985:**

Legitimized supervision as a “distinct area of expertise and practice.”

Stipulated that “special preparation is needed to enable individuals to function competently as supervisors.”

**ASHA POSITION STATEMENTS REGARDING  
CLINICAL SUPERVISION:**

**2008:**

Noted that "Supervisors should seek training on the supervisory process so that they can learn about differing supervisory styles and develop competence in supervision."

**ASHA SIG 11**

**2010:**

Supervisor credential survey indicated overwhelming recognition of the importance of formal training in supervision

**ASHA AD HOC COMMITTEE ON SUPERVISION**

**2013:**

ASHA *Ad Hoc Committee on Supervision* noted "All persons engaged in supervision across settings [should] be trained in the overarching skills and knowledge necessary for supervision."

**CAPCSD**

**2013:**

White Paper: *Preparation of Speech-Language Pathology Clinical Educators* notes "Formal training/preparation of clinical educators is necessary and should be required."

**ABA**

**2014:**

American Board of Audiology *Preceptor Training Needs Gap Analysis* identified need for preceptor training

**ASHA AD HOC COMMITTEE ON SUPERVISION**

**2014:**

Develop a detailed plan that lays out a well-coordinated, comprehensive, and systematic approach for establishing resources and training opportunities in clinical supervision that incorporate requisite knowledge, skills, and competencies outlined by its predecessor, the 2013 ASHA Ad Hoc Committee on Supervision.

**2016: ASHA AD HOC COMMITTEE ON SUPERVISION TRAINING RECOMMENDS SUPERVISION REQUIREMENT**

- A phased-in transition process to be implemented over the next 6 years, culminating in an increased number of audiologists and speech-language pathologists trained in supervision
- The Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) consider a minimum requirement of 2 clock hours, every 3 years, of professional development in supervision training for ASHA members who provide clinical supervision

**CAA**

**2017 Standards:**

- 3.1.1A and 3.1.1B...“Understand the role of clinical teaching and clinical modeling as well as supervision of students and other support personnel.”
- 3.1.6B ...demonstration of... processes of clinical education and supervision

**CFCC**

**Proposed:**

- 9 months of full-time clinical experience after award of ASHA certification prior to supervising students.
- Minimum of 2 continuing education /certification maintenance hours in supervision prior to the start of supervising students.

**ASHA SIG 11**

**2017:**  
Submitted application for ASHA Specialty Certification in supervision

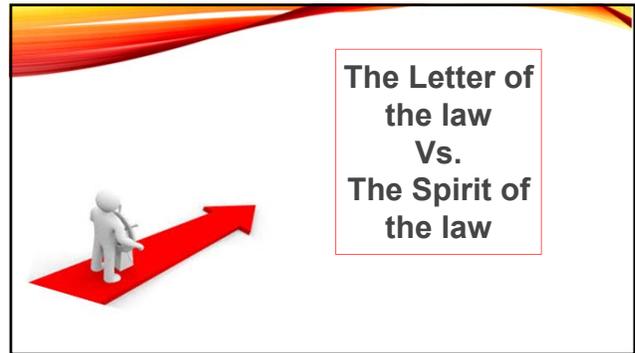
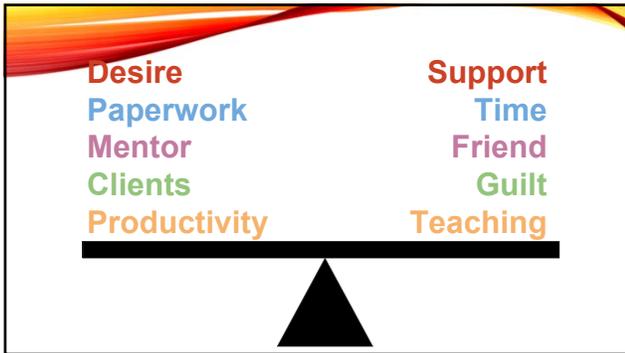
**2017:**  
ASHA informs SIG11 that specialty certifications are typically in content area 1; request for specialty certification in supervision is rejected

**ROLES AND RESPONSIBILITIES OF SUPERVISORS**

**DIFFER BY CONTEXT**

1. **University** training programs for on-site or off-site practica
2. Preceptors of audiology students in **final externship**
3. **Clinical Fellows**
4. **Support personnel**
5. **Peers** transitioning to new practice area or re-entering the workforce.

(ASHA, 2016)



- THE "LAW" OR ASHA STANDARDS STATE THAT CES/SUPERVISORS MUST:**
- Hold the ASHA Certificate for Clinical Competence
  - Provide direct supervision that is commensurate with the student's knowledge, skills, and experience
  - Provide a minimum of 25% of the student's total contact with each client/patient...many need/require more.
  - Provide supervision throughout the practicum
  - Provide supervision that ensures the welfare of the client/patient
  - Provide the opportunity to acquire knowledge and skills in sufficient breadth and depth to function as a well-educated, and competent clinical SLP across the full scope of practice
  - Encompass supervision training (CFCC V-E, CAA 2.0, 3.1B)

Effective education for supervision should focus on unique aspects of knowledge and specialized skills for the supervisory process and **should not be limited** to regulatory aspects. (ASHA, 2013)

- THE RECOMMENDATION IS THAT CES/SUPERVISORS SHOULD:**
- **Prepare**
    - Understand the impact the supervisor's behavior has on the student
    - Know what student's desire in a CE:
      - Good Communication (immediate feedback, concrete suggestions, explained what was correct, suggested improvements and HOW to accomplish those tasks.
      - Demonstrate evidence to support knowledge, skills, and experience
      - Positive, caring attitude
      - Confidence
      - Demonstration / modeling (Hale, 2017)
- 

- THE RECOMMENDATION IS THAT CES/SUPERVISORS SHOULD:**
- **Prepare**
    - Supervision practices should be rooted in theory.
    - Understand the importance of different supervisory and feedback methods
    - Possess effective listening skills
    - Understand and respect generational, cultural, linguistic, or gender differences
    - Value collaboration and communication (ASHA, 2008; CAPCS 2013)
-



### PROS & CONS OF CLINICAL SUPERVISION: Audiology

<p><b>Pros:</b></p> <ul style="list-style-type: none"> <li>•May become mentor for new professionals</li> <li>•Ways to “network” in academia, profession, and community</li> <li>•Can help to interweave didactic concepts into clinical practice</li> <li>•Teach techniques you acquired through practice</li> <li>•Learning to put the “big picture” together and view the entire patient</li> <li>•Way to show evidence based practice and have discussions</li> </ul>	<p><b>Cons:</b></p> <ul style="list-style-type: none"> <li>•Time to precept versus time for patient load</li> <li>•Can be hard to “sit on your hands” rather than let student figure it out/troubleshoot/problem solve</li> <li>•May require a small amount of time at on the onset to complete forms or requirements for supervision (university, ASHA, etc.)</li> <li>•How to talk to student regarding expectations for practicum, practicum responsibilities.</li> </ul>
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### HELP IS ON THE WAY!

### CLINICAL EDUCATOR TRAINING

**From:**  
Council of Academic Programs in  
Communication Sciences  
And Disorders (CAPCSD)

**To:**  
Any Interested Clinical Educator

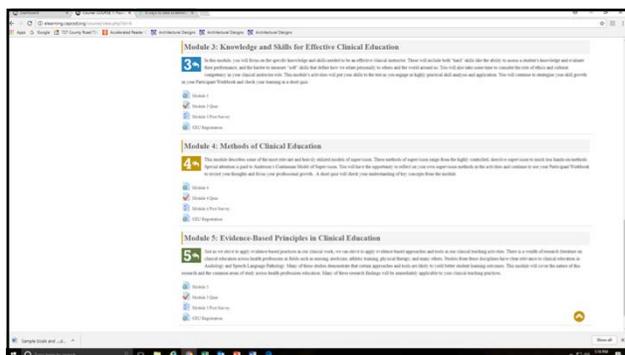
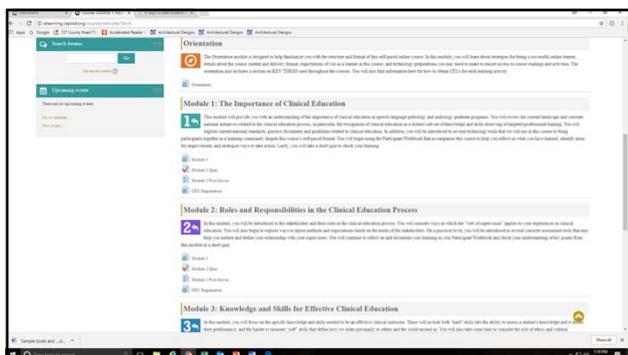
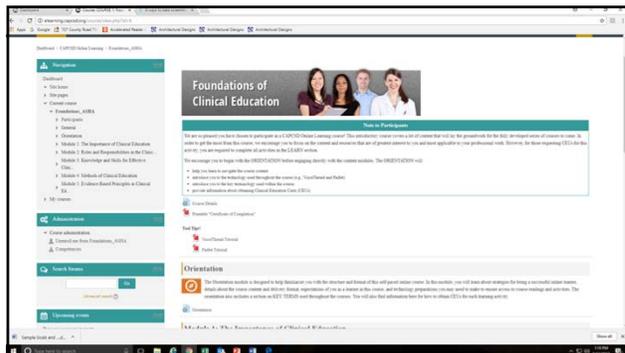
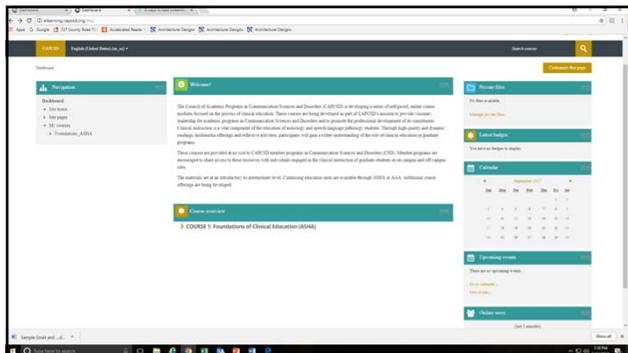
### CLINICAL EDUCATOR TRAINING

**2016:**  
ABA Certificate Holder—Audiology Preceptor  
(CH-AP™) Training Program launched

**2017:**  
CAPCSD: On-line clinical supervision training courses  
launched

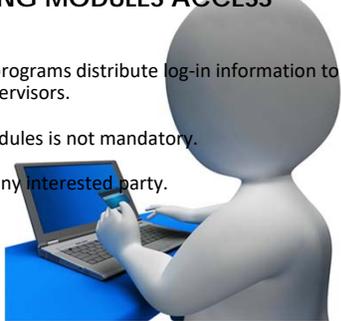
### FREE ONLINE CE FROM CAPCSD

1. Foundations of Clinical Education (AAA and ASHA)
2. Effective Student-Clinical Educator Relationships (AAA and ASHA)



## CAPCSD CE TRAINING MODULES ACCESS

- Individual University programs distribute log-in information to associated clinical supervisors.
- Completion of the modules is not mandatory.
- The CE's are open to any interested party.



## RESOURCES FOR GIVING FEEDBACK

- Stone, D., & Heen, S. (2015). *Thanks for the feedback: The science and art of receiving feedback well.*
- McCready, V., Raleigh, L., Schober-Peterson, D., & Wegner, J. (2016). Feedback: What's New and Different?. *Perspect ASHA SIGs, 1* (SIG 11), 73-80. doi: 10.1044/persp1.SIG11.73
- Giving Effective Feedback. (n.d.). Retrieved October 6, 2017, from <http://www.asha.org/students/mentoring/feedback/>

### THANKS FOR THE FEEDBACK SNIPPETS

- Learn to use different types of feedback for different reasons
  - Appreciation
  - Coaching
  - Evaluation
- Learn to identify triggers that might keep your student from receiving feedback from you
  - Identity
  - Relationship
  - Truth
- Learn to modify the words you choose to prevent triggers in your student (allowing them to implement the feedback)
  - "And" stance example

### APPLYING THANKS FOR THE FEEDBACK TO CLINICAL SUPERVISION

- McCready, V., Raleigh, L., Schober-Peterson, D., & Wegner, J. (2016). Feedback: What's New and Different?. *Perspect ASHA SIGs, 1* (SIG 11), 73-80. doi: 10.1044/persp1.SIG11.73
- Article snapshot
    - References Stone and Heen's work; provides a summary of the book
    - Demonstrates how clinical educators can be triggered by feedback in a similar way to students
    - Outlines examples from two University programs who utilized principles from *Thanks for the Feedback* for clinical education

### SELF-ASSESSMENT

Poll everywhere

Text:

CHENELLLOUDE389 TO 22333

### SELF-ASSESSMENT

Rating Scale				
A	B	C	D	
Not Yet	Occasionally/ Just Starting	Frequently but Sporadically/ Getting There	Consistently/ Got It!	
<b>I. Supervisory Process and Clinical Education</b>				
A	B	C	D	

What are your strengths and items needing improvement in this area?

### OUR PROGRAMS



### ASTATE

- Clinical Coursework at the Undergraduate Level
- Clinical Teams
- Contact with Clini
- Research



**ASTATE**

- Clinical Teams
- Grand Rounds/ Bc
- Student Lead Age
- Opportunity To N



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**ASTATE**

Research  
<https://asuhealth.i>  
[t](https://asuhealth.i)

Amy Shollenbarger  
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- The UA Speech and Hearing Clinic provides comprehensive speech and hearing services across the lifespan including evaluation, intervention, and support groups
- Billing Medicare, Medicaid, and 8 private insurance sources
- Utilizing electronic health records and student experience records
- First year graduate students assigned to clinical teams meeting weekly
- Second year graduate students assigned to off-campus sites
- UGRD seniors have opportunity for semester-long clinical experience
- Clinical Educator Specializations
  - Dyslexia and Written Language Disorders
  - Auditory Based Intervention (Auditory-Verbal Therapy)
  - Alternative and Augmentative Communication Evaluation



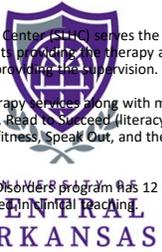
- In past year, ramped up continuing education events including supervision training for community professionals and both on and off-campus clinical educators
- Graduate students enrolled in Professional Issues course to gain skills about receiving and giving feedback (from *Thanks for the Feedback*) along with other current professional topics in the field of speech-language pathology
  - Feedback terminology and concepts are used throughout first year clinical experience
  - On-campus clinical educators discuss feedback topics during clinical faculty meetings

**UCA**

The UCA Speech Language Hearing Center (SLHC) serves the university campus and local community with graduate students, providing the therapy and evaluations and departmental clinical educators providing the supervision.

The SLHC offers diagnostic and therapy services along with many specialty programs such as Smooth Sailing (fluency camp), Read to Succeed (literacy program), Concussion program for UCA athletes, Brain fitness, Speak Out, and there are always new programs being developed.

The Communication Sciences and Disorders program has 12 full time faculty and several adjunct most of whom are involved in clinical teaching.



**UCA**

Our graduate program is a 6 semester program beginning in Fall. We were recently reaccredited (October 2016) with no deficiencies noted.

Here is a description of our graduate clinical/academic program:

- 1st Semester: Enroll in academic coursework and take an assessment seminar to learn 8 different assessments
- 2nd semester: Continue to take academic courses and begin on campus practicum. This involves therapy, diagnostics, special programs, screening teams
- 3rd semester: Continue to take academic courses and on campus practicum
- 4th semester: Continue and complete academic courses and complete on and off campus practicum
- 5th and 6th semester: Off campus practicum (3 days per week)

Our graduate students generally graduate in August.






We appreciate all of you who have supervised students!

We have placed practicum students all over the state and beyond.

There are hundreds of you in Arkansas who have allowed students to spend a semester with you. You spent time, answered many, many questions and the students learned a lot from you.

Thanks for helping to shape the future of our professions.



- **Two undergraduate degrees:**
  - Clinic Track offers 2 semesters of on-site practicum and 1 school-based placement
  - Non-Clinic track offers CSD curriculum and electives
- **Graduate Program**
  - 5 Semesters
    - First two semesters in on-site clinic (tx/dx)
      - Consistent contact with clinical educator
      - Focus on clinical writing and skill development
      - Daily/Weekly feedback on each session
    - Summer semester is full-time in Zambia or off-site location
    - Last two semesters in off-site
  - Use Calipso for clinical documentation



**WE ARE UNIQUE BECAUSE...**

- FAITH-BASED INSTITUTION WITH AN OPEN DOOR POLICY
- CLASSES AND CLINIC ARE CONCURRENT THROUGHOUT THE PROGRAM (CAA STANDARD 3.1B)
- CADAVER LAB
- IPE/IPP THROUGHOUT THE CURRICULUM
- SIMULATED LEARNING EXPERIENCES
- PRACTICUM OPPORTUNITIES IN ZAMBIA AND TUBA CITY, AZ
- SUPERVISION SKILLS TAUGHT IN TEAM BASED LEARNING
- DIXIE BRANSCUM SUPERVISORS' DINNER OFFERS TRAINING EACH YEAR



**Speech-Language Pathology: Academic Highlights**

Undergraduate Program in Communication Sciences and Disorders  
 -Degree awarded from UA-Little Rock  
 Graduate Program-Consortium between UA-Little Rock & UAMS  
 -Oldest program in the state  
 -5 Semester Program; minimum of 52 hours  
 -Degree awarded from UAMS  
 -Clinic and classes are concurrent throughout the program  
 -Fixed curriculum with the exception of electives during the last semester  
 -All student do research and take a comprehensive exam  
 -Offer a certificate in Auditory Based Intervention  
 -Share department and facility with the Audiology program  
 -Many of our students are awarded graduate assistantships during their first year  
 -IPE graduation requirement which is part of the clinical experience




**Speech-Language Pathology: Clinical Highlights**

- 1<sup>st</sup> year graduate students remain on campus and run our clinic for their first 3 semesters
- During the 3<sup>rd</sup> semester their time is split between our clinic and off-campus sites
- 4<sup>th</sup> and 5<sup>th</sup> semesters students are off campus
- Supervision drastically exceeds the minimum standard during the first year
- Students meet weekly with supervisors
- Students are taught to promote health literacy
- Students have the opportunity to gain experience in at least 8 of the Big Nine areas before going off campus; diverse clients




**Speech-Language Pathology: Clinical Highlights**

Students gain experience in individual and group therapy (PLEP, 2 Aphasia groups, 5 Pragmatic Language Groups, TLC Group, Literacy Group, and a host of groups during the summer)  
 -All students rotate through our Diagnostic Clinic each semester  
 -Moving towards becoming a billing clinic  
 -Over 70 off-campus sites to choose  
 -Many of our students are awarded traineeships during their second year  
 -Participate in Grand Rounds during the 2<sup>nd</sup> year




### Audiology: Academic Highlights

- Undergraduate Program in Communication Sciences and Disorders
- Degree awarded from UA-Little Rock
- Graduate Program-Consortium between UA-Little Rock & UAMS
- Oldest program in the state
- Transitioned from the M.S. degree to the Au.D. in 2016
- 11 semester program; 118 hours required
- All students complete a capstone or thesis
- All students must pass 2 performance-based exams and comprehensive exam
- A dual Au.D./Ph.D. option is available after being admitted to the Au.D. program

### Audiology: Clinical Highlights

- The Audiology Clinic offers the following services: diagnostic hearing evaluations, hearing aid services, electrophysiologic testing, balance evaluations, cerumen management, community hearing screenings, assistive listening devices, and personal sound amplification products.
- Our students perform hearing screenings in many public/private schools, health fairs and community health clinics.
- Off campus practicum sites include: private practice, hospitals, pediatric hospitals, otolaryngology practices, VA Medical Centers.
- The minimum number of clinical practicum clock required for the AuD program is 1900 hours; ASHA requires 1820 clock hours to be obtained with a supervisor who has his/her CCC-A
- Students participate in 11 semesters of clinical practicum beginning during the fall of the first year of the AuD Program.
- All first year graduate students remain on campus in the university clinic during the first year
- All students must pass a diagnostic and amplification performance-based examinations prior to participating in off campus clinical practicum for the second and third year

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