

Preceptorship, Supervision, and Mentorship: Oh My!

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 - Former CFCC Chair;
 - Former Louisiana licensure board member; ASHA Past President

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Who are we?

- Supervisors
- Preceptors
- Mentors
- Clinical educators

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Who or What Groups Do We Supervise?

Final Report - 2013 Ad Hoc Committee on Supervision (ASHA)
Knowledge, Skills and Training Consideration for Individuals Serving as Supervisors

- Individuals in academic training programs who supervise graduate students
- Individuals (including preceptors of AuD students) providing externship or off-campus supervision to graduate students
- Mentors of Clinical Fellows
- Supervisors of audiology or speech-language pathology assistants
- Supervisors of professionals transitioning to a new practice area or re-entering the workforce

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Additionally...

Many of us function in a supervisory capacity for professional staff.

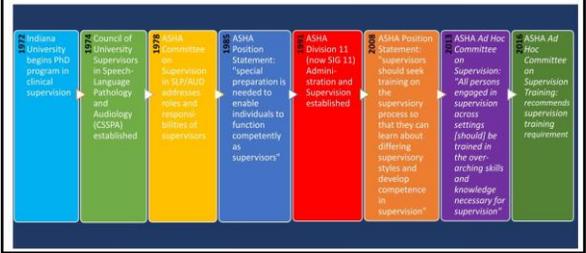
In addition to audiologists and speech-language pathologists, we may supervise other staff members. My experiences include supervision of special education teachers, occupational therapists, physical therapists, adapted physical education teachers, social workers, school psychologists, educational diagnosticians, and administrative assistants.



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Williams, A. L. (2021, March). Supervision matters. Seminar presented at the Michigan Speech-Language-Hearing Association Annual Convention.

Early Recognition of Supervision as a Distinct Area of Practice and Training



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2010: Supervisor credential survey indicated overwhelming recognition of the importance of formal training in supervision

2017: Submitted application for ASHA Specialty Certification in 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."

2016: ASHA Ad Hoc Committee on Supervision Training recommends supervision training requirement

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2013: White Paper: *Preparation of Speech-Language Pathology Clinical Educators* notes "Formal training/preparation of clinical educators is necessary and should be required."



2014: American Board of Audiology *Preceptor Training Needs Gap Analysis* identifies need for preceptor training

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Movement Toward Formalized Supervision Training

- 2013 AHC on Supervision (AHCS)
 - Explicit roles, responsibilities and skill set needed to engage in supervision were defined systematically
 - Recognized the ongoing culture of engaging in supervision practices through trial and error or past experiences rather than from available evidence and best practices
 - Made first formal ASHA affiliated recommendation that all persons engaged in supervision be trained in skills and knowledge necessary for supervision
- 2016 AHC on Supervision Training (AHCST)
 - 3 significant recommendations:
 1. Increase awareness and advocacy efforts for supervision training
 2. Improve the quality, availability and accessibility to supervision training opportunities
 3. Formalize supervision training requirements

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AHCST Recommended



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 for ASHA members who provide clinical supervision

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6-Year Plan: Phase I

Completed ✓

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6 Year Plan: Phase II

Completed ✓

In Progress

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Approved (Jan 1, 2020):

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.

2017 Standards:

3.1.1B... "Understand the role of clinical teaching and clinical modeling as well as supervision of students and other support personnel."

For SLP students: "demonstration of ... processes of clinical education and supervision."

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Effective Supervisors

Considering the various groups of individuals we must supervise, how do we become effective supervisors?

What are the knowledge and skill requirements?

Experiential requirements?

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Dreyfus Model of Skill Acquisition

- Five-stage learning process
- Used to assess and support progress in skill development
- Provides definition of acceptable level of assessment of competence
- Supervisee progresses from one stage to the next as the level of clinical knowledge and skills increases

Dreyfus, S. (2004). The five-stage model of adult skill acquisition. *Bulletin of Science, Technology & Society*, 24(3), 177-181. <https://doi.org/10.1177/0270467604268992>

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Dreyfus Model of Skill Acquisition (1980)

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Novice Stage

- Minimal connection of knowledge to practice
- No experience in application of maxims
- Predictably inflexible behavior
- Needs close supervision
- Cannot be expected to use discretionary judgment
- Supervisor needs to use more direct style of supervision (modeling)



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Advanced Beginner

- Marginally acceptable performance
- Limited situational perception
- Beginning to treat knowledge in context
- Continue to treat attributes and aspects separately and with equal importance
- Second-year grad student (usually)

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Competent

- Able to plan deliberately using analytical assessment to treat problems in context
- Able to view actions in terms of long-term goals
- Able to incorporate deliberate planning to achieve goals
- Able to use standardized and routine procedures in context
- New SLP graduate at Master's degree level



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Proficient

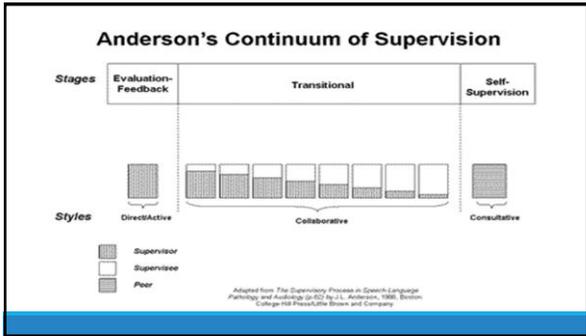
- Able to see situation as a whole in terms of long-term goals (Holistic understanding)
- Maxims used for guidance
- Able to modify plans in terms of expectations
- Perceives deviations from typical, so able to make better clinical judgments
- Takes responsibility for own decisions based on what is most important in a situation
- Certified/licensed for independent practice

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Expert

- Makes decisions based on both a set of rules and experience to manipulate rules and achieve end goal
- Has intuitive group of situations relying on analytical approach to problem-solving only in unfamiliar situations
- Able to see end goal and knows how to achieve it
- Able to go beyond existing standards to achieve end result
- Has had advanced training and clinical experience at proficient level

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Anderson's Stages

Not time-bound; the supervisee may be at any given stage depending on the circumstances, including knowledge and skills

Promotes professional growth of supervisor. As the supervisee progresses along the continuum, supervisor learns to adjust supervisory style according to needs of supervisee.

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Anderson's Stages

- ✓ Promote decreased level of direction on part of supervisor, i.e., less strict control
- ✓ Support flexibility
- ✓ Support self-evaluation
- ✓ Support critical thinking
- ✓ Promote collaboration between supervisor and supervisee

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Features of an Effective Model

- Based on key elements of supervisory process
- As supervisee grows, supervisor adjusts methods and style to fit skill level and confidence of supervisee
- As knowledge base of supervisee increases, independence increases
- Should support principles of *reflective practice* leading to self-supervision

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Setting Expectations

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

Fredrickson, T. & Moore, S. (2014). Key factors of influence in clinical educator relationships. *Perspectives on Administration and Supervision*, 24(1), 12-20.

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Setting the Stage: Considerations

- Preferences for types of communication (email, phone, text, etc.), frequency and best times
- Dress code
- "Pet peeves" (e.g., cell phone on during sessions)
- Special needs

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Completing the Clinical Fellowship (CF) Experience

1. Identify yourself with your state licensure requirements.
2. Find a mentor.
3. Contact your State Board.
4. Get the CF form.
5. Fill out the CF form.
6. Identify objectives & arrange for supervision.
7. Complete a written plan.
8. Meet with your mentor.
9. Submit the CF form to your State Board.
10. Complete your CF.

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Without reflection, we go blindly on our way, creating more unintended consequences, and failing to achieve anything useful.

Margaret J. Wheatley

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Reflective Practice

Reflective practice enables us to spend time exploring why we acted as we did, what was happening in a group, etc. In doing so, we develop sets of questions and ideas about our activities and practice.

Schon, D. A. (1996). *Educating the reflective practitioner: Toward a new design for teaching and learning in the professions*. San Francisco: Jossey-Bass, Inc.

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Critical Thinking

The clinical educator must not only teach critical thinking skills but also nurture the *disposition* toward critical thinking.

Gavett, E. & Peaper, R. (2007). Critical thinking: The role of questions. *Perspectives on Issues in Higher Education*, 10(1), 3-5. <https://doi.org/10.1044/the10.1.3>

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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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Levels of Reflectivity

- Technical Rationality
- Practical Action
- Critical Reflection

Pultorak, E. G. (1993). Facilitating reflective thought in novice teachers. *Journal of Teacher Education*, 44(4), 288-95.

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Application of Critical Reflection

(Adapted from Pultorak, 1993)

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

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Journals

A useful tool for clinical teaching of reflective practice. Can encourage or assign utilization of journaling.

The work of Vega-Barachowitz and Brown (2000) provides interesting information about journal utilization.

Vega-Barachowitz, C. & Brown, J. (2000). Outcomes measurement and management: Cost and benefits of reflective supervision. *Perspectives on Administration and Supervision*, 10(2), 3-5, 15. <https://doi.org/10.1044/pas10.2.3>

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Journal Format

(Vega-Barachowitz & Brown)

Outer Experiences – objective description of an incident that occurred during the session

Reflection & Generalization – objective appraisal of the significance of the outer experience (can include knowledge gained and observed changes in the client(s))

Inner Experience – Subjective analysis of the session with a focus on how the experience affected the supervisee (emotionally, physically, intellectually, spiritually)

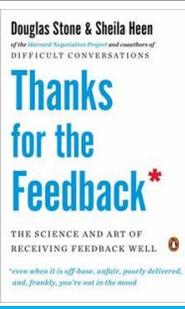
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Journal Uses – To:...

(Vega-Barachowitz & Brown)

-  Affirm
-  Comment
-  Reinforce behaviors
-  Share Experiences
-  Express anger

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Types of Feedback

Stone & Heen (2014)

- Appreciation:** designed to validate and express thanks. Motivates and encourages.
- Coaching:** geared toward facilitating improvement in the receiver or identifying a problem in the relationship between the giver and the receiver. Helps increase knowledge, skills, capability, growth, or raise feelings in the relationship.
- Evaluation:** serves to rate or rank the receiver against a set of standards. Tells you where you stand, aligns expectations, and informs decision-making.

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See Your Blind Spots

Stone & Heen (2014)

- We can't see our own "leaky face". Facial expressions convey a tremendous amount of information.
- We can't necessarily hear our tone of voice.
- Are unaware of even big patterns of behavior at times.

What are your "leaky patterns"?

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Blind Spots Are Amplified by:

Stone & Heen (2014)

- ❑ Emotional Math: We discount our emotions, while others count them double.
- ❑ Attribution: We attribute failure to the situation, but others may attribute it to our character.
- ❑ Impact-Intent Gap: We tend to judge ourselves by our intentions, while others judge us by our impact on them.

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Individual Activity – 5 Minutes of Reflection (Use Handout) (Stone & Heen, p. 277)

Who has given you feedback well? What was helpful about how they did it?

Have you ever received good advice that you rejected? Why?

What motivates you?

What disheartens you?

What's your learning style? Visual, auditory, big picture, detail oriented?

Whose feedback-receiving skills do you admire?

Stone, D. & Heen, S. (2014). *Thanks for the feedback: The science and art of receiving feedback well*. Penguin Books.

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Individual Activity – 5 minutes of Reflection (Stone & Heen, p. 277)

What did your childhood and family teach you about feedback and learning?

What did your early job experiences teach you?

What has been the impact of major life events (children, marriage, divorce, death of a parent)?

What do you dislike most about evaluation?

What helps you change?

Stone, D. & Heen, S. (2014). *Thanks for the feedback: The science and art of receiving feedback well*. Penguin Books.



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The single biggest problem in communication is the illusion that it has taken place.

George Bernard Shaw



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Listening

Are we open to listening to...

- someone we don't have a positive relationship with?

- someone who will deter us from our predetermined plan?

- an upset student/Clinical Fellow/fill in the blank?



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Active Listening

Do we listen to understand?

Do we listen to formulate a response?

Are we willing to hear the other person?

Do we engage in other activities when we are supposed to be listening?

Do we finish sentences for others?

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Active Listening

- Listen to understand
- Pay attention to non-verbal cues
- Avoid interruptions and distractions
- Withhold judgment
- Practice (attentive) silence
- Signal encouragement

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Personality Types – True Colors



Blue	Gold
Seeks harmony in groups Compassionate Creative Sympathetic	Responsible Respects rules and authority Organized Appreciative
Orange	Green
Welcomes change and variety Adventurous Competitive Risk-taker	Analytical Logically driven Independent thinker Focused

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Generational Differences

Generational Diversity in the Workplace: Hype Won't Get You Results
Jamie Notter



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Questions

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