Creating a Tool Kit for Clinical Success

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Our goals for today

1

To remind you of why you enjoy supervision and the privilege we have in educating students

2

For you to learn something new or be reminded of something from our experiences and summaries of research

3

For you to have a bit of time to reflect and process to craft tools to make your supervision experiences even more successful

Supervision…

- "…is a cornerstone of our development as audiologists and speech-language pathologists and has shaped us as professionals" (Robke, 2016, p. 57).

Supervision…

- "Speech-language pathologists and audiologists have been involved in supervision since the beginning of the profession. Indeed, supervision seems to have been the one component that has affected everyone in the profession at some time." (Coyle, 2014)

What do you enjoy about supervision?

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Why Supervise?

O'Connor (2008)

- Develop and recruit future employees

- Stay current-learn what students are

- Share your expertise

- Establish a relationship with university programs

- Teach SLPs to advocate for services

- Develop your mentoring skills

- Enhance your clinical skills by teaching someone else

- Introduce students to interdisciplinary teams

- Satisfaction of giving back

- Leave a legacy

What did a previous supervisor do that made you think they were a "good supervisor?"

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What is involved?

- Teach specific skills
- Clarify conceptual knowledge
- Facilitate critical thinking and problem-solving
- Role-model professional behavior
- Develop professional oral and written skills

(Coyle, 2014)

Jean Anderson

"Supervision is a process that consists of a variety of patterns of behavior, the appropriateness of which depends on the needs, competencies, expectations, and philosophies of the supervisor and supervisee and the specifics of the situation (tasks, client, setting, and other variables)" (Anderson, 1988, p.12).

ASHA (2008) expanded to

"Professional growth and development of the supervisee and the supervisor are enhanced when supervision or clinical teaching involves self-analysis and self-evaluation. Effective clinical teaching also promotes the use of critical thinking and problem-solving skills on the part of the individual being supervised."

"The Dance"

- "Supervision can often times be seen as a dance. The supervisor must somehow create situations where the patient will make progress, but also allow for the supervisee to experiment with clinical techniques. Sometimes the supervisee will attempt intervention strategies or approaches that may not be successful. It is the supervisor's role to guide the supervisee through clinical reasoning while protecting the patient's best interests. This requires the supervisor to not always give the supervisee the answer, but provide a space for the supervisee to talk through the clinical reasoning with a patient. This process takes time—time for the supervisor to listen and the supervisee to reflect and for decisions to be made." (Wright & Needham, 2016, p. 71)

Knowledge and Skills for Clinical Educators

(ASHA, 2008)

1. **Knowledge of Clinical Education & the Supervisory Process**: supervisory style/behaviors, observation methods, goal setting, data, technology, collaboration

2. **Interpersonal Communication & Relationship Development**: creating an environment that fosters learning

3. **Development of Supervisee's Critical Thinking & Problem Solving**

4. **Development of Supervisee's Clinical Competence in Assessment**

5. **Development of Supervisee's Clinical Competence in Intervention**

6. **Supervisory Conferences**

7. **Evaluate Growth of the Supervisee** (Clinical & Professional)

8. **Diversity** (ability, race, ethnicity, gender, age, culture, language, class, education & experience)

9. **Development & Maintenance of Documentation**

10. **Requirements** (Ethical, Regulatory, & Legal)

What's New?

- ASHA (2013) has recognized that effective supervision requires a unique skill set and knowledge base and supervisors have had little, if any training.

- Research shows that supervisors are more effective if they have had training (McCrea and Brasseur, 2003).

- ASHA (2008) believes it is "critically important" that supervisors obtain education.

- In 2020, all clinical supervisors and clinical fellowship (CF) mentors providing supervision/clinical instruction for students and/or Clinical Fellows for purposes of ASHA certification must complete a minimum of 2 hours of professional development in the area of supervision/clinical instruction (one time).

Effective Clinical Teaching Facilitates…

(ASHA, 1985 Position Statement)

- Clinical Competence
- Critical Thinking
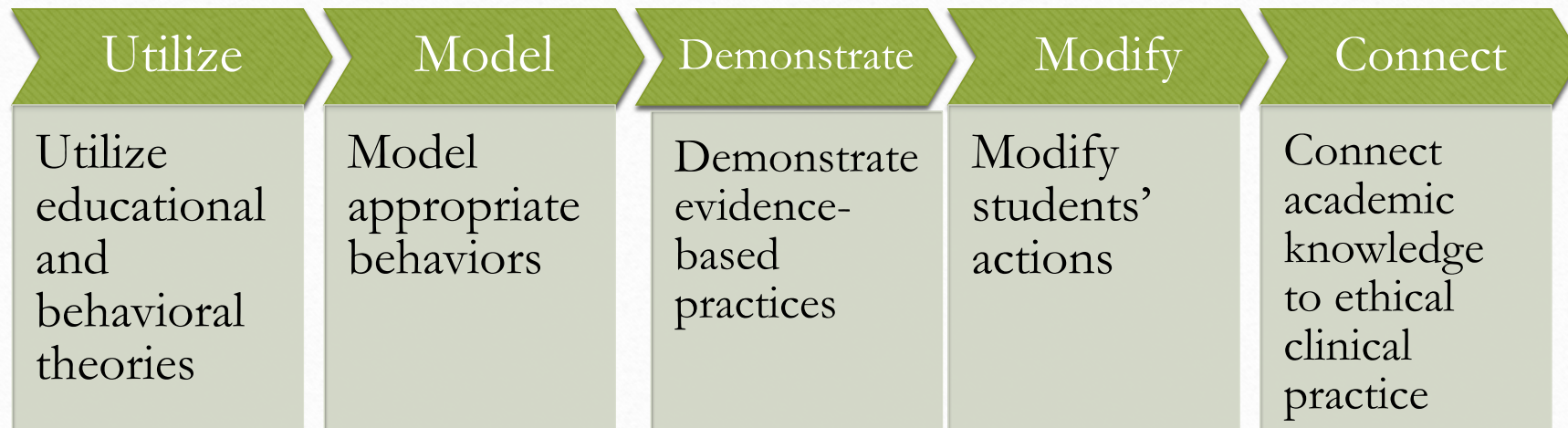- Self-Reflection
- Self-Evaluation

Influence

- Effective supervision can spark learning, practice pattern behaviors and confidence in EBP research (Beidas and Kendall, 2010).

- Professional growth and acquisition of knowledge and skills (Christodoulou, 2016).

- Affirming experiences and the development of skills in the context of the supervisory framework has been linked to positive career achievement (McAuliffe, 2006).

- Advises, tutors, sponsors, and instills a sense of professional identity (Wright & Needham, 2016).

Influence

- An effective working relationship between supervisors and supervisees is essential to the success of student learning (ASHA, 2008).

- Supervisees' clinical behaviors are positively affected if they perceive high levels of unconditional positive regard, genuineness, empathetic understanding. (Ghitter, 1987, as cited in McCrea and Brasseur 2003)

- Supervisors with effective communication styles resulted in an increase in the student's willingness to share their ideas and feelings, participate in conferences, and change clinical behaviors (McCrea and Brasseur, 2003).

A Great Opportunity & Responsibility

- Critical thinking
- Documentation
- Analysis
- Communication
- Treatment planning & implementation (EBP)
- Professionalism/Ethics
- Billing

Utilize	Model	Demonstrate	Modify	Connect
Utilize educational and behavioral theories	Model appropriate behaviors	Demonstrate evidence-based practices	Modify students' actions	Connect academic knowledge to ethical clinical practice

ASHA recommends supervisors:

BUT…WAIT,

What do the students think?

Expectations…

"A successful relationship depends on realistic and corresponding expectations."

(Mandel, 2013 and McCrea and Brasseur, 2003 as cited in Christodoulou, 2016, p.42)

What are students expecting from us?

- "Knowledgeable, supportive, realistic, organized, honest, timely, caring, enthusiastic, patient, and flexible (Taylor, White, Kaplan, & O'Rourke, 2012, p. 53).

- "Assertive, energetic, and outgoing." Students also wished for assistance taking data, writing reports, and providing therapy resources (Dobbs et al. 2006, p.114).

- Feedback, guidance (not too much or too little), communication, explanations of rationale, explicit expectations and availability for questions and assistance (Rapillard, Plexico, & Plumb, 2018).

An interpersonal relationship with the supervisor

Promotion of professional attitudes and development

Challenge their critical thinking skills

Encouragement

Fitzgerald (2009) found that students desire:

Tips for a Productive Supervisory Relationship

Christodoulou (2016)

- Create an atmosphere that welcomes honesty and fosters trust
- Offers constructive feedback and encouragement
- Be aware of the student's needs and perceptions
- Personalize guidance to facilitate maximum growth in clinical skills
- Where expectations are clear and there is a willingness to adapt
- Demonstrate active listening

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What are the characteristics of an ideal student?

Expectations of Students

- Be on time
- Come prepared (and how)
- Professional dress
- Ask questions (and how)
- Cell phone usage

- Show respect to colleagues (and how)
- Integrate supervisory feedback into practice
- Communicate needs
- Self-evaluate

Expectations of Students

- Orientation training
- Read and complete preparatory materials
- Research and ask questions about disorders with which they are not familiar
- Communicate (and how)

- Take initiative-bring possible solutions with problems
- Participation in billing and documentation
- Treatment planning
- Keep accurate records

Expectations of Students
(Blosser, 2019)

- Try to come up with your own ideas about steps you can take to continue to grow professionally or improve performance.

- Listen carefully before responding.

- Try to paraphrase what is heard to be sure that you understand.

- Try not to feel defensive (remember, the goal is to help guide development).

- Ask for specific examples.

Make a list of basic student conduct and professional expectations specific to your preferences and facility.

*What do they need to know to be successful?

5 minutes

Critical Thinking?

(Messick, C., Gavett, E., McCready, V., Raleigh, L., & Reuler, E., 2009)

Inference

Explanation

Analysis

Interpretation

Evaluation

Self-regulation

"Clinical thinking IS critical thinking."

(Gavett & Peaper, 2007, p.3)

- "Supervisors need to be less directive to facilitate high levels of critical thinking in supervisees" (Dowling, 1995 as cited in Hudson, 2010).

- The quality of questions reveals the level of thinking occurring (Elder & Paul, 2006, as cited in Gavett & Peaper, 2007).

- We can foster critical thinking by using structured questions, dependent upon the student's level of training and type of case.

Question Stem

(King, 1995)

Assumption:

Providing structure and models of question stems will facilitate critical thinking and increase questioning skills

Results:

Inquiry-based learning model resulted in cultivating critical thinking

What are the strengths & weaknesses of...?	*What are the strengths & weaknesses of a cycling VS traditional approach for this client?*
Explain why...or explain how...	*Explain why this diet consistency is unsafe for this patient.*
Why is ... happening?	*Why did production accuracy decrease as the activity progressed?*
What are the implications of ...?	*What are the implications of the vowel distortions he is making?*

Question Stem

(King, 1995 & Gavett & Peaper, 2007)

How does……affect……?	*How does fading cues affect accuracy of responses?*
What does……..mean?	*What does her delay in responding to your questions/directions mean?*
What is a solution to the problem of…..?	*What is one solution to the behavioral challenges demonstrated by this client?*
What is the best ……and why?	*What is the best type/schedule of reinforcement for this client and why?*
What evidence is there to support your answer?	*What evidence is available to support this intervention approach for clients with this type of disorder?*

Question Stem

(King, 1995 & Gavett & Peaper, 2007)

Lower level questions

Address knowledge, comprehension & application

Used to determine students' knowledge

Build a foundation for higher-level thinking

Can build student confidence.

Barnum, Guyer, Levy, Wileford, et al., 2009)

Higher level questions

| Analysis | Synthesis | Evaluation | Use develops critical thinking, problem solving, & reasoning* |

*Barnum (2008) & Profetto-McGrath et al. (2004) as cited in Cook, Messick, Ramsay, & Tillard (2019)

A Preliminary Investigation in the Use of Questions by Clinical Educators When Working With First- and Final-Year Speech-Language Pathology Students

Kate J. Cook, Cheryl K. Messick, Ruth M. A. Ramsay, and Gina D. Tillarda

Break

10:15-10:30

Personality types

- http://stem.vcsu.edu/shared/MSP-grant-documents/2016-2017/Day-10-June-9/Ashley_&_Ashley_Docs/Inventories_and_Rubrics/Personality%20Inventory.pdf

Generational (Cultural) Differences

- 20 year span in history where a cohort of individuals share sociopolitical events, pop culture, and a general climate, forming a collective mindset (Kerins & Matrangola, 2014).

- Generational differences seem to be magnified with Millennial Generation (born 1980-2001), because according to Lancaster and Stillman (2010), of the last four generations, they are "the most different."

- Encouraged to voice their opinion; activities tightly monitored by parents; high self-esteem; greatly influenced by technology (sixth sense).

- Studies at the Pew Research Center indicate actual changes in neural circuitry that develop with acquisition and repetition of technological skills; because of this, they think in a "nonlinear" way.

- Another unique characteristic is their expectation of organizational and institutional accommodation.

Specific Issues

- From a survey of clinical educators in the Baltimore/DC area – 84 respondents (26% BB, 55% Gen X, 19% Millennial)

- A sample question: *The student's first step of clinical problem-solving should be to try and investigate the problem on his or her own.*

- *Responses:*

  Gen X – 72% agreed or strongly agreed

  Baby Boomer – 45% agreed or strongly agreed

Elevate your Cultural Sensitivity

- We are mentors and instructors – it's important for us to examine our own biases.

- Realize that differences are not disadvantages or negative qualities.

- Understand that we all comprehend messages through our individual filters.

- Our job is to bridge the cultural divide that affects communication.

- *Clinical feedback definition*:

   "Specific information about the comparison between a trainee's observed performance and a standard, given with the intent to improve the trainee's performance."

   (Van De Ridder, Stokking, McGaghie & ten Cate, 2008).

Types of Feedback

Appreciation: intended to validate, motivate and express thanks

Coaching: geared toward facilitating improvement or identifying a problem between giver and receiver

Evaluation: ranks the receiver against a set of standards

Something to think about…

- Over the years, the focus for clinical educators has been primarily on being the "givers" of feedback. Now, there is more of a focus on reciprocity in the supervisory process, or exchange of feedback and discussion between student and supervisor (ASHA, 2013).

- From the book, *Thanks for the Feedback: The Science and Art of Receiving Feedback Well*, by Douglas Stone and Sheila Heen: "It doesn't matter how much authority a feedback-giver has, the receivers are in control of what they do and don't let in, and whether they choose to change."

- Research has shown that we are all "wired" a specific way that affects how we receive feedback. Helping our students to understand their wiring and temperament will enable them to understand their reaction to feedback.

- They can move from a vulnerable "fixed identity" to a "growth identity."

- A growth identity allows the receiver to establish where he/she stands and how to learn and move forward.

How do we do this?

According to Stone and Heen (2014), there are specific "feedback triggers" that once we are aware of them, can help us navigate the waters of misinterpreted feedback.

↓

1) **Truth Triggers**:

A) Caused by the content of the feedback itself

B) Receiver may feel angry, deflated or even indignant.

C) Example: a student says to the supervisor that she appreciates the feedback she's getting, but it's not enough.

"I'm not getting enough feedback..."

Triggered Response by supervisor: "What do you mean? Last week, you told me I gave you too much!"

Learning/Growth Response: "I didn't want to overwhelm you. Let's talk about what is the right amount of information for you."

"You always seem like you are in a hurry..."

2) **Relationship Triggers:**

A) Caused by the person who is delivering the feedback

B) May cause the receiver to focus on "the who" instead of "the what."

C) Example: Student says, "I've been afraid to talk to you because you always seem rushed and short with me."

- *Supervisor Triggered Response*: "Well, that's not true. You should never feel that way!"

- *Supervisor Learning/Growth Response*: "I apologize if I've been short with you. Let's figure out a time that we can sit down and I can answer your questions."

Feedback

3) Identity Triggers:

A) Has nothing to do with who gives the feedback, or the feedback itself, but rather how the receiver views the outcome.

B) Feedback can be viewed as threatening.

C) Example: Student says, "A while back I shadowed another SLP who suggested a different therapy technique and I like it better."

"A while back I shadowed another SLP..."

Triggered Supervisor Response: "Well that was with her and now I'm your supervisor."

Learning/Growth Response: "That's great, tell me what she had to say. I am always interested in learning something new."

Constructive Feedback

- Descriptive rather than evaluative

- Specific rather than general

- Shares information rather than giving advice

- Considers quantity

- Determines degree of agreement from receiver

- Well-timed

- Focused on behavior rather than the individual

(Pfieffer and Jones, 1987 as cited in Hudson, 2010)

How can we do this?

Determine the purpose of the feedback (appreciation, coaching or evaluation)

Instead of saying, "that's wrong," ask for more clarification. "Tell me more," or "Tell me why you are thinking that."

An effective communication style will increase the supervisee's willingness to participate in conferences, share ideas and feelings and ultimately change clinical behaviors.

Lunch

12:00-1:00

Why is writing worth talking about?

- Writing clinical reports was one of the lowest rated performance indicators (McCarthy, 2010).

- Clear and comprehensive writing communicates vital information to allied professionals and is required by third-party payers.

- National United States Department of Education (2006) has reported concerns about the declining quality of student learning for writing skills (as cited in Plante, 2011).

- Standard V-A and B of The American Speech-Language-Hearing Association (ASHA) standards for certification include the ability to write and comprehend a variety of reports and treatment plans, as well as interpret, integrate, and synthesize information for intervention purposes (ASHA, 2014).

Our Writing List

1. Be explicit
2. Provide exemplary and poor examples
3. Discuss audience
4. Discuss common errors
5. Give specific feedback across different areas of writing
6. Allow opportunities to read your written documentation

7. Discuss why clear writing is necessary in the field

8. Provide list of preferred and non-preferred abbreviations or commonly used words

Common Errors

(Burrus & Willis, 2017)

- Spelling and typographical errors

- Wordiness

- Ambiguity

- Wrong use of abbreviations

- Use of contractions and informal language

- Redundancy

- Lack of professional terminology

- Lack of organization and sequence

- Tense errors

- Lack of objectivity

Make a top 10 writing list
of what things students
should know
to be successful in your
setting according to
your experience, preferences
and requirements.

5 minutes

Rubrics

- "A coherent set of criteria for student's work that includes descriptions of levels of performance quality on the criteria" (Brookhart, 2013, p. 2).

- Motivation is higher because the expectations are clearer (MGH Institute of Health Professions, 2018)

- Encourages students to be more independent learners and it increases metacognition (MGH of Institute of Health Professions, 2018)

- Makes assessment more objective (Plante, 2011).

- Since the student's work can be matched with a description of performance, it is effective for showing the current level and the desired level for the next assignment (Allen, 2014).

- Adapted from AAC&U's VALUE rubrics (2010).

	1-Beginning	2-Developing	3-Mature	4-Exemplary
Content Development	-Does not include required or relevant components -Includes irrelevant information -Includes inaccurate information	-Includes all required or relevant components -A few instances of irrelevant information -No inaccurate information	-Includes all required or relevant components AND uses content to develop and explore ideas through the majority of the report -No instances of irrelevant information -Paints a basic and accurate picture of the session	-Includes all required or relevant components AND uses content to develop and explore ideas through the entire report AND the report conveys the writer's understanding of clients' performance and needs - No instances of irrelevant information -Paints an accurate and whole picture of the session beyond the objective data
Analysis	-Lists data but does not adequately explain OR make appropriate recommendations	-Includes data and an incomplete attempt of analysis AND recommendations	-Synthesizes data and makes a limited analysis AND general recommendations	-Synthesizes data to reveal insightful patterns and makes thorough and specific recommendations
Use of Professional Language	-No evidence of professional language -Professional terminology is misused or impedes the meaning because of errors in usage	-Little evidence of professional language -Limited and accurate use of professional terminology	-Evidence of professional tone and discipline-specific language AND accurate use of professional terminology throughout the majority of the report	-Evidence of professional tone and discipline-specific language AND accurate use of professional terminology throughout the entire report
Control of Syntax and Mechanics	-Frequent errors in spelling or grammar (e.g. misused punctuation, incomplete sentences, etc.) -Lack of flow or organization in writing -Frequent tense shifts	-Some spelling and/or grammatical errors -Some consideration given to organization but poor flow of writing	-Very few spelling and/or grammatical errors -Consistent organization and flow of writing	-No spelling or grammatical errors -Writing exhibits sophisticated organization and flow to fluently and clearly communicate thoughts

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What categories/anchors are important for the documentation in your facility?

Is there a way you can use any aspect of rubrics in your setting?

5 minutes

Reflection

- Allows students to connect new experiences to existing knowledge & become more self-aware
(Messick, C., Gavett, E., McCready, V., Raleigh, L., & Reuler, E., 2009).

- May be implemented before & during the placement to facilitate clinical growth.

Why Reflection?

- "We do not learn from experience... we learn from reflecting on experience." (John Dewey)

- Supervised practical experiences + meta-cognitive strategies (self-reflection) =increased clinical competence (Kamhi, 1995; Moses & Shapiro, 1996 as cited in McCarthy, 2010).

- Facilitates self-assessment and behavioral change (Arrendondo & Rucinski, 1998; Brown, 2000; Saras, 1996; Schon, 1987 as cited in McCarthy, 2010).

- A positive correlation is suggested to the development of self-supervisory skills (McCarthy, 2010 based on Sara; Tyalor & Horney, 1997).

How?

Student journals:

- Electronically

- On paper

Supervisor reads:

- During tx sessions

- Prior to student meetings to discuss

Reflection Questions-Before Placement

1. What clinical skills are you most comfortable with?
2. What clinical skills are you most challenged by?
3. What practicum experiences have you had up to this point?
4. What do you find important in a supervisor? What have you appreciated that previous supervisors have done?
5. What goals do you have for yourself in this placement?

Reflection Questions-During Placement

- Is there an area you feel you should research to be better prepared for a client?

- What happened this week that has informed your future practice or shaped your professional identity?

- What clinical skills do you feel grew this week?

- What situation do you wish you had handled differently?

- Was there a situation where you were unsure what to do?

Please complete the following reflection after each session (email me):

a) 1 thing you did well/ were proud of during the session,
b) 1 thing that didn't go as planned/ you didn't feel confident about,
c) a plan for what you think you will do differently in the future to improve upon "part b",
d) rank your session "beginning", "developing", or "mature" using the rubric below.

Consider the following clinical skills in your last treatment session:

· Prepared for all aspects of treatment
· Administered all goals correctly
· Followed cuing hierarchy / cued appropriately
· Collected accurate data
· Managed time in session to accomplish tasks.
· Applied behavior management strategies successfully
· Other

Beginning	Developing	Mature
Need to work on 5+ of these clinical skills	Need to work on 3 or 4 of these clinical skills	Need to work on 1 or 2 of these clinical skills

Reflection Journals

(Brown, 2000; Manning 2003; McCarthy, 2007; Saras, 1996)

- Provide the student with a composition notebook.

- Each week have them answer the following questions:

    1. What surprised you?

    2. What was successful?

    3. What was disappointing?

    4. What was your role?

Performance Indicator Questionnaires

Should be accompanied by rationale for numbers
(McCarthy, 2010).

- PACE for School settings

https://www.asha.org/uploadedFiles/SLP-Self-Reflection-Tool.pdf

- ASHA Roles and Responsibilities Reflection Tool

https://www.asha.org/uploadedFiles/Roles-Responsibilites-Reflection-Tool.pdf

Based on a 7-minute video of a session, complete each of the following items using the rubric below:
3=Area of strength   2=Needs modification   1=Satisfactory   N/A=Not applicable

_____ Procedures are modified as necessary during the session
_____ Appropriate type of reinforcement
_____ Client behavior managed consistently in a firm, yet nonthreatening manner
_____Target behaviors modeled accurately
_____Target-specific feedback provided consistently
_____Therapy techniques appropriate for client's age/developmental level and disorder
_____Clear pre-instruction given for each target behavior
_____ Cues are provided in a consistent manner
_____ Communication style adapted to needs of the client (vocabulary, language level, age)
_____ Appropriate interpersonal skills (verbal and non-verbal)
_____ Poised, confident demeanor
_____ Appropriate pace and amount of target productions
_____Creative and appropriate therapy materials
_____Appropriate proxemics (seating arrangement)

1. What are two skills that you feel could be modified for the next session?

2. Based on this sample, identify at least two clinical strengths.

3. Based on this sample, write a personal, clinical goal to achieve by the end of the semester.

4. How have you incorporated what you have learned in your academic courses during your clinical practicum this semester?

Portions adapted from Roth and Worthington's Treatment Resource Manual for Speech-Language Pathology, 4th edition.

How can use your reflection questions in your setting?

Which questions do you like best?

5 minutes

- Should be measurable

- Should require some effort to be achieved

- Should motivate us to act, guide the action, and tell us when the action is complete (Lowry, C., 1989; Gibbons, M, 2009 as cited in Hudson)

- Written in collaboration with the student and supervisor

- Should be written

What if you do not think the student is accurately evaluating their skills?

Students must admit that they lack knowledge for certain tasks if clinical skills are to be improved. They also need to understand how this might inhibit the client's progress. (McCarthy, 2010).

Provide objective data, specific feedback or record (Robke, 2016).

Reflection can be fostered by explicit instruction in processes of analysis, synthesis, and evaluation. (McCarthy, 2007)

Ask for further rationale and examples in specific areas.

Supervisor Reflection

- Developed by ASHA Ad Hoc Committee on Supervision Training (AHCST, 2016) to help supervisors assess competencies and set goals as necessary.

- A self-rating tool designed to develop training goals to improve clinical abilities as clinical educator, preceptor, mentor, or supervisor.

Self-reflection for Cultural Competence

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

https://www.asha.org/practice/multicultural/self.htm

ASHA Self-Assessment

- Up until recently, many assumed that ASHA certification qualified you to be an effective supervisor. ASHA has been working for many years to "acknowledge and legitimize supervision as a distinct area of expertise and practice."

These questions can guide you in becoming your best self in regard to being a mentor:

- **What type of supervisor do you want to be?**

- **How would YOU like to be supervised?**

Qualities of a Good Mentor

- *Leadership* – share with the student what you feel your best leadership qualities are

- *Be available* – share with students exactly when you are available

- *Promote self-directed learning* – let them know how much "hands-on" teaching you will be doing

- *Show enthusiasm for what you do* – give them an example of something you found great joy in doing.

- *Be open-minded and creative* – share a time when you did some "out of the box" thinking

- *Assist skill development* – do you just tell, or do you show?

Qualities of a Good Mentor

- *Appreciate individual differences* – think of an example of when you encouraged someone's way of thinking

- *Display humor* – do you allow yourself to laugh about something you did that was silly or funny?

- *Show empathy/connectedness* – think of a time when you showed someone empathy and made concessions

- *Celebrate achievements* – are you willing to give a student credit for something that is a "big deal" to them, but not necessarily to you?

- *Mutual learning* – think about a time when someone really helped you when you were first starting out. Share this with your students, and let them know that learning is a lifelong process.

Paradigm Shift?

- A good mentor leads by example, and understands that in the beginning, there will be a great deal of confusion, questioning and second-guessing.

- Both you and the student can bring ideas, questions, and critical thinking to each interaction.

- Are you willing to be open to learning as much from your students as they learn from you?

- If you show them you believe in them, they will rise to the level of your expectation.

Complete ASHA Self-Assessment (AHCST)

10 minutes

The foundation of the supervisory relationship should rest upon….

- Shared power
- Mutual expectations
- Good communication

- Timely & consistent feedback
- Trust
- Safety

(Messick, Gavett, McCready, Raleigh, & Reuter, 2009)

Setting up for Success

- Supervisor may contact academic programs to learn about the student's level of training and expectations.

- Student completes the learning profile and personality type profile to share.

- Communicate expectations on both sides.

- Feedback methods identified and regular meetings tentatively scheduled.

Setting up for Success

- Provide the students with basic list of expectations.

- Provide the students with writing tips list.

- Student completes initial reflection questions and understands the responsibility of weekly reflections, if applicable.

- Provide Anderson's continuum (1988) and styles of supervision.

- May establish goals based on reflection and supervisory feedback.

- Discuss how grading/assessment will take place.

What did today's discussion make you realize that you are doing well?

Go to menti.com

What is something you would like to implement based on today's discussion?

Go to menti.com

Thank you and have a wonderful summer!!

Contact Information

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All efforts have been made to cite the respective authors appropriately. Please cite the attached reference list.

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