Effective Supervision and Learning....

Public School Internships
Sacramento State
Department of Communication Sciences and Disorders

Getting to Know Each Other........

• What's your style?....Handout

Take a look at the Clinical Self-Evaluation Forms...How would you rate yourself in these areas? Discuss.....
A reading assignment….

- ASHA (2017) Practice Portal: Clinical Education and Supervision

- ASHA (2013) Report on Knowledge, Skills, and Training Considerations for Individuals Serving as Supervisors:


- Clinical supervision is a collaborative process
- Shared responsibility for many of the activities involved in the supervisory experience
- Supervisory relationship: Requires foundation of mutual respect and effective interpersonal communication
Student Interns

• A professional in the field of speech-language pathology who is asked to be a supervisor/Master Clinician to a student clinician is required to:

• Teach
• Guide
• Evaluate

(Christodoulou, 2016)

Student Interns

• This includes directing the student through ASHA’s required knowledge, skills, guidelines, and ethical tenets as it applies to the setting.

• It also encompasses guiding the student through planning, prioritizing, organizing, developing interpersonal and interdisciplinary relationships, problem solving, and working through conflict resolution

Breen, P., & Murphy, K. (2009). Developing professionalism in our student clinicians. Perspectives on issues in Higher Education, 12, 64-68.
ASHA--Responsibilities of those who “Mentor”

- ASHA often uses the term “Mentor”
- CA Licensing board consistently uses the term “supervisor”
- Both terms apply to internship supervision

What is a Mentor?

- A mentor is a role model
- A mentor has influence that lasts beyond the term of intensive contact
- Mentors adhere to elemental standards of fairness
- Mentors uphold the ASHA code of Ethics
RPE/CF ASHA “Mentor” key duties

• Provide “meaningful” feedback
• Assist in developing independent clinical skills
• Perform ongoing evaluations in the areas of evaluation skills, treatment skills, management skills, and interaction skills

ASHA-Purpose of mentorship

Promotion of ability to:
• Integrate and apply theoretical knowledge from academic training
• Evaluate strengths and identify limitations
• Develop and refine clinical skills consistent with scope of practice
• Advance from constant supervision to independent practitioner
Internships: A roadmap to more independent practice……

   Handout: Anderson's Continuum of Supervision--


As interpreted by Newman, W., 1997-2011. *Clinical Education and the Professions:*
http://www.asha.org/academic/teach-tools/supervision.htm


Anderson’s Continuum of Supervision.................
Internships: Anderson’s Continuum of Supervision

- Stage 1: Evaluation-Feedback Stage
  - Supervisor is dominant and directive
  - Supervisee benefits from and appreciates specific input
  - Supervisor is “the lead” in terms of client planning
  - Supervisory feedback is “direct-active:” Supervisor controls and supervisee follows directions

Those with difficulty in planning, critical thinking, time management, or other areas of the therapy process may remain here for longer periods of time

- Stage 2: The Transitional Stage
  - Responsibility for case and client management begins to shift to supervisee
  - Participation in the planning, implementing, and analyzing the course of treatment for patients/clients increases
  - Transition to independence and increased responsibility and planning often creates anxiety for the supervisee
  - Supervisor may feel anxious about “giving up control” and needs to be sensitive to signs of supervisee stress
  - Supervisee becomes increasingly participatory in all aspects of case management and begins to self-analyze
  - Supervisor provides collegial mentoring in the form of additional ideas or reinforcement and may be “directive” in terms of providing “scripting” when needed, appropriate vocabulary choices (think about the voice statement needed on client reports….)
Internships: Anderson’s Continuum of Supervision

• Stage 3: The Self-Supervision Stage
  - Supervisee grows in clinical independence
  - Supervisee is better able to plan and implement therapy with less supervisory input
  - Supervisor serves in an increasingly more “collaboration and feedback” role: Listens and supports the supervisee as he/she problem solves
  - Supervisee is responsible for caseload management

Internships: Anderson’s Continuum of Supervision

• Where do most Interns fall on the continuum?
• Does the education process end with the end of on-campus clinic and coursework?
• What is your role?
The Truth Is

• Anderson's starts over again with any given clinical situation that is introduced

Master Clinicians: What are some teaching strategies that have worked for others?

Students: What are some learning strategies that have worked for others?
Internships

Combining Anderson’s model with the following ensure high quality, evidence-based supervision (Chrisodoulou, 2016):

• Evaluation
• Constructive, timely feedback
• Focus on increasing independent practice
• Self-reflection
• Monitoring

What are some tools for this?

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Internships

• Using an expectation form, or list, which itemizes expectations for each party can help with this………


• Let’s review the week-by-week timeline and Sacramento State form for internship weekly meetings
ASHA Practice Portal: SQF…For students, but relevant to RPE/CFs as well….

• The **Supervision, Questioning and Feedback (SQF) model of clinical teaching** integrates supervision, questioning and feedback into clinical learning experiences. It is designed to help the student clinician become an autonomous clinician with sound clinical reasoning (Barnum et al., 2009).

• The SQF model incorporates

  • **supervision** (S) that changes in response to the needs of the learner and the situation;
  
  • **strategic questioning** (Q) to facilitate development of clinical reasoning skills by providing a model for thinking; and
  
  • meaningful **feedback** (F) to help shape learning and skill development.

ASHA Practice Portal: SQF

• **Strategic questioning** consists of consciously adapting the timing, order, and phrasing of questions to help the student process information at increasingly more complex levels. In order of complexity, questions require recall of facts; comparison, analysis, synthesis, and application of knowledge; and the ability to evaluate information, formulate plans, infer meaning, and defend decisions (Barnum 2008).

• Three types of **feedback** can be utilized—**confirming** lets students know when knowledge and skills are being applied correctly; **corrective** lets them know when these skills are not on target; and **guiding** reinforces and advances current levels of knowledge and skills (Barnum & Guyer, 2015).

• Specific **questioning** and **feedback** techniques depend on the clinical situation—the student clinician, the task he or she is trying to complete, the urgency with which the task must be completed, and the consequences for the patient/student/client and for the student clinician (Barnum & Guyer, 2015).
Don’t wait for the midterm and final competencies……..Set aside a time to meet weekly!

• Review the Personal Objectives Sheet from the Handbook!
• Revise listed objective list jointly
• Discuss week’s instances of SQF

Master Clinicians: What are some teaching strategies that have worked for others?

Students: What are some learning strategies that have worked for others?
"Good Teaching" and "Learning" Strategies for Clinical Instruction

Bloom’s

BLOOM, B. (1956). TAXONOMY OF EDUCATIONAL OBJECTIVES: THE CLASSIFICATION OF EDUCATIONAL GOALS. LONGMANS, GREEN; NEW YORK, NY

- Knowledge-Retention of discrete pieces of information
- Comprehension-paraphrasing, classifying into groups, comparing and contrasting
- Application-Using knowledge in new situations
- Analysis-Critical thinking, such as distinguishing between fact and opinion and identifying the claims upon which an argument is built
- Synthesis-Creating a novel product in a specific situation
- Evaluation-Critical thinking, such as reflecting on a situation to judge its merit
Revised Bloom’s

• Remembering—Recalling previously learned information
• Understanding—Comprehending the meaning/Stating in own words
• Applying—Using a concept in a new situation/applies what was learned in the classroom in new situations
• Analyzing—separates material or concepts into components to understand organizational structure/distinguishes between facts and inferences
• Evaluating—make judgments about the value of ideas or materials
• Creating—Builds a structure or pattern from diverse elements/ put parts together to form a whole with emphasis on creating a new meaning or structure

Benefits of Bloom’s-Based Instruction to our Interns (Adams 2015)

• Encourages instructors to think about what the learner can “do”
• Highlights the need for learning objectives that require higher cognitive skills that lead to deep learning and transfer of knowledge and skills to other tasks and contexts
Bloom’s for Adult Learners?


• While we often think of Bloom’s as being part of early elementary education, research has shown it’s benefits to adult learners

• A recent study used case studies based on the revised Bloom’s taxonomy in teaching an undergraduate internet for business class. The results showed that knowledge application created a positive impact on higher order thinking. The implication was that cognitive process is enhanced by using case studies where learning activities are designed based on the revised Blooms’ Taxonomy.

Activity

• In your clinical team, use Bloom’s Taxonomy to come up with a plan leading to student mastery of the retroflex therapy method for articulation of the /r/ phoneme…..
Good Teaching: Madeline Hunter’s Teaching Methods


- **ANTICIPATORY SET** is an introduction: it elicits attending behavior and a mental readiness for the lesson. The activity must focus students’ attention, provide brief practice on previously achieved learning, and develop a readiness for instruction that will follow.

- **PURPOSE/OBJECTIVE**: communicate to the students what they will be able to do by the end of the instruction. Explain why the accomplishment of this is important in life.

- **INPUT**: tell the students exactly what they will need to do…step it out.

- **MODEL**: provide an example of a finished product and steps for how you got there.

- **GUIDED PRACTICE**: supply your students with materials for what to do in the unit and you and your aid walk around checking on their progress.

- **CHECK FOR UNDERSTANDING**: ask specific questions about what you just taught and have them show that they understand what they are to do through thumbs up, answering yes/no, nodding yes/no, or answering specific questions you ask them.

- **INDEPENDENT PRACTICE**: includes independent practice in class without the availability of the teacher.

- **CLOSURE**: summarize attributes of concepts taught/activity completed.

Madeline Hunter for Adult Learners?


- Results showed a double-digit improvement in student achievement when a Madeline Hunter Direct Instruction Model was as an approach to improve student learning through course-embedded assessment and compared to more traditional college teaching methods.

- The method offers a viable tool for use in such settings.
Video Activity

• After watching this video, identify which of Madeline Hunter’s Teaching Methods this SLP is demonstrating for her SLPA.

• Then, with a partner, come up with a plan for each step in Madeline Hunter’s hierarchy required to move the SLPA to “closure” or “mastery.”

• [https://youtu.be/hL13OkveDo0](https://youtu.be/hL13OkveDo0)

Activity

• In your clinical team, use Bloom’s Taxonomy to come up with a plan leading to student mastery of the retroflex therapy method for articulation of the /r/ phoneme…..
Group Activity

• Let’s review the Internship Handbook…….