NMSU Clinical Educator Workshop 2013

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Introducing Our Speakers

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Clinical Educator

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NMSU Coordinator of Clinical Education
College Assistant Professor
Models of Clinical Education/Supervision Practices

- Traditional
- Relational and Reflective

Traditional Supervision Practices

- Traditional role of supervisor is to transform behavior of supervisee
  - Attention to deficits of supervisee
  - Supervisees focus on their clinical struggles
  - Entry-level supervisees seem uncomfortable and skeptical when receiving positive feedback
  - At early stages supervisees believe supervisor has right or 'correct' answer and is withholding it.

Traditional Supervision Practices

- Clinical supervisors are often described as active, directive, didactic, dominant, controlling, and informative.
- Supervisees are often characterized as passive recipients of supervisor’s knowledge, direction, and experience.
Traditional versus Relational and Reflective Supervision Practices

- Traditional
  - Supervisor’s perceptions of a supervisee’s performance may also be lacking in developmental thinking
  - Based on adult cognitive learning theories, there are many clinical skills that simply await later development
  - Supervisors need to meet at supervisees developmental level rather than at some preconceived (or abstract) idea of what the supervisee should do or know.
  - With development theory supervisors can move from “need to teach everything about their chosen field before the end of the semester”

Stories

- “I feel that my supervisor and I did not acknowledge and honor our different assumptions, beliefs, and values, nor did we explore how these factors informed the way that we conceptualized clients”
  (Hird, Cavaliere, Dulko, & Felice, 2001, p. 118)

- “One dynamic that I have recognized within my own supervision has been one of dominance-subordination. I believe it can become especially critical in multicultural relationships in which the supervisor is from a minority background”
  (Hird et al., 2001, p. 120)

Shifting view to SUPERVISORY RELATIONSHIPS
(Geller & Folley, 2009)

- The content of clinical supervision usually centers on linguistic, cognitive, and behavioral knowledge and learning theories.
- Supervisory experiences are multilayered, including cognitive and affective behaviors in addition to technical aspects.

Relational and Reflective Supervision Practices

The proposed model emphasizes the integration of:

- Analytical
- Technical
- Theoretical
- Intrapersonal
- Subjective
- Affective principles
"Ports of Entry"
Relational and Reflective Supervision Practices

- Working from outside in - the goal is to change, or modify, the overt patterns of behavior, knowledge, and skills of the supervisee.

- Working from inside out - the goal is to understand the covert, internal processes and affective states of the supervisee.

Traditional versus
Relational and Reflective Supervision Practices

- Traditionally – work with cognitive constructs such as goals, procedures and best practice
- New – Focus on broader issues to affect clinical change and growth such as interpersonal dimensions of “interpersonal relationships” in three stages:
  I  SELF
  II  Client
  III  Client plus Self

Entry-Level Supervisee: Last week, I was really tired, and I felt like I was cheating him (young child on the autistic spectrum). Yeah, I had feelings of guilt. I don’t know if I should bring this up [hesitates], but I have vocal nodules, and I have problems saying certain things with my voice, and I was really hoarse, and I felt frozen.

Supervisor: So now, let me be sure that I am hearing this correctly: He was not engaged, you were feeling guilty, and you were worrying about your voice. There is a lot going on here.

Entry-Level Supervisee: I am really trying, and I don’t know the right thing to...

Supervisor: Let’s talk about what happens as you are getting frozen and about how hard it is for us to engage him.

Entry-Level Supervisee: I am trying to play with him, but it’s obviously not working. And I want to be so good at this.

Supervisor: Maybe you can be a little kinder to yourself. It’s really so hard. And I feel frustrated too. We have those few moments that are great, and then he is disengaged.
Therapeutic Alliances

- Investment in the other person
- Earned confidence and trust
- Use of empathy
- Mutually developed goals.

Traditional versus Relational and Reflective Supervision Practices

- **Transference-Countertransference**
  - For example, an entry-level supervisee reports that her client is “negative, oppositional, and angry” and refuses to do the planned goals. The child says, “I hate you,” and the supervisee responds, “You’re hurting my feelings” and “You should not talk to adults in that way.”

- **Self Other Awareness**
  - Developmental unfolding of a supervisee’s movement from an almost singular focus on self (Level I) to a focus on the client (Level II) and finally to simultaneous attention to self plus client (Level III).

- **Reflective Practice**
  - For example, the supervisee who reports that the client “hates her” reacted to the child by reprimanding him. With reflective practice, the supervisee learns to hold her reactions, understand them in relationship to the child as well as her own past history, and then make an attuned response to the client.

- **Use of Self**
  - **First**, develop mindsight
  - **Second**, distinguish between background and foreground questions (or comments)
  - **Third**, notice and pay attention to physiological sensations during moment-to-moment interactions as clues to transference or countertransference feelings
Facilitating Healthy Student and Clinical Educator Relationships
Linda Spencer, PhD CCC-slp
Program Director, Assistant Professor
NAMSU

Acknowledgement

- Some information for this presentation was derived and adapted from the Council For Academic Programs in Communication Disorders (CAPCSD) conference, 2013, presentation by Chelsea Franzlubbers and Rene Uitantski
- Some information was taken from ASHA
  - http://www.asha.org/academic/teach-tools/ supervision.htm

Clinical Educator vs "Supervisor"

- The term “Clinical Educator” is more descriptive of what is taking place in the relationship
- Term is more ACTIVE
- The CE role is to facilitate a student’s development and skill set such that they can gain and use the experience they acquire in working with one client and apply this to subsequent clients

“Mentoring”

- Term originates from the story “The Odyssey”
  - King Odysseus calls his trusted friend named Mentor to act as a guide and advisor for his son
- Also Latin Origin ‘mens’ pertaining to or of the mind
- Modern meaning “A person who dedicates their time to help individuals learn during their developmental years to progress toward and achieve their identity”

Goop, N. (2011) Mentoring and Supervision in Healthcare
Sage Publications, Coventry, UK
Why we need mentors

- Guidance and support
- To structure working environment
- To provide constructive, honest feedback
- Role model
- Encouragement
- To build confidence
- To assess competence

Gopee, N. (2011) Mentoring and Supervision in Healthcare
Sage Publications, Coventry, UK.

Tasks and Skills that Facilitate an Effective Relationship between CE and Students (from ASHA)

- Be sensitive to the power differential between you and the student
- Create an atmosphere that supports learning
  - The student should feel comfortable presenting thoughts and ideas about their clinical challenges
  - Be cautious and balance “support” with “friendship”
- You are an “Educator” and you have to balance your ability to evaluate the student with your relationship valence

Tasks and Skills that Facilitate an Effective Relationship between CE and Students (from ASHA)

- Try to teach the student that your “evaluation” of their performance is independent of your clinical relationship with them
- Strive for a balance of a “friendly” relationship that is based in mutual respect
  - Let the student know you respect their efforts
- Maintain an open and ongoing communication stream with the student

What type of environment does your clinical teaching style establish?

<table>
<thead>
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<th>Empowering</th>
<th>Authoritative</th>
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<tbody>
<tr>
<td>Illustrative</td>
<td>Sanctions</td>
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<tr>
<td>Thought provoking</td>
<td>Prescriptive</td>
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<td>Inspiring</td>
<td>Stifling</td>
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<td>Apathetic</td>
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<tr>
<td>Forward Moving</td>
<td>Dwelling on past mistakes</td>
</tr>
<tr>
<td>Creative</td>
<td>Black and White</td>
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Four Processes of Learning

1. Observation of skill
2. Mental retention
3. Reproduction of the skill
4. Reinforcement and adoption

Four Processes of Learning

- Observation of skilled performance
  - Modeling stimulus
  - Observed behavior is useful
  - Observer becomes aware of the skill needed
  - Observer becomes eager to learn the skill
  - Observer recalls positive reinforcement for previous learning
- Mental retention of the skill
  - Step-by-step performance of the skill becomes assimilated
  - Mental rehearsal of modeled behavior


Four Processes of Learning

- Mental reproduction of the skill
  - Observer carries out observed behavior or skill
  - Self-evaluates performance
- Reinforcement and adoption
  - Behavior is reinforced by external reward (praise, self- affirmation)
  - Behavior is adopted


Clinician Self-Evaluative Process

Open-Ended
- What went well?
- What surprised you?
- What was disappointing?
- What is my role in the above?
- How can I change?

Ratings
- Rate your performance on a 1 to 5 scale. 5 = strongly agree; 1 = strongly disagree;
  - Plan was effective
  - Used materials creatively
  - Cued appropriately
  - Modeled appropriately
  - (see handout)

**SOAP Quiz**

**Liquid Soap**
- A “go getter”
- Lives to work
- Every busy
- Constantly in motion

**Foaming Soap**
- Bubbly, happy, amiable
- Humorous
- Soft hearted & empathetic
- Laughs often
- Doesn’t take life too seriously

**Characteristics that Enable Learning**
- Role Model
- Energizer
- Emancipator
- Instructer
- Supporter
- Standard Provider
- Teacher-Coach
- Feedback-giver
- Eye-opener
- Door-opener
- Ideas-hunter
- Problem Solver
- Career Counsellor
- Challenger

**!! Activity!!**
- Consider characteristics of “supporter” and “challenger”
- What are learning situations which would need a high level of support? ...low level?
- What are learning situations that would need a high level of challenge? ...low level?
Bar of Soap

- Conformist
- Enjoys a simplistic way of life
- A “let’s go with the flow” attitude

Powdered Soap

- Lovable, but a little flakey
- Procrastinates
- Appears to be disorganized, but always pulls things together
- Forgetful

Waterless

- Level headed and practical
- A stickler for rules
- Sees things in black and white only

ASHA KASA 2014
KASA 2005 vs. KASA 2014

KASA 2014
- Standard V-A:
  - The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
- Standard IV-B
  - The applicant must possess skill in oral and written or other forms of communication sufficient for entry into professional practice.

KASA 2005
• Standard V-A:
• The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
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KASA 2014 - Implications for the Clinical Educator

Evaluation
- Conduct screening and prevention procedures (including prevention activities)
- Collect case history information and integrate information from client/patients, family, caregivers, teachers and relevant others including other professionals
- Select and administer appropriate evaluation procedures, such as behavioral observations, non-standardized and standardized tests, and instrumental procedures
- Adapt evaluation procedures to meet client/patient needs
- Interpret, integrate

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KASA 2014 - Implications for the Clinical Educator

Evaluation
- Interpret, integrate and synthesize all information to develop diagnoses and make appropriate recommendations for intervention
- Complete administrative reporting functions necessary to support evaluation
- Refer clients/patients for appropriate services.

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KASA 2014 - Implications for the Clinical Educator

Intervention
- Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients/patients’ needs. Collaborate with clients/patients and relevant others in the planning process.
- Implement intervention plans (involve clients/patients and relevant others in the intervention process)
- Select or develop and use appropriate materials and instrumentation for prevention and intervention.
- Measure and evaluate clients/patients’ performance and progress.
Intervention

- Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process.
- Implement intervention plans (involve clients/patients and relevant others in the intervention process)
- Select or develop and use appropriate materials and instrumentation for prevention and intervention.
- Measure and evaluate clients'/patients' performance and progress.

KASA 2014 Implications for the Clinical Educator

Intervention

- Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients
- Complete administrative functions necessary to support intervention
- Identify and refer clients/patients for services as appropriate

KASA 2014 Implications for the Clinical Educator

Interaction & Personal Qualities

- Communicate effectively, recognizing the needs, values, preferred mode of communication and cultural/linguistic background of the client/patient, family, caregivers, and relevant others.
- Collaborate with other professionals in case management
- Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.
- Adhere to ASHA code of Ethics of behave professionally.
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**KASA 2014-**

**Implications for the Clinical Educator**

**Changes**

- 2005 Standard IV is now 2014 Standard V-B-G
- New verbiage indicating demonstrated acquisition of knowledge
- Implementation language has been expanded to cover credentials of supervisors (CCC) [2005 Standard IV-E], work settings, and patient populations [2005 Standard IV-F].
- Implementation language referring to how skills may be developed/demonstrated retained. Variety of experiences.

**CFCC Standards for Certification in Speech-Language Pathology Comparison July 2012**

**Implementing**

- Direct client/patient contact in
  - Clinical experiences
  - Academic coursework
  - Labs
  - Simulations
  - Completion of independent projects
- Variety of supervised clinical experiences varying in populations/settings

**CFCC Standards for Certification in Speech-Language Pathology Comparison July 2012**

**Supervised clinical Experience Defined**

- Clinical services (assessment/diagnosis/evaluation, screening, treatment, report writing, family/client consultation and/or counseling) related to the management of populations that fit within the ASHA Scope of Practice in Speech-Language Pathology.
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KASA 2014 -

Implications for the Clinical Educator

How to Quantify “Demonstration of Skills/Knowledge? Questions?

NMSU Policies

NMSU Externship Attendance Policies

- Excused absences (no permission)
  1) Illness
  2) Family emergency
  3) Medical emergency
- Exculating Circumstances
  - Granted by CE, CE Coordinator, Program Director
  - Dates documented on the externship calendar
- All other absences unexcused-lower grade collaboration with CE/Coordinator of Clinical Ed.
- Tardiness

NMSU Externship Grading Policies

- Midterm grades due by 10-08-13
- Final grades due by 12-6-13
- Grades lower than 3.0 (B)
- Grades in CALIPSO Levels and .25 values
- Using the notes section
ASL/SLA NMSU Policies

- Students are encouraged to not work as ASL/SLAs during the first semester of graduate school.
- Students are encouraged to work no more than 10 hours a week including documentation/travel.
- Graduates who desire to work as ASL/SLAs are required to join ASHA as an “Associate Member”.
- Associate Member form requires signatures from applicant, agreeing Clinical Educator, as well as Program Director.
  - Fee of $75.00
  - http://www.asha.org/Members/Associate-Affiliation

Benefits of the ASHA Associate

- Networking opportunities
- Affinity benefits
- Consultation with ASHA professional practices staff
- Opportunities to participate in advocacy efforts
- Participation in mentoring programs
- Reduced registration fees for education programs/products

Benefits of the ASHA Associate

- Access to online Career Center
- Subscription to ASHA Leader access to ALO
- Subscription to e-newsletter for assistants
  - Access to journals

ASL/SLA Clockhours

- 50 hours
  - Requires approval from Department Head and Coordinator of Clinical Education

Other requirements include:
  - Affiliation
  - Letter of Supervision/CE
Graduate Clinicians vs. SLA/ASLs

**ASL**
1. Screenings
2. Treatment planned by SLP
3. Written daily plans as directed by SLP
4. Record data and report to SLP
5. DOES NOT INTERPRET DATA to teachers/family. Can report data.
6. Assist in difficult assessments
7. Clerical duties
8. Participate in research, training, PR

**Graduate Clinician**
Under direction of CE:
1. Administer & interpret Dx tests
2. Treats/analyzes performance under supervision
3. Selects/discharges under CE direction
4. Compose/sign Dx reports
5. Provide counseling
6. Develop goals / Rx plans
7. Share information under HIPPA
8. Refer clients to other professionals
9. Conduct research

TO BE, OR NOT TO BE.......

TO BE.......

Conducting speech-language & hearing screenings

NOT TO BE.......

Administering diagnostic tests...
TO BE........
Conduct treatment/procedures planned by the Clinical Educator & assist with difficult evaluations.

NOT TO BE........
Interpreting treatment/diagnostic data, or exiting (discharging) patients or administer diagnostic tests...

TO BE........
Prepare written daily plans based on the program selected by CE

NOT TO BE........
Treat patients/clients without following the treatment plan, or modify the plan without CE direction....
TO BE........
Record and chart data, reporting information to the CE, also teachers & family

NOT TO BE........
Interpret clinical data, provide impressions, disclose confidential information, provide counseling or make

TO BE........
Perform clerical duties and participate in research, trainings and or public relations programs.

NOT TO BE........
Sign formal documentation without CE signature, or represent his/herself as a SLP
EMPOWERMENT

• THANK YOU ALL FOR COMING!!!