

# GETTING READY TO SUPERVISE – WHAT YOU NEED TO KNOW!

PRESENTED BY:

SHELLIE BADER, M.A., CCC SLP  
REGIONAL DIRECTOR, EBS HEALTHCARE

---

---

---

---

---

---

---

---

1

## Disclosure

Financial disclosure - None

Non-financial disclosure

- ASHA member
- Member of STAR (State Advocate for Reimbursement) network – ASHA liaison
- CSHA Volunteer

---

---

---

---

---

---

---

---

2

## LEARNING OUTCOMES

- Describe the ASHA guidelines and Code of Ethics as they relate to supervision and mentoring of CFs, student interns and SLPAs
- Define, compare and analyze the conditions for supervision, training and mentoring
- Discuss 21<sup>st</sup> century influences on supervision/mentoring and other characteristics that influence our ability to be effective supervisors and mentors

---

---

---

---

---

---

---

---

3

**ASHA on Supervision**

---

BEST PRACTICE FOR ALL SUPERVISORY EXPERIENCES  
ASHA CODE OF ETHICS

4

---

---

---

---

---

---


---

---

**Best Practice for ALL Supervisory Experiences**

---

11 Knowledge and Skills Needed by Supervisors (ASHA 2008)  
ASHA Committee on Supervision Training - May 2016  
ASHA Code of Ethics



5

---

---

---

---

---

---

---

---

**Knowledge & Skills Needed by SLP Providing Clinical Supervision (ASHA, 2008)**

---

ASHA's Position Statement on Supervision includes 11 essential core areas of knowledge and skills.

1. Preparation for the Supervisory Experience
2. Interpersonal Communication and the Supervisor-Supervisee Relationship
3. Development of the Supervisee's Critical Thinking and Problem-Solving Skills
4. Development of the Supervisee's Clinical Competence in Assessment
5. Development of the Supervisee's Clinical Competence in Intervention

6

---

---

---

---

---

---

---

---

### ASHA's Knowledge and Skills for Supervision (continued)

- 6. Supervisory Conferences or Meetings of Clinical Teaching Teams
- 7. Evaluating the Growth of the Supervisee Both as a Clinician and as a Professional
- 8. Diversity (Ability, Race, Ethnicity, Gender, Age, Culture, Language, Class, Experience, and Education)
- 9. The Development and Maintenance of Clinical and Supervisory Documentation
- 10. Ethical, Regulatory, and Legal Requirements
- 11. Principles of Mentoring

---

---

---

---

---

---

---

---

7

Consider the 11 Skill Areas: In which areas do you want to grow?

---

---

---

---

---

---

---

---

8

### ASHA Committee on Supervision Training May 2016

The Committee identified 5 broad topics that would be the basis of training for SLP supervisors:

- Supervisory Process and Clinical Education
- Relationship Development and Communication Skills
- Establishment/Implementation of Goals
- Analysis and Evaluation
- Clinical and Performance Decisions

The Committee also identified specific knowledge and skills needed to supervise support personnel and others

<http://www.asha.org/uploadedFiles/Topics-for-Supervision-Training.pdf>

---

---

---

---

---

---

---

---

9

### Hot of the Press – New ASHA Mentor Regulations Beginning in 2020!

Clinical supervisors and Clinical Fellowship mentors will have to have a minimum of

- Nine months practice experience post-certification before serving as a supervisor
- Two hours of professional development in the area of supervision post-certification
- CEUs available now – <https://www.asha.org/professional-development/supervision-courses/>

---

---

---

---

---

---

---

---

10

### Ethical Obligations for Supervisors

ASHA's Code of Ethics provides a framework for ethical behavior of supervisors

**Principle of Ethics I - Client welfare must always be held paramount**

- Supervisor must provide appropriate supervision and **adjust the amount and type** of supervision based on the supervisee's performance
- Supervisor ensures that the supervisee fulfills professional responsibilities
  - Maintaining confidentiality
  - Documenting in an accurate and timely manner
  - Completing other professional activities
- Supervisor has an obligation to **inform the client** of the name and credentials of individuals involved in their treatment

---

---

---

---

---

---

---

---

11

### More ASHA Ethical Obligations

**Principle of Ethics II** addresses issues of **professional competence**

- Professionals should only engage in those aspects of the profession that are within their scope of competence
- **Supervisors should seek training in the area of effective supervisory practices** to develop their competence in this area
- **Supervisors also have the responsibility to ensure that client services are provided competently** by supervisees whether they are students, clinical fellows, or practicing clinicians
- Treatment delegated to clinical fellows, students, and other nonprofessionals must be supervised by a certified speech-language pathologist

---

---

---

---

---

---

---

---

12

### What would you do?

You supervise someone (a CF or SLPA) who works part time in a school district and then also works in a private clinic after school hours. In the clinic, she is assigned a client who happens to also be on her caseload at her school. Services in the clinic are being funded by the family's health insurance. The family is thrilled because they have been pleased with her services. The clinic manager has told her it is fine to see the child since services are not being paid by the district. The therapist and her school district lead SLP wonder if this would be considered is a conflict of interest.

---

---

---

---

---

---

---

---

13

### Definitions

SUPERVISION / COACHING/ MENTORING / TRAINING  
THE SUPERVISION CONTINUUM

---

---

---

---

---

---

---

---

14

### Supervision

ASHA defines the supervisory process

- Supervision can be broadly defined as overseeing and directing the work of others. However, *clinical supervisors do more than oversee the work of the student clinician.* They teach specific skills, clarify concepts, assist with critical thinking, conduct performance evaluations, mentor, advise, and model professional behavior (Council of Academic Programs in Communication Sciences and Disorders [CAPCSD], 2013).
- In regards to CFs, ASHA primarily uses the term "supervision" in the context of defining the required direct supervisory hours. Otherwise, ASHA now uses the term "**CF Mentor**" rather than CF Supervisor.
- For SLPA Supervisors, ASHA states that, "The supervising SLP is responsible for designing and implementing a supervisory plan that ensures the highest standard of quality care. ...The **amount and type of supervision** required should be consistent with the skills and experience of the SLPA...Treatment ...remains the responsibility of the supervisor."

---

---

---

---

---

---

---

---

15

## Coaching and Mentoring

Coaching - Merriam-Webster definition: instructing or training

Mentoring – Merriam-Webster definition: providing trusted guidance and counseling

ASHA discusses the critical importance of the unique skills of coaching and mentoring...

*...and that most of us have never learned how to be an effective mentor or coach!*

16

---

---

---

---

---

---

---

---

## Mentoring and Coaching Skills

Information for Clinical Fellowship (CF) Mentoring SLPs

<http://www.asha.org/Certification/CFSupervisors/>

As a mentor, your primary role is to provide guidance and support to your mentee based on his or her unique developmental needs. At different points in the relationship, you will take on some or all of the following roles:

- Coach/Advisor
- Source of Encouragement/Support
- Resource Person
- Champion
- Devil's Advocate

17

---

---

---

---

---

---

---

---

## Who do we Supervise? Who do we Mentor?

Speech Language Pathology Assistants

Clinical Fellows

Students, Paraprofessionals and Other Professionals

*Do we differentiate for different situations and people?*



18

---

---

---

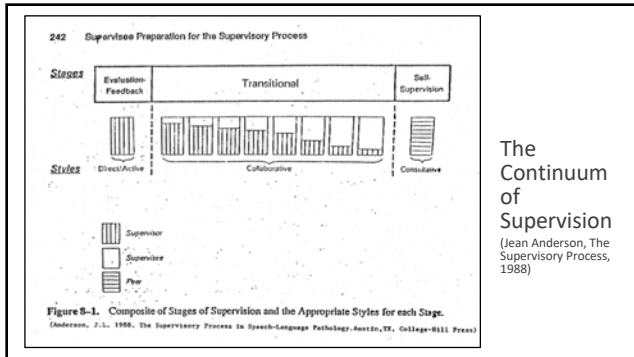
---

---

---

---

---




---

---

---

---

---

---

---

---

19

### Evaluation Feedback Stage

---

Supervisor/Mentor has dominant role

What type of person is seen in this stage?

- beginning grad student, SLPA or CF
- clinician who is new to a role or caseload
- someone unprepared or overwhelmed

---

---

---

---

---

---

---

---

20

### Transitional Stage

---

We begin to view the clinician as a participant

They can begin to make some decisions

No longer totally dependent and growing

- feels/behaves as though competent and knowledgeable

What type of person is seen here?

- Someone who is learning to analyze the clinical sessions & her/his own behavior

---

---

---

---

---

---

---

---

21

### Self-Supervision Stage

Clinician has become as an independent problem solver  
Relationship becomes more of a peer interaction

**What type of mentee is seen here?**

- A CF late in the experience who is primarily functioning independently and acts within boundaries of expertise
- Someone who can analyze sessions as well as clinical and professional behavior
- Grad students and SLPAs may have some occasions to function at this stage

---

---

---

---

---

---

---

---

22

What kinds of activities are you supporting?




---

---

---

---

---

---

---

---

23

Have you checked in on **all** these activities?

- Lesson planning and materials
- Therapeutic intervention skills
- Assessment and report writing
- Documentation
- Other workload responsibilities
  - Paperwork specific to the employer
  - Managing Schedules
  - Ethical decisions
  - Parent, teacher and community interactions and consultation

---

---

---

---

---

---

---

---

24






## Supervision and Mentoring Roles and Responsibilities

CLINICAL FELLOWS  
STUDENT INTERNS  
SPEECH LANGUAGE PATHOLOGY ASSISTANTS

25

---

---

---

---

---

---

---

---

© 2012 Kevin Spear kevin@kevinspear.com www.kevinspear.com



K.Spear

"I'd like to mentor you. We can start by you getting me some coffee."

26

---

---

---

---

---

---

---

---

## Get Organized and Prepared

- Get to know your new CF, SLPA or student intern
- Knowledge and Skills Checklist
- Establish informal goals for the supervisory/ mentoring period
- Refer to goals periodically to assure progress and update as needed

27

---

---

---

---

---

---

---

---

# Clinical Fellows

ASHA defines the Clinical Fellowship Experience  
Clinical Fellow Mentorship Roles and Responsibilities  
CF Skills Inventory

28

---

---

---

---

---

---

---

---

## What does "Clinical Fellowship" mean?

A transition period between being a student and being an independent provider of speech and language services

A mentored professional experience after completion of academic coursework

<http://www.asha.org/certification/Clinical-Fellowship/>

29

---

---

---

---

---

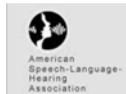
---

---

---

## Roles and Responsibilities of the Mentor

- Maintain CCCs and state licensure
- Fulfill minimum supervision hours (full time)
  - 6 hours direct support during each third of CF segment
    - (Each segment is 3 months for a full time therapist)
  - 6 hours of indirect support during each of CF segment



30

---

---

---

---

---

---

---

---

### State Licensure Requirements

Be sure to become familiar with your state licensure requirements for first year SLPs, including timelines, responsibilities and commitments of both the new SLP and the supervisor, as well as documentation.

Visit ASHA's website for specifics for each state!

<https://www.asha.org/advocacy/state/>

---

---

---

---

---

---

---

---

31

### Provide meaningful mentoring and feedback

Perform ongoing collaborative evaluation (*Clinical Fellowship Skills Inventory*)

Complete and submit *Clinical Fellowship Report and Rating Form* within 4 weeks of completion of clinical fellowship year

<http://www.asha.org/uploadedFiles/CFSISIP.pdf>

<http://www.asha.org/uploadedFiles/SLP-CF-Report-Rating-Form.pdf>

---

---

---

---

---

---

---

---

32

### Clinical Fellow Critical Skills Inventory and Rating Form

#### 18 SKILLS IN FOUR AREAS

Ranked at the end of each segment

- Evaluation
- Treatment
- Management
- Interaction

#### RATING FORM 1 – 5

Considering the following factors:

- Accuracy
- Consistency
- Independence
- Supervisory Guidance

*An interactive collaborative process between the Clinical Fellow and Mentor  
How will you collaborate when completing this evaluation?*

---

---

---

---

---

---

---

---

33

# Student Clinicians

ASHA SUPERVISOR REQUIREMENTS  
FIRST TIME SUPERVISORS OF STUDENTS  
TIPS FOR WORKING WITH STUDENTS

34

---

---

---

---

---

---

---

---

## Supervising Student Clinicians - ASHA

- Current ASHA CCC's (no minimum number of years!)
- Direct supervision 25% for each client  
*"The amount of supervision must be appropriate to the student's level of knowledge, experience, and competence. Supervision must be sufficient to ensure the welfare of the client/patient."*

35

---

---

---

---

---

---

---

---

## Tips for First-Time Supervisors of Student Clinicians



- Obtain necessary approvals from your facility and from EBS
- Work with the EBS Leadership to attain knowledge of your responsibilities as a supervisor, according to the agreement between your facility, the university and EBS
- Make sure you have an appropriate office or treatment space that will be available to the graduate student

36

---

---

---

---

---

---

---

---

### More Tips for Student Supervision

- Communicate with your worksite about their requirements and orientation process for graduate students
  - ID badges, background checks, other paperwork to complete?
  - What facility-wide orientation needs to be done in advance?
  - What is expected on the first day?
  - What kind of department orientation do graduate students receive?
- Complete any necessary paperwork verifying your professional credentials
- EBS will work with you to assure all of these requirements are met at your site




---

---

---

---

---

---

---

---

37

### More Tips for Student Supervision

- Clarify expectations about the amount of time the student will spend at your site (e.g., number of days a week, number of hours, number of weeks)
- Contact the university placement coordinator to ask questions about communication between you and the university program once the graduate student is placed, including:
  - type and frequency of contact
  - number of site visits by university coordinator
  - systems for addressing any problems
  - benchmarks and assessment for student progress




---

---

---

---

---

---

---

---

38

## Supervising SLPAs

ASHA SCOPE OF PRACTICE, ETHICS AND SLPA REQUIREMENTS  
 GUIDELINES FOR SUPERVISION  
 WHAT CAN SLPAS DO? WHAT CAN'T THEY DO?

---

---

---

---

---

---

---

---

39

## ASHA and SLPAs Today

The SLPA Scope of Practice was published in 2013

- <http://www.asha.org/policy/SP2013-00337/>

ASHA's support of the SLPAs is improving each year, in recognition of the vital role SLPAs play in the field

- Associates Program – ASHA Membership for SLPAs
- In the ASHA's 2017 Policy Agenda, ASHA supports the adoption of model licensing language and the implementation of a service continuum that defines the credentials and competency requirements for SLPAs
- <http://www.asha.org/associates/>

40

---

---

---

---

---

---

---

---

## ASHA Recommended Minimum Qualifications

"The SLPA must complete an approved course of academic study, field work under the supervision of an ASHA-certified and/or licensed SLP, and on-the-job training specific to SLPA responsibilities and workplace behaviors."

The academic course of study must include or be equivalent to:

- an associate's degree in an SLPA program **or**
- a bachelor's degree in a speech-language pathology or communication disorders program

and

- successful completion of a minimum of one hundred (100) hours of supervised field work experience **or**
- its clinical experience equivalent and demonstration of competency in the skills required of an SLPA

41

---

---

---

---

---

---

---

---

## ASHA Code of Ethics

- Revised in 2014 to include guidance for SLPAs and their supervisors
- SLP supervisor is responsible for ensuring ethical conduct of the SLPA
- It is imperative that an ASHA-certified SLP appropriately supervise the SLPA, because the supervising SLP retains full legal and ethical responsibility for students, patients, and clients served by the SLPA.

<http://www.asha.org/Practice/ethics/Speech-Language-Pathology-Assistants/>

42

---

---

---

---

---

---

---

---

### ASHA advises

Appropriate training and supervision of SLPAs is to be provided by SLPs who hold ASHA's Certificate of Clinical Competence (CCC) in Speech-Language Pathology

Activities may be assigned only *at the discretion of the supervising SLP* and should be constrained by the *Scope of Practice* for SLPAs (CA regulations are aligned with ASHA)

The best interest and *protection of the consumer* should be paramount at all times

The purpose of the SLPA should not be to increase or reduce the caseload size for SLPs, but rather to assist SLPs in *managing their existing caseloads*

SLPAs should *not have full responsibilities* for a caseload or function autonomously

SLPs must *inform consumers* when services are provided by support personnel

(ASHA 2013)

---

---

---

---

---

---

---

---

43

### ASHA's Guidelines for the SLP's Qualifications and Responsibilities for Supervising SLPAs

- Current ASHA CCC + 2 years of experience
- 10 hours of CEs in supervision prior to or concurrent with the first supervision experience
- 20% direct support for the first 90 days and then support for every client at least every 60 days
- 100% direct support for medically fragile clients
- No more than 2 full time SLPAs per supervisor

---

---

---

---

---

---

---

---

44

### SLPA Scope of Practice

- Definition: The range of responsibility (e.g., type of patients or caseload and practice guidelines that determine the boundaries within which a physician, or other professional, practices) (*McGraw-Hill Concise Dictionary of Modern Medicine*)
- SLPA scope of practice is defined by ASHA and by individual states
- Stepping outside of the scope of practice can create a legal issue

---

---

---

---

---

---

---

---

45

### SLPA Scope of Practice

Direct supervision required for:

- Client activity involving medically fragile patients
- New screening or treatment activity that has not yet been performed by the SLPA in direct client care

Indirect supervision for completion of:

- Screening or treatment that has previously been performed and observed to be done competently
- Clerical tasks
- Other non-client care activities

---

---

---

---

---

---

---

---

46

### What CAN SLPAs Do?

- Screen without interpretation
- Direct treatment following treatment plans of supervising SLP
- Documentation of client progress
- Assist with assessment (preparing materials, documentation only)
- Act as interpreter when competent to do so
- Clerical duties
- Maintenance of equipment

---

---

---

---

---

---

---

---

47

### What **CAN'T** SLPAs Do?

- Provide counseling or advice
- Sign any formal document in lieu of the SLP
- Discharge clients
- Make referrals
- Disclose confidential information
- Represent him/herself as SLP
- Conduct evaluations

---

---

---

---

---

---

---

---

48



### What Else **CAN'T** SLPAs Do?

- Interpret data
- Alter treatment plans
- Perform tasks without express knowledge of the supervising SLP
- Participate in parent conferences, case conferences, or interdisciplinary team conferences *without the SLP*

---

---

---

---

---

---

---

---

49

### Start on the Right Foot...

- Get to know your SLPA!
- Set regular conference times
- Encourage active participation in establishing mutually agreed upon goals for the caseload
- Discuss your expectations for the SLPA's responsibilities and job expectations
  - Hours,
  - Dress code
  - Facility policies
  - Documentation
  - Materials




---

---

---

---

---

---

---

---

50

### SLPAs and the ASHA Associates Program

Ethical Obligations of SLPAs who are affiliates agree to:

- Perform their jobs solely within the appropriate scope of responsibilities described in the ASHA Scope of Practice for SLPAs
- Perform only those tasks assigned by a supervising SLP
- Work only under the supervision of an ASHA certified SLP
- Adhere to all applicable state or local laws and rules regulating the profession and learn and adhere to all applicable codes of ethics and codes of professional conduct to which the supervisor is subject

---

---

---

---

---

---

---

---

51

Let's Test your Knowledge about Supervision – Chat with your group and decide

1. Must clients be informed of the qualifications of those providing the clinical service?
2. What level of supervision must be provided to SLPAs?
3. Are services provided by SLPAs, graduate students and CFs billable for Medicaid, insurance and private payers?
4. Can a graduate student work as a speech-language pathology assistant while in graduate school? How would this impact supervision?

---

---

---

---

---

---

---

---

52

Question #1



Must clients be informed of the qualifications of those providing the clinical service?

- *Individuals shall not misrepresent their credentials, competence, education, training, experience, or scholarly or research contributions (ASHA Code of Ethics, Principle of Ethics III, Rule A)*
- Invite client questions regarding qualifications of individuals providing professional service
- Providing this information fully and accurately promotes a fuller understanding of the profession

---

---

---

---

---

---

---

---

53

Question #2 *Use Good Clinical Judgement!*

What level of supervision must be provided to SLPAs?

- Be sure to learn the regulations for your state!
- ASHA recommends 20% direct supervision during the first 90 days, and then once every 60 days per client
- Ultimate responsibility for client welfare remains with the certified individual
- *Supervision may need to exceed minimum requirements so supervising clinician is confident regarding client outcomes*
- Supervisor is responsible to intervene if there is any question regarding the quality of the care being provided

---

---

---

---

---

---

---

---

54

### Question #3



Are services provided by SLPAs, grad students, and CFs billable for Medicaid, insurance and private payers?

- *It depends on the payer for services!* Be sure to check what is acceptable in the facility where that person is providing services
- Third-party payers may be specific about the supervision required in order to receive reimbursement for services
- ASHA Code of Ethics recognizes the professional knowledge of various service providers, as long as we are ensuring appropriate supervision
- Client welfare and the quality of service remains the responsibility of the certified supervisor
- Supervisors must keep abreast of all reimbursement policies, rules, and regulations
- *Medicaid services are usually not reimbursed but check with your state regulations!*

---

---

---

---

---

---

---

---

55

### Question #4



Can a graduate student work as a speech-language pathology assistant while in graduate school?

- Roles/responsibilities must not be confused
- SLPAs have limited scope of practice and must not provide clinical services that require the unique knowledge, skills, and judgment of a SLP
- Graduate students can provide broad range of services when appropriately supervised
- Can be difficult if student is given a practicum assignment in his/her work setting

---

---

---

---

---

---

---

---

56

### Are you ready to be a supervisor or mentor?

Think about how you've mentoring or supervisory experiences up until now -



- Have you ever been an "informal" supervisor?
- Have you participated in the ASHA STEP Mentor Program?
- Have you completed any other supervisory training prior to this one?
- What skills would you need to develop in order to supervise and be a mentor?

---

---

---

---

---

---

---

---

57

### Research Supports the Value of Training to be a Supervisor

- Research indicates that supervisors who engage in supervisory conferences/meetings *without formal supervisory training* tend to dominate talk time, problem solving, and strategy development *Culatta and Seltzer (1976), Irwin (1975, 1976), McCrea (1980), Roberts and Smith (1982), and Strike-Roussos (1988, 1995)*
- They tend to use the same direct style of supervision with all supervisees regardless of their knowledge or skill levels, and without regard for the supervisee's learning style, which can lead to passive supervisee involvement and dependence on the supervisor *J.L. Anderson 1988*

58

---

---

---

---

---

---

---

---

### Supervision is an Important Commitment and Responsibility

- Evaluate your own behaviors in the supervisory process
- Develop a personalized quality assurance mechanism to ensure accountability
- Make a decision to improve as a supervisor!  
Promotes job satisfaction, self-fulfillment, ethical behavior, and prevents burnout



*Dowling, 2001*

59

---

---

---

---

---

---

---

---

### What does Research tell us about our OWN Communication?

- **Effective communication style** was shown to affect the supervisees' willingness to participate in conferences, share ideas and feelings, and positively change clinical behaviors
- When supervisees perceive high levels of unconditional positive regard, genuineness, empathic understanding, concreteness, their clinical behaviors change in positive directions *Ghitter 1987, as cited in McCrea & Brasseur, 2003*
- Some potential barriers to clear and accurate communication
  - Age, gender, social and economic status, and cultural/linguistic background
  - We will look at generational and cultural differences

**You're an SLP – how's YOUR communication?!**

60

---

---

---

---

---

---

---

---

# Constructive Feedback

HOW TO EFFECTIVELY TEACH, COACH, MENTOR AND COMMUNICATE

61

---

---

---

---

---

---

---

## Providing Constructive Feedback

Think about what type of feedback you like to get...

...and what type of feedback you typically give!



62

---

---

---

---

---

---

---

## Constructive Feedback is

- Helpful
- Practical
- Productive
- Useful
- Valuable
- Timely



63

---

---

---

---

---

---

---

### Five Principles of Constructive Feedback *(Duffy 2013)*

**1. Set realistic goals**

- share your expectations
- ask the supervisee if there are any particular areas he/she would like to receive feedback on




---

---

---

---

---

---

---

---

64

### Five Principles of Constructive Feedback *(Duffy 2013)*

**2. Gauge supervisee expectations of feedback**

- ask how they were provided with feedback in the past
- was it helpful to them
- reach agreement on the format of giving and receiving feedback and the frequency
- discuss how you would like to receive feedback from the supervisee

---

---

---

---

---

---

---

---

65

### Five Principles of Constructive Feedback *(Duffy 2013)*

**3. Gather information on what your mentee knows and has done**

- You need accurate information on which to base your feedback



www.clipartof.com 1198783

---

---

---

---

---

---

---

---

66

### Five Principles of Constructive Feedback (Duffy 2013)

#### 4. Act immediately

- Provide feedback (positive & negative) as close as possible to the event in practice to have the greatest effect (Donaldson and Carter, 2005)
- Situational feedback is not always recognized as feedback by the supervisee
- Make it clear at the outset that feedback takes place regularly in clinical situations to clarify the function of feedback
- Consider your timing

---

---

---

---

---

---

---

---

67

### Five Principles of Constructive Feedback (Duffy 2013)

#### 5. Be specific

- Use specific descriptive terms about what was right and how it impacts the therapy session and/or client
- Reference mentee's learning outcomes
- Give details




---

---

---

---

---

---

---

---

68

### Nonverbal Communication

- Non-verbal communication is as important as verbal communication




---

---

---

---

---

---

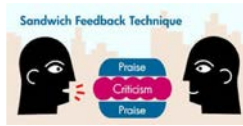
---

---

69

### The "Sandwich" Feedback Technique

- Provide positive info 1<sup>st</sup> and last , areas for improvement in the middle - Sandwich Model (*Clynes and Raftery, 2008; Walsh, 2010*)




---

---

---

---

---

---

---

---

70

### Negative Feedback

- You'll need to wisely and sensitively gauge each person/situation
- Encourage your mentee to self-assess and express thoughts before you. This allows you to gauge whether s/he has insight about the challenges you observed
- Consider providing it first
  - If the mentee is anticipating bad news, they often fail to hear the positive messages of the feedback (*Hathaway, 1997*).
  - By discussing areas of improvement first with proactive solutions, your mentee can then listen to and absorb the positive message

---

---

---

---

---

---

---

---

71

### Honing your Feedback Skills

Providing constructive feedback is the only way to help someone who is underperforming

Offer feedback early and consistently

Identify problems areas early so that you can ensure there is sufficient time and guidance to do something about them

Provide written feedback

- choose your words carefully
- include specifics
- use a positive tone and positive statements

---

---

---

---

---

---

---

---

72



## Supervision in the 21<sup>st</sup> Century

CULTURAL CONSIDERATIONS, GENERATIONAL DIFFERENCES AND REMOTE SUPERVISION

73

---

---

---

---

---

---

---

---

## Cultural and Linguistic Considerations

- Consider culturally based behaviors, values, and belief systems
- Recognize that behavior may be influenced by culture to develop a better understanding of variations among people
- Resources for cultural competence awareness may be obtained through ASHA and/or literature review



74

---

---

---

---

---

---

---

---

## Generational Differences



- Supervisors and mentors need to be prepared to understand and accommodate attitudes and behaviors that may differ from their own
- Generational characteristics can lead to miscommunication and misunderstandings in interactions with clients and supervisors

75

---

---

---

---

---

---

---

---

## Four Generations in the Workplace

### Traditionalists

- Born 1900 – 1945
- Raised by parents that survived the Great Depression

### Baby Boomers

- Born 1946 – 1964
- Promised the "American Dream"

### Generation X

- Born 1965 – 1980
- The first generation that will not do as well financially as their parents

### Millennials

- Born 1981 – 2000
- Grew up more sheltered as parents strived to protect them from the evils of the world

76

---

---

---

---

---

---

---

---

## Traditionalists

### Work Ethic and Values

- Expect others to honor commitments and behave responsibly
- Value good attitude, knowledge and loyalty

### Work is...

- An obligation

### Keys to Working With Traditionalists

- They want to know procedures so they can follow the rules
- Consider their feelings – like a personal touch

### Communication and Mentoring

- Respect their experience – fit approach and feedback into what worked for them in the past
- Communication in a more formal, logical way
- "No news is good news"



77

---

---

---

---

---

---

---

---

## Baby Boomers

### Work Ethic and Values

- Heavy focus on work as an anchor in lives; question authority
- Value personal fulfillment/gratification; risk-takers

### Work is...

- An exciting adventure

### Keys to Working With Boomers

- They need to know that their work matters and how it fits into the big picture
- Don't take criticism well, need flexibility and attention

### Communication and Mentoring

- Speak openly and directly with friendly rapport
- Follow-up, check in without micro-managing
- Appreciate praise



78

---

---

---

---

---

---

---

---

## Generation X

### Work Ethic and Values

- Care more about work/life balance than advancement
- Value casual work environment, technology, diversity

### Work is...

- A difficult challenge

### Keys to Working With Gen X'ers

- They want independence in the workplace and informality
- They want to have fun at work and like technology

### Communication and Mentoring

- Straight talk, present facts using informal communication style with a focus on results
- Present yourself as an information provider rather than "boss"
- Need constructive feedback to be more effective




---

---

---

---

---

---

---

---

79

## Millennials

### Work Ethic and Values

- High expectations of managers to assist and mentor them
- Thrive in collaborative environment; want to enhance skills

### Work is...

- A means to an end

### Keys to Working With Millennials

- Like to be part of team, work with friends, be treated respectfully
- Help them navigate work and family issues; provide variety

### Communication and Mentoring

- Challenge them, respect them and encourage them to explore new avenues
- Be careful about the words you use and how you say things
- Provide structure, supervision and recognition for them and their heroes




---

---

---

---

---

---

---

---

80

## What would you do?

A 35 year-old mentor is having difficulty with her new CF, who is about 55 years old. The CF frequently questions recommendations, rarely asks for assistance and has made mistakes in some of these situations, and is occasionally sarcastic about the "young" mentor's leadership knowledge and experience. What would you suggest to the mentor? What would you suggest to the CF?

---

---

---

---

---

---

---

---

81

## Remote Supervision

**Why is this a hot topic?**

- To develop clinical competencies with current technology for effective instruction and guidance

**Who can we support remotely?**

Clinical Fellows? SLPAs? Graduate Students?

**How can we provide mentoring remotely?**

- Videos (direct)
- E-mail
- Phone
- Instant messaging/texting
- Face Time (direct)
- Video conferencing (direct)




---

---

---

---

---

---

---

---

82

## Benefits of Remote Supervision

- Provides supervisee with greater access to highly qualified supervisors
- Increases the quality and amount of support
- Can provide immediate feedback to specific situations
- Broadens clinical and work opportunities in remote clinical settings or where local supervisors are not available
- Makes scheduling easier
- Makes better use of supervisor's time
- Reduces travel time and expenses

---

---

---

---

---

---

---

---

83

## Limitations of Remote Supervision

- Limited availability of needed technology
- Inability to demonstrate/model therapy techniques with the client
- Audio quality may reduce the supervisor's ability to discriminate speech errors when observing
- Inability to know clients on mentee's caseload
- Reduces opportunities for informal and spontaneous interactions and feedback




---

---

---

---

---

---

---

---

84

### Consider these Factors

- Can some supervision be provided remotely?
- What technological resources are available on both ends?
- Is there a cost to set up the needed technology?
- Why is remote supervision being considered?
- How can you get to know client situations if you don't see them all in person?




---

---

---

---

---

---

---

---

85

### Resources Available to Supervisors



- ASHA's SLPA Supervision FAQ - <http://www.asha.org/associates/SLPA-FAQs/>
- ASHA's CF Mentor FAQ - <https://www.asha.org/Certification/CFSupervisors/>
- ASHA's Student Supervision FAQ - <https://www.asha.org/slp/supervisionFAQs/>
- Consider joining Special Interest Group 11: [Administration and Supervision](#)
- Continue to seek continuing education opportunities that are unique so you can continue to grow!
- Talk to colleagues who have supervised in the past – they often have strategies and resources so you don't have to reinvent the wheel!

---

---

---

---

---

---

---

---

86

### Keys to Success

STRATEGIES USED BY THE BEST MENTORS

---

---

---

---

---

---

---

---

87

### Key Thoughts and Suggestions

- Set schedule for meetings and observations so you get to know the caseload
- Ask your mentee about their strengths/areas of need
- Develop common objectives with together
- Determine together how your mentee can easily, quickly and accurately get guidance and support
- Be familiar with paperwork requirements of the facility, your state and ASHA
- Complete all paperwork in a timely manner




---

---

---

---

---

---

---

---

88

### And Remember that...

Each mentee is unique, with different strengths and weaknesses!

It is your job, your responsibility, your commitment to help that person grow professionally so that they have the skills and independence necessary for the next stage of their career!




---

---

---

---

---

---

---

---

89

### Be Prepared with an Action Plan



1. What unexpected challenges have you experienced or do you anticipate arising in supervision?
2. How can you manage those challenges?
3. What is your action plan?

*Consider some ideas that you can implement immediately to improve your mentoring/supervisory experience!*

---

---

---

---

---

---

---

---

90

**References**

- American Speech-Language and Hearing Association ; Clinical Supervision in Speech-Language Pathology Technical Report (2008)
- American Speech-Language and Hearing Association, Issues in Ethics: Ethical Issues Related to Clinical Services Provided by Audiology and Speech-Language Pathology Students (2013)
- American Speech-Language and Hearing Association; Issues in Ethics: Responsibilities of Individuals Who Mentor Clinical Fellows in Speech-Language Pathology (2013)
- American Speech-Language and Hearing Association, Knowledge, Skills and Training Consideration for Individuals Serving as Supervisors (2013)
- West Midland Family Center – Generational Differences Chart
- California Speech Language Pathology & Audiology & Hearing Aid Dispenser’s Board website and documents
- American Speech-Language and Hearing Association, Tele-Supervision; Dudding, Carol; Carlin, Charles; 2012 ASHA Convention

---

---

---

---

---

---

---

---

91

**Comments and Questions**

Contact Information:

Shellie Bader, MA, CCC-SLP

[Shellie.bader@ebshealthcare.com](mailto:Shellie.bader@ebshealthcare.com)

424-645-4832

*Thank You*




---

---

---

---

---

---

---

---

92