

Supervision: With Quality and Ethics for All

Disclosure Statements

- **STATEMENT OF RELEVANT FINANCIAL RELATIONSHIP**

- Jennifer has created, copyrighted, and published therapy materials and owns the company that distributes them as well (The Joyful Noise Press); she also works as a private contractor/consultant. She has speaking engagements made through this company and has received payment for some of these engagements, however she is not receiving payment for speaking today. Jennifer is also currently employed as adjunct faculty with The University of Texas Health Science Center - San Antonio.

- **STATEMENT OF RELEVANT NONFINANCIAL RELATIONSHIP**

- Although this presentation is not designed to focus on Jennifer's published materials, it should be noted that she believes in the value of multi-modal types of learning opportunities (visual, auditory, kinesthetic), such as music (when used appropriately by relevant personnel), in working with individuals with special needs. She is also an educator of graduate speech-language pathology students.

Supervision: With Quality and Ethics for All



Jennifer Buhrmann, M.S., CCC-SLP, MT-BC

Online version of handout?

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Supervision

As of January 2020, ASHA is changing the requirements for supervision at all levels to include at least 2 hours of training in supervision.

Why?!

Because supervised learning experiences are CRITICAL to professional competence!

So whether or not the experience is a, “good,” one MATTERS!

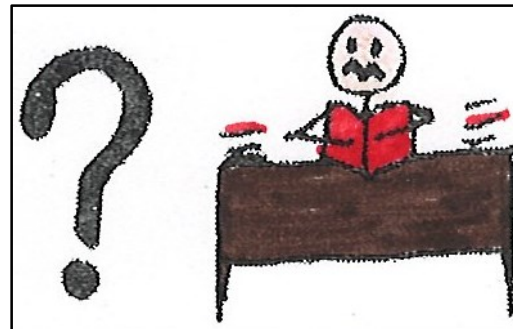
Supervision

What is it, exactly?

Teacher/student Boss/worker Mentor/mentee

VIP/assistant Ideal/clone

Person who signs off on hours & documentation/clinician



Supervision

“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)

Supervision

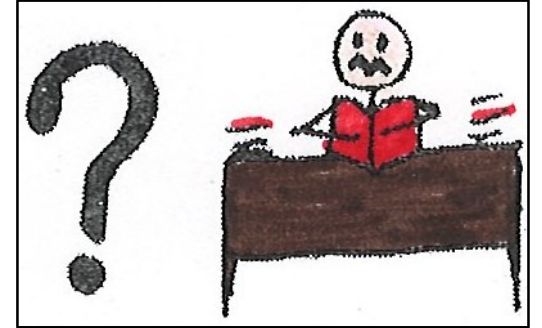
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How will they learn to do GOOD work if we, the experienced, don't teach them good things?!

Models of Professional Behavior

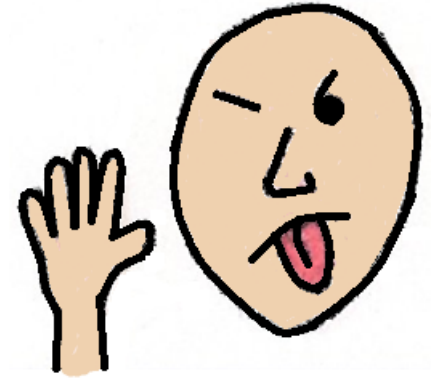
Ethics 101



Ask yourself:

1. Is it illegal?
2. Is it unethical or not best practice?
3. Is it unpleasant, uncomfortable, and/or inconvenient?

~~Ethics:~~



NOT:

- 1. If I can get away with it, why not?!**
- 2. If they can do it, why can't I?**
- 3. That's the way I was treated!**
- 4. That's how it was for me!**
- 5. It's just this once.....**
- 6. What's it gonna hurt?**
- 7. It's ok – Nobody ever really looks at that!**

Ethics - Abridged

ASHA Code of Ethics says:

- **PRINCIPLE OF ETHICS I – A**

“Individuals shall provide all clinical services and scientific activities competently.”

- **PRINCIPLE OF ETHICS I – B**

“Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.”

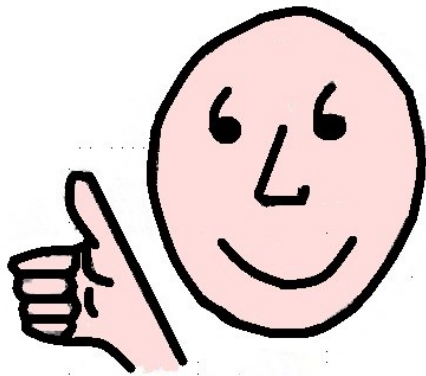
- **PRINCIPLE OF ETHICS IV – A**

“Individuals shall work collaboratively, when appropriate, with members of one’s own profession and/or members of other professions to deliver the highest quality of care.”

(ASHA Code of Ethics)

Ethics –Cliff Notes:

- 1. If you like it, try to do that for others.**
- 2. If you don't like it, don't do it to other people!**



Supervision - Ethics

ASHA Code of Ethics says:

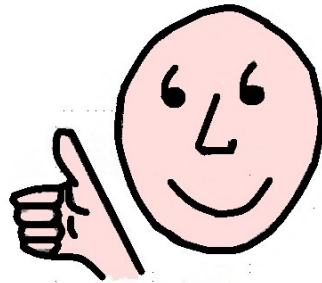
- **PRINCIPLE OF ETHICS I – E, F, G**

- Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, technicians, support personnel, or any other persons **only if those persons are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.**
- Individuals who hold the Certificate of Clinical Competence **shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.**
- Individuals who hold the Certificate of Clinical Competence may delegate to students tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession **only if those students are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.**

(ASHA Code of Ethics)

Ethics –Cliff Notes:

1. If you like it, try to do that for others.
2. If you don't like it, don't do it to other people!



**Not quite enough...*

Supervision Ethics –Cliff Notes

SUPERVISION RESEARCH-BASED ADDENDUM

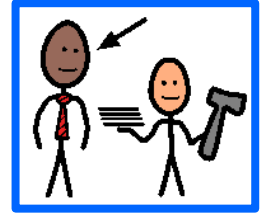
1. Learning is a *process*!

Expectations must keep that in mind

2. **REMEMBER: No 2 people are alike!**

Your supervisee may have different thought processes and/or ideas than you, focus on harnessing that as a strength, rather than beating him/her into a clone of yourself (which likely won't work anyway)!

Thankfully...



- Our profession has LOTS of different clients AND clinicians!
- **Different does NOT equal wrong!**
- **Focus on shaping/encouraging/training**



Supervisors Must Balance Responsibilities

Teach specific skills, clarify concepts, assist with critical thinking, conduct performance evaluations, mentor, advise, and model professional behavior.

And

“Hold paramount the welfare of persons they serve professionally and ... ensure that services are provided competently by students under their supervision.”

(ASHA Code of Ethics)

Supervision



We must find the balance:

**We want to be encouraging and to help
shape future COLLEAGUES and
representatives of OUR profession!**

....but not lose OUR jobs or sanity!

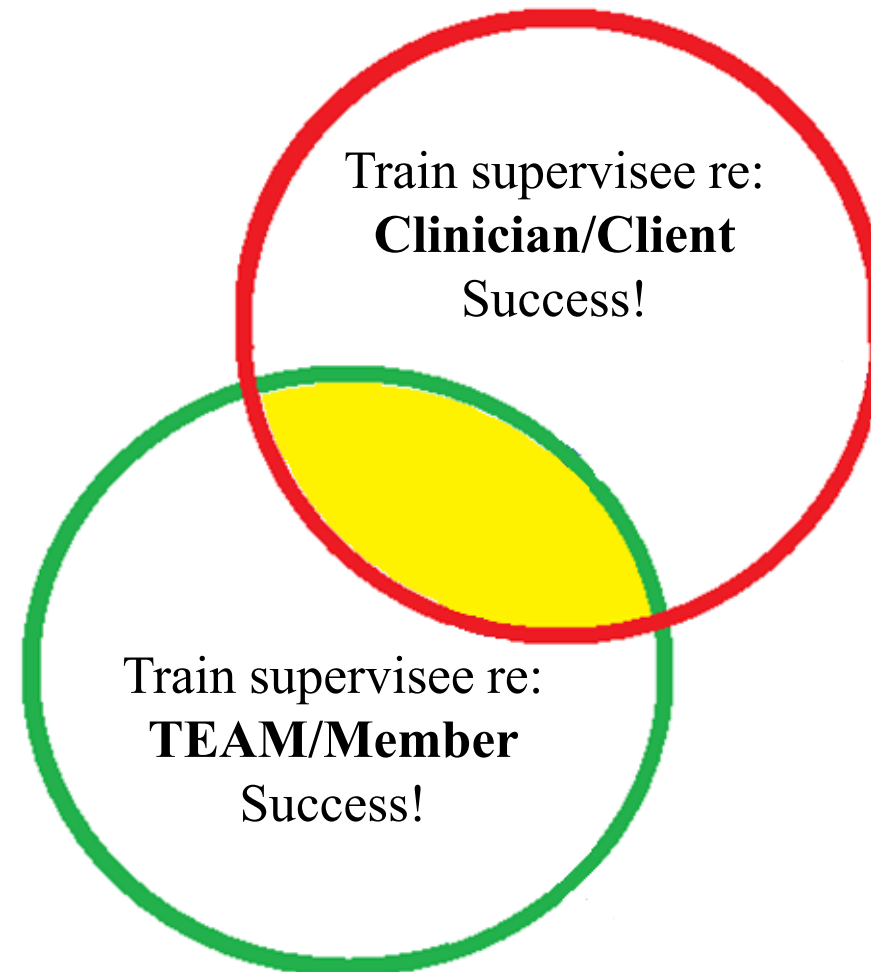
REMEMBER, SUPERVISORS:

**You have the honor of impacting the
FUTURE of our PROFESSION!**

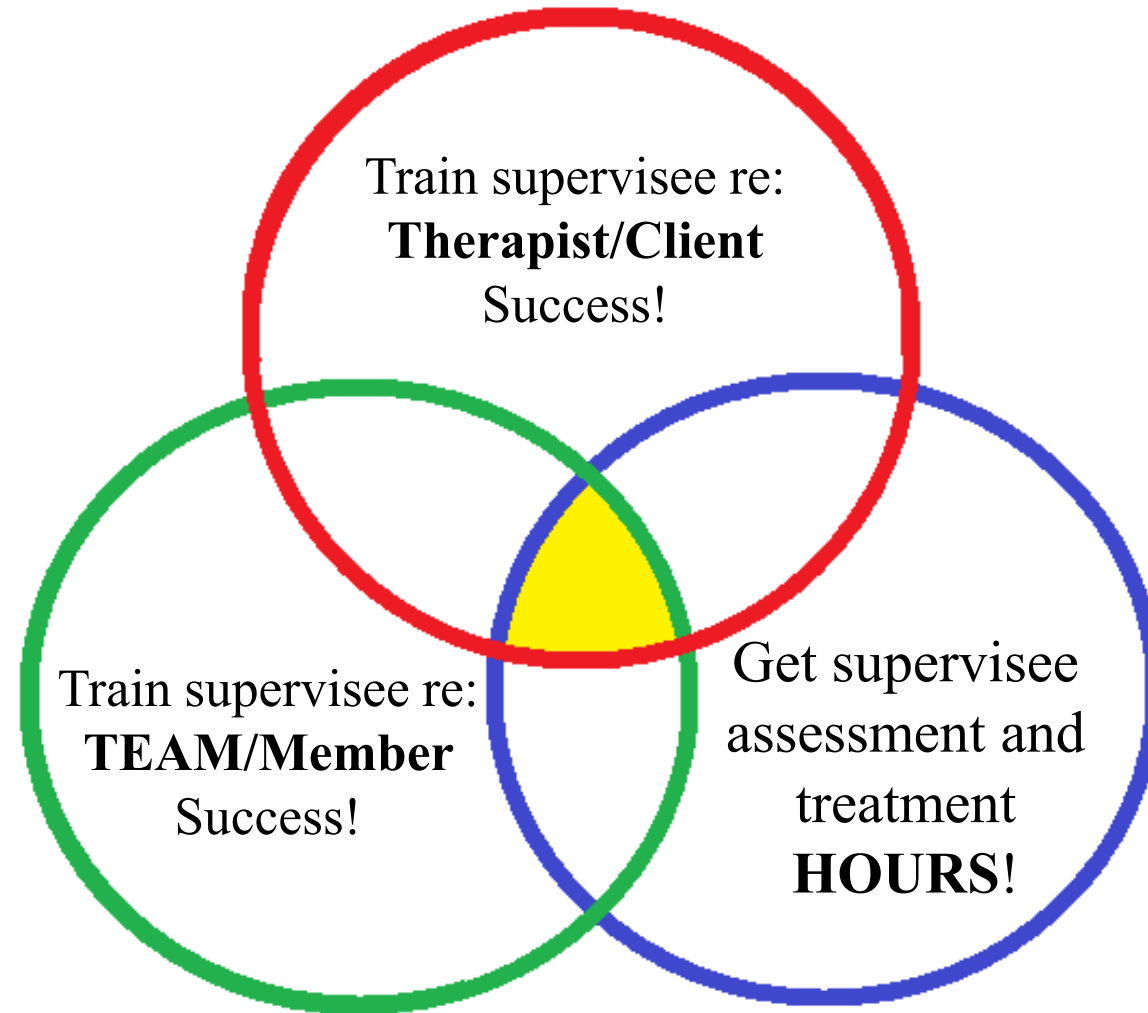
- * It's YOUR license (or company) on the line!
- YOU must make sure the supervision is, "appropriate."
- Keep the Ethics-Cliff Notes and Supervision Research-Based Addendum in mind

**Let's review some
SUPERVISORY BASICS!**

Assistant SUPERvisor Role



Student/CF SUPERvisor Role



Qualifications of Supervisors

1. Hold ASHA certification in the designated profession
2. Completed the equivalent of 9 months of full-time clinical experience AFTER earning CCCs
3. Completed minimum of 2 hours of professional development in the area of supervision after earning CCCs
4. Hold appropriate state license for designated profession

Supervisory Requirements

1. “Hold paramount the welfare of persons [you] serve professionally ... to ensure that services are provided competently by students under [your] supervision.”
2. “Teach specific skills, clarify concepts, assist with critical thinking, conduct performance evaluations, mentor, advise, and model professional behavior.”
3. Inform patients/families being served of qualifications and credentials of your supervisee & that you will be serving as supervisor
4. Uphold HIPAA compliance

Supervisory Requirements by Level

LEVEL	Assistant	Student	Clinical Fellow / Intern
DIRECT Time	4 hours per month (at least 2 must be in person and on-site)	25% of the total time with EACH client , spread out over the supervisory experience	6 hours per segment (3 segments over course of CFY)
Indirect Time	TOTAL Supervision must equal 8 hours per month Cosign all treatment documentation Telepractice/telehealth provisions may be used for up to 6 of the required 8 hours	Sign off on student hours Cosign all treatment documentation Provide guidance/feedback throughout the supervisory experience	6 hours of other monitoring activity per segment (3 segments over course of CFY) During each segment of the internship, each supervisor shall conduct a formal evaluation
Can	Perform tasks related to the provision of clinical services if he/she is adequately prepared and appropriately supervised	Perform tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are adequately prepared and are appropriately supervised	Perform tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession, with supervision
CanNOT	Perform tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of SLP profession	Sign or perform as a CCC-SLP	Sign or perform as a CCC-SLP

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Supervisory Requirements

1. DIRECTLY supervise the supervisee (line of sight) for **AT LEAST specified minimum** amount of time– *DOCUMENT it*
 - * **Must be sufficient to ensure appropriate services are rendered**
2. Sign off on hours, as appropriate
3. Cosign treatment documentation, as appropriate
4. Regularly observe the supervisee and provide guidance/feedback **throughout the supervisory experience**

Supervisory Requirements **OTHER**

- * **STUDENT** - A person CCC'd in the designated discipline must be on site to serve as supervisor while the student is treating
- * In the event a growth plan is needed, it must be in writing and signed by both supervisor and supervisee

HOURS

1 Clinical Clock Hour = 60 minutes

(Do not round)

DIRECT = You saw clinician work with client/family

INDIRECT = Anything else related to supervision of supervisee

Assistant Hour Requirements

Your supervisory hour requirements are NOT dependent on how many hours the assistant works for you per week/month!

They are **SPECIFIED MINIMUMS...*period!***

Student Hour Requirements

Students must log **400 hours** by graduation
(25 observation, 375 provision of service)

Assessment

Treatment

Adult

Pediatric

*Therefore, logging of as many hours as possible during a supervisory experience is of **CRITICAL** importance!!!*

CF Hour Requirements

CFs must log **1260 hours** by end of CFY

(at least 80% must be direct clinical contact)

If part-time, at least 5 hours must be worked per week

Remember, when they're finished, they'll represent YOUR profession! Therefore, it is critical that we make sure they're competent in BOTH treatment AND assessment!!!

HOURS

What qualifies as, “countable hours?”

Good rule of thumb - What qualifies as billable hours?!

Client present during interaction

Additionally, student should be ACTIVELY ENGAGED!

Doing all of the treatment/assessment without your involvement is NOT a requirement for counting time!

Expectations

It is critically important to remember that:

LEARNING IS A CONTINUUM!

A first-semester clinician SHOULD NOT look the same as a final-semester one, and it is unfair to expect otherwise!

Similarly, everyone DOES NOT learn or approach problems the same way; it is likely your supervisee will be a different type of thinker than you – That doesn't have to be bad!

Expectations

- Specifying information needed before a meeting
- Checklists for procedures
- Organizational tools
- Other important information

**Often helpful for supervisors to provide acceptable examples.*

Expectations

Level of
INDEPENDENCE and PROFICIENCY
in problem-solving, processing, appropriate
creativity, drawing of conclusions, etc.,
WILL VARY WITH LEVEL OF MASTERY

(first semester vs. final AND learning continuum)

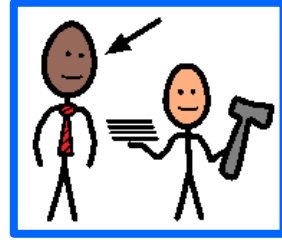
SSss000000.....

How do we make the magic happen?!

What is reasonable to expect?!

How do we handle the unexpected?!

The 3 Questions



Ask yourself:

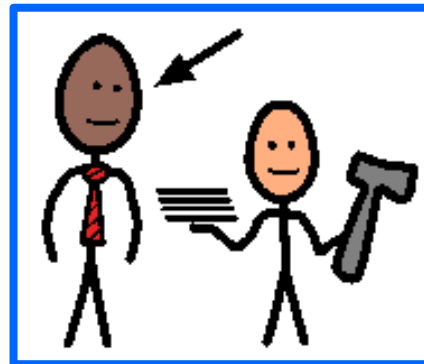
1. Can he/she do the job?
2. Does he/she care about the patients he/she has been assigned?
3. Is he/she trying to improve?

-What is the evidence to support your answer?!

NOT The 3 Questions

DO NOT get stuck on:

1. Is that what I would do?
2. Do I like that?
3. He/she is a gRaDuAtE student, he/she should know that! Why doesn't he/she?



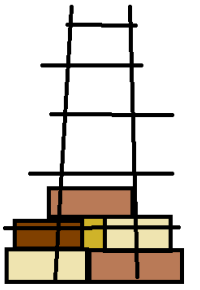
It starts with *YOU!*

Throughout supervisory research/literature, the importance of the supervisor/supervisee relationship is emphasized!

***TEAM** concepts start here, they learn from US!

***They need to feel valued and safe!**

***Draw out independence, don't have them look to you for everything, but remember you know more than they do about the day-to-day therapy world –
Engage jointly in processes!**



Learning Progressions

*Don't get stuck on what he/she doesn't know, but focus on
how to shape/encourage progress*

Stay focused on being constructive!

The Learning Continuum

Entry Level		Intermediate Level		Advanced Level
Primarily focused on self		Primarily focused on other		Focuses on self AND other
<p>Limited ability to focus on others</p> <p>Expects didactic relationship</p> <p>Often confused/anxious/overwhelmed about new things</p> <p>Looks to others as the agent(s) of change</p>		<p>Hovers between assertive (independent) and passive (dependent)</p> <p>Greater emotional connection/empathy with client</p> <p>Self-discovery and its relationship to therapeutic relationships increases, but may have difficulty knowing how to handle it</p> <p>Confidence may suffer as awareness of complexities increases</p>		<p>Better able to self-analyze relationships with client and supervisor</p> <p>Takes third-person perspective on all</p> <p>More accepting of strengths/weaknesses while maintaining motivation</p> <p>More aware of own thoughts and their effect on therapeutic events (client and supervisor responses)</p>

Anderson's Continuum of Supervision

5 COMPONENTS OF THE SUPERVISORY PROCESS	
Understanding the supervisory process	Discussing the process Understanding respective roles Sharing expectations and objectives
Planning	Joint planning for clinical process Joint planning for supervisory process
Observing	Collecting and recording objective data by supervisor AND supervisee
Analyzing	Examining and interpreting data in relation to client/clinician changes
Integrating	Integrating content from all components (across supervisory experience)

How do we progress them along the learning continuum?

Effective supervision!

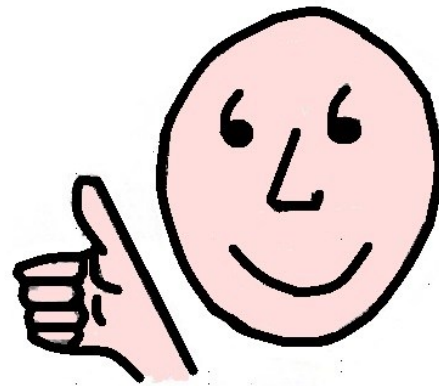
<https://www.asha.org/Practice-Portal/Professional-Issues/Clinical-Education-and-Supervision/>

Tokuhama-Espinosa, T. (2011). Mind, Brain, and Education Science: A Comprehensive Guide to the New Brain-Based Teaching. New York, NY: W. W. Norton & Company

What does that look like?!



It starts with
OUR attitude!



Assume:

YES is the answer to:

1. Can he/she do the job?
2. Does he/she care about the patients he/she has been assigned?
3. Is he/she trying to improve?



DON'T

1. Tell him/her what to do
2. Get stuck on the only right way is your way

DO

1. Model good practices across all aspects of professionalism
2. Walk him/her through the appropriate research-based problem-solving processes for your facility/populations
3. Encourage/challenge him/her to make decisions and increase independence

Things to keep in mind

What would you do for your client?!

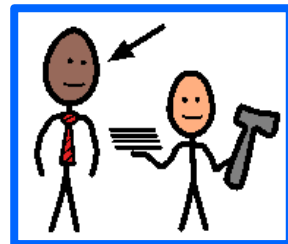
Have you given your supervisee that same amount of thought/care?

REMEMBER:

If our client is not responding/progressing the way we would like in therapy, we don't just keep doing the same thing or give up on them, we try **DIFFERENT THINGS** to find where he/she **WILL BE SUCCESSFUL!**

The same should hold true for our supervisees!

...valued and safe....



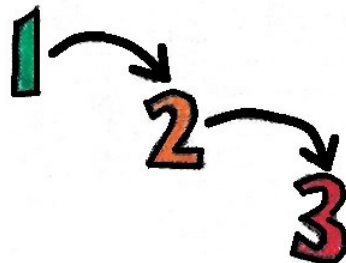
Things to keep in mind

1. Make sure expectations are CLEAR!
2. Your way is not necessarily the ONLY way.
3. Constructive, non-attacking questions are usually more effective than directives.
4. Balance between novelty & pattern is often very helpful.
5. Emotions are key to thinking/learning.
6. Naturalistic, multisensory experiences assist with input/learning/memory/recall.
7. Timely feedback is CRITICAL to learning!

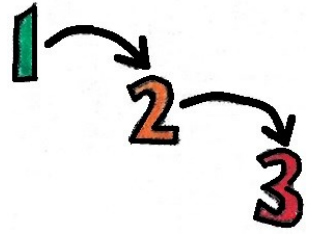
Things to keep in mind

1. Make sure expectations are CLEAR!

- Provide in writing, or have supervisee write down while you discuss together
- Don't be overly wordy
- Check for understanding!



Things to keep in mind



Make sure expectations are CLEAR!

Be RESPECTFUL (of supervisor, clients, others)

1. Be on time
2. Be prepared
3. Do what you're asked to do
 - *Don't not do something you were told to do
 - *Don't keep doing something you were told NOT to do
4. Use good problem-solving skills
(research, best-practice, use theories/progressions)
5. Respond to correspondence from supervisor

Checklists and Organizational Tools

SESSION PLAN

Client Name _____ Clinician _____ Date _____

Materials:

|

Targets - Baseline / Treatment (circle one):

Activities to Address Targets (list Target # & briefly describe planned therapy tasks):

Motivational Techniques to be Used:

Cues/Facilitation/Instructional Techniques to be Used (be specific):

Home Assignments:

For supervisor use:

_____ approved

_____ please schedule a conference with your supervisor

_____ approved with the following modifications:

Results:

Target/Baseline skills	Data
1.	
2.	
3.	
4.	

Impressions:

Response to Therapeutic Tasks:

Response to Training Techniques:

Response to Motivational Techniques/Items

OTHER

For next session:

Checklists and Organizational Tools

SOAP Note GUIDE to DAILY NOTE WRITING

S: (Subjective)

Your observation-based thoughts

For example:

Non-descriptive Nondescriptive and/or assumption-based word	Observation-based thought
Happy	He laughed and smiled frequently, and participated in all tasks with minimal need for redirection
Hyper	Multiple occurrences of off-task behavior noted. Maximal redirection needed, due to difficulty attending/focusing to tasks presented.
Bad	Frequent episodes of noncompliance and tantrum behaviors (describe), especially when given a directive
Tired	Less effort and more difficulty focusing noted; client frequently rubbed his eyes. Parent later reported that he did not sleep well last night.
Sad/Depressed	Tolerated correction less today than usual, crying frequently. Said no one likes him (or said he was bad) several times today.

O: (Objective)

Your data and fact-based information regarding client's performance

For example: 75%, with the use of visual cues
90%, in imitation
70%, in the context of a song
70%, when presented with a field of 2
80%, using the same set of 10 familiar stimuli

A: (Assessment)

Based on all your information, what happened in the session today?

Improvement or decline/regression noted?

Any factors that may have contributed to this? (Remember to remain fact-based!)

Does your therapy plan continue to be appropriate for this client at this time?

P: (Plan)

What will you do next time?

For example: Change reinforcers, Change method of stimulus presentation, Add a Token Reinforcement Work System, Add a visual schedule, etc.

*Be as specific as you can, mostly so YOU remember to do it!

Checklists and Organizational Tools

Therapy Day CHECKLIST

___ 1. Clothing

- No loose or dangly jewelry (anything that could get pulled/broken)
- Hair up/back

___ 2. Materials

- Data Sheets / Notes
- Toys/manipulatives for treatment tasks
- Reinforcement system materials
- Visual schedules
- Reinforcers
- Room set up appropriately for your session (furniture, location of items, etc.)
- If session is a diagnostic, make sure to have ALL test materials
 - stimulus booklets
 - manuals
 - manipulatives
 - protocols (test forms)

___ 3. DAY ONE

- Introduce yourself
- Double check vital information
 1. Updated allergies
 2. Double check seizure history
 3. Ask parent if there are any updated concerns, or things with which they would particularly be interested in our potential help

___ 4. Clean up room (EVERYTHING back where you found it; clean/disinfect, if needed)

___ 5. After session PAPERWORK

- Superbill (circle service AND diagnosis)
- Attendance log
- Complete SOAP note
- Turn SOAP note AND next Therapy Plan into supervisor by deadline

Things to keep in mind

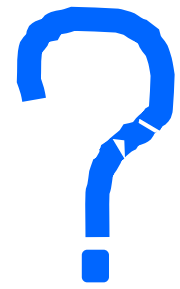
2. Your way is not necessarily the **ONLY** way.

Encourage supervisee to embrace who he/she is and help guide him/her on the path to being the most complete clinician possible, not a clone of you

- Great to **talk about why you do things the way you do**
(model the problem-solving process from your professional experience)!
- **Ask yourself if** what the supervisee has planned is **ok** from a safety/research/client need standpoint?
 - **If yes**, but you see potential hurdles/problems with what is planned, talk about them beforehand and encourage clinician to be ready to supply additional support to the client - Review outcome together afterward
 - **If not**, encourage clinician to think about research info and check the plan against that, then make appropriate modifications as needed



Things to keep in mind



3. Constructive, non-attacking questions are usually more effective than directives:

a. “Walk me through your choice of this activity.” Or, “Given this client’s needs and level of function, what ideas do you have for possible tasks for him?”

vs.

“Why did you do tHaT?!” Or, “Be sure to plan a craft to go with whatever you’re going to do with [Client] each time.”

b. “That didn’t go well. What happened?”

vs.

“So, let’s talk about [Client’s] last session. What/how should we plan for next time?”

Think partnership in learning, rather than dictatorship!

Things to keep in mind

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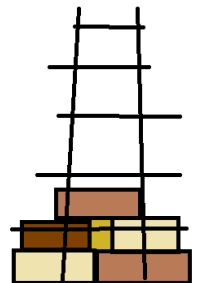
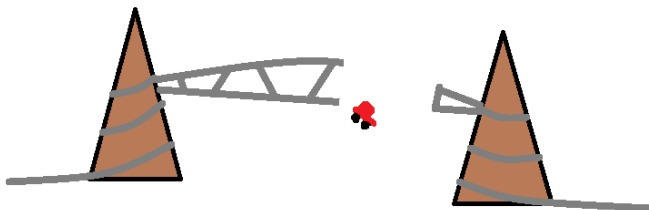
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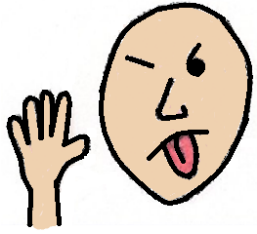
Think partnership in learning, rather than dictatorship!

Things to keep in mind

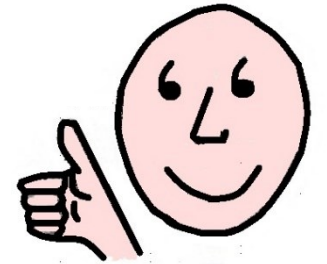
4. Balance between novelty & pattern is often very helpful.

1. Practical examples (think simile/metaphor/object lessons and hands-on examples) can be helpful in establishing meaning and clarifying concepts
2. Relating things to patterns they know and pointing out, “What was different here?” will help guide the therapeutic problem-solving process (novelty is where deviation from pattern occurs, and this is often where we jump in as therapists, i.e., “He can do this, but not that!”)



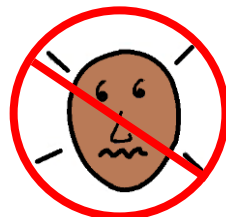


Things to keep in mind



5. Emotions are key to thinking/learning:

1. Watch the feedback the supervisee is giving YOU! Does the supervisee feel safe/inspired or frightened/inhibited? Did/does change occur with this? How can YOU HELP?!
 - *If he/she does not feel safe or feels like a failure, creativity and solid thinking WILL be negatively impacted!
2. Keep supervisory interactions as **positive as possible!**
 - *Point out specific things the supervisee does/did well (and improvement you see!)
 - *Communicate that you believe the clinician wants to and CAN improve
 - *Make an ACHIEVABLE, step-by-step plan for improvement that focuses on capitalizing on the clinician's strengths to assist with combatting weaknesses

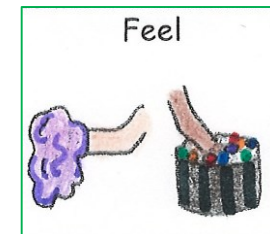
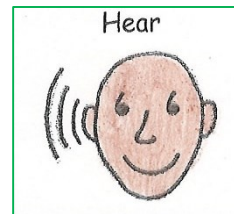
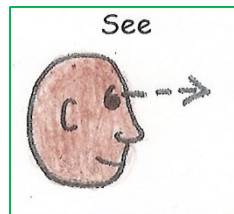


Things to keep in mind

6. Naturalistic, multisensory experiences assist with input/learning/memory/recall:

Don't just keep talking at him/her (auditory only)

- *write notes/give written feedback
- *model or role play
- *object lessons, etc.



Things to keep in mind

7. Timely feedback is **CRITICAL** to learning:

THROUGHOUT the experience, check in regularly on how YOU feel the supervisee is doing and LET HIM/HER KNOW!

- *Things that are going well! (be specific)
- *Things that need improvement (be specific)
- *Make a plan for what needs to happen next
- *Check for understanding

Invite/be open to feedback from your supervisee!

-Is there anything I could be doing to help you more?

**Your clients may even benefit from what your supervisees teach YOU!*

Effective Supervision

*Assume **YES** is the answer to:

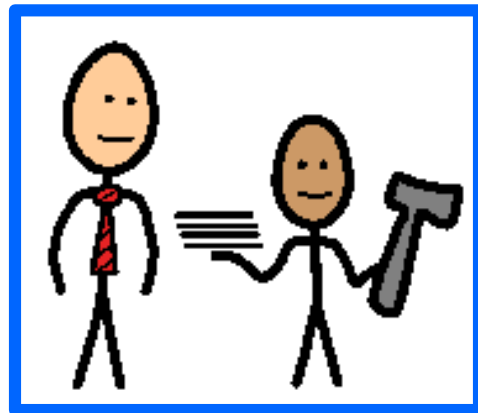
1. Can he/she do the job?
2. Does he/she care about the patients assigned?
3. Is he/she trying to improve?

*Use, “**Things to Keep in Mind**,” to assist supervisee in progressing appropriately along the independence continuum!

*Create **valued, safe, constructive partnership**

Let's try it!

Supervision skills in ***ACTION!***



LEARNING PARTNERSHIP

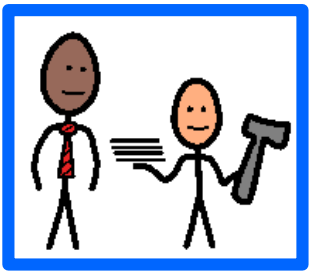
Supervision Communication

You feel that your supervisee is intelligent and invested, but you have mentioned several times that you want him/her to no longer use a certain material in therapy, but would like him/her to find a new one that meets certain specified parameters.

... and yet, that continues to not happen.

- a) “I know we’ve talked about this a couple of times. I don’t want you to use ___ anymore, but would like you to find something that ___. However, I notice you haven’t done that. Talk with me about what’s going on. What questions do you have?”
- b) “I’ve told you several times not to do that. I’m going to have to put you on a growth plan (or call your university).”

Which do YOU find most inspiring? Which is most likely to affect positive change?



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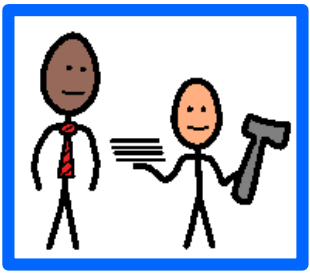
LEARNING PARTNERSHIP

Supervision Communication

Which of the following is an example of constructive feedback:

- a) Good job- Nice session
- b) Several issues – Several behaviors – Make a plan for next time
- c) Nice reinforcement each time, work to vary your wording a bit more to be more specific. Think about his negative behaviors, is there a pattern to when they occurred? What can you do about that?

Which do YOU find most constructive/inspiring?



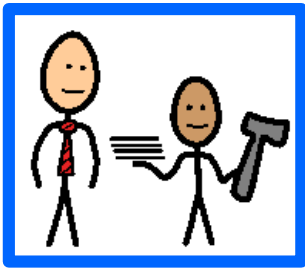
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LEARNING PARTNERSHIP

Supervisee Communication

Your supervisee observes a session and then asks you why you are addressing those goals with that client and/or why you're using the materials that you are. How do you respond?

- a) You worry that the supervisee is going to tell you that it isn't best practice and say, "It's worked for me and our school/company."
(and resent the student and hope no more questions will be asked).
- b) You say, "Well... The client has this diagnosis and needs support with [this], but also has difficulty with [that]. Since he is able to do this other thing, and given his needs for function in his home/school/job, this was the method that ticked the most boxes for him. He's been making steady progress, so we've kept on with it!" *(Incorporate some research, too!)*

Which do YOU find most inspiring and suggestive of continued open communication and learning by both parties?

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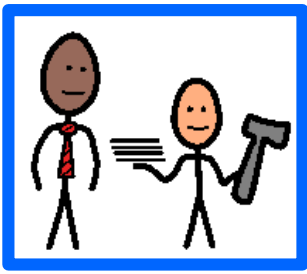
LEARNING PARTNERSHIP

Hours

You have a low-experience supervisee who is needing to get hours. In this session, you will have to assist with the therapeutic intervention quite a bit, as the client is a tricky one. Do you:

- a) Say, “Well this is a difficult client, so you should just observe his session each week. You won’t be able to count the time, but it will be good exposure for you.”
- b) Assign the student some active tasks (taking data, assisting in analysis of responses, providing a model, etc.), and allow the student to count the hours?

Which will encourage the student to stay most engaged, and therefore learn the most from the experience?



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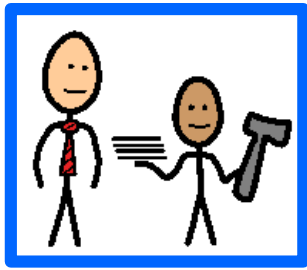
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LEARNING PARTNERSHIP

Hours

You have a final semester graduate student (assistant or CF) who is doing strong work and you have a VERY busy schedule yourself. NO idea how you're going to get everything done and the updated reports completed that are due. The supervisee is strong.... Do you:

- a) Do what YOU need to do and just write down that you supervised the appropriate number of hours (even though you didn't....call it, "rounding"). In this case, the clinician is strong, so he'll be fine!
- b) Do what you need to do to get the actual hours in because YOU are legally responsible for the solid care of your clients and to provide the required amount of supervision.



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Law/Regulation=Meet the requirement!

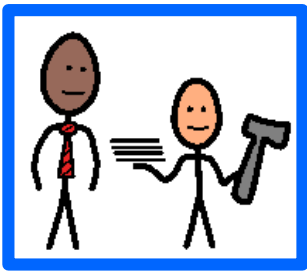
LEARNING PARTNERSHIP

Levels of Competency

You have a supervisee who is not demonstrating the levels of independence and accuracy you would like to see and is taking quite a bit more of your time/energy than the last one you had. Do you:

- a) Say, “My last supervisee was quite a bit further along than this. I have a lot of responsibilities here; I shouldn’t be having to teach you, too. After all, you are a graduate student! If you don’t know about what I’ve asked you to do, you need to find out!”
- b) Check in with ASHA/university information regarding levels of competency per program semester. Be clear on what the student should be able to do, and make an achievable step-wise plan of how to move the student from where he/she is to where he/she should be next, and provide clear consistent feedback on his/her work along the way. If after consulting levels of competency you still have concerns that this student may be below minimums, perhaps discuss your concerns with the university sooner rather than later, so that appropriate planning, documentation, and/or communication is happening throughout.

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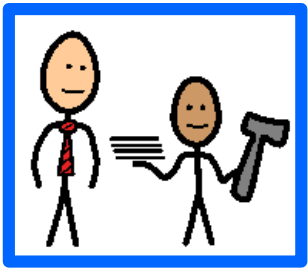
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LEARNING PARTNERSHIP

Therapy Task Planning

You tell your supervisee to plan the next session, but when she comes to you with her plan, it is NOTHING like what you would do! At first, your brain says, “Oh NO! This is all wrong, he’ll have a meltdown! My last supervisee would never have done that! What do I do now?!” Do you:

- a) Tell the clinician that her plan is wrong and she’ll need to redo it before session time.
- b) Take a look at it, notice that it is ok research-based wise, but you think the client will struggle and may act out, but let it go and see what happens.
- c) Tell the clinician, “You have an interesting plan here. I’m concerned that [Client] may struggle with [x]. In order to avoid negative behavior outbursts, be prepared to provide extra support. What might be something you could do for that?”



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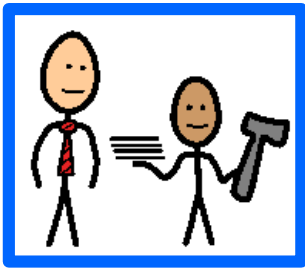
LEARNING PARTNERSHIP

Rough Session

Your supervisee just conducted a session that did NOT go well! At first reflection, NOTHING went well....tragic comes to mind.... You want him/her to learn from the client and the mistakes made, but you never want to see that session go like that again! Which comment set is likely to have the best long-lasting outcomes for the client, clinician, and you?

- a) OK. That was rough. He had a lot of issues and you did not seem prepared. Next time, do this. (and hand clinician tasks/materials to do next time)
- b) OK. Let's talk about your last session. How do you think he responded to the tasks/materials you presented? Were there patterns to when he responded better or when his attention/effort were lost? What can we do next time to improve on that?

...Safe, valued, inspired....



LEARNING PARTNERSHIP

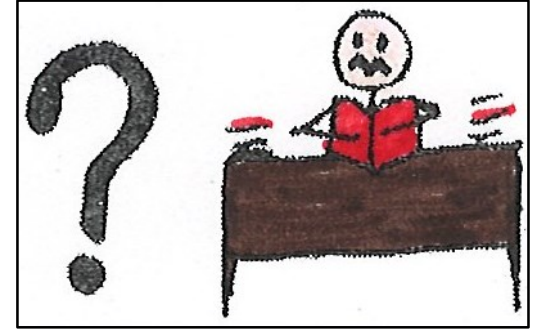
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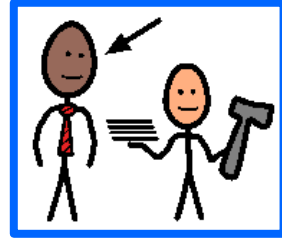
Ethics 101



Ask yourself:

1. Is it illegal?
2. Is it unethical or not best practice?
3. Is it unpleasant, uncomfortable, and/or inconvenient?

The 3 Questions



Ask yourself:

- 1. Can he/she do the job?**
- 2. Does he/she care about the patients he/she has been assigned?**
- 3. Is he/she trying to improve?**

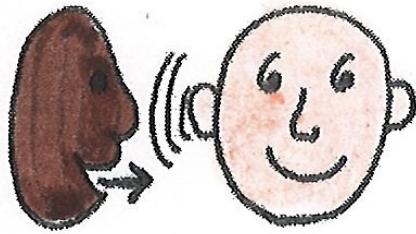
-What is the evidence to support your answer?!

Things to keep in mind

1. Make sure expectations are CLEAR!
2. Your way is not necessarily the ONLY way.
3. Constructive, non-attacking questions are usually more effective than directives.
4. Balance between novelty & pattern is often very helpful.
5. Emotions are key to thinking/learning.
6. Naturalistic, multisensory experiences assist with input/learning/memory/recall.
7. Timely feedback is CRITICAL to learning!

Let's work to be GREAT together!

-Now AND for OUR future -



Thank you for your investment in speech-language pathology!

I love to help!

Jennifer Buhrmann

817-915-5264

www.joyfulnoisesonline.com

jennifer@joyfulnoisesonline.com