

CONTINUED™

If you are viewing this course as a recorded course after the live webinar, you can use the scroll bar at the bottom of the player window to pause and navigate the course.

CONTINUED™

This handout is for reference only. It may not include content identical to the powerpoint. Any links included in the handout are current at the time of the live webinar, but are subject to change and may not be current at a later date.

CONTINUED™

Examining Our Attitudes toward Clinical Supervision

-Jennifer Kerr, MS, CCC-SLP
June 2015

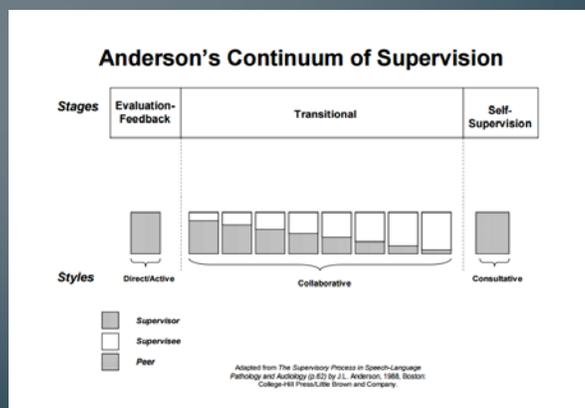
Learning Objectives

After this course, participants will be able to

- Define their attitude toward supervision using descriptive terms.
- List at least 5 toxic and 5 facilitative supervisory traits as identified by students.
- Define the 4 key components of the SWOT analysis tool.
- List at least 3 personally relevant items within each SWOT category
- Describe how SWOT can be used effectively for personal goal development and as a multi-purpose tool with supervisees.

Why Start with Attitude?

- Research and literature regarding supervision is scarce in our field.
- Most studies and literature focuses on the skill sets and how to identify **strengths, weaknesses and growth in supervisees**



Why Examine Your Specific Attitude?

The ASHA technical report (2008b) states:

- ◇ **“Professional growth and development of the supervisee and the supervisor are enhanced when *supervision or clinical teaching involves self-analyses and self-evaluation.*”**
- ◇ However, specific education and experience in supervision is highly recommended, though not mandated by ASHA (*neither is self-reflection of your attitude!*)
- ◇ **Self-analysis will help you determine much about being a mentor** – Are you ready for the role? Do circumstances allow for it? Does your skill set? Does your mindset?

- ◇ “The supervision relationship may ultimately be responsible for a student’s {supervisee’s} growth from vulnerability to independence...” (Cassidy, 2013)

Ready???

Attitude is everything....but how do we define it?

- “A settled **way of thinking** or feeling about someone or something..... Typically one that is reflected in a person’s **behavior**” (Merriam Webster)

- Cognition = Key to How You Think = Who You Are



Attitude = **WHO YOU ARE**

Attitude – A Product of Cognition

- **Cognition (how we think):**
 - Conscious process of being aware of thoughts, perceptions and reasoning
 - How we “make sense” out of the environment and interpret stimuli
- **Acted upon and shaped by internal and external forces;** therefore, can be modified and changed to some degree
Changes in thinking (aka “attitude”) can lead to changes in behavior (“who we are”).
- BUT, first must identify and define your attitude and forces that act upon it (hold this thought for SWOT)... (akin to taking a “Baseline.”)

Attitude Adjustment...

- **“Attitude” can have a **negative** connotation.**
 - **Can be helpful to **change the label****
- 
- **Approach**
 - **Outlook**
 - **Stance**
 - **Mindset**
 - **Opinion**
 - **Feeling**
 - **Thought**
 - **Way of Thinking**
 - **Point of View**
 - **Way of Behaving**

Taking Time to Define **Attitude**...

Examine some behaviors....

- I focus on my attitude toward supervision as much as or greater than I focus on my supervisee's attitude toward learning.
- I can clearly define my attitude toward supervision.
- I've written down a supervisory or mentor "mission" statement
- I devote some continuing education time toward learning about being an effective supervisor.
- I have read the most recent AHSAd Hoc Committee report on Supervision Consideration for Individuals Serving as Supervisors."
- The titles of supervisor and mentor are interchangeable

Do we have "good" attitudes or "good intentions?"

- *What is important, is how our attitudes may translate into behaviors and actions during the mentor-supervisee relationship....*

Our attitudes can result in a “Mixed Bag” of Feelings and Behaviors

- Having a supervisee can be a burden
- I enjoy engaging with and teaching supervisees
- I am relieved when the experience is over
- I appreciate how “green” they may be and look forward to guiding them
- I learn from them as much as they learn from me
- My goal is to create a positive experience
- Having a supervisee requires me to be “on” and can be exhausting
- Supervisees can make me feel defensive about my work
- Having a supervisee helps me be a better professional
- Sometimes, it’s all I can do to not roll my eyes
- I find that working with supervisees is energizing
- I have access to a variety of experiences for supervisees
- I have limited resources when supervising

Save for SWOT

- Our behaviors are subsequently observed, identified and “catalogued” by our supervisees.....which leads them directly to judging our “attitude” toward supervision.

Behaviors and traits
considered **toxic** versus
facilitative by
supervisees...

1. Works with supervisee much less than 40% of the time.
2. Frequently cancels meetings.
3. Regards supervisee as an assistant.
4. Will not let supervisee do anything unsupervised.
5. Does not take account of level of learner.
6. Does not find out supervisees learning needs.
7. Puts supervisee in difficult unsupervised positions.
8. Does not broker learning experiences.
9. Frequently asks others to 'look after' the supervisee.

10. Leaves the supervisee to arrange everything.
11. Does not engage supervisee in reflection on experience.
12. Feedback focuses upon the deficits and 'weaknesses.'
13. Does not help with action plans.
14. Takes no responsibility for supervisee learning.
15. Doesn't attend mentor trainings.
16. Is unfamiliar with the supervisees paperwork and assessment.
17. Rarely aware of the evidence behind their own practice.
18. Does not acknowledge supervisees prior experience.
19. Reluctant to embrace change.
20. Displays unprofessional behavior.
21. Does not link work well with the multi-disciplinary team.

- | | |
|--------------------|------------------------------|
| 1. Assertive | 11. Creative |
| 2. Knowledgeable | 12. Kind |
| 3. Confident | 13. Consistent |
| 4. Competent | 14. Fair |
| 5. Approachable | 15. Non-judgmental |
| 6. Honest | 16. Respected by their peers |
| 7. Empathic | 17. Patient |
| 8. A good listener | 18. Accessible |
| 9. Experienced | |
| 10. Trustworthy | |

Let's examine how attitudes and behavior act on each other in an organized way...

SWOT

(Strengths, Weaknesses, Opportunities and Threats)

- simple and effective analysis to examine your own mentorship role and help you develop and improve it.
- extremely efficient method of reflection
- helps explore your context in detail and highlights areas which are often not obvious.
- can provide source of justification and “protection” regarding attitudes

Necessity of **SWOT** in SLP Mentorship

- ASHA's Ad Hoc Committee on Supervision Report (December 2013)
“Knowledge, Skills and Training Consideration for Individuals Serving as Supervisors:

Knowledge: Supervisor will possess:

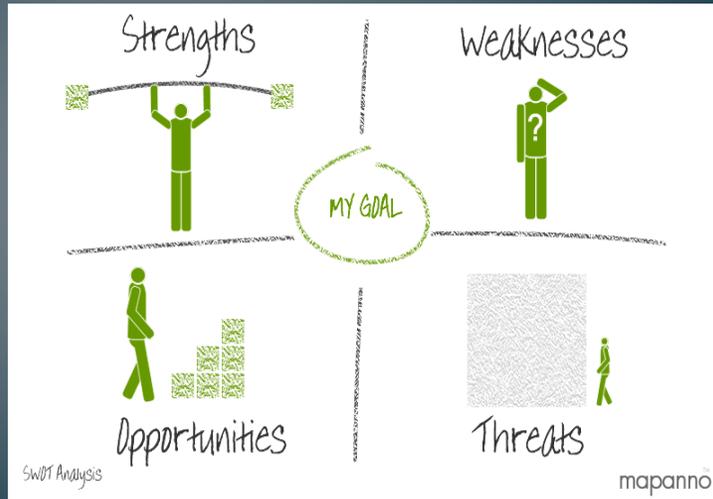
- Knowledge of teaching techniques (e.g., reflective practice, questioning techniques)
- Ability to define supervisor/supervisee roles and responsibilities appropriate to setting

Skills: Relationship Development: Supervisor will:

- Create an environment that fosters learning and exploration of personal strengths and needs

“The clinical teaching environment is probably the most complex teaching environment within which anyone is asked to function.”

(Newman, Sandridge, Lesner, 2011)



- **Strengths**: positive attributes and resources which enhance your ability to mentor a supervisee.
- **Weaknesses**: aspects you feel you need to improve upon or skills you lack, aspects which you feel detract from your ability to be a good mentor.

- **Opportunities:** resources and opportunities you have around you which you might be able to access and which support you in the role.
- **Threats:** pressures and practicalities and other aspects of your role and responsibilities which might get in the way and hinder your ability to be a good mentor.
- *“Equally important in your self-awareness process is determining potential barriers in your clinical setting that might impede your student’s clinical development.”* (Newman, Sandridge, Lesner, 2011)

SWOT Example

Strengths

- Communication Skills
- Work well in a team
- Sound knowledge base
- Experienced
- Time Management
- Organized
- Willingness to mentor
- Professional
- Motivated
- Non-judgmental
- Sense of Humor
- Fair
- Love my job
- Accessible
- Supportive

Weaknesses (“needs”)

- Lack of mentor experience
- Difficulty with delegating
- Like to be in control
- Lack of confidence with mentoring
- Lack of knowledge about curriculum
- Little leadership experience
- Poor with paperwork
- Lack of confidence about assessing skills
- Nervous about giving criticism
- Fearful of “failing” someone
- Poor time management
- Procrastinate

Opportunities	Threats
<ul style="list-style-type: none"> • Many supervisees in area (may be in other disciplines) • Taking mentor courses • Colleagues who have mentored before • University support • Peer support • Supervisee has option to observe other professionals (nurses, teachers, OT) • Good learning environment • Many skills I could teach • ASHA resources, SpeechPath.com, Conferences • The Teaching Professor articles <ul style="list-style-type: none"> • http://www.facultyfocus.com/topic/articles/philosophy-of-teaching/ • “Out of the box” experiences - - inservice, community project 	<ul style="list-style-type: none"> • Time constraints • Heavy case loads • Productivity pressures • Staff shortages/coverage • Stressful environment • Non-supportive staff or management • Unclear communication from university • Personality Clashes

Applying SWOT...

- Identifying strengths, weaknesses, opportunities and threats can lead to useful insights, but the **real value of the analysis is when it is used to create and document personal development goals.**

Goal Areas:

- consolidate strengths and think about how best you can use them.
- eradicate or overcome weaknesses
- exploit opportunities and nullify threats.

Such goals should then become the focus of an [action plan](#)

- Try to set time limits to your action plan and ensure that your objectives are **SMART**, i.e. Small, Measurable, Achievable, Realistic and Timed.

Action Plan Examples

Goal

1. Become more aware of the supervisee's expected outcomes
2. Gain confidence in assessing supervisee's performance
3. Adapt teaching and learning opportunities to the level of the supervisee
4. Practice mentor skills learned in courses, articles

Action Plan

1. Try to link specific expectations/outcomes to your setting's learning opportunities. Are the expectations realistic?
2. Co-assess the supervisee with a more experienced mentor. Do you observe and describe the same behaviors?
3. Identify the level of your supervisee. What experiences have they had? What are they most fearful of? Role play situations.
4. Identify specific techniques, suggestions and methods you have read or learned about regarding mentoring and put them into practice, one at a time.

Goal	Action Plan
5. Learn more about curriculum	5. Ask university liaison to send specific information regarding curriculum.
6. Ensure time is available for meaningful debriefings and conferences	6. Advocate to management for scheduled meeting times with your mentor. Make these meetings effective and productive. Take notes from what you have observed and encourage your mentee to take notes throughout the week regarding topics to discuss prior to your meeting.
7. Overcome fear of “failing” a supervisee	7. Identify specific competencies that must be demonstrated to “pass” the experience. Create a standard remediation plan that can be used for underperforming supervisees (e.g., repeating the experience may be necessary).

Goal Examples

- By end of 2015, I will have contacted the university to obtain copies of supervisee syllabi for relevant coursework related to my practice setting.
- Prior to my initial meeting, I will notify my supervisee (and/or my university liaison) that I have specific expectations for my first meeting (e.g., supervisee to have completed a survey, bring in list of expectations from former supervisor, write up former experiences, samples of documentation).
- During my first mentee meeting, I will open the meeting, but then will allow my mentee to guide the discussion with questions, concerns, fears, etc.

SWOT Alternative Applications

- **Have your mentee to do a SWOT analysis of their experience of your mentoring.**
 - benefits here are that this is not your opinion about yourself but a more objective outside view.
 - can compare to your own self-reflection; see if “themes” arise across mentees and experiences
 - can be a great starting place for you to help with mutual empathy and **conflict resolution** – do your perceptions of yourself match up with supervisees whom you have supervised?? Do your supervisees have any concept of the barriers you face in the workplace?
- ****Can also encourage:**
 - Mentee complete their own SWOT for their role as “learner”
 - Mentee complete a SWOT analysis from your perspective and you complete one as a “supervisee”

SWOT Swapping...

- Compare SWOT perceptions to identify and/or build **Reciprocal Behaviors** that Bolster Mentoring Success

Examples of mutually beneficial behaviors:

- **Articulating:** Mentor needs to explain best practice and illustrate through stories and anecdotes. Mentee needs to articulate thoughts and feelings through appropriate questions/comments.
- **Listening:** **“Effective mentors spend less than 20% of session time talking.”** Are also skilled in the use of silence. Supervisees are often most comfortable when talking about themselves and their opinion. Mentees also need to exhibit active listening, taking notes during meetings.
- **Respect**
- **Goal clarity**
- **Self-awareness**

Beyond SWOT...

Excellent Mentoring Resource

“Building Effective Mentoring Partnerships”

- <http://pcaddick.com/index.html>

Mentoring Workbook:

- <http://pcaddick.com/Mentoring%20workbook/Full%20mentoring%20workbook%20for%20PDF%20link.pdf>

- **To start today, if you have not already done so, fill out or highlight 2 items for each SWOT area that apply to you....**
- **Develop one or two goals you would like to achieve during your next supervisee mentoring experience.**
- **Just as our attitudes shift, understand that each component of SWOT is dynamic and can change over time.**
- **Early identification of shifts in attitudes and changes in behavior through SWOT can lead to meaningful data collection to use when reflecting on your growth and when advocating for “threat” reduction**

In summary:

- Intentions are not the same as attitude
- Mindful and purposeful reflection of attitude toward supervision is a prerequisite to changing our behavior
 - If we can change how we think, we can change how we behave and change who we are – Attitude does not have to be “settled!”
- SWOT is a useful vehicle for identifying and examining the factors that act upon our supervisory attitude
- SWOT is just a start – ideally, it will lead to an action plan to improve behaviors and circumstances, will lead to improved mutual understanding, and will be revisited throughout one’s experience as a supervisor.

References:

- American Speech-Language Hearing Association (December 2013). Ad Hoc Committee on Supervision Final Report: Knowledge, Skills and Training Consideration for Individuals Serving as Supervisors.
- American Speech-Language Hearing Association (March, 2008). Technical Report. Clinical Supervision in Speech-Language Pathology.
- Cassidy, C. (October 2013). The relationship between perceived supervisory roles, working alliances, and students’ self-efficacy in speech-language pathology practicum experiences. ASHA SIG 11 Perspectives on Administration and Supervision, Vol. 23:92-109.
- Newman, C.W., Sandridge, S.A., Lesner, S.A. (2011). Becoming a better preceptor: The clinic as classroom. The Hearing Journal, Volume 64, No. 7.
- Parmenter, J., Wright, J. (June 2011). Supervision: Self-Assessment in Supervision: The Use of the Rubric as a Means of Self-Assessment. ASHA SIG 11 Perspectives on Administration and Supervision, Vol. 21:68-75.
- Powell, D. (Chair), President, International Center for Health Concerns, Inc. Part 1, Chapter 1, Clinical Supervision and Professional Development of the Substance Abuse Counselor: Information You Need to Know. Treatment Improvement Protocol (TIP) Series, No. 52. Center for Substance Abuse Treatment. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2009.
 - Clinical Supervision and Professional Development of the Substance Abuse Counselor: <http://ocdp.ohio.gov/pdfs/TIP52%20Clinical%20Supervision.pdf>
- Walsh, Danny. The Effective Mentor, Chapter 2. The Nurse’s Mentor Handbook. Supporting supervisees in Clinical Practice. McGraw-Hill International, Oct 1, 2010.