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Mentoring, Professionalism and Ethics in Practicum Students and Colleagues

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Mentoring, Professionalism and Ethics in Practicum Students and Colleagues

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Disclaimers

- The presenters receive an honorarium for this presentation.
- Angie Sterling-Orth is a co-author of the Guide to Clinical Supervision resource cited in the references of this presentation and she receives a royalty for sales of this book.
- The presenters have no non-financial disclosures.

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Learning Outcomes

1. Identify the aspects of the ASHA Code of Ethics that are potential obstacles when supervising/mentoring a practicum student or clinical fellow.
2. Describe how various supervisory and mentoring styles and strategies can be used to assist with adhering to the ASHA Code of Ethics.
3. Describe processes for clinical supervisors/mentors to use to address issues of professionalism in practicum students and mentees.

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Setting the Stage

- “Ethics” per who?
 - Current version of ASHA COE (2016)
 - School district policy/protocol
 - Practicum program guidelines/MOU
- WHY? Do ethical breaches and professional mishaps occur?
 - Direct liability
 - Vicarious liability
- Supervision vs. Mentorship
 - What these have in common
 - Important differences to keep in mind

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Outcome #1 —

Identify the aspects of the ASHA Code of Ethics that are potential obstacles when supervising/mentoring a practicum student or clinical fellow.

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continued

Clinical Supervision and the ASHA Code of Ethics

- Let's identify specific rules from each Principle in the ASHA Code of Ethics that are DIRECTLY applicable when supervising a practicum student or mentoring a colleague

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continued

Principle I—Hold client well-being paramount

- **Rule B**—*Use every resource/collaboration (when appropriate) to delivery quality service.*
- **Rule D**—*Do not misrepresent credentials of assistants/practicum students under your supervision to persons receiving services.*
- **Rule F**—*Do NOT delegate tasks to practicum students when they are not adequately prepared/supervised.*
- **Rule G**—*Delegate scope of practice services to students only when they are adequately prepared to deliver them and are appropriately supervised. Welfare of client remains with certified SLP.*
- **Rule S**—*Identify and report when a colleague is unable to provide professional services with reasonable skill/safety.*

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continued

Principle II—Maintain professional competence

- **Rule A**—*Engage in aspects of the profession that they have received training/experience.*
- **Rule E**—*SLPs in supervisory roles should not permit supervisees/staff from providing services/completing tasks that are beyond their training/competence.*
- **Rule F**—*SLPs in supervisory roles should not permit their supervisee from conducting clinical activities that compromise their independent and objective judgment.*

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continued

Principle III—Representation to the public

- **Rule A**—*Do not misrepresent your credentials.*
- **Rule B**—*Avoid engaging in conflicts of interest.*

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continued

Principle IV—Collaborative & harmonious colleague

- **Rule G**—*Do not engage in harassment/abuse of power.*
- **Rule H**—*Do not engage in sexual activities with those whom you exercise authority (students, mentees).*
- **Rule I**—*Do not knowingly allow anyone under your supervision violate Code of Ethics.*
- **Rule L**—*Shall not discriminate in relationships with students, colleagues, etc.*
- **Rule N**—*Must report colleagues (within SLP profession or other professions) who violate professional standards of care when it compromises client welfare.*

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continued

Identifying Potential COE Violations Related to Supervision/Mentorship

- Let's identify the Principles and Rules for some specific scenarios
 - Confidentiality Oops!
 - Home Construction Job COI
 - Social Media Fiasco

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continued

Scenario #1 — Birth-to-Three

You are supervising, Steve, a graduate student from a local university during his final clinical externship. You work in a B3 setting. During the course of working with this student, you discover that Steve works at a daycare center, which one of your clients (a 2-year-old boy) also attends. The center's director, who is a friend of yours, reports that she has heard Steve sharing information regarding the boy's therapy sessions and his amazing progress with co-workers and parents of other children at the daycare center.

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continued

Violations

- **Principle I, Rule G**—*Delegate scope of practice services to students only when they are adequately prepared to deliver them and are appropriately supervised. Welfare of client remains with certified SLP.*
- **Principle IV, Rule I**—*Do not knowingly allow anyone under your supervision violate Code of Ethics.*

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continued

Scenario #2—Hospital

Bethany is your current CF in an acute care setting and her husband owns a construction company and you decide to utilize that service for some remodeling in your home. After the project is complete, you are unhappy with the results. You confront Bethany at work and express your displeasure.

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continued

Violations

- Principle IV, Rule G—*Do not engage in harassment/abuse of power.*
- Principle IV, Rule L—*Shall not discriminate in relationships with students, colleagues, etc.*

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continued

Scenario #3—Private Practice

You work in a clinic that sees people across the lifespan with communication and swallowing disorders. You have been assigned the role as mentor for Austin's CFY. Your initial meetings and observations of Austin are positive and collegial. You enjoy this new colleague very much and feel he adds so many positive things to the practice. You can tell his clients and their caregivers value the services he is providing. You have observed a few of his sessions and are learning some current techniques from him. You notice that he has been helping some clients set up Instagram and Snapchat accounts and is using these visual systems to address some relevant treatment objectives. You friended Austin on Facebook and then a few months later see that some of the clients and caregivers are also his Facebook friends and he's been uploading some photos to Facebook from sessions that happen at the clinic. These photos tag Austin's clients with first and last name and mention the clinic as well. Now you are about to hold your quarterly meeting with Austin.

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continued

Violations

- **Principle IV, Rule I**—*Do not knowingly allow anyone under your supervision violate Code of Ethics.*
- *Report? Or work to resolve? Does it compromise client services?*

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CONTINUED

Outcome #2—

Tell how various supervisory and mentoring styles and strategies can be used to assist with adhering to the ASHA Code of Ethics while providing supervision and mentorship.

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CONTINUED

Supervisory Styles

- Directing
 - *High level of control with lower level of support, provides specific instruction, CLOSE supervision and detailed evaluation, supervisee never takes the lead*
- Supporting
 - *Shared control, provides lots of assurance, offers opportunities without insistence, encourages supervisee to take the lead*
- Coaching
 - *High level of control AND high level of support, explains decisions, close supervision and ongoing evaluation*
- Delegating
 - *Low level of support (i.e., supervisee should be competent to do any assigned tasks independently), low level of support (i.e., supervisee shouldn't need it), periodic evaluation*

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Let's Practice with these Styles

Let's apply these to our field.

Styles of Supervision Reflection and Application—


Meeting the Code of Ethics Demands during Supervisory Experiences

Take time to reflect on these styles and how they might interface with your current/future supervision of a practicum student. Fill in the grid below with your reflections and anticipated actions.

Style of Supervision	Strengths	Limitations	SLP Clinical Roles/Tasks Needing this Style
 Directing			
 Coaching			
 Supporting			
 Delegating			

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Directing Style

Style of Supervision	Strengths	Limitations	SLP Clinical Roles/Tasks Needing this Style
 Directing	<ul style="list-style-type: none"> • Good for start of practicum • Provides clear info • Supportive for a new environment 	<ul style="list-style-type: none"> • Student may feel doesn't need this level of supervision • May not support what a student brings (perhaps from a previous placement) 	<ul style="list-style-type: none"> • Useful at the start of a practicum and maybe more related to processes, documentation vs pt care. • When learning a new test or treatment procedure.

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CONTINUED


Coaching Style

Style of Supervision	Strengths	Limitations	SLP Clinical Roles/Tasks Needing this Style
 <p>Coaching</p>	<ul style="list-style-type: none"> • Supports team approach which is valuable for future • May help boost confidence given level of support • Allows high direction to be provided • Allows for high levels of support 	<ul style="list-style-type: none"> • Student may feel doesn't need this level of supervision • May be a mismatch to a person who doesn't value a "team approach" • Time consuming 	<ul style="list-style-type: none"> • Almost any service delivery task. • Start-up orientation. • When a practicum student needs a bit more cheering on and more direction (when they are feeling uncomfortable, but you know you have given them the direction needed).

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CONTINUED

Supporting Style

Style of Supervision	Strengths	Limitations	SLP Clinical Roles/Tasks Needing this Style
 <p>Supporting</p>	<ul style="list-style-type: none"> • Allows student to guide the process and feel more confident before jumping in • Allows for more rapport to be developed with the practicum student • Useful when working with "fragile" students 	<ul style="list-style-type: none"> • If a student is less of an initiator they may sit back too long • May negatively support a personality that tends to follow vs lead • Those "counseling" moments can be quite time consuming • Doesn't include a high level of direction 	<ul style="list-style-type: none"> • Counseling situations, especially when the client is faced with a complex situation or asking complex questions. • Appropriate in rounds, especially given the fast nature. • When going into IEP/staffing meetings (supporting the practicum student ahead of time).

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Delegating Style

Style of Supervision	Strengths	Limitations	SLP Clinical Roles/Tasks Needing this Style
 Delegating	<ul style="list-style-type: none"> • Best prepares student for the real world. • Time-saver (just need to give them a task list, rather than direct and support). • Confidence-builder for the practicum student (student knows the supervisor feels he/she is prepared). 	<ul style="list-style-type: none"> • May not be appropriate at start, too high of expectation on a new student • Could lead to costly mistakes • Could give a student a false sense of being more competent than they are 	<ul style="list-style-type: none"> • At the end of the practicum placement. • Useful for more straightforward and less-complex service delivery tasks (like artic therapy, data collection, materials prep, etc.) • Useful when supervising a "team" of practicum students

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Let's See All Styles in Action

- 2 ½ minute video example of a weekly meeting between supervisor/supervisee to illustrate how the various styles can be utilized simultaneously

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continued

Styles Visualized and Put Into Action

- **Let's map these styles onto our ethical scenarios.**
- **Dealing in a reactive mode at this point (i.e., something has gone astray or is about to be an ethical situation).**

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continued

Supervision Styles Applied

- **Birth-to-Three Steve:**
 - Coaching (high support, high direction)
 - Restate policies
 - Retrain HIPAA
- **CF Bethany/CF:**
 - Supporting of a repaired relationship
 - Directing for honest formative/summative evaluation
- **Instagram Austin:**
 - Directing to retrain HIPAA and remind about policies
 - Supporting to help explore viable options

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Mentoring Styles

- Traditional
 - “expert” passing on knowledge to a mentee
 - Organized in a hierarchical system
 - Classic model for the CFY mentorship
- Network/Circle
 - Individuals within a group
 - Outside of your organization of employment (Network) or within the same work setting (Circle)
 - Clinic Directors List Serv
- Group
 - One or two individuals provide mentoring leadership to a group of individuals
 - Group members share a commonality
 - University clinic director mentoring new, adjunct clinical supervisors

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Mentoring Styles

- Minute
 - Like “speed-dating”
 - Individuals provide “pearls of wisdom” and share their expertise
 - Colleagues in any speech/lang department knocking on each other's doors for professional advice
- Invisible
 - Leaders to learn by from observing from a distance
 - Self-guided learning
 - Following an expert's blog, on You Tube, at conferences/presentations
- Reverse
 - Generational pairings to provide benefit to both
 - Gaining understanding of generational mindsets and professional practices
 - Examples???? Maybe more common in the business world???

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Let's Practice with these Styles

Style of Mentoring	Strengths	Limitations	Scenario
Traditional	<ul style="list-style-type: none"> • High level of wisdom transfer • Highly organized/assigned • Increased follow-through • Longer-lasting 	<ul style="list-style-type: none"> • Might not be a good "match" • Relies on mentor and mentee showing high level of dedication • Time consuming 	

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Let's Practice with these Styles

Style of Mentoring	Strengths	Limitations	Scenario
Network/Circle	<ul style="list-style-type: none"> • Personal/more intimate • More reciprocal and beneficial to everyone • Bring in multiple perspectives 	<ul style="list-style-type: none"> • Less "official" or reliable for just-in-time or ongoing support • Might turn too "social" or get off track <p>Might result in conflicts of interest surfacing</p>	

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Let's Practice with these Styles

Style of Mentoring	Strengths	Limitations	Scenario
Group	<ul style="list-style-type: none"> Obtain that "expert" advice Might include a higher level of structure 	<ul style="list-style-type: none"> Matching schedules to meet Less individualized 	

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Let's Practice with these Styles

Style of Mentoring	Strengths	Limitations	Scenario
Minute	<ul style="list-style-type: none"> Flexible Just-in-time assist Less investment of time Individualized and specific support 	<ul style="list-style-type: none"> Hard to access support when needed Not enough detail or info shared as to create misunderstandings 	

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Let's Practice with these Styles

Style of Mentoring	Strengths	Limitations	Scenario
Invisible	<ul style="list-style-type: none"> • Efficient • As-needed • Flexible to schedule • Self-guided (by mentee) • Draw from multiple resources and diverse perspectives 	<ul style="list-style-type: none"> • Lower level of personal or emotional support • No development of an actual "relationship" • Single-sided and heavy reliance and mentee initiative • Risk of accessing unreliable resources 	

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Let's Practice with these Styles

Style of Mentoring	Strengths	Limitations	Scenario
Reverse	<ul style="list-style-type: none"> • Informal • As-needed • Providing rich and diverse perspectives 	<ul style="list-style-type: none"> • Lack of follow-through b/c those involved might not see the need • Misunderstandings 	

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Supervisory and Mentoring Strategies

- Difference between STYLES and STRATEGIES
- Examples of general types of strategies
- Putting these puzzle pieces into place so everything “fits”

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Strategies Galore—Specifics

- Orientation activities
- Modeling
- Scripts
- Online training modules
- Step-by-step resource guides
- Feedback meetings
- Rating scales/inventories for evaluation of performance
- Positive reinforcement/praise (catch'em being “good”)
- Active listening
- Counseling strategies
- Written journaling/reflections

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continued

Let's Put Strategies in Place

- Choose one or more specific STRATEGIES you would/could use to ADDRESS the situation.
- Choose one or more specific STRATEGIES you would/could use to PREVENT each of the scenarios from having happened in the first place.

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continued

Scenario #1 — Birth-to-Three

You are supervising, Steve, a graduate student from a local university during his final clinical externship. You work in a B3 setting. During the course of working with this student, you discover that Steve works at a daycare center, which one of your clients (a 2-year-old boy) also attends. The center's director, who is a friend of yours, reports that she has heard Steve sharing information regarding the boy's therapy sessions and his amazing progress with co-workers and parents of other children at the daycare center.

- **Strategy to ADDRESS**—Feedback meeting (DIRECT style of supervision)
- **Strategy to PREVENT**—Orientation activity (DIRECT style of supervision)

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Scenario #2—Hospital

Bethany is your current CF in an acute care setting and her husband owns a construction company and you decide to utilize that service for some remodeling in your home. After the project is complete, you are unhappy with the results. You confront Bethany at work and express your displeasure.

- Strategy to **ADDRESS**—Discussion to apologize and set a plan for removing conflict of interest (Traditional mentoring style)
- Strategy to **PREVENT**—Avoid conflicts of interest

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Scenario #3—Private Practice

You work in a private practice that sees people across the lifespan with communication and swallowing disorders. You have been assigned the role as mentor/supervisor for Austin's clinical fellowship year. Your initial meetings and observations of Austin are positive and collegial. You enjoy this new colleague very much and feel he adds so many positive things to the practice. You can tell his clients and their caregivers value the services he is providing. You have observed a few of his sessions and are even learning some more current techniques from him. You notice that he has been helping some clients set up Instagram and Snapchat accounts and is using these visual systems to address some very relevant treatment objectives. You friended Austin on Facebook and then a few months later see that some of the private practice clients and caregivers are also his Facebook friends and he's been uploading some photos to Facebook from sessions that happen at the center. These photos tag Austin's clients with first and last name and mention the therapy center as well. Now you are about to hold your quarterly CFY meeting with Austin.

- Strategy to **ADDRESS**—Feedback meeting and remove the photos (DIRECT style of supervision)
- Strategy to **PREVENT**—Orientation activity (DIRECT style of supervision)

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continued

Outcome #3—

Describe processes for clinical supervisors/mentors to use to address issues of professionalism in practicum students and mentees.

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continued

More “Official” Processes for Addressing Professionalism/Ethical Violations

1. Following agency policy—how/when do you “report”?
2. Following state licensing policy—how/when do you “report”?
3. Following ASHA Code of Ethics—what do you do?
4. Following program agreements (i.e., student responsibilities have been violated/not met)—what do you do?

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continued

More Practice—Having the Difficult Conversation #1

Brian is your practicum student in his final externship position. You are sitting across a long table from him in the teacher's lounge during lunch and you hear him revealing assessment details about a student who he just evaluated for a referral of autism. This student is the son of another teacher and it is a highly sensitive situation. Brian is joking about the child with the other teacher who is not involved in the IEP team for this child. Now you and Brian are headed back your office. What should happen now?

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continued

More Practice—Having the Difficult Conversation #2

Lauren is a clinical fellow under your supervision at this time. The two of you recently attended a professional development workshop on an update related to a variety of clinical management issues. One such topic was using metronome and other listening programs to target language skills and CAPD. The evidence that was shared and confirmed was related to the implementation of a language-based and compensatory approach to students with profiles matching processing disorders, along with collaborations with other healthcare and learning professionals related to areas such as academic support and medical management. This evidence stressed the need to discontinue or not use metronome and other auditory-only pre-packaged listening programs as a "fix" for a diagnosis of CAPD. This week you are taking a day to observe Lauren's work with students as one of your supervision days to meet the CFY requirements. For the majority of the morning activity you watch Lauren plug students into a computer music and metronome program. She does paperwork while the students listen and play the corresponding online reward game. Now you need to have a conversation with Lauren.

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A General Plan to Follow: TEAM

- **Teach** – Identify what the specific ethical behavior looks like. Understand the specific clinical management skills you use. Be certain that the **training, mentoring, and feedback** processes you're using set the supervisee up for success. (Make sure to use CLINICAL INSTRUCTION rather than merely "supervision".)
- **Enforce** – Have appropriate consequences and praise that are proportional to behavior. Remember, what you allow you encourage.
- **Advocate** – The values you desire should be displayed on the walls and part of performance reviews.
- **Model** – Be certain that as a supervisor your conduct models what you expect from your supervisees. (No level of experience or seniority afford you any opportunity to be lax in your attention to professionalism standards of the field.)

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CONTINUED

"Supervisors are usually middle managers. Not only do they get caught in the squeeze of trying to help workers and consumers while satisfying agency demands, but they also have to balance legality, fairness, and efficiency. Typically, human service professionals value relationships, so performing this middle-manager balancing act while still trying to maintain relational approval is a recipe for mission impossible."

--Dewane, C.J. (2007)

Thanks for attending! Any questions?

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