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Online continuing education for the life of your career

Mentoring, Professionalism and Ethics in Practicum Students and Colleagues

Angie Sterling-Orth, MS, CCC-SLP Kay Hagedorn, MS, CCC-SLP

Moderated by:

Amy Natho, MS, CCC-SLP, CEU Administrator, SpeechPathology.com

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continued

Mentoring, Professionalism and Ethics in Practicum Students and Colleagues

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Clinical Associate Professors

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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.

continued

Learning Outcomes

- 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.



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

continued

Outcome #1—

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



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

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.



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.

continued

Principle III—Representation to the public

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



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.

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



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.

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.



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.

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.



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.

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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Outcome #2—

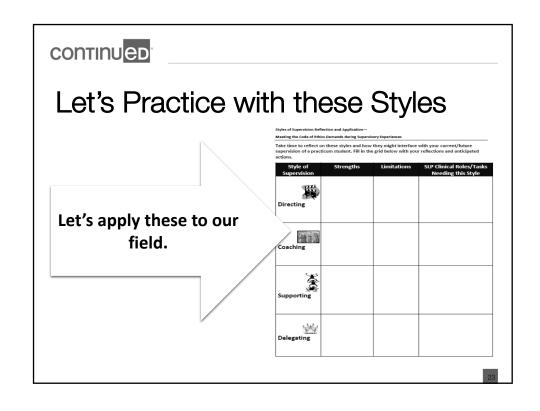
Tell how various supervisory and mentoring styles and strategies can be used to assist with adhering to the ASHA Code of Ethics while providing supervision and mentorship.

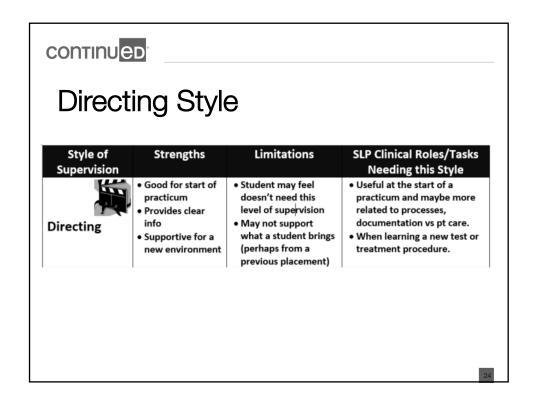


Supervisory Styles

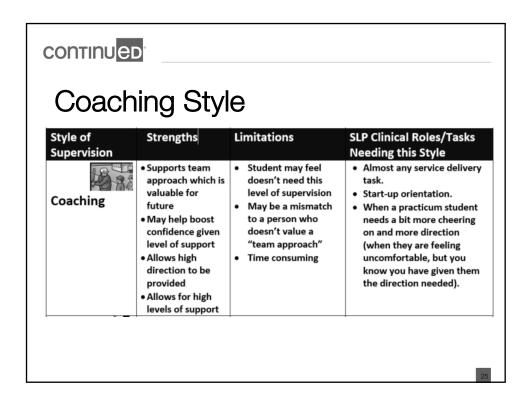
- Directing
 - High level of control with lower level of support, provides specific instruction, CLOSE supervision and detailed evaluation, supervisee never takes the lead
- Supporting
 - Shared control, provides lots of assurance, offers opportunities without insistence, encourages supervisee to take 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





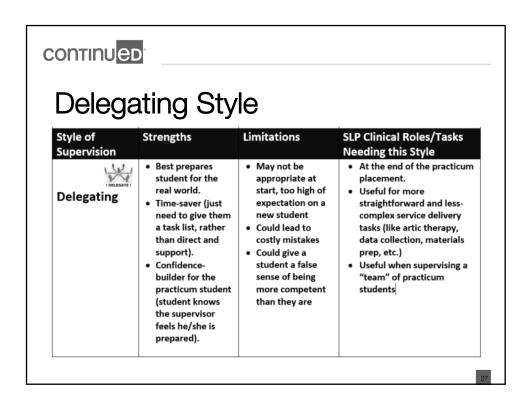






continued Supporting Style Style of Limitations SLP Clinical Roles/Tasks Strengths **Supervision Needing this Style** • If a student is less of Allows student to Counseling situations, an initiator they may especially when the client is guide the process and feel more sit back too long faced with a complex confident before May negatively situation or asking complex Supporting jumping in support a personality questions. that tends to follow vs Allows for more Appropriate in rounds, rapport to be especially given the fast developed with Those "counseling" nature. the practicum moments can be quite When going into IEP/staffing student time consuming meetings (supporting the Useful when • Doesn't include a high practicum student ahead of working with level of direction time). "fragile" students





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



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).

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



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

continued

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???



Let's Practice with these Styles

Style of Mentoring	Strengths	Limitations	Scenario
Traditional	High level of wisdom transfer Highly organized/assigned Increased follow- through Longer-lasting	 Might not be a good "match" Relies on mentor and mentee showing high level of dedication Time consuming 	

continued

Let's Practice with these Styles

Style of Mentoring	Strengths	Limitations	Scenario
Network/Circle	Personal/more intimate More reciprocal and beneficial to everyone Bring in multiple perspectives	Less "official" or reliable for just-intime or ongoing support Might turn too "social" or get off track Might result in conflicts of interest surfacing	



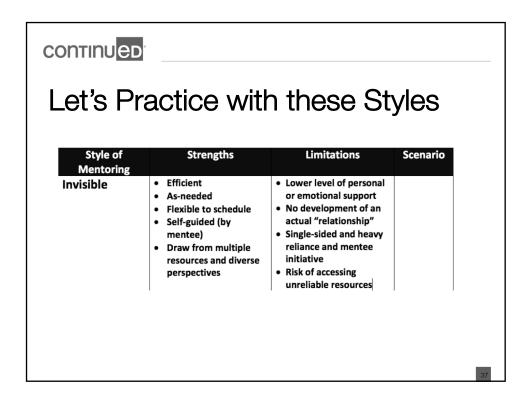
Let's Practice with these Styles

continued

Let's Practice with these Styles

Style of Mentoring	Strengths	Limitations	Scenario
Minute	Flexible Just-in-time assist Less investment of time Individualized and specific support	Hard to access support when needed Not enough detail or info shared as to create misunderstandings	





continued Let's Practice with these Styles Style of Strengths Limitations Scenario **Mentoring** · Lack of follow- Informal Reverse As-needed through b/c those involved might not · Providing rich and see the need diverse Misunderstandings perspectives



Supervisory and Mentoring Strategies

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

continued

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



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.

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)



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

continued

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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Outcome #3—

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

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?
- Following program agreements (i.e., student responsibilities have been violated/not met)—what do you do?



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?

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 auditoryonly 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.



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.)

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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