Assess and Improve Your Supervision Skills

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- [Amy] Once again welcome to our webinar today, Assess and Improve Your Supervision Skills. Our presenter today is Nancy B. Swigert. She is president of Swigert & Associates, Inc., her consulting company through which she continues to teach and write in the areas of dysphasia, coding, reimbursement, documentation and management techniques. She has written numerous books and articles in clinical and management areas. She was past president of the American Speech-Language-Hearing Association, or ASHA in 1998 and received the honors of ASHA in 2015, and we are very honored to have her here with us today. Nancy, welcome, I'm going to turn over the floor to you.

- [Nancy] Thanks so much, Amy, and it's always a pleasure to present for SpeechPathology.com, and I'm excited to see so many people signed in to hear about a non-clinical topic, but an administrative topic I think that's important to all of us. And probably many of you on the webinar are aware that ASHA's putting in a requirement that if you're gonna supervise clinical fellows you have to have two hours of education in supervision. That's certainly not enough, but it's a good start, I think. So a couple disclosures, I got an honorarium for this presentation, and I have previously presented on this topic before. And I wanted to let you know who I've supervised, like why is Nancy talking about supervision? Well, I had a private practice for 25 years and supervised a front office staff, administrative staff, speech-language pathologists, certainly graduate students, clinical fellows, undergrads who came to observe. The last 10 years, hmm, last 10 of the 13 years of my career I also added running the respiratory care department at Baptist Health Hospital in Lexington. So then I really had to hone some supervision skills trying to supervise a group of professionals that knew a lot of stuff I had no idea about, well a little idea about. So I've kinda run the gamut on who I've supervised, and let me just start by saying that truly doesn't mean that I'm an expert. What it means is I've made plenty of mistakes and done things the wrong way, and learned the hard way. And I think that's all of us, you know we're not really ever taught how to be a supervisor, so hopefully the discussion today will provide

you with some background information, hopefully some practical tips 'cause I always try to make the talks that I give practical so there's at least one or two things you can use the next day. So here's what we're gonna cover. We're gonna talk about styles and roles as supervisors and how that relates to models of supervision. We're gonna talk about how to complete a self-assessment of skills needed for effective supervision. And boy, I tell you what, just like in clinical, how you continually assess how you're doing and where you're weak, and what you need to improve on, the same thing goes for supervision and administration as well. So throughout the course, we're gonna stop and have you take a minute and actually rate yourself. I'm not gonna ask what your ratings are. You're not gonna share them with anybody.

But I will encourage you to actually do the ratings, and one of the handouts will allow you to easily do it. It's the last one that's called ASHA's Adapted Clinical Supervision Skills. So I'm hoping that you've downloaded it so that you can scribble on it, make notes on it, et cetera as we go. So I do intend for this to be a little reflective as well. We'll also identify strategies to supervise different levels of students and staff, like I mentioned all the different kinds of folks I've supervised over a long career. And then also how that relates to seven essential supervision skills.

And then we're gonna finish with talking about how to utilize at least one web-based tool to increase efficiency of supervision. So full disclosure, you know back when I started supervising, there weren't web-based tools, and we did everything by paper. And it's okay if you're still a paper person. I have a hard time breaking away from it, having a notebook that I pass back and forth between me and the clinical fellow, for example. But there are much more efficient ways to do it, and probably many of you who are listening could teach that section much better than I could. But we're gonna try to share a few things that might make supervision more efficient because it's one thing that draws on our limited time. So we'll cover models of supervision, roles of the supervisor and supervisee, styles of supervision. We'll talk more about supervising

different types of students and staff. Throughout, as I mentioned, we'll be assessing, having you assess your own competence. We're gonna go through seven critical areas, skill areas for supervision. We're gonna discuss why documentation is critical in supervision just like it is in clinical work. And then as I said, we'll touch on some web-based tools. So the first thing I want you to stop and think about, and you can just jot this down on a piece of paper or think about it out loud, but the first handout that's called Supplemental Assessment of Listening has a place at the top that looks like this, where it says assess and improve your supervision skills. So this little part right down here, you would find on that supplemental handout.

But you can also just write it down. I want you to think about one positive experience you had when you were being supervised. It can be something now, it can be something back in graduate school. And then I want you to think about one not-so-positive experience you had when being supervised. Jot them down, and as we go through the course, I'm hoping that you'll say oh, I see what made that such a positive experience for me. It was this person's relationship-building skills, or boy I see what made that one not such a positive experience, and it was that that supervisor was a poor communicator.

So take just a couple seconds and jot down a really positive experience and one that was not so positive. I should have the Jeopardy music playing. All right, and feel free to jot this down at any time as we go ahead. So again, the course is called Assess and Improve Your Supervision Skills, and I mentioned I want it to be reflective. I want you to think about where your strong areas are and where your weak areas are. And I admitted at the front end that I had and still have lots of weak areas in terms of supervision that could be, certainly could be improved. So I want you, as we go through this course, to assess your skills, and also related to the different students and staff that you supervise because your situation is probably different from other folks who are listening on the webinar. So that's the first thing I want you to think about is

who do you supervise, either currently or kind of on a regular basis, or yeah last year I had a clinical fellow. So it might be other professional staff, so other speech pathologists, other audiologists, other disciplines. So I've got a poll here for you. So, and you can check as many as apply, so check who you supervise. Nice, so we have, I guess, Kathleen should we end the poll and then can they then see these results? All right, so as you can see, a lot of us supervise other speech-language pathologists. And boy, there are particular challenges with that because everybody comes with a different set of skills. About a fourth of you are also supervising other professional disciplines like I did with respiratory care. About a third do clinical fellows. Over half do graduate students. And look, a lot of you guys also have those undergraduate observers.

So it's not really supervising, but it kind of is, and you have to, sometimes they can be a time drain. If we think about those undergraduate observers like a graduate student sometimes we can go down the rabbit hole explaining things. And then non-clinical staff, so not as many of you supervise non-clinical staff. I bet some of you who are in private practice do have that responsibility as well. So fantastic, we got a nice mix, which is great. Nobody is supervising an audiologist, so not in a clinic that has both of those, okay. So ASHA has developed a document that I would really encourage you to go and download. It's very comprehensive, and it's really related to clinical supervision, okay, so it really is useful for you if you are supervising clinical fellows, other speech pathologists, et cetera.

And what I've done is just adapt portions of that form 'cause we didn't wanna do a nine-hour webinar including all of the different areas. So we're gonna go through part, and I'll show you how I've modified it. And that's the handout that you have, that one called ASHA's Adapted Clinical Supervision Skills. And we're gonna talk about not just clinical supervision, but also supervision of different students and staff related to non-clinical skills, which sometimes I think is harder. Oh, I didn't put in there speech-language pathology assistants. That's fantastic you pointed it out. I have never

supervised assistants. They were, in Kentucky, where I spent all of my career, they could work only in schools, and I didn't provide services in schools. So I would, I think that that's probably a nice combination as we go through this, and I talk about supervising clinical skills and non-clinical skills, it's gonna be the same thing with your SLP assistants as it is with your SLPs, it's just a different level of clinical skill. So as we talk about it, I want you to think about your SLP assistants kind of as you would if you were supervising a CF or another SLP, but obviously with a very different level of skill development. But all the non-clinical skills and the team-building skills we'll talk about, those all apply.

So the self-assessment from ASHA looks like this, so it's got a rating scale where you say oh no, I don't do that yet, I'm just kinda starting. Hey, you know what, I'm getting there, or boy I got it, I'm consistently doing this. And it's a multiple-page document, and again you see that it really does relate to clinical supervision. And you can just go on ASHA's website and type in in the search box self-assessment of competencies in supervision. I think you'll find it really very, very helpful. There's the URL, Assessment of Competencies in Supervision. So this is a fairly new document. I believe it was just last year that a committee finished their work on this document. So that's what, there's a page out of it, so you can kinda see where it's got, it's broken it into categories like this one is relationship development and communication skills.

And then it has statements as to I do this, et cetera, and then you rate yourself on that scale, that not yet, just starting, getting there and I got it. So the full ASHA form looks like that, and it covers these areas, so supervisory process and clinical education, so I didn't ask, but some of you may be working in universities, and so you're supervising students in that particular setting as well. Relationship development and communication skills, establishment and implementation of goals, analysis and evaluation, clinical performance decisions, and then there are these additional sections for clinical educators of grad students, preceptors of audiology externs, additional

information for mentors of CF, we're gonna talk quite a bit about that today as well, additional for supervisors of support personnel, so thank you again for pointing out that I had my blinders on and forgot to think about SLPAs. So this form would be really helpful to you because it has additional information on support personnel. And then transitioning to a new area or reentering, and one of the things I didn't ask is for how many of you it might be the first time you're supervising because a lot of times we get assigned, oh hey, guess what, we're getting a new CF in the department and you get them. Or we need you to take over supervising the undergrads who are coming to observe. Or you've now got an SLP assistant. So a lot of times it's just kind of thrown on us, and we have to find our way. All right, so what I've done is I've taken a few of these just from the areas one, two, three and four on that left-hand side, Roman numerals one through five on the left-hand side and I've excerpted them. And I made it look like this.

So because I think a skill level can be really different if you're supervising a graduate student versus let's say another speech-language pathologist. So let's say you've got five years' experience, you're now kinda the lead SLP or the supervisor, whatever term is used in your district or in your department, and now all of the sudden you're supervising other SLPs, and who may have even more clinical experience than you. So I think you might rate yourself very differently on clinical staff than you would an extern, than you would a CF, et cetera. So there's an other where you can put in SLP assistants if you are supervising them as well. So I'm gonna encourage you, we're gonna come to slides where you'll see these things on the slide, and I'm really gonna encourage you if you haven't downloaded the handout, download it, print it, and score yourself as you go along. Now I'm not gonna stop and give yourself time to score everything, every one of those on all those different categories of staff, but maybe you say you know what, as I go through and listen to Nancy yakking this afternoon, I'm gonna focus on how I do with CFs, or I'm gonna focus on how I'm doing with SLP assistants, and I'm just gonna score that one column. And then obviously you can go

back and spend as much time as you like scoring it after we're done talking. So we'll start with models of supervision. And each time we start a new section, that's when you can complete your self-assessment in that area, so here you go. There, I put a question on there for you, a couple questions, and this one starts with I possess knowledge of collaborative models of supervision. So if you have downloaded that modified handout, here's where you could rate yourself zero, one, two or three on understanding having knowledge of collaborative models of supervision. So if you have it, go ahead and give yourself a score.

And again, you don't have to score all of these. You might pick one that you're gonna focus your thoughts on as you're participating in the webinar. Well goodness, there are a boatload of models of supervision. You see them listed here. There's a supervisory alliance model, and I love the names of some of these, and a restorative supportive model, and a normative managerial model and a peer model, and there's lots of information out there that you can get your hands on and read as you continue to improve your skills as a supervisor. There are, and this is only some, there are many other models. Here's a couple more, and I'm not gonna go through all those I had on the previous slide, but let's do talk about these three models. To me they're some of the ones that are more concrete, easier for me to understand, and I think easier to apply as well.

So directive supervision, this is just what it says. Your role as supervisor is to inform, direct, model and assess employees' competencies, very directive. Here's what I need you to do. Let me show you how to do it. I'm gonna assess how well you do it. Nondirective is very different than that. The supervisor's role then is to listen, be nonjudgmental, provide self-awareness and clarification experiences for employees so they kinda start to come to their own conclusions. And then there's collaborative supervision where the supervisor's role is to guild the problem-solving process, be a really active member of the interaction and keep the employees focused on their

common problems because what you wanna do is move the responsibility for supervision from you to that ideal staff member who self-supervises, I mean they kinda, you almost don't even have to check in with them very often 'cause they know what they're supposed to do and they do it. And so collaborative moves somebody along that continuum so that they can begin to do more kinda self-supervision. And if we think about those different columns I put on the form, might you not use a different model with non-SLP staff? Now not a lot of you marked that you do non-clinical staff, but certainly if you have, let's say you're in a private practice or a clinic that has a front office, and you are responsible for supervising the person that meets and greets the clients.

You might use a much more directive model of here's how I want you to greet the clients. I want you to answer the phone within three rings. You know, you might be very directive versus hey, here's your desk and have fun. So again, using different models for non-SLP staff, but also these different models can be applied to professional staff and SLPAs, et cetera, so that you choose the model that works at a particular time for that particular person. So I'm just gonna touch on one model that incorporates that last one I'm talking about, collaboration on a continuum. You will find this mentioned a lot in the CSD literature. It's Anderson's model.

There's a great book by Liz McCrea and Judy Brasseur called "The Supervisory Process "in Speech- language Pathology and Audiology." it's from Allyn & Bacon. Great resource, and probably really nice one to add to your library. And in that, they talk about Anderson's model. And this is Anderson's continuum of supervision. So what I've done is kinda superimpose stages of supervision in with styles. So the stages are very, at the very beginning evaluation and feedback, so you're given lots of information, and you can see how that then relates to a much more directive and active style. So if you move into the transitional stages, now we're more collaborative, so now we're discussing with the person that we supervise, kind of guiding them in the

discussion as to what behaviors need to change or improve, et cetera. And where you'd love to get with everybody you supervise because your job would be so easy, is self-supervision. And that's a consultative model. That is when you have an employee, or a grad student, or a CF, or an assistant, whoever that knows when to come to you, knows the questions to ask, and you know if you're not hearing from them that things are smooth and great. Now there are staff and assistants, et cetera, that would be back in that evaluation feedback stage where there's no way you would, let's say they work in a different building than you, there's no way you would say see you next month because in that evaluation feedback stage where you're using more direct active interaction, they need to be seen by you, talk with you, et cetera. But wouldn't it be lovely if you can move them towards self-supervision where you know they're gonna call you from the other building if they really have an issue or a question. Let's talk a little bit about roles of supervisors and supervisees because it isn't all on the shoulders of the supervisor, although we may have to guide it. Now here's your chance again to score yourself on self-assessment.

So how would you score yourself on this statement? I define the supervisor and supervisee roles and responsibilities appropriate to the setting. It's something I don't think we do well enough to say hey, I'm happy to take you on as a CF or let's just use a CF as an example, here are my expectations. Here's what I see as your role and as my role. Sometimes we don't have that discussion that lays things out from the beginning. You can also take all this information that we're gonna talk about in the course and apply it to you and your relationship with who supervises you. So most all of us are also supervisees unless we have a private practice and no contracts that we have to report to, et cetera. So most of us are gonna have both of those roles. And we would appreciate it if our supervisor would say here's how I wanna be communicated with, here are my expectations. And the second statement is I define expectations, goal setting and requirements of the relationship. So we don't want the folks we're supervising to be guessing at what we want, and then we tell them well, you didn't

really hit the mark on that. Well no, that's not fair, we need to tell them what our expectations are. And again, you might rate yourself very differently according to who you're supervising. So again, if you use that form, you may rate yourself very differently on those statements. So just like I showed you all those different models of supervision with all the different names, look at all the things you can find in the literature as to what a supervisor is called. And if any of you have worked as I did for many years for a big organization like a eight-hospital system, et cetera, I bet you found that over the years they said this year we're gonna call all you guys coaches.

Or this year we're gonna now, you know, we're gonna call them facilitators. So sometimes these different titles are applied to supervisor, and they certainly imply different things, right? A motivator's very different than a discipliner, that is very different than a controller. Coach always throws me because I watch lots of sports, and I have pictures in my head of coaches who are in the face of their team person, and they're yelling at them, and they're red in the face. And I think no, you know what, you really don't wanna use the word coach for supervisor 'cause we would never wanna act like that. There are certainly roles really specific to mentoring a CF, and many of you indicated in that poll that you do, either now or in the past, or in the near future that you will be supervising a CF.

And it's extremely important that that relationship be a mentoring one, and that feedback is provided to the clinical fellow throughout that experience. Now maybe some of you've had clinical fellow experiences as the CF where you were dropped into a building, let's do something that would have lots of, like long-term care or maybe a school. And so there you are in one building with your case load, and you maybe see your supervisor once a month and can't reach him or her by phone or text when you need to. That is not what the role should be with a CF. This is really our time to shine and develop the skills of a future professional. We want this person to become independent with their clinical skills. And obviously at the end of a CF, that CF is not

gonna be able to take over and do everything independently, and those of you who are listening to the webinar, I would suspect even if you've got 20 years' experience, you're willing to admit that you're not superior at everything you do. And frankly that's what makes clinical work so interesting, right, is that we're always learning. Now I mentioned that it's not all on the shoulders of the supervisor, but also the supervisee has some responsibility. Now we need to have that discussion with the supervisee. They need to know that they have some responsibility. One is that they need to be receptive to supervision, so they need to listen to the guidance that's being provided, to the suggestions that's provided. They need to come to their meeting with me, with the supervisor, prepared. So I don't wanna have a weekly meeting or whatever period of time, monthly meeting that we're having, and I say let's go over your diagnostic reports and some of that feedback I've been giving you, and they say well, I didn't bring those.

No, they need to be prepared for supervisory meetings because you wanna set up a learning partnership, so that, the supervisor needs to know absolutely you're the boss, but it's a partnership to guide this CF or any supervisee through a process moving toward that more independent state. It's their responsibility to apply what they've learned. They should be monitoring and evaluating their own work. Again, remember that slide we had with the arrow of moving more towards a consultative model. We want them to continually critique and assess their skills, whether it's clinical or non-clinical.

We want them to reflect on their work. Now supervisory styles, there are a lot of different supervisory styles, and probably each of us doesn't have a single style. We might use different styles depending on the situation or the person we're supervising. But here are some things I'd like for you to rate yourself on. The statements are I transfer decision-making and social power to the supervisee as appropriate. Or are you a control person that's not comfortable doing that? I educate the supervisee about the supervisory process. That's the one we just talked about. You have this frank

discussion of here's the relationship we're entering. Here's what my expectations are of you. What are your expectations of me, et cetera. And then rate yourself on this one. I adjust supervisory style based on level and needs of supervisee. So do you have a real consultative model that you've been using with a couple of SLPs in the department that practiced the system, and then a new one comes with less skill and maybe some interpersonal issues, and you apply that same model, that same style of consult only, probably won't work. Or are you able to able to adjust your supervisory style based on the needs of the supervisee? So kinda rate yourselves on that. Now supervisory style can be described with lots of different words. And if you read the literature about leadership and management, you'll see some of these very same terms applied to leadership styles. And I think that makes sense because a supervisory position is a leadership position. In many cases it's also a management position. So you may see words like autocratic, bureaucratic, laissez-faire. So let's talk a little bit about some of those.

And each style has a different impact, and it's dictated by traits and beliefs, and where do you see your style? I will freely admit I had to work hard throughout my career not to try to control everything and to let people kinda learn and guide them instead. That was definitely, I really had to think about my style. And what kind of combination of styles do you use? So these, the style can relate to the model, so when we talk about these styles of supervision, think about how it relates to the model used. And remember, we went through a lot of different lists of titles, but we stuck with directive, nondirective and collaborative. We kinda talked about those three as ones that would kinda make sense. So as we talk about the styles, think about whether the style I'm describing fits with directive, is it more nondirective, is it collaborative, because I think these two things, model and style are very closely related. So autocratic or authoritarian, now the impact can lead to high turnover and absenteeism. So the traits and beliefs of a supervisor who has an autocratic authoritarian style is that oh my gosh, these staff need constant attention. They're undependable, they're immature. I've gotta

keep my eye on them always. I can't trust them. I've gotta check on them often. And you know, I don't really wanna be bothered with suggestions by staff 'cause shuh, I know they're not gonna work. I'm the supervisor, I know what needs to happen. So that's autocratic authoritarian. Bureaucratic may lead to demoralized staff. And if a bureaucratic style is used, then buddy we have procedures, and I expect you to follow them exactly as they are listed here in this policy and procedure manual. Typically somebody who's a bureaucratic, uses a bureaucratic style of supervision exerts a lot of control.

And again, staff have little input to change procedures. So as we're talking about these, think about that very first thing I asked you to do, to write down a very positive and a not-so-positive experience you had as a supervisee. So maybe you're thinking oh man, yeah, I'm thinking of somebody I had who was very authoritarian and it didn't work well for me. Or I had somebody who was bureaucratic, and I'm a rule follower, and I like to know what the procedures and policies are, and it worked well. Now democratic participative usually increases job satisfaction, usually helps to develop staff skills and keeps staff motivated. A supervisor who has this style, uses this style, usually involves the staff in decisions. But you know, ultimately sometimes the supervisor has to make the call. But you would like to involve staff who are doing the work and making the decisions.

One of the things I spent the last several years of my career doing was working as a Green Belt in Lean Six Sigma, which is a process improvement methodology and working with hospital and corporate-wide teams in the hospital system. And one of the prime tenants of Lean is that the people who are doing the job know best how to do the job. So if you adopted a Lean methodology, you would definitely use at least sometimes this democratic participative style because you wanna hear from people who are doing the job. So let's say you have staff who go out and do home visits, and now you're gonna revise the process for how scheduling is done for these home visits.

Well you would certainly want those folks to be involved because they're the ones who are doing the work. This certainly helps the supervisee feel in more control. Now for those of you who, like me, are maybe sometimes a bit impatient and just wanna, let's just make a decision and move on, well we have to kind of dial that back because this process can take longer. But you usually end up with a higher quality product, meaning the decision that's been made or the process that's been developed. Now a laissez-faire attitude, and I have six cats, and that's not one of mine, but that's not an unfamiliar pose. The impact of a laissez-faire attitude is it can lead to insufficient control. So if the staff's given a lot of freedom and nobody's monitoring to see if it's effective or not, that is probably not a good strategy to use, at least all the time. Now you can use it best with experienced and skilled staff. Yeah, if you've got a team or several staff who are doing a great job yeah, then direct your energy and your time elsewhere.

And yeah, some folks this laissez-faire attitude of well, I might roll over on my back or I might not, I might sit in the sun or in the shade, that can work just fine. Then there's a people relationship-oriented style, and the problem with it is if it's carried to the extreme, then you're not comfortable confronting staff. It's like oh man, no because she might get mad at me, or he might not like me as a supervisor. So with a people relationship-oriented style, the supervisor uses a friendship-like relationship. They want everything to be harmonious between staff and between them and the staff.

So obviously that could kinda go with a very participative style. I wanna tell you that is my weakness. I always had to remind myself that the people I was supervising were people, and so it couldn't be all work and let's just get the job done. So this was an area where I had to try to kinda develop some skills. But again, be careful if you're carrying this to the extreme because it does make it awfully hard to provide suggestions, to change behavior, et cetera if you've gone too far on people relationship. Task-oriented, you can just put Nancy's name right after that because I

had to always remind myself Nancy you cannot, you can't always be task-oriented because it tends to be more autocratic. It's hard to motivate staff if all you're focused on is let's get the job done. So here what you're doing is you're giving very little thought to the impact this has on staff. So if you think about yourself as a supervisee and you're coming to work, let's just say you've had a really bad morning. If you had kids, you were late getting them off to school, your car's not running right, it's just been a really crazy morning. You get to work and all you get from your supervisor is you've got this many clients to see, you've got this many reports, let's get them done. So very task-oriented just kinda totally ignores, if you go to the extreme, totally ignores that whole people relationship thing, and you forget about the staff's well-being. Now you wanna talk about your style with the supervisee. So you're meeting a new CF, a new assistant, new speech pathologist, the new front office staff. It's only fair that we let the supervisee know things like hey, here's how I'd like to get information. And this is gonna differ, I think, quite a bit according to who you're supervising.

For example, if you've got a client you're about to see, and you've got questions about what to do, hey I want you to text me, or I want you to call me. Or if it is a question about a test that you're gonna use in a week or two, let's go over it in the meeting. So how do you wanna receive the information? When do you want them to come to you with problems and questions, because you'll have who you supervise who will come to you all the time, and you would just like them to figure some of these things out on their own. So when is it that I really, really need to hear from you? And sometimes you'll have supervisees who don't come to you, and you're like oh my gosh, why didn't you call me about that, so have those discussions. And how and when are you likely to respond? So the supervisee needs to know look, if you text me, let's say I'm supervising a CF and they're not in my location, or maybe they are and I'm in a different treatment room. If you text me with a clinical question that's urgent, I will get back to you within five minutes, or if you send me questions about a report you've turned in, I will respond within four days. And then how do you usually give feedback?

Are you gonna give it written? Are you gonna give it oral? Are you gonna save it all up? And then kinda talk about what their style is 'cause supervisees may say to you sometimes I'm not good when you send me emails because they sound like you're mad at me, and I do better when you tell me in person. So again, if you can open the lines of communication with these discussions, you're gonna have a much better relationship. This is adapted from a book called "Supervision Matters" by Rita Sever, and I think you can take that word matters as a verb or a noun. So you have to think through your expectations. How do you see your role as a supervisee, and what do you see their role as? How do you expect them to prepare for their one-on-one meetings?

And again now think about this as the person to whom you report. What is it that he or she expects of you when you have these supervisory meetings? How often are you gonna have them? What's the format? This always surprised people. I taught supervision courses at the hospital to supervisors from every department you can think of in the hospital. And I would say to them when you go to meet with your manager, do you have an agenda? And they're like what, what, no, why? Well, because this is one of the things you should talk over between the supervisor and the supervisee at the very beginning.

Are we just gonna have like an informal chat about how things have been going over the last month? Do you want statistics? Do you wanna hear, me to bring some clinical reports? That all should be talked about up front so that you actually know what the agenda is for this time that you and the supervisee are gonna spend together. How do you expect people to handle conflict? So if you are supervising more than one person, and those two persons have some conflict, what do you expect them to do? Are they to come to you right away with it? Do you want them to work it out? And what should they do if they make a mistake? So particularly if we've got grad students or CFs, everybody makes mistakes, and wouldn't it be so much nicer to the supervisee to know that you've had this discussion in one of your first meetings? Look, if you make a

mistake, just point it out to me right away and we'll work through it, versus you never even talk about mistakes, and now the supervisee has made one and is probably scared to death that you're gonna find out or what will happen. So what do you want them to do if they make a mistake? And what are your deal breakers, okay, what actions simply will not be tolerated? Rudeness to a patient, okay, there's an example. I will not tolerate if I find out you have been rude to a patient or family member, for example. I'm not saying that ever happened, but maybe. All right, now we've kinda gone through models, styles, establishing that relationship with your supervisee. Let's now go into a section on seven essential skills for supervision. Are there only seven? Oh my, no, you know that, there are many, many more. But again, we didn't want to have you listening to webinar that was nine hours long. So I've picked out seven that I think are pretty essential. Communicating, relationship building, setting goals, assessing performance, providing feedback, guiding change in behavior and managing conflict. So those are the ones we'll spend some time on, and as I said there are many others.

So communicating, so here's your time to do a little self-assessment on this statement. I define and demonstrate evidence of cultural competence and appropriate responses to different communication styles. If you've supervised different folks over the years, you know it's, you run across people with very different communication styles. Every supervisor's not the same, and every supervisee is not the same. And if you supervise individuals from different cultures and social backgrounds, et cetera, we also have to develop competence in those areas. So kinda score yourself on that. So it may seem kinda silly that on a webinar for communication specialists I would even have a section on communication because aren't we the ones that are teaching other people how to communicate? Well, I am convinced that we can improve our communication with those that we supervise. And it can make a world of difference in our relationship. So also on that first handout, if you downloaded it, called Supplemental Assessment of Listening, you can score yourself on there, and it looks like this right here, okay, but

you can also just kinda stop and give yourself a score on a scratch piece of paper if you would like. So I wanna talk about active listening, which is trying to understand what the other person's saying. So it's not just hearing the words, but it's working to understand what it is they're trying to say. So we're gonna talk about 10 steps to help you improve your listening skills, and I want you to rate yourself on each of these. Do you do this not often, sometimes, mostly or always? Now when we get through with these, we're gonna put a poll up where I'm gonna ask you to tell me which ones you've identified as not often and sometimes. So kinda keep track so you can answer a poll in just a minute.

All right, do you show attentiveness by facing the speaker directly? This one was hard because the way my office, the years that I supervised respiratory and speech, was set up is that my computer monitor had me facing away from the door so that I had to literally turn 180 to look at who I was speaking to. Do you show attentiveness by facing the speaker directly? Do you show interest by maintaining eye contact? You know, lots of us I think in the field are multi-taskers. I think I will freely admit, though never formally diagnosed, that I have ADD. My mind is going a million different ways. I'm thinking of the next thing I have to get done.

Oh darn, I just looked down because there's that note on my desk I need to answer, and now I've lost eye contact with the person who's come in to talk to me. So are you able to show interest by maintaining eye contact? Do you avoid prejudging the worthiness of the message based on appearance, position, vocabulary, pronunciation? Prejudging people is hard, right? I mean we fall into it all too easily. I can think of a person that I supervised who, when this person came to the door of the office, I was like oh man, here we go, she goes 'round and 'round and 'round. She can never get to a point. She's not an effective communicator, oh this is gonna take awhile. Well, there I was prejudging, and she might have something very important and very cogent to say, but I've now prejudged. Listen for the speaker's intent and what is important to him

and her. A lot of people, when they communicate, aren't gonna come right to the point. So they may not come to you, and I say office because the last bit of my career, most of it was in the office, although I certainly was out on the floor supervising. So when I say office, it could be you've grabbed somebody in the hall, you're in the treatment room, you're in the observation room, you're in their classroom, et cetera, so anyway, the person comes to you, or you're now having this interaction. Rarely are they gonna be absolutely direct with, they might say something kinda indirect like I've got the last diagnostic reports that you scored, and I wanted to talk about them. And what they're really saying to you is the feedback you're giving me on those reports is not helpful. So kinda listen, can you tell what the intent is? Do you avoid tuning out to prepare your response while the other person is speaking? So they're there yak, yak, yakking, and you're like oh, this is what I'm gonna say to them.

Do you ask questions to clarify the speaker's meaning? You know it's kinda like that psychiatrist thing you see in the movies, tell me more about that. Or when you say this, what do you mean? Those can be helpful. Do you avoid interrupting the speaker? Do you encourage the speaker by smiling or nodding? Before answering, do you pause and consider the speaker's viewpoint so you can be tactful? And do you avoid trying to have the last word? So let's give you a second here to look at these and score these. Do you avoid tuning out to get your response ready? Do you ask clarifying questions? Do you avoid interrupting the speaker? Do you encourage by smiling and nodding? Do you pause and consider their viewpoint? And do you avoid trying to have the last word? So let's try that poll. So what I wanna know is which ones did you mark as either not often or sometimes? All right, it looks like most people have responded, and some of the ones that are at the top are avoid prejudging, avoid tuning out, and avoid interrupting, and probably also failing to pause and consider their viewpoint. Wow, looks like you're all good at smiling and nodding, so good for you, you're good at facing the speaker, you're good at maintaining eye contact, listening for intent. So again, nobody knows what your response was, but those that you've marked as not

often or sometimes ought to be kinda personal supervision goals for you. So how can you avoid prejudging? How can you avoid tuning out as much as possible? How can you avoid interrupting? Okay nice, okay, we'll go on from there. So here are some communication traps to avoid. And this is from that same book, "Supervision Matters." So as you are interacting with your supervisees, try to avoid these things, the confusion trap, and that is the supervisee leaves that interaction and they're like I don't really know what the point was or what he or she was trying to tell me. So start your conversation with a simple statement. Why is it that you're talking to the supervisee at that particular time?

Hey Steven, I'd like to talk to you about the timeliness of your documentation. Hey Mary, I'd like to talk with you about the way you interact with parents when they come into the room. Let's just start right from the get-go with a statement about what it is that we're going to cover. Avoid the vagueness trap. So if you're about to talk about something, then you need to come prepared so that if there are questions from the supervisee, you've got some facts. We'll talk about, a little later, about how important it is to observe and document. And if you do that, you can avoid the vagueness trap. The vagueness trap is um Rebecca, I think we're still having some issues with the way you're interacting with parents. And she's gonna say, "Can you give me an example?" Well, if you're not prepared, then you've just entered the vagueness trap. Avoid the lecture trap. So clear and concise, don't over-explain.

Again, it's not a classroom. You wanna give pertinent information but skip the irrelevant information. Avoid the leave them guessing trap. So clearly state what's negotiable and what isn't. So like if you're wanting a change, they need to leave that meeting with you, that interaction with you so they know what you want. So if this person's documentation is not complete, it's just, it's not good, you can't tell that the client's making progress, et cetera. We don't let something like I think we need to improve your progress notes. Well what, what do you want? Here's what I want. I wanna make sure

that you have some objective data in there. I wanna make sure you've used an analysis statement. So be clear what it is you want. Avoid the closed-door trap, and I don't mean a door on an office if you have an office. But you may think you know what you're about to supervise and what the change is that you need to see happen. But you know what, so many times that person says something, you're like oh, I didn't know that. So you know, Jeff, I wanna talk to you about your interactions with the other staff in the break room. When I walked by it really sounded like you were being very critical of Franny.

And he says, "Oh yeah, but you didn't hear "what Franny said to the other." So a lot of times if you are not prepared to listen to reactions and concerns, you're gonna be in the closed-door trap. So here are some helpful phrases. This one has saved me so many times. Let me think about it and get back to you. Don't feel like you have to answer a supervisee's question every single time right away when it's asked. So sometimes what's proposed sound okay, but maybe you're not thinking of everything. Hey, would it be okay if I switched schedules with Juanita, and I covered her weekend instead? Yeah, that's okay. Well no, this would be a time to say let me think about it and get back to you 'cause maybe you haven't thought of everything. Sometimes a supervisee does or says something, and it doesn't need your immediate attention, but you don't wanna forget about it, so you use this.

Remind me to talk to you about that the next time we meet. And again, you're gonna have documentation of that. It's also helpful if you've set aside, let's say, 20 minutes for this meeting or phone conversation with your supervisee. At the very end something else comes up that is kind of important, but buddy you're out of time. So this is kinda nice, remind me to talk to you about this the next time we meet or the next time we talk. Tell me more, that's that kinda psychiatrist thing. You know, you hear something that mm yeah, I don't know, yeah, I think there's more to the story. So this tell me more, and then wait. Sometimes we feel like we have to fill in the gaps and keep

talking, so hey tell me more about that. And sometimes you can say that more than once. So tell me a little bit more about that. Sometimes you get the feeling that they're trying to tell you something but you can't figure out what it is. So you've had this little discussion about whatever, their interaction with parents, their development of materials, whatever, and you just feel like there's something else, then use this phrase. Anything else, is there anything else we should cover? And just try to draw them out. This is a great one, especially when you're in that collaborative mode. So how many different ways do you see to get from here to there? So the supervisee comes to you with a problem, and they haven't reached this kind of independent thinking yet, and you really want them to, this is a great one. Well, okay, how many ways do you see that we can get from here to there?

So it's helping them to understand how to brainstorm, and it kinda sets the stage for the question of well what do you see as the pros and cons of each of those? So let's say, let's go back to that home visit, and you've got staff who are making home visits. Maybe home health or EI, and they say you know it's really hard because the first client I need to see is not up early in the morning, but that's the one closest to my house, whatever. You say well how many different ways do you see that we can get from the current schedule to what you'd like it to be? And you get them to make some suggestions. Well then what are the pros and cons of each of those? So now they say oh, well I could put that person in the afternoon, whatever, but how do you see the pros and cons of each? And then you always wanna circle back to the person you're supervising about something you're solving or they're solving, and you wanna say well how'd it go? How do you think it went? This one's from Studer, Clint Studer if you read any of his management stuff. If you sometimes ask a supervisee well, how would you solve that problem, or how would you change that, and they'll say I don't know. I have used this so many times now that I heard him talk about this at a seminar. Well, what if you did know, how would you handle it? And it kinda takes the person back a little bit, and they're like oh, well if I did know, I would do this. You'll be surprised how many

times the person can actually come up with an idea after they've already told you I don't know. A helpful phrase, that's not okay. Remember we talked about what are your heart stops, what you just will not tolerate? Sometimes you have to say you know what, that's not okay. The way I just heard you talking to the mother of that child in the waiting room, that is not okay. So then you can discuss it in more detail, but it clearly lets the supervisee know what you think about what just happened. And the power of the pause, don't get caught off-guard. Don't feel like somebody comes up and asks you something and you've gotta tell them right away. Remember we said that other phrase about let me think about it and get back to you? Sometimes just stop and think. It gives you time to collect your thoughts and decide whether you can answer at the time.

This also works when you're having a discussion with a supervisee and you just don't feel like you're getting the whole story about what it is you're talking about. And just pausing and let some quiet time come in there, you'll be surprised how often they will start to give you more information. So times of pause will come in handy, a supervisee does something you don't understand. You feel your buttons are being pushed. When things are ambiguous, I don't know why that number 12 is there, so please ignore that.

When you have to apologize, put a pause between I'm sorry and the reason. I don't know about you, but apologizing is not an easy thing for me 'cause I think I'm always right. Just ask my husband. And I'm certainly not always right. But if you have to apologize, so let's say you've sent an email, hey whatever, Franklin, you're late again on, I see you're late again turning in your monthly statistics on your number of patients seen. And Franklin stops you in the hall to say, "No, I put that in your in-basket yesterday," and you look, and there it is. You would say I'm sorry, pause. Franklin, I was really busy yesterday. I shouldn't have presumed that you didn't turn it in. I did not look in my in-basket, okay. So those are some times that this pause can come in very handy. And it takes a little bit to get used to using that and not feeling like you have to

fill in all the gaps. Now in improving communication, I'm suggested on the left-hand side words that could be problematic and some good alternatives when you're discussing with a supervisee. Instead of saying should, you can use could or would. You should be getting here on time versus if you could get here on time, everything is gonna start better. Always and never, those are rarely good to use. You always have a bad attitude in the staff meetings. You never come prepared to our meetings. So it's probably not true that it's always or never, so you might instead wanna use often, generally or rarely. Describe the person's behavior. Look, I suspect most of you guys listening on here are clinicians or have been at some point. It's the same way you write a diagnostic report.

You describe the behavior. So we don't say to a supervisee your attitude stinks, okay, no, what is it that you are describing? When I make a suggestion to you, you don't seem very receptive to it versus you got a lousy attitude. Or you always present, you seem to, now I'm gonna talk I'm using always, you seem to often present an excuse when I ask why something wasn't done versus you're defensive. In terms of you and I, if you think about it, as a supervisee when your supervisor says to you you da da, and you do this, and you na na, and you didn't do this, it really puts you in a very defensive position.

You need to spend more time checking these reports before you turn them in. Or now I think you're wrong about the approach that you've tried with that client. Instead, try to switch those to I or my comments. It lets down the barrier, so the person's not gonna immediately become defensive. I'm concerned about the number of errors in your work. Let's talk about it. I know I really prefer for that not to happen again, the way I saw you interacting with that client. I don't agree, or that hasn't been my experience. So those are all ways to start that conversation that don't immediately raise the other person's defenses. What about relationship building? All right, here, score yourself on this one. I develop a supportive and trusting relationship with the supervisee. So score

yourself on that. So how do you view your, whatever role you're in, your department, your practice, your school system, your group? Do you see it as a family, as a team? Now when you describe it as a family, there can be some unintended consequences, inappropriate behaviors like we really don't treat coworkers the way we treat our brothers or sisters, for example. It can lead to a lack of boundaries. It can lead to alliances and cliques. And it can set you up as the parent, and you know what's wrong with that is the parent's supposed to have all the answers. And the parent's responsible for everything.

So be very careful, even if you work, if you work in a group of several other folks and you get along great, and you really like each other, and it does seem like a family. There's a real trap to viewing work groups as family. As I said, it sets you up as the parent. It means that you've got all the answers, that you're gonna offer the rewards and punishment, and it's your job to take care of everybody. And then also staff are gonna vie, somebody's gonna vie to be the favorite child. So caution is advised with viewing the team, your coworkers and your supervisees as part of a family. When you use a team model, it can work quite well, but everybody has to understand what the end game is.

What's the goal? What is the private practice working for? What's the department's goal? What is our school's goal? Everybody knows their job. Staff back each other up, which is great when you have a team that'll do that. And each member uses his or her skills to help the team. There's a captain of the team, that's you as the supervisor. And you set the strategies and assign the jobs, but unless you're really one of those autocratic authoritarian persons, you're not gonna make every decision on the field 'cause that's not how team sports work. So a team model can be a very nice model if you clearly talk about it with the folks you're supervising. I bet you have faced some challenges on relationship building. I know, I've mentioned to you guys that that's, that was always a weakness of mine. But look at the different challenges we have. There

can be different generational differences. I think one of the hardest things you can ever do is supervise somebody older than you, considerably older and more experienced than you. And it happens all the time. The oldest person in the department, or the system, or whatever is not necessarily the best person to become a supervisor. So are there generational differences? I said I'm a paper person. I have a hard time getting away from that. That's a generational difference, I think.

Communication styles, personality types, there are lots of differences that we have to face when we're building relationships. And of course they can differ according to your audience. There are lots of different personality types, and understanding the type of personality your supervisee has can really help you improve your communication with them. Now whenever you see something like this, this is from a book called "Taking the Step Up "to Supervisor," whenever you see a chart like this, or maybe you've taken those little personality tests, are you a vanilla, chocolate or strawberry, and are you a, you know a Myers-Briggs kind of, there are personality types, but let's face it, nobody fits directly into one of these types. So I share this slide, really we're not gonna go over it in detail, really more to say, to give this as an example that depending on somebody's personality, they may exhibit certain traits and have certain needs, like if you've got a steady Eddie, who's very patient, very conscientious, likes things controlled, well then they're gonna need well-defined structures, procedures, ample time to change, et cetera.

So again, we're not gonna go over these in detail, but just to point out, think about the personality of that person or persons you are supervising. And then you adjust your communication style to those. So again, not gonna go over them in detail, but that steady person probably wants details. You can ask for their suggestions. You gotta give them time to think. So again, this helps as you have those initial meetings with your supervisee on how you're gonna establish this relationship. If you have identified that you really need to build better relationships in a team model, here are just some

tips that I've found over the years to be extremely helpful because remember, I said I tended towards this authoritarian hey, great, here's how the day's gonna go. This is what we need to get done. I needed to work on building relationships, like putting the names of the supervisees on a weekly or monthly calendar, and it makes you remember you know what, I haven't checked in with so-and-so this week or this month. And find a sincere way to say that you appreciate what they're doing. Write a note to staff member thanking them for something they did that impacted the practice, the department, the school, the hospital, et cetera. And on a special holiday or event like their work anniversary, send a note to their house. That is so powerful. I can't tell you how many times employees would say I showed my mother, I showed my son, I showed my husband the note that you sent home. So it can show that you're really taking some time.

Make a note of birthdays and send cards. Or even just remembering if they're working that day, or their birthday's that week, to say happy birthday. Sending an email or a voice mail after hours or over the weekend, can you imagine that, getting a text from your supervisor over the weekend just to say hey, I realize last week was really crazy busy and wanted to say thanks for a job well-done. Wouldn't that be great? If you're all working in the same location, even just saying at the end of a busy day thanks for your work today, y'all pulled together and we did a great job. Celebrate success, so when there is a good accomplishment, either a personal accomplishment from your supervisee or the team's accomplishment, celebrate that success. Relationship building you have to be careful, because you're definitely gonna have a favorite. We could ask anybody that's listening here, and we could say when you supervise a group of people, don't you have a favorite? We all do, you know who it is? It's the person that meets your expectations or exceeds them, they're easy to deal with, they get along well with everybody, they help other, that's gonna be your favorite. But you can't let everybody know you have a favorite. You just, it will not work. Don't try to be one of the gang. This is especially hard if you have been promoted to a supervisory position, but

before you were on a level playing field with, let's say the other speech pathologists. And now you're the supervisor of them. So you have to know when and where to draw the line. What can you do with the team and what you can't. Maybe you used to go out on Friday nights to the local restaurant and have dinner with everybody. You should think really carefully about whether or not that works anymore 'cause you know what groups talk about.

They talk about work. And you have to think about whether you can actually be one of the gang. How about setting goals? Judge yourself on this. I create an environment that fosters learning, and I explore personal strengths and needs of supervisees. So give yourself a score on that. Obviously supervisees are assessed on their performance, and part of that assessment should be whether they met goals. And that means we should set goals at the beginning of the relationship with the supervisee. They might be goals for the department, the practice, the team, whatever the group is. They also might be, and should be, personal improvement goals. So both of those need to be addressed.

And the goals for the department, or the practice or your system, they oughta be made clear. And involve the employees in setting the goals. So what personal goals do they have that will help improve them personally, maybe their clinical skills or their interpersonal skills, but what goals do they need to help the larger unit, the department, the team, et cetera? A goal for a department is really, it's an expectation of the job. So if you work for a system like all those years that I contracted with and worked for the hospital system, we knew what the hospital's goals were, and then we knew what our speech pathology department's goals were in order to help meet those. And they should be clearly stated because it wouldn't be fair to me as the person running the department at the end of the year for my supervisor to say uh, well you didn't reduce turnover. Well nobody told me that was a goal, right? So it has to be very clear what the goals and expectations are. Your job description, the job description of

the supervisee, or the CF, or grad externs don't necessarily have a job description, but it wouldn't be a bad idea to have one if you're accepting grad externs into your practice or your department. It should guide that discussion as to what the expectations are, and of course giving concrete examples. So something like completing documentation in a timely way would be a statement that's in the job description, but you probably wanna be a lot more specific than that. So you probably wanna use SMART goals, and I'm gonna run through some here as some examples.

So SMART stands for specific, measurable, attainable, realistic and timely. And if we write a goal, you know we're pretty good at doing that on treatment plans for our clients. We have to be sure we're picking a goal that really defines what we want them to do, we'll be able to measure whether they've achieved it. We pick things that they can do, they can achieve that's realistic for their level of skill. And we know, oh, this is a six-week treatment plan. Well those same principles should be applied to setting goals for supervisees. This term SMART's been around forever. You can read about it, George Doran wrote about it, and Drucker wrote about it. So it's been around a long time.

The S stands for specific, who's involved? what do I want them to accomplish? Is there a location and a timeframe? What are the requirements and constraints? And what's the purpose, why are we doing it? You know we tell clients this, right? We set up a goal, you probably know that dysphasia's my area, so I say we're gonna work on the effortful swallow. But I need to tell him why, so that you can clear the material from your throat, that kinda thing. So here's an example on the left of a goal without specifics. The CF will be more timely with paperwork. Well, not very specific, but we might say CF will submit an electronic draft of progress note within 30 minutes of conclusion of the visit for all treatment sessions so the supervisor can provide feedback. So let's look at that with each part of SMART. So the who is the CF, so we're looking at the specifics. The what is a draft of the progress note. The location in this

case is an electronic draft. The when is clearly defined, 30 minutes after you finish the visit. Which is, well all treatment sessions. And the why, well 'cause I wanna give you feedback, and I wanna give it in a timely way. So that's an example of a very specific goal. It has to be measurable, right? Well, I think you're kinda doing better on your timely documentation. Well, no, it has to have some tangible criteria. How is that supervisee gonna know if he or she hit the goal? Is there a how much or how many that you can define? Is it attainable? Now you also see the A as actionable and achievable. It just means look, is it reasonable?

Can this person reach this goal in the time that I've set forth for it? Is it relevant or realistic, meaning is it worthwhile? So is it relevant to the CF? Is it worth the CF's time and effort to work on this goal? None of us wanna work on a goal that isn't relevant to us, so Nancy, I wanna establish a goal that I'd like you to learn to paint with oils and paint portrait, I'm like pff, I don't, no it's, A, it's not realistic and nor is it relevant to me. Timely or time-bound, when is it that you expect these goals to be met? We do it with a treatment plan, right? We do a long-term goal and a short-term goal. And when we're developing goals for a supervisee, they should also be time-bound. All right, let's move into assessing performance.

And I want you to rate yourself on these two statements. I observe sessions, and I collect and interpret data with the supervisee. I identify issues of concern about supervisee performance. Now if this is a non-clinical staff, instead of observing sessions, you would be observing their work. So let's have you rate yourself on those. Now what you're assessing is gonna vary, right, according to who you're supervising. If you're supervising professional staff and CF, there will be different things than you might assess with a grad extern, and definitely different stuff with a non-clinical staff, and as you guys pointed out different stuff with an SLPA. So it all goes back to the goals. Remember we said the department had goals, and the individuals should have goals. And those are the things that we should be assessing. Any employee, regardless

of the type of supervisee, from front office staff, to an SLP assistant to another SLP, to a CF, if the person is employed by your facility or your practice, there are specific expectations that need to be met. Quite frankly, your grad extern needs to meet those same things. Here's a perfect example. The hospital has a dress code. Your grad extern shows up first day in jeans and flip flops. It's not in the dress code. Well, they have to meet that expectation. Obviously I should have made sure that they knew that expectation from the get-go. So it says employees, but it's really anybody who's in your practice or your facility. They need to know what those expectations are. And I like to break this down into two areas. I'm gonna call the one on the right technical or clinical skills.

This is kinda what we're more used to supervising. It's the job of being a speech-language pathologist, a SLPA, a CF, but on the left are what I call team skills. There are probably better ways to describe that, but these are things like be respectful of others, collaborate, pick up the slack, be on time, come to work when you're scheduled to work, help others out, I shouldn't have to tell you. You know, if you said to me hey Nancy, I've got two candidates here for you for this job, one's a little weaker on clinical skills, the other's a lot weaker on teams skills, hey you know who I'm gonna take? I'm gonna take the one that's weaker on clinical skills 'cause I'm pretty sure I can improve their clinical skills.

Sometimes the biggest challenge is improving all this interpersonal, attitudey kinda stuff that I would call team skills. But we need to be real clear with supervisees what we expect in both of those realms. Now whether you're assessing the team kinda skills or the technical clinical skills, you're gonna have to have data to back up your conclusions. Early on we said don't fall into the vagueness trap. Hi, hey Rob, I wanted to touch base with you on the way you've been interacting when I run into you and you're discussing a case with a nurse. Um okay, well what do you mean? Well, good golly, you know it was two weeks ago when I observed him, and what was it that he

said that I thought was so defensive to, you know you've gotta have your notes with you. Now if that means carrying a small notebook, using the notes section on your phone, whatever, document, document, document, document at the time it happens, unless you're whiz bang at saying well last Tuesday at 10:40 I was in the 3 North nursing station, or two weeks ago when I stopped by East Side School, and you were with the articulation group, unless you're excellent at that, make a few notes at the time it occurs. Now for grad externs, CFs and other professional staff, you wanna observe clinical sessions. Now this should not stop when an SLP gets their CCC. And if you're new to a supervisory role and now you're starting to supervise SLPs, you've gotta see their clinical work.

And yeah, there's absolutely a time when experienced SLPs move into that collaborative mode and you're not gonna go watch their next session 'cause they do a great job. But you surely should if you're the one that's responsible for their annual evaluations, be observing some sessions because you wanna see how they interact and how they summarize, and their critical thinking skills, et cetera. Now if you're working with a CF, there are kinda three things I wanna point out that are really important. And the first one is making sure you are getting the required minimum mentoring obligations.

And many of you at the start of this webinar indicated that you do indeed supervise CFs. You have to have six hours direct per segment and six hours indirect per segment. And I'm not gonna go into all the details of the segments, but this is one of your handouts, and if you want it electronically, email me and I'll send it to you electronically. Otherwise you can print it and use it. This helped us keep up with things. Now I said the segments differ, and they differ according to whether they're working full-time or part-time, et cetera. But here's a segment, and we'd say this segment goes from January 1st to April 1st, let's just say, okay, first three month segment in a full-time working nine months. And then I broke it down into direct and indirect. This

really helped me. So on this date I was with them three quarters of an hour, and it was direct. I was watching an evaluation session. And on this date I read that report for half an hour, and that's an indirect. But it really helps because you can kinda look and tally how you're doing with direct and how you're doing with indirect during each segment. And then of course at the top you can put the start date and the expected completion date. So that really helped me. I'm like oh, 'cause sometimes we would have two CFs or you know, you're busy with everything else that you're doing, and you're like oh my gosh, it's almost the end of the segment. I haven't hit enough direct. So this really helped me and helped our group keep up with it.

Then you wanna be sure you perform ongoing formal evaluations, so particularly with these CFs. They need to have an ongoing formal evaluation with you. And there's this clinical fellowship skills inventory that helps you break down all the different things that you need to be observing with your clinical fellow. And it kinda looks, it doesn't kinda look like this. Duh Nancy, it looks like this. So it has these different areas like interpersonal screening procedures, I'm sorry, implement screening procedures, can identify, et cetera. So it's got all these things that you should be looking at with your CF. And again, not at the end. You should be doing it at the end of each of those segments.

So this was another form we developed that really kinda helped me keep up with that. Down at the bottom of this form, those are the skill areas from that form I showed you on the previous slide. Here's the reason it helped. At the end of the segment, I sit down and we're going over a section on communication skills, and I'm like oh man, I really need some concrete examples here, right, 'cause we wanna give examples to the CF. Well, I couldn't remember a good specific example. And so we started using this form. So this form is one I take and use, and you could do it electronically. I told you, I'm kinda stuck on paper. So this is a session I observed. And so well done is this column right here, well done, and opportunities for improvement. So I jot down notes. This

actual form then is shared with the CF at the end of the session. But when I go to do that end of segment evaluation, I've got all this nice detail from each of the observations. And then completing and submitting the clinical fellowship report and rating form, and that goes at the end of the CFY, and it looks like this. And you can see here that your ratings are for each segment, one, segment two and segment three, and that's why you gotta sit down three times during the clinical fellowship year and go over all of that detail, every one of those skills. Observe also for those team skills, right, even with the CF. It isn't just are you becoming a better clinician and a better diagnostician, but how are you with your interpersonal skills? How are you with your ability to talk with other members of the team?

Now if you're observing and assessing non-clinical staff, and not a lot of you said you do that, that's a little harder because sometimes you may be observing technical skills that you have no expertise in. So I supervised an administrative assistant, and front office staff, and I supervised secretaries, and I supervised people who did some of the accounting work for the department with no, I didn't have technical skills in that area, so I think that takes a little bit more, it's a little bit more of a challenge to do that and to know when they're doing their own job well. How about providing feedback? So rate yourself on these three.

I engage in difficult conversations when appropriate. I give the supervisee objective feedback to motivate and improve performance. And I provide guidance regarding both effective and ineffective performance. And let's just all face it, it is not easy to talk with supervisees about things they're not doing well. We're nice people, you know, we like to give rah, rah, yay, yays, and it's harder to do the other. So rate yourself on those. So here are some examples. Be very specific with your feedback. Keith, I'd like to talk with you about your most recent diagnostic reports. Or Rashon, I'd like to talk with you about the percent of appointments you're calling with reminders, so very specific so they know what it is you're covering with them. And do it in a timely way. Don't wait for

quarterly review. You wouldn't like that either, if your supervisor said um, I wanna go over your statistics from three months ago. Okay, now I can't change it, it was three months ago. So let's go over this week's accounts receivable, or hey, you know what, come on in, let's spend a minute or two right now summarizing how that session went. So as much as possible, deal with it in a timely way. Make it one-on-one, and never ever publicly criticize. Now if you supervise a group of people, believe me they are watching who you're talking to and when you're talking to them. Even if you stick your head in the break room and say Juanita, can I see you for a minute? Well guess what, when Juanita comes back to the break room, they're gonna, what did she talk to you about? What was going on? So as much as possible, look for an opportunity when you can catch the supervisee when nobody else is around.

And then of course you're gonna have your formal meetings weekly or monthly or whatever, but watch for an opportunity, walk down the hall with them, catch them outside the classroom, et cetera. This goes back to what we talked about earlier with describe behaviors. This is the same thing. Focus on performance, not personality. So you say oh, you used a lot of activities that allowed that client to engage and move around in the therapy room. And you're not gonna say something like you got such a great, bubbly personality. Describe the performance. We're not gonna say your handwriting is sloppy. We're gonna say your treatment notes are difficult for me to read.

And you know what, this goes for positive as well as negative feedback, right, so the positive oughta be based on a description of behaviors as well as the negative. Ending on a positive note, so you end your meeting, and you've done a collaborative model, and you've kinda had them brainstorm with you and come up with some solutions. So a nice way to end on a positive note is to say I appreciate your coming up with some specific action steps. But I have to tell you, there are different trains of thought on whether you should use this strategy with low performers. This is another Studer. I

mentioned Clint Studer's work. Here's the problem with using positive with low performers. Okay, you bring the low performer in for your weekly, quarterly, whatever meeting, and you say that your documentation, I'm sorry I'm stuck on that, but I write on it and I talk about it a lot. Your documentation really needs to improve. Here are some examples. It hasn't been very specific. You haven't put data in, and da da da da da, okay. Now it's coming to the end of the meeting, and you say oh but John, I also wanted to say you form such good relationships with parents. You're really good at sharing the information at the end of the session. What do you think it is he's gonna remember when he walks outta your office? Just that last positive statement. So if you've really got a low performer that needs to up their game, I would not use the positive at the end of the meeting.

Document, document, document, I said carry a notebook, use your notes section, date and time any observations, date and time when you gave your feedback, make it factual, describe behaviors, avoid describing a personality, and if you who are listening who work for big organizations and deal with human resources departments, know this is crucial. So if you're gonna have to discipline an employee or explain why they're not getting much of a raise that year, you better have documentation. With low performers, and you're gonna have some.

Over the years, you're gonna have some. How might they react? Well, they may blame others for their low performance. Well, I can't get my progress notes done on time because Jacqueline needed help with a client, I was helping her. Or they might point the finger at you. Well, you've never shown me how to do that. Or unload some kinda personal problem because they wanna play on your sympathies and get you talking about anything but their low performance. And invariably they're likely to throw somebody else under the bus. So you're discussing with one of your supervisees the way they've been heard kind of berating and talking down to some of their coworkers, and you bringing that up, and they're gonna go well, but you haven't heard how

Rashon talks to them. So watch out for this throwing them under the bus. Document your conversations with these low performers. Describe what's been observed. Evaluate how you feel. Remember we said watch out using the yous and use the word I? We talked about that earlier on, and so like I observed that blah, blah, blah versus you never do this. Show them what needs to be done. What is it that needs to change? And what are the consequences? If your diagnostic reports don't improve in the next segment, that score's gonna be really low, and that's gonna have an impact on my recommendation at the end of the clinical fellowship here. How about guiding change in behavior? So assess yourself on this. I examine collected data and observation notes to identify patterns of behavior and targets for improvement. We've talked about the importance of documenting.

How well do you do this? Do you look at what you've collected and observed? Do you look for patterns? Do you look for areas that can be improved? And when you're doing this, obviously you should be referring to the expectations and the goals. And you use that documentation from your observations. So let's say they've had a personal goal of, let's say they've had a personal team goal. They had a personal goal of offering to help others without being asked. And now you've documented a couple times where somebody was running behind 'cause their client was late, and you observe this person didn't step up and offer to assist.

Now you've got your documentation, and you're gonna tie it to that goal they had of learning how to offer assistance without being asked. Be very descriptive. So here's an example of something that's really just judgmental. Natalie's really developed a bad attitude. Well how about this, in the last week Natalie's been late to start her outpatient sessions, three of the 10 scheduled appointments, and when asked about it answered in a sarcastic tone. And even tone can be a little bit general, if you can, and answer by saying what's the big deal? That would be even more descriptive. Anika is careless with her paperwork. Well, let's be descriptive. The last three diagnostic reports have

contained errors, wrong patient name on the report, dates incorrect. Now changing behavior is not your responsibility. It's the responsibility of the supervisee to change the behavior. So what is your responsibility? Well yours is to make suggestions and provide training as needed. Help them get the resources they need to change their behavior. Offer choices to them, provide encouragement. And again hopefully this is a person that has moved more into that collaborative model, we hope, where they're beginning to answer questions like how do you see to get from point A to point B? What are the pros and cons of each of those? And remember we're gonna circle back. Okay now let's try that for a week, and let's circle back and see if that has worked, and we'll analyze it. So that's your role. Their role is to change their behavior. Now what are the keys to changing behavior?

Well clearly outlining what needs to change, so remember, we've, okay I think I've said document now 17000 times in this webinar. You've got examples, right? So if you're talking about one of those squishy things like sarcastic and bad attitude, well now you've got examples. You've got examples of what this person said to their coworker. You've got examples of how they threw the therapy materials back on the shelf after you talk with them about trying to keep things organized, whatever, you've got clear examples.

And you're gonna state clearly what you expect to change. And then we're gonna say what ideas do you have how you can get from point A to point B? How can you get your behavior to change to what we expect it to be? Always keep it focused on their behavior. Don't slip into well there you go, did you see that? Did you hear how you just said that? That was a sarcastic tone. No, let's keep focused on the behavior. You might say, here's an example, I just observed you slouching in your chair, crossing your arms and looking away, and that says to me you're not receptive to what we're talking about, so again, the behavior. Set specific timelines for achieving the change, and how are you gonna measure it? How are you gonna know, particularly on those team skills, how

are you gonna know that they've achieved their offering to help now or the way they talk to their coworkers is improved? How are you gonna do that, and how are you gonna measure that they've consistently changed over a period of time? It's easy to forget this, that we have to follow up. So we've had a great meeting with a supervisee, and we've talked about whatever, their clinical skills that we want to see improve. Of course we, I keep talking about things that we need to change, but you're also obviously talking about the positive things. So here are the things we need to change. Based on this, how long, you might need to do the follow up meeting after one more diagnostic evaluation.

Or you might not need to meet again for two weeks, so you have a group of progress notes to look at. Or if you're looking at their productivity, for example, maybe you wanna do that after a month's worth of data, or maybe not, maybe you wanna do it after a week's worth of data. So what's the timeframe? When are you gonna meet again? And then guess what you have to do between now and the next meeting? You have to document. So whatever behavior it is that you have expected to change, you gotta get out there and see it between now and the next meeting.

So you just don't wanna have this person come back in for a meeting, let's say it was a two-week timeframe, and you were gonna look at their productivity, and they stop in for the meeting and you're like oh, I'm sorry, I haven't had time to pull those productivity reports yet. So make sure you are ready, and you've documented it if it's something you needed to observe that you've been out to observe, you've been to the treatment room to observe, whatever. And then guess what, be ready if it hasn't improved. So if the supervisee has not made the changes, what are your next steps? And again, if you work in a big organization, there are probably disciplinary steps outlined, like I'm gonna give you a work improvement plan. I'm gonna give you a written warning, et cetera. It's harder when you're in a small, like your own practice to have those kind of rules and regulations and to enforce them. It's a lot easier, frankly,

isn't it, when it's well these are the hospital's rules, or these are the school system's rules. So if you're listening and you do have a private practice, I will tell you it is a lot more challenging, but if you've made it clear from the get-go what the expectations are, it's a little bit easier. Managing conflict, so there's a difference on who are you managing the conflict with, subordinates who were once your peers, that can be particularly challenging, or maybe between supervisees.

Maybe you've got two grad externs or two CFs. Now if there are subordinates who used to be your peers, you know what, you're now one of them, okay, us and them, and now you've crossed over to the dark side, and you've gone over into supervision. And there may be some of your subordinates who think they were better qualified. You maybe have had disagreements in the past, but now they're gonna see that you're, oh, she's using her power or his power as a supervisor. So if you do have conflict with former peers, you really need to just talk to them directly. So Tahisha, I'm perceiving that you have a problem with the fact that I'm now your supervisor. Can we talk about that? I could certainly understand it.

We used to be doing the same job, and now I've been promoted to this new role, so I understand how you feel. And try to minimize that. Don't all of a sudden be the yeah, I'm your boss now. But can you work together even with your new role? And if something's not working, get their opinion on how it might change. But you are gonna have to counsel them about changing their specific behaviors. Well there's the word document again. If there are conflicts between subordinates, so two staff members, two grad externs, two non-clinical staff, meet with them each individually and ask for their view of the problem. And then here's the hard one, meet with them together. I've had it where they, two people were not getting along literally turned their chairs so they're not looking at each other in the meeting. So you've met with them individually. You state what each person's view is, and then you let them clarify, let them state their feelings, and then you get them to work on the mutually agreed-upon solution. Then

follow up once or twice individually with each of those persons. All right, we've got about 10 minutes left, so we're gonna talk about some tools and technology. Now remember, I've freely admitted that I am just as happy with a spiral notebook and a pencil as I am, no I'm probably happier with that than I am with the notes section on my phone, but I do freely use the notes section on my phone. But there are lots of tools and technology that can make this whole supervision process smoother and easier. Now I'm not gonna cover things like HIPAA and data integrity and confidentiality. You need to make sure that whatever method you're using meets those requirements. You may or may not be able to, where you work, send a diagnostic report back to a grad extern for them to review.

So you be sure you know what those requirements are in your setting so that you are respecting confidentiality of the student, of the grad extern, but also of the clients if we're talking about client materials. All right, so assess yourself on this one. I demonstrate use of technology when appropriate for remote supervision. And there are other ones on the ASHA form, but remote supervision, so yeah, we talked about people going out to homes for EI, for home health. We talked about people working in different schools within the same district, different nursing homes for the same company, hospital systems that have multiple outpatient centers, I mean anything you can think of, you've got remote, so you're not always hip-to-hip with the person you're supervising.

Google Drive, love it, love it, love it. And I've probably had more experience with it working with professional colleagues on documents and projects for ASHA and things like that, but it can absolutely also be used, and many people use it quite well for supervisees. You can put research articles on there that you want your supervisee to read. Practice policies, how about your grad extern is gonna start at your hospital, practice, whatever, and you say here's how, I'm gonna share the Google Drive with you, and I need you to read through those practice policies. How about forms, so any

forms that you want the person to use, they're on Google Drive, so they always have access to them. Observation notes, so I showed you that form I would use when I'm observing somebody. I'll talk a minute about how to scan it, but if you've taken your laptop in and you're making notes on that, you can then upload that to Google Drive. Time sheets, productivity reports, any number of things can be placed on Google Drive. The nice, many nice things about Google Drive, is that the right-hand side shows who's been working in the files. This example I put on here was a project on anatomy and physiology of swallowing I was working on for ASHA, and you can see here we've got, that I was in the file, here's one of my collaborators that was in the file. So it kinda tells you who was working in the files at what point in time. What can you share on Google Drives?

Well, as I said you can share research articles. You can share documents. You can share PowerPoints. You can share forms and tables. You can share videos. And I went to a session at ASHA a couple years ago with somebody who did a lot of graduate externship supervision, and she would videotape part of the session. These just happen to be some oral exercises. But she would video part of the session and then make comments about it. She also had videos on there of great examples of oh, I don't know, let's just say of a language stimulation technique for toddlers. So any number of kinds of forms can be shared. It's got a really easy to use help menu, and believe me if I say it's easy to use, it's easy to use 'cause I'm not necessarily that tech-savvy.

But it's got a great help menu, and then it has lots of different things on how to use the Google Drive. Sharing files and folders, you can share a single file. You can share multiple files. And then you can choose who to share it with and how they can use it. So you can say here's a file, but you can only look at it 'cause there would be some things, like example documents so you wouldn't want a grad extern, or a student or somebody, CF, modifying. But there are other things you want them to edit. So you get to choose the view that they have, and then like I said you can share multiple files, or

you can share a single file. Share a whole folder if you want. So here are the examples. You can choose if people can view, edit, or comment. You can change who your link is shared with. So there are some links you would like to have maybe shared with everybody in your department that you supervise and others that you might only want to be shared with the undergrad observers who come to observe. So you decide how a file is shared. So it's pretty easy. You can click and choose on a new folder. And for example Observation Notes of Sarah G., and again, keep in mind what your facility requires in terms of confidentiality and whether they say this is okay. So here, and then I would share it only with Sarah, so maybe I've got two grad externs, Sarah and I've got Jeniece, but I don't want them to see each other's stuff.

You can right click on a folder and enter the email address, or you can send a link. So you do it one way if they have a Google account and another way if they don't have a Google account. And anyone with the link can access it. And so this allows them to edit, and you can edit the report. You can add comments to their report, so you can highlight it, you can add notes and comments so they can get your feedback immediately. And there are also other things, like voice to text in Google Docs, so you record. So you're observing a session, let's say, and you're recording. Well that was a great interaction you just had. I love how you've redirected the client, those kinda things.

So again, there's a QuickVoice Recorder, and there are all kinds of apps. I certainly don't have an extensive list here, but you can record your comments while observing. There's an Evernote Scannable app, so let's say you are a paper person, and you were handwriting some notes as you made an observation. You can scan it, and then you can upload it. So you scan it on your phone, you share and upload to Google Drive, so it's really quite straightforward. There's one called Screencastify from Chrome where you can video part of a session, and then you can narrate your comments on it, like oh this was a really great example of how you modeled for the client. Or here was an

opportunity where you could have redirected the client. You can record a PowerPoint, narrate a few slides. It's a great way to, you know some of the things you have to say like every semester I have to go over this with each new undergrad observer. Well, record a PowerPoint so that they can look at it and not use your one-on-one time. These are a couple of the books that I mentioned on good ways to gain more information on supervision. They're nice, easy reads. I used them when I taught supervision classes, like I said, at the hospital. So that's a great way. There's of course also really good information on ASHA's website as well on supervision, particularly that new document that I mentioned. I would strongly encourage you to download that and take a look at it. And again, continually kind of assess your own skills and where you need to improve on how you can become a better supervisor. So these are just two that I've found to be easy to read, and picking up little tidbits here and there. "Taking the Step Up to Supervisor" has been very, it was very helpful for folks who are supervising for the first time or beginning to supervise people that you used to be peers with, and now you're a supervisor. This is the ASHA practice portal on clinical education and supervision. It has tons of information. If you haven't been on the practice portal, I would encourage you to do that. It's got lots of information on their site as well. All right, I think that brings us to the end of our time. I'm pretty close to spot on at two hours. I don't know if we have some questions. Amy, I'd be happy to take those.

- [Amy] Thanks, Nancy, yeah, you're pretty much right on the dot. We do have a question here that I'm gonna ask. In the meantime, we can probably stick around for a couple more minutes. If there are anymore questions, make sure and get those into the Q and A pod as soon as possible. Here's a question from Alison asking can you elaborate on how you would respond if a supervisee tends to kind of unload a personal problem in order to divert attention away from low performance? Would you start with something like I'm sympathetic to dot, dot, dot, your issue, however dot, dot, dot. Or how, I can imagine that that might be something that you could hear if someone is

having some perhaps external or personal problems that may be interfering with their clinical performance, but how do you express sympathy and empathy but still get across the point that their performance needs to improve?

- [Nancy] And I think Alison has given a good example of how you start. Number one, I think that's gotta, you gotta try to divert that to the end. So you do start with something like I am really sorry that you're continuing to have problems with reliable transportation to work. I know how frustrating that can be. At the end, let's talk more about that and see if we can come up with any solutions. But right now, the reason for this meeting is we need to focus on the fact that you're not clocking in on time. So exactly, I would definitely acknowledge it. I would then move right back to what we needed to talk about. And then at the end I would say you know what, let's revisit, you said you're having trouble with reliable transportation. Here are some resources. Or let me find out if there are any resources that can help. But again, remember I said I never like to end on a positive note with a low performer? I would, after I'd gone back, circled back to let's talk about that personal problem, here are some resources, I would wanna make sure I finished with now remember, what we decided is you're gonna clock in on time every morning. We're gonna touch base in, you know we're gonna circle back when are we gonna meet again. So I think that's exactly how I would do that.

- [Amy] Great, thank you. I'm not seeing anymore questions come in at the moment. I really appreciate you being here to present this to us. I think it's probably a good move on ASHA's part to institute this new requirement. Like you mentioned earlier, it seems like nobody teaches us how to be good supervisors. We just, we sort of know what's been good or bad in our past, but there are some, there's a lot of finesse and a lot of science and art to it. So I think you've given us a great overview here and some great tips. Let's see, okay, here's one more question. I'm gonna throw it out there, and if people need to leave, certainly you can, but we are gonna, I'm gonna try to grab Deborah's question here. When supervising graduate students, I do not always know

their strengths or weaknesses in the team skills. And if a student is weak in more than one area, how do you prioritize which one to perhaps address first, or spend the bulk of your time on?

- [Nancy] Okay, I would probably take the one that is having the biggest impact on their clinical performance. So maybe they are not very personable with the other CFs or the other staff, et cetera, but there's another one where they just, they're not good at communicating with the parent of the client because they don't maintain eye contact. So I would take the one that's having the biggest impact on either their clinical skills or the department's goals and start with that. And I would acknowledge to them I think there are a couple other areas we need to work on, but let's work on this one first. So where are we gonna get our biggest bang for the buck so that we start to see a change in clinical interaction and or a better move towards the team, department, hospital, school's goals.

- [Amy] Great, all right, well I think we better wrap it up here. Nancy, thanks so much. I know this took a lot of time and effort on your part to put this together and present it for us today, so we really appreciate you being here. And thanks to our participants as well. I'm really thrilled to see the interest in this topic. So thanks for being here. I will go ahead and close up the meeting, and I hope to see all of you back at a webinar before too long. Have a great day everyone.

- [Nancy] Thanks, Amy.