


**Clinical Supervision with Gen Z:
Are You Meeting the Standards?**

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Learner Objectives

By the end of this session, learners will be able to...

1. identify one method for providing effective feedback to graduate student clinicians.
1. identify values conflicts and list strategies for managing these conflicts in the supervisor-student relationships.
1. describe methods for integrating student expectations into supervision models to meet university program and ASHA supervision expectations.



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Agenda




- Motivation for Teaching Supervision
- Define and Describe "Gen Z"
- Review Updated CAA Standards
- Strategies for Integrating Experience
- Coaching Strategies




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Motivation for Teaching Supervision

Why are we teaching this topic and why are you here to learn about this topic?



Students choose an option




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Motivation

ASHA Ad Hoc Committee on Supervision Training 2016

1. I'm committed to supporting the growth and vitality of the profession.
2. I want the best information.
3. I need to build my professional relationship with my students.
4. I care deeply about those I serve.



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Supervision Training

The roles of a supervisor in any clinical setting are:

- constantly evolving to meet needs
- contingent on patient and student
- reflective and also anticipatory

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Supervision Training

When is the role of "Observer" critical?

1. New learner or new skill
2. Assessing competence
3. Providing Feedback
4. Risky Situations

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Supervision Training

ASHA says supervision

"...must be commensurate with the student's knowledge, skills, and experience..."

ASHA:

- at least 25% of the student's total contact with each client/patient...
- Supervision must be sufficient to ensure the welfare of the individual receiving services.

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SUPERVISION TRAINING BRAND ESSENCE

My Core Value:

- I stand for **Integrity** and **Quality of Care**
- I **earn the trust** of my students and colleagues
- I **invest in building relationships** with my students and colleagues
- I **know deeply** what I do

Role of Supervision Training: Supervision training provides a safe and supportive learning environment for students to develop their professional skills and knowledge. It is a critical component of the educational process that ensures students are prepared to provide high-quality care to their patients.

Essential of Supervision Training:

- Mastery of the Supervisory Process:** Supervision training is a complex process that requires a deep understanding of the student's learning needs and the clinical setting. It involves a variety of roles, including mentor, preceptor, and clinical educator.
- Relationship and Communication Skills Development:** Supervision training is a relationship-based process that requires strong communication skills. Supervisors must be able to communicate effectively with students, colleagues, and patients.
- Ongoing Support in the Supervisory Process:** Supervision training is an ongoing process that requires ongoing support from supervisors. This support can take many forms, including providing feedback, offering resources, and providing emotional support.

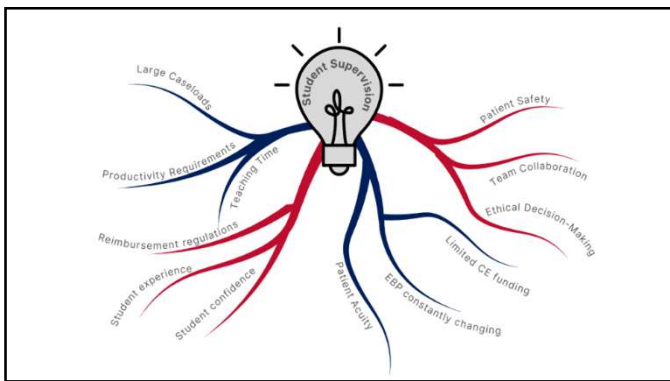
POSITIONING STATEMENT:

STATE: The existing and growing demand for speech-language pathologists and audiologists who can provide high-quality care to their patients is a challenge for the profession. The profession must ensure that its students are prepared to meet this demand.

TRAIL OF EVIDENCE: The profession must ensure that its students are prepared to meet this demand by providing them with the best possible supervision training experience.

SUPPORT: The profession must ensure that its students are prepared to meet this demand by providing them with the best possible supervision training experience.

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Across the Generations

	BOOMER	GEN X	GEN Y (MILLENNIAL)	GEN Z
TIMELINE	1940-59	1960-79	1980-94	1995-2010
CONTEXT	<ul style="list-style-type: none"> • Postwar • Dictatorship and repression in Brazil 	<ul style="list-style-type: none"> • Political transition • Capitalism and meritocracy dominate 	<ul style="list-style-type: none"> • Globalization • Economic Stability • Emergence of internet 	<ul style="list-style-type: none"> • Harsh Realities in childhood • Social networks • Digital natives in 24/7 world
BEHAVIOR	<ul style="list-style-type: none"> • Idealism • Revolutionary • Collectivist 	<ul style="list-style-type: none"> • Materialistic • Competitive • Individualistic 	<ul style="list-style-type: none"> • Globalist • Questioning • Oriented to Self 	<ul style="list-style-type: none"> • Undefined ID • Gen "Diverse" • "Dialoguer" • Anxious • Multi-taskers
CONSUMPTION	<ul style="list-style-type: none"> • Ideology • Vinyl and Movies 	<ul style="list-style-type: none"> • Status • Brands and Cars • Luxury Items 	<ul style="list-style-type: none"> • Experience • Festivals and travel • Flagships 	<ul style="list-style-type: none"> • Uniqueness & Customization • Unlimited Flexibility • "In the Moment"

<https://www.mckinsey.com/industries/consumer-packaged-goods/our-insights/the-gen-generation-z-and-its-implications-for-companies>

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Who are we supervising?

Let's Talk About Gen Z: 1995-2010

- Post 9/11 childhood and adolescent years
- Digital natives
- 24/7 Reality
- The Great Recession (2007-2009) as children
- The most diverse generation in history



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Let's Talk About Gen Z: 1995-2010

- Advocates for social justice and equality
- "A la carte" preference toward education
- FOMO
 - depression, anxiety, sleep deprivation, inadequacy
 - Less emotionally resilient
 - More insecure than Millennials
- Immediate gratification or customized feedback
- Lack of self-confidence
 - less likely to ask questions due to insecurity and anxiety
 - need encouragement to make mistakes and LEARN
 - preference for self-paced learning



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What is the CAA?

Council on Academic Accreditation 

The CAA is the entity within ASHA with the authority to establish and enforce standards for accreditation of SLP/A graduate programs.

- promote excellence in graduate education
- establishes accreditation standards
- facilitates continuous quality improvement
- ensures core skill-sets and entry-level knowledge for graduates



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Why does CAA matter if you don't teach in the university setting?



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3.1.6B: General Knowledge and Skills Applicable to Professional Practice

What's old:	What's new:
Ethical conduct	Ethical conduct
Integration and application of the knowledge the interdependence of our fields	Integration and application of the knowledge the interdependence of our fields
Engagement in contemporary prof. issues and advocacy	Engagement in contemporary prof. issues and advocacy
Self-evaluation of effectiveness of practice	Self-assessment OVER THE DURATION OF THE PROGRAM to improve effectiveness in the delivery of CLINICAL SERVICES
Processes of clinical education and supervision	Clinical education and supervision SKILLS
Interaction skills including counseling and collaboration	Counseling skills appropriate to the INDIVIDUAL, FAMILY, CAREGIVERS, and others
professionalism and professional behavior in keeping with the expectations for a speech-language pathologist	Ability to work effectively as a member of an INTERPROFESSIONAL TEAM
	Professional behavior that is REFLECTIVE OF CULTURAL AND LINGUISTIC DIFFERENCES

3.4B An effective speech-language pathology program is organized and delivered in such a manner that the diversity of society is reflected in the program.

What's Old:	What's New:
	<p>An effective speech-language pathology program is organized and delivered in such a manner that diversity, equity, and inclusion are reflected in the program and throughout academic and clinical education.</p> <p>The program must provide evidence that students are given opportunities to identify and acknowledge the impact of both implicit and explicit bias on their professional behavior and practice and how they manifest in the workplace.</p> <p>The program must provide evidence that students are given opportunities to identify and acknowledge:</p> <ul style="list-style-type: none"> the impact of one's bias against cultural and linguistic variables of clients/patients/colleagues one's own variables (race, ethnicity, gender, disability, sexual orientation, or veteran status) the impact of cultural and linguistic variables of the individual seeking care on delivery of effective care. These variables include, but are not limited to, age, disability, ethnicity, gender expression, gender identity, national origin, race, religion, sex, sexual orientation, or veteran status. the intersection of cultural and linguistic variables between the program and the individual served. These variables include, but are not limited to, age, disability, ethnicity, gender expression, gender identity, national origin, race, religion, sex, sexual orientation, or veteran status. the social determinants of health and environmental factors for individuals served. These variables include, but are not limited to, housing, health care, education, economic stability, education, community engagement, and food and nutrition access. the impact of implicit bias and other factors on opportunities to understand, identify and address implicit bias in the workplace. <p>The program must provide evidence that students are given opportunities to recognize that cultural and linguistic differences among various groups including among staff and that of hearing individuals, and foster the acquisition and use of language (verbal and nonverbal), in accordance with each group's needs.</p>



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What's Old:	What's New:
An effective speech-language pathology program is organized and delivered in such a manner that the diversity of society is reflected in the program.	An effective speech-language pathology program is organized and delivered in such a manner that diversity, EQUITY, AND INCLUSION ARE reflected in the PROGRAM AND THROUGHOUT ACADEMIC AND CLINICAL EDUCATION.
	The program must provide:
	evidence that diversity, equity, and inclusion are incorporated throughout the academic and clinical program, in THEORY and PRACTICE
	students with APPROACHES to addressing diversity
	understanding of the impact of BIAS
	how one's own CULTURAL LENS impacts CLIENTS
evidence that issues related to diversity are infused throughout the academic and clinical program.	how a CLIENT'S LENS impacts their own care
	how CULTURE impacts CAREGIVER and CLIENT INTERACTIONS
	SOCIAL DETERMINANTS OF HEALTH
	understanding of MULTIPLE LANGUAGES/BILINGUAL POPULATIONS/DEAF CULTURE
	how to SUPPORT the acquisition of ALL LANGUAGES

How can supervision practices support programs meeting the new CAA standards?

What We Already Do:

- Counseling
- Experience with diverse populations
- Consider social determinants of health
- REAL interprofessional experiences


New Tools:

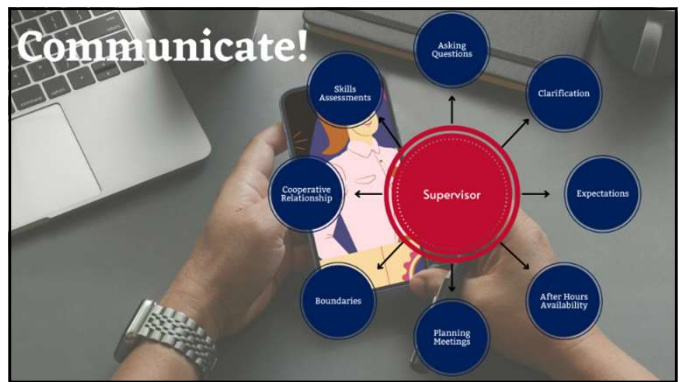
- Opportunities for self-evaluation
- Ways to identify and resolve values conflicts
 - identifying bias
 - considering a cultural lens
- Tools to document feedback

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Strategies for Integrating Experience with Supervision


- Are there areas related to your clinical practice where you have had students who cited evidence that didn't match with your clinical experience?

21 Students, write your response! February 10, 2023 




Strategy: Communicate Expectations

Patient Responsibilities	Timelines	Documentation Responsibilities
<ul style="list-style-type: none"> • Observe • Assist • Perform 	<ul style="list-style-type: none"> • Daily work schedule • Client frequency and duration of tx • Expectation of independent skills 	<ul style="list-style-type: none"> • Format • Technology • Completion Deadlines

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Strategy: Provide Feedback

Specific	Usable
Accurate	Desired
Objective	Clarified
Timely	

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Strategy: Provide Feedback

Consistent Feedback that is Objective and Informative

The USA Model

- Significant Observations of the session
- Areas of Strength
- Areas of Need
- Rating Scale (1-10): Performs Unfavorably to Exceeds Performance Expectations

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Strategy: Facilitate Student and Patient Goal Planning

Patient

- Specificity for the setting
- Timeline (LTG vs STG)

Student

- Pre-professional growth
- Resources

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Strategy: Develop Assessment Skills

Setting specific skills

Assign assessments with deadlines for performance

Experience + EBP = Better Patient Outcomes

Everyone can learn NEW skills!

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Strategy: Develop Treatment Skills

Critical Thinking: What vs Why?

- **Plan** based on assessment
- **Teach** based on student learning style
- **Model** treatment (supervisor) or Demonstrate treatment (student)
- **Appraise** performance through critical reflection

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Strategy: Encourage Self Analysis

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Strategy: Encourage Self Analysis

Socratic Questioning

- probe thinking
- develop concepts
- analyze ideas
- identify what is known from what is unknown

What do you mean when you say ____? *(Clarification)*

On what data have you based your decision? *(Assumption)*

What evidence did you use to support your decision? *(Reasoning)*

How will it be beneficial to your client? *(Perspective)*

What are the potential outcomes of this strategy? *(Consequences)*

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Strategy: Encourage Self Analysis

One-Minute Preceptor Guide to Feedback: 5 Microskills

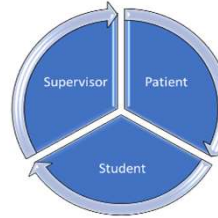
- | | |
|----------------------------------|---|
| 1. Get a Commitment | "What do you think is going on with our patient?" |
| 1. Probe for Supporting Evidence | "What findings support your theory?" |
| 2. Reinforce What Was Done Well | "I appreciate you approached the patient's parent with those possibilities." |
| 1. Give Guidance About Errors | "A more effective way to engage the family support might be to try....." |
| 1. Teach a General Principle | "You must maintain awareness of the cultural preferences of your patient with regard to types of non-oral feeding methods." |

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Strategy: Seek Feedback



- Professional Growth
 - Supervisor
 - Supervisee
- Mentor-Mentee Development
- Patient-Care Impact
- Carryover

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Strategy: Seek Feedback

Informal

1. What feedback was helpful this week?
2. What were your strengths this week?
3. What were your weaknesses this week?
4. What can I do to facilitate your success next week?

Formal

1. [Lillian Larson's Supervisory Expectations Rating Scale](#)
1. Self-assessment questionnaire for supervisors (Hawkins and Shohet, 2000. Open-University Press/McGraw-Hill Publishing)
1. [Perceived effectiveness of various supervision strategies \(Broyles, et al., 1999\)](#)

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Coaching Strategies



- Problem, Evidence, Analyses, Solution (PEAS)
- Detect-Articulate-Respond (DAR)
- Managing anxiety

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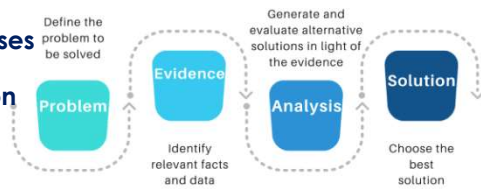


Problem

Evidence

Analyses

Solution

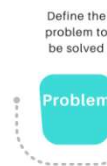


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Problem



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Evidence

Evidence

Identify relevant facts and data

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Analysis

Generate and evaluate alternative solutions in light of the evidence

Analysis

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Solution

Solution

Choose the best solution

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DAR:

**Detect
Articulate
Respond**

Value conflicts can and will happen!

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DAR:

Detect

- Create a safe space
- Communicate

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DAR:

**Articulate
(and Identify)**

- Seek to understand
- Empathize and approach; don't avoid
- Normalize
- Stay focused
- Be specific
- Empower

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DAR:

Respond

- Monitor client outcomes
- Examine the source of conflict
- Refer when necessary

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Student Anxiety

*Anxiety can be motivating.
Too much is immobilizing.*

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Student Anxiety

Sources of anxiety:

- Evaluations
- Grades
- Job recommendations
- Supervisors are "out to get you"
- Unknown success criteria
- A low opinion of the supervisor
- Feedback might require major change!
- Client welfare

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Student Anxiety

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Managing Student Anxiety

Communicate!

There is hope!

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Supervisor Anxiety

It's not just the students!
What thoughts or fears do you associate with having a student?

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Supervisor Anxiety

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Supervisor Anxiety

Often no organizational assistance.

- not your job
- not the work model
- no training

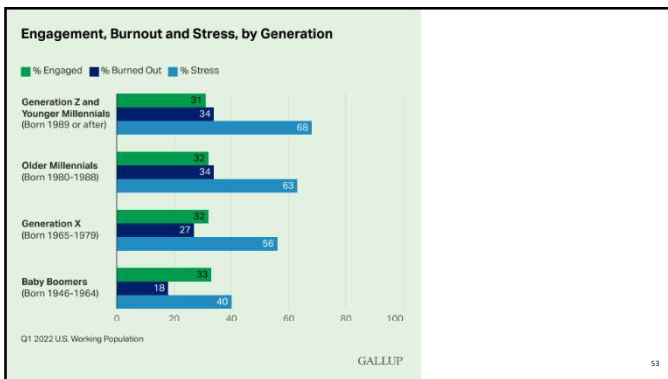
It's intimidating!

- You "need" to know EVERYTHING

Can you manage it?

- productivity requirements

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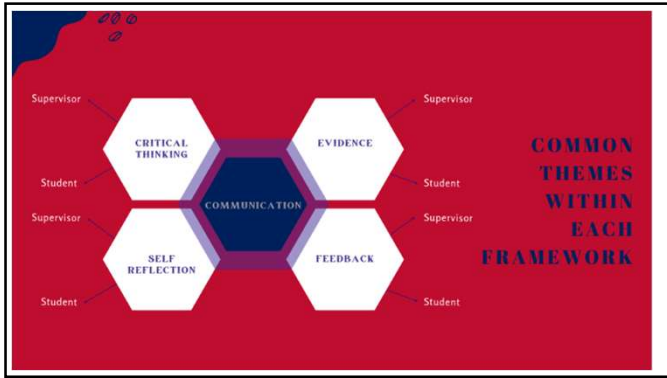


Managing Anxiety

There is hope!

- Seek education
- Admit you do not know EVERYTHING
- Learn from students

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