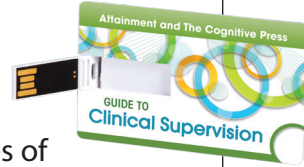# GUIDE TO Clinical Supervision

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Guide to Clinical Supervision
Flash Drive

The flash drive contains printable PDF files of
the Appendixes from *Guide to Clinical Supervision*.
PDF reader software is required to view the PDFs.

Guide to
Clinical Supervision

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Contents

Introduction

Welcome and Overview

Welcome to *Guide to Clinical Supervision.* Supervising and mentoring a person new to your profession can be a fantastic journey. Okay… *fantastic journey* might not be the first thought that comes to mind when you sign on to be a clinical supervisor.

Perhaps you're already thinking about the extra time this role will require, the challenges that could arise, and the additional planning this will take. While it's certainly true that such things *can* be a factor, it's also true that there are *wonderful opportunities and rewards* that supervising and mentoring another person can provide YOU. In fact, in most cases, these far overshadow any challenges you may encounter.

Here are but a few benefits of clinical supervision:

- Supervising helps you stay current in your field (you can learn from your supervisee about new practices, tools, and technologies being taught that you may not yet have used).

- You're helping your field of interest to grow future professionals.

- Supervising establishes a relationship between you and the partner university or professional association.

- You're supporting students who are passionate in your respective field and eager to get started helping others.

- In using evidence-based practices, explaining approaches, introducing methods and materials, sharing practices, welcoming questions, expanding discussions, and facilitating self-analysis, you become a model for others.

- You'll develop your mentoring and supervisory abilities to enhance your own professional skill set.

All those benefits being said… Yes, the supervisory process takes time. Yes, at times it takes effort and extra planning. And, yes, supervising another person has its inevitable challenges. However, there are several *models, strategies,* and *evidence-based resources* you can rely on to streamline the

process for you and to enhance your chances for a successful mentoring relationship. Below are just a few of the tools, tips, models, strategies, and efficiencies we've gathered for you in this handy *Guide to Clinical Supervision:*

- Tips for establishing clearly defined roles and responsibilities (for the supervisor, the supervisee, and the partner program)

- Summaries of supervisory models and styles

- Ideas for establishing a positive tone throughout the experience

- Time management and organizational tips

- An overview of expected professional and ethical behaviors

- Tools for navigating differences in generational mindsets, professional dispositions, and working styles

- Strategies for honoring diversity in the workplace in all its forms

- Tactics for managing conflict

- Guidelines for when a supervisor should direct, coach, support, and/or delegate

- Strategies and suggested phrasings for effective communication

- Tools for keeping meaningful data

- Supervisee self-reflection checklists

- Tips for providing formative feedback

- Summative evaluation forms

- …and much more.

One of the most important aspects to consider when stepping into a supervisory role is to be *intentional*—to have an explicit desire to be purposeful and mindful during your supervisory tasks and responsibilities. Adhering to a particular model of supervision, identifying your supervisory style, and choosing effective tools and resources to guide your clinical supervision are the keys to establishing a win–win relationship for you and the supervisee.

This straightforward guide will help you prepare for, plan for, and make adjustments as needed during the clinical supervision process. As an experienced professional, you have much to offer a new professional in the form of skills, attitudes, how to collaborate with others, and how to reflect on your own skills. The ideal outcome of any supervisory experience is that you feel accomplished in mentoring a supervisee and that the supervisee—advanced by you in knowledge, skills, and dispositions—feels guided to higher levels of self-reflection and clinical performance.

Professions That Can Benefit From This Guidebook

While the experience base of the authors is speech-language pathology and special education, the supervisory concepts, topics, and practices apply across many other health and helping professions, such as:

- Nursing
- Physical therapy
- Occupational therapy
- General education
- Psychology
- Social work

Key Terms Used in This Guidebook

In this text, **clinical supervision** describes the process of mentoring, guiding, and leading a student or inexperienced professional not only in clinical settings, but also in educational, medical, practicum, or field-experience settings.

We use the term **supervisee** to refer to the individual who is in a learning experience under the guidance of a more experienced professional. *Supervisee* refers to student teachers, interns, externs, practicum students, university students participating in clinical supervision at a university, clinical fellows, or new professionals who are in a mentorship or probationary year. The supervisee might be an undergraduate student, a graduate student, or an employee (such as a new hire in a supervisee position).

Supervisor is the term used in this guide to refer to the person in a leadership role. The supervisor is the mentor who monitors and guides the supervisee in the performance of assigned or delegated tasks.

The term **field experience** is the all-encompassing term used in this guide to describe the supervised experience, which some might refer to as a *practicum,* others as a *student-teaching experience,* and still others as an *internship,* a *clinical experience,* an *externship,* or a *clinical fellowship year,* among other labels.

Before continuing on, here are a few other key terms and how we define them in this guide:

- **Clinical instruction**—A supervisory model in which the experienced person of authority provides models, resources, and support to facilitate the development of knowledge, skills, and dispositions in a pre-professional student.

- *Cooperating teacher*—The assigned supervisor and mentor of a public school supervisee (i.e., a student teacher, practicum student, or intern); referred to in this guide as the *supervisor.*

- *Disposition*—The important professional, ethical, legal, and stylistic elements of a profession that involve commitment and responsibility to the profession.

- *Externship*—A university-affiliated, unpaid field experience in any number of settings; referred to in this guide as a *field experience.*

- *Field experience*—A university-affiliated instructional or clinical experience in any number of settings (e.g., schools, hospitals, clinics); includes student-teaching experience, internships, and externships; also referred to as a *clinical field experience.*

- *Instruction*—A term used interchangeably with *intervention* or *remediation* to refer to any session or lesson serving to remediate, intervene, or instruct an individual with an exceptional need.

- *Internship*—A university-affiliated field experience often involving some level of renumeration or stipend, with a focus of on-the-job training; referred to in this guide as *field experience.*

- *Knowledge*—Specific concepts, information, or details that are the essential basis of the practices of a field.

- *Learner*—The student, client, patient, or individual receiving instruction or intervention; in this guide, inclusive of individuals in school, hospital, university, or clinical settings.

- *Liaison supervisor*—The assigned university-based program representative for an off-campus field experience/placement.

- *Mentor*—An advisor, guide, or someone who assists in the advancement of another person's knowledge, skills, and/or dispositions.

- *Practicum student*—An undergraduate or graduate student enrolled in a field experience under the direction of a supervisor. In the education field, this term is used to describe an undergraduate or graduate student enrolled in an unpaid field experience under the direction of a supervisor; in this guide, a practicum student is referred to as a *supervisee.*

- *Preliminary clinical experience*—A university-affiliated educational field experience in which an undergraduate or graduate student is under the direction of a supervisor; also known as a *clinical practicum experience.*

- *Program*—A university-based educational plan that includes the coordination of an off-campus field experience or placement; an educational entity that oversees placements and facilitates agreements and documentation.

- ***Student-teaching experience***—A university-affiliated, unpaid, clinical field experience in a public school setting; referred to in this guide as a *field experience.*

- ***Skills***—The critical practices and processes used to deliver instruction/services.

- ***Student/Client***—The learner receiving instruction; in this guide, the term *learner* is used to include students, clients, patients, and individuals in hospital, university, or clinical settings receiving interventional services.

- ***Supervision***—The process of administrating, mentoring, guiding, or managing a supervisee.

—Chapter 2—
Clinical Supervision Basics

This chapter introduces you to the inner workings of the clinical supervision process; the roles and responsibilities of supervisors, supervisees, and programs within this process; and models and styles of supervision. The evidence-based resources presented stem from a variety of educational, healthcare, and business settings. Examples and concepts are presented to help you customize your approach and tailor the supervision process to your specific work site and the needs of your supervisee.

Fundamental Roles and Responsibilities

Having clearly defined roles and responsibilities for (a) the supervisor, (b) the supervisee, and (c) the university-based partner program can help set the stage for a successful supervisory experience. It ensures that all those involved know what is expected of them (and where to turn if a duty is not being performed or an expectation is not being met). Figure 2.1 on page 8 offers a brief introduction to some common roles and responsibilities in undergraduate and graduate programs across educational, healthcare, and business professions.

These fundamental roles and responsibilities can get established and communicated in several different ways, depending on the supervisory model and supervisory styles being employed. You'll learn more about supervisory models and styles later in this chapter. But before we get to those, let's begin with some opening thoughts on the clinical supervision process itself.

The Complex Nature of the Clinical Supervision Process

Most experienced professionals use their knowledge, skills, ethics, and professional dispositions on a daily basis. It can be easy to forget just how complicated and overwhelming the acquisition of clinical and professional competencies can be for those just starting out in the field. The acquisition of professional skills is a dynamic process, as illustrated in Figure 2.2 on page 9.

Figure 2.1. Roles and Responsibilities

Supervisor	• Demonstrates skills • Provides formative feedback • Responds to questions, concerns, and comments • Acts ethically • Collects objective, summative data regarding a supervisee's strengths and challenges • Helps set targets for future growth • Fosters self-reflection and independence
Supervisee	• Observes with a focused knowledge base (i.e., knows what to look for) • Implements instruction/services with growing competence • Uses feedback to make adjustments • Is positive, not defensive • Acts ethically • Problem-solves • Reflects on one's own skills and performance • Identifies targets for further development of knowledge, skills, and disposition
Program	• Facilitates agreements and documentation that oversee placements • Matches supervisee to placements • Oversees compliance and prerequisite documentation • Provides resources to the supervisor and supervisee • Offers support/guidance to the supervisor and supervisee throughout the placement • Seeks feedback from all parties to inform the program • Provides quality assurance • Troubleshoots

This dynamic learning process requires the supervisee to:

- Function in professional and ethical ways
- Assess a student's or learner's strengths, challenges, interests, and learning styles
- Plan effective service delivery and instruction
- Engage and instruct using evidence-based practices
- Reflect, self-evaluate, demonstrate flexibility, seek assistance, and make adjustments

That's a whole lot for someone new to the profession to figure out!

If we can offer an analogy: The supervisee is like a person first learning to juggle. The beginning juggler needs to focus on using *just one ball* at a time during the early stages of learning. But the dynamic nature of clinical/educational work is such that beginning supervisees must learn to juggle *several balls in the air—all at the same time—from the get-go*. This unique circumstance often creates stress and complications for both the supervisee and the supervisor.

Figure 2.2. Model of Dynamic Process for Supervisee Learning
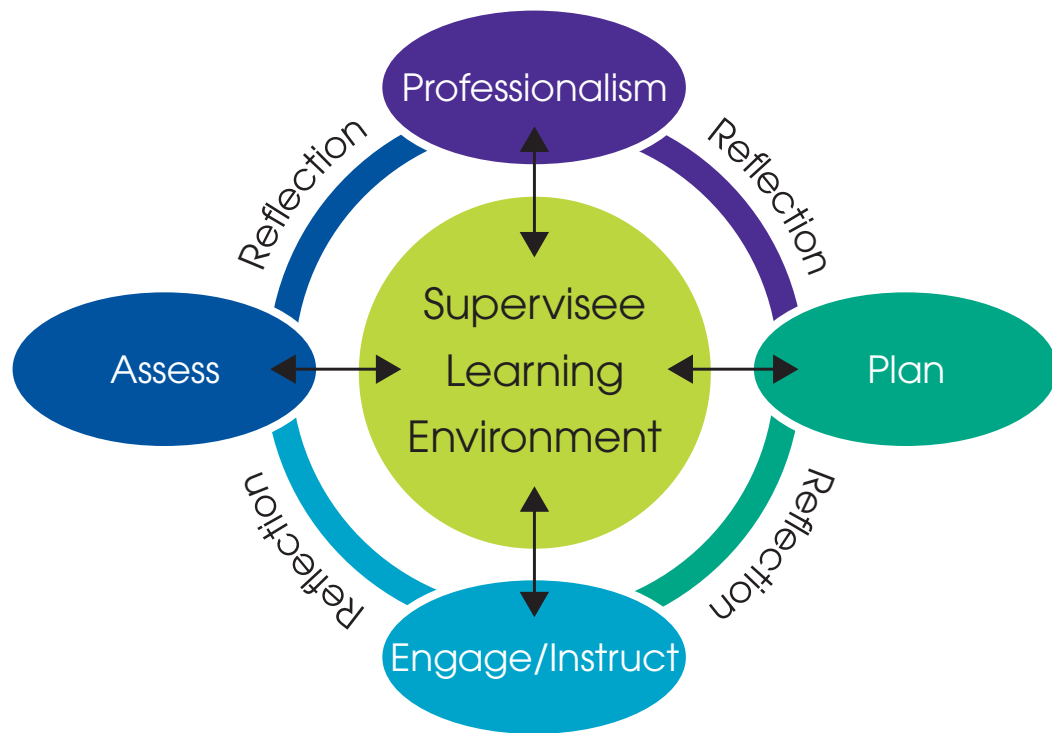
Note. From *Four Phases of Clinical Supervision,* by T. Schraeder, 2014, School of Education, Teaching Standards, University of Wisconsin, Madison, unpublished. Copyright 2014 by T. Schraeder.

Figure 2.2 represents the complex nature of delivering professional services. It also illustrates how supervisee learning can be greatly enhanced through truly responsive clinical supervision.

Each supervisee brings varying levels of previous experiences and prerequisite coursework to the practicum setting. Most supervisees don't even know what they don't yet know. Or, if they do, many lack the vocabulary to talk about what they need to learn yet. For this reason, we suggest supervisors provide supervisees with a glossary of terms (and perhaps even describe and define various evidence-based procedures and strategies) prior to the start of any field experience. Doing so will help the supervisee know what to look for during observations, as well as know how to talk about instructional strategies during discussions with the supervisor. **Appendix A**: Clinical/ Instructional Strategies & Procedures (based on the work of Schraeder & Rosin, 2014) provides a listing of vocabulary and definitions helpful for application of clinical and instructional skills. This glossary might be helpful in starting a discussion at the start of a field experience, and also might serve as a helpful reference later on.

The Supervision Continuum

The Conscious Competence Learning Theory has been embraced by the fields of education, psychology, and business since the 1970s (Adams, 2016; Burch & Thomas, 1988; Chapman, 2016; Howell, 1982; Process Coaching Center, 2001). This theory was first developed by Noel Burch who advocated that new learners often don't realize how little they know and typically evolve through four stages of enlightenment. The four stages include: (1) unconscious incompetence; (2) conscious incompetence; (3) conscious competence; and (4) unconscious competence. Building upon this theory, Hunter and her colleague Russell (1995) described the responsibility of a mentor as moving a new educator along a continuum from being unconsciously unskilled to being consciously skilled (see Figure 2.3). The novice supervisee often falls somewhere between unconsciously unskilled and unconsciously skilled.

Figure 2.3. Hunter and Russell's (1995) Supervision Continuum

Many individuals are drawn to a particular field because they enjoy working with people. This desire tends to have already drawn such individuals to initial experiences in helping others, such as volunteer work, childcare, coaching, and/or camp counselor work. The beginning practitioner may have acquired "people skills" from these experiences that contribute important foundational skills for clinical/educational practices.

Through the prerequisite coursework, the novice most likely acquired much of the knowledge essential for successfully delivering professional services. The process of bridging theory into practice begins to happen during such coursework—prior to a clinical or field experience. However, the majority of acquisition and refinement of professional skills happens during clinical and field experiences under the guidance and direction of a clinical supervisor. According to Schraeder (2013, 2016), this supervision process consists or four phases, each of which is outlined below.

Clinical Supervision Phase 1

During this first phase, the supervisor shares a significant amount of information and empowers the supervisee with basic skills for how to "bridge theory to practice" in the *application* of basic instructional strategies and methods. The supervisor encourages the supervisee to use

instrumentation, printed materials, multimedia resources, online resources, apps, etc., in effective, direct ways. The supervisor also guides the supervisee in the process of thinking, planning, doing, and assessing. The supervisee may either observe, collect assessment data, or co-teach during lessons. This is the phase in which the supervisee begins to understand what he or she has yet to learn, what to look for, and what to reflect upon.

Clinical Supervision Phase 2

In Schraeder's second phase, the supervisor determines when the supervisee is ready to conduct lessons while being directly observed. The supervisor provides specific oral and/or written feedback that focuses primarily on what the supervisee is doing effectively. Ideally, those aspects that the supervisee must correct should reveal themselves during the third phase, when the supervisee engages in self-reflection and self-analysis. However, sometimes it is necessary for the supervisor to identify recommended changes, as well as provide positive feedback, during this second phase. Each supervisor must use his or her own judgment in this regard. Following the supervisee's performance, the supervisor engages the individual in an open dialogue that focuses on the supervisee's abilities to:

- Effectively engage and instruct
- Practice in ethical and professional ways
- Establish optimum learning environments based on the learner's needs
- Assess progress
- Plan appropriately

The focus is on having the supervisee explain what went well and why. The supervisor asks the supervisee to describe the evidence base that supports the practices he or she used. By doing so, the supervisor begins to facilitate confidence in the supervisee's competencies. In this way, the supervisee moves to a level of becoming *consciously skilled.*

Clinical Supervision Phase 3

In Schraeder's third phase, the supervisor encourages self-reflection by the supervisee. This is accomplished by engaging the supervisee in a thinking-aloud process related to planning, assessing, executing instruction, and reflecting on instructional delivery.

Checklists can facilitate self-analysis by the supervisee. The supervisor should also ask the supervisee what he or she would do differently and why. During this phase, the supervisor provides feedback only related to what the supervisee missed in his or her self-analysis. Feedback from the supervisor must gradually be replaced by the supervisee's own insights and self-reflections related to instruction and service delivery so that a level of conscious competence may be achieved.

You'll find several self-reflection checklists in the appendixes. The checklists will help you address each of the following major competencies for the supervisee, as listed in Clinical Supervision Phase 2 above:

- Effectively engage and instruct—**Appendix B**: Self-Reflection Checklist—Engagement & Instruction

- Practice in ethical and professional ways—**Appendix C**: Supervisee Self-Reflection Checklist—Professionalism & Ethics

- Establish optimum learning environments based on the learner's needs—**Appendix D**: Supervisee Self-Reflection Checklist: Learner & Learning Environment

- Assess progress—**Appendix E**: Supervisee Self-Reflection Checklist—Assessment Behaviors

- Plan appropriately—**Appendix F**: Supervisee Self-Reflection Checklist—Planning Behaviors

Clinical Supervision Phase 4

In Schraeder's fourth phase, the supervisor assumes more of a mentorship role. During conferences, the supervisee does most of the talking while the supervisor listens to the supervisee's objective analysis of his or her strengths, challenges, and targets for future growth. The supervisor provides resources only when necessary. By empowering the supervisee to think, plan, implement, and assess independently, the supervisor facilitates the supervisee's confidence in his or her own competence.

This phase is also the point at which the supervisor facilitates flexibility within the supervisee. Even if there were many strengths, the supervisor asks the supervisee to describe other ways the goal could be accomplished. This helps expand the supervisee's repertoire of possibilities.

Guiding the supervisee to higher levels of objective self-analysis is the ultimate goal of clinical supervision. It's often the case that on-the-job supervisors are not individuals licensed in the same area of expertise. Consequently, the new professional must be well-equipped in knowing how to objectively identify his or her own strengths, challenges, targets for future growth, and ways to achieve them. The new professional must also be willing to expand his or her own repertoire (i.e., seek alternative/additional teaching strategies) of skills by becoming an information seeker and lifelong learner.

Supervision is a complex process of guiding a pre-professional along the continuum of development. Within each phase, there are models and styles of supervision to consider and use, as well as specific supervisory techniques to put into action (you will learn more about these in the sections that follow).

Effective clinical supervision is a multifaceted process that involves more than just providing praise, criticism, reward, or penalty. Clinical supervision, which is the basis of this guide, keeps a

continuum in mind and results in a *process* rather than a *product*. The ultimate goal of the supervisor is to yield high-level instruction or service delivery, to encourage self-reflection, to assist in self-supervision, and to mentor others.

A thoughtful and intentional supervisory process is the foundation for excellent supervision within every human service profession. Supervisees-in-training who have had exceptional supervised experiences go on to become professionals who are competent, dynamic individuals. Graduates who become seasoned professionals often give back to university programs and their previous mentors by becoming effective supervisors themselves. It's a win–win cycle of learning and teaching.

Models of Supervision

A "model" is the structure or framework that guides a project, experience, decision, or process. Dozens of models of supervision exist in education, healthcare, and business settings. Even so, many successful models are duplicated across genres or professions—they're simply packaged slightly differently or use their own distinctive jargon.

Four commonly used models of supervision in education and healthcare settings include the:

1. Apprenticeship model
2. Growth model
3. Roles system model
4. Anderson continuum model

Each of these four supervisory models has its own advantages and disadvantages, as outlined below. After reading each model's summary, you'll find suggestions for when the model is best used. This will help you select a model and tailor it to fit your unique needs and the needs of the supervisee.

Apprenticeship Model

An apprenticeship supervisory model has existed for centuries. In fact, the term *apprentice* can be traced to medieval times (e.g., in blacksmith and silversmith shops), yet it's still in use in many professions today, including trade professions such as electricians, plumbers, and masons.

There is good reason this model of supervision has withheld the test of time. According to Wijinberg and Schwartz (1977), in an apprenticeship model of supervision, an intense, side-by-side relationship in a one-on-one system is provided to the supervisee. The supervisor is recognized as the "guide" who provides an intensive level of modeling, mediating, support, and encouragement (Steketee & Bower, 2007). Feedback is provided "in the moment," especially at the start of the

relationship. Little attention is placed on summative evaluation (i.e., grading); however, an extensive amount of formative feedback is offered early on in a way that ensures successful demonstration of knowledge and skills by the supervisee. In an apprenticeship, the supervisor gradually turns over more and more responsibilities to the supervisee. Figure 2.4 is a simple representation of the apprenticeship model, in which the apprentice is "surrounded by" the supervisor, who uses multiple learning strategies while providing an intense, side-by-side relationship.

The apprenticeship model is best used when:

- a setting is more complicated or "critical" in nature (such as an intensive care unit of a hospital, a classroom of children with autism, etc.)

- a supervisee has little-to-no previous practical experience

- setting requirements mandate 100% line-of-site supervision due to billing guidelines

Growth Model

A growth model of supervision also has historical value, especially in the fields of clinical psychology and human development. In the growth model, an assumption is made that increased growth or development occurs over time in the supervisee. Maturity of personality, attitude, and knowledge

Figure 2.4. Apprenticeship Levels of Support
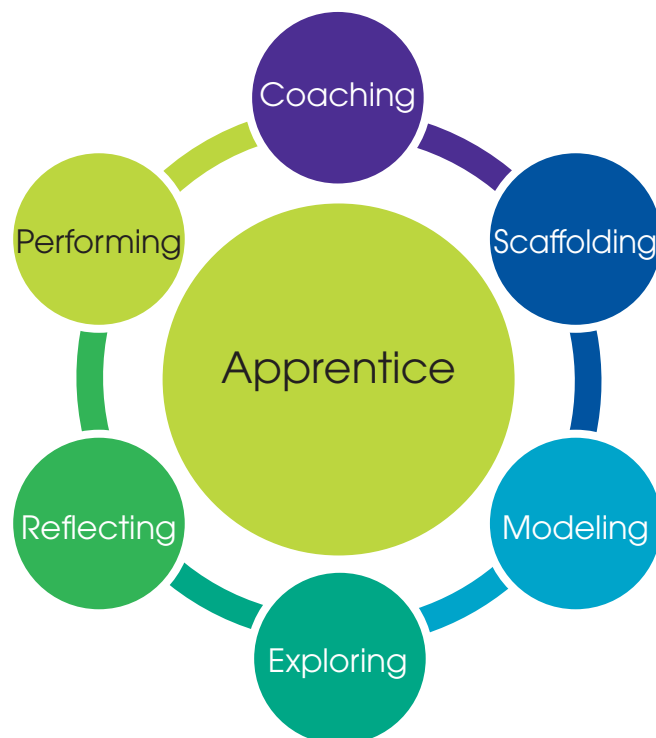
ultimately fosters increasing competence in disposition and skill (Wijnberg & Schwartz, 1977). Within a growth model of supervision, the emphasis is on the presence of a positive relationship and atmosphere between the supervisor and the supervisee so that the supervisee feels free to explore, develop, and become competent (Munson, 2014). As with an apprenticeship model, summative feedback is not necessarily the focus; rather, ongoing mediation and formative feedback is more valued. More importantly, giving the supervisee the context in which to experience the roles and responsibilities of the position combined with time for maturity are the most important aspects of this model.

Humans acquire many behaviors and skills through maturation and overall growth; thus, the concept of professional abilities being facilitated through that developmental process may have value, too. However, the specific skills warranting growth may not necessarily be the skills humans develop via maturation and time. In reality, most professions depend on both dispositional and operational performance, so using a growth model of supervision might be relevant only to a very specific placement or supervisee.

The growth model is best used in situations when:

- a setting is more "casual" or exploratory in nature
- a supervisee has had significant previous experiences and already developed a substantial skillset

Role Systems Model

The role systems model of supervision includes elements of both the apprenticeship model and the growth model. Wijnberg and Schwartz (1977) describe this model as one in which certain roles and responsibilities must be carried out in the scope of a profession. This supervisory model recognizes that a supervisor can oversee others in fulfillment of these roles and responsibilities. This model specifies what someone is supposed to *do* and how much flexibility is allowed in the way a given task is done. The supervisor is recognized as the "expert" with authority who is responsible for the supervisee learning and performing the roles.

The role systems model does not focus on the development of the relationship between the supervisor and supervisee, but instead emphasizes the fulfillment of professional duties. Both formative and summative feedback are important tools in a role systems model. In addition, this model makes it more likely that a supervisor could guide multiple supervisees at one time, with each being delegated to perform specific roles and responsibilities.

The role systems model is best used when:

- a supervisor is overseeing the work of a person in a different role (like an assistant) rather than a practicum student

- a supervisor has been provided with a team of supervisees to manage simultaneously across different tasks

- a supervisor–supervisee relationship will be short-term or for a very specific task

Anderson Continuum Model

To better define and offer guidance to clinical supervision, Anderson (1988) created her own hybrid model of supervision referred to as the *Anderson continuum model* (see Figure 2.5). In this model, there are three stages of supervision:

- An initial stage (which includes constant evaluation and feedback)

- A transitional stage (where feedback is faded)

- A self-supervision stage (which guides the supervisee into a mode of self-supervision and concludes the supervision experience)

Figure 2.5. Anderson's (1988) Continuum of Supervision Model
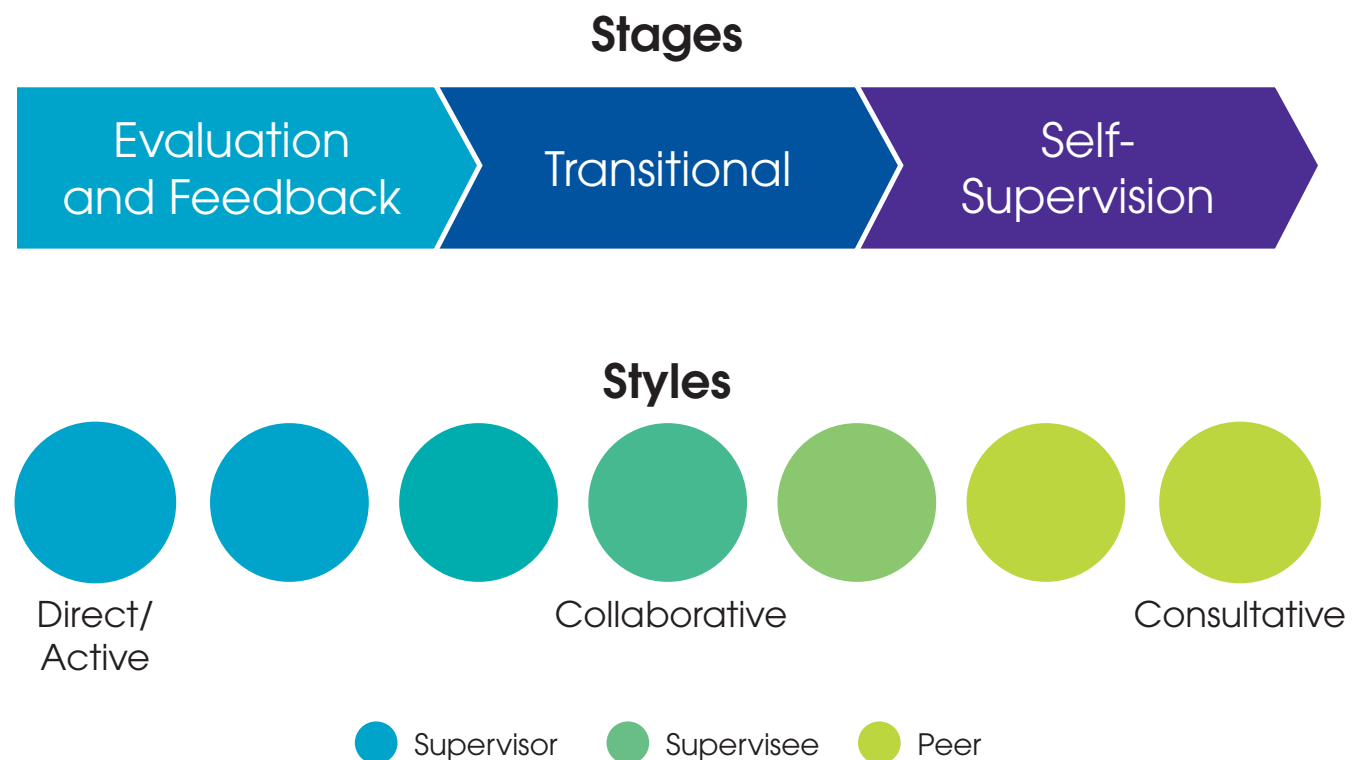
Anderson's model allows for flexibility during a field experience. The supervisee may reach a self-supervision level of performance in a specific aspect of the professional assignment, but still need collaboration or direct feedback from the supervisor for other duties. For example, a graduate student may successfully work on literacy with an early elementary child who has an autism spectrum disorder (and therefore be at some level of self-supervision), but within that same field experience, the graduate student may be new to developing the assistive technology needed for the child, thus requiring very direct and active guidance from the supervisor for that instructional component. Like the growth model, the Anderson model allows for the time and space needed for a supervisee to mature. In addition, it provides for the varying levels of direction and feedback (common with the apprentice model). The Anderson model is flexible to the variability of supervision; supervision being dependent on the duty or task being lead (which is at the core of the role systems model). So, as you can see, the Anderson model meshes valued aspects of several other models, resulting in a multifaceted model that might fit a wider range of supervisor–supervisee relationships.

The Anderson model is best used when:

- a supervisor–supervisee relationship will be ongoing across many weeks or months in a row

- a placement includes a wide range of tasks and responsibilities and the supervisor is supporting and scaffolding these for the supervisee

- a supervisor anticipates needing to provide a greater amount of guidance and oversight at the start of the placement with a gradual fading over time

Every supervisor should align his- or herself with a supervisory model and state it explicitly to all stakeholders in the supervision process (e.g., the supervisee, collaborating colleagues, site administrators, and the program liaison). Note that some field experience sites may call for a very specific model of supervision.

The Evidence Base of Supervision Models

Research on specific models of supervision is scant. Perhaps that's because many models are not "pure" or not terribly common, so researching and drawing conclusions about the effectiveness of a customized model is problematic. Also, a great deal of clinical supervision happens in a "hit-or-miss" fashion, thus researching the efficacy of a certain model can be confusing or impossible.

The research regarding effective supervision models that *has* been conducted tends to look more at specific supervisory strategies, rather than at the overall models. However, all models of supervision described above have been documented in the literature to hold some degree of effectiveness. Steketee and Bower (2007) documented positive outcomes with the apprenticeship model when used in the final two years of a medical degree. Wood and Rayle (2006) demonstrated