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DIANE MUZIO
Southern Illinois University Carbondale, muziohug@aol.com

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CLINICAL SUPERVISION OF GRADUATE EXTERNS IN SPEECH-LANGUAGE PATHOLOGY

by

Diane Muzio

B.S., Southern Illinois University, 1980
M.S., University of Virginia, 1989

A Dissertation
Submitted in Partial Fulfillment of the Requirements for the
Doctor of Philosophy

Department of Curriculum and Instruction
in the Graduate School
Southern Illinois University Carbondale
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DISSERTATION APPROVAL

CLINICAL SUPERVISION OF EXTERNS IN SPEECH-LANGUAGE PATHOLOGY

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A Dissertation Submitted in Partial

Fulfillment of the Requirements

For the Degree of

Doctor of Philosophy

in the field of Curriculum and Instruction

Approved by:

Dr. D. John McIntyre, Chair

Dr. Deborah L. Burris, Ph.D.

Dr. Maria Claudia Franca, Ph.D.

Dr. Dan R. Jones, Ph.D.

Dr. Nancy A. Mundschenk, Ph.D.

Graduate School
Southern Illinois University Carbondale
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AN ABSTRACT OF THE DISSERTATION OF

DIANE MUZIO, for the Doctor of Philosophy degree in CURRICULUM AND INSTRUCTION, presented on September 26, 2017, at Southern Illinois University Carbondale.

TITLE: CLINICAL SUPERVISION OF EXTERNS IN SPEECH-LANGUAGE PATHOLOGY

MAJOR PROFESSOR: Dr. D. John McIntyre, Ph.D.

The focus of this qualitative study was to investigate clinical supervisors' perceptions about the externship experience in speech-language pathology. This study was designed to investigate the range of supervisors' preparedness to mentor the extern student, self-perceptions of the role of the externship supervisor, and opinions regarding a possible professional credential. Data was collected from a focus group and individual interviews. All participants were SLPs who supervised a minimum of two graduate student externs from the same large Midwestern university. The results indicated that externship supervisors felt unprepared for their early supervision experiences, vary in their practices of developing and systematizing pre-professional externship experiences, and that a professional credential in supervision would likely contribute to the standardization of graduate students' training in speech-language pathology.

DEDICATION

For Laura and Milton

Thanks for giving me my time alone, especially in Provincetown.

ACKNOWLEDGMENTS

I have a committee of five very generous people to thank for contributing to the completion of this dissertation. I greatly appreciate my chair, Dr. John McIntyre, a very kind mentor who respected my autonomy as a researcher and writer. He suggested only those changes that improved upon my work, while allowing me to retain my original interest and direction. Dr. Deb Burris – who patiently repeated the same six words – "Just get the darn thing done." – until I did get it done. Her confidence in my abilities helped me rise to the occasion, and her approach to organizing data collection made my work more efficient and accurate. Dr. Nancy Mundschenk – who offered insightful perspectives and sharpened the vision of my research. Her keen eye for the relevant kept me focused on the end result. Dr. Dan Jones, whose admiration for school SLPs and positive thoughts about my research were a boost to my progress. Dr. Maria Claudia Franca, who held my research in such high esteem, and who was always quick to find the solution. My sincere thanks to all of you.

I also have many friends, both locally and in New York City, who offered frequent words of encouragement, one of whom I will mention here. Kitty Martin, my friend and colleague, whom I could always count on to celebrate even the smallest achievements.

Ultimately, I live in gratitude for my spouse, Laura, and our son, Milton.

PREFACE

At the initiation of this research project, extant literature in the area of graduate extern students in speech-language pathology was very limited, as were training materials and resources available to externship supervisors. During the course of data analysis, the Council of Academic Programs in Communication Sciences and Disorders (CAPCSD) announced the launch of the first two modules addressing issues in supervision, including in its target audience externship-affiliated practitioners. A professional credential in supervision was also proposed. The currently available CAPCSD materials were reviewed for consistency with the outcomes of this research. These resources and issues are more fully explored in Chapter 5.

TABLE OF CONTENTS

CHAPTER 1

INTRODUCTION

Speech-language pathologists (SLPs) treat communication disorders, i.e. those impairments that impact a person's ability to successfully communicate. The American Speech-Language-Hearing Association (ASHA), a national certification and accreditation agency, has organized communication disorders into nine major categories: articulation, fluency, voice & resonance, receptive & expressive language, hearing, swallowing, cognitive aspects, social aspects, and communication modalities (ASHA, n.d.). SLPs provide clinical services to prevent, assess, diagnose, and treat speech, language, social communication, and swallowing disorders in children and adults (ASHA, n.d.). According to ASHA (n.d.), SLPs are employed in a variety of health care and educational settings, private and corporate practice, and government agencies.

Professional Credentials

SLPs must hold the Master's degree to become ASHA certified. The Certificate of Clinical Competence (more casually known as the "Cs"), is a voluntary professional credential that identifies an individual as having completed a graduate academic program with supervised clinical experiences, a post-graduate 9-month fellowship, and passed a national praxis exam. Maintenance of certification is achieved by meeting continuing education requirements at each certification interval (ASHA, n.d.). The benefit of certification, aside from the professional recognition of being current in the field, is the qualification to supervise those who hold the Bachelor's degree and work as speech-language pathology assistants (SLPAs), graduate students in training (in university clinics and on externships), and clinical fellows (post-graduate 9-month fellowship). Only SLPs with ASHA certification may perform supervisory activities over any candidate in training at any level.

An ASHA certified SLP may also elect to earn Clinical Specialty Certification, which is a formal credential recognizing advanced knowledge and skills in a specialized area of practice (ASHA, n.d.).

Graduate students enrolled in accredited Master's degree programs in speech-language pathology are required to demonstrate skill outcomes through 400 hours of clinical practica. In addition to on-campus practica courses, many programs include either mandatory or voluntary externship experiences. Students assigned to off-campus clinical practica are supervised by ASHA certified speech-language pathologists who act as mentors to the graduate extern. In some graduate programs, students are responsible for seeking out and securing their own externship assignments; others, such as the one in which I work, delegate that responsibility to a director or coordinator of clinical programs.

Since April 2004, I have held the position of Clinic Coordinator for the graduate program in communication disorders and sciences at a large Midwestern university. One of my duties as Coordinator requires that I place graduate students as externs with various agencies across the country. Most of the assignments are in the Midwest region, the same geographic area from which most of our students come, and to which they return. Working with students in securing placements inspired me to investigate the question of supervisors' preparedness for supervision of graduate student externs. My experience of externship supervisors has been varied. On one extreme, there are those who have a philosophy of providing full support to mentor a student into a professional. These supervisors typically take any student who asks. On the other extreme, there are supervisors who expect students to function with a very high level of independence. These supervisors expect that externs will have high-level skills across treatment areas, have

previous experience providing therapy services to specific populations, and not require much feedback or guidance.

The first time I encountered a supervisor who had what I considered questionable skills, I was shocked. I understood previous inquiries that came from many supervisors regarding a student's grade point average, attitude or disposition, courses taken, and areas of clinical interest. However, I was completely unprepared for demands such as specific previous clinical experiences, ability to provide services with minimum supervision, and skills in treatment modalities for specific disease processes and syndromes. These expectations seemed more appropriate for an experienced job applicant rather than a student enrolled in a clinical course seeking to gain experience to meet the requirements of a Master's degree program. I thought these 'over-expectations' to be unreasonable, and contradictory to the mentoring of a pre-professional. In situations such as these, I attempted to advocate for our graduate students. "But they're *students,*" I would say, "The experience you want them to already have they're supposed to get with you."

Over the years, I learned not to advocate for our students to be placed in settings with unrealistic expectations. In fact, if I even suspected that a supervisor had expectations beyond what is reasonable for a graduate extern, I did not make the assignment. I began to see these supervisors as the students' adversaries, and feared that the student was being set up for a difficult learning experience. I remember one student who was very excited about the opportunity to extern at a large urban hospital. On her way home from her visit to the facility, she called to tell me that she did not want the assignment. Knowing how much she wanted to be an extern at this particular site, and the good reputation of the facility, I was surprised by her change of heart. "I met my supervisor," she said, "and I don't think he and I are a good match."

She said the supervisor explained his approach to supervision in this way: "Show once, do once, teach once. After that, you're shit out of luck." The student immediately recognized that the supervisor's style was incompatible with her expectations, and she wisely gave up the coveted assignment. I did not attempt to persuade her to change her mind.

I can recall another supervisor who had a very strong response when I informed her that the extern student assigned for the following semester had withdrawn from school for personal reasons, and so would not be at her facility. She became irate and told me, "I need that extra set of hands! I have too much work for one person, and I was counting on her to lighten my load." I was perplexed by her view of the extern as "lightening the load," when in fact, my experience was that supervising a student while performing routine job duties is actually more work. A similar attitude emerged from another supervisor who called to ask if there was an extern who could come on Fridays only. "That's the day of the week I am in all-day meetings, and it would help if a student could take my caseload." I responded that externs need supervision and mentoring, and that I would only assign a student if the supervisor would be available to observe the extern and participate in his/her training. "That's not what I had in mind," the supervisor told me.

I have also encountered supervisors who are on the complete opposite end in terms of expectations. Perhaps even more frustrating for me have been those times when I could not persuade a supervisor to actually have any expectations for a graduate extern. These supervisors are the ones who do not let the extern out of their sight, never permit them to conduct therapy services on their own, and constantly "do" for them. Everything the extern does has the thumbprint of the supervisor, who is not mentoring, but molding the extern into a student-version

of themselves. Consequently, these students earn the high grades, but have the least developed skills.

I have also encountered many supervisors who share my supervisory philosophy that students are exactly that – students. And as students, they need on-going instruction, training, supervision, mentoring, exposure, support, and the investment of a great amount of our time and talk. Most of all, they need room to make their own mistakes, and the opportunity to problem-solve. Graduate externs do not have a breadth and depth of experience – that's what the externship is supposed to provide. Externs are not unpaid staff who take work off of the supervisor; rather, they are pre-professionals with basic clinical management skills seeking support in their advanced training. It is the role of the supervisor to prepare the extern to enter the workforce, and thus make the commitment and effort necessary to insure that this happens. From my experience, supervisors who work in academia and train graduate students in university clinics generally have a good understanding of their role as mentor. Supervisors of externship placements, being in professional settings, often seem to have differing, and sometimes unrealistic expectations for the extern. This is probably due to the externship supervisor's primary focus, which is clinical service delivery and getting the job done. This creates inconsistency for academic programs, and learning challenges for the extern.

Research Problem

Graduate student externs in speech-language pathology are supervised by ASHA certified practitioners who typically have no professional education or training in supervision and/or mentorship. Consequently, clinical training experiences can vary widely depending upon supervisors' beliefs about the role of the graduate extern and their role as mentor. The lack of standardized qualifications, (beyond practitioner credentials), may result in under- or over-

utilization of the graduate student, inappropriate expectations, and inconsistent quality in the supervisory process.

Purpose of the Study

The purpose of this study was to investigate clinical supervisors' perceptions about the externship experience in speech-language pathology. This qualitative study was designed to investigate the range of supervisors' preparedness to mentor externship students, self-perceptions of the role of the externship supervisor, and opinions regarding a professional credential in supervision. I also explored supervisors' perception of their own role in graduate extern supervision, and their supervisor training needs.

Research Questions

The following research questions will be addressed in this study:

1. How do SLP externship supervisors gain the requisite knowledge and skills necessary to competently perform as an externship educator?
2. How do externship supervisors mentor graduate students to apply theoretical knowledge to clinical practice?
3. What strategies do externship supervisors use to sequence the extern's knowledge and skill development?
4. How do externship supervisors perceive that a specialty credential in clinical education would change their supervisory practices?

Background Context

Supervisor Credentials

ASHA has long history of general discussion around the issue of supervision (Anderson, 1972; Culatta & Colucci, 1975; Schubert & Aitchison, 1975; Stace & Drexler, 1969).

There is mention of supervisor credentials in publications by members of the Association that date back to 1937, but formal discussion was intermittent until the 1960s (Farmer and Farmer, 1989). In 1978, the ASHA Committee on Supervision published a *Special Report on the Current Status of Supervision of Speech-Language Pathology and Audiology*. Supervision as a specialty emerged from this document in that a distinction was made between two major sets of supervisory tasks: clinical teaching and program management (Crago & Pickering, 1987). This special report also contained a definition of supervision, exclusive of managerial duties. Clinical teaching was defined as "the interaction between supervisor/supervisee in any setting which furthers the development of clinical skills of students or practicing clinicians as related to changes in client behavior" (Crago & Pickering, 1987). The report clarified that the supervisory process is characterized by the interaction that takes place between the supervisor and the clinician and may be related to the behavior of the clinician or the client or to the program (Crago & Pickering, 1987).

To qualify as a supervisor in speech-language pathology one must have what is referred to as "Cs" – the Certificate of Clinical Competence (CCC). This ASHA designation distinguishes a clinical from a non-clinical practitioner, (e.g. researcher, scholar, administrator). To obtain the CCC, an SLP must hold a Master's degree in the discipline, pass the Praxis exam (a national competence examination), and maintain minimum continuing education requirements (ASHA, n.d.). Only SLPs with the CCC may supervise students, externs, and clinical fellows (post-graduate practitioners). The CCC may be earned as soon as a mandatory nine-month (or its equivalent) clinical fellowship is completed, and the Praxis passed. Essentially, only nine months after graduating with the terminal degree. But the clinical fellowship (CF) in no way is intended to be adequate preparation for mentoring a graduate student. ASHA defines the CF

period as one in which the candidate transitions[s] between being a student and being an independent provider of clinical services that involves a mentored professional experience after the completion of academic course work and clinical practicum (ASHA, 2008). Further, the Praxis is a credentialing examination designed to measure knowledge and skills acquired in graduate school. This tool does not measure one's readiness to supervise a graduate extern. Clearly, neither of these two requirements for certification contribute in any way to preparing a practicing professional to be a supervisor; yet, these are the only mandatory activities an SLP must complete to do so.

ASHA (2008) acknowledged this deficiency in supervisor preparedness in its official statement on supervision, *Knowledge and Skills Needed by Speech-Language Pathologists Providing Clinical Supervision.* In it, the Ad Hoc Committee on Supervision in Speech-Language Pathology recognized that

> All certified SLPs have received supervision during their student practica and clinical fellowship; however, this by itself does not ensure competence as a supervisor. Furthermore, achieving clinical competence does not imply that one has the special skills required to be an effective supervisor. ASHA does not have specific requirements for coursework or credentials to serve as a supervisor; however, some states or settings may require coursework and/or years of experience to serve as a supervisor.

It is notable that ASHA (2008) refers to supervisory practice as being a "special skill," but does not have a clinical specialty certification credential to designate such.

Once certification is granted, the SLP may assume a supervisory role. ASHA provides no guidelines regarding minimum years of experience, specialized training, or any other criteria to qualify as a supervisor. Consequently, many professionals are thrust into the role of supervisor or clinical educator without adequate preparation or training (ASHA, 2008). Many of my colleagues at other institutions who have similar responsibilities to mine do have

institutionally defined criteria for externship supervisors, such as a minimum of three- to five-years work experience, and/or previous supervision experience. Some programs even require that extern supervisors attend a mandatory workshop on supervision/mentorship/clinical education offered free-of-charge by the graduate program (Norton, 2011). But, these are programs with the personnel resources and funds to provide such training, and they are following a protocol of their own design.

The program in which I coordinate clinical activities has no such institutionally defined criteria, although I have an unspoken policy of not assigning students to newly certified supervisors. My personal policy has been to look for supervisors who have at least three or so years of practice, and who, in my subjective opinion, demonstrate a level of professionalism, knowledge, and maturity that assures me the student will have an adequate training experience. In the 13 years that I have assigned students to supervisors, I have noticed an evolving pattern in the attitudes and expectations of the supervisors with whom I have had contact at various externship facilities. It seems to me that supervisors fall into three distinct philosophical categories: (1) treat the extern as an inexperienced student, and provide maximum support and supervision; (2) treat the extern as an unpaid employee who will function at a high level of independence; or (3) support the extern at her/his level of need, with the expectation that the student will become increasingly independent over time. My approach to supervision is the third style, and so I find that I look for externship supervisors who share that approach. I have also wondered why it is that I encounter supervisors who are on such extreme ends of the supervisory spectrum, and how a supervisor's expectations for an extern might influence and shape the student's success.

In studying these issues, I first referred to the professional resources available from ASHA. In 2008, ASHA published two companion documents, *Clinical Supervision in Speech-Language Pathology*, (a technical report), and *Knowledge and Skills Needed by Speech Pathologists Providing Clinical Supervision*, (an official statement). Both were issued by an ad hoc committee on supervision and were an attempt to provide at least some guidance on the ill-defined issue of "competence" in clinical supervision skills. The technical report (ASHA, 2008) made explicit the nuances of the dilemma of supervision as it is right now:

> At some point in their career, many speech-language pathologists (SLPs) will be involved in a role that involves supervising students, clinical fellows, practicing SLPs, and/or paraprofessionals. Many of these SLPs do not have formal training or preparation in supervision. Recognizing the importance and complexity involved in the supervisory process, it is critical that increased focus be devoted to knowledge on the issues and skills in providing clinical supervision across the spectrum of a professional career in speech-language pathology. The purpose of this technical report is to highlight key principles and issues that reflect the importance and highly skilled nature of providing exemplary supervision. It is not intended to provide a comprehensive text on how to become a supervisor. The companion document *Knowledge and Skills Needed by Speech-Language Pathologists Providing Clinical Supervision* (ASHA, 2008b) delineates areas of competence, and the position statement *Clinical Supervision in Speech-Language Pathology* (ASHA, 2008a) affirms the role of supervision within the profession.

Additionally, in addressing supervision across settings, the technical report (ASHA, 2008) suggests that, although professional, clinical, and operation demands across practice settings vary, the supervisory process can be viewed as basically the same wherever speech-language pathology services are delivered (ASHA, 2008). Assuming this statement about the supervisory process to be true, it could also be assumed that the need for training in supervision is the same wherever supervision is provided to an extern.

In 2010, the ASHA Board of Ethics issued a statement, *Issues in Ethics: Supervision of Student Clinicians*, which listed four *Ethics* excerpted from the *Code of Ethics* (ASHA,

2010r). The excerpted Ethics pertain to the supervision of student clinicians (ASHA, 2010). The purpose of this statement paper is to provide additional analysis and instruction concerning a specific issue, heighten sensitivity and increase awareness, and assist in self-guided ethical decision-making (ASHA, 2010). The documents states that supervisors must achieve and maintain competency in supervisory practice, but does not offer a definition of competency or suggest how one may achieve and maintain it. The document includes the admonition that ASHA certified individuals who supervise students should possess or seek training in supervisory practice and provide supervision only in practice areas for which they possess the appropriate knowledge and skills (ASHA, 2010). It could be interpreted that the ASHA Board of Ethics is suggesting only that supervisors "should" seek training, as opposed to "only practice" as a supervisor if one has the "appropriate knowledge and skills" in supervision, such as they must in areas of clinical practice.

I found no position paper or scholarly document on supervision of graduate externs. I then began to search the literature in speech-language pathology and found that most of the research was focused on supervision of CFs, with some research addressing SLPAs, and some addressing supervision in university clinics. These articles were almost exclusively focused on supervisory techniques, with little mention of supervisors' preparedness for the responsibility. I recognized this large gap in the supervision literature as one reason for the differences in approaches to externship supervision. Another factor is the lack of direction on this subject from ASHA. This accrediting agency does provide statements regarding the ethics of supervision (ASHA, 2010r), and the typical supervisory activities that are either expected or required for the supervision of students, CF, and SLPAs, (ASHA, 2007), but there are no explicit guidelines for supervisors of externs.

Clinical Specialty Certification

Clinical Specialty Certification (CSC) is a recent credential offered to certified SLPs. ASHA currently has four clinical disorder areas in which professionals can be recognized as having advanced knowledge, skills and experience: child language, fluency, swallowing and intraoperative monitoring. Recognition as a specialist in one of these fields requires advanced education and clinical experience beyond the CCC that must be met to qualify for specialist status in a given area of practice (ASHA, 2008). That ASHA has no credential requirement qualifying an SLP to supervise, and does not offer specialty certification in this area, contributes to the ambiguous role of the graduate student extern. In email correspondence with the ASHA Director of Certification, I was informed that a clinical specialty certificate in supervision "would be a difficult topic given that ASHA endorses "Clinical" Specialty Certification programs and supervision is not specifically a clinical activity" (Anonymous, Director of Certification, personal communication, September 8, 2015).

The closest ASHA has come to addressing the issue of graduate extern supervision is the resource, *Frequently Asked Questions About Student Supervision (*ASHA, n.d.), a list of questions and answers found on its website. This resource for SLPs at externship sites suggests that there is a requirement to supervise student clinicians, i.e., established competency in any area of practice in which the supervisor or student may engage (ASHA, n.d.). More specific to the question of supervision competence, one FAQ clarifies that although there is no minimum number of years one needs to be ASHA-certified before supervising a graduate student (ASHA, n.d.), the SLP is "encouraged" to obtain knowledge and skills related to student assessment and pedagogy of clinical education (ASHA, n.d.). In regard to special "training," the SLP is referred to the position statement on clinical supervision for ways to establish and maintain competency

in this area (ASHA, n.d.). This 1985 ASHA document, *Clinical Supervision in Speech-Language Pathology and Audiology*, contains 13 tasks of supervision and related competencies. It also mentions three possible methods for attaining special training in clinical supervision (ASHA, 1985): 1) curricular offerings from graduate schools; 2) continuing education; 3) research activities. The document also makes mention of its 1978 report on the status of supervision and supervisors' strong desire for training in supervision (ASHA, 1985). The position statement concludes:

> A repeated concern by the ASHA membership is that implementation of any suggestions for qualifications of supervisors will lead to additional standards or credentialing. At this time, preparation in supervision is a viable area of specialized study.

An introduction to online ASHA resources in student supervision contains the question and concise answer to "Do you remember your graduate externship? For many, the experience is both exhilarating and intimidating. And few can argue that their *supervisor was the most important factor in the success or failure of that experience* (italics added) (ASHA, n.d.).

Methodological Overview

The focus of this qualitative study was to investigate clinical supervisors' experiences and opinions about the externship supervision experience in speech-language pathology. This study was designed to investigate the range of supervisors' preparedness for early externship student supervision, self-perceptions of the role of the clinical supervisor, and opinions regarding a professional credential. To obtain this information, I conducted one focus group with seven participants, and 12 individual interviews. (The original research plan included two focus groups of six persons each; however, due to unavailability of participants, one focus group of seven

persons was conducted.) I chose these qualitative methods so that I might explore the personal experiences of the participants, and allow for their original contributions to this inquiry (Gall, Gall & Borg, 2003). Qualitative methodology also allowed me to reflect on and interpret rich data that was then used to make a contribution to the discussion of supervisory skills currently taking place within the profession.

Theoretical Framework

Supervision and mentoring are qualitatively very different. The literature in the field of speech-language pathology is rife with theories and models of supervision, but lacking in the idea of mentoring. This issue was discussed in a 2008 ASHA Technical Report on *Clinical Supervision in Speech-Language Pathology*. The report stated that the terms *mentoring* and *supervision* are not synonymous, and that mentoring is typically defined as a relationship between two people where one is dedicated to the professional growth of the other, while supervision is being accountable for the supervisee's performance, (i.e. the evaluation and documentation of clinical skills).

Supervision, in the literature, has a more technical orientation to training, whereas mentoring is discussed in more of a relational manner (Ragins and Kram, 2007). Looking just at the literature in mentoring revealed numerous differences, particularly when contrasted among the mentoring venue, (educational setting v. corporate business; academic faculty v. medical doctors). The traditional mentoring model, a top-down relationship, was frequently referenced in discussions that put forth an alternate approach (Clapp, 2011). The mentor is typically a senior person (in age and position), an authority figure over the mentee, who provides a high amount of assistance (Clapp, 2011). Emphasis is on relaying knowledge and directing experiences. Success is usually measured by how well the mentee can imitate the practices of the mentor.

Essentially, the mentor sets the learning objectives, with the ultimate goal being to create a protégé of themselves.

An analysis of repeating ideas from within the theoretical framework of relational mentoring allowed for a deeper understanding of the themes in the data collected. Relational theory (Jordan, Kaplan, Miller, Stiver, and Surrey, 1991), as related and applied to mentoring, is a mutual process of instruction and learning. Relational theory moves away from instructional activities, and supports the individual self. The benefits of working from this framework are that the mentor-mentee relationship is seen as mutually beneficial, it is a two-way professional relationship, and both parties learn from the mentoring process. The mentee is active in developing learning goals and activities, and in giving feedback about the effectiveness of the mentoring process. The mentor supports the achievement of the mentee's goals, career development, and autonomy in learning. The mentor is open to learning from the mentee, empathetic, non-judgmental, and process focused.

This study is framed in the theory of a mentor-mentee based context, and is the lens through which data was collected and interpreted.

Limitations

There were several limitations to this study. All focus group participants practiced only in the geographic area immediate to the researcher. All individual interview participants practiced only in a Midwestern state. All participants provided supervision for the same large Midwestern university. All participants were asked to comment on their own performance as an externship supervisor to the researcher, who is the same person who makes their student assignments.

Significance

This research provided important information to speech-language pathologists about supervision of graduate student externs. According to ASHA (n.d.), graduate programs are required to provide a breadth of clinical experiences. Many graduate programs either require or offer graduate students the opportunity to participate in an externship of some length. Speech-language pathology programs in higher education are required to delegate supervisory activities only to those who hold the ASHA CCC; however, no other standards exist in regard to knowledge and skills in the area of training students.

Research on graduate student extern supervision benefits speech-language pathology programs in higher education in the selection of externship supervisors who have expectations consistent with the goals of the practicum experience. The CCC credential is not necessarily an indication of readiness for, or competence in acting as an externship supervisor. The results of this study may help speech-language pathology programs in developing guidelines for externship supervision, and contributed to current discussions around the issue of an ASHA specialty recognition credential in supervision.

CHAPTER 2

REVIEW OF THE LITERATURE

It is essential that speech-language supervisors adequately prepare pre-professionals to be competent practitioners. How this is achieved differs in approach from supervisor to supervisor, but one underlying premise is shared – academic and theoretical knowledge must be shaped into clinical application under the direct supervision of an experienced and well-trained mentor (McCrea & Brasseur, 2003). Only then can the student evolve from a technician using learned skills to becoming a fully efficacious therapist (K. Martin, personal communication, April 4, 2010).

Graduate students enrolled in ASHA accredited Master's degree programs in speech-language pathology are required to demonstrate knowledge outcomes in clinical practica (ASHA, n.d.). In addition to on-campus practicum courses, many programs include either mandatory or voluntary externship experiences. The program requirements in regard to graduate externships vary from program to program; however, all accredited programs comply with the ASHA requirement that students have earned no fewer than 400 clinical practicum hours prior to graduating with a Master's degree (ASHA, n.d.).

Some programs have for-credit practicum courses, with externships coordinated, assigned, and monitored by a program administrator. Other programs delegate the responsibility of obtaining practicum experiences to the student, who has sole responsibility for completing the required clinic hours. Some programs offer academic credit only for didactic courses, with clinical practica a non-credit requirement. The length of the assignment also varies. Some assignments are based on a length of time from weeks- to semester-long; others are as long as it takes to complete the minimum number of clinical hours. In all of these situations, students assigned to off-campus clinical practica are supervised by certified speech-language pathologists who act as mentors to the graduate clinicians at the externship

site. Programs may or may not have criteria beyond the ASHA standard of clinical certification for affiliated supervisors. For example, some programs require minimum work experience of three years or more. But, "work experience" simply means that an SLP has been working in the field for a specified amount of time, and does not necessarily mean that the SLP has developed supervision skills.

Research on supervision of graduate students is important because graduate externship training, for the most part, is the period when students transition from the role of student clinician in an on-campus clinic to a pre-professional in a healthcare or school setting. It is the student's first foray into a setting that most closely resembles an actual work experience to come. Students in this phase are laying the foundation for future habits and inclinations, and are forming their first impressions and judgments. The skills learned in this supervised experience will be the template for their own practice paradigm for a long time following. Another reason to study the externship process is the variability of the experience in terms of the training of the supervisor in supervision, and the expectations the supervisor may have regarding his/her own role, and the role of the extern. These differences may well create unequal experiences for the extern in terms of quality in training.

To better understand the issue of externship supervision, I begin the review of the literature with a short history of the profession, and an overview of the development of ASHA supervision policies. I then present the most relevant research on externship supervisory effectiveness that can be found in speech-language pathology literature. I conclude the chapter with a review of supervision and mentoring theories which can be used to guide the discussion of supervising graduate student externs in speech-language pathology.

History of the Profession and Development of ASHA Supervision Policies

I offer a brief history of the profession and the development of ASHA supervision policies to provide background and context for an issue that has been considered by the organization, and debated

by members for quite some time. Discussions have evolved from clarifications over what is meant by "supervision," to development of models of supervision, to the possibility of a special credential in supervision. Over time, ASHA has developed suggestions for supervisor competencies, but has never established guidelines specific to non-university personnel who supervise graduate externs.

The profession of communication disorders emerged from the practice of speech correction and elocution, which experienced rapid growth in the public schools during the early part of the 20th century. In the 1920s, the field grew most quickly across the Midwest. Although originally most closely associated with 'disturbances' of speech (i.e. articulation and stuttering), by the 1930s almost all colleges and universities in the Midwest had academic programs in speech pathology. Over time, these programs changed from a focus on training 'teachers of speech' to rehabilitation programs emphasizing pathology and research (University of Florida, 2009). Degree and clinical practicum requirements continued to change throughout the intervening decades until the mid-1960s, when the most formal and extensive standards were implemented (Bernthal, 2007).

Today, SLPs work in a variety of settings, (e.g. schools, hospitals, nursing homes, rehabilitation centers, clinics, private practice), within nine major disorder areas (articulation, voice, stuttering, language, cognition, swallowing, hearing loss, pragmatic language, alternative modalities for communication), with a wide range of etiologies, disease processes, syndromes, and developmental issues, (e.g. dysarthria, aphasia, stuttering, dysphonia, memory impairment, autism, cochlear implant, neurological diseases, cleft palate, development delay, acquired brain injury), within an age range of neonate to geriatric (ASHA, n.d.). About half of the almost 120,000 SLPs employed in the United States work in a school setting. A large majority of the remaining work in health care settings (hospitals, rehab centers, skilled nursing facilities), individual or family services, outpatient clinics, and child day care centers (Bureau of Labor Statistics, 2010).

ASHA developed concurrently with the evolution of the profession. It has existed as a membership association since 1926, and the issue of supervision received attention in some form throughout its history. In a timeline of supervision, Farmer and Farmer (1989) outline an on-going discussion of supervisory duties appearing in ASHA publications during the early decades of the association; later, particularly in the 1960s, numerous publications regarding supervision appeared in ASHA journals and monographs (Farmer and Farmer, 1989).

In 1964, Villareal conducted the first ASHA seminar on supervision (Farmer & Farmer, 1989), which was soon followed by the first dissertation to address the topic (Hatten, 1966). Recognizing that success in training competent speech therapist[s] has direct implications for the profession, Hatten (1966) conducted an analytical and descriptive investigation of student-supervisor conferences. He cautioned that although supervisors are "trained and skilled in speech therapy… [to] develop these skills in others involves additional abilities and knowledge of supervisory procedures." In analyzing small group supervisory conferences between undergraduate students and on-campus supervisors at a large Midwestern university, Hatten (1966) found that there was some degree of difference in how supervisors managed conferences and what students found to be most valuable, and that the influence of supervisors' behaviors on students' experiences of clinical training required closer examination.

By 1973, ASHA standards defined the Master's as the terminal degree and clinical practicum requirements were standardized at the graduate level (Bernthal, 2007). Perhaps as a direct consequence, it was during this decade that the first textbooks on supervision were published and the first supervision training program was established at Indiana University (Crago and Pickering, 1987). In 1978, the ASHA Committee on Supervision stated, "We have no data to indicate that supervision makes a difference in the effectiveness of clinicians at any level of training or employment setting. We also have no knowledge of critical factors in supervision methodology" (Anderson, 1988). Despite this statement,

supervision (most notably in the public school setting), became a popular topic at conferences; ASHA sponsored numerous councils, committees and task forces (Farmer and Farmer, 1989). Requirements for clinical supervision were not specified until 1980 when the Educational Standards Board modified certification standards for the Master's degree, and at the same time, called for additional credentials to qualify as a supervisor (Farmer and Farmer, 1989). The Board called for a minimum of two years clinical practice, and mandated continuing education in supervision (Farmer and Farmer, 1989). As it typical with the development of new policies, ASHA published the proposed policy and invited membership feedback. The majority of respondents were supportive of the suggested competencies; however, expressed grave concerns about the profession's ability to implement the recommendations (e.g. availability of special training, credentialing, mechanisms) (Crago and Pickering, 1987). As a result, ASHA took a softer position on credentials in supervision. In a 1984 position paper, *Clinical Supervision in Speech-Language Pathology and Audiology,* the Committee on Supervision, (the renamed Educational Standards Board), stated

> A repeated concern by the ASHA membership is that implementation of any suggestions for qualifications of supervisors will lead to additional standards or credentialing. At this time, preparation in supervision is a viable area of specialized study. The competencies for effective supervision can be achieved and implemented by supervisors and employers. (ASHA, 1984)

This position statement shifted what would have been a standardized credential to a suggested competency, established and monitored by the individual supervisor or his/her employer. The Committee offered guidelines in the form of task-oriented competencies, which it believed supervisors could master through voluntary graduate course offerings, continuing education, and research-directed activities (ASHA, 1984). Continuing off course of a standardized credential, ASHA resolved the issue with mandated academic and practicum

requirements for graduate programs. ASHA assumed that competence achieved by students necessarily meant quality supervision (Crago & Pickering, 1987).

The statement was revised by an ad hoc committee in 2007, and re-titled *Clinical Supervision in Speech-Language Pathology* (ASHA, 2008b). In addition to discussions of power and influence, data collection procedures, communication skills, ethics, and cultural and linguistic considerations, the committee addressed access to clinical externships and supervisors' expectations. Within the context of externships, ASHA (2008) discussed that the pace of the work, productivity demands, complexity of clients, and program specialization can limit an organization's willingness to embrace the task of student training. This statement went the furthest of any previous discussion in stating that, in some cases, an externship supervisor's expectations of a student's knowledge and skills may be unrealistic and/or not met (ASHA, 2008). This technical report asserted that not all SLPs are prepared to supervise, and it recognized that some practitioners are assumed to have supervisory skills because they have been supervisees and have work experience. The committee further acknowledged that supervisors in all practice settings may also have unrealistic expectations concerning the academic and clinical preparation of supervisees, particularly students (ASHA, 2008). The committee referred supervisors to the ASHA *Knowledge and Skills Needed by Speech-Language Pathologists Providing Clinical Supervision* (ASHA, 2008b) for guidance in providing effective supervision. The *Knowledge and Skills* paper offered 11 items representative of core areas deemed essential for a successful supervisory process: preparation for the supervisory experience, interpersonal communication, development of the supervisee's critical thinking and problem-solving skills, development of the supervisee's clinical competence in assessment, development of the supervisee's clinical competence in intervention, supervisory conferences, evaluation of the clinician, diversity, clinical and supervisory documentation, ethical/regulatory/legal requirements, and principles of mentoring. The knowledge and skills addressed

were focused on the essential elements of being a clinical educator in any service delivery setting with students, clinical fellows, and professionals. There was no discussion specific to the student extern. Skills required for preparation for the supervisory experience included those important when supervising a student extern, such as the need to (1) facilitate an understanding of the supervisory process that includes the objectives of supervision, the roles of participants, the components of the supervisory process, and a clear description of the assigned tasks and responsibilities; (2) assist the supervisor in formulating goals for the clinical and supervisory process; and (3) assess the supervisee's knowledge, skills, and prior experiences in relationship to the client's served (ASHA, 2008). These skills, when implemented with *realistic* expectations for the student, can help minimize over- or under-utilization, and help the supervisor more fairly evaluate a student's performance.

The difficulty for externship supervisors is knowing how soon and how much to integrate the extern into workplace responsibilities, and the appropriate level of complexity at which to establish short-term objectives, long-term goals, and progressing tasks. *Tips for the First-Time Supervisor of Graduate Student Clinicians* (2009) was another ASHA resource intended to offer a brief set of guidelines for an SLP new to supervision of a graduate student extern. This resource contained administrative and educational suggestions to help the supervisor transition into a new role at the extern facility. For the most part, the "tips" consisted of a checklist of practical tasks that need to be completed prior to or during the assignment. Consideration of the supervisor's role extended only so far as to suggest that the supervisor set regularly scheduled conferences, be cognizant of the student's learning style, communicate progress, etc. The closest mention of any qualitative comment on mentorship was to encourage the graduate student to be an active participant in establishing mutually agreed upon educational goals for placement, which take into consideration the student's level of experience and the nature of the clinical opportunities at the site (ASHA, 2009).

A supplemental resource, *Frequently Asked Questions About Student Supervision,* (ASHA, n.d.) stated that although there are no requirements for minimum number years of experience or special training needed to supervise a graduate student, ASHA does recommend that a supervisor should have acquired sufficient knowledge and experience to *mentor* (italics mine) a student, and have established competency in supervision (ASHA, n.d.). The means for acquiring this knowledge and experience is for SLPs to receive continuing education in supervision skills, attend seminars and workshops, read the literature, be mentored by an experienced supervisor, and participate in Special Interest Group Division 11 (Administration and Supervision) activities.

The persistent difficulty with the implementation of ASHA statements, positions and tips is that there is no standard (specific to the speech-language pathology graduate extern) to which suggestions can be compared. ASHA (n.d.) gets closest to the heart of the matter I explore in this dissertation with its comments on the unrealistic expectations of some extern supervisors, and the likelihood that extern supervisors may mistake work experience for readiness to mentor a graduate student.

In March 2007, ASHA conducted a focus group to gain insight into the feelings, opinions, and perspectives of ASHA members on the topic of externship supervision (ASHA, 2007). Participants discussed a variety of topics, including barriers to/challenges of externships. The group focused on one challenge in particular – the lack of formal training for extern supervisors (ASHA, 2007). Additionally, a number of participants indicated they'd been unhappy with their [extern] supervisors. They said that their supervisors conducted themselves poorly/treated students badly (ASHA, 2007). One participant suggested that ASHA offer a course in supervision "…as the American Physical Therapy Association does, [to help supervisors] become "educators" as opposed to "supervisors," and ultimately improve the quality and training received by students in externships" (ASHA, 2007). Another participant offered her thoughts on the reason for lack of research in the area of supervision, stating that "…the field doesn't

have research on supervision…even if someone's interested in doing research on supervision, it won't necessarily be easy to get it published in journals or accepted at national conferences" (ASHA, 2007). This belief was mentioned many years earlier by Crago and Pickering (1987) who cited the Association's reluctance to recognize supervision as an area of expertise worthy of specialized study. ASHA publishes four scholarly journals, all of which are dedicated to the study of pathologies; consequently, the only opportunity to access information on supervision in speech-language pathology is through ASHA documents, or through Special Interest Group (SIG) 11: Administration and Supervision. Since 1991, SIG 11 has published *Perspectives on Administration and Supervision* bi-annually. The newsletter serves as the "primary resource" for issues in administration and supervision; however, *Perspectives* is not a peer-reviewed scholarly journal (ASHA, n.d.).

Supervision in Speech-Language Pathology

Research on supervision in the field of speech-language pathology is historically directed at supervision of graduate students in university clinics, the training of doctoral students who supervise graduate students in university clinics, the post-graduate clinical fellow, and most recently, the speech-language pathology assistant (Anderson, 1988; ASHA, 1985; ASHA, 2008; ASHA, n.d.; Farmer & Farmer, 1989; Geller & Foley, 2009; Paul-Brown & Goldberg, 2001). This research is focused more on models of supervision, training strategies for supervisee clinical skill development, and problem-solving skill challenges. Still, compared with the bodies of research on specific disorder areas, the research in supervision is limited. The four ASHA peer-reviewed, research journals, *American Journal of Audiology, American Journal of Speech-Language Pathology, Journal of Speech, Language, and Hearing Research, and Language, Speech, and Hearing Services in the Schools,* do not hold research in supervision in the same high "scientific" esteem as research on disorders (Farmer and Farmer, 1987). The greatest resource for discussion on supervision is the publication of the ASHA Special Interest

Division Group (SIG) 11: Administration and Supervision. *Perspectives on Administration and Supervision* is available only to those ASHA members who pay an additional fee to join this SIG. Given that there are 18 such groups, each with its own *Perspectives* publication, the majority of SLPs will not read the columns and articles published by this group. Additionally, SLPs tend to take continuing education courses in their area of clinical expertise so as to maintain current skills and knowledge in direct service practice. Supervision is not considered a "specialty" area, and typically does not occupy much of the scheduled time at workshops, seminars, and state and national conferences.

One justification for the need to provide a greater breadth of and more current research in supervision is the still often cited text *The Supervisory Process in Speech-Language Pathology and Audiology*, written by Jean Anderson in 1988. Anderson (1988) has been, and continues to be cited in articles on supervision (ASHA, 2008; Dowling, 1992; Farmer & Farmer, 1989; Geller & Foley, 2009; Williams, 1995). Anderson (1988) developed a supervision continuum, which is still a referenced model in current research (Britton Reese, 2015; Norton, 2011; O'Sullivan, Peaper-Fillyaw, Plante & Gottwald, 2014; Solomon-Rice & Robinson, 2015).

Anderson's (1988) continuum of supervision is based on the theory that supervision exists on a continuum which spans a professional career and that there are *styles* of interaction which are appropriate to each stage of the continuum. The text is focused on guiding supervisors through a multi-component plan and process for supervision, with emphasis on self-identification of where a supervisor and the supervisee are, relative to certain stages. In regard to competency training, Anderson (1988) acknowledged that many supervisors are currently indicating an interest in knowing more about supervisory procedures and that there were few general answers for them at that point. She directed the supervisor to self-study, including obtaining feedback from the supervisee and use of rating scales. Anderson (1988) cautioned the supervisor that it may be difficult to obtain honest feedback from a

supervisee, and that rating scales have reliability issues. The supervisor was encouraged to engage in self-study to whatever degree possible in terms of time and interest (Anderson, 1988). According to Anderson (1988), this is better than nothing.

Supervisor Training

Supervision occurs in a variety of settings across allied health disciplines. Graduate externship students in speech-language pathology are most commonly supervised by faculty in a university clinic and subsequently, by practicing SLPs in educational and medical settings. ASHA, the accrediting agency for graduate programs in the United States, offers some training guidance to the externship supervisor, but this comes mostly in the form of recommendations for self-initiated research and continuing education (ASHA, 1985; ASHA, 2008). This is a challenge, given that scholarly research on supervision is scant in the ASHA journals and that externship supervisors typically engage in on-going study of disorder areas dominant in their practice. They are less likely to dedicate time and money to continuing education in supervision, even if they can find such an offering. The greatest resource for topics in supervision is the ASHA newsletter, *SIG 11 Perspectives in Administration and Supervision*, which is not a peer-review scholarly journal.

SLPs may find resources outside of the profession, particularly in the literature on general clinical supervision. Baird (1996), in discussing externship practicum for counseling students, noted that the majority of supervisors have not received training in supervision. This fact remains despite supervisors many fears, including not knowing what to do in the role of clinical supervisor (Baird, 1996). Baird (1996) further noted that

> The combination of a complex task and relatively little training places supervisors in a position that is not greatly unlike the extern's. Each is expected to be competent in a role for which he or she is not necessarily fully prepared…in many cases, both the supervisor and the extern will be in learning roles.

Baird (1996) believes that limited training in supervision leads to a lack of consensus about the approach to supervision. Alluding to the issue of confusing practice competence with supervisory competence, Baird (1996) suspicions that supervisors do what they know best, i.e. approach the supervisory process much as they do treatment or assessment (Baird, 1996). Supervisory approaches are chosen that mirror clinical practice because supervisors believe that this is a useful way to teach trainees their therapeutic orientation (Baird, 1996). Baird (1996) suggests that supervisors study the literature on supervision.

Borders (2010) offers five principles to guide the development of a training curriculum for counseling supervisors. The principles combine didactic and experiential components that guide the development of "…competent supervisors who have a positive and sustaining impact not only on their supervisees, but also their supervisees clients" (Borders, 2010). Borders (2010) sees supervision as an art, "but an art that should have a solid foundation in the science of supervision *and* the science of learning."

Corey, Haynes, Moulton and Muratori (2010) echo reliance on scholarly articles on the theory and practice of supervision to train supervisors; however, these counselor educators have a greater body of work from which to learn. These authors reiterate the recommendations of ASHA for supervisors to take continuing education courses in clinical supervision, but go a little further in their ideas for self-study. They suggest asking an experienced colleague to supervise the supervisor, asking the supervisee for feedback and engaging in self-reflection (Corey, Haynes, Moutlon and Muratori, 2010). The struggle with these suggestions is that one must assume that experience necessarily equals competence, that supervisees have the savvy to identify and shape skills they themselves do not yet have, and that self-reflection can happen in an uninformed context.

The over-reliance upon the initiative of an SLP supervisor to engage in skill development, self-study, self-reflection, continuing education and integration of student feedback is an assumption that has not been tested or proven. ASHA accreditation and certification requirements create a great demand for extern supervisors, many of whom may have taken the role without any additional training. Preparedness to supervise externs if often assumed when one is an accomplished practitioner. This study explored extern supervisors' experiences of supervision, their reflections on preparedness and what they identify as support needs. The results of this study contributed to the small body of literature available for those SLPs who desire to provide supervisory service to the field, but who may lack the fundamental knowledge and skill to do so effectively.

CHAPTER 3

METHODOLOGY

Introduction

Supervisors' expectations regarding the role of the speech-language pathology graduate student externs vary depending upon the supervisor's understanding of the purpose of the clinical externship. The American Speech-Language-Hearing Association (ASHA) has no standards or guidelines regarding the externship experience; therefore, clinical supervisors may see themselves as either mentors to inexperienced pre-professionals, employers of non-salaried staff, or some combination of both.

Little to no direct research exists on this subject. Research on supervision in speech-language pathology, relative to on-campus practicum training and the clinical fellowship process exists in abundance, as does research in other allied health disciplines. However, studies with a focus on the graduate externship experience are rare in all disciplines, and particularly void in the literature of speech-language pathology.

A qualitative design was chosen so that methods and theories would be aligned, different perspectives of the participants could be analyzed for essential features, and so the researcher's reflections could be integrated into the process and approach (Flick, 2006). Qualitative research allowed for the intersection of knowledge and action (Brizuela, Stewart, Carrillo and Berger, 2000, p.61) and the communication of professional practice wisdom. According to Given (2016), qualitative research is human-centered, directly involving people as participants through focus groups and interviews, and other methods designed to engage with participants on a personal level. Qualitative researchers conduct studies where there may be a personal

relationship with the topic and/or participants (Given, 2016), bringing an enriched and enhanced understanding of the data and results.

Research Purpose

The purpose of this study is to explore supervisors' attitudes regarding the externship experience. Given that training in supervision, years of experience, types of experiences and expectations can shape opinions and visions, the researcher explored supervisors' self-perception of their own role in the supervisory process, their expectations of the graduate extern, and their opinions regarding the need for an advanced credential in supervision. The results of this study contributed to the limited extant literature on externship supervision in speech-language pathology.

Research Questions

A qualitative approach was used in this study to gather detailed and in-depth information from externship supervisors. According to Patton (2002), qualitative methods typically produce a wealth of detailed data about a much smaller number of people and cases. Focus groups and individual interviews were the methods used to collect data from the participants.

The research questions derived from selected 'key issues' regarding clinical supervision, as identified by ASHA. According to the ASHA *Practice Portal: Clinical Education and Supervision* (ASHA, n.d.), a web-based resource dedicated to supporting SLPs in their "day-to-day practices," effective education for supervision should focus on unique aspects of knowledge and specialized skills for the supervisory process and should not be limited to regulatory aspects (ASHA, 2013c in ASHA, n.d.). The Practice Portal goes on to list nine "overarching knowledge and skills" required for clinical supervisors. Two additional "Knowledge and Skills Specific to Student Training in the University Clinic or Off-Site Setting" are offered:

- Ability to connect academic knowledge and clinical application

- Ability to sequence the student's knowledge and skill development

Further discussion included references to goals of clinical education, teaching methods and assessment (ASHA, n.d.). The following research questions are consistent with the expectations put forth by ASHA, and address the issue of supervisor competency:

1. How do externship supervisors gain the requisite knowledge and skills necessary to competently perform as a clinical educator?
2. How do externship supervisors mentor graduate students to connect knowledge and clinical application?
3. What strategies do externship supervisors use to sequence the student's knowledge and skill development?
4. How do externship supervisors perceive that a professional credential in supervision would change their supervisory practices?

These questions were developed to elicit data that would fill knowledge gaps, examine and explain the externship supervisory experience, identify needed further investigation, and provide a context for recommendations and problem-solving (Bloor, Frankland, Thomas and Robson, 2001; Given, 2016; Kreuger, 1998).

Research Design

The focus of this qualitative study was to investigate clinical supervisors' perceptions about the externship experience in speech-language pathology. This qualitative study was designed to investigate the range of supervisors' preparedness for early supervisory experiences, self-perceptions of the role of the clinical supervisor, and opinions regarding a professional credential. To obtain this information, I conducted a focus group, and twelve individual interviews. These qualitative methods were chosen so that I could explore the personal

experiences of the participants, and allow for their original contributions to this inquiry (Gall, Gall & Borg, 2003). Qualitative methodology also allowed me to reflect on and interpret rich data that was then used to make a contribution to the discussion of supervisory skills currently taking place within the profession.

The SIUC Human Subjects Committee approved the methodology of the study.

Population

A purposive sample was used so that key informants were able to provide in-depth information on the research questions and contribute specialized knowledge to this study (Liamputtong, 2013). Palys (2008) explains purposive sampling as a series of strategic choices about with whom, where and how the researcher conducts research. It is implied that the way the researcher samples must be tied to the objectives (Palys, 2008). Essentially, purposive sampling is selective and subjective sampling, based on the judgment of the researcher (Laerd, n.d.). The main goal of purposive sampling is to focus on particular characteristics of a population that are of interest, which will best enable the answers to the research questions (Laerd, n.d.).

The participants in this study were the most informed and experienced of the greater population of SLPs. The participants met important and specific criteria for participation: they (1) they were all currently employed ASHA certified SLPs; and (2) they had supervised a minimum of two graduate externship students from the same large Midwestern university. These criteria were set so that all participants held the same professional credentials, had the same continuing education requirements, and supervised students using the same course syllabus, thereby mentoring their extern using the same policies, procedures, and evaluation and grading guidelines. Consequently, all participants shared comparable professional knowledge and specialized skills

that random participants would lack (Krueger and King, 1998). All students supervised came from the same graduate program, sharing the same academic and clinical preparation. These shared experiences allowed for greater trustworthiness of the data. Supervisors' common activities and prolonged engagement in mentorship increased the likelihood that credible results were produced (Flick, 2006).

The pool of SLPs came from the list of externship supervisors affiliated with the same academic program. Supervisors were invited to participate in the focus group based on their geographic proximity to the data collection site. The researcher selected potential names from the list, in order of closest geographic proximity, with the intention of recruiting 12 participants to be equally divided into two focus groups. Distance from campus increased to maximize the number of participants recruited. Geographic proximity was the main criterion for focus group participants because it was expected that those participants who were located closer to the data collection site would have been more likely to accept and attend the group interview appointment. Ultimately, the researcher was able to recruit seven total focus group participants; consequently, the number of focus groups conducted was reduced from two to one.

Externship supervisors who participated in individual interviews were chosen at random from the program-affiliated list. Twelve participants made up a diverse representation for type of work setting and geographic location outside of the local area.

Focus Group

The purpose of the focus group was to obtain initial background experience on perceptions of the externship from practicing supervisors. According to Merton, Fisk and Kendall (1990), focus group interviews may yield more diverse responses and afford a more extended basis for designing systematic research. Consequently, focus groups may be used early in the research

process and are often followed by other types of research that provide more precise qualitative data from larger samples of respondents (Stewart & Shamdasani, 2015). According to Stewart and Shamdasani (2015), focus groups both explore and confirm the questions posed as relevant to the research, and may result in uncovering ideas for individual interviews.

So that I could develop a better informed individual interview tool, I conducted a focus group with seven participants. Each participant signed a letter of consent permitting the researcher to video record the interview and send a draft of the transcript to their email address. This focus group was conducted at a large Midwestern university, utilizing the resources of the university clinic. The clinic afforded accommodations that were private and recordable. The group interview was recorded using a PC desktop webcam, which recorded directly to the hard drive. Once the hard drive copy was transferred to a USB drive, the original recording on the hard drive was erased. The USB drive remained in the researcher's sole possession and was protected for complete privacy. The researcher transcribed the focus group interview. Each participant was given the opportunity to review the transcript and indicate revisions. Five of the seven participants reviewed the transcript. Three suggested revisions, which were incorporated into the final draft.

The focus group participants were a purposive sample, and although participants were chosen because of their proximity to the data collection site, they still represented diverse externship settings. They were recruited from a private rehabilitation hospital, Veteran's Affairs Medical Center, brain injury rehabilitation center, private school for students with learning disabilities, public elementary school, and public high school. Gender distribution was five females and two males. All had a minimum of 20 years of professional experience as a

practitioner and supervisor. Each supervised a minimum of two graduate students from the same Midwestern university program.

Focus Group Interview Questions

The researcher moderated the focus group with guided questions; however, group members were given the opportunity to freely express their perceptions, beliefs and opinions about externship supervision.

The guided questions for the focus groups were:

1. When you first supervised a graduate extern from X university, how prepared were you to be a clinical educator? (Relates to research question 1)
2. Did you obtain education and training in clinical supervision? If so, what type? (Relates to research question 1)
3. What experiences have contributed to the development of your supervision skills? (Relates to research question 1)
4. What degree of clinical preparation do you expect from a graduate extern student at the start of the externship? (Relates to research question 2)
5. How do you mentor the student's increase in knowledge and skills as the externship progresses? (Relates to research question 3)
6. How do you mentor the student's application of theory to practice? (Relates to research question 2)
7. How do you think an ASHA Clinical Specialty Certificate in clinical supervision might affect you as an externship supervisor? (Relates to research question 4)

The focus group interviews was video and audio recorded, and transcribed by the researcher. Each focus group participant was given the opportunity to review the transcript for

accuracy. Participants were permitted to revise only their own comments. The content of discussion was analyzed for trends and patterns. The results were used to refine and clarify questions for individual interviews, and identify relevant issues not previously under consideration by the researcher.

Individual Interviews

The results of the focus group interview informed the development of the questions for individual interviews. The following individual interview questions were shaped by responses to the focus group questions:

1. Describe your level of preparedness prior to the start of your first supervisory experience. (Relates to research question 1)
2. Have you engaged in any activities that have contributed to your knowledge and skills as a supervisor? (Relates to research question 1)
3. If you do so, how do you sequence students' learning experiences? (Relates to research question 3)
4. If you do so, how do you mentor students' application of theoretical knowledge to clinical practice? (Relates to research question 2)
5. What do you think of some additional requirements for an SLP to be considered qualified to supervise graduate externs? (Relates to research question 4)
6. What requirements would you be willing to fulfill to obtain some type of recognition as a graduate extern supervisor? (Relates to research question 4)

The researcher conducted 12 individual interviews by telephone. Participants were all ASHA certified and licensed in the state in which they practiced. These states included Illinois, Missouri and Indiana. The purpose of the individual interviews was to more deeply explore a

narrower set of issues related to externship supervision and professional training. All participants signed a letter of consent permitting the interview to be audio-recorded and a draft of the transcript to be sent to their email. The interviews were recorded via an app, *Call Recorder*, on the researcher's cell phone. The researcher transcribed the recordings and each participant was given the opportunity to review the transcript and suggest revisions. All twelve participants reviewed their transcript for accuracy and indicated revisions, if needed. The interview responses were analyzed for recurring themes, patterns of experience, and shared and divergent perspectives. Using thematic analysis, the researcher identified themes with important messages inherent to the research questions (Liamputtong, 2013). The results were used to assess the central issues under consideration when developing and systematizing externship supervision experiences for speech-language pathologists.

Confidentiality

The identities, personal characteristics, employment sites, and specific geographic locations of all subjects was kept strictly confidential. Subjects were given pseudonyms that were used when citing direct quotes in the findings. Only the researcher had access to the identifying information of the participants. All subjects were given a statement of information about the purpose of the research, confidentiality procedures, and how their responses were going to be used. In turn, subjects were asked to sign a written consent to participate in the interviews.

Audio- and video-recording equipment was provided by the facility used to conduct the focus group interviews. The researcher provided audio recording equipment for the individual interviews. All recordings were kept in the possession of the researcher in a secured location. The recordings were destroyed at the completion of the project.

Data Collection

The researcher's role in the group interview was to lead the group through the questions and facilitate discussion among all group members, in a quasi-structured interaction (Stewart and Shamdasani, 2015). The group interview was video recorded directly onto the hard drive of the desktop computer at the data collection site. The video recording increased the accuracy of attributing each statement to the correct participant. Simultaneously, the group interview was also audio recorded as a back-up to the video file. The interviews were transcribed by the researcher and distributed to the focus group participants for accuracy review.

Individual interviews were structured for focus and depth (Flick, 2006). The researcher facilitated specific elements of discussion and encouraged explicit expression of perspectives and experiences. According to Flick (2006), this method may be helpful for interpretation of the statements in the interview and allow the comparison of different interviews. Individual interviews were conducted by phone and recorded using the app *Call Recorder,* which was downloaded to the researchers's Apple iPhone 6. This app enabled the phone to record and save the telephone interviews. The researcher transcribed the interviews.

Coding

The interpretation of data is at the core of qualitative research (Flick, 2006). Once the data have been collected, it needs to be organized in a meaningful way (Liamputtong, 2013). According to Given (2016), coding is a deep reading of the data to address the research questions explored. Analysis and interpretation of the data leads to the development of thematic codes, or terms that represent the underlying concepts that are prevalent in the data (Given, 2016).

The researcher used the iterative qualitative data process of thematic analysis (Denzin and Lincoln, 2013; Given, 2016; Liamputtong, 2013; Sandelowski and Barroso, 2007). Thematic coding allows for interpretive analyses of the empirical data in a manner that reveals

differing and comparable views (Flick, 2006; Liamputtong, 2013). Thematic coding involves two essential main steps: examination of individual statements for identification of central topics, followed by the systematic linking of meaningful relationships across responses (Flick, 2006). This process was completed by coding words and phrases into categories and developing thematic structures of correspondences and differences among the respondents (Flick, 2006; Given, 2016; Liamputtong, 2013).

Coding was conducted using *QDA Miner Lite*, software designed to analyze textual data. The digital transcription files were imported into *QDA Miner Lite* for analysis of themes, frequency of themes, and content analysis. Data was coded relative to the corresponding research question.

Trustworthiness

According to Flick (2006), trustworthiness of the data can be achieved through persistent observation, disclosure of the researcher's bias and analytic induction, appropriateness of terms of reference, and validation of interpretation of data. The researcher met these criteria by revealing personal experiences and biases at the outset of this research to the academic committee, and by performing a systematic analysis of transcripts for consistency and stability (Fern, 2001). The researcher transcribed the video- and audio-recorded focus group and individual interviews and conducted multiple validity checks to verify the accuracy of the transcript. Participants and individual interviewees reviewed the transcript for accuracy and were permitted to clarify statements and meanings. Any indicated revisions were incorporated into the final draft of the transcript. Thus, the tenants of trustworthiness were met through triangulation of bias disclosure, researcher review of recordings, and participant accuracy check of the data.

CHAPTER 4

RESULTS

Qualitative analysis transforms data into findings (Mann, 2016). Making sense out of the data involves consolidating, reducing, and interpreting what people have said and what the researcher has [heard] – it is the process of making meaning (Merriam and Tisdell, 2016). Careful culling of the data allows for organization of evidence and support for inference. Trends, themes and similarities give empirical support to the responses of both focus group and individual interview participants as valid data that resolves the interview questions.

All participants were chosen using a purposive sampling technique. In qualitative research, the researcher selects particular people…that help best explain and describe the phenomenon being studied (Mertler, 2016). According to Creswell (2005), the key in this intentional selection of participants is the researcher's judgment of the degree to which potential participants possess the information needed to address the topic or answer research questions. The goal is to find participants who are "information rich" (Creswell, 2005).

Focus group data was used to inform and shape research questions for individual interviews. The everyday knowledge and experiences of all of the participants was used to generate new ideas about externship supervision.

Research Questions

The following research questions guided the research:

1. How do externship supervisors gain the requisite knowledge and skills necessary to competently perform as a clinical educator?
2. How do externship supervisors mentor graduate students to connect knowledge and clinical application?

3. What strategies do externship supervisors use to sequence the student's knowledge and skill development?
4. How do externship supervisors perceive that a professional credential in supervision would change their supervisory practices?

Focus Group

The purpose of the focus group was exploratory in nature. The task was to collect thoughts, identify needs and expectations, and explain attitudes (Fern, 2001). The original research plan included two focus groups of six persons each; however, due to the unavailability of participants, one focus group of seven persons was conducted. All of the participants were local to the research setting, and had supervised a minimum of two graduate students from the same Midwestern university. Employment settings were diverse and included: public schools (primary and secondary), a veteran's administration hospital, a private brain injury rehabilitation center, a rehabilitation hospital, and a private school for middle and high school students with learning disabilities.

The focus group was conducted in the conference room of X university clinic. Video-recording was captured using the hard drive of a local PC. At the conclusion of the session, the hard drive recording was copied to the researcher's USB flash drive, and then deleted. A back-up audio-recording was also utilized. Both the video- and audio-recordings were erased at the conclusion of this research project.

The focus group recording was transcribed by the researcher and sent to each participant for review via email. Six of seven participants responded to either express agreement with the accuracy of the transcript or to suggest revisions. Revisions were incorporated into the final draft of the transcript.

This researcher used a semi-structured interview technique where she took the role of reflective listener. Although the conversation was guided by prepared questions, there was room for deviation from the script, and consequently, expanded discussion of the participants' responses (Mann, 2016). As a reflective listener, the researcher was non-judgmental and only paraphrased or summarized to clarify the accuracy of what was said (Fern, 2001). Interview questions were presented in sequential order and the entire group was prompted to freely contribute to discussion.

Both the focus group transcript and the individual interviews transcripts were analyzed using the qualitative analysis software, *QDA Miner Lite 2.0.* The software allows the researcher to efficiently code and analyze textual data more reliably through multiple retrieval methods. This researcher utilized the keyword retrieval and key phrases retrieval functions to identify major themes within sections of the transcripts. These themes were coded into major categories, which for the most part correspond to the topic under question. Major categories were then divided into discrete sub-categories for finer examination of corresponding or divergent opinions, attitudes and experiences.

Focus group data reporting is organized by question (in sequential order), followed by prominent themes and supporting responses. Please see Appendices A, B, C and D for *QDA Miner Lite 2.0* results.

1. ***When you first supervised a graduate extern from X university, how prepared were you to be a clinical educator?*** **(Relates to research question 1)**

Under-preparedness to supervise emerged as the common experience for the majority of supervisors. Overwhelmingly, supervisors responded that they were not prepared to supervise their first graduate extern. Shared experiences were expressed by numerous supervisors who commented:

"I had no training for the person that I supervised. Not in supervision."

"We had the ASHA regs [for minimum number of supervision and clinical hours] and all that, but no coursework."

"I did not have training for clinical supervision."

One supervisor, who is now well-experienced after having supervised in excess of 40 students, said that he "was willing to take the challenge on," and "just figured it out" on his own. Another supervisor commented that she was "talked into taking an intern," but admitted "I didn't know what I was doing." Most supervisors reported no training or preparation, other than course requirement information provided by the program placing the student. One supervisor who is nearing retirement noted that when she started working, "You did not have to be certified. There was no such thing." Consequently, she had no guidelines or regulations to follow regarding supervision. A few supervisors mentioned some independent reading of limited materials they could find at the time.

One supervisor indicated she "felt prepared" to supervise based on her years of experience as practitioners; however, she had not had continuing education or training in supervisory techniques or processes.

2. ***Did you obtain education and training in supervision? If so, what type?*** **(Relates to research question 1)**

Informal activities dominated the responses to this question. This dominant theme was most often cited by participants as an independent study or self-initiated research. "Reading on my own," was one supervisor's primary means of self-education. "I do a lot of online reading." One supervisor used her former supervisors as role models and to inform her own supervisory practices. "I did my externships in the South. By the time I got back to the Midwest, I felt pretty

comfortable with supervision because of my supervisors in the South. And my supervisors during on-campus clinical training. I would have loved a class."

Formal professional courses and workshops, when available, were discussed as moderately helpful. A supervisor who is a member of an SLP association that provides online continuing education within her healthcare system employer, mentioned that the topic of supervision is sometimes offered. "They have included it in the past – it's definitely not a top priority – some sessions in supervision." An SLP in the schools who attended a course offered on site by X University recalled, "It was one of those classes they teach at a school and all of the teachers can come and do it and get their credit. On supervision. We made a giant box of these supervisory things we could use and none of it applied to me. I had to make everything apply to SLPs."

Supervisors also discussed the experience of supervision itself as a training tool.

> "Before I supervised graduate students, I had experience managing a rehab department in a small hospital. After you do it once, then during that first time [supervising a student], you know what you're looking for and your expectations."
>
> "I suppose experience – experience of supervision – how I learned to supervise."
>
> "I think the experience of doing it."

3. ***What experiences have contributed to the development of your supervision skills?*** **(Relates to research question 1)**

Supervisors found four main experiences contributed to their skills as a supervisor over the years, the primary one being student performance assessment tools provided by the academic program. Guidelines of the employment setting were also identified; however, the practice of supervision was again offered as a major training opportunity.

Supervisors explained that the student assessment tool provided by the graduate program making the placement helped guide supervisory practices in that, "The assessment provides a list of skills required for mastery. If you look at that at the beginning, you know what skills are going to be emphasized and what [externs] need to be doing while they're there."
A supervisor who agreed stated, "I agree. We get packets from the program. That has a lot of information about the responsibilities of the students and the supervisors. Those packets, my own CF, and working where I work, and the student assessment. The student assessment is very valuable."

Another supervisor used her non-SLP management training skills to assist with supervision of her students. "I did not have training for clinical supervision, but about four years into [supervision] I took on a management role, so I did training in management. But just like everyone said, just reading what's expected [by the student's academic program], but nothing formal."

"There are some guidelines, particularly if it's a paid assignment," noted a supervisor whose employer has established guidelines for student externs in their healthcare system. "There are pretty strict guidelines on supervision – hours and so forth." The supervisor clarified that the guidelines are mostly related to following ASHA regulations regarding supervisor certification and licensure, and quantitative minimum direct time in supervision requirements. There are no formal guidelines regarding supervisory skills, training or preparedness.

The practice of supervision, in and of itself, was again mentioned as a means of developing supervision skills. Supervisors discussed the merits of having done extensive supervision over the years, and the assumption of inherent learning/training that come with the

"hands-on" and "doing." The emphasis was more on competency as a practitioner, "…but there's no particular time path or training in supervision. Zero."

4. ***What degree of clinical preparation do you expect from a graduate extern student at the start of the externship?*** **(Relates to research question 2)**

Although supervisors expressed varying opinions, (low to high), about expected levels of competency from the beginning extern, they all ultimately agreed that the extern should progress to the ability to think critically and apply learned knowledge to clinical problem-solving. Some supervisors took a more patient approach, taking their cues from the extern in terms of readiness. All supervisors agreed that students should have, at minimum, command of the nomenclature related to clinical practice. "I expect them to know basic terminologies. Evaluation, plan of care, objectives, long term goals, and to have some basic vocabulary knowledge in the speech pathology profession."

Acknowledging that students are easily intimidated by the hospital externship setting, a supervisor who has comparatively lower expectations for the extern offered, "I think most students who come into the hospital are terrified of it. They're terrified of the setting. They're terrified of me. They're not sure what they're going to do so I expect very little. You understand the terminology. You understand what aphasia is, you understand the dysarthrias and what dysphagia is. That's what I expect of them and I lay that out."

A public high school supervisor with a contrasting opinion responded, "…a school setting is different than a hospital setting and I expect more. I expect them to watch me, see what I'm doing in therapy, and then I expect them to start. I expect them to take data. I expect them to have some current ideas of research and to talk intelligently. I expect more than just terminology." A primary public school SLP concurred. "Similar. When we're starting in the fall we're doing a lot of testing and assessments...then they watch me with everybody. And it

takes me a while to get the schedule set. That's fall. The students who come in January, it's different. I have my schedule. We're seeing kids…they have to figure it out a little more than the ones in the fall."

That fast pace and need to acclimate quickly was echoed by a supervisor who described her workdays as, "It's just go. Just follow." Addressing the attribute of professional disposition, one supervisor stated that her expectations "are pretty high," for "more than just the terminology." "I know they get that in grad school. [I expect the extern to have] at least a presence to sit across the table from somebody and communicate with that person. It's not just listening to me and following me."

Other supervisors were more deferential to the extern student's feelings about their own readiness, and the pace at which they would assume a caseload. One supervisor explained that she "makes them (the extern) feel comfortable at first." She seeks to "make them feel good in the environment." Contrasting the different pace of each student, the supervisor stated, "I have a student and at the end of the week that student's doing therapy. I have another one, and we're at the end of week two, and just starting to ease into it. That's ok. That's the individual." Those sentiments were shared by another supervisor who relayed, "When they first come in I don't expect much. I expect them to not make my patients mad. I expect them to show up on time and not be rude." For the most part, supervisors were in consensus with the participant who commented, "I think there are some basic assumptions when you say there are expectations initially. There are some fundamental expectations. I expect that the student is familiar with what I do and what it means."

5. ***How do you mentor the student's increase in knowledge and skills as the externship progresses?*** **(Relates to research question 3)**

Supervisors generally expressed awareness of, and accommodations for the students' feelings of comfort for progressing through the externship. This deference to the student's feelings was the over-riding consideration of most supervisors in regard to mentorship. Supervisors had less specificity about any sequential order of learning activities, and more about the difficulties of mentoring professional disposition.

Three supervisors made vague references to the issue at hand, with more emphasis on initial activities and little address to progression to more complex cases. "The patients that have been in therapy for a couple of months – those are the ones they are going to take first. They get comfortable with them and the plan is already there." Likewise, another supervisor explained her approach. "You're going to watch me first. I hope they take it and run with it, but watch me and when you feel comfortable, then ease into it." One supervisor alluded to having a sequence of learning. She explained it as, "Sometimes I'm surprised when they come in with very little experience. By the end, I think they're in pretty good shape, but I go through with them the sequence of what I'm looking for." When prompted, the supervisor was not specific about what this 'sequence of learning' entailed.

How externs conclude the experience was of importance to a number of supervisors. "I'm amazed at students. By the end of the semester, they're saying 'I want to put this in the treatment plan – I'm going to try it. In almost every case, that's what happens." Another supervisor expressed her satisfaction with her students' outcome. "Nine times out of ten, I've been incredibly impressed. They're ready. They're almost itching – I can do this – I can do that."

Perhaps one of the most poignant comments was made by the supervisor nearing retirement. She shared her humble thoughts about the progression of supervision as, "By the

time they leave me – and I tell them this now – you're coming in here as a student. When you leave here, we're colleagues." She underscored the importance of the externship as a "stepping stone into semi-independent clinical practice."

6. ***How do you mentor the student's application of theory to practice?*** **(Relates to research question 2)**

Supervisors' responses revealed that they heavily rely upon questioning as the primary method for mentoring students' application of theory to practice. They commented that students' ability to answer their questions gave them an idea of students' knowledge retention, competency and readiness for the externship assignment. Supervisors similarly described this approach:

> "I ask a lot of 'why do we do that' questions. Why do you suppose he responded that way, or where are we going to go now and why? I let them kick it around and you really see the lights go on. It's a process."
>
> "What do we need to do? What's our first step? We spend a lot of time on that. I have them go through files… what does this [information] mean to you? What do the [test score] numbers mean? What is the significance? That's a high learning curve when they get here."
>
> "What's your decision tree?"
>
> "Whenever we get a new patient we get the diagnoses and the background. I'll ask them 'What classes have you had? Have you had classes in this area? Have you heard of this syndrome before? Have you heard of this diagnosis? What do you know about it? What kind of treatment methods have you used?' It's in the moment as we're going along.
>
> [Referencing the above comment] "Or if they haven't, 'Do you know where you can find that information?'"
>
> "I'm typically with my student while they're doing therapy for at least two-thirds of the time. I move myself back from where they're doing therapy. I'll listen and take notes and then we talk about it."

Only one supervisor mentioned a structured activity to facilitate critical analyses – through the use of case studies. "I have a smaller number of students, so I tend to give a case study. They're actual cases of kids we're working with. I case study and I see where they go

and see where they're comfortable, but we work together most of the time and we're able to have that back and forth."

Supervisors acknowledged that most extern students have not had the range of practicum experiences commensurate with the breadth of didactic study, and the reticence students may feel when seeing particular disorders embodied in clients/patients for the first time.

> "Generally they come in equipped with knowledge. What they do not know is that they haven't seen it. They haven't seen a person with that disorder."
>
> "You're right. They haven't seen it so it makes a big difference."
>
> "There's no way they would have that kind of experience."
>
> "The problem they have is that they're actually seeing a real person and they're seeing them in a hospital. You learn on the fly. I'm there all the time. Letting them work. Me offering input. Helping them document. They learn to get more and more comfortable as the semester goes on.
>
> "Maybe that's our role. Maybe that's the whole transition thing that we do. You read it in the textbooks, now you see it. Just make sure that they're prepared."
>
> [Referencing above comment] "To hold them up."

Students taking initiative to apply knowledge and theory to clinical cases was an expectation mentioned by some supervisors.

> They have a full range of textbooks and resources and they're very much encouraged to dig in there if they have a question. [I tell them] go online, and they frequently do."
>
> "I'm really ready for our intern to take all the information that I have on the person coming in the door and being able to determine the type of testing she wants to do and a reasonable explanation as to why she would do that type of testing. That to me is taking what they've been doing – what they've walked in the door with – the theory – and being able to devise a plan for moving forward."
>
> "I'll show you how I do it and then good luck in the field when you get out. I think that's the best we can hope for. Most of them do fine and I think most of them have a good clinical experience."

7. ***How do you think an ASHA Clinical Specialty Certificate (CSC) in clinical supervision might affect you as an externship supervisor?*** **(Relates to research question 4)**

Supervisors were initially very tentative about the idea of an ASHA CSC in supervision, with all but one expressing disfavor, citing a primary concern about the probable shortage of supervisors to meet the demands of graduate programs. "I can't imagine that there would be enough supervisors available if we had to do that." "I think that would really mess up the grad program."

Supervisors also expressed concern about the time and cost of such a credential. "I wouldn't be opposed to coursework, if you could apply that coursework to ASHA CEUs. But, if you have to pay for them, you're not going to get a lot of people who would do that." "For sure, your school isn't going to compensate." However, as they talked it out, supervisors began to accept the idea of some type of professional activity related to supervision. They mentioned their willingness to take online courses/workshops, but felt strongly that the CEUs earned in supervision should apply to the minimum number needed for certification and licensure renewals.

When asked what additional professional activities, if any, supervisors were willing to do to continue to supervise externs, most supervisors favored an online course. As they discussed their opinions of possible formal training activities, it appeared that supervisors became more agreeable with the idea of a professional credential in supervision:

"I think there should be something extra to say you're a good supervisor."

"Yes, I do too."

"Yes. Even having recommendations from people would be good."
"Yeah, passing a course would be great."

"I'm thinking of a workshop."

"I would be ok with two days. I could do that."

"If there was a course you could do online."

"And a skill set assessment. It could get sent to ASHA."

"I would appreciate it because it would make me a better supervisor."

"It would be good to take the information and make changes if need be. Or feeling proud that we did a good job."

Summary of Focus Group Results

Supervisors in the focus group shared a number of common experiences, opinions and attitudes. Most notably was their shared feeling that they lacked preparedness to supervise their first externship student. Most supervisors expected very little from externship students at the start of the placement, other than familiarity with clinical terminology. Common to their facilitation of students' increase in knowledge, and application of theory to practice, is to defer to students' "comfort level." The method of asking of questions to direct students' attention to clinical information about clients/patients was identified as the more common approach in mentorship. Where supervisors showed some divergence was in the areas of obtaining on-going training in clinical education – some engaged in reading, courses, etc., and others did not. All cited their experience doing supervision as an activity that helped grow their supervisory skills. An initial reluctance to the idea of a specialty credential for supervisors morphed into approval, given the conditions of low cost and easily convenient to obtain.

The data obtained from the focus group was used to inform and shape the research questions for individual interviews. Focus group questions 1, 2 and 3 regarding preparedness for supervision and development of supervision skills were condensed into individual interview questions 1 and 2, and were rewritten to capture a broader range of responses. Focus group questions 5 and 6 regarding sequencing of students' learning and mentoring of students' increase

in knowledge in skills was modified to individual interview questions 3 and 4 to elicit more explicit information about those activities. This important change aligns with the ASHA recommendation that supervisors have some plan for sequencing student learning throughout the duration of the externship assignment, and that supervisors 'connect academic knowledge and clinical application' (ASHA, n.d.). Focus group question 7 regarding the CSC was modified to individual interview questions 5 and 6, to address a broader suggestion of additional requirements (of any sort) for an SLP to be considered qualified to supervise. This change allowed from more original ideas on how this credential could be achieved to come from the respondents.

Individual Interviews

Individual interviews were conducted to gather more in-depth and rich data regarding research questions that were modified as a result of focus group responses. Twelve individual telephone interviews were conducted with externship supervisors who had supervised a minimum of two graduate students from X University. Ten of the twelve externship supervisors were out-of-the local area, at a distance of 100 miles or more. Purposive sampling was used to select the participants so as to insure their ability to provide responses regarding specific knowledge and experiences. They all followed the same graduate program syllabus and guidelines, and had supervised externs educated and trained from the same didactic and non-didactic curriculum.

Each question was presented in the same sequence to each supervisor. Interviews were recorded using an app on the researcher's cell phone, *Call Recorder*. The researcher transcribed the recordings. Each participant was sent the transcript by email and asked to review it for accuracy. Eleven of twelve participants responded with either agreement with the interview as

transcribed, or to indicate revisions. Revisions were incorporated into the final draft of the transcript.

Data was analyzed using *QD Miner Lite 2.0* to identify trends, patterns and themes. The following results are categorized by question, in sequential order as presented to the participants. Following each question are the themes that emerged from the individual interviews, with substantiating data.

1. ***Describe your level of preparedness prior to the start of your first supervisory experience.*** **(Relates to research question 1)**

The majority of supervisors described feeling unprepared the first time they supervised a graduate student extern. Two supervisors recalled having no knowledge of being transitioned into a supervisory role:

> "Absolutely none. Due to issues with my program, I didn't know I was having a student until she showed up. I had no training or experience to go on."

> "None. They just said you're having a student teacher and they're coming on this day."

The remaining supervisors were all aware of their student assignments, most of whom made the voluntary choice to accept the placement. Still, the feeling unpreparedness was pervasive:

> "I don't think I felt prepared to be a supervisor, but I knew I had to do it. Kind of fear of the unknown. I knew I was going to have to do it whether I felt prepared to do it or not."

> "I actually did not feel prepared at all. I was maybe two years out and it was hard."

> "I would say very little for my first one. There was just nothing that I knew of to train me to get ready for that."

> "My experience was limited because I had never done it before."

> "There was definitely no formal preparation for it. I wouldn't say there were any particular resources or anything that I was able to review. I definitely felt like I was winging it the first several placements that I had."

"I was not prepared as a supervisor…I didn't have access to anything that would have helped me."

Three supervisors described themselves as prepared, based on their experience as practitioners, their caseload offering, and their readiness with organizational aspects.

"I felt pretty prepared clinically. What I wasn't fully prepared for was all of the paperwork and things of that sort."

"I felt like I had a lot of experience and a lot to offer the student. I had a wide variety of [clients] with speech-language problems that they could learn from."

"My first supervisory experience I think I was over-prepared. I made sure that I had goals written-out [for clients], and making sure paperwork was in order. I put post-it notes in each file. I went through my closet to make sure my tests and materials were in order."

2. ***Have you engaged in any activities that have contributed to your knowledge and skills as a supervisor?*** **(Relates to research question 1)**

Most supervisors reported that they either had not engaged in activities that contributed to their knowledge and skills as a supervisor, or that their activities were informal and conversational in nature.

"I've not done anything formal…but on occasion when I would feel ill prepared for a scenario not typical of students in the past…I would seek help from my direct supervisor."

"I didn't go through anything, but I reached out to colleagues. I was also able to observe other [discipline] supervisor-student interactions in my department. I watched and learned from things that they did that were successful."

"Nothing. Other than just professional collaboration with other supervisors and mentors. All very informal."

"I've talked to other SLPs in the district who've had students and I've talked to teachers who've had student-teachers in their classrooms."

"I wouldn't say so, no. I do think through experience and through having my two students. Just my experience with them. But I haven't had any training or anything like that."

Two supervisors reported some degree of brief professional activity, much of which was

elective or available by chance.

> "I've gone to courses at ASHA, and I've been to courses held by the different facilities I've served with. And self-research. I've been involved in mentoring programs and done research for that. We've had training courses offered through the Internet, and also through the hospital with staff for students. This is training that is across all disciplines. It's all elective. Optional."

> "I have been very lucky that I work in a large enough facility that there has always been a a lot of informal mentoring. I used to do things through [ASHA Special Interest] Division 11. I did things at ISHA (referencing the annual Illinois state convention for SLPs). I audited the physical therapy accreditation course at my facility."

One supervisor explained that she relies upon the extern to clue her into the activities she can do to better supervise the student. "I ask the students what they want from me. What can I do better? What would you like to see changed? I kind of get the feedback from them."

3. ***If you do so, how do you sequence students' learning experiences?*** **(Relates to research question 3)**

The majority of supervisors had no defined sequence to mentoring students' learning experiences. These eight supervisors used one of three methods to sequence students learning, ranging from "basing it off [students'] comfort level, to "getting active right away." Most supervisors fell into the middle of this continuum – starting with observation, and progressing to taking over the entire caseload. Those supervisors who take their cues from the extern about how to progress described the sequence in the following ways:

> "What I do first off is that very first week I want them to come in and observe. Soak everything in. Slowly, then as they're feeling comfortable that following week, they do therapy with me. As we continue, they slowly start picking up clients they feel comfortable with. By that third week, I really want them to start picking up more cases, and then by mid-semester, they have the entire caseload."

> "The first week, I let them sit and follow me and get used to data. The next week [I'll say] how about you do the work. I'll sit right beside you, but you do this group. I start them off with the more basic [cases]. [I] let them verbalize to me 'Ok I'm comfortable to start

working with this child.' Then work our way with the more difficult ones. I try to communicate if you're not comfortable with this. I always stayed in the room."

"I base it off their comfort level. I try to build a rapport with my [extern] first. That way I can get to know them and also talk to them about what their strengths and challenges are. What their comfort levels are. Once they've met all of my patients, I want to know where they are not comfortable. Whenever they feel more comfortable, they'll start taking on the entire session."

"It depends on the student's individual needs. They will start by observing and then start doing therapy when they feel comfortable. Some will take over more quickly than others."

"…observation the first week. Typically what we do is just observe and then we can question them as to where we need to take it from there."

"I don't have a set protocol. It depends on the student and how much initiative they're taking and what they seem prepared for. I let them pick out what they want to do and go from there."

Conversely, four supervisors had the expectation that externs will roll-up their sleeves and start direct services right away. These supervisors appeared to have more definition to the sequence of students' learning.

"…I like to get hands on as early on as possible. I like to start that as early…and get them critically thinking about what they're looking for.

"I learned that students typically need to be thrown in. I would start them with one or two treatments maybe the second day. I would have them start by looking at the patients' soft chart, have them plan activities, and then I would look over the activities. We eventually moved to the student would start doing treatment on all the patients. Then we moved to documentation. Once the student was treating all the patients, they would start documenting on one or two with a daily note. Eventually, they were writing all the daily notes. Then they would start with our weekly updates. And then they were doing all the weekly updates. Then as evals came through, we'd work on those together."

"I typically start with having a week of observation and data gathering. They'll observe the therapy session, and based on what they're observing, I like them to try to identify some of the goals we might be working on. [Then] they start writing…notes for sessions. By the third week, they are typically leading at least one or more activities. By the fourth week, the goal is for them to be leading sessions independently. I always ask for lesson plans in advance so we can review them and problem solve through anything that might be coming up. I can help them think through how they might scaffold a particular skill. I am always available to them to ask questions within the session or occasionally to jump in to demonstrate or model a particular strategy."

> "As part of our student program in speech we do have general guidelines. What's expected the first quarter versus what's in the third quarter. To keep things on track. Personally, I usually have an internal week by week plan. Constantly setting goals for the next week or few days, and making the student aware of them. Also adding things step by step. Constantly adding on. They observe for a day or two, but we really get them in working with patients as soon as possible. The sooner you get them actively involved with the patients, the sooner you can start addressing what needs to be addressed. Finding their strengths; finding their weaknesses."

4. ***If you do so, how do you mentor students' application of theoretical knowledge to clinical practice?*** **(Relates to research question 2)**

A number of supervisors seemed perplexed by this question, and asked for explanation of the meaning of the question, including an example of a desired response. In such cases, the question was paraphrased for clarification, including defining the terms 'theory' and 'practice,' and using simplified terms until the respondent indicated comprehension of the question posed.

The great majority of supervisors referenced discussion and conversation as the primary pedagogic method for mentoring students' practical application of theoretical knowledge. Some of these supervisors offered specific strategies used during discussion, while others offered less specific techniques for this purpose.

> "I do it in a way that I'll ask them what symptoms are you seeing? What could this possibly be? What could this mean? Taking that knowledge that they've learned. I want to deduce by what symptoms we're seeing and what we're going to treat. I like to do it in the moment if I can. I think it's more beneficial when you're seeing it in time. Solving the problems as you go."

> "We discuss and reflect on what they think each child needs and use the foundational skills to apply what to do in therapy. They have to generalize what they know and adapt it. They use their classroom knowledge to make decisions about how to approach therapy or which test to use. We'll relate it to what they know and apply it."

> "We do a lot of ongoing conversation. We have many, many conversations while we're going to see the patient and while we're reviewing the chart. That kind of conversation while you're going. An ongoing dialog. There's a lot of ongoing conversation about knowledge base, but it's not a quiz."

"I would have them work on it, and if I saw something that needed a little bit more work, I would mention it. I would give them ideas too, if we came upon a problem that they didn't understand. I would discuss it with them."

"In that moment when they are providing the therapy…mentoring them. And even after the session, having those really good discussions of when you're in class and you're learning that theory doesn't always happen. Using all of the knowledge that they have and incorporating it. I'm very into having them think out of the box."

"Reading articles. Discussing the research…apply that to the individual patient."

"I like to talk to them about if this is what we're seeing, what kind of therapy would we choose based on the deficit. This makes them think back to anatomy classes and think of how things function."

"We talk about it a lot. I know externs will say 'Well what we learned in school – and then you do it, it's very different.' We just do it and talk about it. We try to collaborate."

Three supervisors mentioned providing resources for students to use as guides to clinical problem-solving.

"I try to give them as many resources as possible. Based off of the patients and the clientele that we have here. I try to educate them as much as possible and let them know where to go if they do need something to give them ideas. Books, articles, websites, people in general."

"…we go through a lot of normal language development. I have several handouts that I really like that look at the progress of normal language development. We'll review those at the beginning of the semester. Throughout the semester…I encourage them to go back and review those handouts…"

"…I ask them why they think that is the treatment method they should use or why those materials will work for that patient, so they have to apply knowledge that they've learned or classwork to what they're doing and why they're doing it. We also have students do a brief presentation on topics pertaining to inpatient rehab as part of their clinical internship with us."

One supervisor had a very humble approach to mentoring her extern students' skills. She noted a reciprocal, collaborative and reassuring learning approach.

"Personally, this part is the part that is most beneficial to myself as a supervisor. I learn as much from them as they learn from me. I'll tell them what I've been doing. I will get their advice. Did you do this in class? What do you think would help with this? I'm

here to help you, but if you think this works best. You know what you're doing. You've worked on this. You've learned it. It's a mix of the two."

5. ***What do you think of some additional requirements for an SLP to be considered qualified to supervise graduate externs?*** **(Relates to research question 4)**

Half of the supervisors were fully supportive of the idea of some distinguishing qualification for externship supervisors. Of the half who were not fully supportive, half of those respondents were fully opposed. Those who were opposed cited years in practice as the primary qualifying criterion for competency. The remaining respondents were uncertain, based on their concerns for how such a credential might adversely affect the size of the pool of eligible SLPs to supervise.

> "Yes. Good idea. I think many clinicians who take on students don't know how to progress students in the process of learning and taking on patients. They will just throw them in and figure it out as you go. I think the training should be on how to plan a program so that there's ongoing education. So that there's mentoring…[and so that] the clinician can feel very satisfied and comfortable with their level of training."

> "I think they should have a set amount of years of time that they've been practicing in that environment before they take on a student. I think they need to review the ASHA guidelines at the very least before taking on a student. I think some continuing education regarding student supervision would be beneficial. It would have helped me feel more prepared the first time I took a student."

> "I'm thinking no. I think outside of currently holding a full-time position, and as long as the university sending the graduate student communicates with them what they're needing. Any SLP that's working full-time could be competent."

> "I don't think that's necessary. If you're someone who's been in the field a long time, you have the experience to mentor. There are some SLPs who have been working a long time and shouldn't be supervisors, but I don't think you have to have requirements above what we already have to do."

Supervisors who favored additional requirements for supervisors typically offered certain conditions on the requirements or suggestions that would make the extra training easy to obtain.

> "I think it's a question of how would you standardize it. Our professional standards [for supervisors] are so unregulated compared to physical therapy and occupational therapy. I think it would be great but difficult to standardize a program."

> "I think it would be a benefit. If that was something I was told I would have to do to continue supervising students, I would do it because I do enjoy supervising students and sharing my excitement for the field with them. But I'm not sure how everyone would feel about that. It certainly would have some positives to it for sure."
>
> "I think we should all be on the same page and have our student extern learn the same thing or have experience with the same thing."
>
> "I think it would be helpful. If the university is interested in finding supervisors [who] through ASHA…at least goes through what the requirements are. What you need to do as a supervisor. Then making sure that the supervisor who is doing this is competent."
>
> "The positive to it is that the student would know that the supervisor they're getting has certain qualifications. That they have either some experience or training in how to mentor."

Supervisors shared concerns over additional requirements by repeatedly expressing the possible reluctance supervisors would have to fulfill such requirements, thereby resulting in a shortage of externship placements.

> "It's becoming more and more difficult for [graduate programs] to find placements, and so if [additional requirements] were something that came to be it would be even more difficult to find placements. You may have seasoned therapists that say, 'I've been supervising for years. I'm not going to take a class on supervising now'.''
>
> "The concern would be if it would cut down on the number of available supervisors, and if that would cause a supervisor shortage in any way. In order to train."

Three supervisors were uncertain about the benefits, or lack thereof, of a supervision credential. One supervisor, who commented that a "good student is an easy student to supervise," further stated "I think it may be beneficial, but I don't think it's absolutely necessary." She was of the opinion that if the student performs competently, they are less dependent on the supervisor to have advanced supervisory skills. Another supervisor, who did not feel she needed supervisory credentials given that she is "not brand new, but somebody who has experience," questioned if a credential might help new supervisors. "I don't know that we need something formal, but we

should all be on the same page, have our student intern learn the same thing, and have experience with the same thing."

6. ***What requirements would you be willing to fulfill to obtain some type of recognition as a graduate extern supervisor?*** **(Relates to research question 4)**

When asked what requirements they would be willing to fulfill, supervisors were split on their preference for two factors: convenience of training (i.e., online accessibility to training), and low or no cost. These were the two over-riding themes, even for those supervisors who were not inclined toward additional requirements. If they had to fulfill additional requirements they would, but only under the certain conditions:

> "I would definitely be open to CEUs…ASHA provided. Those specialties…really add-up financially. Your facilities won't always pay for that, so that's where it might deter people."
>
> "I'd try…continuing education credits. I don't think that's unreasonable. They would probably give us some good information about supervising."
>
> "I would take some CEU classes on it. I don't mind taking the classes, but I do mind paying the money."
>
> "Preferable something that you could do online. I wouldn't anticipate it's something you would take a test for, but if there were different modules they would want you to review to make you a better supervisor and have a certificate of completion – something like that – I think would be worth the time to do."
>
> "…a short one to two day CEU ideally. Not at an expensive price. Something online. I don't think a lot of places would pay for it."
>
> "I would not mind at all doing some kind of online course or teleconference. It depends on the cost."
>
> "…online training or an online course…but I wouldn't want to pay for it. I don't think it needs to be extensive, because I learned a lot just through experience supervising students and managing students."
>
> "I would attend a workshop. I wouldn't want to take courses. It would depend on the cost."
>
> "I would be interested, but it would have to be something online. I feel like if that

> CEU was needed and the cost. I feel like it would pull some people away. Just because of the cost."
>
> "…webinars. Free is better. I would love to have a little bit more guidance or even more consistency on the best way to be mentoring and preparing students."

Two supervisors who supported additional requirements for supervisors were the ones who expressed willingness to travel to take a course, and to personally fund it.

> "I would be willing to take a class or two or a conference, if that was required. [I am] willing to travel and pay for the cost."
>
> "I'd be willing to go beyond independent study and go to a seminar or a course to become certified. I'm willing to do that. I'm willing to pay."

Summary

The data presented in this chapter were collected via two methods: a focus group interview, and twelve individual interviews. Focus group responses to questions posed in a semi-structured interview paradigm were used to inform refined questions for structured individual interviews. The original question set used with the focus group was modified for presentation to individual interviewees, in particular for probes regarding specific sequencing of students' learning, and a broader approach to the idea of an additional professional credential for supervisors.

Despite modification of the above two questions, results across the two types of interviews were generally consistent for supervisors' opinions, attitudes and practices regarding four issues related to supervision, with divergence on one issue.

Supervisors in both interview sets overwhelmingly reported feeling under-prepared to supervise their first graduate extern student. Supervisors cited factors related to lack of knowledge of and/or access to supervisory process resources, imposed supervisory assignments (regardless of their self-assessed readiness) by their employer, and their belief that years of

experience as a practitioner contributes to supervisory competency. Any education/training engaged in by supervisors to increase supervisory skill was gained primarily through informal means, such as reading, conversational exchanges with colleagues who supervise, and the practice of supervision itself. Focus group participants tended to have low expectations for the beginning extern, coupled with a deference to the extern's comfort in regard to the sequence and progression of mentoring activities. In a parallel response, individual interviewees reported a lack of defined sequence in mentoring activities, and little to no defined structure for mentoring students' application of theoretical concepts to clinical practica.

Supervisors in the two groups differed in their opinions of a professional credential in supervision. Focus group participants were almost unanimous in their opposition, citing such a credential as a probable deterrent to recruiting SLPs to be supervisors. Individual interviewees favored such a credential, with the condition that it be obtained with convenience for amount of time it would take to complete, how and where the training took place, and the cost. Individual interviewees who favored the credential did so only if the training were limited in time commitment, obtainable as an online course, and would either be funded by their employer or of low cost to them personally.

See Appendices A, B, C and D for frequency distribution of coded responses.

CHAPTER 5

DISCUSSION

Summary of Purpose and Method

The purpose of this qualitative study was to investigate clinical supervisors' perceptions about the externship experience in speech-language pathology. This study was designed to investigate the readiness of externship supervisors to mentor graduate student externs, the processes supervisors use to structure and sequence externs' learning, and supervisors' opinions regarding a professional credential in supervision. Three of the four research questions that guided the investigation were related to ASHA guidelines and recommendations regarding externship supervision. Thus, the data were collected to analyze for consistency and compliance with such ASHA policies, as well as to gather information about the feasibility of formal preparation for supervisors to develop needed skills for compliance with those policies.

Participants in this study were limited to ASHA certified and state licensed SLPs who were currently in practice, and who had supervised a minimum of two externs from the same Midwestern university graduate program in communication disorders and sciences. Methodology included a seven-person focus group and twelve individual interviews. Responses to focus group and individual interview questions were coded for themes and identification of substantiating evidence.

Trustworthiness of the Data

Anderson (2010) advises qualitative researchers to reflect on their own influences on the data, particularly for research project design, data collection methods, and interpretation. This researcher acknowledged her position as clinic coordinator for the graduate program at X university, which included duties related to the assignment of graduate externs with affiliated

practicum settings and their supervisors. Participants were recruited from a pool of known SLPs who have established professional relationships with the researcher. This familiarity may have influenced the selection of participants; however, the participants selected were appropriate to a purposive sampling technique in that they were the best candidates to provide informed responses. In regard to outcomes, the researcher held no expectations of how the research questions would resolve, particularly given that she had never discussed such issues with any of the participants prior to this research project.

Data were evaluated for trustworthiness using validity procedures in which only one party (the researcher) transcribed all responses, thereby increasing the consistency of transcription. Also, a high number of participants – 89% -- reviewed, and if necessary, revised their transcript for accuracy. These procedures account for the credibility of the process allowing the researcher to trust in the transferability and dependability of the data (Miles & Huberman, 2013). In addition to evaluating the data for generalization to other contexts and consistency to replicate, the researcher is also confident in confirmability (Creswell, 2005), or the degree of neutrality in interpretation of the data, which is supported by direct quotes from participants' responses, without the influence of researcher interpretation bias.

Research Questions Results

Four research questions guided this investigation. Each question is presented below, followed by its resolution with supporting data from the focus group and twelve individual interviews.

Research Question 1: How do SLP externship supervisors gain the requisite knowledge and skills necessary to competently perform as an externship educator?

This research question derives from the official ASHA statement (ASHA, 2008) that externship supervisors have specific knowledge and skills necessary to the practice of

supervision. In preparing for the supervisory experience, ASHA suggests that supervisors "should" have knowledge of the research literature in supervision, plan for and set goals for the supervisory process, employ various observation formats, use a supervisory style that corresponds to the knowledge and skill levels of the supervisee, use effective collaboration, be familiar with data collection methods and analysis of clinical behavior and use technology in their application of supervision. This knowledge leads to a number of skills that supervisors "should" have, including knowing the roles and responsibilities of all participants in the supervisory process, assessment of supervisee's knowledge and skills, selection and application of supervisory style to meet the needs of supervisee and patients, analysis of collected data relevant to supervisee's professional growth, and use of technology to enhance the effectiveness and efficiency in the supervisory process (ASHA, 2008).

Focus group questions number 1, 2 and 3, and individual interview questions 1 and 2 elicited the information necessary to resolve research question number 1. Similar data were collected from both sets of participants. The data showed that both focus group and individual interview participants in this study were under-prepared for their early supervisory experiences, and that any subsequent education/training was more informal in nature. The reliance upon the assessment tool provided by the graduate program, training from outside of the discipline, and the practice of supervision itself may not formally address the delineated ASHA requirements for supervisors. The data did not reflect compliance with the requisite ASHA knowledge and skills, and it is questionable if externship supervisors are even aware of these requirements. These results call into question the extent to which ASHA insures that certified supervisors, graduate programs placing students in externships, and administrators at externship settings are informed about the association's statement and the requirements contained therein.

Research question #2: How do externship supervisors mentor graduate students to apply theoretical knowledge to clinical practice?

This research question relates directly to the first of two additional knowledge and skills identified in the ASHA *Practice Portal: Clinical Education and Supervision* as necessary for effective education in supervision (ASHA, n.d.). Following a list of nine 'key issues' in supervision, ASHA added that 'ability to connect academic knowledge and clinical application' is key to student training in the off-site setting (ASHA, n.d.).

This researcher interpreted the ASHA term "connect" to mean that the supervisor is responsible for mentoring the application of didactic information to the skill of therapeutic intervention. The ASHA concept of "mentor" – i.e. the supervisor is dedicated to the professional growth of the extern – was used to frame the context of this question. Responses to this research question were gathered from focus group question number 6, and individual interview question number 4.

The great majority of both focus group and individual interview participants reported using questioning as the primary method to bridge theory and practice. Questions ranged from concrete, (recollection of anatomical structures and their functions, developmental language milestones, etc.), to more abstract ("Tell me what you are seeing. How does this relate to what you learned in class?"). Clarification came from discussion/conversation. A few supervisors provided resources for externs to use in finding correct answers to questions.

The ASHA resource (ASHA, n.d.) does not expand on what is meant by this skill, nor how it may manifest in supervisory practice; however, there are numerous "Goals of Clinical Education" listed later in the document. This researcher assumed that two of the goals may relate to the supervisor's ability to "connect academic knowledge and clinical application":

- Develop clinical thinking and clinical decision-making skills

- Acquire an understanding of clinical practices and methodology and the ability to implement them

Included in the resource (ASHA, n.d.) is a brief description of the teaching method "Supervision, Questioning and Feedback (SQF)." According to ASHA (n.d.), this model of clinical teaching consists of structured supervision followed by strategic questioning, in which the supervisor consciously adapts the timing, order and phrasing of questions to help the student process information at increasingly more complex levels – progressing through recall of facts, comparison, analysis, synthesis, application, evaluation, formulation, inference and decision-making. Strategic feedback is the compliment to the questioning element of this model.

It cannot be determined with certainty from the data gathered whether or not the supervisors in this study are asking questions that support students' achievement of the above two goals or if the questioning is in accordance with the SQF model. It appears that supervisors may partially facilitate such learning, but it cannot be said with certainty that questions and discussions are necessarily designed to help the extern student become an autonomous clinician with sound clinical reasoning (Barunum et al., 2009 in ASHA, n.d.). It would be disingenuous to assume that the method of inquiry contains elements of reasoning in a disciplined and self-assessing way (Foundation for Critical Thinking, 2015).

Research question #3: What strategies do externship supervisors use to sequence the extern's knowledge and skill development?

This research question relates directly to the second of two additional knowledge and skills identified in the ASHA *Practice Portal: Clinical Education and Supervision* as necessary for effective education in supervision (ASHA, n.d.). Again, following a list of nine 'key issues' in supervision, ASHA added that 'ability to sequence the student's knowledge and skill development' is indicated as key to student training in the off-site setting (ASHA, n.d.).

Responses to this research question were gathered from focus group question number 5, and individual interview question number 3.

No supervisor identified a formal sequence of steps used to progress the extern from beginning through end of clinical training. Focus group supervisors offered general guidelines for initial strategies, i.e. "Watch me and do what I do." The student extern's level of comfort with the pace of learning was a prominent factor for focus group supervisors and one of three primary factors cited by individual interviewees. Focus group supervisors, for the most part, tended to defer to the preferences of the extern in the amount and increase in complexity of clinical work assigned. Individual interview supervisors had a wider range of approaches. They also concerned themselves with students' preferences for the manner in which they progressed to taking over the caseload of clients; however, this deference to the extern setting the pace and choosing the complexity of cases was in sharp contrast to the supervisors who took the approach of assigning advanced activities right away. Supervisors who described a general progression starting with observation and sequencing the addition of activities to the extern's clinical responsibilities still balanced their expectations with their observation of the extern's comfort and/or initiative in asking for advanced assignments.

Supervisors' deference to students' preferences and 'comfort level' regarding the progression of training are essentially using only one-half of the Relational Mentoring Theory by Jordan, et. al. (1991). The theory calls for both parties, (supervisor and student), to engage in a mutual process of instruction and learning. There is a place for the mentee to be active in the development of learning goals and activities; however, the mentor also has a place in this two-way professional relationship. Learning that is primarily or solely dependent on the students' initiative will not necessarily frame a mutually beneficial sequence of learning.

The ASHA resource offers multiple teaching methods and models, (e.g. deliberate practice, reflective practice, cognitive apprenticeship, simulation, etc.), but does not offer suggestions or guidelines for sequencing clinical training experiences. The resource does offer guidelines for sequencing the development and implementation of a performance improvement plan for underperforming students, but does not offer the same details for students to master a typical sequence of learning. Thus, although ASHA identifies sequencing student's knowledge and skill development as a principle important to student training in the off-site setting, it does not define what is meant by 'sequencing' and does not offer guidelines to assist supervisors in doing so.

Research question #4: How do externship supervisors perceive that a specialty credential in clinical education would change their supervisory practices?

This research question was posed to contribute to the limited extant data regarding the efficacy of an advanced credential for practitioners who supervise externship students. ASHA has a long history of discussion around the issue of supervisor credentials, dating back to 1937 (Farmer and Farmer, 1989). In 2008, ASHA acknowledged the dilemma of supervision in its technical report, stating that many SLPs do not have formal training or preparation in supervision (ASHA, 2008). In its undated practice portal resource on supervision, (ASHA, n.d.), ASHA recognized the prevailing philosophy that competency in clinical service delivery translates into effective clinical supervision, and that leaders in education have long argued that this is a flawed assumption and that effective supervision requires a unique set of knowledge and skills. (Although undated, this resource contains citations as recent as 2014.) The intervening years have brought forth more address of university clinical training and clinical fellowship supervision with supervision of externs to a much lesser degree. Additionally, ASHA has offered suggestions and guidelines for supervisors in the forms of knowledge and skills reports,

technical reports, position papers, ad hoc committee reports, etc., but has never formally posed to the membership the question of mandated training and credentials to resolve the 'dilemma of supervision.' Responses to this research question were gathered from focus group question number 7, and individual interview questions numbers 5 and 6.

Focus group supervisors were almost unanimously opposed to the idea of a supervisory credential, expressing concerns regarding the probable resultant shortage of supervisors available to graduate programs and the aversive cost to obtaining such a credential. Conversely, half of the individually interviewed supervisors fully supported the idea of a distinguishing qualification for externship supervisors. The remaining half of individual interviewees were evenly split between uncertain and fully opposed.

Focus group supervisors' primary concern regarding a supervision credential was that such a requirement would shrink the pool of available practitioners willing to mentor students from the almost 300 ASHA accredited programs that need them. Their concern was centered on the time commitment and expense they would have to expend, without the support of their employers. As they discussed their opposition in more detail, their opinions took a curious shift and evolved into moderate support for the idea. Focus group supervisors came to the consensus that having some measure of competency as a supervisor, in whatever form that takes, would actually be good for them. Eventually, they were willing to take a course, attend a workshop, be recommended or assessed. They felt that the distinction would verify their competency and make them better supervisors.

Half of the supervisors who were individual interview subjects fully supported the idea of a distinguishing qualification for externship supervisors. Those who were in favor expressed conditions on the requirements to make the credential easy to obtain and low in cost.

Participants who supported this idea did so because they felt that there would be benefits to both the supervisor and the extern in that externs would know they are being supervised by someone who is trained as a mentor, and supervisors would be familiar with ASHA guidelines and know how to plan a program of clinical education. Supervisors who were opposed to the idea felt that years of experience as a practitioner coupled with university program guidelines would make for a competent supervisor. Supervisors who were uncertain about the necessity of a supervisor credential stated that if a supervisor had experience in the field and the extern was an 'easy' student, then advanced supervisory skills may not be as critical to the training process. These supervisors also expressed the concern of the focus group that it may likely become more difficult for graduate programs to find externship placements if practitioners are disqualified from supervising because they lack a credential.

All individual interviewees, (including those who were opposed to an extra credential), were asked what requirements they would be willing to fulfill in order to obtain recognition as an externship supervisor. The three most common themes in response were that the additional training be convenient, (e.g. on line course), low cost (subjects did not expect their employers would fund this type of continuing education), and that the training carry continuing education units that count toward the total needed for state license and ASHA certification. Travel to the location of the training and self-funded tuition were the two most common objections voiced by supervisors.

New ASHA Initiatives Toward Supervisor Training

During the development of this research study, ASHA released a report prepared by an ad hoc committee on supervision and training (ASHA, 2016). This report outlines a two-phase, six-year plan for implementation of programs and resources for supervision training (ASHA, 2016).

The report, *A Plan for Developing Resources and Training Opportunities in Clinical Supervision,* was the final report from the ASHA Board of Directors appointed Ad Hoc Committee on Supervision Training (ASHA, 2016). The Committee fulfilled four charges: (1) develop a plan for establishing resources and training opportunities in clinical supervision that incorporate requisite knowledge, skills and competencies; (2) identify qualified persons to develop resources and training opportunities; (3) contribute to training resources on the ASHA Practice Portal and other training venues; (4) submit the plan. The goals and topics for training are tailored to five identified constituent groups, one being 'clinical educators of graduate students in university training programs or in externships in off-campus clinical settings' (ASHA, 2016). The topics for supervision training for the aforementioned constituency group included numerous knowledges relative to supervision, including connecting academic knowledge and clinical procedures, and sequencing knowledge and skills development (ASHA, 2016). A specific outcome of the plan is a required minimum of 2 clock hours of professional development in supervision training every 3 years, and the overall outcome is an increased number of trained supervisors, clinical educators, preceptors, and mentors. Phase I (years 1-3; 2016-2018) is designed to ensure that an infrastructure is in place prior to any requirement (ASHA, 2016). Phase II (years 4-6; 2019-2021) concludes with a consideration of the minimum requirement of training, and the establishment of a specialty certification program in supervision (ASHA, 2016). The latter would be established and implemented through the ASHA Council for Clinical Certification (CFCC).

This researcher evaluated the ASHA (2016) plan for consistency with the data collected in this study. Specifically, does the proposed training plan accommodate the experiences, opinions and preferences expressed by the research participants? When asked what requirements

they would be willing to fulfill, supervisors cited three primary conditions to any advanced activities: (1) easily accessible; (2) low cost; and (3) training in supervision carry continuing education units that count towards the totals required for state licensure and ASHA certification. The proposed plan meets all of these conditions. Initial course offerings are currently available online, with expanded offerings to include webinars, conference presentations, publications through special interest groups, etc., making trainings easily accessible without need for travel. Courses are currently tuition-free. Courses carry continuing education units that apply toward the total number needed for license and certification renewals. These aspects of the plan appear to coincide with the data that characterized supervisors' expressed needs.

There are also aspects of the plan that are questionable for effectiveness. This researcher identified three major challenges to the plan. First, the training is accessible only to graduate programs that are members of Council of Academic Programs in Communication Sciences and Disorders (CAPCSD), and it is those programs that are responsible for determining how to use and disseminate the information available. Given that off-site supervisors are generally not faculty members of the affiliated graduate program, externship supervisors do not have direct access to the CAPSCD resources. If the referring program is not a member of CAPCSD, or if the program does hold membership but does not coordinate the training, then the externship supervisor has no possibility for access. Second is the limited number of hours proposed for the possible specialty certification program. The proposal is for a two-hour requirement per three-year certification renewal period. Given that ASHA requires all certified SLPs to fulfill 30 hours of continuing education per renewal period, this requirement is only 6% of the total needed. Considering that each ASHA webinar is 2 hours in length (ASHA, 2016), a supervisor might cover only one topic related to supervision every 3 years. It is questionable if this quantity of

training will support the learning and skill needs of supervisors at externship settings. Third, like all of the aspects of this plan, the specialty certificate program in supervision is a suggestion at this point. If implemented by the CFCC, completion would be optional, with competency measured through a self-assessment tool. It is this researcher's hope that the results of this study will compel ASHA, CAPCSD and the CFCC to mandate trainings for externship supervisors, with learning outcomes that are formally evaluated and assessed by the certificate-granting agency.

In May 2017, CAPCSD released the first two online courses focused on the process of clinical education (CAPCSD, 2017). This researcher evaluated the content and mastery criteria of the two topics offered. The welcome page included this excerpted statement (note: ASHA uses the term 'clinical educator' to capture both on- and off-campus supervisors):

> The Council of Academic Programs in Communication Sciences and Disorders (CAPCSD) is developing a series of self-paced, online course modules focused on the process of clinical education. These courses are being developed as part of CAPCSD's mission to provide visionary leadership for academic programs in Communication Sciences and Disorders and to promote the professional development of its constituents. Clinical instruction is a vital component of the education of speech-language pathology students. Through high-quality and dynamic readings, multimedia offerings and reflective activities, participants will gain a richer understanding of the role of clinical education in graduate programs.
>
> These courses are provided at no cost to CAPCSD member programs in Communication Sciences and Disorders (CSD). Member programs are encouraged to share access to these resources with individuals engaged in the clinical instruction of graduate students in on-campus and off-campus sites.
>
> The materials are at an introductory to intermediate level. Continuing education units are available through ASHA. Additional course offerings are being developed (CAPCSD, n.d.).

In keeping with the ASHA plan, the CAPCSD statement makes clear that the resources are provided 'to provide visionary leadership for academic programs in Communication Sciences

and Disorders…" Again, the onus is on graduate programs to implement these professional development activities with their affiliated supervisors. Following is a brief synopsis of the two courses currently offered and their relevance to supervisors' needs.

Course 1: *Foundations of Clinical Education*, focused on fostering an understanding of the role of clinical education in graduate programs, quality clinical education, and supervisor-extern student relationships (CAPCSD, n.d.). The modules in this course included topics such as collaboration in clinical education, how to meet individual learning needs of students, key terms related to clinical education, models of supervision, evidence based supervision strategies, and knowledge and skills required to be an effective clinical instructor. Closer examination of Module 3: *Knowledge and Skills for Effective Clinical Education* focused on understanding 'hard' skills – assessment of student's knowledge and skills and evaluation of their performance, and 'soft skills' – how the supervisor relates to others. This module, like the template of other modules, included readings (excerpted book chapters and articles), short video instruction, application activities (video vignettes to be analyzed and critiqued), reflection activities involving self-assessment, a 5-question quiz regarding key concepts, and extended resources including readings and videos. The course materials addressed the supervisory process, multiculturalism, ASHA knowledge and skills, ASHA ethics related to supervision, and delivering constructive feedback.

Course 2: *Effective Student-Clinical Educator Relationships*, focused on the relationship between clinical educators and students by addressing communication styles, listening skills, joint goal-making, understanding personality and cultural differences, recognizing students emotional distress, reflective writing, conflict resolution and providing feedback for growth. Module 2: *Learning and Teaching Styles in Clinical Education Environments*, contained

instructional activities related to learning theories, problem-solving and decision-making, personality types, learning models, communication strategies and teaching philosophy.

These two courses appear to meet the needs of supervisors who participated in this study, in that the supervisors expressed having no foundational knowledge for their early supervisory experiences, and that the most commonly cited instructional approach used was questioning (of various types). These courses may help extern supervisors develop the primary skills needed to establish the foundation for a defined supervisory process with informed and formalized goals, strategies, outcomes and measurements. As ASHA continues to develop and offer additional courses, supervisors may not only develop professionally in this area, but may also come to understand the great distinction between being a competent practitioner versus being an effective clinical educator.

Limitations of This Research

This researcher used a purposive sample, which may be dually viewed as a strength and a limitation. The possible negative consequences of a purposive sample are that the researcher uses her judgment in the selection of subjects, thereby increasing the likelihood of bias. The researcher may unwittingly select subjects whom she prefers, rather than those who may better represent the pool. In this study, all of the focus group participants were from the same geographic area, some of whom had graduated from the same academic program where this researcher is a faculty member.

All focus group participants were known to each other as long-time practitioners in the community. This fact may have caused the focus group participants to be less likely to admit a lack in supervisory skills or structured teaching strategies in the presence of their peers. They, along with individual interviewees may have also been less likely to reveal supervisory

challenges to this researcher, in that such admissions may reflect poorly on the very supervisors to whom this researcher assigns graduate externs.

All focus group participants had been in practice for more than 20 years, some exceeding 30 years. Consequently, they entered the profession and had early supervision experiences that were regulated under older standards of practice, with little to no ASHA attention on supervisor competency guidelines.

Lastly, this researcher, having been an on-campus and CF supervisor, and being the party responsible for coordination and oversight of externship placements for her graduate program, brings her own bias regarding the role of the supervisor in clinical education, and the need for a specialty certification program in supervision.

Strengths of This Research

This research contributes to the limited extant literature in externship supervision. Regardless of any limitations there may be to this study, the qualitative method of focus group and individual interviews provided the opportunity for conversation with externship supervisors and gave a venue for their experiences, opinions and practices to be discussed and shared with the professional community.

The purposive sample used allowed this researcher to collect data from participants who are among the most informed respondents. Although focus group participants were from the same geographic region local to the site of data collection, they represented varying work settings. All participants in this study had supervised a minimum of two students from X university; consequently, all supervisors had students who were educated and trained by the same program, and all followed the same syllabus to guide their supervisory practices. Although

not a requirement, all participants had supervised an externship student within the most recent 5 years, making their experiences and recollections vivid and therefore, more reliable.

Individual interview participants had greater variance in their years of experience, thereby including supervisors who practiced under more recent ASHA standards of practice and increased attention to supervisory guidelines. This variance allowed for the contribution of those supervisors who had early supervisory experiences during a time when ASHA resources were available on its website and/or through other modes of delivery.

The results of this research study validate the new ASHA initiatives (ASHA, 2016) as necessary and appropriate for content. The topics offered in the first launch of courses are consistent with those knowledge and skills described as lacking for many of the participants. In considering advanced professional development in supervision, supervisors expressed the importance of ease of accessibility, eligibility for continuing education units and low cost as factors that would make them more agreeable to a specialty credential. The ASHA plan (2016) for a possible specialty certificate in supervision, and the proposed requirements, appear to meet the needs expressed by the supervisors in this study, and may increase the likelihood that supervisors will obtain some degree of formalized/structured training in the supervisory process. It is unknown at this time if CAPSCD will move toward the establishment of a specialty certificate; opinions of subjects in this study were mixed. Even for those who opposed such an idea, when asked if they would complete requirements in supervision to continue as a supervisor, they responded affirmatively (under the conditions previously mentioned). This consistency between the data collected in this study and the ASHA plan (2016) speaks to the validity, reliability and generalizability of the research, in that the ASHA ad hoc committee concluded their study of the issue with similar outcomes and results.

Further Research

The recent launch of the new ASHA initiatives in supervision create an exciting opportunity for research investigating supervisors' responses to the new curriculum, and the possibility of a specialty certificate. Companion research could investigate the experiences of graduate program administrators in the use and implementation of these resources and the subsequent effects on the training of their graduate students. Longitudinal research may be appropriate to tracking supervisors' professional knowledge acquisition and skill development over the course of program completion to validate the efficacy of the ASHA initiative.

Implications of the Results

The results of this study indicated that the practice of externship supervision may vary more from the guidelines and expectations outlined by ASHA than they tend to align. Supervisors reported not feeling adequately prepared for their first supervisory experience, not engaging in formal education and training in supervision, not having a defined program of study for mentoring application of knowledge to skill and sequencing externs' learning. Supervisors were concerned about the possible shortage of practitioners willing to mentor students because of the proposed advanced professional credential in supervision. Overall, supervisors felt that a distinguishing credential could be beneficial, if the requirements were easy to obtain and the cost low. The possible effect of supervisory variance from ASHA guidelines may be that the education and training experiences of externship students may vary greatly from supervisor to supervisor, even for students in the same geographic region or from the same graduate program. The data support the need for a more standardized approach to supervisor training, including development of professional mentor qualities, specific strategies for mentoring students' application of theory to practice, and a delineated program of study to guide supervisors in

scaffolding the sequence of student learning from lower-level recall tasks to creative problem-solving.

REFERENCES

American Speech-Language Hearing Association (ASHA). (n.d.). *2014 SLP Certification Standards*. (Retrieved August 22, 2015 from http://www.asha.org/Certification/2014-Speech-Language-Pathology-Certification-Standards.)

American Speech-Language-Hearing Association (ASHA). (2007). *ASHA Healthcare Conference.* Bethesda, MD. (Retrieved May 6, 2014 from http://www.asha.org/uploadedFiles/slp/FocusGroupExternSupervision.pdf.)

American Speech-Language Hearing Association (ASHA). (n.d.). *Clinical Specialty Certification.* (Retrieved August 22, 2015 from http://www/asha.org/Certification/specialty/).

American Speech-Language-Hearing Association. (1985). *Clinical supervision in speech-language pathology and audiology* [Position Statement]. doi: 10.1044/policy.PS1985-00220.

American Speech-Language-Hearing Association. (2008). *Clinical Supervision in Speech-Language Pathology* [Technical Report]. doi: 10.1044/policy.TR2008-00296.

American Speech-Language-Hearing Association. (2010r). *Code of ethics.* doi: 10.1044/policy.ET2010-00309.

American Speech-Language-Hearing Association (ASHA). (n.d.). *Frequently Asked Questions About Student Supervision*. (Retrieved January 1, 2015 from http://www.asha.org/SLP/supervisionFAQs/).

American Speech-Language Hearing Association (ASHA). (2010). *Issues in ethics: Supervision of student clinicians.* Retrieved August 22, 2015 from http://www.asha.org./Practice/ethics/ Supervision-of-Student-Clinicians/.

American Speech-Language-Hearing Association (ASHA). (2008). *Knowledge and skills needed by speech-language pathologists providing clinical supervision.* doi: 10.1044/policy.KS2008-00294.

American Speech-Language-Hearing Association (ASHA). (n.d.). *Clinical education and Supervision.* (Practice Portal). Retrieved January 6, 2016 from www.asha.org/Practice-Portal/Professional-Issues/Clinical-Education-and-Supervision/ http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589942113&section=References

American Speech-Language-Hearing Association (ASHA). (2016). *A plan for developing resources and training opportunities in clinical supervision* [Final report, Ad Hoc Committee on Supervision Training]. Available from www.asha.org/uploadFiles/A-Plan-for-Developing-Resources-and-Training-Opportunities-in-Clinical-Supervision.pdf

American Speech-Language-Hearing Association (ASHA). (n.d.). *Tips for first-time supervisors of graduate student clinicians.* (Retrieved August 22, 2015 from http://www.asha.org/slp/supervisortips/).

American Speech-Language Hearing Association (ASHA). (n.d.). *Why Choose an ASHA-Certified Speech-Language Pathologist.* (Retrieved August 22, 2015 from http://www/asha/org /uploadedFiles/BrochureASHASLP.pdf#search=%22why%22).

Anderson, J. (1972). Status of supervision in speech, hearing and language programs in the schools. *Language, Speech and Hearing Services in Schools*, *3*, 12-23.

Anderson, J. (1988). *The Supervisory Process in Speech-Language Pathology and Audiology.* Austin, TX: Pro-Ed.

Baird, B.N. (1996). *The Externship, Practicum, and Field Placement Handbook: A Guide for the Helping Professions.* Upper Saddle River, NJ: Prentice Hall.

Bernthal, J. (2007, February). History of ASHA membership and certification requirements. *The ASHA Leader, 12*, 14-15.

Bloor, M., Frankland, J., Thomas, M., & Robson, K. (2001). *Focus Groups in Social Research*. Thousand Oaks, CA: Sage.

Britton Reese, P. (2015 June). An investigation into supervision techniques to support shy CSD students. *SIG 11 Perspectives on Administration and Supervision, 25,* 42-49. doi: 10.1044/aas25.1.42.

Brizuela, B.M., Stewart, J.P., Carrillo, R.G., & Berger, J.G. (Eds.) (2000). *Acts of inquiry in qualitative research.* Cambridge, MA: Harvard Educational Review.

U.S. Department of Labor. Bureau of Labor Statistics. (2014). *Occupational outlook handbook.* (Retrieved August 11, 2015 from http://www.bls.gov/ooh/healthcare/speech-language-pathologists.htm).

Clapp, E.P. (2011). 2011 Mentorship Conference: *Omni-directional mentorship: Redefining mentorship as a reciprocal process of teaching and learning.* Albuquerque, NM: University of New Mexico.

Corey, G., Haynes, R., Moulton, P., & Muratori, M. (Eds.). (2010). *Clinical Supervision in the Helping Professions: A Practical Guide* (2nd ed.). Alexandria, VA: American Counseling Association.

Creswell, J.W. (2005). *Educational Research: Planning, Conducting, and Evaluating Quantitative and Qualitative Research* (2nd ed.). Thousand Oaks, CA: Sage.

Culatta, R., Colucci, S., & Wiggins, E. (1975, April). Clinical supervisors and trainees: Two views of a process. *The ASHA Leader*, *17*, 152-57.

Culbreth, J.R., & Brown, L.L. (Eds.). (2010). *State of the Art in Clinical Supervision*. New York, NY: Routledge.

Denzin, N.K., & Lincoln, Y.S. (2013). *The Landscape of Qualitative Research* (4th ed.). Los Angeles, CA: Sage.

Farmer, S.S., & Farmer, J.L. (1989). *Supervision in Communication Disorders*. Columbus, OH: Merrill.

Fern, E.F. (2001). *Advanced Focus Group Research.* Thousand Oaks, CA: Sage.

Flick, U. (2006). *An Introduction to Qualitative Research*. Thousand Oaks, CA: Sage.

Geller, E., & Foley, G.M. (2009). Broadening the "Ports of Entry" for speech-language pathologists: A relational and reflective model for clinical supervision. *American Journal of Speech-Language Pathology, (18)*1, 22-41.

Given, L.M. (2016). *100 Questions (and Answers) About Qualitative Research*. Los Angeles, CA: Sage.

Jordan, K.V., Kaplan, A.G., Miller, J.B., Stiver, I.P., & Surrey, J.L. (1991). *Women's Growth in Connection: Writings from the Stone Center.* New York, NY: Guilford.

Krueger, R.A. (1998). *Developing Questions for Focus Groups*. Thousand Oaks, CA: Sage.

Krueger, R.A., & King, J.A. (1998). *Involving Community Members in Focus Groups*. Thousand Oaks, CA: Sage.

Liamputtong, P. (2013). *Qualitative Research Methods* (4th ed.). Melbourne, Australia: Oxford University.

Mann, S. (2016). *The Research Interview: Reflective Practice and Reflexivity in Research Processes*. New York, NY: Palmgrave Macmillan.

McCrea, E.S., & Brasseur, J.A. (2003). *The Supervisory Process in Speech-Language Pathology*

and Audiology. Boston, MA: Allyn & Bacon.

Merriam, S.B. and Tisdell, E.J. (2016). *Qualitative Research: A Guide to Design and Implementation.* San Francisco, CA: Jossey-Bass.

Mertler, C.A. (2016). *Introduction to Educational Research.* Thousand Oaks, CA: Sage.

Norton, J.J. (2010 March). Current issues: Training to ensure quality practicum supervision of practicum students. *SIG 11 Perspectives on Administration and Supervision, 20;* 14-19. doi: 10.1044/aas20.1.14.

O'Sullivan, J., Peaper-Fillyaw, R., Plante, A. & Gottwald, S. (2014 October). On the road to self-supervision. *SIG 11 Perspectives on Administration and Supervision, 20;* 14-19. Doi: 10.1044/22.4.44.

Palys, T. (2008). *Purposive Sampling*. In L.M. Given (Ed.) *The Sage Encyclopedia of Qualitative Methods.* (Vol. 2). Los Angeles, CA: Sage.

Paul-Brown, D., & Goldberg, L.R. (2001). Current policies and new directions for speech-language pathology assistants. *Language, Speech, and Hearing Services in the Schools, (32)*1, 14-17.

Paul, R., & Elder, R.(2015). *Socratic teaching.* Retrieved July 8, 2017 from www.crticalthinking.org/pages/socraticteaching/606

Purposive Sampling. (n.d.). Retrieved January 6, 2016 from http://dissertation.laerd.com/

Ragins, B.R., & Ragins, K.E. (Eds.) (2007). *The Handbook of Mentoring at Work: Theory, Research, and Practice*. Los Angeles, CA: Sage.

Reimer Ulrich, S. (1987). *Supervision in Human Communication Disorders: Perspectives on a Process.* M.B. Crago, & Pickering, M. (Eds.). Boston, MA: Little, Brown.

Sandelowski, M., & Barroso, J. (2007). *Handbook for Synthesizing Qualitative Research*.

New York, NY: Spring.

Schubert, G., & Aitchison, C. (1975, July). A profile of clinical supervisors in college and university speech and hearing training programs. *ASHA*, *17*, 440-47.

Solomon-Rice, P., & Robinson, N. (2015 June). Clinical supervision and the use of a three-tiered hierarchical approach to evaluate student clinician performance. *SIG 11 Perspectives on Administration and Supervision, 25;* 31-41. doi: 10.1044/aas25.1.31.

Stace, A., & Drexler, A. (1969, July). Special training for supervisors of student clinicians: What private speech and hearing centers do and think about training their supervisors. *ASHA, 11*, 318-20.

Stewart, D. W., & Shamdasani, P.N. (2015). *Focus Groups: Theory and Practice* (3rd ed.). Los Angeles, CA: Sage.

Turton L. (Ed.). (1973b). *Proceedings of a Workshop on Supervision in Speech Pathology.* Ann Arbor, MI: University of Michigan.

University of Florida (UFL) The Profession: A History of the American Speech-Language-Hearing Association. (Retrieved May 10, 2009 from http://www.ufl.edu).

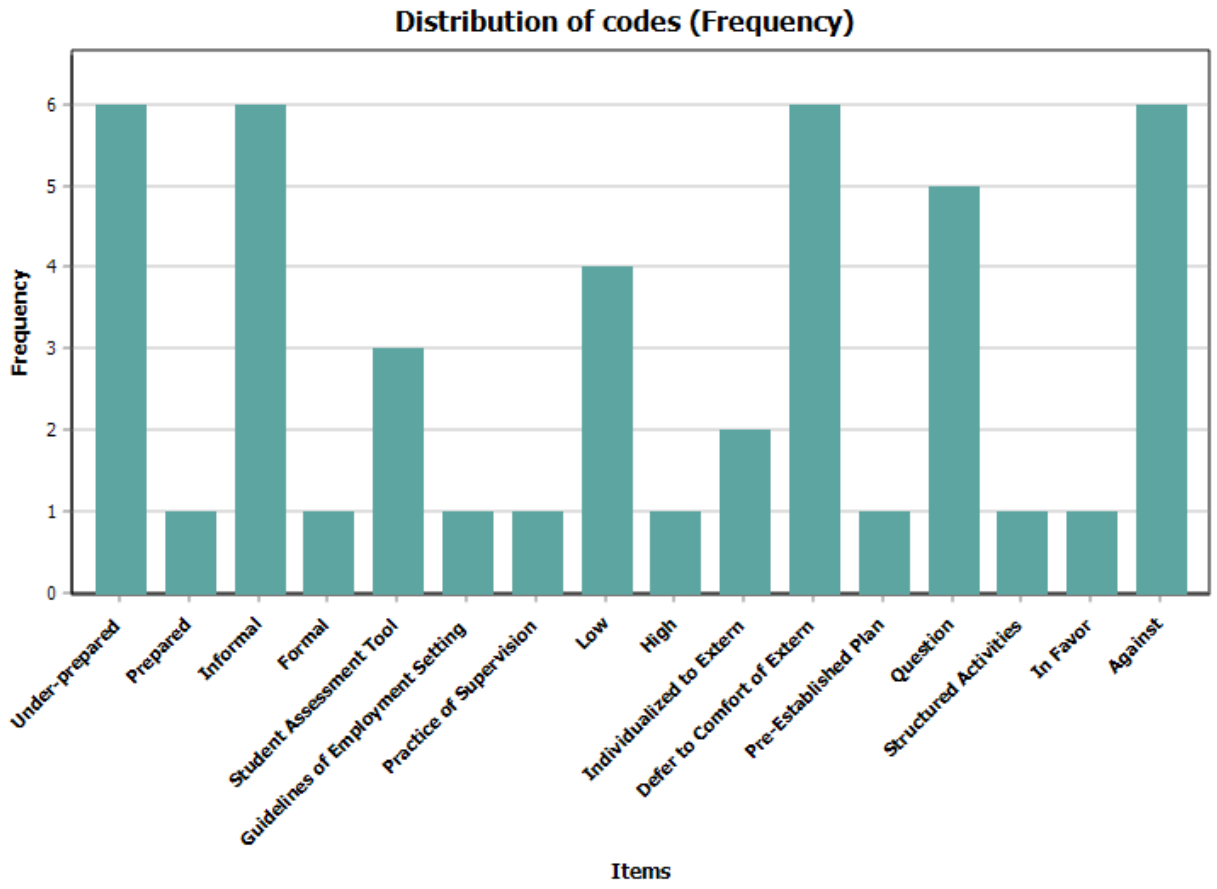
Williams, A.L. (1995). Modified teaching clinic: Peer group supervision in clinical training and professional development. *American Journal of Speech-Language Pathology, 4*, 29-38.

APPENDICES

Appendix A
Focus Group
Coding Frequency Tree

	Count	% Codes	Cases	% Cases
Preparedness				
Under-prepared	6	13.0%	1	100.0%
Prepared	1	2.2%	1	100.0%
Education/Training in Supervision				
Informal	6	13.0%	1	100.0%
Formal	1	2.2%	1	100.0%
Contribution to Supervision Skill Development				
Student Assessment Tool	3	6.5%	1	100.0%
Guidelines of Employment Setting	1	2.2%	1	100.0%
Practice of Supervision	1	2.2%	1	100.0%
Expectation of Extern				
Low	4	8.7%	1	100.0%
High	1	2.2%	1	100.0%
Individualized to Extern	2	4.3%	1	100.0%
Mentor Increase in Extern's KS				
Defer to Comfort of Extern	6	13.0%	1	100.0%
Pre-Established Plan	1	2.2%	1	100.0%
Mentor Application of Theory to Practice				
Question	5	10.9%	1	100.0%
Structured Activities	1	2.2%	1	100.0%
ASHA Clinical Specialty Certificate				
In Favor	1	2.2%	1	100.0%
Against	6	13.0%	1	100.0%

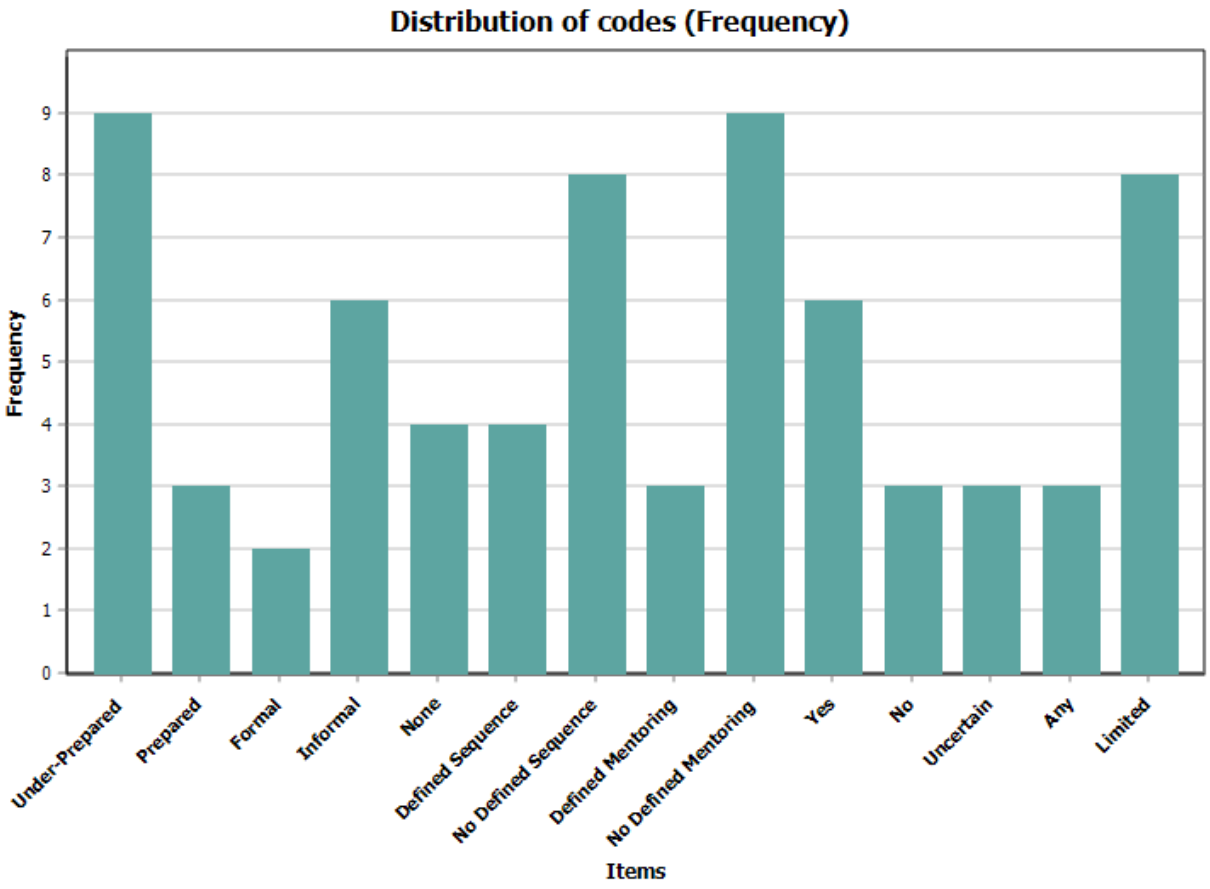
Appendix B
Focus Group
Coding Frequency Chart



Appendix C
Individual Interviews
Coding Frequency Tree

	Count	% Codes	Cases	% Cases
Preparedness				
Under-Prepared	9	12.7%	1	100.0%
Prepared	3	4.2%	1	100.0%
Activities Contributing to KS				
Formal	2	2.8%	1	100.0%
Informal	6	8.5%	1	100.0%
None	4	5.6%	1	100.0%
Sequence of Students' Learning				
Defined Sequence	4	5.6%	1	100.0%
No Defined Sequence	8	11.3%	1	100.0%
Application of Students' Theory to Practice				
Defined Mentoring	3	4.2%	1	100.0%
No Defined Mentoring	9	12.7%	1	100.0%
Supv Special Training Requirements				
Yes	6	8.5%	1	100.0%
No	3	4.2%	1	100.0%
Uncertain	3	4.2%	1	100.0%
Requirements Willing to Complete				
Any	4	5.6%	1	100.0%
Limited	7	9.9%	1	100.0%

Appendix D
Individual Interviews
Coding Frequency Chart



VITA

Graduate School
Southern Illinois University

Diane Muzio

dmuzio@siu.edu

Fordham University
Bachelor of Arts, Sociology, May 1983

University of Virginia
Master of Science, Speech Language Pathology and Audiology, May 1989

Dissertation Title:
Clinical Supervision of Externs in Speech-Language Pathology

Major Professor: Dr. D. John McIntyre, Ph.D.