

A Review of the Expectations of Speech-Language Pathology Externship Student Clinicians and Their Supervisors

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Abstract

Students bring skills gleaned from academic learning and any previous university clinic internship experiences to externship clinical placements. Speech-language pathologists (SLPs) in their personal work settings share their caseload, supervise, and guide these novice professionals as they advance their clinical skills in preparation for independent practice. Supervisors and student clinicians with varying skills, goals, and previous supervision experiences have expectations for these final placements that can impact the effectiveness of the supervisory relationship and experience. Educational theories indicate that a strong supervisory relationship is built on practices of modeling, active listening, and facilitative learning as students mature toward independent evidence-based practices and decisions, with supervisors that offer constructive feedback and encouragement. Supervisors should work to create an atmosphere that fosters trust and openness to promote the most effective supervisory relationship with their supervisees. An important component of an effective working relationship is to be aware of expectations and a willingness to adapt to varying and/or changing expectations. Increasing understanding of expectations will create an opportunity to exchange information and build a strong, effective supervisory relationship. An awareness of students' expectations and perceptions allows supervisors to target the students' needs and personalize guidance to facilitate maximum growth in clinical skills.

A supervision relationship that is positive and successful for both the supervisor and supervisee is based on realistic and corresponding expectations (Mandel, 2013; McCrea & Brasseur, 2003). This review focuses on the impact of expectations on the speech-language pathology externship experience. What individuals anticipate as they begin the experience (e.g., how much guidance is to be provided, how are sessions to be prepared, and how often will feedback be provided/received) as well as factors such as past experiences and personal style require reflection and discussion between the supervisor and supervisee. Supervisors in the examined research stressed the need for a collaborative approach within a supervisory relationship that was open, flexible, and reflective, which emphasized interpersonal skills, and the need to foster a relationship built on trust (Cheon, Blumer, Shih, Murphy, & Sato, 2009; Moskowitz & Rupert, 1983). Disparities in supervisory expectations, style, theory approach, and personality were key areas of concern for supervisees (Moskowitz & Rupert, 1983). Insufficiency and/or conflict in the supervisory relationship, specifically if the supervisor is unable or unwilling to meet the supervisee's expectations and needs for training and guidance, can be harmful to professional development and detrimental to the patient, clients, and/or students on the externship caseload (Ellis, Siembor, Swords, Morere, & Blanco, 2008; O'Connor, 2001).

The integration of theory-based knowledge and previous academic-based clinical experiences within the externship environment (e.g., early intervention, grade school, hospital, and long-term

care facility) allows the graduate student clinicians to prepare for entry into the profession as clinical fellows by fostering independent clinical practice and interactions between other experienced speech-language pathologists (SLPs) and related professionals (e.g., teachers, child study team, physical therapists, occupational therapists, etc.) already working in the field. During these externship placements, the students are required to adapt to a real-world schedule and take responsibility for assessment and interventions of patients, clients, or students within the established patterns of the particular work setting. Externship supervisors must typically maintain their level of responsibility and productivity within the capacity of their job while supervising the clinical externship students which often increases the demands of their daily work (Billetdeaux, 1998; Brown, 2007; Ghazzawi, 2007). In a study by Billetdeaux (1998) “only 65%” of the medical facilities accepting externship students reported requiring training for student supervision although training would increase the skill, ease, and satisfaction of the supervision process (p. 6). The American Speech-Language-Hearing Association’s (ASHA) focus group report on extern supervision lists supervisory training as a barrier to success with externship placement (Ghazzawi, 2007). This deficiency of training may lead to unrealistic expectations especially given the demand for continued productivity. Geller (2002) reports that supervisors often model their supervisory practices and expectations on their own past experiences; however, in some settings, these expectations may be unrealistic for current student clinicians (Brown, 2007).

Review of the Literature

Theory and Framework

As a SLP undertaking a supervisory role, a clear understanding of what is reasonable to expect from graduate students during their practicum experience, what support(s) the supervisor is expected to provide, and how to foster a rich, inspiring relationship with the student are all necessary (Anderson, 1988; ASHA, 2008a; McCrea & Brasseur, 2003). Providing supervision to inspire clinical growth and excellence within an evidence-based practice (EBP) context based on sound behavioral and educational theories may be challenging. Holloway and Neufeldt (1995) reported that behavioral theories dictate that the supervisor reinforces desired actions and extinguish undesirable behaviors in the supervisee. Effort was required by the supervisor and supervisee to make adjustments to their personal expectations as they progressed through the supervision relationship and sought to meet the needs of the patients, students, or clients being served, reconciled institutional directives, and advanced their own professional growth (Holloway & Neufeldt, 1995).

Utilizing several supervisory models (e.g., collegial peer, monitor, coach, educator, etc.) Hess, Hess, and Hess (2008) recounted that supervisors attempted to modify behaviors while practicing and modeling educational theories that encompassed active listening, guiding, facilitating investigation, withholding criticism, and offering encouragement as the new clinicians within their research study revealed maturing clinical decisions and advances in professional skill. Graduate student clinicians’ expectations change as they progress through various practical experiences and it should be expected that they will present with different motivations, expectations, and abilities than they had in their in-house clinic experiences (Dobbs, McKerver, Roti, Stewart, & Baker, 2006; Mandel, 2013; Tihen, 1983). Generally, graduate student clinicians can be described as seeking self-directed education that is determined by specific patient, student, or client circumstances. They expected to assume a principal role within a collaborative relationship throughout the supervision process (Zmeyov, 1998). The student needed to feel supported by the supervisory relationship and learn to trust his/herself to be able to follow through by applying the knowledge gained during the in-house clinics in a more independent and mature manner to fully benefit from the externship supervision experience. Success would then advance the supervisee from student clinician to novice professional.

The ability to enhance the learning process is not easy and facilitation by the supervisor requires sensitivity (Zmeyov, 1998). The student clinician’s background, specific prior experiences,

and cultural perspective must be framed within the supervision context to enrich the exchange between participants, as well as to open the pathway of knowledge for the student, and avoid potential exclusion or marginalization while promoting professional growth for both supervisee and supervisor (Guy, 1999). The American Speech Language-Hearing Association (ASHA, 2013) explained that early research and the widespread theory was that if an individual was competent as a clinician he/she would be competent as a clinical supervisor; however, that philosophy has been challenged (Kavanagh, Spence, Wilson, & Crow, 2002; Scott, Ingram, Vitanza, & Smith, 2000). The more current theory is that effective supervision utilizes a skillset and knowledge base beyond what is required for assessment and treatment of individuals with communication or swallowing disorders (ASHA, 2013; Scott et al., 2000). ASHA (2013) recommended that supervisors utilize educational and behavioral theories by considering learning styles and guiding clinical skill development through sequential steps toward mastery. Additionally, it was recommended that supervisors model appropriate behaviors, demonstrate evidence-based practices, modify students' actions where necessary, and work toward connecting academic knowledge to ethical clinical practice and decision-making to advance professional development. These practices would positively impact patient, student, or client outcomes (ASHA, 2013). Furthermore, the theories of education and behavior that are best utilized should include expansion of those ideas put forth from research in humanist psychology. These modified theories stressed personal growth that encouraged accountability, responsible choices, and active learning (Taylor, 2006). The supervision dyad within the externship setting utilizes active, self-directed learning. As Taylor (2006) explained, research participants sought to advance their skills and knowledge through frequent reflection on educational experiences, and were determined to make changes and so implemented self-constructed learning opportunities. How the information is processed so the learner can analyze, understand, develop, collect, and remember the material he/she desires to learn is impacted by educational theories that encompass affective, cognitive, and psychological behaviors that the learner demonstrated during the education process (Jacobson, 2001). From the supervisee's perspective, knowing how one accesses, processes, and retains information as it is learned can make that learning more efficient and satisfying and creates specific expectations for furthering growth and development. From a supervisor's view, consideration of these factors and expectations would then make the process of training and mentoring more effective, agreeable, and rewarding. The ASHA (2013) recommendation to apply these education theories would assist supervisors as they strive to "help students [clinicians] develop more efficient and effective study methods, increase student self-awareness of how [he or she] learns best, and help move [that] student to a higher or more evolved level of thinking" (Jacobson, 2001, p. 142).

Graduate student-clinician development encompasses activities over time within the clinical environment. Taylor (2006) stated that the variables of activity, time, and environment impacted the individual's characteristics, aptitude, abilities, and knowledge base. Supervisors influenced these changes by providing a framework for that change through which choices, issues, decisions, and professional practice was applied to various situations (Granott, Fischer, & Parziale, 2002; McAuliffe, 2006). This supervised practice of clinical skills leads to professional growth—the acquisition of specialized knowledge and skills. In the externship setting, the new clinician will begin the career phase of development that embodies career exploration, work-setting acclimation, learning to fit in with colleagues and other professionals, and demonstrating beginning clinical competence (Greenhaus, Callanan, & Godshalk, 2010; McAuliffe, 2006). Affirming experiences and the solid development of skills within this framework has been linked to positive career achievement (McAuliffe, 2006). This supervision framework is best described as a variety of patterns of behavior, the appropriateness of which depends on the needs, competencies, expectations and philosophies of the supervisor and the supervisee, and the specifics of the situation (tasks, client, setting, and other variables). The goals of the supervisory process are the professional growth and development of the supervisee and the supervisor, which it is assumed will result ultimately in optimal service to clients (Anderson, 1988, p. 12). Within this framework, the theory of supervision can be expressed as the awareness and preparedness of supervisors to ensure that educational support and professional training will be provided to new clinicians. This will, in turn, alter

expectations and diminish the need for direct supervision as professional skills mature (Anderson, 1988). In relation to graduate student clinicians in their final externship experiences, this theoretical framework depicts the learner as gaining knowledge through a variety of interactions and reactions to socially mediated experiences as facilitated by the supervisor. As a result, those new clinicians will be well equipped to provide individuals with communication disorders effective services increasing the vitality and strength of the profession (ASHA, 2013).

Supervisor/Supervisee Relationship

Love and Street (1998) described supervision as a collaborative process that resulted in a relationship that was based on communication, and reciprocal learning and expectations. When effective, the relationship facilitated the development of the student's clinical skills. The relationship allowed the student clinician, with the support and guidance of the supervisor, to develop proficiency in problem solving, reflection, self-analysis, and self-evaluation that prepared the student for entry into the field as an independent clinician (ASHA, 2008a, 2008c; Barrett & Barber, 2005; McCrea & Brasseur, 2003; Tihen, 1983). As a result of her study, Woolhouse (2002) concluded that effective supervision involved understanding how and what students expected to learn. She further stated that the practice of supervision can be improved by being aware of those facts and developing and improving supervisory skills as a result of that knowledge. The first step is to ask specifically what the student needs and expects of the supervisory relationship and then to find a balance between any differences. This research indicated that supervisory meetings that encouraged independence, reflections, and sharing ideas rather than just seeking to solve technical or practical difficulties, resulted in greater growth and professional development of both supervisor and supervisee (Woolhouse, 2002). A variety of methods were typically utilized with the intent of determining the student's level of independence and supervisory needs (e.g., interview, presentation of previous paperwork, and letters of recommendation) and Phillips (2009) found that no one method of ascertaining the requirements of an expected supervisory experience was best. To foster the acquisition of professional proficiencies, McAuliffe (2006) recommended that the supervisor facilitate constructive learning that meets the individual needs of the supervisee as he/she progresses through the acquisition of skills necessary to practice in a competent manner. An awareness of the student clinician's academic skill, previous experiences, and anticipated expectations would allow the supervisor to tailor the supervision to the student's needs, leading him/her through the process with support and targeted feedback. Additionally, the discussion about these specifics of the supervision process would challenge the student clinician to reflect on developing skills, expectations for progress, and the need for certain training and/or support from the supervisor (Varnedoe, Murphree-Holden, & Dixon, 2008). In a comparison study of four student clinician groups of varying experience enrolled in residential or distance delivery programs, Fitzgerald (2009) determined that advanced student clinician expectations broke down into specific themes: (a) collegial interactions; (b) exercising independent judgments; (c) constructive criticism; (d) assistance with specific ideas for treatment; and (e) allowing creativity (p. 100). Both advanced and the lesser-experienced groups within this study (e.g., novice clinicians) revealed a pervasive theme: the desire for an interpersonal relationship between the supervisor and supervisee. The residential and distance students in the Fitzgerald (2009) study indicated that interpersonal relationships with the supervisor were important to success and included the anticipation of encouragement, a challenge to critical thinking skills, and promotion of professional attitudes and development, themes which research by Anderson (1988) and McCrea and Brasseur (2003) previously established.

From the very first supervisory meeting upon entering the clinical experience, if an understanding of expectations is established between the individuals involved in the supervisory dyad, a positive experience is more likely (Mandel, 2013). Erroneous assumptions and mistaken expectations between the individuals involved in the supervisory relationship can result in negative interactions and dissatisfaction for both parties (Barrett & Barber, 2005). Reflection on needs and expectations within the supervision relationship should be implemented through a variety of procedures (e.g., observation, reflection, discussion). Staltari, Baft-Neff, Marra, and

Rentschler (2010) concluded that a combination of processes proved to be the most effective method. Like Staltari et al. (2010), Phillips (2009) found that the ability to review progress and evolving skills provided a comparison of proficiencies over the course of the practicum. This comparison of skills over time improved the accountability and success of new clinicians when studied by Shapiro and Anderson (1989). Their research indicated that within structured supervisory conferences, clarifying evolving expectations facilitated professional growth. These findings support the ASHA (2008b) recommendations for supervisors to adjust supervision to meet the needs of the student clinician. This then fulfills the true purpose of supervision as stated by McCrea and Brasseur (2003) that “the goals of the supervisory process are the professional growth and development of the supervisor and supervisee” (p. 8).

Supporting Skill Development. Research by Beidas and Kendall (2010) reaffirmed early studies by Ellis, Kregel, Ladany, and Schult (1996) and Holloway and Neufeldt (1995) that supervision sparked learning, practice pattern behaviors, and confidence in EBP research. Beidas and Kendall (2010) explained that for new clinicians to utilize EBP most effectively, they needed to have training during the supervisory process. Academic learning, including reading and classroom activities, started the dissemination of knowledge regarding the process of finding EBP assessments and treatments but supervision during the practicum experience supported the behavioral changes necessary for good clinical practice at the professional level (Beidas & Kendall, 2010). Through a series of focus group questions with practicing mental health professionals, Nelson, Steele, and Mize (2006) explored implementation of EBP. These researchers found that participants reported that the lack of support by their supervisors had impacted their understanding and use of evidence-based techniques and/or treatment options. These participants sought direct information from their supervisors to expand their knowledge and instill confidence in the practice of procedures that were new to them. Moreover, these individuals had expected support specifically for EBP and expected time to be spent with the supervisor to advance comfort in researching how and when to seek EBP patterns. In a report published by ASHA (2013) it stated that within the general areas of knowledge skills for supervision, the supervisor must “adhere to principles of EBP and effectively convey applicable research information/analysis to the supervisee” (p. 8). It is expected that the supervisor will reference the research and study results that are appropriate to the student’s externship caseload, guide and encourage the supervisee to participate in searching for applicable and useful research, and demonstrate and encourage methods of measuring treatment outcomes to support and further EBP research findings (ASHA, 2013). Beidas and Kendall (2010) stated that it is the supervisor’s responsibility to determine “how much supervision is needed to achieve therapist behavior change and competent administration of EBP” for the graduate student clinicians in his/her charge (p. 26).

Supervisees’ Viewpoint of Supervision

Graduate student clinicians’ perspectives on supervisory attributes have been examined. Researchers Taylor, White, Kaplan, and O’Rourke (2012) reported that students indicated that they desired their supervisors to be “knowledgeable, supportive, realistic, organized, honest, timely, caring, enthusiastic, patient, and flexible” (p. 53). Dobbs et al. (2006) had analyzed survey responses in their study and determined that students wanted supervisors that were “assertive, energetic, and outgoing” (p. 114). These researchers looked at management and evaluation characteristics and found the most pervasive wish was assistance in collecting data, writing reports, and providing numerous therapy resources. In an allied health literature review, Levy et al. (2009) reported on several disciplines (e.g., athletic training, nursing) and found that students were seeking attributes and behaviors in supervisors that fostered the learning process, aided personal growth, and inspired self-confidence. The students in the various studies reviewed equated these attributes and behaviors with good communication skills, the ability to teach, and provide constructive feedback. Levy et al. (2009) revealed that this awareness of preferred behaviors gathered from the study was useful for supervisors by allowing them to reflect and emphasize those qualities to increase learning and comfort of the student. Woolhouse (2002) stated that supervisees’ perception of characteristics, style, and behaviors may not be entirely

consistent or even accurate and therefore, might prevent an efficient working relationship. What is required is a clear understanding, through conversation, of expectations on the part of both parties to achieve a productive supervision relationship. A study by Fernando and Hulse-Killacky (2005) also illuminated that the interpersonal relationship of supervision is influenced by personal, cultural, familial, and community and that those components impact the expectations of both parties. These researchers caution that differences in the individuals' various backgrounds and influences can create bias and perhaps, conflict.

Dissatisfaction and Conflict. The supervisor and supervisee association is more than a didactic experience. It should be a relationship that fosters a sharing of information, and a nurturing of skills in a context of respect and encouragement. Communication is necessary and should be continual throughout the supervisory relationship not just at the beginning when expectations are typically discussed (Phillips & Pugh, 2010). As the individuals work together, those expectations begin to change based on familiarity and shared experiences. To remain effective, the relationship and awareness of evolving expectations and needs must be acknowledged and practice patterns amended as necessary (Phillips & Pugh, 2010). These researchers stressed that it is important to respect the changeability of the relationship and continue to communicate without judgment. Differences, if present, should be resolved to preserve the effectiveness of the supervision relationship.

Review of the research on supervisory dissatisfaction and conflict across a variety of disciplines confirmed the importance of supervisor awareness of the expectations of supervisees and a strong supervisory relationship on the students' success (Bang, 2005; Barrett & Barber, 2005; Huhra, Yamokoski-Maynhart, & Prieto, 2008; Morgan & Sprenkle, 2007). In the field of psychotherapy, Barrett and Barber (2005) reported that supervisees experienced distress and viewed a supervisor in a negative way if that supervisor was disinterested in forming a relationship. Supervisees, as they gained skill, typically expected to practice more independently; but this resulted in tension within the supervisory relationship if expectations for this development were mismatched and provisions were not anticipated (Huhra et al., 2008). Studies recounted other possible areas of concern within supervision in addition to expectations, communication, and time, both, components of interpersonal relationships (Adrian-Taylor, Noels, & Tischler, 2007; McCready, 2007; Nelson & Friedlander, 2001). The research by Gaitskell and Morley (2008) revealed dissatisfaction with the supervisory dyad; supervisors felt uncomfortable providing feedback and the supervisees complained of having their needs unmet. Since the expectations of the supervision relationship were unmet the supervisory process was unproductive. Similarly, a problem discovered by Sweeney, Webley, and Treacher (2001a) was that within the typical stress of a new supervision relationship, often felt by both parties, the student reported feeling greater anxiety as a result of being under observation and scrutiny. This was due to the dynamic of the practicum, which required that the student be continually evaluated by the supervisor with the object of facilitating the student's development of self-evaluation skills (Sweeney et al., 2001a).

When individuals share a relationship, it is not unusual to experience periodic dissatisfaction or even conflict. This can lead to difficulties within the supervisor/supervisee dynamic as either party may feel pressure to perform within certain expectations. An uncertainty or disconnect would compromise the integrity of the professional relationship (Pearson & Piazza, 1997). In the Sweeney et al. (2001a) study, a qualitative theme emerged in the health care setting. Students were overwhelmed by the complexity of their patients' problems and they struggled to adapt emotionally. Though the supervisee participants reported their supervisors were caring and compassionate, they felt that they were ineffective at demonstrating how to cope with the challenges and difficulties within the work setting. Brown (2007) found that without support and guidance in acquiring clinical skills including decision-making, demonstrating appropriate practices, and modeling of ethical conduct, new clinicians burned out. Unmet or mismatched expectations created unnecessary anxiety for the student clinician and effected satisfaction with the entire practicum experience and led to the reluctance to choose a similar

setting for employment when the practicum was completed (Brown, 2007). Schauer, Seymour, and Geen (1985) discussed that a clinician's anxiety impacted effectiveness as a therapist whether that individual was a supervisee or supervisor. These researchers reported that this anxiety resulted in: (a) triggered speech production that was less fluent; (b) perception of patient's, student's; or client's responses to therapy that were less accurate; (c) memory of specific details and perceptions from therapy sessions that are reduced; and (d) triggered defensive and argumentative behavior (Schauer et al., 1985, p. 280). All these factors compromised the supervisory relationship and increased the probability of a negative impact on the individuals receiving treatment.

Sweeney et al. (2001b) suggested that the supervisor and supervisee prepare a contract to determine the practicum objectives, evaluation, and feedback methods and specific expectations of the partnership so that both parties were clear on their responsibilities and roles within the supervisory relationship. This dynamic tool allowed the participants to develop and grow within the practicum experience by stating clear goals and regularly reviewing and revising the agreement. Equally important, both parties needed to feel that there was time to participate in evaluation feedback and reflection, which lead to an effective supervision relationship; they noted though that this was challenging within the confines of program productivity. Dissatisfaction was further explored by Gaitskell and Morley (2008) as they examined the supervisory dyad. These researchers stated that there was often an emphasis on growth and encouragement at the expense of feedback that may be challenging for the supervisor to give as well as the supervisee to hear. Nevertheless, these researchers confirmed that feedback can improve patient, student, or client care, and support student growth without affecting the personal feelings of the individuals if expectations and outcomes are clear to each party involved.

Supervisor Interests and Concerns

A professional in the field of speech-language pathology who is asked to be a supervisor of a student clinician for his/her externship is required to teach, guide, and evaluate the abilities of that student in the workplace. This process includes directing the student through the ASHA (2008b) required knowledge, skills, guidelines, and ethical tenets as it applies to the setting. It also encompasses guiding the student through planning, prioritizing, organizing, developing interpersonal and interdisciplinary relationships, problem-solving, and working through conflict resolution (Breen & Murphy, 2009). The work-setting supervisor strives to aid and build professional skills in the student often receiving little or no guidance on the supervisory process from the academic institution, and often having no formal training in supervision (Dowling, 1993). Participants in a supervisor focus group led by Brown (2007) reported that they had not received any compensation for supervision but benefitted from the experience. They also stated that their productivity was taxed during the supervisory process but that they felt that formal training would aid them as they strove to balance the demands of their multiple roles. They also noted they would appreciate continuing education specifically for supervision and having more resources and support for supervisory-related activities.

In the studies reviewed by Beidas and Kendall (2010), benefits of supervision included improving clinical knowledge, greater adherence to EBP, and skills in treatment that could not be achieved with only academic knowledge and the first exposure to training (e.g., in-house clinic). Brown (2007) reported that when there had been a positive supervisory experience, the students were more likely to accept offers of employment in similar settings. The experience allowed the novice professional to be more adequately prepared to manage the stresses related to the specific setting caseload. Therefore, accepting a supervisory role and supplying a positive supervisory experience may result in opportunities: (a) to recruit future clinicians who were familiar with the practices in that specific setting and (b) to recruit clinicians who had knowledge, skills, and experience in that type of setting (e.g., school district, hospital, etc.). Brown's (2007) findings resulted in recommendations to administrators regarding supervision benefits—seasoned clinicians were stimulated and inspired by interaction with student clinicians and supervision facilitated professional growth.

Recommendations

Supervisors

Victor (2013) maintained, “expectations stated at the onset of the supervisory process will result in diminished conflict” (p. 80). A review of the Anderson (1988) model of supervision utilizing evaluation, constructive, timely feedback, development of clinical skills with a focus on increasing independent practice, self-reflection, and monitoring will allow the supervisor to be in tune with EBP for supervision. To facilitate this exchange of information, Ghazzawi (2007) suggested utilizing an expectation form or list, which itemizes expectations for each party. Planning an interview would allow the student to meet the prospective supervisor to discuss expectations. It would also allow the student to see the facility and ask questions. These preparatory tasks should help to alleviate some of the student’s stress and enable the supervisor to revise his or her expectations before the first day. That first day onsite, time should again be spent revisiting those expectations to ensure that they have not changed or to update them based on new information (Woolhouse, 2002). At the end of the first session, it would help to reiterate the expectations with sensitive feedback to further increase the comfort of the student and to build a strong supervisory association (Forbes, 2001).

Students

An understanding of supervision utilizing the Anderson (1988) model would be beneficial. It would allow students to anticipate assessment and constructive feedback from the practicum supervisor. Students could then steadily move toward independent clinical practice and know that they were to self-monitor, reflect, and regulate their clinical skills. Although students may have completed two university clinical practicums and perhaps their first externship practicum, they should be prepared by the university’s graduate program’s practicum placement liaison to ask questions about the specific anticipated supervisory process. Students should acknowledge that while their experience may have increased, each placement setting and supervision relationship is different. Expectations for the particular assigned worksite should be reviewed. Ignorance may lead to ambiguity and/or dissatisfaction with the supervisor or the site. The student should be guided to reflect on past experiences, what they wish to learn, and their personal goal(s) for the new externship site. Listing their own expectations and perhaps strengths and weaknesses discovered during their previous clinical experiences will allow them to be prepared for meeting with their new supervisor.

Supervision Meetings

Even before supervision begins, it would be advantageous for off-site clinical supervisors to meet with the university staff or faculty. Discussion of the specific expectations of supervision for the university program would allow the supervisor to plan what is required regarding paperwork, evaluation, and feedback. It would also be helpful for supervisors to understand what they should expect of the student to be placed as a result of the graduate program’s training process (Moran, Phillips, & Zylla-Jones, 2012). This would apply to local and distance graduate program students. Friedel (2006) indicated that coordinating a distance education externship had many challenges; disseminating information on procedures and expectations for the program to the supervisor is vital to the success of the supervisory relationship and the student’s success in the externship.

Individual practicum sites have particular constraints so supervision conferences or meetings during the externship semester may follow different timetables or formats. Often off-site locations require the supervisor and supervisee to share a workspace on a regular basis and therefore conversation, assessment, and feedback are often immediate. However, to increase the student’s ability to be self-regulating, the supervisor should strive to set specific times for supervision meetings, provide feedback at regular intervals, and allow the student to make independent decisions. Discussing the caseload and updating expectations based on the assessment of skills and objectives reached will permit the supervision relationship to develop. An open dialogue will foster growth and independence, allowing students to achieve their personal goals and

objectives, move through the clinical education process, and anticipate joining their supervisors in the professional arena as clinical fellows (Mandel, 2013).

Conclusion

Supervision that is strong and supportive improves the students learning potential (Mandel, 2013). Identifying the students needs and expectations enable the supervisor to provide appropriate support (Koerner, Rust, & Baumgartner, 2002). Bang (2005) and Mandel (2013) demonstrated research results where expectations of student clinicians evolved based on the level of experience. Understanding and adapting to the changes in expectations within the supervision relationship lead to an edifying experience that resulted in enhanced professional development and an increase in clinical skills (Anderson, 1988; ASHA, 2013). Research by Varnedoe et al. (2008) supported the findings that training and support, along with evaluation and feedback, should be supplied by the supervisor to aid the student in developing skills. The willingness to be proactive at their practicum sites supported the adult experiential learning model of supervision where the student took responsibility for his/her professional growth by engaging in critical evaluation of professional information and practices, and employed his or her original thinking in an effort to learn what to do, how to do it, when to do it, and why to do it. These higher-level responses were integral for clinical problem-solving and advanced clinical practice (Walden & Gordon-Pershey, 2013, p. 123). Behavioral, educational, and adult experiential learning theories demonstrated that supervisors can influence students in a positive manner helping them to reinforce desired actions and progress in areas of need; however, this required the supervisor to make adjustments to their expectations, discern the needs of the student, and continually seek to build a positive relationship with the student (Holloway & Neufeldt, 1995; Walden & Gordon-Pershey, 2013).

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