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Supervisor and Supervisee Perceptions of an Adult Learning Model of Graduate Student Supervision

Monica Gordon-Pershey

Cleveland State University
Speech and Hearing Program, School of Health Sciences
Cleveland, OH

Patrick R. Walden

St. John's University
Department of Communication Sciences and Disorders
New York, NY

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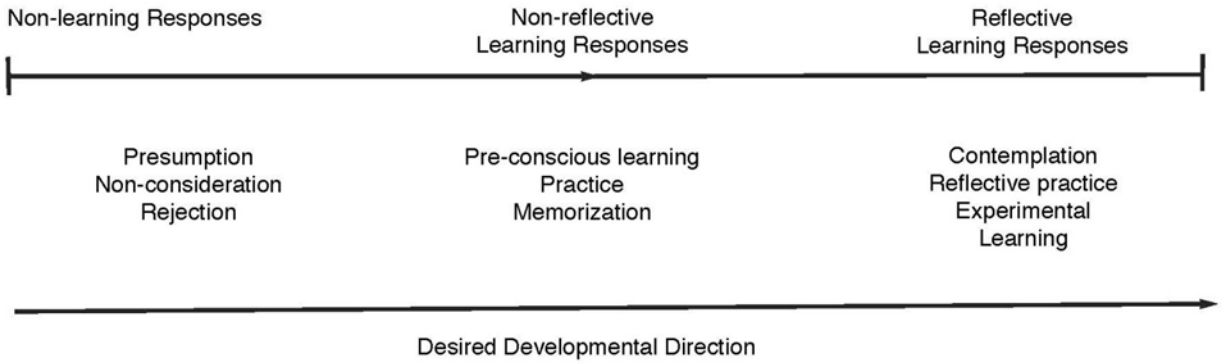
Adult learning models rarely are applied to clinical supervision in communication sciences and disorders. Little evidence exists to attest to the utility of implementing adult learning models during clinical supervision of graduate students. To explore supervisor and supervisee perceptions of clinical supervision that used an adult experiential learning model as its theoretical approach, we conducted a semester-long study of university clinical supervisors and first-year speech-language pathology graduate students. Five university supervisor–supervisee dyads implemented a model of adult experiential learning during weekly supervisory feedback sessions for one semester. Use of the adult experiential learning model yielded perceived benefits for clients, students, and supervisors. Supervisors noted that use of the model was somewhat of a departure from their usual ways of supervising. Overall, participants perceived the model as beneficial to supervisees' learning of clinical skills and decision-making. The model facilitated students' generalization of clinical skills across their clinical experiences. The impracticalities of this method of implementing the model could be reduced in future studies by providing a longer period of pre-implementation supervisor training, during which supervisors would adapt their current supervision practices to the model. Ton conclude, authors offer a proposed decision tree to guide implementation of the model.

Knowles (1970), a pioneer in the field of adult learning, proposes the concept of *andragogy*, the study of how adults learn, which stands in contrast to *pedagogy*, the study of how children learn. Adult learners approach learning with a mindset that differs from that of children; however, much of the research on clinical supervision in communication sciences and disorders (CSD) is oriented toward a pedagogic perspective, where supervisees are viewed as having learning tendencies similar to those of children. Knowles outlines six adult learning proclivities: (a) Adults are self-directed in their learning; (b) Adults enter a learning situation

with vast and varied past experience; (c) Adults require some impetus to trigger a "need to know"; (d) Adults approach learning with a task-centered point of reference; (e) Adults' motivation to learn is both intrinsic and extrinsic; and (f) Adults require an understanding of why they should learn something. CSD has yet to fully consider andragogic orientations toward clinical supervision and the outcomes of andragogic approaches to supervision.

Walden (2011) outlines an andragogic approach to clinical supervision based on Jarvis's (1987) research on how adults learn from experience. Jarvis states that adults produce nine potential responses in a learning situation. Three of these responses result in *non-learning* (presumption, non-consideration, and rejection), three responses result in *non-reflective learning* (preconscious learning, practice, and memorization), and three responses result in *reflective learning* (contemplation, reflective practice, and experimental learning). These learning responses rest on a continuum, with *non-learning* being at the low end of the continuum, *non-reflective learning* in the middle, and *reflective learning* at the high (desired) end. Figure 1 depicts this continuum of responses during adult experiential learning.

Figure 1. Adult Experiential Learning Model



Although practice and memorization are important parts of a student's clinical preparation, the goal in preparing student clinicians is to help them develop reflective practice. The hallmarks of reflective practice are conscious thought about clinical situations, critical evaluation of possible solutions in clinical situations, and self-reflective assessment of the outcomes of one's clinical actions (Jarvis, 1987; Schön, 1990; Walden, 2011).

The purpose of this study was to explore the benefits of using Jarvis's (1987) developmental continuum of adult experiential learning as a guide during the clinical supervisory process. When using this model, the clinical supervisor identifies the reflectivity of a supervisee's learning responses during clinical feedback sessions and attempts to facilitate the supervisee's continued development along the continuum of reflective responses. This study is the first reported empirical use of this model in clinical educational settings in CSD.

This qualitative study documented (a) supervisors' self-perceptions of their application of a model of adult experiential learning principles during the supervisory process; (b) supervisors' self-perceptions of the benefits of this process; (c) supervisors' self-perceptions of this process compared to their usual ways of supervising; (d) supervisors' commentary on student response to the process; (e) supervisees' self-perceptions of their supervisor's use of the process; and (f) supervisees' self-perceptions of the clinical learning outcomes obtained by this supervisory process.

Methods

The duration of this study was one semester. Participants were five university clinic supervisors (from five states, all females, all having had greater than 2 years' experience as a

university clinic supervisor) recruited via a posting on an American Speech-Language-Hearing Association automatic e-mail server. Each chose one first-year graduate student (all females) who agreed to implement the model. Table 1 provides participant demographics. All participants gave written consent, per the institutional review board requirements of the investigators' universities.

Table 1. Participant Demographics

Participant Number	Role	Location: Region of the U.S.	Age (years)	Hours Earned	Interviews	Videos
1	Supervisor	Southwest	n/a	n/a	5	6
2	Supervisor	Midwest	n/a	n/a	3	11
3	Supervisor	Mid-Atlantic	n/a	n/a	2	7
4	Supervisor	Midwest	n/a	n/a	1	3
5	Supervisor	Midwest	n/a	n/a	5	2
6	Supervisee	Mid-Atlantic	22	4	n/a	n/a
7	Supervisee	Midwest	22	13	n/a	n/a
8	Supervisee	Southwest	43	75	n/a	n/a
9	Supervisee	Midwest	22	49.75	n/a	n/a
10	Supervisee	Midwest	22	10	n/a	n/a

Note: Age data were not collected for supervisors. Hours Earned refers to the number of clinical hours in speech-language pathology a supervisee had earned at the time the supervisor began using the adult experiential learning model. Interviews refers to the number of telephone interviews that took place between the researchers and the supervisors during implementation of the model. Videos refers to the number of supervision sessions videorecorded and submitted to the researchers for analysis.

Pre-Study Preparations

Pre-study, the investigators interviewed all supervisors and supervisees by telephone. Semi-structured interviews documented all participants' responses to questions about how they perceive clinical supervision in general. The questions for the supervisors specifically inquired about their usual supervisory procedures. The pre-study interview questions can be found in Appendix A.

Next, supervisors read the second author's article (Walden, 2011) that describes the adult experiential learning model. Supervisors completed a written quiz on the article that featured multiple-choice training questions and open-ended essay questions on how to apply the model to case study examples. The researchers provided the supervisors with written feedback on their quizzes. The training questions in Appendix B highlight some of the content from Walden (2011).

Data Collection

The researchers mailed the supervisors portable videorecorders. The supervisors carried out their usual supervisory duties, but they supplemented their student feedback sessions by implementing the model. The researchers encouraged the supervisors to keep the goals of the model consciously in mind when discussing clinical matters with their supervisees. Each supervisor applied the principles of adult experiential learning in ways that she believed were appropriate and that were pertinent to the concerns at hand. For example, when students

asked questions about their clinical performance, supervisors used their own strategies for guiding students to self-reflective responses.

Supervisors videorecorded their (approximately) weekly supervisory sessions and submitted the recordings to the researchers electronically. The investigators watched the videos and then interviewed the supervisors by phone approximately every other week throughout the semester, using a semi-structured interview guide (see Appendix C for a list of telephone conference questions). Interviews ranged in length from about 15 to 60 minutes. Table 1 displays the number of videos each supervisory dyad provided and the number of phone conversations that the researchers and supervisors had during the semester.

During each phone call, the supervisors answered questions about their perceptions of their use of the model. Because implementation of the model is a collegial process, the investigators gave feedback to assist the supervisors as needed. Feedback included, for example, explanations of the model and the theory behind it, clarification of the meaning of the points along the continuum, and discussion of the students' preparedness to move along the continuum.

At the end of the semester, the investigators conducted post-study phone interviews with all participants (see interview questions in Appendix D). These conversations allowed the supervisors and supervisees to answer summary questions and share their concluding thoughts.

The investigators recorded all phone conversations throughout the study for transcription. The recordings were transcribed and coded using the Atlas.Ti software package.

Results

The present report is limited to an analysis of the recordings of the post-study phone calls. The researchers devised an apriori set of nine codes to use in analyzing the final transcripts of the interviews of the supervisors and supervisees. Codes reflected the researchers' questions about the successes and drawbacks of using the adult experiential learning approach to supervision. The codes included:

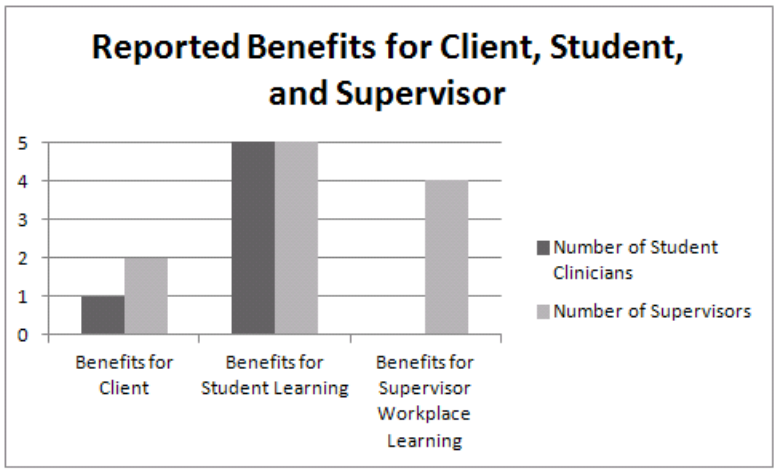
1. benefit for a client's experience with services;
2. benefit for student learning;
3. benefit for a supervisor's workplace learning;
4. practical benefits (for example, related to time management or efficiency);
5. limitation to student learning;
6. imposition of unnatural supervision processes (that is, if a supervisor felt the new methods were different enough from her usual supervision process that it felt "forced");
7. limitation to a client's experience with services;
8. impracticality; and
9. weaknesses of pre-study supervisor training.

The researchers' questions allowed two main themes to emerge from the coded data. One theme, *Use of the Supervision Model Yielded Benefits for Clients, Students, and Supervisors*, highlights the educational benefits of the adult experiential learning model, while the second theme, *The Model was a Departure From Supervisors' Usual Ways of Supervising*, points to necessary improvements for implementing the model in university clinical settings.

Theme One: Use of the Supervision Model Yielded Benefits for Clients, Students, and Supervisors

Figure 2 graphs the number of participants (0–5 supervisors and 0–5 supervisees) who reported benefits for clients, for student learning, and for supervisor workplace learning.

Figure 2. Benefits of the Model



Benefits for Clients. Two supervisors and one supervisee felt that clients' experiences were enhanced because of the use of the model. For example, a supervisee, in describing her use of reflection and contemplation during a supervisory session, mentioned that she was extending the reflective process to her own work with other clients on her caseload. Regarding her supervisor, the supervisee stated,

> I think she really incorporated it in a way that I really didn't think I was doing it, and now I just do it for all of my other clients and all my other supervisors, so I really like having the reflection process. And I didn't know I was doing it.

Similarly, a supervisor described the benefits of the model. Her supervisee used reflection and active problem-solving to explore her work with her other clients—she applied her skills to managing clients other than the one who was discussed during the supervisory sessions where the adult experiential learning model was applied. This supervisor stated, "It carried over for her with the other clients that she had, so even though I was reporting to you relating to one client . . . really I saw some carryover across clients."

Benefits for Student Learning. By far the most frequently occurring perception voiced by all five supervisor–supervisee dyads pertained to improved student learning due to use of the model. For example, a supervisee explained the benefit of the supervisory approach. She stated,

> [T]he model is based on the student learning as much as they can and I think . . . that a student learns because they'll go out and find ways to improve themselves by themselves and mainly taking on the responsibility to try to . . . better your therapy. And I think I did learn a lot because I had to read through so many articles, a lot that did not apply, to find the ones I could use and try ideas on what to do.

A supervisor described how she observed her supervisee develop clinical problem-solving during therapy. Interesting, this supervisor had shared the continuum of possible learning responses with her supervisee, so the supervisee had some targets for her behaviors. This supervisor stated,

> I was watching her in a session, watching and seeing how she moved herself to maybe doing something memorized, and then self-evaluated on the spot in the session, and then moving into some experiential learning by experimenting with the client and adjusting and adapting in a session. . . . I was able to see her personally moving herself into that stage in a session and in our conferences.

Benefits for Supervisor Workplace Learning. Four supervisors reported a marked level of professional growth as a result of using the adult experiential learning model to guide their

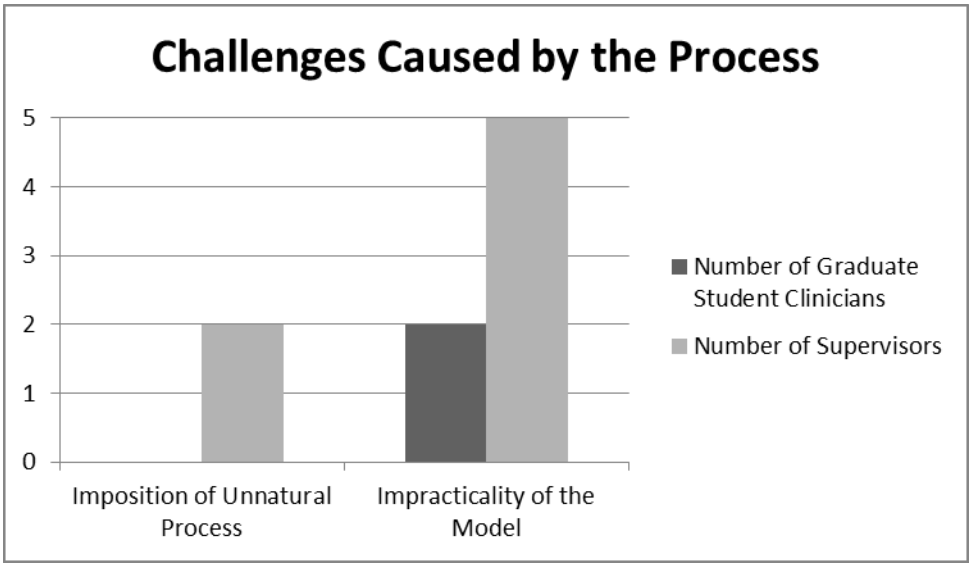
clinical supervision of first-year graduate students. For example, a supervisor described how her supervision style had somewhat changed due to use of the adult experiential learning model:

> [Use of the adult learning model] made me think about what I was doing. I don't think I ever really thought about what my normal style was until I started participating in the study, as far as interaction. . . . This made me more aware that there are different ways to interact with a student rather than just sharing information.

Theme Two: The Model was a Departure From Supervisors' Usual Ways of Supervising

Participants perceived some of the supervisory processes required by the adult experiential learning model to be unnatural, and thereby the practices could cause some limitation to student learning. Some participants perceived the model to be impractical for use in university clinical settings. Figure 3 graphs the number of participants (0–5 supervisors and 0–5 supervisees) who reported imposition of unnatural supervision processes and impracticality.

Figure 3. Challenges Caused by the Process



Imposition of Unnatural Supervision Processes. Two supervisors reported that use of the adult experiential learning model imposed supervision processes that were unnatural or unrealistic. For example, a supervisor described the unrealistic assumption that all supervisees will manifest all of Knowles' (1970) adult learning behaviors. She stated,

> [T]his generation . . . has a very different view of the world than even the Generation Xers . . . they don't see things; they have a very narrow focus or view . . . but it just seems to be they are very driven by memorization. They are very driven by "there must be a correct way to do something."

This supervisor explained that she felt the need to provide more structure and direction for students who are beginning their clinical practice. Moving from memorization to use of clinical insight is a longer, more rigorous process than can be stimulated in a one-semester experience. Expecting reflective practice to emerge in a matter of a few months is unrealistic, according to this supervisor, and she felt that she could not successfully supervise if she were to reduce the structure and direction she would typically provide.

Impracticality of the Model/Limitation to Student Learning. Two supervisees reported that, although their learning over the course of the semester was enhanced due to their supervisors' approach, parts of the process were impractical. These supervisees pointed out

that the model was not completely successful for stimulating student learning. One supervisee stated, "[T]he one weakness that I have was that it was an unfamiliar case and I needed a little more guidance." One supervisee reported that her learning was, in fact, somewhat limited by her supervisor's use of the model. Despite her learning through the process, she mentioned her level of stress and her time constraints. She stated,

> At times, I really didn't like it. I was like, "I'm really stressed out. I wish she would just tell me." But in the long run, it really helped me self-analyze how it was going to work.

Similarly, all five supervisors pointed to aspects of the model as being impractical in practice, mostly due to time constraints. For example, one supervisor stated, "It is extremely time-consuming." Similarly, another supervisor commented,

> [S]ometimes we get moving so quickly, supervisors are very quick to say "Do this, this, [and] this" . . . I tend sometimes to just give the information because I've got three more students waiting behind that student.

Participants did not identify any practical benefits of the model. Further, participants did not mention limitations to student learning per se, other than comments that were coded as being relevant to practical concerns. No comments relevant to limitations for clients were offered.

Conclusions

The researchers' reflection upon the study's procedures and outcomes led to six main conclusions:

1. Supervisors and supervisees varied as to the extent to which they overtly discussed using the model. Overt discussion tended to make the model more usable and meaningful.
2. Supervisors and supervisees were conscious of the videorecording of their sessions, which spurred them to use the model. This may suggest the Hawthorne Effect, but this is a threat that cannot be avoided when participants are engaging in a documented study of their own practice.
3. Supervisors were conscious of how the model required them to identify the supervisee's level of learning response along the continuum.
4. Supervisors used various means to encourage supervisees to advance their learning responses to a higher level, such as examples, questions, and reflective responses.
5. Supervisors found that the model bears a certain relationship to their existing orientations to supervision and lends some structure to their orientations.
6. Supervisors sometimes mistook reflective learning to mean that the supervisee had to be responsible for her own learning and that the supervisor could not offer suggestions and advice, for fear of bringing the student "down" to a level of practice or memorization. This is a fundamental misinterpretation of the model. Recall that Knowles (1970) says that adults are task-centered and want to know why. Some supervisor input would facilitate managing clinical tasks and help student clinicians explore the *why* of clinical decision-making. The supervisor's teaching may need to be overt and directive.

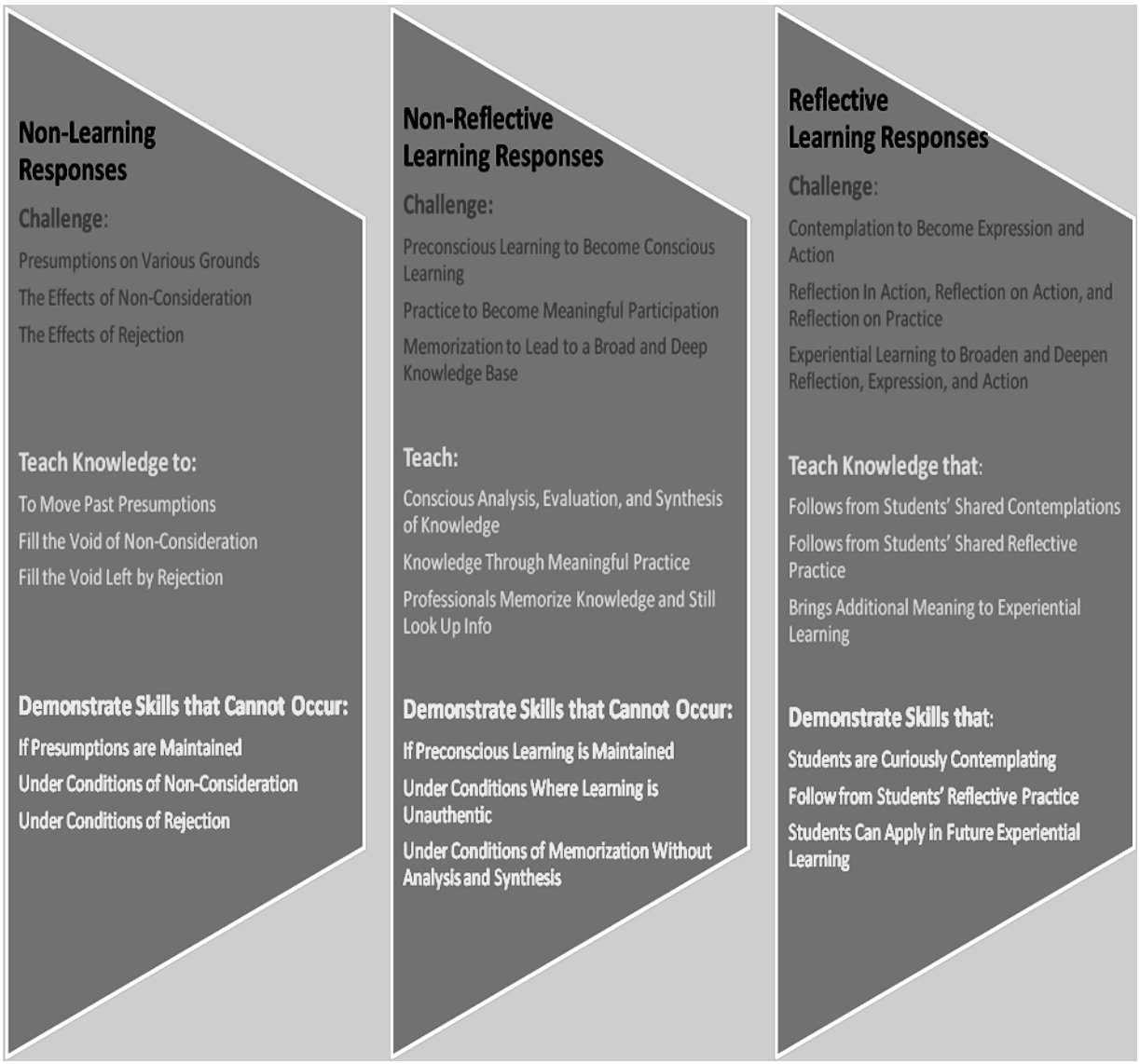
The present study suffers from some unevenness in the instructions given to the participating supervisors; although there were no participant comments on weakness in pre-study training, this insufficiency is apparent to the researchers. First, some supervisors shared the adult experiential learning model with their supervisees, and some did not. In hindsight, instructing the supervisors to discuss the model with supervisees would most likely have been beneficial, especially coupled with having the supervisors train their supervisees on how to ask for help to move along the model. Second, the supervisors were not entirely comfortable with

being non-directive with supervisees who were not at the level of reflective practice. The supervisors indicated that their supervisory practices have to be both non-directive and directive—at times providing instruction, and not at all times centering on inquisitiveness, thoughtfulness, and insightfulness.

An Augmented Model of Adult Experiential Learning With a Decision Tree for Supervisors

The results of this investigation led the researchers to conceptualize an augmented model of adult experiential learning that includes a decision tree for supervisors (see Figure 4). Supervisors may use the decision tree to help them determine how to move students along the continuum of reflective practice. Each of the three stages of the continuum is depicted as a trapezoid on the decision tree. Within each trapezoid is a list of challenges that students at that stage may present. Below the list of challenges at each stage are suggestions for teaching. The supervisor offers direction, guidance, and suggestions that are appropriate for the stage along the continuum.

Figure 4. An Augmented Model of Adult Experiential Learning With a Decision Tree for Supervisors



For example, at the level of non-learning response, a learner needs to move past presumption and fill the void left by non-consideration and rejection. The supervisor can explicitly teach the knowledge that the learner needs to know in order to move past these barriers. At the level of non-reflective response, a learner needs to acquire greater conscious thought and critical analysis, can increase meaningful participation, and can develop broader and deeper knowledge. The supervisor can teach strategies for critical thinking and help the learner appreciate the meaningfulness of her or his practice.

The decision tree suggests that supervisors identify skills that cannot occur when students do not move beyond non-learning responses or non-reflective responses. Here, supervisors may offer pertinent examples. For instance, at the stage of non-learning response, a supervisor may state, "Without knowledge of how a medical condition changes across the lifespan, the clinician may not be able to provide age-appropriate services. Please study more about this condition as it is manifest at your client's age, and we'll talk about it at our next meeting." At the stage of non-reflective response, a supervisor may pose, "I know that you have memorized the symptoms of this disorder. But this client's symptoms do not appear to an equal magnitude. What symptoms do you think are most pronounced for this client, and how does this affect him? Please conduct a chart review, interview the client's caregiver, observe the client, and we'll talk about it at our next meeting."

Even when supervisees attain reflective learning responses, there is still room for growth. The supervisor can encourage the student to address his or her curiosity and undertake original and creative exploration. The nature of reflective practice is that it always breeds more and more reflection.

Future Research

To research methods for enhancing the practices of experienced supervisors, an in-depth pre-study comparison of supervisors' habituated supervision methods to the experimental methods is warranted. In order to improve upon this study, future studies of Jarvis's (1987) model could require supervisors to (a) compare and adapt their current supervision practices to the model, (b) train for a longer time prior to implementation through the use of multiple case examples, (c) discuss the model with supervisees and train supervisees how to ask for help, and (d) use the decision tree to guide implementation of the model.

In general, more research on the use of adult learning models to guide clinical supervision is necessary in order to determine which supervisory approaches and learning strategies are effective in university, educational, and health-care supervisory settings (cf., Walden & Bryan, 2011). It would be particularly enlightening to measure pre–post changes in supervisors' and/or supervisees' behaviors as a result of implementing adult learning models of clinical supervision.

Acknowledgments

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