# Making **Technology** Your **Supervision** Superpower

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## Abstract

Working smarter in clinical education has become a necessity amongst budget and time constraints, limited resources, and pressures for increasing student enrollment without increasing supervising faculty. Understanding the available, worthwhile resources for improved clinical education outcomes and increased supervisor efficiency is essential. The purpose of this presentation is to provide clinic supervisors with innovative methods for using technology in the university clinic to improve supervision. Participants will explore the diverse uses for video observations and recordings, identify and discuss barriers to funding and implementation, and problem solve to make implementation of technology possible even in the smallest regional universities.



## Saving Time is a Superpower in Supervision

- Provide guided written reflection guestions and have students review clinical sessions before meetings. Providing specific expectations and guide for observation supports them in feeling more control of their observations and feedback (Stokes & Cummins, 2013) and also increases active participation in meeting discussions.
- Group review: Have students review peer sessions in a group and provide feedback. This can look similar to grand rounds. Review of video with supervisor and students results in increased joint attention and extension of shared ideas (Stokes & Cummins, 2013)
- EMR systems allows students to quickly and easily pull up previous notes, plans and client information. If your EMR saves revision requests from supervisors, it helps supervisors remember what feedback was previously given and can follow up easily
- Use alternate methods for feedback that branch away from the traditional written and verbal. Video review feedback targets current learning style of students and is nearly effortless to implement (Smith & Hardy, 2014)
- Build a video bank for examples that can be used in the classroom and as a video model for clinical instruction
- Technology allows supervisors to have multiple sessions concurrently yet still be able to provide specific feedback for each student (Tellis, Cimino & Alberti, 2010)

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## The current generation of students in speech-language pathology have

a visual and active style of learning, making it imperative that modalities of supervision incorporate technology to provide feedback (Smith & Hardy, 2014)

Literature Supports Technology in Supervision-

**Supervisors Should Too!** 

"Newer technology such as real-time video recording, Bluetooth technology and video-embedded annotation may provide more effective "teachable moments" to more easily guide students and facilitate movement on the continuum of supervision" (Means & McCaffrey, 2019, p.357)

In a study completed by Scott, Becker and Simpson (2017) a significant correlation was found between BITi feedback using smartwatches and increased positive behaviors demonstrated by the student clinician

With the use of real-time recording technology, student clinicians can collect data more easily, complete self reflection and progress toward independence (Means & McCaffrey, 2019)

Technology can provide diverse opportunities that may not be possible for every student in external placements. Ferguson and Estis (2018) found that training to evaluate preterm infant feeding safety using online video simulation was superior to training completed only online with improvements in both clinical judgement scores and accurate documentation of behavioral and physiological clinical markers

### **Barriers for Obtaining and/or Implementing Technology Tools**

- Funding
- Buy-in from all stakeholders
- Physical space
- Support from technology team (IT department)
- Upkeep as equipment and software evolve
- Providing access for all students and supervisors
- Concerns about HIPAA

"Watching sessions in the vault system helps me evaluate numerous things as a graduate clinician. I am able to review data for accuracy, critique myself, or reference supervisor notes on changes needing to be made. It also allows for re-watching of evaluations given which is extremely important."

- students.

"I really enjoy watching the session and seeing the supervisor comments pop up and address what is happening right when it happens. I think it is super, super helpful!"

## **Creative Ways to Overcome Barriers: Tips and** Insights

 Split costs with other departments when possible: Share the cost of large foundational items (ex.server for a video system) and departments can independently purchase additional equipment needed

• For our camera system we approached the other departments in our physical building (the server was limited to one building) and partnered with one department that included school psychology and counseling programs. The initial installation was \$64,393,45. We paid half, which was \$27.161.98. The invoice included server. software. installation, cameras with microphones (fixed and zoom), licenses, travel and software support. A total of 20 cameras could be run on one server efficiently, so the departments just agreed upon splitting the number of cameras equally (10 each) in advance.

• Tip: Use in house services when possible. We cut some costs by having our university IT install conduits between both installations

• **Tip:** It is worth going ahead and getting everything you want at one time rather than having a company come back to avoid paying additional installation fees twice.

• Tip: Ask in advance about yearly support fees. We pay a yearly support fee of \$1500 for a total of 10 cameras and the other department pays the other half

An EMR system is great if you can afford it. If not, consult with your IT department and explore alternative "homemade" options- example- having IT provide a secure/HIPAA compliant shared drive that can be used as a type of electronic record system

Creative partnering/contracts to provide services with local school districts helped us get the money to pay for technology tools while simultaneously offering valuable experience for the