Student Reactions to Group Supervision

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Abstract

Group supervisory conference for use in the clinical training of speech language pathologists is a nontraditional approach designed to foster clinical growth and independence through student interaction, and peer and self-supervision. Thirty undergraduate and graduate students participated in group supervision during their clinical practicum. Student reactions to group supervision were obtained through administration of a five-point Likert-type scale and open-ended reactions. Student responses indicated positive feelings about group supervision. Students found it to be an effective means of supervision. They further noted that it improved their own skills at self-analysis. These results support the use of the group supervision model as one alternative to one-to-one supervision.

Traditionally, supervision in speech language pathology has been accomplished through a conventional one-to-one relationship between the supervisor and student clinician. The supervisor observes the therapy session, prepares a written critique, and then confers with the student on a one-to-one basis. The effectiveness of this method in preparing clinically competent clinicians and fostering self-supervision has been presented in only one previous research study (Nelson, 1974).

Teaching Clinic

Group supervision has been used by some supervisors in an effort to foster student interaction and clinical growth (Dowling and Michalak, 1976). They adapted and developed a group supervisory approach for use in the clinical training of speech language pathologists, which was identified as the "Teaching Clinic" (Dowling, 1976; Dowling and Michalak, 1976; Olsen, Barbour and Michalak, 1971). The Teaching Clinic is a peer-group form of supervision that is designed to foster supervisor-clinician interaction during clinical practicum, and foster clinical growth and independence through self-supervision (Dowling, 1979; Dowling, 1983a and 1983b).

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The Teaching Clinic, as described by Dowling (1979), requires that the clinician bring a videotape of his/her therapy to the conference. The role of clinic leader in the Teaching Clinic is initially fulfilled by the supervisor, but should be assumed by the student clinicians if the goal of self-supervision is to be achieved (Dowling & Shank, 1981a; Dowling, 1979). The clinicians should, therefore, assume the following roles in Teaching Clinic: clinic leader, demonstration clinician, peer and group monitor (Dowling, 1979). The clinic leader enforces ground rules set up for clinicians in the Teaching Clinic. The demonstration clinician provides the videotape of the therapy session to the Teaching Clinic for observation and discussion. Peers observe the videotape, collect data during the observation and discuss information, and generate strategies and alternative approaches for future sessions with the demonstration therapist. The group monitor observes the group process and notes whether members of Teaching Clinic fulfil their roles and follow the Teaching Clinic's ground rules (Dowling, 1979).

Dowling noted several factors that facilitate the Teaching Clinic. The optimum number of participants in a Teaching Clinic is seven clinicians. Teaching Clinic's effectiveness tends to be impaired when three or fewer individuals participate or when the number exceeds seven. Diversity of opinion within the group is also greatly reduced with fewer group members.

Another factor that facilitates clinic effectiveness is the time frame of Teaching Clinic. A Teaching Clinic session should take approximately one hour.

Comparison of Teaching Clinic and Conventional Supervision

A review of the conventional one-to-one and group supervision as supervisory methods revealed advantages and disadvantages of both approaches. Dowling and Shank (1981a, 1981b) studied conventional versus Teaching Clinic supervisory styles. Problems cited with the traditional method include limited time for one-to-one supervision, and the concept that direct or conventional one-to-one supervision fosters a dependency of clinicians on the supervisor. Dowling and Shank (1981a, 1981b) noted that Teaching Clinic, on the other hand, fostered independence, or self-supervision. In their comparison study they found that peers in the Teaching Clinic performed supervisory tasks. Group supervision also appeared to foster an atmosphere of trust and cohesiveness in the Teaching Clinic. This conclusion was further supported by Schreiber and Frank (1983). They found that members of a social work-peer supervision group had comparable experience, length of train-

ing, and background. These similarities made the group more cohesive. However, each group member varied in clinical approaches and skills which allowed for diversity of the knowledge shared by group members.

Johnson and Fey (1982) compared relative effects of conventional one-to-one and Teaching Clinic (group) supervisory methods on measures of students' attitudes toward therapy and their clinical effectiveness. They found that there were no significant differences between either of the groups for the treatment effects of supervisor or method. This study raised many questions concerning efficient use of supervisory time, clinical growth, clinical effectiveness and the means by which to document the change observed, and no clear-cut statement on student reactions to group supervision were made.

Purpose

The purpose of the current study was to determine student reactions to the implementation of group supervision, based on the Teaching Clinic model at Radford University. Both quantifiable and qualitative data were needed to gauge student responses. Student responses to the group supervision style of supervision are important in identifying the success of this technique. Upon completion of their academic and clinical training, students will serve as clinicians in situations where little supervision is available. As a result, the development of self-evaluation skills is necessary to allow the clinician to reflect on the clinical services provided. The group supervision model allows for the development of these skills. However, students may not develop these skills if they have a negative attitude toward the model.

Method

Subjects

Subjects were 30 undergraduate and graduate students. Nine were enrolled in their first practicum course and had no previous clinical experience. The remaining 21 had had at least 1 prior practicum experience and had accumulated between 25 and 150 clock hours. All were enrolled in clinical practicum and were supervised by 1 of 3 supervisors participating in the study. One was black, another was male; the remaining students were all white females. Supervisors had between 4 and 7 years of supervisory experience at the time of this study. Supervisors asked all students to participate in Teaching Clinic, and to complete the feedback form used as the instrument.

Instrument

A twelve-item, five-point, Likert-type scale (Anastasi, 1976) (see Appendix A) was designed by one supervisor, with input from the students enrolled in the first Teaching Clinic. Other supervisors reviewed the feedback form. Items concerned the students' feelings and reactions to Teaching Clinic, its continuity, effectiveness, and scheduling concerns. In addition, three open-ended items called for student comments on advantages and disadvantages of Teaching Clinic, and suggestions for improvements.

Procedures

The concept of Group Supervision was explained to each group of students being supervised. Each student made at least one videotape of a therapy session, a portion of which was then reviewed by the students' peers. The peers then offered suggestions and criticisms, and the student clinicians were encouraged to evaluate themselves. In subsequent group conferences, discussion and questions referring to past therapy were brought up. A group supervision conference was held weekly for approximately one hour.

Since three different supervisors set up their group supervision, the Teaching Clinic model was used with some individual modifications. Due to scheduling conflicts, some group supervision conferences were held during the lunch hour, with students encouraged to bring a bag lunch. The size of each group ranged from four to twelve supervisees. The variability was due to changes in clinic scheduling. Both undergraduates and graduates participated in the same groups if supervised by the same supervisor. The supervisors left the room periodically to encourage discussion among peers.

An additional modification made was the addition of a materials-sharing conference early in the term. The supervisor and all students came to the group supervision conference with several ideas or materials which they had found helpful in their previous practicum, experiences, or had observed to be useful during their observation practicum. Clinicians brought both commercially made and handmade materials. This materials-sharing session allowed an opportunity for the students to get to know each other better and to feel more relaxed in a group setting.

After one quarter of group supervision, each student was asked to respond anonymously to the feedback form. All students enrolled in Teaching Clinic completed the form. Data were collected on students enrolled in their first Teaching Clinic over a period of four quarters, or one academic year and a summer. A total of ten sections of Teaching Clinic, supervised by three different supervisors, were formed during this time.

Results

Rating Scale

Data obtained from the scale were analyzed using Chi-square (Siegel, 1956). Responses of "1" (strongly agree) and "2" (somewhat agree) were combined into one measure of agreement. Similarly, responses of "4" (somewhat disagree) and "5" (strongly disagree) were combined into one measure of disagreement. Chi-square values were obtained using these measures. Responses of "3" (neither agree nor disagree) were omitted as they represented neither end of the scale.

Chi-square values were obtained for each of the twelve scale items (see Table 1). Differences between agreement and disagreement were statistically significant for seven items, and nonsignificant for four items. For Item 5, a Chi-square value could not be obtained, as

there were no responses indicating disagreement. An apriori significance level was set at .05, then divided by the twelve scale items, so the level of significance was .004.

Table 1 Chi-Square Values of Student Responses

Item Number	Chi-Square Value	Significance
4	12.448	p<0.000+
5	could not obtain	
6	12.565	p<0.000+
7	2.000	p<0.157
8	20.571	p<0.000+
9	10.704	p<0.001+
10	26.133	p<0.000+
11	20.571	p<0.000+
12	6.368	p<0.012
13	3.240	p<0.072
14	1.667	p<0.197
15	10.667	p<0.001+

+Significant results at 0.004 level of significance, df = 1, are marked with a cross (+).

A significant number of responses indicating agreement were obtained for the following items:

#4	I prefer the teaching clinic model to a system of regularly scheduled individual conferences.	(p<0.000)
#8	The teaching clinic model was an effective form of supervision.	(p<0.000)
#10	Analysis of my therapy was directed at me as a professional, not as a person.	(p<0.000)
#11	Use of the teaching clinic model fostered additional discussion outside our meeting.	(p<0.000)
#15	The teaching clinic model was more effective in improving my clinical skills than traditional individual conferences.	(p<0.000)

A significant number of responses indicating disagreement were obtained to the following items:

#6	I felt threatened when my videotape was shown to my peers.	(p<0.000)
#9	There was no continuity from week to week.	(p<0.001)

Chi-square could not be computed on Item #5, "My supervisor was available to me when I needed her." Twenty-nine of thirty responses indicated agreement, with one response at the median point, indicating neither agreement nor disagreement. Thus, only one cell was generated, and the analysis could not be completed. However, it is clear that this is an item with which respondents agreed.

On four items, responses indicated neither significant agreement nor significant disagreement:

#7	I felt less threatened when the supervisor left the room during taping.	(p<0.157)
#12	Teaching clinic should not be scheduled during lunch.	(p<0.012)
#13	Individual conferences at a predetermined time are more effective than the teaching clinic.	(p<0.072)
#14	Having teaching clinic during lunch hour contributed to making the atmosphere more comfortable.	(p<0.197)

Open-ended Questions

Students provided a variety of answers when asked to cite the advantages and disadvantages of group supervision, and to suggest ideas for improvement (see Appendix B). Advantages listed by students included the exposure to different perspectives, disorders, therapy ideas and materials; positive emotions among students; less work for the supervisor; feeling more relaxed in therapy; and meeting at lunch time. Three students did not respond to this item.

While ten students stated there were no disadvantages to group supervision, and two others left this item blank, the remaining eighteen students indicated the following disadvantages: less individual attention from the supervisor; reluctance of peers to be critical; lack of participation by students; not enough time; conversely, too much time; the crowded room; lack of information on how to handle problems that did not occur on tapes or in discussions; and meeting at lunch time, in contrast to those students who found this time an advantage.

Students made many suggestions for improving group supervision, some of which were later incorporated into group supervision sessions. Six students indicated a need for more, and individual, input from the supervisor. While one student felt group supervision conferences should end earlier, another felt they should go on longer. One suggestion was to hold conferences less often, while another was to do away with group supervision. One student wanted more discussion of materials and reinforcers used in therapy, while another proposed less discussion of the same topics. In discussing the actual conferences, students suggested giving written feedback to their peers; viewing two tapes for each clinician, one before and one after discussion in the Teaching Clinic session; viewing tapes of similar clients in the same session; discussing each client in every session; and more participation by all students.

There were many advantages and disadvantages of the group supervision technique, according to student responses to open-ended questions. Students made a number of suggestions for improving implementation of the model, some of which were incorporated into later sessions.

Discussion

Student responses to the rating scale and open-ended questions, and their journal entries, indicated primarily positive feelings about use of group supervision. In general, students seemed to feel group supervision was an effective means of supervision, that they had enough time with their supervisors, that viewing peers' videotapes was a professional and non-threatening experience, and that group supervision was preferable to traditional, one-to-one supervision.

This last finding, that Teaching Clinic was preferable to a more conventional model of supervision, was supported by student agreement with two items, #4 and #15: "I prefer the teaching clinic model to a system of regularly scheduled individual conferences," and "The teaching clinic model was more effective in improving my clinical skills than traditional individual conferences." However, on item #13, "Individual conferences at a predetermined time are more effective than the teaching clinic," seventeen students indicated disagreement, and eight indicated agreement. While this difference was not statistically significant, it still indicated that the majority of students preferred the group supervision model. It should be noted, however, that nine subjects were in their first practicum and thus did not have direct experience with traditional individual conferences.

One reason students reacted so positively to group supervision may have been due to the style of supervision peers assumed when they critiqued videotapes. Peers may have used a more indirect method of supervision, which Blumberg (1980) found teachers being supervised preferred. Dowling (1983b) found students and supervisors using both direct and indirect conference behaviours in Teaching Clinic.

Students also described what they felt were advantages and disadvantages of group supervision, and made suggestions for its improvement. While some suggestions were out of the realm of immediate possibility, some others have already been incorporated into later group supervision sessions. These suggestions include the viewing of two tapes from each clinician, the viewing of similar client tapes in the same session, and giving written feedback.

One area in which little significant agreement or disagreement occurred was the issue of holding group supervision during lunch. While some students felt eating lunch while viewing tapes helped create an easy atmosphere, others felt uncomfortable in the situation.

Another area in which there was neither significant agreement nor disagreement was student reports of feeling less threatened if the supervisor left the room during the videotape review. Apparently, the presence of a supervisor had little effect on student feelings, or students may have had less awareness of the supervisor as an authority figure than in conventional supervision. Getzel and Salmon (1985) have written about the "magical views of the power of the supervisor" (p. 40) in social work supervision. If one of the goals of the group supervision model is to create autonomous peer supervision, perhaps this magical power is diminished.

Further research in this model should quantifiably assess supervisor reactions to group supervision. Further, a comparison of the effectiveness of group supervision and traditional, one-to-one supervision in increasing students' clinical skills from the supervisor's point of view would be appropriate. In addition, a longitudinal study in which the same group of clinicians is followed through a series of Teaching Clinics might provide insight into the growth of self-evaluation skills in students.

APPENDIX A

STUDENT FEEDBACK FORM

During the last 10 weeks, you have participated in a teaching clinic based on Dowling's model. Please respond to the following questions so we can evaluate the model's effectiveness.

1. What did you feel were the advantages of this model?

2. What did you feel were the disadvantages?

3. What improvements would you suggest?

4. I prefer the teaching clinic model to a system of regularly scheduled individual conferences.

1	2	3	4	5
strongly agree	somewhat agree	neither agree nor disagree	somewhat disagree	strongly disagree

5. My supervisor was available to me when I needed her.

1	2	3	4	5
strongly agree	somewhat agree	neither agree nor disagree	somewhat disagree	strongly disagree

6. I felt threatened when my videotape was shown to my peers.

1	2	3	4	5
strongly agree	somewhat agree	neither agree nor disagree	somewhat disagree	strongly disagree

7. I felt less threatened when the supervisor left the room during taping.

1	2	3	4	5
strongly agree	somewhat agree	neither agree nor disagree	somewhat disagree	strongly disagree

8. The teaching clinic model was an effective form of supervision.

1	2	3	4	5
strongly agree	somewhat agree	neither agree nor disagree	somewhat disagree	strongly disagree

9. There was no continuity from week to week.

1	2	3	4	5
strongly agree	somewhat agree	neither agree nor disagree	somewhat disagree	strongly disagree

10. Analysis of my therapy was directed at me as a professional, not as a person.

1	2	3	4	5
strongly agree	somewhat agree	neither agree nor disagree	somewhat disagree	strongly disagree

11. Use of the teaching clinic model fostered additional discussion outside our meeting.

1	2	3	4	5
strongly agree	somewhat agree	neither agree nor disagree	somewhat disagree	strongly disagree

12. Teaching clinic should not be scheduled during lunch.

1	2	3	4	5
strongly agree	somewhat agree	neither agree nor disagree	somewhat disagree	strongly disagree

13. Individual conferences at a predetermined time are more effective than the teaching clinic.

1	2	3	4	5
strongly agree	somewhat agree	neither agree nor disagree	somewhat disagree	strongly disagree

14. Having teaching clinic during lunch hour contributed to making the atmosphere more comfortable.

1	2	3	4	5
strongly agree	somewhat agree	neither agree nor disagree	somewhat disagree	strongly disagree

15. The teaching clinic model was more effective in improving my clinical skills than traditional individual conferences.

1	2	3	4	5
strongly agree	somewhat agree	neither agree nor disagree	somewhat disagree	strongly disagree

Level: Graduate/Undergraduate, Practicum: 1st, 2nd, 3rd, 4th, 5th, 6th (include student teaching and internship)

APPENDIX B

STUDENT REPORTS OF ADVANTAGES AND DISADVANTAGES OF GROUP SUPERVISION

Advantages

— exposure to different viewpoints, client problems, ideas

— opportunity to learn from others' strengths and weaknesses

— more feedback

— less work for supervisor

— peer support

— felt more relaxed in therapy, less pressure

— better working relationship with supervisor

— more individual attention to client

— clinician self-evaluation encouraged

— got to know other clinicians

— felt more comfortable knowing others had problems too

— meeting at lunch time

Disadvantages

— less individual attention from supervisor

— lack of participation by some group members

— amount of participation varied from week to week; sometimes an uncomfortable silence occurred

— peers reluctant to be critical

— unsure of how to handle problems that did not show up on tapes or were brought up in discussions

— crowded room

— limited time

— meeting at lunch time

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