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A Profile of Supervisors of University Clinical Practicum and Their Attitudes Toward Specific Activities Involved in the Observation and Feedback Conference Phases of the Clinical Supervision Process

Kathryn Gay Flaot

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A PROFILE OF SUPERVISORS OF UNIVERSITY CLINICAL PRACTICUM
AND THEIR ATTITUDES TOWARD SPECIFIC ACTIVITIES
INVOLVED IN THE OBSERVATION AND FEEDBACK
CONFERENCE PHASES OF THE CLINICAL
SUPERVISION PROCESS

by
Kathryn Gay Flaata

Bachelor of Arts, University of North Dakota, 1981

A Thesis
Submitted to the Graduate Faculty
of the
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in partial fulfillment of the requirements
for the degree of
Master of Science

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Kathryn Gay Flaata, M.S.

The University of North Dakota, 1984

Faculty Advisor: Professor Dean C. Engel

The general purposes of this study were to determine specific characteristics of supervisors of university clinical practicum, to survey their attitudes toward engaging in particular supervisory activities, and to examine the relationships between these characteristics and attitudes.

One hundred fifty-two supervisors of university clinical practicum (89.4 percent of the questionnaires mailed out) completed and returned the questionnaires.

The results of this study revealed that the typical supervisor of university clinical practicum is a female, thirty-eight years of age, who has held her current title of assistant professor for 4.6 years. She is not employed in a tenure-track position and is not tenured. She has had 7.8 years of full-time experience in providing direct clinical

services in the public school setting. She is currently involved and has had eight years of experience in the supervision of university clinical practicum. She has had no coursework, but has had practical training in clinical supervision, holds the degree of M.A. or M.S. (or the equivalent) and is certified by the American Speech-Language-Hearing Association in the area of speech-language pathology.

An overall positive attitude was shown by the responding supervisors of university clinical practicum toward the supervisory activities that were rated. However, respondents were found to have more positive attitudes toward activities involved in the feedback conference phase of the clinical supervision process than toward activities involved in the observation phase.

A statistically significant relationship was found to exist between total attitudinal scores for activities involved in the observation phase of the clinical supervision process and the following subject variables: 1) age; 2) number of years of experience in the clinical supervision of university clinical practicum; and 3) highest academic degree held. There was also a significant relationship between the total attitudinal scores of activities involved in the feedback conference phase of the clinical supervision process and the type of education received relative to clinical supervision.

This thesis submitted by Kathryn Gay Flaas in partial fulfillment of the requirements for the Degree of Master of Science from the University of North Dakota is hereby approved by the Faculty Advisory Committee under whom the work has been done.

Dean C. Engel

(Chairperson)

George W. Schubert

Richard A. Landry

This thesis meets the standards for appearance and conforms to the style and format requirements of the Graduate School of the University of North Dakota, and is hereby approved.

William Johnson 3/21/84
Dean of the Graduate School

Permission

Title A Profile of Supervisors of University Clinical
Practicum and Their Attitudes Toward Specific Activities
Involved in the Observation and Feedback Conference
Phases of the Clinical Supervision Process

Department Communication Disorders

Degree Master of Science

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TABLE OF CONTENTS

LIST OF TABLES	v
ACKNOWLEDGEMENTS	vii
ABSTRACT	viii
CHAPTER I. INTRODUCTION AND REVIEW OF LITERATURE	1
CHAPTER II. PROCEDURES	11
CHAPTER III. RESULTS AND DISCUSSION	15
CHAPTER IV. SUMMARY AND CONCLUSIONS	47
APPENDICES	54
APPENDIX A. COVER LETTER	55
APPENDIX B. QUESTIONNAIRE	57
REFERENCES CITED	62

LIST OF TABLES

1.	Responses to the Question, "What is the Title of Your Current Position?"	16
2.	Responses to the Question, "In What Specific Setting(s) Did You Provide This Service?"	18
3.	Responses to the Question, "How Recently Have You Been Involved in the Clinical Supervision of University Clinical Practicum?"	19
4.	Responses to the Question, "Have You Had:" (Coursework or Practical Training)	21
5.	Attitudinal Ratings of the Activity, "Audiovisual Filming or Audiotaping of Therapy Sessions"	25
6.	Attitudinal Ratings of the Activity, "Systematic Analysis of Verbal and Non-Verbal Clinical Behavior"	27
7.	Attitudinal Ratings of the Activity, "Reviewing and Analyzing Written Lesson Plans"	28
8.	Attitudinal Ratings of the Activity, "Completing a Summary or Critique Sheet for Each Therapy Session that is Observed"	29
9.	Attitudinal Ratings of the Activity, "Holding a Scheduled Mid-Term Conference"	31
10.	Attitudinal Ratings of the Activity, "Lending Personal Books and Materials"	33
11.	Attitudinal Ratings of the Activity, "Reviewing Audiotapes or Videotapes of Therapy Sessions with Student Clinicians"	35
12.	Attitudinal Ratings of the Activities, "Providing Practice in Formal Report Writing" and "Providing Practice in Writing Goal-Setting Reports"	37

13.	Summary of Attitudinal Ratings for Activities Involved in the Observation and Feedback Conference Phases of the Clinical Supervision Process	39
14.	Pearson Product Moment Correlation Between the Variables of Age and Years of Experience and Attitudes Toward Supervisory Activities	42
15.	Analysis of Variance Between Groups Having Different Types of Education Relative to the Clinical Supervision Process and Attitudes Toward Supervisory Activities	44
16.	Analysis of Variance Between Groups That Have Obtained Different Levels of Academic Degrees and Attitudes Towards Activities Involved in the Observation Phase of the Clinical Supervision Process	45

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ABSTRACT

The general purposes of this study were to determine specific characteristics of supervisors of university clinical practicum, to survey their attitudes toward engaging in particular supervisory activities, and to examine the relationships between these characteristics and attitudes.

One hundred fifty-two supervisors of university clinical practicum (89.4 percent of the questionnaires mailed out) completed and returned the questionnaires.

The results of this study revealed that the typical supervisor of university clinical practicum is a female, thirty-eight years of age, who has held her current title of assistant professor for 4.6 years. She is not employed in a tenure-track position and is not tenured. She has had 7.8 years of full-time experience in providing direct clinical services in the public school setting. She is currently involved and has had eight years of experience in the supervision of university clinical practicum. She has had no coursework, but has had practical training in clinical supervision, holds the degree of M.A. or M.S. (or the equivalent) and is certified by the American Speech-Language-Hearing Association in the area of speech-language pathology.

An overall positive attitude was shown by the responding supervisors of university clinical practicum toward the supervisory activities that were rated. However, respondents were found to have more

positive attitudes toward activities involved in the feedback conference phase of the clinical supervision process than toward activities involved in the observation phase.

A statistically significant relationship was found to exist between total attitudinal scores for activities involved in the observation phase of the clinical supervision process and the following subject variables: 1) age; 2) number of years of experience in the clinical supervision of university clinical practicum; and 3) highest academic degree held. There was also a significant relationship between the total attitudinal scores of activities involved in the feedback conference phase of the clinical supervision process and the type of education received relative to clinical supervision.

CHAPTER I

INTRODUCTION AND REVIEW OF LITERATURE

Introduction

Although much research has shown that the interpersonal climate that is established and maintained between the clinical supervisor and supervisee affects the professional growth and development of student clinicians, little research has focused specifically on the attitudes of clinical supervisors toward clinical supervision (Acheson and Gall, 1980). The American Speech-Language-Hearing Association (ASHA) committee on supervision proposed that one competency that is necessary for effective clinical training by supervisory personnel is the "establishment and maintenance of an effective working relationship with supervisees" (ASHA Committee on Supervision, 1982). It has been found that maintaining rapport is extremely important to supervisory success (Cogan, 1973; Culatta, Collucci, and Wiggins, 1975; Oratio, 1977; Carraciolo, Rigredsky, and Morrison, 1978; Goldhammer, Anderson, and Krajewski, 1980; Pickering, 1981-82). Actions that lead the student clinician to feel that the supervisor is insensitive or disinterested can result in the loss of supervisor credibility (Culatta, Colucci, and Wiggins, 1975).

The present study was designed to determine specific characteristics of supervisors of university clinical practicum, to

survey their attitudes toward engaging in particular supervisory activities, and to examine the relationships between these characteristics and attitudes.

Review of Literature

Experimental research in the area of clinical supervision and interest in the role of the clinical supervisor in speech-language pathology have been recent developments. Schubert (1967) discussed the role of the clinical supervisor as that of creating the most optimal program for the clinician and client. The existing variance in both supervisor and supervisee personalities was addressed. Schubert also stressed the importance of supervisor sincerity and a communicative relationship that is honest, yet reassuring. Regular observation and conferencing were regarded as being of great importance to the total supervisory process.

Schubert (1968) described problems that lead to frustration and difficulty when engaged in the supervisory task. In a survey of fifty universities and colleges throughout the United States, he sought data regarding the evaluative criteria used by supervisors of clinical practicum. The problem of maintaining objectivity was a common complaint of the criteria being used at that time. Respondents expressed a need for evaluative procedures that would be more accurate. At that time, Schubert recommended that ASHA establish a committee to investigate the needs of supervisors of clinical practicum.

Much of the existing theory concerning clinical supervision has been developed through the field of education. Clinical supervision has been defined as

that phase of instructional supervision which draws its data from first-hand observation of actual teaching events, and involves face-to-face (and other associated) interaction between the supervisor and teacher in the analysis of teaching behaviors and activities for instructional improvement (Goldhammer, Anderson, and Krajewski, 1980, pp. 19-20).

Clinical supervision has been adapted to the field of speech-language pathology and has come to have two primary objectives:

1. to effect a change in clinician behavior, which in turn will change client behavior in a more positive direction, and
2. to enable the clinician to become an independent and autonomous professional (Oratio, 1977, p. 11).

Schubert and Aitchison (1975) conducted a study to obtain a description of the training, present status, and perceived role of clinical supervisors in college and university speech and hearing programs. They found that the typical clinical supervisor in a university or college training program was a female between the ages of twenty-six and thirty-two years of age, had been employed in her present position from one to three years, held a Master's degree in speech pathology, and was certified by ASHA. She had three to five years of working experience before becoming a supervisor, and had no academic coursework to prepare her for the job of clinical supervisor. According to this study, the typical clinical supervisor did not receive tenure. The supervisory procedures found to be used from most to least often were:

post therapy conferences,
lesson plans,
objective evaluation systems,
videotape, and
audiotape.

Various other models of the sequence of clinical supervision have been proposed. Cogan (1973) described the following phases of the clinical supervision cycle:

1. Preparation of the teacher for clinical supervision,
2. Lesson planning processes,
3. Observation of the classroom interaction,
4. Analysis of teaching, and
5. The conference in clinical supervision.

In this model, considerable emphasis is placed on the establishment of interpersonal security before the actual observation of teaching occurs.

Goldhammer, Anderson, and Krajewski (1980) define the following five stages as comprising the sequence of supervision:

1. Preobservation conference,
2. Observation,
3. Analysis and strategy,
4. Supervision conference, and
5. Post-conference analysis.

Stage five of this model emphasizes the need for evaluating the conference in order to effectively plan future conferences. Analysis of the use of interpersonal skills is an important part of this process.

Acheson and Gall (1980) proposed the following three phases of clinical supervision: 1) planning conference, 2) classroom observation, and 3) feedback conference. Although the defined phases are more general in this model, techniques of analysis are incorporated into these phases.

Oratio (1977) stated that there have been few operational models proposed that are relative to the process of clinical supervision in speech pathology. However, several major elements of clinical supervision have been noted. These elements are observation, analysis, post-therapy conferencing, didactic teaching, microtherapy, live demonstration, and actual clinical practice.

Schubert (1978) discusses various tasks that the clinical supervisor must be able to perform. The clinical supervisor must not only serve as an evaluator, but also as a resource person, advisor, model, and colleague. Encouraging creativity and the integration of theory into practice are important activities that the supervisor should perform.

It has been suggested that supervision phases are developmental progressions, rather than episodes (Cogan, 1973). Most activities are continued and elaborated on throughout the course of the supervision process.

This study was designed to look at the observation and feedback conference phases of clinical supervision, in reference to particular activities that are performed during these phases. The observation phase is viewed as the process whereby the supervisor directly observes the clinical interaction, recording and evaluating the observed behaviors. The feedback conference phase is regarded as that meeting, following the observation, in which the supervisor and supervisee explores areas of interest that are related to the client, clinical process, and clinician growth.

Numerous activities have been recognized as part of the observation and feedback conference phases of clinical supervision (Cogan, 1973; Culatta, Colucci, and Wiggins, 1975; Oratio, 1977; Schubert, 1978; Acheson and Gall, 1980; Goldhammer, Anderson, and Krajewski, 1980; Culatta and Helmick, 1981). Oratio (1977) stated that "the central experience to an effective clinical training program is supervised clinical practice" (p. 132). Theoretical and technical knowledge has been acquired throughout the student clinician's academic career. The transition between classroom learning and clinical practice is achieved through the supervisor's use of didactic teaching and clinical demonstration. The activities that comprise this transition process range from the transmittal of specific information and directions to promotion of the student clinician's self-explorative abilities (Schubert, 1978). The basic purpose of such activities is to expose the student clinician to information that is pertinent to the clinical process. The didactic teaching method(s) that is chosen will depend on the student clinician's level of experience and on the interpersonal climate of the supervisory relationship. It has been shown that some clinicians benefit more from a direct style of supervision. However, supervisors that employ indirect supervisory techniques, when appropriate, have had similar success (Acheson and Gall, 1980).

A recent interest has been noted in the use of systematic techniques for the analysis of verbal and non-verbal clinical behavior (Boone and Prescott, 1972; Schubert, Miner, and Till, 1973; Culatta and Seltzer, 1976; Oratio, 1977; Acheson and Gall, 1980). These

techniques have been used to increase objectivity of evaluation and provide concrete data for assessing the therapeutic process. The supervisor and supervisee may engage in the analysis of therapy together or individually, identifying behaviors and patterns of behavior according to the particular interactive analysis system in use.

Evaluation of the student's clinical performance, in addition to the therapeutic interaction, is an activity that the supervisor engages in throughout the supervisory process. Evaluation is expected by the clinician, but also feared. Student clinicians can benefit from the identification of goals and targets of observations. A clear understanding of what is expected can serve to alleviate confusion and frustration related to the evaluation process (Schubert, 1968; Gertsman, 1977; Pickering, 1981-82).

Recent data has been compiled to identify activities performed by university supervisors of clinical practicum. In a survey of clinical supervisors and university students in clinical practicum, Bountress (1982) delineated several specific supervisory activities that occur. In the survey, the university students were also asked to identify those supervisory activities that were most beneficial to their development of clinical skills. The three activities felt to be most beneficial were, respectively:

1. Provide guidance in the use and selection of specific therapy and diagnostic materials,
2. Engage in discussions and conferences with students regarding clients as needed, and
3. Complete a critique sheet for therapy sessions (p. 16).

In addition, Bountress (1982) also identified the following supervisory activities:

- Orient student to clinic procedures at beginning of term;
- Hold scheduled conferences with students regarding clients;
- Review, grade, or critique written lesson plans;
- Review audio or video tapes of therapy sessions;
- Observe therapy sessions;
- Assign outside readings relative to a specific client's communication problem;
- Demonstrate therapy or diagnostic procedures;
- Loan personal books and materials;
- Teach seminars or classes concerning specific therapy and diagnostic techniques;
- Require clinician self-evaluation of performance in therapy and diagnostics;
- Hold group clinic meetings for staffings, review of procedures, etc.;
- Provide practice in formal report writing--progress and evaluation reports;
- Facilitate scheduling of necessary and varied clinical experiences for the attainment of ASHA certification;
- Assign audio or video recording of supervisory conference by clinician and supervisor;
- Hold mid-term clinical conference; and
- Hold final clinical conference (p. 17).

It has been shown that there is a close relationship between the interpersonal climate that is attained during supervision and the professional growth and development of student clinicians (Cogan, 1973; Culatta, Colucci, and Wiggins, 1975; Oratio, 1977; Carraciolo,

Rigredsky, and Morrison, 1978; Goldhammer, Anderson, and Krajewski, 1980; Pickering, 1981-82). Student clinicians have stressed the need for support and encouragement. The perception of the interpersonal conditions by the recipient of learning has been recognized as being one of the most critical elements for change in behavior (Goldhammer, Anderson, and Krajewski, 1980; Carraciolo, Rigredsky, and Morrison, 1978; Pickering, 1981-82). Therefore, it becomes important to look at the attitudes that supervisors have toward engaging in particular activities that are part of the clinical supervision process. These attitudes can be projected to student clinicians and cause a loss of supervisory credibility (Cogan, 1973; Culatta, Colucci, and Wiggins, 1975).

The general purposes of the present study were to determine specific characteristics of supervisors of university clinical practicum, to survey their attitudes toward engaging in particular supervisory activities, and to examine the relationships between these characteristics and attitudes.

The present study was designed to answer the following questions:

1. What specific characteristics describe the typical supervisor of university clinical practicum in regards to the sex, age, title of position(s) held, years of holding the current position title, existence of tenure, years of experience in the supervision of university clinical practicum and providing direct clinical service, work setting(s) of experience in providing direct clinical

- service, description of education received relative to clinical supervision, highest academic degree obtained, area of certification, and recency of involvement in the supervision of university clinical practicum?
2. What specific activities involved in the observation phase of the clinical supervision process (i.e., recording of data, evaluating performance) do supervisors of university clinical practicum regard as positive or negative personal experiences?
 3. What specific activities involved in the feedback conference phase of the clinical supervision process (i.e., establishing rapport, demonstrating clinical procedures) do supervisors of university clinical practicum regard as positive or negative personal experiences?
 4. Is there a significant relationship between the attitudes of supervisors of university clinical practicum toward specific activities involved in the observation and feedback conference phases of the clinical supervision process and the following characteristics possessed by these supervisors: the sex, age, existence of tenure, years of experience in the supervision of university clinical practicum and providing direct clinical service, type of education received relative to clinical supervision, highest academic degree obtained, years of holding the current position title, and the recency of involvement in the clinical supervision of university clinical practicum?

CHAPTER II

PROCEDURES

The present study was designed as a survey of supervisors of university clinical practicum, both active and previously active. The general purposes of this study were to determine specific characteristics of supervisors of university clinical practicum, to survey their attitudes toward engaging in particular supervisory activities, and to examine the relationships between these characteristics and attitudes.

Subjects

The subjects of this study were members of the Council of University Supervisors of Practicum in Speech-Language Pathology and Audiology (CUSPSTA). The names and addresses of the 170 members were obtained from the editor of Supervision newsletter.

Description of the Questionnaires

The questionnaire used to survey supervisors of university clinical practicum contained three parts, and is included in Appendix B.

The first section consisted of thirteen questions designed to obtain information related to the sex, age, title of position(s) held, years of hold the current position title, existence of tenure, years of experience in the supervision of university clinical practicum and providing direct clinical services, work setting(s) of experience in

providing direct clinical services, description of education received relative to clinical supervision, highest academic degree obtained, area of certification, and recency of involvement in the clinical supervision of university clinical practicum. This section was composed of multiple choice and short answer questions.

The second part of the questionnaire consisted of the rating of specific supervisory activities related to the observation of clinical therapy sessions. A six-point equal interval scale was provided for the rating of attitudes toward each specific supervisory activity and was comprised of the following categories: 1 - strongly positive; 2 - positive; 3 - somewhat positive; 4 - somewhat negative; 5 - negative and 6 - strongly negative. No neutral response choice was offered, as it was anticipated that the scale would be sensitive to marginal attitudes, and that some degree of positive or negative feelings should be expressed by the respondents. The subjects were instructed to select the response that most accurately represented their attitude toward engaging in eight separate supervisory activities.

Part three of the questionnaire was comprised of sixteen supervisory activities that occur during the feedback conference in clinical supervision. Subjects were again asked to apply the six-point rating scale, as discussed in part two, when recording their attitudes toward engaging in each activity.

Many of the items used in parts two and three of the questionnaire were adapted from the data obtained by Bountress (1982) in a survey of clinical supervisors and university students in clinical

practicum. Reference to Bountress' study was made in the cover letter which accompanied the questionnaires (see Appendix A).

The entire survey was composed of thirty-seven questions and was three pages in length.

Methodology

On May 9, 1983, questionnaires were mailed to 170 supervisors of university clinical practicum. These supervisors comprised the total membership of CUSPSTA. The questionnaires were accompanied by a cover letter explaining the purpose of the survey (which is included in Appendix A), and a self-addressed stamped envelope. Recipients of the questionnaires were instructed to return the completed survey as soon as possible, and not later than May 30, 1983. Those no longer actively involved in the supervision of university clinical practicum were asked to indicate this in part one of the questionnaire.

On June 2, 1983, a follow-up questionnaire was sent to those not responding to the first mailing. By June 30, 1983, 152 supervisors of university clinical practicum had completed and returned the questionnaires and, thus, became the subjects of this study. This represented a return rate of 89.4 percent. Subjects responded from thirty-five of the United States and three Canadian provinces.

Treatment of the Data

The data obtained from part one of the questionnaire consisted of both numerical and short answer responses. These data were tallied for frequency and percentage of response and were compiled for presentation in tabular and narrative form.

Data obtained from parts two and three of the questionnaire were numerical in nature and were analyzed by tallying frequency of response for each answer. These frequencies were then converted into a percentage of response and were represented in tabular and narrative form.

Responses obtained from items in part one of the questionnaire and attitudinal data gained from parts two and three were statistically analyzed to determine the existence of significant relationships. These data were then represented in tabular and narrative form.

The comments of respondents were organized and represented in narrative form.

CHAPTER III

RESULTS AND DISCUSSION

The purposes of the current study were the following: 1) to determine specific characteristics of supervisors of university clinical practicum; 2) to survey the attitudes of these supervisors toward engaging in particular supervisory activities; and 3) to examine the relationships between these characteristics and attitudes.

Results Obtained from Part I of the Questionnaires

Part I of the questionnaire consisted of thirteen questions that served to determine specific characteristics of supervisors of university clinical practicum. In response to these questions, the following results were obtained.

Of the 152 supervisors that returned the questionnaire, seventeen (11.2 percent) were male and 135 (88.8 percent) were female. The average age of the respondents was thirty-eight years with a standard deviation of 8.17. One respondent chose not to answer the question on age.

The subjects were asked to give the title of their current position. Many of the respondents chose to list more than one title, therefore, a frequency count was tallied for the purpose of determining the most common title given. The three most frequently listed position

titles were, respectively, assistant professor (N = 37), clinical supervisor (N = 30), and clinical instructor (N = 30). Titles grouped within the category of "other" included the following: audiologist/clinical audiologist; master clinician; doctoral fellow; communication disorders specialist; research fellow; project coordinator and rehabilitation hospital administrator. These data are summarized in Table 1.

TABLE 1
RESPONSES TO THE QUESTION, "WHAT IS THE TITLE
OF YOUR CURRENT POSITION?"

Title	Frequency
Assistant Professor	37
Clinical Supervisor	30
Clinical Instructor	30
Associate Professor	15
Clinical Coordinator	12
Program Director/Coordinator of Speech and Hearing Services	11
Speech Pathologist/Clinician	11
Lecturer	9
Other	9
Professor	7
Supervising Speech-Language Pathologist	5
Professional Staff	3
Clinical Associate	3

Sixty subjects (39.5 percent) were employed in tenure-track positions, while ninety-one (59.9 percent) were not. One respondent did not reply to this question. Forty-two (27.6 percent) of the respondents were tenured and 107 (70.4 percent) were not, with three choosing not to respond to this question. The following is a list of comments that were issued by the respondents to the questions regarding tenure:

Our university does not grant tenure.

Administrative, not faculty.

Will be starting 9/83.

Yes, but it was not initially. The Dean and James Lingwall of ASHA on site visit for ETB accreditation helped get it changed. It was a long and difficult process.

The average number of years that the respondents had held their current title was 4.6 years, with a standard deviation of 3.4 years. The most frequently given answer was two years. Four of the respondents did not answer this question.

The typical respondent had had 7.8 years of full-time experience in providing direct clinical services, with a standard deviation of 5.9 years. The answer most frequently given was four years. Six respondents did not reply to this question.

The subjects were asked to list specific settings in which the aforementioned direct clinical services were provided. In many cases, more than one setting was listed. These were categorized into eight general settings and tallied for a frequency count. The three most frequently listed settings were, respectively, public schools (N = 103), university (N = 54), and medical/hospital (N = 53). Examples of those

settings that were grouped into the category of "other" are: Hearing Aid Dispensing Program; Headstart; Educational Diagnostic Unit; Child Development Center; Summer Camp; and other special interest pre-schools and schools. The settings in which direct clinical services were provided are represented in Table 2.

TABLE 2
RESPONSES TO THE QUESTION, "IN WHAT SPECIFIC SETTING(S)
DID YOU PROVIDE THIS SERVICE?"

Setting	Frequency
Public Schools	103
University	54
Medical/Hospital	53
Other	32
Private Practice	28
Residential Facility	10
Community Speech and Hearing Center	9
Nursing Home	6

The typical respondent had an average of eight years of experience in the supervision of university practicum, with a standard deviation of .47 years. The most frequently given response was two years. Four respondents did not reply to this question. The following comment was issued by one respondent:

Major responsibility is supervision of student teachers.

The subjects were asked to state how recently they had been involved in the supervision of university clinical practicum. One hundred twenty-five (82.2 percent) were currently involved and seven (4.6 percent) were involved not this quarter or semester, but the previous one. The remainder of the respondents had been involved in the previous academic years. Comments to this question include the following:

I am on a temporary leave of absence due to the birth of my daughter.

[In addition to being currently involved] Teach practicum course.

Data from this question are summarized in Table 3.

TABLE 3

RESPONSES TO THE QUESTION, "HOW RECENTLY HAVE YOU BEEN INVOLVED IN THE CLINICAL SUPERVISION OF UNIVERSITY CLINICAL PRACTICUM?"
(N = 152)

Response Choice	Frequency	Percent
Currently involved	125	82.2
Not this quarter or semester, but the previous one	7	4.6
Not this academic year, but the previous one	6	3.9
Two to five academic years previous to this one	8	5.3
More than five academic years previous to this one	6	3.9
<u>Never</u> have supervised university clinical practicum	0	0.0

When asked to describe the type of education that they had received in the area of clinical supervision, fifty-one respondents (33.6 percent) had taken no coursework, but had practical training in clinical supervision. There appeared to be some confusion as to the interpretation of this question, as manifested by the following comments:

Except supervision of student teachers and CCC (CFY) during four years in schools.

I have learned from my mistakes. This is a sore spot. Our profession does not provide for this training. It's assumed that if you're a speech pathologist, you're a supervisor.

Non-directive psy. tech.

Many ASHA presentations and two workshops.

No coursework for academic credit; workshops and ASHA short courses.

But have attended several workshops--seminars--and a short course on supervision.

Also workshops and other continuing education.

What does this mean?

I have taught a supervision course for eight years, but my own training is limited to workshops, short courses, seminars, and the like.

Not sure what "practical training" means? Workshops, etc. If so, then "c."

What is practical training?

But I have prepared and taught a one-day workshop on supervision at our university. I've read as much as I could, attending workshops, convention presentations, CUSPSTA meetings, etc.

Have gone to ASHA sessions on supervision, read supervision literature.

What constitutes "coursework in supervision?"

And workshops.

Some courses were outside field but were pertinent to the supervision process.

Ph.D. in clinical supervision in speech pathology.

Coursework and practical [training] in supervision but not in area of Speech Pathology.

Short courses by ASHA on supervision--no formal coursework, no formal training in clinical supervision.

Since the term "practical training" appeared to be ambiguous to some respondents, the results of the questions should be interpreted carefully. See Table 4 for a summary of responses for this question. Mean score refers to the total mean attitudinal score of those respondents who answered within each category.

TABLE 4
RESPONSES TO THE QUESTION, "HAVE YOU HAD:"
(COURSEWORK OR PRACTICAL TRAINING)
(N = 152)

Response Choice	Frequency	Percent	Mean Score
No coursework or practical training in clinical supervision	28	18.4	28.3393
One to three semester hours (two to four quarter hours) of coursework in clinical supervision	20	13.2	26.6500
No coursework, but have had practical training in clinical supervision	51	33.6	28.1657
One to three semester hours (two to four quarter hours) of coursework, and practical training in clinical supervision	25	16.4	33.5400
Four or more semester hours (five or more quarter hours) of coursework, and practical training in clinical supervision	28	18.4	27.3750

The majority of the respondents (78.3 percent) reported the M.A. or M.S. degree (or the equivalent) as the highest degree held. Thirty-one (20.4 percent) held the degree of Ph.D., and two (1.3 percent) held the B.A. or B.S. degree.

Of the 152 who were asked to specify their area of certification by the American Speech-Language-Hearing Association, 133 (87.5 percent) indicated that their area of certification was in speech-language pathology. Ten (6.6 percent) were certified in audiology, eight (5.3 percent) were certified in both speech-language pathology and audiology, and one (.7 percent) was not certified in any of the areas. This question evoked the following comment:

In Canada, and Quebec, one does not need the ASHA certification, but he's a member of his provincial association.

In summary, the typical supervisor of university clinical practicum is described by the following characteristics:

1. female;
2. thirty-eight years of age;
3. holds the position title of assistant professor;
4. is not employed in a tenure-track position;
5. is not tenured;
6. has held her current title for 4.6 years;
7. has had 7.8 years of experience in providing direct clinical services;
8. has provided direct clinical services in the public school setting;
9. has had eight years of experience in the supervision of university clinical practicum;

10. is currently involved in the supervision of university clinical practicum;
11. has had no coursework, but has had practical training in clinical supervision;
12. holds the degree of M.A. or M.S. (or the equivalent) and;
13. is certified by the American Speech-Language-Hearing Association in the area of speech-language pathology.

In comparison, a study conducted by Schubert and Aitchison (1975) also found the typical clinical supervisor in a university or college training program to be a female, that does not receive tenure, and has had limited academic training in clinical supervision. The differences between the two studies were noted in the age (Schubert and Aitchison: twenty-six to thirty-two years; present study: thirty-eight years), the number of years employed in their present position (Schubert and Aitchison: one to three years; present study: 4.6 years), and the number of years of working experience outside of clinical supervision (Schubert and Aitchison: three to five years; present study: 7.8 years). Since Schubert and Aitchison obtained data through the distribution of questionnaires to eighty-four accredited and 123 non-accredited university training programs throughout the United States, the population sampled was different than that of the present study. However, the age, number of years of employment in the present position, and years of working experience outside of clinical supervision may have increased because of the time lapse between the two studies.

Results Obtained from Part II
of the Questionnaire

Part two of the questionnaire consisted of the rating of eight activities involved in the observation phase of the clinical supervision process. Responses were to represent the subject's attitude toward engaging in each specific supervisory activity, and were categorized according to a six-point equal interval scale. Response choices were: 1 - strongly positive; 2 - positive; 3 - somewhat positive; 4 - somewhat negative; 5 - negative; and 6 - strongly negative. The subjects were instructed to disclose their personal attitudes toward engaging in each activity, and not to confuse this with the relative clinical importance of each activity.

The subjects were asked to rate their attitude toward the observation of therapy sessions. One hundred forty-two (93.4 percent) responded with a positive attitude toward this activity, with 43.4 percent within the strongly positive category. Four respondents (2.6 percent) answered in the category of somewhat negative and two (1.3 percent) in the category of negative. Four of the respondents did not rate this activity. The following comment was made of this activity:

Having been actively involved in the profession for ten years, it's tough sitting behind a two-way mirror.

A total of 65.5 percent of all respondents expressed some degree of positive attitude toward audiovisual filming or audiotaping of therapy sessions. Nine of the respondents did not rate this activity. The following is a list of comments that were issued for this activity:

But this is usually done by graduate assistant while I supervise.

Because student/supervisor can view together and discuss issues.

This is done by someone other than the supervisor.

Not available.

Not applicable. Students do this.

Unavailable.

I don't do it since school sites do not have the equipment.

Responses for this activity are represented in Table 5.

TABLE 5

ATTITUDINAL RATINGS OF THE ACTIVITY, "AUDIOVISUAL
FILMING OR AUDIOTAPING OF THERAPY SESSIONS"
(N = 148)

Response Choice	Frequency	Percent
1 - strongly positive	40	26.3
2 - positive	53	34.9
3 - somewhat positive	37	24.3
4 - somewhat negative	9	5.9
5 - negative	2	1.3
6 - strongly negative	2	1.3
No response	9	5.9

The majority of the respondents (90.8 percent) expressed a positive attitude of some degree toward engaging in the hand recording of data during observation of therapy sessions. Seven respondents

(4.6 percent) felt somewhat negative toward this activity, with the remainder of the group rating in the other negative categories. Four respondents did not rate this activity.

When asked to rate their attitude toward the systematic analysis of verbal and non-verbal clinical behavior (i.e., Boone-Prescott Content and Sequence Analysis, The Analysis of Behavior of Clinicians System, etc.), the majority of the respondents (32.2 percent) chose the rating of somewhat positive. A total of 27 percent answered in the negative categories. The remainder of the respondents rated this activity in the strongly positive and positive categories. Five respondents chose not to rate this activity. The following comments were issued:

Think [it's a] good idea. Try to keep studying systems.

Verbatim analysis.

Don't do, though familiar with the system, Boone-Prescott.

Attitudinal ratings of this activity are represented in Table 6.

One hundred thirty-nine (91.4 percent) of those responding to the questionnaire revealed some degree of positive attitude toward the evaluation of the student clinician's performance, with the most frequently occurring response being in the positive category (39.5 percent). The remaining 8 percent expressed negative attitudes toward engaging in this activity. One respondent did not rate this activity.

The following comments were made:

Depends on the student . . . if they're good a "1", if there's problems, then a "5." Nobody likes to give negative feedback.

In what form?

TABLE 6

ATTITUDINAL RATINGS OF THE ACTIVITY, "SYSTEMATIC ANALYSIS
OF VERBAL AND NON-VERBAL CLINICAL BEHAVIOR"
(N = 147)

Response Choice	Frequency	Percent
1 - strongly positive	15	9.9
2 - positive	42	27.6
3 - somewhat positive	49	32.2
4 - somewhat negative	28	18.4
5 - negative	10	6.6
6 - strongly negative	3	2.0
No response	5	3.3

Forty-eight respondents (31.6 percent) felt somewhat positive toward reviewing and analyzing written lesson plans. A total of 22.4 percent rated this activity in the negative categories. Four respondents chose not to rate this activity. Responses are summarized in Table 7.

When rating their attitudes toward the grading or critiquing of written lesson plans, 31.6 percent of those responding answered in the category of somewhat positive. Thirty-six respondents (23.7 percent) expressed their attitude as positive and 10.5 percent as strongly positive. A total of 33.2 percent of the respondents rated this activity negatively, with 22.4 percent of these ratings in the category of somewhat negative. Three respondents did not give a rating to this activity. The following comments were made by the respondents:

Not grading.

But no one likes to grade.

Grading not done.

TABLE 7

ATTITUDINAL RATINGS OF THE ACTIVITY, "REVIEWING
AND ANALYZING WRITTEN LESSON PLANS"
(N = 148)

Response Choice	Frequency	Percent
1 - strongly positive	23	15.1
2 - positive	43	28.3
3 - somewhat positive	48	31.6
4 - somewhat negative	27	17.8
5 - negative	5	3.3
6 - strongly negative	2	1.3
No response	4	2.6

Examination of Table 8 reveals a strong positive attitude toward completing a summary or critique sheet for each therapy session that is observed. A total of 81.5 percent of the respondents rated this activity in the positive categories. By comparison, 15.1 percent rated this activity negatively. Five respondents chose not to rate this activity. Comments made included the following:

Critique sheet following each observation tends to interfere with student self-evaluation or it alters a student's perception before they have time to think on their own.

Lacks independence on the part of the clinician.

My least favorite activity is paperwork.

TABLE 8

ATTITUDINAL RATINGS OF THE ACTIVITY, "COMPLETING
A SUMMARY OR CRITIQUE SHEET FOR EACH
THERAPY SESSION THAT IS OBSERVED"
(N = 147)

Response choice	Frequency	Percent
1 - strongly positive	37	24.3
2 - positive	54	35.5
3 - somewhat positive	33	21.7
4 - somewhat negative	14	9.2
5 - negative	4	2.6
6 - strongly negative	5	3.3
No response	5	3.3

Results Obtained from Part III
of the Questionnaire

Part III of the questionnaire consisted of the rating of sixteen activities involved in the feedback conference phase of the clinical supervision process. Responses represented the subject's attitude toward engaging in each specific supervisory activity, and were categorized according to the same six-point rating scale that was used in Part II of the questionnaire.

When asked to rate their attitudes toward establishing and maintaining an effective working relationship with student clinicians, most of the subjects (98.7 percent) responded positively. One hundred twenty respondents (84.2 percent) felt strongly positive about this

activity. One respondent felt strongly negative toward this activity, and one chose not to give a rating.

The majority of the respondents (54.6 percent) felt strongly positive toward orienting students to clinical procedures at the beginning of a supervision period. Another 39.5 percent rated this activity as positive and somewhat positive, with only 2.7 percent giving it negative ratings. Five respondents did not rate this activity.

The following comments were made:

Should be done pre-practicum.

Not relevant to our situation.

Assume this is a staffing period.

At beginning of quarter.

Holding conferences with students regarding clients as needed was given a positive rating by 97.3 percent of those responding. Ninety-five respondents (62.5 percent) felt strongly positive toward this activity, with only two respondents giving the rating of strongly negative. Two of those responding to the questionnaire chose not to rate their attitudes toward this activity. Comments on this activity were as follows:

I do it almost every session for three to five minutes.

I hold weekly conferences with all supervisees and also schedule additional appointments for conference on request.

Prefer ongoing.

Hold weekly conferences at minimum.

I sincerely care about the student clinicians because they are the future of this profession.

Should meet regularly.

Because ours are constant/ongoing.

Depends on the student.

Most of the respondents (93.5 percent) felt positive toward holding a scheduled mid-term conference, with their responses being somewhat equally distributed among the positive categories. Nine respondents (5.9 percent) held some degree of negative attitudes toward this activity. One respondent chose not to rate the activity. The following comments were made:

Never seems to be enough time.

For what purpose?

Only because of the extra paperwork involved.

I do it weekly--fifteen minutes.

Depends on purpose. Don't enjoy evaluation of them.

Response data for this activity is summarized in Table 9.

TABLE 9

ATTITUDINAL RATINGS OF THE ACTIVITY, "HOLDING
A SCHEDULED MID-TERM CONFERENCE"
(N = 151)

Response Choice	Frequency	Percent
1 - strongly positive	53	34.9
2 - positive	53	34.9
3 - somewhat positive	36	23.7
4 - somewhat negative	7	4.6
5 - negative	0	0.0
6 - strongly negative	2	1.3
No response	1	.7

A total of 94 percent of those that returned the questionnaire had a positive attitude toward holding a scheduled final conference. The majority of this group (44.7 percent) answered in the strongly positive category. Six respondents (3.9 percent) felt somewhat negative toward this activity, and two respondents felt strongly negative. One respondent did not rate this activity.

With the exception of one respondent who felt strongly negative, 97.4 percent of those answering the questionnaire had a positive attitude toward assisting student clinicians in evaluation and treatment planning. Respectively, 58.6 percent and 32.2 percent responded with the strongly positive and positive categories. Three chose not to rate this activity. The following comments were given:

Not relevant to our situation.

Very helpful.

Half of the respondents (50 percent) had a strongly positive attitude toward assisting student clinicians in developing goals and objectives. Another 48 percent answered within the other positive categories. One respondent felt strongly negative toward this activity, and two did not rate the activity.

When asked to rate their attitudes toward loaning personal books and materials, a total of 82.9 percent responded positively to some degree. Nineteen respondents (12.5 percent) felt somewhat negative toward this activity and 3.9 percent chose to answer in the other negative categories. One respondent did not rate this activity. The following is a list of comments given:

I sometimes lose materials.

It's sometimes difficult to get books back. Materials are returned easier.

If I get them back.

Only after I developed a check-out system.

Due to loss of materials.

Bad experiences here.

Response data for this activity is represented in Table 10.

TABLE 10

ATTITUDINAL RATINGS OF THE ACTIVITY, "LOANING
PERSONAL BOOKS AND MATERIALS"
(N = 151)

Response Choice	Frequency	Percent
1 - strongly positive	40	26.3
2 - positive	54	35.5
3 - somewhat positive	32	21.1
4 - somewhat negative	19	12.5
5 - negative	4	2.6
6 - strongly negative	2	1.3
No response	1	.7

The majority of those responding to the questionnaire (96.7 percent) had a positive attitude toward providing guidance in the use or selection of specific diagnostic and therapy materials. Respectively, 42.8 percent and 44.7 percent chose to respond in the categories of

strongly positive and positive. Fourteen respondents (9.2 percent) felt somewhat positive toward this activity, with the remaining 2 percent responding negatively. Two respondents did not rate this activity.

Demonstrating clinical procedures to student clinicians was regarded with a positive attitude by 96 percent of those who responded to the questionnaire. Most of this group (43.4 percent) responded in the strongly positive category, with 41.4 percent choosing the category of positive. Four respondents (2.7 percent) expressed their attitudes negatively. Two respondents chose not to rate this activity. The following comment was made:

An absolute must.

One hundred eighteen respondents (77.6 percent) felt strongly positive toward fostering student clinician independence and encouraging self-evaluation. Twenty-seven respondents (17.8 percent) and five respondents (3.3 percent), respectively, answered within the categories of positive and somewhat positive. One respondent felt strongly negative toward this activity and one did not give a rating. The following list of comments were made:

My students self-evaluate two times per semester.

Yes!

Self-supervision.

My primary goal as a supervisor.

One hundred thirty (85.5 percent) of the respondents were divided among the positive categories when rating their attitudes toward reviewing audiotapes or videotapes of therapy sessions with

student clinicians. Twelve respondents (7.9 percent) felt somewhat negative toward this activity, with the remaining 2 percent answering within the other negative categories. Seven respondents did not rate this activity. Comments toward this activity were as follows:

Not available.

Not applicable. We supervise 50 percent of sessions here.

One time per semester or quarter.

Time consuming, but valuable.

Response data for this activity is summarized in Table 11.

TABLE 11

ATTITUDINAL RATINGS OF THE ACTIVITY, "REVIEWING
AUDIOTAPES OR VIDEOTAPES OF THERAPY
SESSIONS WITH STUDENT CLINICIANS"
(N = 145)

Response Choice	Frequency	Percent
1 - strongly positive	43	28.3
2 - positive	54	35.5
3 - somewhat positive	33	21.7
4 - somewhat negative	12	7.9
5 - negative	2	1.3
6 - strongly negative	1	.7
No response	7	4.6

Seventy-seven respondents (50.7 percent) had a strongly positive attitude toward requiring student clinician self-evaluation of interactions with clients. Respectively, 34.9 percent and 10.5 percent of

the respondents answered within the categories of positive and somewhat positive. Five respondents (3.3 percent) felt negative toward engaging in this activity. Two of those responding to the questionnaire did not rate this activity. The following comment was made:

Excellent approach.

Assigning outside readings and sources of information relative to the specific client's communication problem was regarded with a positive attitude of some degree by 146 of the respondents (96 percent). This group was rather equally distributed among the three positive categories, with the majority (37.5 percent) choosing the category of positive. Four respondents (2.6 percent) felt somewhat negative toward this activity. Two respondents gave no rating. The following comment was issued:

If needed.

The subjects were asked to rate their attitudes toward providing practice in formal report writing, and toward providing practice in writing goal-setting reports (i.e., IEP's and initial semester work plans). Formal reports were defined as those such as progress and diagnostic evaluation reports. A total of 88.8 percent of the respondents rated this activity as positive, with 10.6 percent giving a negative rating of some degree. One respondent gave no rating to this activity. A total of 84.9 percent of the respondents gave a positive rating to providing practice in writing goal-setting reports, with 12.6 percent rating it with some degree of negativity. Four respondents did not rate this activity. Comments toward these activities included the following:

I'm responsible for all of this and usually complete it after students have left practicum site.

If necessary, but extremely time-consuming.

As feasible.

Response data for these activities is represented in Table 12.

TABLE 12

ATTITUDINAL RATINGS OF THE ACTIVITIES, "PROVIDING PRACTICE
IN FORMAL REPORT WRITING" AND "PROVIDING PRACTICE IN
WRITING GOAL-SETTING REPORTS"

Response Choice	Frequency	Percent
Formal Report Writing (N = 151)		
1 - strongly positive	56	36.8
2 - positive	47	30.9
3 - somewhat positive	32	21.1
4 - somewhat negative	13	8.6
5 - negative	1	.7
6 - strongly negative	2	1.3
No response	1	.7
Goal-Setting Reports (N = 148)		
1 - strongly positive	51	33.6
2 - positive	41	27.0
3 - somewhat positive	37	24.3
4 - somewhat negative	15	9.9
5 - negative	3	2.0
6 - strongly negative	1	.7
No response	4	2.6

The results of this study show that supervisors of university clinical practicum have a more positive attitude toward activities involved in the feedback conference phase of the clinical supervision process. The most frequently chosen response was strongly positive for twelve out of the sixteen activities rated in this section. The remaining four activities were rated most frequently in the positive category. Of the eight supervisory activities involved in the observation phase of the clinical supervision process that were rated, four were most commonly rated in the positive category. Strongly positive was the attitude most frequently selected in one activity in this section, and the remaining three activities were most frequently given the rating of somewhat positive. These data are represented in Table 13.

Activities that are involved in the observation phase of the clinical supervision process were rated with a less positive attitude when they involved the analysis or use of written materials. This is exemplified by the more negative attitudes expressed toward the systematic analysis of verbal and non-verbal clinical behavior (27 percent in the negative categories), reviewing and analyzing written lesson plans (22.4 percent in the negative categories), and grading or critiquing written lesson plans (32.2 percent in the negative categories).

The majority of the respondents showed a positive attitude toward activities involved in the feedback conference phase of the clinical supervision process. The supervisory activity in this

TABLE 13

SUMMARY OF ATTITUDINAL RATINGS FOR ACTIVITIES INVOLVED IN THE
OBSERVATION AND FEEDBACK CONFERENCE PHASES OF THE
CLINICAL SUPERVISION PROCESS

Supervisory Activity	Mean Rating	Most Frequently Chosen Rating
Part II of the Questionnaire		
1. Observing therapy session	1.750	strongly positive
2. Audiovisual filming or audiotaping of therapy sessions	2.203	positive
3. Hand recording of data during observation of therapy sessions	2.236	positive
4. Systematic analysis of verbal and non-verbal clinical behavior	2.898	somewhat positive
5. Evaluation of the student clinician's performance	2.000	positive
6. Reviewing and analyzing written lesson plans	2.589	somewhat positive
7. Grading or critiquing written lesson plans	3.000	somewhat positive
8. Completing a summary or critique sheet for each therapy session that is observed	2.381	positive
Part III of the Questionnaire		
1. Establishing and maintaining an effective working relationship with student clinicians	1.185	strongly positive
2. Orienting students to clinical procedures at the beginning of a supervision period	1.626	strongly positive
3. Holding conferences with students regarding clients as needed	1.447	strongly positive

TABLE 13--Continued

Supervisory Activity	Mean Rating	Most Frequently Chosen Rating
4. Holding a scheduled mid-term conference	2.033	strongly positive
5. Holding a scheduled final conference	1.834	strongly positive
6. Assisting student clinicians in evaluation and treatment planning	1.497	strongly positive
7. Assisting student clinicians in developing goals and objectives	1.640	strongly positive
8. Loaning personal books and materials	2.331	positive
9. Providing guidance in the use or selection of specific diagnostic and therapy materials	1.713	positive
10. Demonstrating clinical procedures to student clinicians	1.740	strongly positive
11. Fostering student clinician independence and encouraging self-evaluation	1.278	strongly positive
12. Reviewing audiotapes or videotapes of therapy sessions with student clinicians	2.166	positive
13. Requiring student clinician self-evaluation of interactions with clients	1.669	strongly positive
14. Assigning outside readings and sources of information relative to the specific client's communication problem	1.900	positive
15. Providing practice in formal report writing	2.086	strongly positive
16. Providing practice in writing goal-setting reports	2.196	strongly positive

section which received the largest percentage of negative attitudinal ratings was that of loaning personal books and materials (16.4 percent chose negative categories).

Statistical Analysis of Questionnaire Data

Statistical analysis revealed no significant difference between males and females in their attitudes toward specific activities involved in the observation and feedback conference phases of the clinical supervision process. There was no significant difference between groups employed in a tenure-track position and those not employed in a tenure-track position in attitudes toward activities involved in the observation and feedback conference phases of the clinical supervision process. No significant difference was found to exist between groups that were tenured and those that were not tenured in attitudes toward activities involved in the observation and feedback conference phases of the clinical supervision process.

There was no significant relationship noted between the number of years the respondent had held their current position title and attitudes toward the stated supervisory activities. A low positive correlation was noted between the age of the respondent and attitudes toward specific activities involved in the observation phase of the clinical supervision process. As the age of the subject increased, attitudes were significantly more negative ($r = 0.1329$; $p < .05$) toward activities that are part of the observation of therapy sessions. There was no significant relationship found between the respondent's age and attitudes toward activities that are part of the feedback conference in clinical supervision. Data are summarized in Table 14.

TABLE 14

PEARSON PRODUCT MOMENT CORRELATION BETWEEN THE VARIABLES
OF AGE AND YEARS OF EXPERIENCE* AND ATTITUDES
TOWARD SUPERVISORY ACTIVITIES

Group	Observation Phase	Feedback Conference Phase
Age	r = 0.1329 (N = 151) P = 0.052	r = 0.1308 (N = 151) P = 0.055
Years 1	r = 0.0429 (N = 148) P = 0.302	r = 0.0493 (N = 148) P = 0.276
Years 2	r = 0.0071 (N = 146) P = 0.466	r = 0.0545 (N = 146) P = 0.257
Years 3	r = 0.1592 (N = 148) P = 0.027	r = 0.0750 (N = 148) P = 0.182

*Years 1: years of holding the current position title;
Years 2: years of full-time experience in providing direct clinical
services; Years 3: years of working experience in the clinical
supervision of university clinical practicum.

According to statistical analysis, there was no significant relationship between the number of years of experience the subject had had in providing direct clinical service and attitudes toward activities involved in the observation and feedback conference phases of the clinical supervision process. However, a low positive correlation was statistically significant ($r = .16$; $p < .05$) between the number of years of experience in the clinical supervision of university clinical practicum and more negative attitudes toward

activities involved in the observation phase. There was no significant relationship noted between years of experience in supervising university clinical practicum and attitudes toward activities that are part of the feedback conference in clinical supervision.

No significant relationship was shown between the recency of involvement in the clinical supervision of university clinical practicum and attitudes toward supervisory activities that are part of the observation and feedback conference phases of the clinical supervision process.

No significant relationship was found to exist between attitudinal scores of activities involved in the observation of therapy sessions and the type of education received relative to the area of clinical supervision. However, the total attitudinal score of those that had one to three semester hours (two to four quarter hours) of coursework, and practical training in clinical supervision was significantly more negative ($F = 2.68; p < .05$) than those that had other types of education relative to the supervision process in regard to activities that are part of the feedback conference in clinical supervision. Since there appeared to be a lack of understanding of the survey question pertaining to the type of education received relative to the clinical supervision process, as exemplified by the respondents comments (see pp. 20-21), over-interpretation of the previously-stated relationship should be avoided. Statistical data are summarized in Table 15 (see also Table 4, page 21).

TABLE 15

ANALYSIS OF VARIANCE BETWEEN GROUPS HAVING DIFFERENT TYPES OF
EDUCATION RELATIVE TO THE CLINICAL SUPERVISION PROCESS
AND ATTITUDES TOWARD SUPERVISORY ACTIVITIES

Source	df	SS	MS	F-Ratio	F-Prob.
Between Groups	4	736.8080	184.2020	2.68	0.034

There was a statistically significant relationship noted between the academic degree achieved and attitudes toward activities involved in the observation phase of the clinical supervision process. Attitudes of those that had achieved the degree of B.A. or B.S. (mean score = 10.000) were significantly more positive ($F = 3.03$; $p < .05$) than those of respondents holding the degree of M.A./M.S. (or the equivalent) and Ph.D. (Mean score of M.A./M.S. = 19.4748; mean score of Ph.D. = 19.7742). Since only two of the respondents listed the degree of B.A./B.S. as the degree held, this relationship must be considered carefully. These data are shown in Table 16.

There was no significant relationship between the highest academic degree achieved and attitudes toward activities that are part of the feedback conference in clinical supervision.

In summary, a statistically significant relationship was found to exist between total attitudinal scores for activities involved in the observation phase of the clinical supervision process and the following subject variables: 1) the age; 2) number of years of experience in the clinical supervision of university clinical practicum;

and 3) the highest academic degree held. There was a significant relationship between the total attitudinal scores of activities involved in the feedback conference phase of the clinical supervision process and the type of education received relative to clinical supervision.

TABLE 16

ANALYSIS OF VARIANCE BETWEEN GROUPS THAT HAVE OBTAINED DIFFERENT LEVELS OF ACADEMIC DEGREES AND ATTITUDES TOWARD ACTIVITIES INVOLVED IN THE OBSERVATION PHASE OF THE CLINICAL SUPERVISION PROCESS
(N = 152)

Source	df	SS	MS	F-Ratio	F-Prob.
Between Groups	2	181.6893	90.8447	3.029	0.0514

Attitudes were found to be significantly more negative toward activities involved in the observation of therapy sessions as the age of the subject increased ($r = .13$; $p < .05$). It is interesting to note that attitudes were also found to be significantly more negative toward activities involved in the observation phase in subjects who had more years of working experience in the supervision of university clinical practicum ($r = .16$; $p < .05$). Since the positive correlations were low, it cannot be concluded that more negative attitudes exist toward these specific supervisory activities in all supervisors who are older or have been supervising university clinical practicum longer. However, the validity of these relationships is increased by their occurrence together. The trend toward more negative attitudes over

time could suggest early signs of professional "burnout" (Welch, Medeiros, and Tate, 1982).

Subjects who had one to three semester hours (two to four quarter hours) of coursework, and practical training in clinical supervision were found to have significantly more negative attitudes toward activities involved in the feedback conference phase of the clinical supervision process. It was discussed previously that the term "practical training" appeared to be ambiguous in the survey question designed to obtain information relative to their education in clinical supervision. It is, therefore, not possible to conclude that the respondents were distributed correctly into the specific groups according to their education in the area of clinical supervision. Thus, the significance of this relationship is questionable due to possible unknown error.

Attitudes of those respondents whose highest academic degree obtained was that of the B.A. or B.S. were found to be significantly more positive toward activities involved in the observation phase of the clinical supervision process. However, only two subjects responding to the questionnaire were in this category.

CHAPTER IV

SUMMARY AND CONCLUSIONS

Little research has focused specifically on the attitudes of clinical supervisors toward clinical supervision. The purposes of this study were: 1) to determine specific characteristics of supervisors of university clinical practicum; 2) to survey the attitudes of these supervisors toward engaging in particular supervisory activities; and 3) to examine the relationships between these characteristics and attitudes.

The results of this study were based on data obtained through a three-part questionnaire that was mailed to the 170 members of the Council of University Supervisors of Practicum in Speech-Language Pathology and Audiology (CUSPSTA). One hundred fifty-two supervisors of university clinical practicum (89.4 percent of the total), both active and previously active, from thirty-five of the United States and three Canadian provinces completed and returned the questionnaires.

The questionnaire was designed to elicit information in the following areas:

1. Identification of characteristics concerning the sex, age, title of position(s) held, years of holding the current position title, existence of tenure, years of experience in supervision of university clinical

practicum and providing direct clinical service, work setting(s) of experience in providing direct clinical service, description of education received relative to clinical supervision, highest academic degree obtained, area of certification, and recency of involvement in the clinical supervision of university clinical practicum;

2. Attitudes toward engaging in specific activities involved in the observation phase of the clinical supervision process; and
3. Attitudes toward engaging in specific activities involved in the feedback conference phase of the clinical supervision process.

The following is a summary of results, based on the analysis of these data:

1. The typical supervisor of university clinical practicum is a female, thirty-eight years of age, who has held her current title of assistant professor for 4.6 years. She is not employed in a tenure-track position and is not tenured. She has had 7.8 years of full-time experience in providing direct clinical services in the public school setting. She is currently involved and has had eight years of experience in the supervision of university clinical practicum. She has had no coursework, but has had practical training in clinical supervision. She holds the degree of M.A. or M.S. (or the equivalent) and is certified by the

American Speech-Language-Hearing Association in the area of speech-language pathology.

2. Supervisors of university clinical practicum had a more positive attitude toward activities involved in the feedback conference phase of the clinical supervision process than toward activities involved in the observation phase.
3. Supervisors of university clinical practicum rated activities that are involved in the observation phase of the clinical supervision process with a less positive attitude when they involved the analysis or use of written materials.
4. Supervisors of university clinical practicum showed an overall positive attitude toward activities involved in the feedback conference phase of the clinical supervision process, with the activity of loaning personal books and materials receiving the largest percentage of negative attitudinal ratings.
5. Attitudes were found to be significantly more negative toward activities involved in the observation of therapy sessions as the age of the supervisor increased and as the number of years of experience in the supervision of university clinical practicum increased.
6. Supervisors of university clinical practicum who had one to three semester hours (two to four quarter hours) of coursework, and practical training in clinical supervision had significantly more negative attitudes toward activities

involved in the feedback conference phase of the clinical supervision process, than did those supervisors who had received other types of education relative to clinical supervision.

7. Attitudes of supervisors of university clinical practicum whose highest academic degree obtained was that of the B.A. or B.S. were significantly more positive toward activities involved in the observation of therapy sessions, than those attitudes of supervisors holding the degree of M.A. or M.S. (or the equivalent) or Ph.D.

The 170 subjects that were surveyed in the present study were members of the Council of University Supervisors of Practicum in Speech-Language Pathology and Audiology. Since the data were obtained from respondents who were members of an organization that is interested in education and growth in the area of clinical supervision in speech-language pathology and audiology, generalization of the results is limited to only a portion of the population of supervisors of university clinical practica.

Conclusions

The majority of the supervisors of university clinical practicum who were surveyed felt positive toward activities involved in both the observation and feedback conference phases of the clinical supervision process. However, more respondents gave negative attitudinal ratings to activities involved in the observation of therapy sessions than to activities involved in conferencing.

Respondents also had more negative attitudes toward activities within the observation phase that required the analysis or use of written materials. The data suggest that activities that are part of the observation of therapy sessions are a greater source of negative attitudes among supervisors of university clinical practicum. Supervisors of university clinical practicum may benefit from evaluation of their participation and interaction in these activities.

Based on the data obtained from the present study, it can be concluded that no significant relationships exist between attitudes toward specific activities involved in the observation and feedback conference phases of the clinical supervision process and the following subject variables: 1) male/female; 2) number of years of holding the current position title; 3) number of years of full-time experience in providing direct clinical services; 4) recency of involvement in the supervision of university clinical practicum; 5) employment in a tenure-track position and 6) possession of tenure.

It was found that attitudes were significantly more negative toward activities involved in the observation of therapy sessions as the age of the supervisor increased and as the number of years of experience in the supervision of university clinical practicum increased. Although the positive correlations were low, the validity of the findings was increased by their occurrence together. These relationships suggest early signs of professional burnout.

Supervisors of university clinical practicum who had one to three semester hours (two to four quarter hours) of coursework, and practical training in clinical supervision were found to have

significantly more negative attitudes toward activities involved in the feedback conference phase of the clinical supervision process, than did those supervisors who had received other types of education relative to clinical supervision. No conclusions can be based on this relationship due to the ambiguity of the term "practical training," as reflected by the respondent's comments on the questionnaires.

Recommendations

From the research, it appears that a limited amount of data is available regarding the attitudes of clinical supervisors toward clinical supervision. Therefore, further research in this area is needed.

Based on the information gained from this study, the following recommendations can be made:

1. That the present study be duplicated, surveying a different population of clinical supervisors, such as those in the public school or medical settings.
2. That a similar study be devised, examining the attitudes of clinical supervisors toward activities other than those discussed in the present study.
3. That a similar study be devised, using a more sensitive attitudinal rating measure than the one that was used in the present study.
4. That a similar study be designed to examine the reasons that clinical supervisors have for possessing positive or negative attitudes toward particular supervisory activities.

5. That a similar study be devised to determine the relationships between the attitudes of clinical supervisors toward specific supervisory activities and the type and amount of educational training received in clinical supervision by these supervisors.
6. That a study be designed to determine the incidence of professional burnout in speech-language pathology and the reasons behind its occurrence.
7. That a study be designed to determine the salaries of supervisors of university clinical practicum, the comparison of these salaries to national salary norms within the field of speech-language pathology and other professions, and to examine the relationships between salary and attitudes toward various supervisory activities.

APPENDICES

APPENDIX A

COVER LETTER

May 9, 1983

Dear Supervisor:

In partial fulfillment of the requirements for a Master of Science degree in Communication Disorders at the University of North Dakota, I am conducting a survey of the attitudes of university supervisors of clinical practicum toward engaging in specific supervisory activities. If you are no longer actively involved in the supervision of university clinical practicum, please indicate this in part one of the attached questionnaire.

In order to get an accurate description of the respondents' attitudes toward various supervisory activities, and to get a clear idea of who holds these attitudes, it is important that all parts of this questionnaire are completed. Please take five to ten minutes to complete the attached questionnaire, in contribution to the validity of this study.

Many of the items used in parts two and three of the questionnaire were adapted from the data obtained by Boutress (1982) in a survey of clinical supervisors and university students in clinical practicum.

The names of individuals and location of employment will in no way be associated with the data obtained from this survey. The number on the survey is there only for the purpose of a follow-up, if necessary.

Please return your completed questionnaire in the enclosed self-addressed stamped envelope as soon as possible, but no later than May 30, 1983.

Thank you very much for your cooperation.

Sincerely,

Kathryn G. Flaatt
Graduate Student

Dean C. Engel, Ph.D.
Thesis Advisor

APPENDIX B

QUESTIONNAIRE

I. Answer the following questions as specifically as possible.

1. Are you: (circle one)
 - a) male
 - b) female
2. What is your age in years? _____
3. What is the title of your current position (i.e., clinical instructor, assistant professor, etc.)? _____
4. Is this a tenure-track position? (circle one)
 - a) yes
 - b) no
5. Are you tenured? (circle one)
 - a) yes
 - b) no
6. How many years have you held the title referred to in question #3? (One year equals twelve calendar months or one academic year, depending on your situation of employment, whenever referred to in this questionnaire. Please include the current year in your total, even if it is only partially completed.) _____
7. How many years of full-time experience have you had in providing direct clinical service? _____
8. In what specific setting(s) did you provide this service?

9. How many years of working experience have you had in the clinical supervision of university clinical practicum? _____
10. How recently have you been involved in the clinical supervision of university clinical practicum? (circle one)
 - a) currently involved
 - b) not this quarter or semester, but the previous one
 - c) not this academic year, but the previous one
 - d) two to five academic years previous to this one
 - e) more than five academic years previous to this one
 - f) never have supervised university clinical practicum
11. Have you had: (circle one)
 - a) no coursework or practical training in clinical supervision
 - b) one to three semester hours (two to four quarter hours) of coursework in clinical supervision

- c) no coursework, but have had practical training in clinical supervision
 - d) one to three semester hours (two to four quarter hours) of coursework, and practical training in clinical supervision
 - e) four or more semester hours (five or more quarter hours) of coursework, and practical training in clinical supervision
12. Is the highest degree that you hold: (circle one)
- a) B.S. or B.A.
 - b) M.A. or M.S. (or the equivalent)
 - c) Ph.D.
13. Are you certified by the American Speech-Language-Hearing Association in: (circle one)
- a) Speech-Language Pathology
 - b) Audiology
 - c) Speech-Language Pathology and Audiology
 - d) none

II. In the following two sections, a rating scale is provided for evaluating your attitude toward engaging in specific supervisory activities. Please note that the purpose of this rating scale is to distinguish the degree to which you like/dislike engaging in each supervisory activity. Please do not confuse this with the clinical importance of these activities. Circle the number which most accurately represents your attitude when participating in the stated supervisory activity.

Is your attitude toward engaging in these activities:

- 1 - Strongly positive
- 2 - Positive
- 3 - Somewhat positive
- 4 - Somewhat negative
- 5 - Negative
- 6 - Strongly negative

- 1. Observing therapy sessions
1 2 3 4 5 6
- 2. Audiovisual filming or audiotaping of therapy sessions
1 2 3 4 5 6
- 3. Hand recording of data during observation of therapy sessions
1 2 3 4 5 6

4. Systematic analysis of verbal and non-verbal clinical behavior (i.e., Boone-Prescott Content and Sequence Analysis, The Analysis of Behavior of Clinicians System, etc.)

1	2	3	4	5	6
---	---	---	---	---	---
5. Evaluation of the student clinician's performance

1	2	3	4	5	6
---	---	---	---	---	---
6. Reviewing and analyzing written lesson plans

1	2	3	4	5	6
---	---	---	---	---	---
7. Grading or critiquing written lesson plans

1	2	3	4	5	6
---	---	---	---	---	---
8. Completing a summary or critique sheet for each therapy session that is observed

1	2	3	4	5	6
---	---	---	---	---	---

III.

1. Establishing and maintaining an effective working relationship with student clinicians

1	2	3	4	5	6
---	---	---	---	---	---
2. Orienting students to clinical procedures at the beginning of a supervision period

1	2	3	4	5	6
---	---	---	---	---	---
3. Holding conferences with students regarding clients as needed

1	2	3	4	5	6
---	---	---	---	---	---
4. Holding a scheduled mid-term conference

1	2	3	4	5	6
---	---	---	---	---	---
5. Holding a scheduled final conference

1	2	3	4	5	6
---	---	---	---	---	---
6. Assisting student clinicians in evaluation and treatment planning

1	2	3	4	5	6
---	---	---	---	---	---
7. Assisting student clinicians in developing goals and objectives

1	2	3	4	5	6
---	---	---	---	---	---
8. Loaning personal books and materials

1	2	3	4	5	6
---	---	---	---	---	---

9. Providing guidance in the use or selection of specific diagnostic and therapy materials
1 2 3 4 5 6
10. Demonstrating clinical procedures to student clinicians
1 2 3 4 5 6
11. Fostering student clinician independence and encouraging self-evaluation
1 2 3 4 5 6
12. Reviewing audiotapes or videotapes of therapy sessions with student clinicians
1 2 3 4 5 6
13. Requiring student clinician self-evaluation of interactions with clients
1 2 3 4 5 6
14. Assigning outside readings and sources of information relative to the specific client's communication problem
1 2 3 4 5 6
15. Providing practice in formal report writing (i.e., progress and diagnostic evaluation reports)
1 2 3 4 5 6
16. Providing practice in writing goal-setting reports (i.e., IEP's and initial semester work plans)
1 2 3 4 5 6

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