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Supervision

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Self-Assessment in Supervision: The Use of the Rubric as a Means of Self-Assessment

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Abstract

Self-assessment in supervision is a complex task; therefore, using a rubric as a means of self-assessment may be a valuable tool. This article will discuss the development of a rubric using the Knowledge and Skills Needed by Speech-Language Pathologists Providing Clinical Supervision (American Speech-Language-Hearing Association [ASHA], 2008a) as the foundation of the tool. The proposed rubric can serve as a tool to self-assess skills and professional development needs in the area of clinical supervision. ASHA has outlined 11 competencies required by supervisors of students and Clinical Fellows (CFs) in the field of speech-language pathology (2008a). Using these competencies paired with a rubric model proposed by Arrasmith and Galion (2001), this article will provide a means by which clinical supervisors can guide their professional development in supervision.

Introduction

At some point in their careers, many speech-language pathologists (SLPs) will be involved in supervising students, clinical fellows (CFs), practicing SLPs, and/or paraprofessionals (American Speech-Language-Hearing Association [ASHA], 2008a). Geller and Foley (2009) state that professionals commonly become supervisors without adequate preparation. The data suggest that few clinical supervisors have received enough formal training or education in the techniques of supervision (Spence, Ogletree, & Brotherton, 2001). In 2008, the AdHoc Committee on Supervision developed the document Knowledge and Skills Needed by Speech-Language Pathologists Providing Clinical Supervision. This document contains 11 items that represent the core areas of knowledge and skills that should be acquired by the SLP functioning in the role of clinical supervisor. While specific education and experience in supervision is desirable and highly recommended, it is not mandated by ASHA. Therefore, a continued call for systematic study and investigation of the supervisory process is necessary to expand the evidence base from which professional speech-language pathologists increase knowledge about supervision and the supervisory process (ASHA, 2008a).

The Knowledge and Skills document was the first step in promoting this self-study. The 11 core areas represent the knowledge and skills thought to be prerequisite to the development of specific supervisory skills, regardless of the clinical site. The Knowledge and Skills document is dynamic and should continue to evolve as the field of clinical supervision in speech-language pathology progresses. Although the document provides a comprehensive list of requisite skills,

it lacks a tool for supervisors to use in self-assessment. The development of a performance assessment or rubric would help clinical supervisors address issues, develop goals, and rate the quality of supervisory services.

The use of a rubric as a tool for the assessment of performance may be similar to practice in the field of education. The rubric is an itemized assessment tool designed to measure a student's competency in completing a particular academic task (Anderson & Puckett, 2003). Rubrics are evaluation tools that delineate criteria with corresponding rating scales. The term *rubric* can mean a set of categories and criteria for assessment as well as gradients for presenting and evaluating learning. Rubrics clarify what is important to assess in terms of specific skills or knowledge areas (Moskal, 2000).

Precise definitions vary. Schmoker (2006) states that a rubric "nails down criteria" (p. 42), while Guskey (1994) identifies a rubric as specific guidelines. Another definition by Wiggins (1998) proposes that a rubric indicates what matters most when assessing student knowledge and skills. It appears that the term can have several meanings: a rule, a guide, a criterion, or a description. The use of the rubric definition appears to be dependent on the entity assessing the progress of an individual.

The rubric has been embraced by some disciplines as a means of measurement for complex abilities such as critical thinking (Banta, 2008). While the use of rubrics may not provide a sensible approach for a sizeable segment of programs, a rubric can offer a reasonable alternative to administering a standard test to assess skills of metacognition. Madix and Oxley (2009) define the skill of metacognition as one that is needed by the developing clinician. The aspiring graduate student's abilities to recall information and understand simple relationships are assessed using standardized measures, such as the Graduate Record Examination (GRE) and the cumulative grade point average (GPA). In other words, entry assessments predict how well a student will perform academically. Successful clinical performance, however, requires collaboration, analysis, and research to ill-defined questions with a variety of answers.

The only standards for entrance into the position of clinical supervisor are passing the Praxis examination, completing the Clinical Fellowship year, and possibly possessing a prescribed number of years of experience as a clinician. These measures do not assess the performance of a supervisor's ability to collaborate, analyze, and research ill-defined questions with a variety of answers. Many professionals are thrust into the role of supervisor or clinical educator without adequate preparation or training (ASHA, 2008b; Anderson, 1988; Dowling, 2001; McCrea & Brasseur, 2003; Spence, Ogletree, & Brotherton, 2001). The criteria for being a supervisor are based on experience and not on an analysis of skills and knowledge. The use of a rubric, based on the Knowledge and Skills Needed by Speech-Language Pathologists Providing Clinical Supervision (ASHA, 2008a), allows for clarification of more complex and open-ended activities such as therapy or the process involved in clinical supervision.

When developing a rubric for assessing supervisory skills, one must consider the guidelines used to develop a rubric for academic classes. Anderson and Puckett (2003) have listed the following questions and guidelines for professors interested in developing a rubric for assessment of students. These questions and guidelines can also apply to clinical supervision.

1. What criteria should be included in the development of a rubric?

A good rubric carefully delineates criteria that define a "good" product. The rubric should be specific in its identification of quantity or quality.

2. What type of rubric should be developed?

A rubric should be either holistic or analytic. The holistic rubric is one that assesses skills based on the dominant impressions that the work communicates. Analytical rubrics allow assessment on a more discrete consideration of each criterion.

3. Should a rubric be designed to allow the opportunity for narrative comments?

Some rubrics allow the inclusion of quantitative markings, but all rubrics can be developed to allow for narrative feedback.

The Knowledge and Skills Needed by Speech-Language Pathologists Providing Clinical Supervision document (ASHA, 2008a) was the beginning of an attempt to address the lack of criteria required for supervisors. The document does not, however, address the issues of quantity or quality. A supervisor attempting to self-assess skills using the Knowledge and Skills form cannot assess discrete skill sets. The document does not provide an opportunity for narrative comments. While the document does provide standards of minimal competence, it is not analytical in nature. Analytical documentation is necessary to provide a measure or indicator by which a clinical supervisor can demonstrate an achieved level of expertise. The document also does not provide a definition of a “good product,” nor does it address how one can assess the level of knowledge and skills acquired and practiced by the clinical supervisor.

The profession of addiction counseling developed standards of minimal competence. These standards, sometimes called benchmarks, are a means by which professionals, such as clinical supervisors, can self-evaluate skills and knowledge. The use of benchmarks in the form of an analytical rubric can provide a measure or indicator by which an achieved level of expertise can be demonstrated and documented. This process provides an analytical measure by which a professional can determine a “good product” and includes an opportunity for narrative comment based on defined minimal competences. A well-designed rubric can offer more than an assessment of “right” and “wrong”; it can enable professionals to improve the quality of their work and further their own learning and development.

Arrasmith and Galion (2001) identified and used the 123 competencies essential to the effective practice of counseling in addiction. They then developed a series of documents aimed at addressing the issue of self-evaluation. This document, called the Competencies, is similar in its scope to the Knowledge and Skills document developed by ASHA for clinical supervisors (ASHA, 2008a). Arrasmith and Galion (2001) went one step further by developing a companion document to the Competencies. The document, a “Performance Assessment Measure,” is a rubric developed to analyze an array of skills ranging from developing to exemplary. A variety of skills and knowledge are needed for most jobs in addiction treatment or clinical supervision, and these skills need to be measured through the use of multiple sources. The development of a rubric would be an effective method to measure performance, including supervisor strengths and needs. The use of a rubric in conjunction with the Knowledge and Skills for Clinical Supervisors is recommended.

Four steps can be used to develop a rubric for self-assessment of supervisory skills: define the foundation and practice dimensions, develop descriptions of expected behaviors at different stages of supervisor development, develop a performance rating scale, and develop a performance rating summary sheet. Each of these steps will be discussed in detail.

Foundation and Practice Dimensions

The first step in the development of the rubric(s) is to define the foundation and practice dimensions for each set of criteria. The foundation is the knowledge needed for each core area of supervision, and the practice dimension consists of the skills needed to engage in supervision. The addiction counseling document (Arrasmith & Galion, 2001) contains rubrics for four transdisciplinary foundations and eight practice dimensions. Each transdisciplinary foundation and practice area is then divided into the competencies needed for exemplary practice. The document delineates how one would assess proficiency. The rubric proposed for clinical supervision would consist of the 11 core skills of clinical supervision, divided into two sections. One section would address the knowledge needed for each core area, and the other section would address the skills for clinical supervision. The core area is identified at the top of each set of rubrics. Then, knowledge or skills needed for a particular core area are listed following the statements, “Potential measures and methods” (for the knowledge required) and

“The competent supervisor is able to” (for the skills required). The supervisor is encouraged to add to this list any skill that would be appropriate to the practice setting in which the supervisor provides supervision. Below is an example of what a practice dimension area would cover. In this example, the first area outlined is Preparation for the Supervisory Experience.

Core Area I: Preparation for the Supervisory Experience

A. Knowledge Required

Potential measures and methods:

- Familiarity with the literature on supervision and the impact of the supervisors’ behavior on the growth and development of the supervisee.
- Recognition that the planning and goal setting are critical components both for the clinical care provided to the client by the supervisee and for the professional growth of the supervisee.
- Understanding of the value of different observation formats to benefit supervisors’ growth and development.
- Understanding of the importance of implementing a supervisory style that corresponds to the knowledge and skill level of the supervisee.
- Understanding the basic principles and dynamics of effective collaboration.
- Familiarity with data collection methods and tools for analysis of clinical behaviors.
- Understanding of the types and uses of technology and their application on supervision.

B. Skills Required

The competent supervisor is able to:

- Facilitate an understanding of the supervisory process that includes the objectives of supervision, the roles of the participants, the components of the supervisory process, and a clear description of the assigned tasks and responsibilities.
- Assist the supervisee in formulating goals for the clinical and supervisory processes as needed.
- Assess the supervisee’s knowledge, skills, and prior experiences in relationship to the clients served.
- Adapt and develop observational formats that facilitate objective data collection.
- Select and apply a supervisory style based on the needs of the clients served and the knowledge and skill of the supervisee.
- Model effective collaboration and communication skills in interdisciplinary teams.
- Analyze the data collected to facilitate the supervisee’s clinical skill development and professional growth.
- Use technology as appropriate to enhance communication effectiveness and efficiency in the supervisory process.

Description of Expected Behaviors

The second step is to develop descriptions of expected behaviors at three distinct stages or levels of a supervisor’s development: developing, proficient, and exemplary. These three levels serve as descriptive benchmarks on a continuum, similar to the continuum used in Anderson’s continuum of supervision (1988). The continuum should be flexible and changeable depending on the setting in which supervision takes place and the experiences and educational level of the supervisor. The continuum progresses from developing or novice supervisor, to proficient or specialist, and, ultimately, to exemplary or experienced supervisor. The terminology of the three benchmarks provided below is a synthesis of descriptors used by

Arrasmith and Galion (2001) for exemplary, proficient, and developing counselors, and Guilford, Graham, and Scheuerle (2006) for novice, specialist, and experienced clinicians.

Developing or novice supervisors have limited understanding of, and therefore inconsistently apply, tools, systems, and models of supervision. This person, while not new to the field in terms of experience as a clinician, is new to the field of supervision. The individual may not have had any training, continuing education or academic coursework in the area of supervision.

Proficient or specialist supervisors demonstrate and apply knowledge skills and attitudes with consistency and effectiveness in a variety of supervisory interactions. The proficient supervisor is one who has had minimal exposure to the art of supervision. This may be someone who has completed some coursework and/or reviews the literature on supervision. This person is able to reliably perform certain components of the work, but is limited in terms of their specific abilities.

Exemplary or experienced supervisors strategically apply and integrate the supervisory competencies with consistency and efficacy. The exemplary supervisor performs the core skills easily and with expertise. This is someone who has participated in coursework, workshops, or other continuing education in order to develop and improve his or her supervisory skills.

A practicing supervisor typically has an array of skills that range at any particular time from developing to exemplary. Most professionals, according to Guilford et al. (2006), have an intuitive ability to recognize expertise when they see it. Identifying the characteristics of expertise in supervision in speech-language pathology helps individuals recognize ongoing professional development needs. The proposed rubrics provide a series of benchmarks a supervisor can use to identify progress toward the mastery of competencies over time. The supervisor can use the rubrics to identify skills that need to be acquired prior to progressing to the next level on the continuum. For the sake of continuity, the terms *developing*, *proficient*, and *exemplary* will be used for each core area. The rater can use terms such as “is aware,” “understands,” and “implements” to characterize the level at which a supervisor is performing. These levels are determined not by years of experience alone but by a combination of education, experience, and awareness. Table 1.1 provides an example of a performance assessment rubric for the first core area: Preparation for Supervision.

Table 1. Performance Assessment Rubrics: Preparation for Supervision

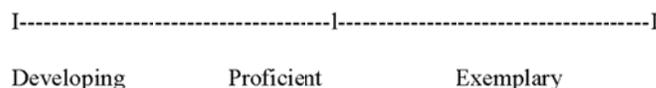
The Developing Supervisor	The Proficient Supervisor	The Exemplary Supervisor
Is aware of the literature pertaining to supervision and the impact of supervisor behavior on the growth and development of the supervisee, but has limited understanding of its use.	Understands that there is literature pertaining to supervision and the impact of supervisor behaviors on the growth and development of the supervisee, but only uses the literature in routine activities.	Implements information in literature on supervision and uses the literature to affect growth and development of the supervisee by modifying supervisory behavior consistently.

Performance Rating Scale

The third step is the development of a performance rating scale. The use of a 5-point scale is recommended. The scale should include descriptions of behaviors at either end of the scale and at the midpoint of the scale (e.g., developing at the beginning of the scale, exemplary at the far end of the scale, and proficient at the midpoint of the scale). Additional scale points can be inserted and defined, differentiating between proficient and exemplary and between proficient and developing. Ratings between the end points and the middle of the continuum represent supervisors whose performance is either better than proficient but not quite exemplary (between midpoint and the far end of the scale) or performance that is not

consistently proficient, but beyond developing (between the near end of the scale and the midpoint). See figure 1 for an illustration of the linear progression from Developing to Exemplary.

Figure 1. Linear Progression from Developing to Exemplary

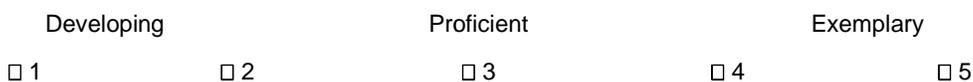


The 5-point rating scale that follows the performance assessment rubric is based on the scale developed for the addiction counselor rubrics. The original scale consisted of seven points that included definitions for no familiarity and no experience. This scale is also a continuum in that a supervisor can fluctuate in his or her assessment of knowledge and skills based on a number of factors. The 5-point scale and the definitions for each point are described in Table 2.

Table 2. Competency Levels Rating Scale

Rating	Definition
1	Understands: The supervisor can explain and discuss key supervisory issues and concepts; has studied supervisory applications; and is familiar with the tasks and functions of supervising.
2	Developing: The supervisor integrates supervisory knowledge and skills with a limited degree of consistency in routine supervisory tasks.
3	Competent: The supervisor applies supervisory knowledge and skills with consistency in routine supervisory interactions and responsibilities.
4	Skilled: The supervisor demonstrates, applies, and integrates supervising knowledge and skills with a high degree of consistency and effectiveness in most situations.
5	Master: The supervisor is especially skillful in demonstrating, applying, and integrating supervisory knowledge and skills with the highest degree of consistency and effectiveness in routine and complex supervisory interactions.

Rating Scale



Performance Rating Summary

The final step in the rubric is the Performance Rating Summary Sheet. This summary sheet provides identification of mastery. A score of 1 indicates the need for guidance in order to perform the skill. A score of 2 indicates the supervisor knows simple details and processes related to supervision, while a score of 3 indicates mastery of the content. A score of 4 or 5 indicates consistency of the skill set. The summary sheet would list the core area, the date of review of the area, and the overall rating based on the 5-point scale and the level of the supervisor’s skills and knowledge. The developing supervisor would be rated either 1 or 2, the proficient supervisor would be rated a 3, and the exemplary supervisor would be rated either a 4 or 5. The supervisor can possess skills in all three areas, and the rating would be dependent on the supervisory site and other factors. The performance rating summary can show progress. The data collected can be linked to the decisions made by the supervisors as they navigate their way through the supervisory process. An example of a Performance Rating Summary Sheet is provided in Table 3.

Table 3. Performance Rating Summary Sheet

Competency Area	Date of Review	Overall Rating				
		<i>Developing</i>		<i>Proficient</i>	<i>Exemplary</i>	
Area 1: Preparation for Supervisory Experience		1	2	3	4	5
Rater Comments:						
Proposed Goals:						

The use of the rubric will provide information for clinical supervisors at any stage in their professional development about the knowledge, skills, and attitudes that contribute to their ability to demonstrate competence. The Knowledge and Skills document provides the competencies for clinical supervision. The Performance Assessment Rubric provides the means of gauging proficiency in the competency areas. The Performance Assessment Rubrics and Competencies are intended to be used together as companion documents. The use of both will provide the clinical supervisor with what needs to be mastered in order to enhance proficiency or competence in a given dimension. Analysis of the results allows the supervisor to identify objectives, decide on procedures, and evaluate whether goals are accomplished. A rubric can orient the supervisor to the concept of quality of a supervisory skill and guide skill revision and improvement.

The proposed development and use of a rubric that can be used for self-assessment is not a proposal for everyone. A well-constructed rubric can be used as a tool for supervisor self-assessment; however, there are inherent advantages and disadvantages to the use of such a measurement for self-assessment. An advantage is that the rubric can provide an answer key that will allow for consistent assessment. The rubric can be impartial and can allow the user to be organized and to clarify thoughts. A disadvantage is that the rubrics may evaluate “doing versus understanding.” The rubrics may be too vague and lead to anxiety if too many criteria are included. When carefully constructed, rubrics can become a familiar and accurate tool for the development of knowledge and skills and allow for scaffolding learning for the supervisor at any point in the continuum. Banta (2008) sees rubrics as appropriate tools for assessing the quality of a composite skill set.

The ASHA Technical Report (2008c) lists the exploration of different supervisory approaches that promote problem-solving, self-analysis, and self-evaluation to develop clinical effectiveness as one area of future research. The exploration of different supervisory approaches is important, because no single document is a comprehensive tool on how to be a supervisor. Supervisors should develop methods by which they can evaluate their own behaviors because few supervisees have sufficient knowledge or understanding of the supervisory process to provide constructive feedback. Because ASHA has deemed it inappropriate for individuals outside of the profession to evaluate a clinical supervisor (1993), supervisors must develop and use their own tools to generate and analyze meaningful data. Such data assists supervisors in determining their effectiveness, identifying supervisory objectives, deciding on certain procedures, developing specific goals, and determining whether these goals have been achieved. The Knowledge and Skills document has outlined the criteria necessary to develop good rubrics. The use of rubrics can assist the supervisor in the difficult tasks of gauging proficiency and determining what needs to be learned in order to enhance proficiency or competence in the complicated process of supervision.

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