E-Supervision: Employing Videoconferencing in Supervision of Graduate Students

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Teacher education programs are always seeking ways to enhance the clinical training of graduate students. They desire to capitalize on the experiences provided from within the walls of the public school systems. In the areas of counselor education, educational psychology and speech-language pathology, this may include the need to supervise students during clinical training experiences. In addition, university programs are seeing a rise in the number of non-traditional applicants. These people are often seeking a career change and have other life responsibilities that make obtaining a degree as a full-time student impossible. With the increased availability of distance learning opportunities, applicants from outlying geographic areas now have access to higher education that they may never have had before. This presents a unique set of problems for programs that require numerous clinical training under the supervision of qualified professionals.

It was in direct response to these issues that the Communication Disorders Program at the University of Virginia began to investigate alternative means of student supervision. After much investigation it was decided that videoconferencing technologies would afford the program the ability to provide two-way interactive supervision to students at geographically distant sites. It allowed the program to expand in allowing students to participate in a masters degree program while maintaining their jobs in the public schools.

The program has developed and implemented a protocol that incorporates the use of videoconferencing technologies into an interactive, efficient and effective model for supervision. This model has greatly reduced the costs and loss of productivity associated with supervision of students in off-ground placements. Students report decreased stress and an increased feeling of independence when supervised using videoconferencing. The technology allows the supervisor to control the video image and provide audio feedback to the student without disrupting the session. This model of supervision has been readily embraced by administrators and technical support personnel within the public schools; thereby fostering relationships between the university and the public schools.

A videoconferencing unit and television were placed in the therapy room of the student clinician. The other unit was placed in the office of the clinical instructor on campus. The videoconferencing unit connected to the television monitor requires minimal space on a desk top or table surface. The most complex aspect of this endeavor was establishing adequate Internet connections to allow for the transmission of the audio-video information between the sites. This was worked out on a case by case basis with the technology personnel at the school. The student clinicians were responsible for obtaining the permissions for observation and videotaping. After the Internet connections were configured and permissions were obtained, a schedule of supervision of the student clinician was undertaken. The clinical
instructor was able to remain in her office while conducting supervision of student clinicians in the public school setting. The videoconferencing units allowed for two-way, interactive communication between the clinical instructor and the student clinician. The clinical instructor adjusted the camera throughout the therapy session allowing for excellent viewing capabilities. The instructor could provide audio input to the clinician through personal ear monitors without disruption to the therapy session. Feedback was provided to the student clinician at the end of the session through videoconferencing or as written feedback sent through email. It was possible for the clinical instructor to make video-recordings of the sessions for later review.

This presentation will address the key elements in implementing videoconferencing in the supervision of graduate students. A discussion about the specific equipment and technical support needs will be addressed. The discussion would include information and resources regarding issues of connectivity, administrative concerns and feedback from student clinicians. Participants would be encouraged to participate in a discussion regarding the benefits and perceived drawbacks of the model. Additional applications will be proposed.

A demonstration of the model will be conducted using portable videoconferencing units and personal ear monitoring system. Participants will be able to observe a clinical training session incorporating the use of videoconferencing. There will be an opportunity for the participants to engage in dialogue with the supervisee.