Setting Ourselves up for Success: Strategies for Effective Clinical Learning Partnerships

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Handout 1

PRE-CONFERENCE WARM-UP WORKSHEET

In preparation for our discussion today focusing on applying EBP to our clinical teaching, answer the following questions:

1. Describe a challenging situation or conversation that you experienced while working with a student (if you have not yet been a clinical instructor for a student, describe a challenging experience you had when you were a student)

2. Briefly describe how you handled the situation

3. **TO BE COMPLETED AT THE END OF THE WORKSHOP**

CONSIDER THE EVIDENCE ID 2 evidence-based strategies you could use for the above situation

Handout 2

SUMMARY OF SKILLS TO PROVIDE CLINICAL SUPERVISION
(ASHA 2008 Knowledge & Skills)

Core Areas	SKILLS
I. Preparation for the supervisory experience	1. 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. 2. Assist the supervisee in formulating goals for the clinical and supervisory processes, as needed. 3. Assess the supervisee's knowledge, skills, and prior experiences in relationship to the clients served. 4. Adapt or develop observational formats that facilitate objective data collection. 5. Be able to select and apply a supervisory style based on the needs of the clients served, and the knowledge and skill of the supervisee. 6. Model effective collaboration and communication skills in interdisciplinary teams. 7. Be able to analyze the data collected to facilitate the supervisee's clinical skill development and professional growth. 8. Use technology as appropriate to enhance communication effectiveness & efficiency in the supervisory process.
II. Interpersonal communication & supervisor-supervisee relationship	1. Demonstrate the use of effective interpersonal skills. 2. Facilitate the supervisee's use of interpersonal communication skills that will maximize ommunication effectiveness. 3. Recognize and accommodate differences in learning styles as part of the supervisory process. 4. Recognize and be able to address the challenges to successful communication interactions (e.g., generational and/or gender differences and cultural/linguistic factors). 5. Recognize and accommodate differences in communication styles. 6. Demonstrate behaviors that facilitate effective listening (e.g., silent listening, questioning, paraphrasing, empathizing, and supporting). 7. Maintain a professional and supportive relationship that allows for both supervisee and supervisor growth. 8. Apply research on supervision in developing supervisory relationships and in analyzing supervisor and supervisee behaviors. 9. Conduct a supervisor self-assessment to identify strengths as well as areas that need improvement (e.g., interpersonal communication). 10. Use appropriate conflict resolution strategies.
III. Dev of Supervisee's Critical Thinking and Problem-Solving Skills	1. Assist the supervisee in using a variety of data collection procedures. 2. Assist the supervisee in objectively analyzing and interpreting the data obtained and in understanding how to use it for modification of intervention plans. 3. Assist the supervisee in identifying salient patterns in either clinician or client behavior that facilitate or hinder learning. 4. Use language that fosters independent thinking and assists the supervisee in recognizing and defining problems, and in developing solutions. 5. Assist the supervisee in determining whether the objectives for the client and/or the supervisory experience have been met.
IV. Dev of Supervisee's Clinical Competence in Assessment	1. Facilitate the supervisee's use of best practices in assessment, including the application of current research to the assessment process. 2. Facilitate the supervisee's use of verbal and nonverbal behaviors to establish an effective client–clinician relationship. 3. Assist the supervisee in selecting and using assessment tools and techniques specific to the clients served. 4. Assist the supervisee in providing rationales for the selected procedures. 5. Demonstrate how to integrate assessment findings and observations to diagnose and develop appropriate recommendations for intervention and/or management. 6. Provide instruction, modeling, and/or feedback in counseling clients and/or caregivers about assessment results and recommendations in a respectful and sensitive manner. 7. Facilitate the supervisee's ability to use alternative assessment procedures for linguistically diverse clients.

V. Dev of Supervisee's Clinical Competence in Intervention	1. Assist the supervisee in developing and prioritizing appropriate treatment goals. 2. Facilitate the supervisee's consideration of evidence in selecting materials, procedures, and techniques, and in providing a rationale for their use. 3. Assist the supervisee in selecting and using a variety of clinical materials and techniques appropriate to the clients served, and in providing a rationale for their use. 4. Demonstrate the use of a variety of data collection procedures appropriate to the specific clinical situation. 5. Assist the supervisee in analyzing the data collected in order to reformulate goals, treatment plans, procedures, and techniques. 6. Facilitate supervisee's effective use of counseling to promote and facilitate change in client and/or caregiver behavior. 7. Facilitate the supervisee's use of alternative intervention materials or techniques for linguistically diverse clients.
VI. Supervisory conferences/meetings of clinical teaching teams	1. Regularly schedule supervisory conferences and/or team meetings. 2. Facilitate planning of supervisory conference agendas in collaboration with the supervisee. 3. Select items for the conference based on saliency, accessibility of patterns for treatment, and the use of data that are appropriate for measuring the accomplishment of clinical and supervisory objectives. 4. Use active listening as well as verbal & nonverbal response behaviors that facilitate the supervisee's active participation in the conference. 5. Ability to use the type of questions that stimulate thinking & promote problem solving by the supervisee. 6. Provide feedback that is descriptive and objective rather than evaluative. 7. Use data collection to analyze the extent to which the content and dynamics of the conference are facilitating goal achievement, desired outcomes, and planned changes. 8. Assist the supervisee in collaborating & functioning effectively as a member of a service delivery team.
VII. Evaluating the growth of the supervisee both as a clinician and as a professional	1. Use data collection methods that will assist in analyzing the relationship between client/supervisee behaviors and specific clinical outcomes. 2. Identify and/or develop and appropriately use evaluation tools that measure the clinical and professional growth of the supervisee. 3. Analyze data collected prior to formulating conclusions and evaluating the supervisee's clinical skills. 4. Provide verbal and written feedback that is descriptive and objective in a timely manner. 5. Assist the supervisee in describing and measuring his or her own progress and achievement.
VIII. Diversity (Ability, race, ethnicity, gender, age, culture, language, class, experience & education	1. Create a learning and work environment that uses the strengths and expertise of all participants. 2. Demonstrate empathy and concern for others as evidenced by behaviors such as active listening, asking questions, and facilitating open and honest communication. 3. Apply culturally appropriate methods for providing feedback to supervisees. 4. Know when to consult someone who can serve as a cultural mediator or advisor concerning effective strategies for culturally appropriate interactions with individuals (clients and supervisees) from specific backgrounds. 5. Demonstrate the effective use of interpreters, translators, and/or culture brokers as appropriate for clients from diverse backgrounds.
IX. Dev & maintenance of clinical & supervisory documentation	1. Facilitate the supervisee's ability to complete clinical documentation accurately and effectively, and in compliance with accrediting and regulatory agencies and third party funding sources. 2. Assist the supervisee in sharing information collaboratively while adhering to requirements for confidentiality (e.g., HIPAA, FERPA). 3. Assist the supervisee in maintaining documentation regarding supervisory interactions (e.g., Clinical Fellowship requirements).
X. Ethical, regulatory & legal requirements	1. Adhere to all ASHA, state, and facility standards, regulations, and requirements for supervision. 2. Assist the supervisee in adhering to standards, regulations, and setting-specific requirements for documentation, billing, and protection of privacy and confidentiality. 3. Demonstrate ethical behaviors in both interprofessional and intraprofessional relationships. 4. Assist the supervisee in conforming with standards and regulations for professional conduct. 5. Assist the supervisee in developing strategies to remain current with standards and regulations throughout their professional careers.
XI. Principles of Mentoring	1. Model professional and personal behaviors necessary for maintenance and lifelong development of professional competency. 2. Foster a mutually trusting relationship with the supervisee. 3. Communicate in a manner that provides support and encouragement. 4. Provide professional growth opportunities to the supervisee.

Handout 3

THE SUPERVISORY RELATIONSHIP QUESTIONNAIRE (SRQ)

Developed by Marina Palomo (supervised by Helen Beinart) Copyright SRQ.

The following statements describe some of the ways a person may feel about his/her supervisor.

To what extent do you agree or disagree with each of the following statements about your relationship with your supervisor? Please tick the column which matches your opinion most closely.

SAFE BASE SUBSCALE

1. My Supervisor was respectful of my views and ideas
2. My supervisor and I were equal partners in supervision
3. My supervisor had a collaborative approach in supervision
4. I felt safe in my supervision sessions
5. My supervisor was non-judgemental in supervision
6. My supervisor treated me with respect
7. My supervisor was open-minded in supervision
8. Feedback on my performance from my supervisor felt like criticism
9. The advice I received from my supervisor was prescriptive rather than collaborative
10. I felt able to discuss my concerns with my supervisor openly
11. Supervision felt like an exchange of ideas
12. My supervisor gave feedback in a way that felt safe
13. My supervisor treated me like an adult

25. My supervisor appeared interested in supervising me							
26. My supervisor appeared uninterested in me							
27. My supervisor appeared interested in me as a person							
28. My supervisor appeared to like supervising							
29. I felt like a burden to my supervisor							
30. My supervisor was approachable							
31. My supervisor was available to me							
32. My supervisor paid attention to my spoken feelings and anxieties							
33. My supervisor appeared interested in my development as a professional							
REFLECTIVE EDUCATION SUBSCALE							
34. My supervisor drew from a number of theoretical models							
35.My supervisor drew from a number of theoretical models flexibly							
36. My supervisor gave me the opportunity to learn about a range of models							
37. My supervisor encouraged me to reflect on my practice							
38. My supervisor linked theory and clinical practice well							
39. My supervisor paid close attention to the process of supervision							
40. My supervisor acknowledged the power differential between supervisor and supervisee							
41. My relationship with my supervisor allowed me to learn by experimenting with different therapeutic techniques							
42. My supervisor paid attention to my unspoken feelings and anxieties							
43. My supervisor facilitated interesting and informative discussions in supervision							
44. I learnt a great deal from observing my supervisor							
ROLE MODEL SUBSCALE							
45. My supervisor was knowledgeable							
46. My supervisor was an experienced clinician							
47. I respected my supervisor's skills							
48. My supervisor was knowledgeable about the organisational system in which they worked							
49. Colleagues appeared to respect my supervisor's views							
50. I respected my supervisor as a professional							
51. My supervisor gave me practical support							
52. I respected my supervisor as a clinician							
53. My supervisor was respectful of clients							
54. I respected my supervisor as a person							
55. My supervisor appeared uninterested in his / her clients							
56. My supervisor treated his / her colleagues with respect							

FORMATIVE FEEDBACK SUBSCALE							
57. My supervisor gave me helpful negative feedback on my performance							
58. My supervisor was able to balance negative feedback on my performance with praise							
59. My supervisor gave me positive feedback on my performance							
60. My supervisor's feedback on my performance was constructive							
61. My supervisor paid attention to my level of competence							
62. My supervisor helped me identify my own learning needs							
63. My supervisor did not consider the impact of my previous skills and experience on my learning needs							
64. My supervisor thought about my training needs							
65. My supervisor gave me regular feedback on my performance							
66. As my skills and confidence grew, my supervisor adapted supervision to take this into account							
67. My supervisor tailored supervision to my level of competence							

Scoring Key

Scored 1 (Strongly Disagree) to 7 (Strongly Agree)

Reverse Scoring
Scored 7 (Strongly Disagree) to 1 (Strongly Agree)

References:
Palomo, M. (2004). Development and validation of a questionnaire measure of the supervisory relationship. Unpublished DClinPsych Thesis, Oxford University.

Palomo, M., Beinart, H. & Cooper, M. (in preparation), Development and validation of the Supervisory Relationship Questionnaire (SRQ) in a population of UK trainee clinical psychologists.

Handout 4

University of Pittsburgh

Practicum Expectation Worksheet

(Messick & Mormer March 2011 - Adapted from Jorgensen, 2010 and Roe, 2008)

COMMUNICATION		
Names	1. Clinical Instructor(s)	
Recomended Methods of Reaching Clinical Instructor plus contact info (phone, email)	1. Emergency Cancellation procedure (i.e., clinician illness; death in family)	
	2. Contact info at work	
	3. Contact at home (preferred or not?):	
What happens if…	1. I am ill	
	2. Clinical Instructor is ill/absent from work	
	3. Inclement weather	
	4. Professional absence (ie attend conference)	
Preferred form of Address Supervisor/Self	1. Clinical Instructor	
	2. Clinical Instructor in front of patient	
	3. Self (to patients)	
Background Knowledge	1. **Student** - coursework; past experiences; strengths; goals (Typhon portfolio; send student vita)	
	2. **Clinical Instructor** - clinical experiences; areas of expertise; supervisory experiences	
LOGISTICS		
Pre-Placement Requirements (e.g., orientation; badge; computer access)	1. What needs to be done; where/how and with whom	
Schedule	1. Specific days/times of clinic placement	
	2. Expected arrival & departure time (in relation to anticipated client services)	
Attire	1. Appropriate/Suggested	
	2. Inappropriate	
Materials	1. Materials/supplies student should bring	
	2. Materials/supplies available for student to use (what & where kept)	

Meals	Availability of food on site; refrigerator; locations for eating; eat with other staff?	
Restrooms	Locations	
Introduction to other key staff	1. Other Aud/SLP staff on site 2. Support staff (names; roles)	
Scheduling	1. Where to get schedule	
	2. What happens if client cancels?	
	3. How to know appt type?	
	4. what to do when running behind?	
CLINICAL LEARNING		
Schedule & Typical types of appointments	1. Instructor's responsibilities and typical schedule and clinical services provided (that student will be involved with)	
Role in seeing patients/clients	1. Weeks 1-2	
	2. Weeks 3-5	
	3. Weeks 6-10	
	4. Weeks 11-16	
Initial Skills/Goals to Focus on		
Feedback	**CLINICAL INSTRUCTOR TO STUDENT**	
	1. Provide feedback on learning goals	
	2. Feedback during session/meeting	
	3. Feedback after session/meeting	
	4. Scheduled discussions (end of day; end of week?)	
	STUDENT TO CLINICAL INSTRUCTOR	
	1. Preferred mode of receiving feedback	
	2. Preferred timing of feedback	
	3. Plan for student to provide feedback on supervisory techniques that are helpful/not helpful	

Other Notes/Comments:

Handout #5

SQF Model of Clinical Teaching: A Practical Approach

Barnum M. Guyer S. Levy L. Graham C.(2009)
with modifications from Barnum & Guyer 2015 CAPCSD Workshop

The **SQF** Model of clinical teaching provides the clinical instructor with a practical way to integrate **Supervision, Questioning,** and **Feedback** into the clinical learning experiences that they provide for their students.

SUPERVISION

The type of **supervision** you provide should be based on the **situation, the student, and the task.**

- **Supervisory Styles**
  - S1 (supervisory level 1) consists of coaching and directing student
  - S2 (supervisory level 2) consists of supporting the student
  - S3 (supervisory level 3) consists of delegating to the student

- **Student's Level of Development**
  - D1(developmental level 1)= unconsciously and consciously incompetent learner
  - D2(developmental level 2)= consciously competent learner
  - D3(developmental level 3)= unconsciously competent learner

- **Supervisory Style Needs to Match Student's Level of Development**
  - Use the S1 supervisory style with D1 level learners.
  - Use the S2 supervisory style with D2 level learners.
  - Use the S3 supervisory style with D3 level learners.

QUESTIONING

The type of **questioning pattern** you use should be **strategic. Strategic Questioning is** the conscious adapting of the timing, sequencing, and phrasing of questions in order to facilitate student processing of information at increasingly complex cognition levels.

Three basic levels of questions in strategic questioning:
Level 1: WHAT: REMEMBERING-to recall facts and identify basic knowledge
Level 2: SO WHAT: USING- to apply knowledge
Level 3: Now what: CREATING-to defend decision and make future predictions

Level of Questioning needs to match student's level of development

- Use mostly level 1 questions with D1 level learners.
- Use mostly level 2 questions with D2 level learners.
- Use mostly level 3 questions with D3 level learners.

FEEDBACK

Feedback is any information that you give to your student regarding their skills and knowledge.

- **Components of Feedback**
  - Timing: immediate or delayed
  - Specificity: specific or general
  - Content: focus on clinical skills, clinical reasoning, or professionalism
  - Form: verbal, non-verbal; written
  - Privacy: private or public

- **Types of Feedback**
  - Confirming/Reinforcing:
    - Used to let student know they are doing something well/correctly
    - Used to reinforce appropriate behaviors
  - Corrective Feedback
    - Used to modify/improve the student's behavior to a more correct form
    - Is implemented to prevent student developing incorrect techniques or believing inaccurate statements
  - Guiding Feedback
    - Is used when the student has the concept, skill or information essentially correct, but perhaps certain aspects need refining, clarifying or improving.

Summary:

- The level of supervision provided, the types of questions asked and the type of feedback you provide should depend on the situation

- As knowledge and experience base begins growing, situational supervision begins to lower; meaning that the clinical instructor gradually begins to allow greater student autonomy in decision making while still monitoring student's actions.

- In contrast, the level of questioning transition is the opposite, with students needing more low level questions initially, when knowledge and experiences are limited. As experience and knowledge expands, students need to be asked more high level questions.

- Feedback is used to confirm, correct and guide application of skills, knowledge, clinical reasoning and professionalism provided constantly throughout all interactions with students, regardless of the student's knowledge and experience base. Feedback is corrective or guided but always positive

- The goal is to assist student in developing a model that facilitates critical thinking skills and clinical decision making

References:

- Barnum, M., & Guyer, S., (2015) The SQF Mode of Clinical Supervision. Workshop presented at the Council on Academic Programs in Communication Science & Disorders (CAPCSD) in Newport Beach CA, April 2015.
- Barnum M. Guyer S. Levy L. Graham C. "Supervision, Questioning, Feedback Model of Clinical Teaching: A Practical Approach" in Wiedner T. (ed) The AthleticTrainers' Pocket Guide to Clinical Teaching (2009). SLACK, Inc: Thoroughfare NJ.
- Barnum M. Guyer S. Levy L. Willeford S. Sexton P. Gardner G. Fincher L. Questioning and Feedback in Clinical Athletic Training Education. *Athl Train Educ J: 2009;(4)1:23-27.*
- Barnum M. Graham C. Techniques for Providing Feedback to Students on Written Assignments.
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- Barnum M. Questioning skills demonstrated by Approved Clinical Instructors during field experiences. J Athl Train. 2008 May–Jun; 43(3): 284–292
- Benner, P. (1984), From novice to expert: Excellence and power in clinical nursing practice. New Jersey: Prentice-Hall.
- Bloom, B.S. (1956), Taxonomy of educational objectives: Cognitive domain. New York: McKay.
- Levy L. Gardner G. Barnum M. Willeford S. Sexton P. Guyer S. Fincher L. Situational Supervision for Athletic Training Clinical Education. *Athl Train Educ J: 2009;(4)1:19-22.*

Handout 6

BLOOM'S TAXONOMY

Source: Anderson, Krathwohl (2001)

REMEMBER	UNDERSTAND	APPLY	ANALYZE	EVALUATE	CREATE
identify describe define tell list cite choose arrange group find label select match locate name offer omit quote repeat reset say show sort spell write underline tally transfer recall recognize	restate change reword construe convert expand transform retell qualify moderate describe compare contrast rephrase explain main idea _____ INTERPRET infer define explain spell out outline annotate expound account for _____ EXTRAPOLATE project propose advance contemplate submit contribe offer calculate scheme	relate solve adopt employ use capitalize on exploit profit by mobilize operate handle manipulate exert exercise put into action put to use make use of take up develop classify choose write example show illustrate teach record/chart diagram/map demonstrate	break down uncover dissect examine take apart simplify reason deduce audit inspect assay test for survey search screen compare & contrast order sequence investigate categorize classify draw conclusions ID causes Determine evidence	judge decide rate prioritize appraise rank weigh accept reject assess arbitrate decree rule on award criticize censure settle classify grade argue evaluate verify select recommend conclude	create combine build compile make structure reorder reorganize develop produce compose construct blend yield generate make up form constitute originate conceive formulate invent predict write design synthesize improve devise solve imagine hypothesize estimate

Anderson, L.W., & Krathwohl, D.R., (Eds.) (2001). A taxonomy for learning, teaching and assessing: A revision of Bloom's taxonomy of educational objectives New York: Longman

	Level	You are expecting the learner to:
Lower Level	**1. Remember** • specifics • ways or means of dealing with specifics • universals and abstractions in a field	• remember an idea, phenomenon, or fact in somewhat the same form in which he/she learned it • Be able to give a definition
	2. Understand • Comprehed • Translate • Interpretation • Extrapolation	• communicate an idea, thing, or event in a new or different form (translation). • see relationships among things. It may also mean qualifying ideas in relation to one's own experience (interpretation). • project the effect of things (extrapolation).
Higher	**3. Apply** Described by Bloom as "the use of abstract forms in particular and concrete situations. The abstractions may be in the form of general ideas, rules or procedures, generalized methods."	• use what he/she knows (data) from a variety of areas to find solutions to problems. • relate or apply ideas to new or unusual situations.
	4. Analyze Analysis of: • elements • relationships • organizational principles	• break things down into their component parts. • uncover the unique characteristics of something.
	5. Evaluate • Communicating in a unique way • Developing a plan or proposing a set of operations • Developing a set of abstract relations (to hypothesize)	• make judgments about things based on either external or internal conditions or criteria. • rate ideas, conditions, objects. • accept or reject things based on standards.
	6. Create • in terms of internal standards • in terms of external criteria	• Think creatively • Make or create new or original things • Take "things" and pattern them in a new way

Handout #7

SMART Goal Worksheet

Specific	
Measurable	
Attainable	
Relevant	
Time-bound	

Goal:

Handout
8

SOCRATIC QUESTIONS FOR CLINICAL PRACTICE

(adapted from: Oermann, M., 1997)

Clarification Questions:

- Tell me about your patient's speech characteristics
- What is the most important patient/family concern? Why?
- What do you mean when you say _____?
- Give me an example of _____?
- How does this new information relate our earlier discussion of the patient's care?

Questions to Probe Assumptions

- You seem to be assuming that your client's difficulties are due to ____. Tell me more about what you are thinking here.
- What assumptions have you made about _____?
- On what data have you based your decisions? Why?
- Your decisions about this patient are based on your assumptions that _____. Is this always the case? Why or why not?

Questions to Probe Reasons

- How do you know that_____? What are other possible reasons for _____?
- Tell me why_____
- What would you do if _____? Why?
- Is there a reason to question this information? Decision? Approach? Why?

Questions on Differing Perspectives

- What alternative treatment approaches might there be?
- How might the patient/family view this situation? Does anyone (in the clinical group) view this differently? Why?
- Tell me about different interventions that might be possible and why each one would be appropriate?
- What are other ways of approaching the staff/teachers?

Questions on Consequences

- If this occurs, then what would you expect to happen next? Why?
- What are the consequences of each of these possible approaches? What would you do in this situation and why?
- What would be the effect of _____ on the patient's daily participation in activities.?
- If this is true, then what?

Adapted From: Oermann, M. (1997) Evaluation of critical thinking in clinical practice. Nurse Educator. 22(5): 25-28

Handout
9

CLASSIFICATION OF QUESTIONS
VIA BLOOM'S TAXONOMY & SQF MODEL

COGNITION LEVEL	BLOOM'S CATEGORY	QUESTION EXAMPLES	SQF Questioning
LOW	Remember Understand	• What is an progressive aphasia? • Name the cranial nerves • Why is it important to take a careful case history? • Why is it important to consider the impact of hearing on communication	Questioning Level 1 (Q1) • Remembering: the "WHAT" level • Questions that require student to recall facts & ID foundationsal knowledge • Used to confirm that student has the basic knowledge to complete the task
MID	Apply Analyze	• Which diagnostic tools might be appropriate for evaluating the areas of concern? • Which treatment strategies could be helpful to improve the patient's communication? • What do you think about his prognosis for improvement? • How will his current cognitive level impact the prognosis? • What is the client's prognosis for improving his participation in church activities?	Questioning Level 2 (Q2) • Using: the "SO WHAT" level • Questions requiring student to compare, analyze and apply knowledge • These questions transition the student from lower levels of cognitive processing to higher levels • Take the content and use it in clinical situations
HIGH	Evaluate Create	• Evaluate the contents of the clinical report completed on this patient at a different facility last month • How can you help the family implement the home recommendations as effectively as possible? • Develop strategies & activities for teaching PreK concepts of *behind* and *in front* • What auditory training activities might you create to meet this patient's individual needs?	Questioning Level 3 (Q3) • Creating: the "NOW WHAT" level • Questions that require the student to evaluate information, create plans, infer meaning and/or defend their decisions • Provide students with opportunity to practice and use processing skills important to clinical reasoning and critical thinking skills

Originally adapted from: Phillips N., & Duke, M, (2001) Journal of Advanced Nursing 33(4), 523-529 by Mormer (Jan 2012 ILAA Applying the Evidence Base in Clinical Supervision) with modification by Mormer & Messick incorporating Barnum & Guyer, The SQF Model of Clinical Supervision, Workshop presentation at CAPCSD April 2015

HANDOUT #10

ACTIVITY: DEVELOPMENT OF QUESTIONS OF VARYIING COGNITIVE LEVELS VIA BLOOM'S TAXONOMY & SQF MODEL

TASK: Select a context that you typically provide clinical teaching in (e.g., bedside swallows; social skills training; pediatric diagnostics; hearing aid fittings). Then identify a target skill that you teach a student and create a set of questions that demonstrate varied questioning levels. So you will write at least one question that taps into low level, one for mid level, and one for high levels. The 3 questions might all focus on the same broad concept, or might be addressing a set of different concepts relevant to your setting.

SQF/ COGNITION LEVEL	CATEGORY	QUESTIONS
Q1 (LOW)	**Remember or Understand**	
Q2 (MID)	**Apply Or Analyze**	
Q3 (HIGH)	**Evaluate Or Create**	

Handout #11

REFLECTIVE JOURNAL

GUIDELINES & SUGGESTIONS

Based on Guidelines from the Ida Institute: http://idainstitute.com/about_ida/

The purpose of the *Reflective Journal* is to create a mechanism for students to ruminate about their clinical experiences. "To reflect means to think about one's own behavior in a critical and analytical way – to ponder and consider one's own action" (http://idainstitute.com/tool_room/tools/reflective_journal/). By writing about the clinical experience we gain insight into the learning process and ourselves.

Through discussing our feelings, thoughts, concerns and questions about clinic, we can become more aware of changes in our comfort level and our understanding of the clinical process. The process of reflecting also increases awareness of what our teaching needs might be. From the clinical instructor end, the *Reflective Journal* provides a means to better understand a student's current focus of attention, understanding of the case, and areas where support and guidance may be helpful.

The questions below are meant to provide a guide for structuring the reflective journal writings. Students should in general follow this guideline, especially in the beginning, to help them become comfortable with reflective writing. At times during the semester your clinical instructor may ask you to focus your reflections on a specific topic which was relevant to your work that day.

STRUCTURE FOR THE REFLECTIVE JOURNAL ENTRIES

1. What happened in the session?
Briefly write down what was going on – who was the patient; why did they come to see you; what did you do as the student clinician involved in the case? Etc.

2. Describe one or two things that went well in the session.
It could be *I listened to the patient*, or *I established a good dialogue with the patient and his wife*, or *I recorded the patient's communication behaviors while my supervisor implemented the session procedures*.

3. Why do you think the session went well?
Look at your own behaviors. What did you do? What did you say?

4. How did you feel?
Why do you think you acted the way you did? Did you feel comfortable or uncomfortable? Relaxed or anxious? successful, angry? Describe the internal and/or external factors that influenced the way you acted

5. Describe one or two things that didn't go well in the session.

6. Why do you think the session didn't go well?
Look at your own behaviors. What did you do? What did you say?

7. How did you feel?
Why do you think you acted the way you did? Did you feel comfortable or uncomfortable? Relaxed or anxious? successful, angry? Describe the internal and/or external factors that influenced the way you acted

8. What can you do differently next time?
The *Reflective Journal* is about changing your own behavior and learning from your experiences.

9. What do you need to learn or do to be better equipped for this type of situation?

JOURNAL REFLECTION FORM

Based on Guidelines from the Ida Institute: http://idainstitute.com/about_ida/

Date: **Client:**

1. WHAT HAPPENED IN THE SESSION?	
2. DESCRIBE 1-2 THINGS WHICH WENT WELL IN THE SESSION.	
3. WHY DO YOU THINK THEY WENT WELL?	
4. HOW DID YOU FEEL? WHY DO YOU THINK YOU ACTED AS YOU DID?	
5. DESCRIBE 1-2 THINGS THAT WENT LESS WELL IN THE SESSION.	
6. WHY DO YOU THINK THEY DID NOT GO WELL?	
7. HOW DID YOU FEEL? WHY DO YOU THINK YOU ACTED AS YOU DID?	
8. WHAT CAN YOU DO DIFFERENT NEXT TIME?	
9. WHAT DO YOU NEED TO LEARN OR DO TO BE BETTER EQUIPPED FOR THIS TYPE OF SITUATION?	

Handout
#12

ONE-MINUTE PRECEPTOR FEEDBACK TECHNIQUE

A Method for Efficient Feedback

(Adapted from Nether et al., 1992)

The one-minute preceptor feedback technique is a format for efficiently structuring an interaction with a learner. It consists of the following steps:

1. Elicit a Learner Commitment

So, what do you think is going on with this patient?
How would you like to treat this patient?
Why do you think the patient came today?
What would you like to accomplish on this visit?

2. Probe for supportive findings/evaluate the thinking leading to that commitment

How did you reach that conclusion?
What makes you. . . . ?
What findings support your diagnosis?
What else did you consider?

3. Reinforce what was correct/give positive feedback

I agree with your interpretation.
I am pleased that you included. . . that aspect of the physical exam
I appreciate your consideration of the patient's financial situation in prescribing. . .

4. Provide constructive guidance about errors or omissions/give negative feedback

I disagree with. . .the scope of your differential diagnosis.
What else do you think you might have included?
Including the abcominal exam would have been important
A more effective way to. . .

5. Teach a general principle/clarify the "take home" lesson

So, in general, it's important to remember. . .
It is always important to think about. . .
In general, taking a little extra time. . .
Why don't you read up on this tonight and report back tomorrow. . .

Adapted by the Physician Assistant Program, Oregon Health Sciences University, Portland OR with credit to the Department of Family Medicine, University of Washington, Seattle.

Reference: Nether, J.L., Gordon, K.C., Meyer, B., Stevens, N., *A Five-Step "Microskills" Model of Clinical Teaching.* J. Am. Brd of Fam Pract July-Aug 1992, Vol 5, No 4 412-424

Handout #13

EXAMPLES OF FEEDBACK CARDS (Messick, 2014)

Example #1 – Open-ended style

FEEDBACK FORM

Adapted from *Prystowski, J.B. & DaRosa D.A., (2003)*

Student: _____ Date: _____

2 Things Student did well:

1. _____

2. _____

2 Things Student should work on OR future learning issues:

1. _____

2. _____

Feedback from: _____

Example #2 – Structured Style

FEEDBACK FORM

Student: _____ **Date:** _____
Faculty Member: _____ **Activities Observed:** _____

Indicate skills level on relevant behaviors	EMERGING SKILL LEVEL	GOOD ADEQUATE	EXCELLENT LEVEL
1. Comes prepared with a plan & rationale for the session			
2. Communicates effectively with client & family members			
3. Administers assessment tools appropriately. List dx tools used:			
4. Implements treatment strategies effectively. Describe tx tech. used:			
5. Records session data accurately			
6. Interprets session results			
7. Makes appropriate recommendations			
8. Completes session documentation			
9. Evaluates own performance (ID strengths, areas to improve)			
10. Other (define):			

WHAT WENT WELL?	POSSIBLE AREAS TO IMPROVE

Handout #14

Providing Constructive Feedback
A Self-Checklist

When Providing FEEDBACK to Students in Clinical Practica Rate the Frequency with which you . . .	KEY: A = Always; F = Frequently; O = Occasionally; N = Never
INSTRUCTOR TO STUDENT FEEDBACK	
1. Provide orientation information to student regarding the relationship between self evaluation skills and life-long learning as a professional	**A F O N**
2. Ask the student to describe their feedback preferences (timing; form)	**A F O N**
3. Clarify the typical format/schedule of providing feedback in the practicum (i.e. during a session when necessary; at the end of the session/day when possible)	**A F O N**
4. Request student self-evaluation of skills (e.g., create written list strengths/areas to improve based on performance each week) prior to giving instructor feedback	**A F O N**
5. Use a **respectful and considerate** manner when conveying feedback	**A F O N**
6. Give **immediate** feedback on performance (minimally by the end of day)	**A F O N**
7. Present **balanced** feedback with clear description of what has been done **well** and specific **aspects to be improve**	**A F O N**
8. Provide some feedback in writing to beginning level student clinicians	**A F O N**
9. Give **fair** feedback focusing on critical issues related to the student's performance	**A F O N**
10. Address challenging/difficult issues directly with the student in an open non-judgmental manner	**A F O N**
11. When giving negative feedback, facilitate student understanding of why the skill is important and how to implement the behavior effectively	**A F O N**
12. Help students develop a notion that they do have the ability to modify their performance utilizing the suggested strategies for improvement	**A F O N**
13. Develop specific goals with the student based on skills to improve	**A F O N**
14. Provide the student with data on their performance of defined goal allowing them to monitor their own progress	**A F O N**
15. As clinical goals are achieved, add new goals, helping the student attain higher levels of competency	**A F O N**
STUDENT TO INSTRUCTOR FEEDBACK	
16. Ask student to give feedback on the clinical teaching I provide (i.e., what do I do that facilitates your learning; what could I do/change in order to optimize your skill acquisition?).	**A F O N**
17. Make modifications in my clinical teaching strategies/procedures based on student input and/or provide a clear rationale for why a change is not optimal	**A F O N**
18. Serve as a model of a professional who has written professional goals and pursues on-going professional development	**A F O N**

Adapted from:
Westberg, J., H. Collaborative Clinical Education: The Foundation of Effective Health Care, New York: Springer Publishing, 1993

Handout
#15

CLINICAL INSTRUCTOR SELF-EVALUATION FORM

Adapted by Messick & Mormer 2012 from *Supervisory Relationship Questionnaire (SRQ)* (Palomo 2004)

Use the following statements to rate yourself in terms of consistency of implementing the following clinical instruction strategies

OPEN ENVIRONMENT: As a clinical instructor I. . .

1. Let students know that I value their views and ideas
2. Work with my students as an equal partner in the clinical teaching process
3. Use a collaborative approach in supervision
4. Create a (safe) supportive learning environment in the sessions
5. Use a non-judgemental approach in clinical teaching
6. Treat my students with respect
7. Create an open-minded atmosphere
8. Encourage the students to be open with me
9. Promote clinical teaching occurs through an exchange of ideas between my student and me
10. Provide feedback in a comfortable/safe manner
11. Treat the student like an adult
12. My students discuss their concerns with me

Handout #15 - Pg 2

COMMITMENT – when working with students I show that. . .	1	2	3	4	5
26. I am interested in supervising their clinical experience					
27. I am interested in them as people					
28. I like providing clinical instruction to students					
29. I am approachable to my students					
30. I want to be available to them					
31. I pay attention & respond to their spoken feelings and anxieties					
32. I convey interest in their development as a professional					
REFLECTIVE EDUCATION - When supervising students I . . .					
33. Draw from a number of theoretical models					
34. Give my students opportunity to learn about a range of models					
35. Link theory and clinical practice through discussions					
36. Encourage students to reflect on their skill development					
37. Pay close attention to the process of supervision					
38. Promote student learning by experimenting with different therapeutic techniques					
39. Consciously use different questioning techniques to promote critical thinking					
40. Consider the level of questions posed by a student to better understand their understanding of clinical issues					
41. Encourage students to reflect on their knowledge before answering a question					
42. Incorporate self-evaluation by the student on an on-going basis					
43. Utilize journal reflections as a way to promote reflective thinking					
ROLE MODEL SUBSCALE – when working with students I . . .					
44. Convey my knowledge to my student					
45. Demonstrate clinical skills for my students					
46. Share my professional goals with my students					
47. Discuss my continuing education activities with my students					
48. Help my students to understand the organizational system of my agency					
49. Convey enthusiasm in discussing our patients/clients with my students					
50. Provide practical support to the student					
51. Treat my colleagues with respect					
52. Acknowledge the power differential between supervisor and supervisee					

FEEDBACK -- When supervising students I . . .	1	2	3	4	5
53. Pay attention to the student's individual level of competence as I give feedback					
54. Provide a balance of feedback on areas of strength and areas to improve					
55. Give positive feedback on student performance					
56. Give negative feedback on student performance					
57. Include feedback on student performance that is constructive					
58. Describe specific behaviors when giving feedback					
59. Discuss the student's training needs with them					
60. Focuses feedback on student learning goals					
61. Provide timely feedback (close to the time the behaviors occurred)					
62. I give feedback verbally					
63. I give written feedback					
64. I have the student self-evaluate before I share my feedback					
65. I give the student room to learn through making mistakes					
66. I discuss professional issues that are impacting student performance					
67. Help identify student's individual learning needs					
68. Consider the impact of the student's previous skills and experience on their individual learning needs					
69. Provide regular/ongoing feedback on student performance					
70. Modify the supervision and teaching strategies as student skills and confidence grow					
71. Tailor supervision to the student's level of competence					

References:
Messick, C., & Mormer, E., (2012) Bringing Evidence to Clinical Teaching. Presentation at the University of Utah (May 2012)

Palomo, M. (2004). Development and validation of a questionnaire measure of the supervisory relationship. Unpublished DClinPsych Thesis, Oxford University.

Palomo, M., Beinart, H. & Cooper, M. (in preparation), Development and validation of the Supervisory Relationship Questionnaire (SRQ) in a population of UK trainee clinical psychologists.