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**Setting Ourselves Up For Success:  
Strategies for Effective Clinical Learning Partnerships**

**Elaine Morner, PhD**  
**July 30, 2016**



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**While Waiting . . . .**

- 1. Complete Handout #1**
- 2. Prepare your phone for audience participation:**
  - A. set it up so you can text a message to the number 22333 (message = ciddecs)  
OR
  - B. go to the website: [pollev.com/ciddecs](http://pollev.com/ciddecs).



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**Supervisors serve as the keepers of the faith and the mentors of the young. There is a quiet profession that combines the discipline of science with the aesthetic creativity of art . . . It is a curious paradox that at their best they are least visible.**

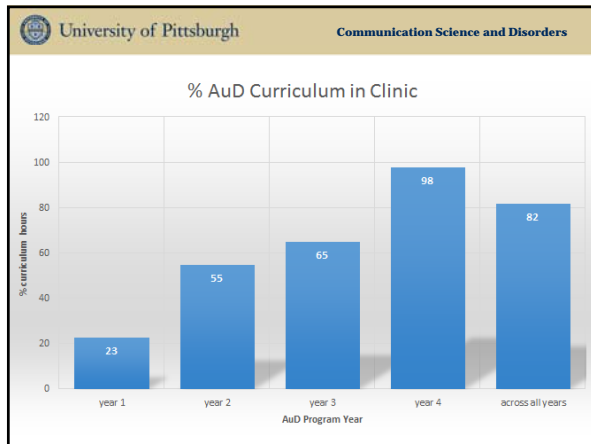


— Ann Alonso (1985)  
(The Quiet Profession)

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**Acknowledgements**

- **Colleagues from other CSD programs**  
*Liz Gavett; Lindsey Jorgenson; Vicki McCreedy; and Ellen Reuler*
- **Colleague from University of Pittsburgh:** *Cheryl Messick & Catherine Palmer*
- **Colleagues from other professions:**  
*Mary Barnum & Sue Guyer*



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## OUR PATH TODAY

1. Background on clinical teaching
2. Multidisciplinary research on “effective clinical teaching” strategies
3. Input from students
4. Clinical Teaching tools to apply *Evidence-Based* principles
5. Audience participation

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ASSUMPTIONS → and Ground Rules

- Everyone participating is intelligent, well-trained, cares about doing their best, and wants to improve
- Use civility and respectful communication
- Everyone’s voice is important and should be heard
- Everyone has expertise on this subject from which we can learn

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### Poll #1: What is your profession?

Audiologist
Speech-Language Pathologist
Other

Your poll will show here

- 1 Install the app from [pollev.com/app](http://pollev.com/app)
- 2 Make sure you are in Slide Show mode

Still not working? Get help at [pollev.com/app/help](http://pollev.com/app/help) or  
Open poll in your web browser

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### POLL #2: How many years of experience do you have as a CLINICAL INSTRUCTOR?

One year or less
2- 5 years
6 – 10 years
11 – 19 years
20 or more years

Your poll will show here

1  
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2  
Make sure you are in Slide Show mode

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## Terminology... Clinical Education/Instructor

- Supervisor
- Clinical Instructor (CI)
- Clinical Educator
- Preceptor. . . Etc.
- Students across all levels of clinical education...



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### SIG 11 : Administration & Supervision Survey 2010 (Viktor, 2010)

- Survey from 406 respondents (94% SLPs) including university & practicing clinicians
  - 67% indicated that having formal training on supervision is very important
  - 53% indicated they would likely work to be “credentialed” as a supervisor if there was an option
- Education/training in clinical instruction is not currently “required” by ASHA or AAA (is required in other disciplines i.e., P.T; OT)

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### Knowledge & Skills (ASHA 2008)


- 11 Core Areas (**handout 2**) with 67 skills
- Developed for students, CFs, and employee supervision
- Parallels the *Knowledge & Skills* structure used to define standards for graduate education (CAA)

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### New in CAA Standards for 2017!

“Understand the role of clinical teaching and clinical modeling, as well as supervision of students and other support personnel”




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### Objectives of Clinical Teaching

- To affect change in clinician behavior that will in turn assess or modify client /patient function
- To encourage growth in students leading towards becoming independent clinicians
- To facilitate the student’s ability to successfully navigate the myriad of possibilities that clinical situations are sure to provide

yes  
 no  
 maybe



Oratio, 1977; Walden 2011

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## Evidence Based Practice in Clinical Instruction Includes

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## Evidence from Varied Disciplines...

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## What the Evidence Says is Important

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## Relationships...

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- An **interpersonal relationship** = an association between two or more people; it may range from fleeting to enduring
- **Relationship triads** in clinical education
  - Faculty Liaison – clinical instructor – student
  - Clinical instructor – student -- client
  - Clinical instructor – client /family - student

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**Poll #3:**  
What is a relationship with someone who will impact your life significantly, is unbalanced in power, very close but not a blood relative, with someone you don't choose?

1. Your relationship with your pet
2. No relationship you ever want to have
3. The view of a student in the clinical instructor - student relationship
4. Your relationship with your mother-in-law

Your poll will show here

1  
Install the app from [pollev.com/app](http://pollev.com/app)


2  
Make sure you are in Slide Show mode

Still not working? Get help at [pollev.com/app/help](http://pollev.com/app/help) or  
Open poll in your web browser

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## Power Differential

- Instructor is in the Power Seat
  - More expertise/experience
  - “Grades” the student
  - Can influence future (jobs)
  - Network influence (with other colleagues)




Wagner & Hess, 1997 - SLP

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## Indeed. . .


- “The supervision relationship is probably the single most important factor for the effectiveness of supervision, more important than the supervisory methods used.”



Kimminster & Jolly, 2000 (med);  
Papastravrou et al., 2010 (nursing);  
Saarikoski & Leino-Kilpi, 2002 (nurse);  
Fugill, 2005 (dental); Oratio et al., 1981 (SLP)

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## Interpersonal Communication



- When supervisees perceive positive regard & authentic support their clinical behaviors **increase** (Gillam, Roussos & Anderson, 1990; Shapiro & Anderson, 1989; Caracciolo, Rigrodsky & Morrison, 1978)
- First 5 minutes of meeting “sets the tone”** (Farmer 1985-1986)
- Students characterize “ideal” supervisors as those **providing a climate of respect & consideration** (Wagner & Hess, 1997)

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## Relationship Ranks as Top Area



Relationship between student & instructor affects learning (Fugill, 2005 - dental)

Athletic Training CIs ranked *Interpersonal Relationship* as **more important** than *instructional skills* or *clinical skills* (Weidner & Henning, 2002)

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## TRUST

UNDERMINES TRUST	BUILDS TRUST
<ul style="list-style-type: none"> <li>Criticism without nurturance</li> <li>Inconsistent behaviors</li> <li>Judgmental communication</li> <li>Inflexible &amp; not open to suggestions</li> </ul>	<ul style="list-style-type: none"> <li>Confidentiality</li> <li>Consistency</li> <li>Encourage &amp; support risk-taking*</li> <li>Honesty &amp; sincerity</li> <li>Climate of mutual exchange</li> </ul>

(McBride & Skau, 1995; Pickering, 1977; Costa & Garmston, 1989)

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## Byrd, Hood & Youtsey, 1997 - nursing

**Student and Preceptor Perceptions of Factors in a Successful Learning Partnership**

CAROL Y. BYRD, PhD, RN, CS,\* LUCY HOOD, MSN, RN,† AND NEOMA YOUTSEY, MN, RN‡

Thirty-two registered nurse preceptors and 42 senior undergraduate nursing students completed a survey ranking factors related to both participants in the clinical learning partnership. Mann-Whitney U-Wilcoxon Rank Sum W tests showed statistically significant differences in the ranking of four factors (the

**Literature Review**  
**VALUE OF THE LEARNING PARTNERSHIP**  
The use of preceptors in nursing education has received widespread acceptance. The value of the

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## Items ranked

- Knowledge of objectives
- Communication skills
- Knowledge of the preceptoring process
- Ability to give/receive constructive criticism
- Professionalism
- Knowledge of course plan
- Attitude toward teaching/learning
- Motivation
- Workload expectation
- Self-confidence/assertiveness
- Clinical competence
- Flexibility
- Consistency of student/preceptor assignment
- Adequate unit staffing
- Compatibility

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## Results...

TABLE 1. Comparison of Preceptor and Student Ranking of Factors Important to the Development of the Student-Preceptor Learning Partnership

Preceptor Ranking (Mean Rank Score)	Student Ranking (Mean Rank Score)
Ability to give & receive constructive criticism (29.84)	Knowledge of the preceptoring process (30.01)
Clinical competence (31.09)	Compatibility (30.76)
Knowledge of objectives (31.69)	Attitude toward teaching and learning (31.39)
Adequate unit staffing (31.95)	Assignment consistency (33.23)
Motivation (33.11)	Knowledge of the course plan (33.45)
Self-confidence/assertiveness (34.27)	Work load expectations (34.78)
Flexibility (34.86)	Professionalism (34.43)
Communication skills (35.36)	Communication skills (34.68)
Professionalism (35.66)	Flexibility (35.11)
Work load expectations (35.95)	Self-confidence/assertiveness (35.64)
Knowledge of the course plan (36.80)	Motivation (36.64)
Assignment consistency (37.06)	Knowledge of objectives (36.85)
Attitude toward teaching and learning (39.17)	Adequate unit staffing (37.64)
Compatibility (39.88)	Clinical competence (38.36)
Knowledge of the preceptoring process (40.77)	Ability to give/receive constructive criticism (39.46)

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## Factors hindering learning

- Lack of interest in teaching
- Autocratic & hierarchical relationship

(Lofmark & Wikbald; 200; Myrick & Yonge, 2001)

## Factors promoting learning

- Feeling part of the team
- Positive regard & mutual respect (Papastavrou et al, 2009; Aagard & Hauer, 2003, et...)
- Stories cultivate learning and relationships (Cernohous, 2006)

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## Our students (N = 20) said. . .

In the clinical experience where you had the BEST Relationship with the Clinical Instructor, what did he/she do to foster....?


- 19 Treated me with respect
- 20 Allowed me to make my own mistakes
- 16 Told me stories of his/her own clinic
- 15 Tried to get to know me as a person
- 14 Pushed me beyond my comfort in clinical activities
- 4 Did not push me beyond my comfort in clinical activities
- 4 Tried to be my friend
- 15 Used questions to probe my thinking

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## Relationship Tool

### The Supervisory Relationship Questionnaire (SRQ) (Handout #3; pg 5-7)



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**SAFE BASE SUBSCALE**

1. My supervisor was respectful of my views/ideas
3. My superv. used a collaborative approach
5. My superv. was non-judgemental in superv.
6. My supervisor treated me with respect
7. My supervisor was open-minded in supervision
10. I felt able to discuss my concerns openly
11. Supervision felt like an exchange of ideas

**THE SUPERVISORY RELATIONSHIP QUESTIONNAIRE (SRQ)**  
(see handout #3, pg 5)

**COMMITMENT SUBSCALE**

24. My supervisor was enthusiastic about supervising me
25. My supervisor appeared interested in supervising me
28. My supervisor appeared to like supervising
33. My supervisor appeared interested in my dev. as a professional

**ROLE MODEL SUBSCALE**

47. I respected my supervisor as a professional
52. I respected my supervisor as a clinician
53. My supervisor was respectful of clients

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**Liberating Structure...**

- **Get into Groups of 4-6**
- **Task**
  - Discuss and list 1-2 challenges you have run into, in establishing a productive relationship with a student
  - Identify specific possible strategies which could be used to improve the situation
  - Discuss in group and pick one to share with the audience

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**Some Group Challenges and Suggestions...**



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**EXPECTATIONS . . .**

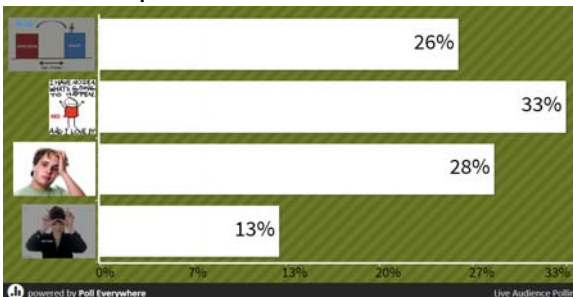


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**When facing a new clinic, instructor, or setting I usually react**

**Responses from 39 SLP & AuD students**




Response Category	Percentage
Category 1 (represented by a building icon)	26%
Category 2 (represented by a person icon)	33%
Category 3 (represented by a person icon)	28%
Category 4 (represented by a person icon)	13%

powered by Poll Everywhere  
Live Audience Polling

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**EXPECTATION**

- **Definition**
  - Anticipation of what will happen
  - Consideration of what is likely to happen
- **Basis**
  - Attitudes
  - Beliefs



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## Who has Expectations ?

- CI's expectations of student
- Student's expectations of CI & placement
- CI expectations of CSD Dept
- CSD Department expectations of CIs & students

The diagram features two boxes: a green one labeled 'EXPECTATIONS' and an orange one labeled 'REALITY'. Arrows point from each box towards a central point, suggesting a convergence or comparison between the two concepts.

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## Polling question #4: Which best describes how you begin semester with a new student

- Give students hand-out of expectations
- Discuss expectations with students
- Expect the school gives student the information they should know
- Minimal communication prior to practicum activities beginning

A green signpost with white text that reads 'The Beginning', set against a blue sky with white clouds.

Your poll will show here

1

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2

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## Framework for Expectations

Expectations for the Workplace/Clinic Culture

Expectations for Logistics

Expectations for Learning/Teaching Goals

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## Framework for Considering Expectations

1. Workplace Culture

subtle

- Spoken vs. Unspoken
- How are students viewed → equal members of the team; extra work; someone to do more work
- Student interaction with support staff; communication mode (text; phone; email;)
- FACEBOOK FRIENDS...?

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## Framework for Expectations...

2. Logistics


- Arrival, workspace, bathroom, lunch, dress code; parking . . .

Example:

- Cell phone use on site

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### Framework for Considering Expectations



**3. Learning/Teaching Goals**

- Student Background/experiences (what does CI know about the student?)
- Instructor Background/experiences (what does student know about CI?)
- Competency requirements in relation to patient population/setting
- Instructor mentoring style – Hierarchical vs horizontal
  - Example: who talks to the parents of pediatric clients

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### Expectations vs. Perceived Experience

Expectation

Outcome

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Expectation

Outcome

Disappointment

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Outcome


Disappointment

## Negative DISCONFIRMATION = DISSATISFACTION

Oliver, R. L. (1993). Cognitive, affective, and attribute bases of the satisfaction response. The Journal of Consumer Research, 20, 418-430

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### Need for Expectation Management: The Evidence



OT Survey: Without specific expectations students exhibit initial difficulties acclimating to clinic environment (Foley, K. 2007)


Those who were provided with an organized orientation felt more belonging to the organization and adapted to their environment more quickly (Klein, H. & Weaver, N. 2000)

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### Goals → Changes in Behavior

(Gillam, Roussos & Anderson, 1990; Shapiro & Anderson, 1989; Wittkopp, 1982)



- Student clinicians modify their behaviors when specific goals were developed & data was used to document achievement of targets
  - Beginning level student clinicians showed better improvement when goals were **WRITTEN**
- Experienced student clinicians made progress with verbal goals defined in discussion
  - Fading of written plan possible with increased experience

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# Tools

- Typhon System
- Student electronic portfolios
- Clinical Instructor/Site Database
- Placement Expectation Worksheet

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## Electronic Student Portfolio

**Elaine M. Driscoll**  
133 East 26th St.  
Pittsburgh, PA 15261  
412-662-2824  
emdriscoll@pitt.edu

**Elaine M. Driscoll**  
133 East 26th St., Apt. 1046  
Pittsburgh, PA 15261  
Phone: 412-662-2824 E-Mail: elainedriscoll@gmail.com

**EDUCATION**  
University of Pittsburgh  
Master of Arts Speech-Language Pathology  
Pittsburgh, Pennsylvania  
Present  
Bachelor of Arts Degree  
Pittsburgh, Pennsylvania  
August 2006, May 2002  
Certificate: Conceptual Foundations of Medicine

**CLINICAL EXPERIENCE**  
Children's Home of Pittsburgh - Pittsburgh, PA (Aug. 2012- Dec. 2012)  
Graduate Student Clinician: Performed diagnostic evaluations in the acute care and inpatient setting. Performed basic clinic evaluations of infant and toddler swallowing. Worked with food service pediatric patients using prior therapy.  
Clinical Supervisor: Sheri Rowen, M.A., CCC-SLP

**RELATED EXPERIENCE: WORK**  
Western Pennsylvania School for the Deaf  
Administrative Graduate Assistant  
Responsible for each:  
• Answering questions  
• Monitoring students  
• Performing activities

**University of Pittsburgh Department of Communication Science and Disorders**  
Graduate Coursework  
Fall 2012  
• Communication and Phonology  
• Phonetics  
• Child Language Disorders I  
• Introduction to Clinical Diet  
Spring 2013  
• Phonetic Structures  
• Auditing  
• Infant Speech Disorders  
• Pediatric Audiologic Rehabilitation  
Summer 2012  
• Child State  
• Professional Issues  
• Medical Speech Pathology

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### Participation in Skills

PROCEDURES/SKILLS TOTALS  
Students who many times this has been marked a procedure/skill as Observed, Assisted, or Performed. The minimum requirements are optionally entered by the administrator. Items with minimums will appear in all turn to blue once the minimum has been met.

OBSERVED	ASSISTED	PERFORMED	MINIMUM REQUIRED	ITEM CATEGORY
0	2	162		Conduct accurate tests to measure performance [4, TREATMENT]
1	2	460		Adapt procedures in relation to client behaviors [2, EVALUATION]
1	2	73	(15) Assist or Perf	Adapt to in relation to client needs [4, TREATMENT]
0	2	429	(15) Assist or Perf	Administer, scores & interpret standardized tests [1, CORE CLINICAL SKILLS SUP]
0	0	281	(15) Assist or Perf	Analyze interprets for data [2, CORE CLINICAL SKILLS SUP]
0	0	213	(15) Assist or Perf	Aware of limitations & asks for supervisor help [1, CORE CLINICAL SKILLS SUP]
0	2	289	(15) Assist or Perf	Collaborate with identified in to planning [4, TREATMENT]
0	0	95	(15) Assist or Perf	Complete daily progress notes [1, CORE CLINICAL SKILLS SUP]
0	0	2		Consider cultural diversity in planning [4, TREATMENT]
0	2	287		Cultivate supervisor confidence in opening [2, PREVENTION/SCREENING]
0	0	118		Develop accurate recommendations [2, EVALUATION]
0	0	288		Develop assessment plan [2, EVALUATION]
0	2	287	(15) Assist or Perf	Develop in relation to objectives [4, TREATMENT]
0	0	214		Discuss results with client/family/supervisor [1, CORE CLINICAL SKILLS SUP]
0	0	40		Incorporate EBP in treatment considerations [4, TREATMENT]
0	0	39		Interpret results across assessment measures [2, EVALUATION]
0	0	108		Modify/adjust in relation to cultural/linguistic variation [2, EVALUATION]
0	0	109		Nonstandard/informal measure of communication [2, EVALUATION]
3	10	63	(15) Assist or Perf	Perform tests and work cases & summarize results [1, CORE CLINICAL SKILLS SUP]
0	0	4		Presentation of communication delay/disorder [2, PREVENTION/SCREENING]
0	0	31		Propose differential diagnosis [2, EVALUATION]
0	0	902	(15) Assist or Perf	Report/record data accurately [1, CORE CLINICAL SKILLS SUP]
0	0	2		Screening speech/language skills [2, PREVENTION/SCREENING]
0	0	78		Standardization of measure of communication [2, EVALUATION]
0	0	115	(15) Assist or Perf	Summarize case history into a DR areas to explore [1, CORE CLINICAL SKILLS SUP]
0	0	52		Utilize EBP to formulate assessment plan [2, EVALUATION]
0	0	56		Utilize EBP when formulating notes plan [2, EVALUATION]
0	0	67	(15) Assist or Perf	Write behavioral objectives for treatment plan [1, CORE CLINICAL SKILLS SUP]
0	0	120	(15) Assist or Perf	Write clinical report (e.g., progress, diagnostic) [2, CORE CLINICAL SKILLS SUP]
0	0	94		Write complete summary of communication skills [1, CORE CLINICAL SKILLS SUP]

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## Online Site Directory

2011-2012 YEAR: COLLEGE; EARLY INTERVENTION

**AIU-School Age Program**  
Address: 475 East Waterfront Drive, Homestead, PA (map)  
NOTES: Need request and then to send name of student and start dates to Heidi Frycke so that she

F 2011 - Andrea Baxter (Mary Stey) USG  
S 2012 - Austin White (Kris Foley Scheller) Pine-Rich  
F 2012 - Brooke Gunter (Laurel Hagerly) Sunrise  
S 2012 - Seth Tidmore (Laurel Hagerly) Sunrise  
CLINICAL INSTRUCTORS: BALDY, Vickie;  
Form to be completed by student

**Allegheny General Hospital**  
Address: 320 East North Avenue, Pittsburgh, PA 15212 (map)  
NOTES: Fall 2008 Kristen Cannon  
CLINICAL INSTRUCTORS: HEDGE, Christine;  
CLINICAL ACTIVITIES: Dix & Tyx primarily inpatient some outpt  
SETTING TYPE: HOSPITAL  
Student requirements before placement

**Allegheny Valley Hosp. (Alle. Kisse Medical Center)**  
Address: 1301 Carlisle Street, Natrona Heights, PA 15065 (map)  
NOTES: Student required to bring proof of liability insurance - see Tonya Martin for assistance  
CLINICAL INSTRUCTORS: COCHRAN, Carla;  
SETTING TYPE: Adult community hospital

**Alliance Rehabilitation at Asbury Hts.**  
Address: 700 Bower Hill Road, Pittsburgh, PA 15243 (map)  
NOTES: Fall 2009 Elizabeth Byrne

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## Tool

- Practicum Expectation Worksheet (Handout #4)
- Addresses all areas of expectations
- Students/Clinical Instructors meet to discuss before clinic or during first week

Guides Communication early on in the practicum

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## Expectation Worksheet Handout #4

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Placement Expectation Worksheet  
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Item	C. Clinical instructor(s)	Student
1. Initial meeting with clinical instructor(s) to discuss expectations	1. I met with my clinical instructor(s) to discuss expectations.	
2. Clinical instructor(s) to discuss expectations	2. I met with my clinical instructor(s) to discuss expectations.	
3. Clinical instructor(s) to discuss expectations	3. I met with my clinical instructor(s) to discuss expectations.	
4. Clinical instructor(s) to discuss expectations	4. I met with my clinical instructor(s) to discuss expectations.	
5. Clinical instructor(s) to discuss expectations	5. I met with my clinical instructor(s) to discuss expectations.	
6. Clinical instructor(s) to discuss expectations	6. I met with my clinical instructor(s) to discuss expectations.	
7. Clinical instructor(s) to discuss expectations	7. I met with my clinical instructor(s) to discuss expectations.	
8. Clinical instructor(s) to discuss expectations	8. I met with my clinical instructor(s) to discuss expectations.	
9. Clinical instructor(s) to discuss expectations	9. I met with my clinical instructor(s) to discuss expectations.	
10. Clinical instructor(s) to discuss expectations	10. I met with my clinical instructor(s) to discuss expectations.	
11. Clinical instructor(s) to discuss expectations	11. I met with my clinical instructor(s) to discuss expectations.	
12. Clinical instructor(s) to discuss expectations	12. I met with my clinical instructor(s) to discuss expectations.	
13. Clinical instructor(s) to discuss expectations	13. I met with my clinical instructor(s) to discuss expectations.	
14. Clinical instructor(s) to discuss expectations	14. I met with my clinical instructor(s) to discuss expectations.	
15. Clinical instructor(s) to discuss expectations	15. I met with my clinical instructor(s) to discuss expectations.	
16. Clinical instructor(s) to discuss expectations	16. I met with my clinical instructor(s) to discuss expectations.	
17. Clinical instructor(s) to discuss expectations	17. I met with my clinical instructor(s) to discuss expectations.	
18. Clinical instructor(s) to discuss expectations	18. I met with my clinical instructor(s) to discuss expectations.	
19. Clinical instructor(s) to discuss expectations	19. I met with my clinical instructor(s) to discuss expectations.	
20. Clinical instructor(s) to discuss expectations	20. I met with my clinical instructor(s) to discuss expectations.	

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### SQF Model:

(Barnum, Guyer, Levy & Graham, 2009)

The SQF Model of clinical teaching utilizes very specific **S**upervision, **Q**uestioning, and **F**eedback skills for the purpose of moving the student toward achieving clinical autonomy in both skill application and clinical reasoning.

Handout #5 p.10,11

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### Conscious Competency Model

(Howell & Fleischman, 1982)

Task specific  
Not level specific

Unconsciously Incompetent  
"I don't know what I don't know"

Consciously Incompetent  
"I know what I don't know"

Consciously Competent  
"I know what I know"

Unconsciously Competent  
"I don't think about what I know"

Develops when opportunities are available

### Breaking Down SQF: Supervision

*Supervision is based on the situation*

The learner

The task

The Urgency and Consequences

(Levy et al, 2009)

### The Learner in the SQF Model

("D" = developmental level)

D1	<ul style="list-style-type: none"> <li>Unconsciously Incompetent</li> <li>Consciously Incompetent</li> </ul>
D2	<ul style="list-style-type: none"> <li>Consciously Competent</li> </ul>
D3	<ul style="list-style-type: none"> <li>Unconsciously Competent</li> </ul>

Take a minute to consider how a student at each of these levels might behave? What traits might they exhibit? What would you expect of them?

D1	<ul style="list-style-type: none"> <li>Unconsciously Incompetent</li> <li>Consciously Incompetent</li> </ul>
D2	<ul style="list-style-type: none"> <li>Consciously Competent</li> </ul>
D3	<ul style="list-style-type: none"> <li>Unconsciously Competent</li> </ul>

### Breaking Down SQF: Supervision

Situational Supervision Style

Situational supervision requires the preceptor to use a supervisory style that matches the needs of the learner in each given situation. (Levy et al, 2009)

S1	<ul style="list-style-type: none"> <li>Providing Direction and Coaching</li> <li>Stay close: "standing beside"</li> </ul>
S2	<ul style="list-style-type: none"> <li>Being supportive and encouraging</li> <li>Create space: "over the shoulder"</li> </ul>
S3	<ul style="list-style-type: none"> <li>Delegating</li> <li>Create distance: "over there"</li> </ul>

### Breaking Down SQF: Supervision

- Supervision Style 1(S1)
  - Coach and Direct
- Supervision Style 2 (S2)
  - Support
- Supervision Style 3 (S3)
  - Delegate

### Breaking Down SQF: Supervision

- Supervision Style 1(S1)
  - "We're trying to get the material past the 2<sup>nd</sup> bend of the canal"
- Supervision Style 2 (S2)
  - "You're doing everything right! I'm right here if you have questions"
- Supervision Style 3 (S3)
  - "You got this. Let me check it When you are done"

Can you think of situation in which it would be appropriate to use each of these supervision styles within your practice setting?

- S1**
  - Providing Direction and Coaching
  - Stay close: "standing beside"
- S2**
  - Being supportive and encouraging
  - Create space: "over the shoulder"
- S3**
  - Delegating
  - Create distance: "over there"

## SQF

A language we can use to understand a student's level of development as a clinician, and the type of supervision most appropriate...

Situational! Student development level and supervision level may vary across situations with the same student

### One other situation factor...

Adapted from Nixon P, Pridmore, 1979

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### Bloom's Taxonomy (Bloom, 1956)

- Classification of cognitive levels of understanding information
- Verbs associated with each level
- Lower levels necessary before reaching higher levels

Handout #6 p. 12&13

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## Bloom's Taxonomy: Examples

<b>Create</b>	Propose supplemental measures
<b>Evaluate</b>	Evaluate findings for court case
<b>Analyze</b>	Analyze test battery findings
<b>Apply</b>	Apply finding to possible diagnosis
<b>Understand</b>	Explain term in own words
<b>Remember</b>	Define terms: <i>syntax</i> ; <i>acoustic neuroma</i>

Bloom's Taxonomy of learning. Adapted from: Bloom, B.S. (Ed.) (1956) Taxonomy of educational objectives: The classification of educational goals. Handbook I, cognitive domain. New York, Toronto, Longmans, Green.

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## Expectations for Learning: Setting Reasonable Goals

**Target appropriate level**

- D level...1,2,3?
- Bloom's level...? Remember, create?
- Discuss Goals

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Handout #7

## Tool: SMART Goals

- Specific:** *independently administer an oral sensory mechanism examination; otoscopy*
- Measurable:** *with minimal prompts from CI in 4 of 5 attempts*
- Achievable:** *will observe CI conducting exams; will develop a form & script to use*
- Relevant:** *done with many patients as part of initial evaluation, other tests depend outcome*
- Time-based:** *week 5 of practicum for 1<sup>st</sup> year student*

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SMART Goal Worksheet 3

	AUDIOLOGY	SPEECH/LANGUAGE
Specific	Correctly select/recommend customized hearing protection	ID appropriate diagnostic tools for use with patient, independently
Measurable	Make correct recommendations for customized hearing protection 90% of the time	Develop dx plan with specific tool Develops back-up plan for dx measures Appropriately 90% of the time
Attainable	Obtaining and reading information relevant to noise exposure and hearing protection options. Continued practice with supervisor present Clarification from supervisor if necessary Continued experience	Student reviews tools in dx cabinet and creates lists by age level/category Student reviews referral information on client; Sends dx plan to instructor 3 days prior to session
Relevant	Skills is necessary to successfully receive passing grade in this clinic	Development of individualized dx plan is necessary to establish management plan
Time-bound	Within two months of time (Dependent upon number of patients seen for hearing protection)	By 8 <sup>th</sup> week of the term

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# LUNCH BREAK....maybe?

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## Create Learning Goals

**Learning Activity**


- Think of a student you have or have recently had in clinic...
- Develop one learning goal appropriate for that student
- Compose goals by
  - Determining target level from Bloom's taxonomy
  - Following SMART goals format (handout #7)

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## When Disconfirmation is Minimal . .

- Better student – CI relationships
- Better learning outcomes through goals
- Decreased student stress
- Students feel part of the team
- Begin to develop confidence



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## Reflection: Share with a partner

Look back at the challenge you described on the warm up worksheet

- Was this challenge related to your relationship with the student?
- Was this challenge related to a disconfirmation on your part or on the student's part?


Any way you might handle that challenge differently now?

- Better understanding of student level?
- Communicating about expectations or goals?

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## Building Critical Thinking Skills: Questioning Techniques & Reflective Practices



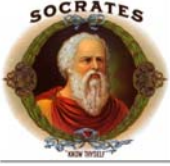
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## Critical Thinking Skills are . . .

- Purposeful, self-regulatory judgment which results in interpretation, analysis, evaluation and inference... (Facione, 1990)
- "the deliberate use of cognitive skills and strategies that increase the probability of a desirable outcome in a given situation." (Halpern, 1998)
- **"critical thinking in a clinical area is clinical judgement"** (Alfaro-LeFevre, 1995)

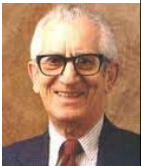


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Handout #8

Critical Thinking: stimulated through questioning/reflection



**Socratic Approach**  
Instructor poses thoughtful questions to probe areas of student thinking...calls on prior knowledge, assumptions, rationale

**Levels of cognition/development approach**- questions aimed to stimulate specific levels of cognition as per Bloom's Taxonomy/ SQF D level

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Describe the major strengths of this clinical education experience:

"Let me work independently in areas I wanted to improve. Asked me questions to promote learning."

"I \_\_\_\_\_ is always quizzing and asking questions!! I felt like I learned something new every day."


**"saw a variety of patients, learned through \_\_\_\_\_ 's questions, had a lot of independence but \_\_\_\_\_ was available when needed"**

"Asks a lot of questions that facilitate learning and promote critical thinking. Provided constructive criticism. Respects the student opinion. very friendly and well organized which facilitates learning."

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## Training in Questioning Techniques

(Malcolmson, 1990)  
(handout #6)




- Untrained nursing clinical instructors primarily used questions at lower levels of Bloom's Taxonomy
- With training learned to use higher level questions resulting in increased frequency of higher level questions to students
- **Outcome: students demonstrated higher cognitive levels of understanding**

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### Poll #5: When you are doing clinical teaching, do you think of yourself first as a . . .

- Clinical Instructor
- Clinician
- No time to think about who I am
- Master Clinician



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### THE EVIDENCE:

#### How CIs see Themselves



- Self perceived role of Athletic Training instructors resulted in different types of
  - Teaching strategies
  - Different questioning techniques

(Barnum, 2005)

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### The primary role you function as?

<p><b>CLINICAL EDUCATOR</b></p> <ul style="list-style-type: none"> <li>• Used more student centered teaching strategies</li> <li>• Encouraged student exploration &amp; creativity</li> <li>• Used more higher level questioning</li> </ul>	<p><b>SERVICE PROVIDER</b></p> <ul style="list-style-type: none"> <li>• Used more instructor-centered teaching strategies</li> <li>• Supported students' ID and replication of skills &amp; basic knowledge</li> </ul>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------


(Barnum, 2005) – Athletic Training

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### Critical Thinking Skills & Self Confidence

(Hoffman & Elwin, 2004)

- New graduates of nursing program who used higher level thinking skills were **less confident** in decision making
- New graduates who showed higher confidence in clinical decision making **had lower** scores in critical thinking



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## Breaking Down SQE: Questioning

(Barnum, et al., 2009 – Athletic Training)


Level I: <b>WHAT?</b>	<ul style="list-style-type: none"> <li>Elicit info from student on what they know (reinforce)</li> <li>Ask student to ID foundational knowledge</li> <li>“What are some causes of dysphagia?”</li> </ul>
Level II: <b>SO WHAT?</b>	<ul style="list-style-type: none"> <li>Focus on mid-level cognitive processes</li> <li>Push student to analyze</li> <li>Student determines relevancy, applies concepts, sees contradictions. . .</li> <li>“How do these test results relate to our suspicion of an acoustic neuroma?”</li> </ul>
Level III: <b>NOW WHAT?</b>	<ul style="list-style-type: none"> <li>Ask student for decision, opinion, solutions</li> <li>Target higher cognitive processes</li> <li>Elicit evaluation, analysis, &amp; creation skills</li> <li>“What should we do next with this patient...why?”</li> </ul>

Handout 9, 10, activity

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## Reflection


- “the turning over of a subject in the mind and giving it serious consecutive consideration (Dewey, 1933)



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While answering a list of critical thinking questions Pharm students were stopped to reflect & self evaluate

- How confident are you that answers are correct?
- Why did you pick that answer?




**Those asked to stop, reflect & self assess – did better on later questions** (Austin et al., 2008)

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## Polling Question #6: Which form of reflection prompts are you most likely to use in clinic?



- Ask them to define the strengths & areas to improve
- Have them write reflective journals re clinical experiences
- Ask them to describe their feelings/emotions after session
- I don't have time for their reflections

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## Video: Student Goal & Reflection

(3 min; JM & CM Judging accuracy of productions)



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## Questioning for Critical Thinking

Tools

- Socratic questioning guide
- Level of cognition/development questioning examples
- Reflective Journal

Handouts 8- 10

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### Socratic Questioning Approach

**Clarification Questions:**

- Tell me about your patient's speech difficulties
- What is the most important patient/family concern? Why?

**Questions to Probe Assumptions**


- You seem to be assuming that your client's responses are due to \_\_\_\_\_. Tell me more about your thinking here.
- What assumptions have you made about \_\_\_\_\_?
- On what data have you based your decisions? Why?

**Questions to Probe Reasons**

- How do you know that \_\_\_\_\_? What are other possible reasons for \_\_\_\_\_?
- Tell me why \_\_\_\_\_

**Questions on Differing Perspectives**

- 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?



Adapted from Evaluating Critical Thinking in Clinical Practice. Oremano, Marilyn, PhD, RN. Nurse Educator. 22(5):25-28, September/October 1997.

Handout 8 98

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### Classification of Questioning via Bloom's Taxonomy

ACTIVITY -- DEV QUESTIONS- Handouts #9-10- see verbs on HANDOUT 6

Cognition Level	Category	Example
Low	Remember	What does SLI mean? What is a perilymphatic fistula?
Low	Understand	Why is it important to take a careful case history? Talk to me about how the patient's hearing loss might impact our language measures
Mid	Apply	How would you counsel this lady in regards to her communication with her family?
Mid	Analyze	What does the pattern of test results tell you about possible diagnoses?
High	Evaluate	What do you consider the most important aspect of the treatment plan for this child?
High	Create	Create a set of language goals for the IEP for this 7 year old with autism. Can you develop a novel method for measuring the patient's communication skills in a community setting (e.g. restaurant)


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### IDA INSTITUTE – REFLECTIVE JOURNAL

(Handout #11)

1. What happened in the session?
2. Describe 1-2 things that went well & why they went well
3. How did you feel? Why do you think you acted as you did?
4. Describe 1-2 things that went less well & why they went less well
5. What would you do differently next time?
6. What could you learn or do to be better prepared for a similar situation?



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## FEEDBACK




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**Polling Question: I typically give daily feedback to my students via:**


- Written notes**
- Verbal summary with specific strengths/weaknesses
- Verbal discussion about general aspects of the session
- Daily feedback not possible



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**FEEDBACK:** Information provided to a student to reinforce, correct, or modify performance. Is less formal & often unstructured

**FEEDBACK VS. EVALUATION**

**EVALUATION:** a more structured summary given to provide summative measure of performance

(Paukert et al., 2002; Bienstock, 2007; Nottingham Henning, 2014a)

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**Purpose of Feedback**

- To reinforce strengths & foster improvements in the learner (Gorn 2001)
- “Feedback, when used correctly, provides the learner insight into actions and consequences, highlighting the dissonance between the intended result and the actual result” (Nadler 1977 in Menachery et al 2006)

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**Components of Feedback**  
(Nottingham & Henning, 2014)

- **TIMING:** immediate vs delayed
- **SPECIFICITY:** general vs. specific
- **CONTENT:** clinical skills, communication, clinical reasoning, professionalism
- **FORM:** Verbal, non-verbal, written; **TONE**
- **PRIVACY:** public vs private

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**SQF: TYPES OF FEEDBACK**  
Barnum & Guyer, 2015; Nottingham & Henning, 2014

- **CONFIRM & REINFORCE:** *Nice job gathering a thorough case history*
- **CORRECTIVE to IMPROVE:** *Did you calibrate the tool before the session? Lets double check those results to be sure we got valid responses*
- **GUIDING to MODIFY:** *Try moving your arm to the right to get a better view*

**Focus On... Feedback**



Handout 5.9

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**EVIDENCE**


- Behaviors perceived as “useful” by students:
  - *Immediate verbal feedback results in higher performance ratings* (Ho & Whitehill, 2009)
  - *Balanced feedback with strengths & areas to improve*
  - *Specific feedback that includes details*
  - *Include rationale & evidence to support input*
  - *Focuses on student goals developed with the student*

(Dowling & Witkopp, 1982; Nottingham & Henning, 2014a; 2014b)

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## Challenges in Giving Feedback

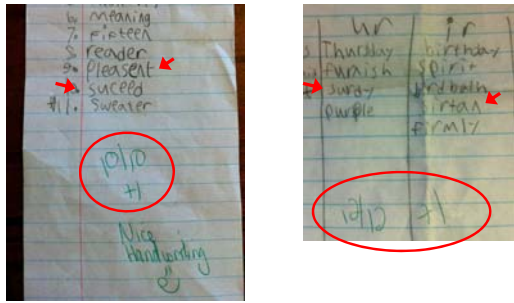
- When professional concerns occur, supervisors often give **NO** feedback (Hoffman et al., 2005)
- **Difficult** feedback is often indirect & not specific (Hoffman, Hill, Holmes & Freitas, 2005 – counseling)
- Positive & negative feedback can lead to growth/change. **NO** feedback doesn't.



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## Avoiding negative feedback is NOT helpful!



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## Supervisor Variables influencing change (Smither, London & Reilly, 2005)

Improved performance occurred when. . .

- Feedback is provided in a **respectful** manner
- Focuses on deficits **important** to the supervisees responsibilities
- Supervisors were trained to provide feedback in a manner that facilitated job performance

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## Perceived Teaching Effectiveness

- “Effective clinical teachers” provide (Kelly, 2007)
  - Positive AND negative feedback
  - Timely feedback given in private
- Receiving quality feedback was the strongest predictor of med students rating the teaching as “high quality” (Torre, Sebastian & Simpson, 2003)
- Faculty who gave feedback more frequently received higher teacher ratings (Clay, Que, Petrusa, Sebastian & Govert, 2007)

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## TRAINING SUPERVISORS TO GIVE FEEDBACK


- Training on methods of giving feedback can result in improved skills in providing constructive, timely, & balanced feedback in a respectful manner (Schum, Krippendorff, & Biernat, 2003; Salerno et al., 2002)
- “High Feedback” associated with instructor being “learner centered” (Menachery et al 2004)
  - Identified their own goals
  - **Actively participated in own learning**
  - Elicited feedback from others

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## I'm going to give you feedback now. . .

Bienstock et al., 2007



Instructors “believe” they give feedback more often than

- students perceive they receive
- data indicates they provide

(Marks et al., 2008; Lieberman et al., 2005) (medicine)

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- **Sandwich technique**
- **Interactive feedback:** Ask learners to self-evaluate before giving feedback (Menachery et al 2004; Holmboe et al., 2004)

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**Video: Specific Feedback** (1:31 min RH)

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**Summary: Effective Feedback**

- Is timely - immediate
- Begins with student self-evaluation
- Is balanced – includes ID of strengths & areas to improve
- Is specific & includes details
- Focuses on student goals developed with the student

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**Feedback**

Tools

- One Minute Preceptor
- Encounter Card
- Self check

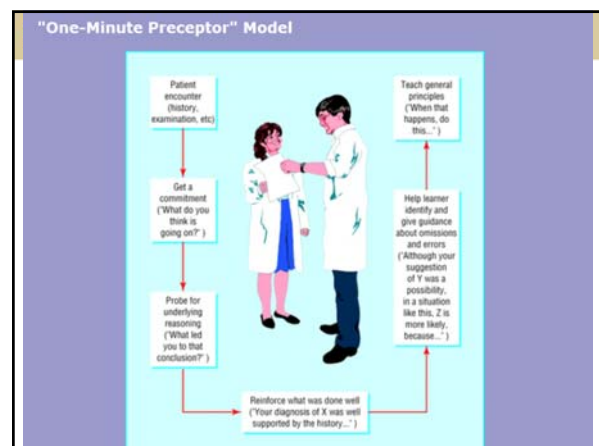
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**THE ONE-MINUTE PRECEPTOR**

*Tool* A Method for Efficient Evaluation and Feedback-strategy for quick, structured formative assessment


- Evidence for One Minute Preceptor
  - Preceptors (physicians) trained in OMP- greater self-confidence in rating students' abilities
  - Observers rated OMP encounters with students as more effective than traditional feedback (Aagaard et al. 2004)
- Clinical Instructors trained on the OMP method improved in quantity and quality of feedback given to medical students (Salerno et al. 2003)

Neher JO, Gordon KC, 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. 419-424



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**THE ONE-MINUTE PRECEPTOR  
(AUDIOLOGY STYLE)**



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**Feedback Cards** (Handout #13 (pg 21))


- **Abbreviated Forms** used to provide daily feedback
  - Student hands card to instructor requesting feedback
  - Clinical instructor completes card, first asking for student self-eval
- Resulted in . . . .
  - Increased frequency of "feedback"
  - Immediate written feedback done efficiently
  - Increased satisfaction with teaching received

(Blenstock, 2007; Clay et al., 2007; Holmboe et al., 2004; Ozuah et al., 2007; Paukert et al., 2002; Prylowski & DeRosa, 2003; Richards et al., 2007)

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**Rate Your Feedback Skills** (Handout #14 pg 22)

- **Feedback Self-Evaluation Checklist**
  - A self-reflection tool to examine **YOUR** use of feedback techniques



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**Poll: 15% solution....**

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**FOLLOW UP ACTIVITY**

- In the next week complete the ***Clinical Instructor Self-Evaluation Form*** (Handout #15, p. 23)
  - ID 1-2 target goals for yourself to enhance your clinical teaching practices



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