Recalibrating Clinical Faculty for Tomorrow

Ann L. Michael, Ph.D.
Ashley W. Harkrider, Ph.D.

Department of Audiology & Speech Pathology
College of Allied Health Sciences

Three Components of University Clinical Education Programs

Clinical Education

- Meets university & departmental mission
- Provides preparation of the next generation of speech-language-pathologists and audiologists
- Provides opportunities to grow professionally in service and in teaching
- Provides opportunities to define and redefine our profession
- Provides "best practice" role model for students and community members

Clinical Service

- Provides context for student education
  - Factual to procedural knowledge
  - Clinical process
  - Documentation
  - Ethics
  - HIPAA security and confidentiality
- Provides context for understanding population of individuals with disorders
- Provides research opportunities
- Provides community service opportunities
- Provides income

Clinic Budget

Requires consideration for:
- Patient case-load
- Billing (CPT codes)
- Documentation (S.O.A.P)
- Patient's progress
- Role of audits
- Reimbursement issues—"remember someone is paying for the service"
Three Components of University Clinical Education Programs

- Hearing and Speech Center
  - General out-patient clinic with off-campus contractual agreements
- Child Hearing Services
  - Aural habilitation services for infants and school age children
- Pediatric Language Clinic
  - Children from age 0-3 years with communication disabilities associated with social-emotional influences or children diagnosed with autism

Recalibration Plan
- Design Clinical Faculty Model to include:
  - Evidence that supports both educational and service components
  - Description of faculty expectations
  - Support for faculty to meet expectations
  - Collaborative as well as individual efforts
  - Improvement in clinical education, clinical services, and supports clinical business plan
  - Evaluation plan
  - Support for the mission of the university, college, & department

Evidence of “Expertise”
- Research provides an understanding of the ways that knowledge, skills, and thinking strategies combine to support effective performances in a wide variety of domains.
  - Experts notice features of situations and problems that escape the attention of novices (Chi, Glaser & Rees, 1982; Berliner, 2001)
  - These differences affect the expert’s abilities to rapidly identify problems and opportunities and act upon them.

Evidence of Adaptive Expertise
- Adaptive experts are more likely to expand the breadth and depth of their expertise as the need arises or as their interests demand.
  - This expansion includes study and integration of new knowledge & skills – expert may function as “intelligent novice” who may struggle initially during integration (e.g., Brown, Bransford, Ferrara & Campione, 1983).
### Clinical Faculty Model based on Expertise

**Define “core competencies” expectations for clinical faculty.**

**Competencies include:**
- Extensive factual knowledge in domain.
- Theoretical knowledge to support varying treatment decisions.
- Knowledge organized so that facts are easily retrievable allowing for timely clinical decisions.
- Knowledge is more than facts, experienced in holistic fashion reflecting mental model allowing for individualize patient features, needs.
- Knowledge organized so easy application to new clinical cases.

### Clinical Faculty Model based on Expertise

**Core Competencies include:**
- Knowledge of KASA and student professional requirements
- Knowledge of current evidence based treatment research in their domain
- Interest in continuing to learn during their careers
- Ability to monitor their own level of knowledge
- View of their own knowledge as a dynamic rather than static entity

### Clinical Faculty Model Including Adaptive Expertise

**Adaptive Expertise includes core competencies** PLUS

**In the area of clinical service, clinician:**
- Maintains quality while adapting to third party billing requirements (models of service delivery)
- Integrates technology
- Integrates latest research evidence into treatment decisions
- Integrates cultural factors into assessment and treatment decisions

### Clinical Faculty Model Including Adaptive Expertise

**Adaptive Expertise includes “core competencies” PLUS**

**In the area of clinical education, teaching:**
- Is dynamic
- Is based on latest evidence on learning, thinking, and problem solving
- Includes ways to meet changing needs of SLP professionals in various work settings
- Includes knowledge of content in allied areas that adds to knowledge and skills in SLP/Aud
- Contributes to the profession through research or scholarly activities-disseminates through refereed presentations or print media

### Model Defines Expectations for Clinical Faculty Members

- Professional development goals may include increase in knowledge and skills in specific clinical domain, in clinical service, or in areas of clinical teaching.
- Support for development includes two hours per week dedicated and organized for group or individual activities.

### Professional Development: Teaching Expertise

**It Takes Expertise to Teach Expertise**

(Bransford & Schwartz, 2009)

**Goal is to dedicate two hours weekly for professional development in teaching and service.**
- Clinical faculty members report on critical features of student learning with recommendations for change in clinical teaching:
  - Importance of bi-directional feedback (group & individual opportunities) – Review current feedback strategies. Due to increase in student numbers plus diverse undergraduate backgrounds, moved from group meeting to individual meetings.
Professional Development: Teaching Expertise

- Increase use of bi-directional feedback with more frequent use of students’ self-evaluation forms.
- Design DVD library-providing students with multiple opportunities to observe and notice significant behaviors and communicative efforts within specific disorder areas. (In process)
  - First student observes and reports significant behaviors. This independent observation is followed by clinician’s report of behaviors noticed. This is introduction of clinician’s mental model.
  - Observations will include multiple clients with same diagnosis involving varying degrees of severity at varying ages having varying levels of cognitive and behavioral implications.

Professional Development: Teaching Expertise

- Develop a meta-cognitive approach to clinical teaching
  - Offer students think aloud opportunities to describe decisions made during therapy.
  - Students ask themselves “What am I doing and why am I doing this?” (Rationale for clinical decisions are written in lesson plans.)
- Establish instructional activities that offer students the opportunity to reflect and engage in “knowledge building” and not just “knowledge telling”
  - This may include readings, observations, consulting with another clinical faculty member.
  - (Bereiter & Scardamalia, 1993).

Professional Development: Teaching Expertise

- The Role of Deliberate Practice in Teaching Expertise
  - “Practice makes Permanent” (Bransford & Schwartz, 2000)
  - Practice is important for students to perform adequately
    - Extensive practice does not automatically lead to superior performance.
  - Length of professional experience, beyond 2 yrs, found to be weak correlation of job performance.
    - For physicians & nurses, decline in performance may appear after 2 yrs of practice.
    - (For review of practice and performance see Ericsson, 2006, 2009)

Professional Development: Teaching Expertise

- Reconsider approach to teaching and grading clinical skills.
  - Watch for ceiling effect in student performance
  - Reduce clinic grade inflation
    - Move from grading level of independence in performance of competencies to grading accomplishments of individualized clinical goals and objectives or consider a hybrid approach.

Professional Development: Teaching Expertise

- Host meetings with SLP professionals from different settings in the community.
  - Goal is to stay current with expectations that students will face in that setting and after graduation.

Professional Development: Clinical Service

- Hold Clinical Forum —Presentations by clinical faculty members
  - Begin with in-house audience
  - Advance to community audience offering ASHA CEUs
- Establish evidence based committee. Responsible for asking and researching clinical questions in specific domains (committee member includes librarian with expertise in use of databases research techniques)
  - Adding to evidence based practice
Professional Development: Clinical Service Establish Evidence Based Practice Network
See Model: Clinical Information Access Program developed by SLPS in New South Wales, AU

Objectives to:
• Provide a collaborative forum for community speech pathologists to share questions and seek answers about clinical issues
• Enhance accessibility of relevant evidence-based literature to speech pathologists and patients in the community
• Foster a culture of evidence-based practice for clinicians, students & patients

Self-Assessment includes Self-Directed Learning

• Ability to determine difference between best practice and current practice.
• Research shows poor correlations for physicians and residents on self-assessment measures and actual outcomes and similar findings for students in health disciplines (Gordon, 1991; Davis, 2009).
• Research suggests importance of externally informed assessments and evaluations (Davis, 2009).

Multi-points for Evaluation and Feedback

• Self Assessment
• Clinical Teaching Evaluations
• Clinical Service Competence
  • Chart Reviews
  • Audits
• System Review
• Client Satisfaction Form
• Professional Activities
  • Committee Work
  • Scholarly Activities

References