HISTORICAL PERSPECTIVE ON CLINICAL TEACHING RESEARCH

1978
- ASHA's Committee on Supervision in Speech-Language Pathology and Audiology described two main roles of supervisors:
  - Clinical teaching (process)
  - Program management
- The focus was on the duties and proficiencies of clinical teaching as they related to the interaction between the clinician and the client.


HISTORICAL PERSPECTIVE

1985
- ASHA Position Statement
  - 13 basic tasks for effective clinical teaching that made clinical supervision a distinct area of practice in communication disorders
  - 81 Competencies required to perform the tasks
  - Special training for effective clinical supervision


HISTORICAL PERSPECTIVE

2008
- ASHA Position Statement Update
  - An increase in data from research on supervision
  - Technological advances
  - A new focus on the importance of interpersonal elements in the supervisory process.


WHAT DO WE KNOW NOW?

- The literature on supervision has grown in the profession mostly in the form of descriptive and experimental research.
- Evidence-based knowledge of clinical teaching in the profession remains sparse.

RESEARCH IN OTHER DISCIPLINES

- Psychology
- Occupational Therapy
- Social Work
- Physical Therapy
- Medicine
- Higher Education
- Nursing
- Dentistry
- Athletic Training
- Business
Handout Info

- Slides posted on CAPCSD web site (today’s slightly altered)
  - Includes bibliography with references

- YELLOW HANDOUT –
  - Clinical Educator Self Evaluation Tool
    (based on EB review of the literature)
  - Take home & try it out

CROSS-DISCIPLINARY EPB REVIEW

- Relationships
- Critical Thinking
- Team Based Learning
- Feedback

Relationships

An effective working relationship between supervisors and supervisees is essential to the success of student learning

ASHA Position Statements

Clinical Supervisors Balance...

Successful clinical education

AND

Successful rapport building

SUPERVISOR

Defined as...

- Engaged in clinical teaching
- Role is short in duration
- Goals primarily related to development of specific skills and proficiencies
- Typically occurs early in supervisee's career

Herd, C.L., Colos, T.J. Constructing and maintaining appropriate boundaries within clinical supervisor relationships. Perspectives on Administration and Supervision. Mar 2009;40:30-35.

MENTOR Defined as...
- Goals related to developing the “person”
- Goals are driven by the mentee
- Can occur at any time during mentee’s clinical career


MENTOR OR SUPERVISOR Dual role as assessor and mentor can cause conflict


FRAMING THE ISSUE
- What do we know about the importance of the relationship with students in clinical education...in CDS and other clinical disciplines?
- Can we measure outcomes?????

CAN WE MEASURE OUTCOMES?
- Surveys & questionnaires
  - Cross-sectional survey design
  - Journals
  - Literature reviews
  - Transcribed interviews
  - Transcribed mentoring sessions
  - Analysis of written comments

WHAT DO WE KNOW?
Supervision is a complex social encounter influenced by...
- Social setting
- Personalities of supervisor and student
- Relationship that develops between student and supervisor
- Expertise of supervisor

Hodza, F. Managing the student-supervisor relationship for successful postgraduate supervision: a sociological perspective. SJARE. 2007;10(1):

WHAT DO WE KNOW?
- Supervision is a creative process open to negotiation and change
- "Good supervision" has a level of flexibility that makes each relationship unique
- Graduate student supervision is the most complex and subtle form of teaching

WHAT DO WE KNOW?

Supervisory relationship depends on...

- Alignment of student-supervisor expectations
- Negotiating the balance of power
- Open communication

Hendry, G. Communication and power in the student-supervisor relationship. Institute for Teaching and Learning, The University of Sydney.

WHAT DO WE KNOW?

- Understanding of purpose of the supervision sets a solid foundation for the supervisory relationship
- The supervisory relationship is probably the single most important contribution towards the effectiveness of clinical supervision
- The quality of the supervisory relationship has an important influence on the overall effectiveness of clinical supervision


WHAT DO WE KNOW?

The strongest aspect of clinical education is the relationship with the faculty


ROLE STRAIN

Clinical Educators are at risk...

of experiencing role strain in balancing roles as health care providers, clinical educators and administrators


WHAT ARE WE DOING NOW?

Leadership Styles and Relationships

- Telling
- Consulting
- Participating
- Delegating


WHAT ARE WE DOING NOW?

Juggling several roles...

- Supervisor
- Mentor
- Advocate
- Potential future colleague
WHERE DO WE GO NOW?

Critical Thinking Skills

Working Definition of Critical Thinking

"Critical thinking is the intellectually disciplined process of actively and skillfully conceptualizing, applying, analyzing, synthesizing, and/or evaluating information gathered by observation, experience, reflection, reasoning, or communication, as a guide to belief and action."


Skills

- Inference
- Explanation
- Analysis
- Interpretation
- Evaluation
- Self-regulation

Disposition

- Inquisitive
- Systematic
- Judicious
- Analytical
- Truth seeking
- Open-minded
- Confident in Reasoning

Framing The Issue

- How do we prepare clinical educators to better facilitate CT skills?
- How do we facilitate CT skills in our students?
- How do we measure outcomes?

Strategies Traditionally Used in CSD & Other Clinical Disciplines to Facilitate CT

- Question asking
- Reflective writing
- Concept mapping
What Do We Know?

Question Asking
- Overwhelming evidence in descriptive studies that CI’s pose questions requiring more low-level or factual responses.
- The questioning pattern (strategic questioning) may be more important to student learning and satisfaction than the cognitive level of questioning.

What Do We Know (cont’d)

Teaching Students How to Ask Questions
- Students can improve the complexity of their question asking using “stem questions.”
  - King, A. (1999)
- Explicit teaching about question asking (purpose, use, barriers & levels) can significantly improve scores on measurements of inferencing and deductive reasoning.

Identifying Potential Barriers to Promoting Student Questioning
- Control
- Time pressures
- Subconscious discouragement
- Cultural values/views
- Embarrassment/fear of ridicule
- Not knowing how to ask higher-level questions

Schell, K. (1999)

What Do We Know (cont’d)

Reflective Writing & Concept Mapping
- Reflective writing is an effective method for facilitating enhanced self-awareness and in-depth thinking about one’s learning.
  - Murphy (2004); Levine, Kem, & Wright (2008); Iwakura & Cesetti (2007)
- Reflective writing can be reliably scored/assessed to identify levels of CT.
  - Plack et al. (2007)
- Concept mapping (schematic diagrams that reflect understanding & connection between concepts) is another effective strategy for developing CT.

What Don’t We Know?

Cautions...
- Assessing/teaching CT skills in the clinical setting is complicated!
  - Students and researchers struggle to comprehend the precise cognitive processes that give rise to high-level clinical reasoning, and most importantly, how to acquire this capability during the early education and clinical years.
  - Gerbic & Leestma (2009)
- Would replicated studies in CSD yield similar results to the studies reported in Nursing, Medicine, Psychology and Nutrition?
- How can we facilitate a student’s disposition to want to think critically?

Group Supervision and Team Learning
Framing the Issue: Rationale

- Use of a team model in clinical education reflects the learning and working style of our students shaped by research findings on student-active teaching methods.
- Our students, most of whom are in the Millennial generation, have functioned in group activities from a very early age and appreciate the collaborative nature of teamwork (Raines, 2002).

What Do We Know from Other Fields?

- **Nursing:** Nursing study found the group process safe and supportive but lacking in development of critical evaluation of practice (Walsh et al., 2003). Other studies looked at effectiveness of group supervision in reducing stress—only one rigorous enough evidence of this effect (Williamson & Dodds, 1999).
- **Counseling:** Both group and individual supervision equally successful in increasing counselor effectiveness.
  - Larger group of 8 more effective in increasing student autonomy than smaller group of 4 or individual format (Ray & Altshuler, 2000).^m^n^"^

What Do We Know from Our Own Field?

- ASHA (2008) considers supervisory conferences or meetings of clinical teaching teams a core area of knowledge and skills needed by SLPs & clinical instructors.
- The concept of a group teaching clinic is not new—first published discussion Dowling (1979) in Asha.

What Do We Know (cont’d)

- Teaching clinics are significantly different than the individual supervisory conference.
  - Group clinics require active problem-solving and participation on the part of the supervisors.
  - Compared to problem solving done primarily by the supervisor (Dowling, 1979).
- Group models for supervision
  - **K-Team Model** at the University of Kansas (Bowline et al., 1996; McCready & Weger, 2008; Weger, 1999).
  - **Clinical Teaching Team Model** at the University of North Carolina at Greensboro (McCready & Weger, 2008).

What Do We Know from Other Fields?

- **PT and OT:** Small group supervision yielded greater productivity and teaching/learning benefits than individual supervision (Ladyshevsky, Barrie & Drake, 1998). Students in clinical education at the Mayo Clinic rated the group model as the same or of higher quality than the 1:1 model and seven rated it as the stronger model (Rindflesch et al., 2009).
- **Social Work:** Students in group supervision valued supervisors who took risks, stated constructive feedback and communicated openly. They wished supervisors had stated their expected group behaviors (Bogo, Globerman & Sussman, 2004).
How Can We Apply these Findings in Innovative Ways?

- Clinical Instructors can make better and more frequent use of the principles of cooperative learning experiences in which students learn from and teach one another.

- A collaborative group model of supervision is an option in CSD clinical education—could help address economic and time constraint issues.

Applications, cont.

- When CSD supervisors plan to use group supervision format –
  - Need training in group management and group dynamics to derive the full benefits from this model.
  - The purpose of group supervision and the supervisor’s expectations need to be made explicit to students from the very beginning.

- Students need to be taught how to incorporate critical thinking and observation into the group process.

- Research is needed to determine the best models for clinical instruction.

- Group supervision may be interchangeable with individual supervision.

- Problem solving is promoted through team learning.

Applications, cont.

- Group and individual supervision can be just as effective as group supervision alone.

- A large group format (e.g., 8:1) has been found to promote autonomy and may be especially appropriate for students in Anderson’s transitional stage of supervision (Anderson, 1988).

Working Definition of Clinical Feedback

“Specific information about the comparison between a trainee’s observed performance and a standard, given with the intent to improve the trainee’s performance”

(p. 192, Van De Rijt, Stokkink, McGaghie & ten Cate, 2008)
Framing The Issue

- Feedback in clinical education addresses any aspects that impact client services or the student-supervisor relationship
- Focus of Content (examples)
  - Translation of academic content into clinical practice
  - Aspects of professionalism
  - Promoting/refining skill development
  - "Attitude" towards learning

FEEDBACK VARIABLES

- Timing (when provided)
- Modality (verbal, written; both)
- Specificity & Quality
- Balance (positive & negative)
- Relation to defined goals

What Do We Know? MODALITY and Goals

- Improvements occur when immediate verbal feedback provided (Ho & Whitehill, 2009)
- Written goals result in improved clinical performance (Dowling & Witkopp, 1982; Shapiro & Anderson, 1990; Gillam, Roussos & Anderson, 1990)
- Written goals + data → improved skills
- Beginning level clinicians: better improvement with written goals
- Experienced student clinicians: better progress with goals defined via verbal discussion.

Effective Feedback . . .

- Is given IMMEDIATELY (soon after behaviors occur) (Ho & Whitehill, 2009; Kelly, 2007; Salerno, et al., 2011)
- Is BALANCED
  - Describes positive/effective behaviors
  - Describes ineffective/negative behaviors
  - Defines how to modify the ineffective behaviors (Dowling & Witkopp, 1982; Hoffman, J.; Bubash & Forde, 2009; Kelly, 2007; Steelman & Rutkowski, 2004)

Improvements Occur when . . .

- Feedback comes from a CREDIBLE source
- Feedback is considered FAIR and VALID
- Supervisee has an open attitude towards feedback
- Judges potential feedback as useful
- Has desire to learn & improve

Characteristics of Effective Feedback

- Focuses on skills that are important and critical to the position
- Conveyed in a respectful manner
  - Negative feedback conveyed with a considerate manner resulted in improvements
  - Negative feedback conveyed in a demeaning manner associated with lack of change.
Strategies Used in “Difficult” Situations

- **“EASY” SITUATIONS** → direct feedback given & supervisee accepts input
- **“DIFFICULT” SITUATION** → indirect feedback → supervisee becomes defensive & inconsistent change in behavior noted
- **“VERY CHALLENGING” SITUATION** (professionalism) → no feedback given (avoidance) → no change

Supervisor Training: Improve Feedback

- Supervisor Training: PERSUASION training to help supervisee “see personal change & performance improvement as not only possible but also probable” (p. 90 Smith et al., 2005)
- 90 minute training on the One-Minute Preceptor Technique
  - Slight gains in proportion of total utterances that provided feedback

Supervisor Characteristics Associated with Feedback Effectiveness

- Engage students in open discussions regarding challenges in learning
- Collaborate with students to create learning plans
- Discuss strategies to assist the student in achieving goals
- Express comfort in handling conflicts with students
- Have their own professional goals & engage in ongoing professional growth (self evaluation)

What Don’t We Know? Cautions...

- Interactions between self-evaluation skills & feedback
- Optimal variation of feedback in relation to specific variables
  - Level of clinical experience (i.e., first year; 2nd year; 4th year AuD externships)
  - “Challenged” learners
  - SLP vs. AuD clinical education

What we don’t know cont.

- Best methods for efficiency & effectiveness of feedback in today’s high paced practice settings
- Optimal training (amount, content, practice) to promote effective use of feedback techniques by instructors

BOTTOM LINE ON FEEDBACK

IMPROVEMENTS IN PERFORMANCE OCCUR WHEN

- “credible supervisors deliver quality feedback in a considerate, meaningful manner” (Herreid & Ruth, 2003)
- Effectiveness of feedback is influenced by
  - Method of delivering the feedback
  - Style of providing difficult feedback
  - Attitude towards learning of both the instructor & supervisee
CONCLUDING
THOUGHTS
EBP in Clinical Education

What is the relationship of EBP to “Knowledge & Skills” documents for Clinical Instructors
• Which Clinical Instructor Knowledge & Skill areas are “key” baseline level skills for beginning clinical instructors?

What can we do in our discipline to increase knowledge and skill level of clinical instructors?
• Is it time to REQUIRE Clinical Instructor training? (OT, PT)
• Is it time to consider SPECIALTY RECOGNITION for Clinical Instruction?

Where Do We Go Now?
• There is a significant need for CSD discipline specific research to investigate best practices in clinical teaching incorporating what is known from other disciplines

Intuitive-base vs. Evidence-base practice -- How can we promote EBP in clinical instruction?
• Educate Clinical Instructors
• Educate Student Clinicians

REFERENCES

INTRODUCTION REFERENCES

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RELATIONSHIP REFERENCES


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