

CONTINUING THE CONVERSATION: ISSUES IN CLINICAL EDUCATION

MSHA Short Course, 2017

Katie Strong, Ph.D., CCC-SLP, Central Michigan University
Theresa Jones, M.S., CCC-SLP, Central Michigan University
Kristin Hicks, M.A., CCC-SLP, Michigan State University
Jill Bates, M.S., CCC-SLP, Calvin College
Kathryn Hillenbrand, M.A., CCC-SLP, Western Michigan University
Karen O'Leary, M.A., CCC-SLP, Wayne State University

DISCLOSURE STATEMENTS

Financial

- Katie Strong is employed by Central Michigan University.
- Theresa Jones is employed by Central Michigan University.
- Kristin Hicks is employed by Michigan State University.
- Jill Bates is employed by Calvin College.
- Kathryn Hillenbrand is employed by Western Michigan University.
- Karen O'Leary is employed by Wayne State University.

Non-Financial

- Katie Strong is currently serving as CAPCSD Treasurer and was previously on CAPCSD Clinical Education Modules Committee.
- The other speakers have no relevant non-financial relationships to disclose.

LEARNER OUTCOMES

Participants will

1. demonstrate knowledge of CAPCSD Clinical Education Modules to support development of knowledge and skills in clinical education.
2. learn how to assess student learners using SQF supervision model in situations related to CSD clinical training.
3. learn strategies for engaging in difficult conversations with students, CFs and university partners.

THIRD ANNUAL CLINICAL EDUCATION TRAINING AT MSHA

- Came out of discussions and request from MSHA Healthcare Committee to have a more coordinated effort from university programs to support internship experiences in the state of Michigan
 - 2015 - Growing Student Clinicians: Communication and Confidence in Supervision
 - 2016 - The SQF Model of Clinical Teaching – presented by M. Barnum and S. Guyer
 - 2017 – Continuing the Conversation: Issues in Clinical Education

COLLABORATIVE EFFORT FROM ALL MICHIGAN UNIVERSITIES TRAINING SLPS AND AUDIOLOGISTS



The more you know
about the past, the better
prepared you are for the
future.

Theodore Roosevelt

History of Clinical Supervision Training

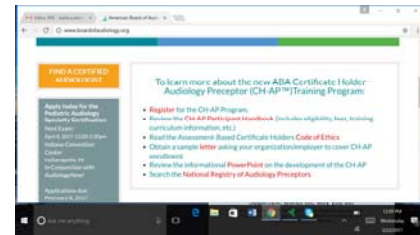
Previously thought that if you have your CCC's you
were well suited to supervise
Clinical Competence + Effective Clinical Supervision

ASHA Resources on Clinical Education and Supervision

- Practice portal
<http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589942113§ion=Resources>
- Clinical Educator Self-Evaluation Tool
- http://capcsd.org/proceedings/2011/talks/2011_CAPCSD_Reuler_SelfEvalTool.pdf



ABA Certificate Holder—Audiology Preceptor (CH-AP™) Training Program

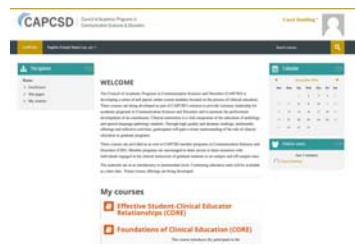


www.boardofaudiology.org



Clinical Educator Training Modules

- Self-paced
- Free of charge if affiliated with university program who is a CAPCSD member
- CEs from ASHA and AAA available which will count toward the new ASHA requirement for supervision training



Overview Learn Apply Reflect Assess Record

Overview

Module One 1

Communication as a Foundational Framework for Effective Relationships

Being an effective communicator is frequently assumed to be an aptitude or an innate skill people possess without any training. However, many professionals operate at a level of effectiveness far below their potential (Adler et al., 2003). Although individuals can learn through their successes and failures, they can benefit from observing others and by evaluating their own skills. Training in interpersonal communication is an important component of supervisory training. Growth in the interpersonal domain will enhance supervisors' proficiencies in interacting with supervisees in a helpful manner." Lisa O'Connor, the *The ASHA Leader*.

In this module, you will examine effective communication as the foundation for successful student-clinical educator relationships. You will learn strategies to improve your listening skills and examine the powerful role of language in effectively communicating a message. You will then apply what you have learned in focused activities and record your thoughts in your Participant Workbook. You will then check your understanding of key points from this module in a short quiz.

By the end of this module, participants will be able to:

- Describe the components of communication and their impact on relationships
- Evaluate their listening skills and strategize ways to improve them
- Explain the role that words and language play in communication and relationships
- Analyze language for communication roadblocks and defensive triggers

Please CONTACT US to report any broken links or problems with this page.

16

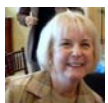
Course 1 : Foundations of Clinical Education



Liz McCrea



Mark DeRuiter



Judith Brasseur

Module 1: The Importance of Clinical Education

Module 2: Roles and Responsibilities in the Clinical Education Process

Module 3: Knowledge and Skills for Effective Clinical Education

Module 4: Methods of Clinical Education

Module 5: Evidence Based Principles in Clinical Education

17

Course 2 : Effective Student – Clinical Educator Relationships



Marilyn Wark



Nancy Alarcon

Module 1: Communication as a Foundational Framework for Effective Relationships

Module 2: Learning and Teaching Styles in the Clinical Education Environment

Module 3: Through the Looking Glass: How Personal Perspectives Influence Relationships

Module 4: Creating a Healthy Clinical Learning Environment

Module 5: Maintaining Positive Relationships

18

CAPCSD Clinical Education Training

- 3 more courses to follow in the next 2 years



Access code for each course sent to CAPCSD member program

Program shares code with supervisor or preceptor

Individual creates an account on elearning.capsd.org site

Completes courses with option for CEUs

elearning.capsd.org

20

About CEUs



21

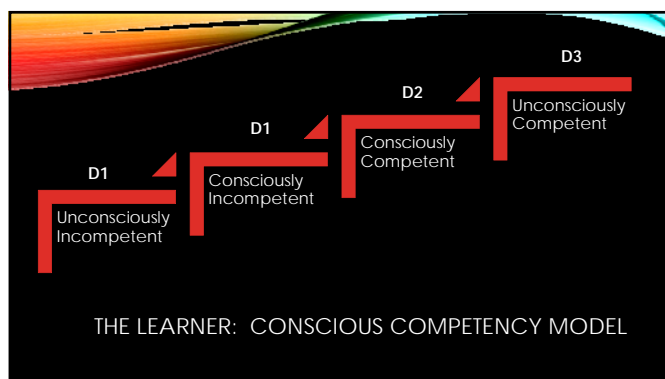
CAPCSD Launch for Clinical Educator Modules

- Set for late April
- University program will send you information and a link to get started



SQF MODEL

- Integrates
 - Situational Supervision
 - Questioning
 - Feedback
- Support students in becoming
 - autonomous
 - sound clinical reasoning skills



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

Supervision

• Situation

- Learner
- Task
- Urgency
- Consequences

S1

S2

S3

Supervision

PROVIDING DIRECTION AND COACHING
STAY CLOSE

BEING SUPPORTIVE AND ENCOURAGING
CREATE SPACE

DELEGATING
CREATE DISTANCE

Strategic Questioning is consciously adapting the timing, sequencing and phrasing of questions in order to facilitate student processing of information at increasingly complex cognitive levels. (Barnum, Guyer, Levy and Graham, 2009)

Questioning

• Strategic Questioning

Q1

"what level"

• Purpose:

- Assist student in developing a model for thinking to make clinical decisions

Q2

"so what level"

Require the student to compare, analyze, synthesize and apply knowledge

Q3

"now what level"

Require student to evaluate info, formulate plans, infer meaning and/or defend decisions

Feedback—any information given to students regarding their skills and knowledge. Can be delivered verbal or behaviorally. Should be timely and specific. (Barnum, Guyer, Levy and Graham, 2009)

Confirming Feedback

-Lets the student know that their knowledge and skills are correctly applied

Guiding Feedback

-concept, skill or information essentially correct, but needs refining, clarifying or improving
-Guides towards seeing different possibilities, rethink how they performed/responded
-Guides toward using additional resources to improve quality

Corrective Feedback

-K&S are being correctly applied
-prevent from developing incorrect techniques/believing inaccurate statements
-non-confrontational way, and if possible not in front of clients or peers

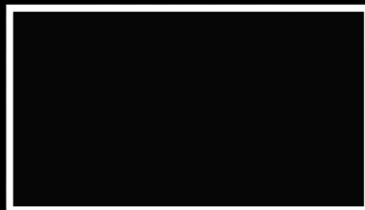
D1- UNCONSCIOUSLY INCOMPETENT

Situation?
Questions?
Feedback?



D2-CONSCIOUSLY COMPETENT

Situation?
Questions?
Feedback?



MEGAN

D2-CONSCIOUSLY COMPETENT


SITUATION?
QUESTIONS?
FEEDBACK?



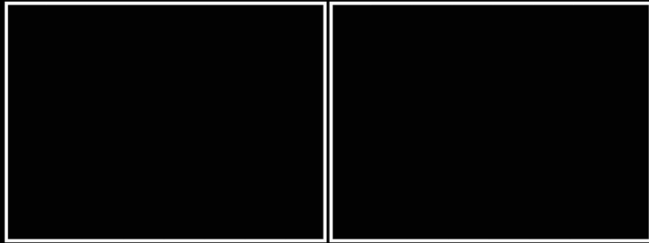
KAILEY

SITUATION?
QUESTIONS?
FEEDBACK?

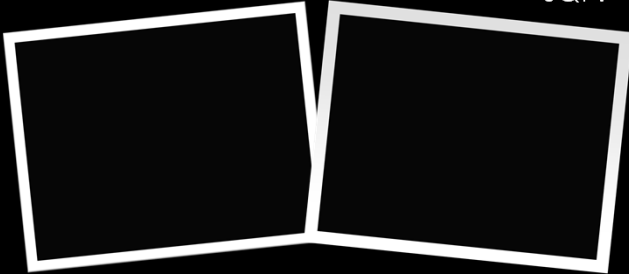
1) At which level would you place the student?
2) What was the student's response to questions? to feedback?



WHAT DO CLINICAL EDUCATORS THINK ABOUT SQF?




WHAT DO STUDENTS THINK ABOUT SQF?




LARGE GROUP DEBRIEFING

WHEN CLINICAL EDUCATION ISN'T A BOWL OF CHERRIES



Adapted from Erma Bombeck

ERMA BOMBECK (1927-1996)



American humorist who achieved great popularity for her newspaper column that described suburban home life from the mid-1960s to the late 1990s. She also published 15 books, most of which became bestsellers. [Wikipedia](#)

- *The Grass is Always Greener over the Septic Tank*
- *When You Look Like your Passport Photo it's Time to Go Home*
- *If Life is a Bowl of Cherries, What am I Doing in the Pits?*

SARAH A DIFFICULT CONVERSATION CASE STUDY

Sydney Bojrab, M.A., CC
St. Mary Mercy Hospital

INTRODUCING SARAH AND THE SUPERVISORY SITUATION

- Sarah is in the last half of her final semester completing a hospital based full time internship for her M.A. Speech-Language Pathology program.
- Sarah has many areas of strength which include:
 - Flexibility
 - Rapport
 - Interpersonal interaction

SOME CONCERNS FOR SARAH

- Weak organizational skills
- Weakness with generalizing clinical skills between patients
- Does not internalize critical feedback and engage in self reflection

ADDITIONAL THOUGHTS ON FEEDBACK

- The "truth" trigger may apply in this case
- She may not recognize different types of feedback
- Only focuses on "coaching" and not on "evaluative" feedback
- Weak self assessment
- Education on feedback and feedback triggers was included in student's pre internship training.

SPECIFIC CLINICAL SKILL CHALLENGES

- Relating long and short term goals
- Organization of data to document progress and modify plans
- Standardized test administration, scoring and interpretation
- Interpreting assessment information for diagnosis and treatment planning

CI INTERVENTIONS FOR SARAH AT MID TERM

- Daily feedback/specific for each patient. Two positive and 1 area for improvement
- Weekly feedback: Identified achievements and areas for growth
- Self reflection
- Written feedback of patient documentation forms
- CI reviewed all test administrations and scoring
- Requested support from other clinical faculty for suggestions on supervision

THE DIFFICULT CONVERSATION

- Sarah was not able to increase her independent work as the semester progressed. She performed well as long as she received direct supervisory support from her CI. (B+ grade at midterm performance evaluation)
- CI allowed a 3 week period before/after mid term evaluation prior to contacting the university coordinator.

FEELINGS/CONCERNS: THE DIFFICULT CONVERSATION WITH SARAH

- Conflicting Emotions
 - Potential impact to relationship and roles.
- Fear
 - Would the positive CI/student relationship change?
- Inadequacy and Self Doubt
 - Why didn't Sarah adapt to my supervision?
- Frustration
 - Sarah did not understand the level of difficulty she demonstrated.

FEELINGS/CONCERNS: THE CONVERSATION WITH THE UNIVERSITY COORDINATOR

- UNCERTAINTY
 - Is this a big deal?
- Hesitation
 - How will the university respond?
- Nervousness
 - How will the problem be resolved?
- Failure/Disappointment
 - Need for university support.
- Relief
 - CI's concerns and actions were confirmed by the university coordinator .

STRATEGIES FOR MANAGING A DIFFICULT CONVERSATION

- NOT A ONE AND DONE SITUATION!
- University coordinator met with Sarah separately AFTER speaking with the CI
 - Addressed student's level of understanding
 - Established SMART Goal areas
- Consistent and close collaboration and communication
- Timelines and meeting dates were defined by SMART Goals (handout 7)

ADDITIONAL STRATEGIES

- Extension of Internship
- Ongoing SMART Goal revisions
- CI provided specific feedback related to Sarah's SMART Goals-discussed at the end of each day and bi weekly meetings with University Coordinator
- Sustained meetings helped keep everyone informed and focused on specific skills and progress

OUTCOMES: SARAH

- Successfully completed her internship and M.A. Degree
 - Improvement in areas of clinical skill development
- Improved organization and self assessment
- Improved sense of responsibility and setting priorities...
- CF Experience: home health position with birth-3 population

OUTCOMES: CLINICAL INSTRUCTOR

- Change in supervision-feedback strategies and structure of internship
- Expanded knowledge and skill with use of available EBP in supervision
- Increased confidence in my skills as a CI
- Increased desire to learn more about methods of clinical education
- Recognized the benefit of reaching out to university coordinator
 - Early contact was a benefit for everyone

OUTCOMES: UNIVERSITY

- Increased emphasis on increasing student's transition to modified supervisory support earlier in clinical training
- Closer tracking of more subtle clinical and professional concerns
 - "B" students
 - Students with specific areas of clinical/professional weakness
- Increased pre internship caseload requirements in the semesters preceding internship placement

FINAL WORDS OF WISDOM

- The first conversation was the hardest to have-that was true for the CI, student and the university coordinator
- Every conversation that followed was easier
- Consistent contact and collaboration between the internship CI and University are needed
- SMART Goals were a key to addressing the specific skill deficits in a timely manner

DIFFICULT CONVERSATIONS

Potential feedback triggers (Stone & Heen, 2014)

Truth Trigger	feedback is perceived to be "off, unhelpful, or untrue"
Relationship Trigger between	feedback is colored by the relationship "giver" and "receiver"
Identity Trigger we about	feedback has affected our identity/sense of who are; we begin to question what we think about ourselves.

DIFFICULT CONVERSATIONS

The players:

- Student
- Clinical instructor
- University instructor/coordinator

DIFFICULT CONVERSATIONS

Truth triggers	<i>"Feedback is wrong, unfair, unhelpful"</i> (p.18)
•	CI providing a "truth" to the student
•	Student providing a "truth" to the CI
Relationship triggers	<i>"I can't hear this feedback from you"</i> (p.19)
•	CI and student/ CI and university coordinator
Identity triggers	<i>"The feedback is threatening and I'm off balance"</i> (p. 23)
•	CI and student / CI and university coordinator

RESPONDING TO DIFFICULT CONVERSATIONS

Truth Triggers "The feedback is wrong, unfair, unhelpful"

- Explain what the feedback means, to ensure that is understood as intended. (*intent* vs. *perception*)
- Provide feedback that is appreciative and coaching, as well as evaluative.

Relationship triggers "I can't hear this feedback from you"

- Step back to understand the dynamic between the giver and receiver
- Work to understand the ways each have contributed to the problem
- Work to understand the ways each can contribute to resolving the problem

Identity triggers "The feedback is threatening and I'm off balance"

- Ensure that feedback was received "in perspective"/balance, without distortions
- Frame feedback as a means of growth (through challenge)
- Provide feedback that is appreciative and coaching

Stone & Heen, 2014

INFORMAL EMAIL SURVEY OF OFF-CAMPUS CLINICAL INSTRUCTORS

1. Have you ever had a "difficult conversation" with a student?
2. Root of this situation...
student's knowledge/skill level?
unclear and/or unrealistic expectations of the student? university coordinator?
mismatch in communication styles? personality?
3. Do you feel that you had the tools to address this situation effectively?
4. Could the need for a "difficult conversation" have been prevented?
5. What "tips" can you share that might be of value to other clinical educators?

RESPONSES: TWO UNIVERSITY PROGRAMS SENT TO ~ 100 SUPERVISORS

20 - "Yes, I've had a 'difficult' conversation."

10 schools

6 medical

4 outpatient/private practice

3 - "No, I've never encountered that situation."

2 school

1 medical

SLP SURVEY RESULTS: COMMON PROBLEMS

- Knowledge/Skills Gap
- Communication Breakdowns
- Unclear Expectations
- Lack of awareness
- Responsiveness to Feedback
- Professionalism

KNOWLEDGE & SKILLS GAP

Problems

Student not demonstrating fundamental knowledge.

"Student not acquiring skills with any clarity, despite extensive direct instruction from our clinicians."

"I wasn't prepared for extent of student's difficulties and amount of extra demand this would be on me."

Tools

Come to conversation with specific concerns and examples...in writing.

Conversations revolve around implementation of effective therapy...

1. *Client's progress*
2. *Adjustments in cueing/promoting*
3. *Modifying complexity of task*

Tips

When I start to have concerns, I reach out to university coordinator.

Being informed *earlier* by University Coordinator of any identified concerns would be helpful in triggering earlier development of plan to assist student.

COMMUNICATION BREAKDOWNS

Problems

Unclear expectations on any and all of these topic areas...by all players

"I used to ask lots of deer in the headlights questions..."

Basics - email, text, call...

Would have been helpful to know when to reach out to university.

Tools

Establish mutually pre-determined time to "check-in on how things are going."

Have discussions regularly so student knows the "why" and "how" of what we do, not just the "what"... regardless of caliber of student.

Implemented google docs to formalize communication.

Tips

Be upfront & approachable

Be strict at the beginning

Apologize when I make an error

Model professional communication

Monitor for frustration - Intern and CI

A FEW OTHER COMMENTS...

"The conversations are more 'awkward' than difficult."

"With frequent conversations about their good and bad behavior, the conversations are not difficult. *They are expected and customary.*"

UNCLEAR EXPECTATIONS

Problems

- "Hardest part for me is knowing when I've supported enough to expect student to transition to making decisions independently."
- "I feel pressure to make sure the student is getting the 'hours' needed."
- "I feel a student could benefit from managing less and spending extra time thinking about managing sessions better."

Tools

- Practicum Expectation Form
- Keep dialogue going!
- Re-address expectations routinely

Tips

- Interview
- Hold Intern Accountable
- University educate students
- Guidelines from site and university

LACK OF AWARENESS: WHEN STUDENTS THINKS THEY'VE GOT IT...AND THEY DON'T!

Problems

- "The student was not doing well in this placement and overestimated her abilities."
- "Not sure intern knows what to do to improve. Lots of coaching on my part."
- "The student had done well in previous externships but was in over her head at this fast paced setting."

Tips

- Initial discussion of comfort level, learning style, types of feedback that works best
- Address concerns early
- Identify gaps and establish goals *together*, with University Coordinator
- Frequent, structured review of student's progress
- Monitor for frustration - Intern and CI

FEEDBACK GIVING AND RECEIVING

Not prepared

"Many students are 'book smart' and accustomed to high remarks, but... when they begin applying knowledge, they are not prepared for lower comments."

Some "blame" supervisor

Push-back

"When you talk immediately after me every time I provide feedback it comes across as if you are giving me an excuse or defending your action/decision."

No Change

"My problem is when I keep mentioning things and nothing changes."

TIPS FOR IMPROVING FEEDBACK PIECE Before Internship Begins:

- University Coordinators openly share students strengths, weakness, any potential concerns, etc...
 - *"It would be helpful to know early on to establish plan to best help student intern."*

During Internship:

- Universities seek feedback from both players in the field...
 - *"Some have very little contact (mid-term and final only) and we could benefit from regular communication."*

At End of Internship:

- Completion of post-externship feedback forms by both
 - student **AND** supervisor.

PROFESSIONALISM: BASIC SKILLS FOR WORK

Professional Expectations

"I utilized our work policy for repeated tardiness and explained how it would be addressed if student were an employee."

Lack of Boundaries

"Some students seem to have a lack of understanding of implied boundaries in supervisor/supervisee relationship. Can become awkward/embarrassing."

Interpersonal Skills

"Conversations I have with students almost always end up revolving around the topic of... Getting along with others and being easy to work with."

The Basics

Appropriate dress, humor, language, attention, motivation, timeliness

SUMMARY OF WHAT *YOU* SAID...**Common Perspectives**

- Conversations are actually more "awkward" than "difficult."
- "I feel that MY idea of 'difficult' may be because it is uncomfortable for ME. Yes, it actually being a "difficult" conversation."
- These conversations are inherent to this type of learning.

Recurring Suggestions

Always be open and honest with the student.
Don't fear giving feedback.
Address issues in the moment, so not unexpected or awkward later.
Basis of open communication, mutual respect and desire to learn helps significantly to reduce difficulties.

Recurring Requests

Heads Up from university coordinator as early as possible would be helpful.
Knowing when and how to contact university coordinator.
Working with University Coordinator eases approach to these situations.

RESPONDING TO DIFFICULT CONVERSATIONS

Conversations should be

Respectful
Honest
Sincere

Open to options for problem solving; maybe not clear-cut +/-

RESPONDING TO DIFFICULT CONVERSATIONS

Reinforce character strengths and virtues

Temperance - forgiveness, humility, prudence

Transcendence - gratitude, hope, humor, wonder

Wisdom and knowledge - creativity, curiosity, open-mindedness, perspective

Courage - bravery, persistence

Humanity - generosity, care, compassion, emotional/personal intelligence

Justice - loyalty, teamwork, fairness, leadership

Holland & Goldberg (2007)

IT GETS EASIER...

"Yes, I've had many difficult conversations with interns and initially I felt very awkward initiating these conversations, but over time it has become easier, mainly because my own sensitivity and fear of hurting feelings has waned."

RESPONDING TO DIFFICULT CONVERSATIONS

Applying concepts to video samples

Provide slide with basic points



QUESTIONS, COMMENTS, CONCERNS

- Short Course Evaluation

CONTACTING US

Jill Bates jbates@calvin.edu
 Kristin Hicks hickskr@msu.edu
 Kathryn Hillenbrand kathryn.hillenbrand@wmich.edu
 Theresa Jones jones1tm@cmich.edu
 Karen O'Leary ksoleary@wayne.edu
 Katie Strong sttron4ka@cmich.edu

REFERENCES

- ASHA (2016). A plan for developing resources and training opportunities in clinical supervision [Final report of the ASHA Ad Hoc Committee on Supervision Training]. Retrieved from www.asha.org
- Barnum, M. & Guyer, S. (2016, April). *The SOF Model of Clinical Teaching*. Workshop presented at the 2016 Michigan Speech-Language Association Conference, Grand Rapids, MI.
- Barnum, M., & Guyer, S. (2013, June). *The SOF Model of Clinical Supervision*. Workshop presented at University of Pittsburgh The Art and Science of Clinical Teaching: Across Health Professions, Pittsburgh, PA.
- Barnum, M., & Guyer, S. (2009). Supervision, Questioning, Feedback Model of Clinical Teaching: A Practical Approach. In Wiedner T. (ed) *The Athletic Trainers' Pocket Guide to Clinical Teaching*. SLACK, Inc. Thorofare, NJ.
- Holland, A. (2007). *Counseling in Communication Disorders: A wellness perspective*. Plural Publishing, Inc.
- 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.
- Stone, D., & Heen, S. (2014). *Thanks for the Feedback: The science and art of receiving feedback well*. Penguin Random House Company