CONTINUING THE CONVERSATION:
ISSUES IN CLINICAL EDUCATION

MSHA Short Course, 2017

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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

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

The more you know about the past, the better prepared you are for the future.
Theodore Roosevelt
ASHA’s History of Clinical Supervision

- ASHA Position Statement (1985) Clinical Supervision in SLP and AuD
- ASHA Position Statement (2008) defined unique skill set associated with clinical supervision
- ASHA Ad Hoc Committee (2013) charged to develop a systematic, well-coordinated plan to establish resources and training opportunities in clinical supervision
  - Acknowledge clinical expertise and clinical supervision are different skills

http://www.asha.org/Academic/questions/Phased-in-Training-for-Clinical-Supervision

A shift: Clinical Educator vs. Supervisor

- **Supervision** broadly defined as overseeing and directing the work of others
- **Clinical educator (clinical instructor)** refers to individuals involved in the clinical training, education and supervision of audiology and speech-language pathology graduate students at all levels of training.

http://www.asha.org/ShortCourse/Topic.aspx?folderid=5480927113&section=Overview

ASHA’s History of Clinical Supervision

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  - Acknowledge clinical expertise and clinical supervision are different skills
- ASHA Ad Hoc Committee (2016) Plan for establishing resources and training

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Clinical Educator/Supervision Training

**Phased-in Training: The Road to Requirement**
- 6-year phase-in period by which time clinical educators and preceptors would be obligated to have achieved a minimum of 2 (and up to a maximum of 30) hours of professional development training in supervision required in an ASHA certification cycle in the area of supervision training.

Resources for Supervision Training
- ASHA, SIG 11, CAPCSD, AAA

http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589942113&section=Key_Issues#Preparation_for_the_Clinical_Educator

**Terrific! But now what? How do I get training?**

**Preparation for the Clinical Educator**

- Supervision is a distinct area of practice and, as in other distinct areas, individuals must receive training to gain competence before engaging in the activity.
- Education in the supervisory process should begin early, with—a minimum—an introduction to the subject as part of the graduate curriculum and more extensive training readily available to practicing and aspiring supervisors.
- Effective education for supervision should focus on unique aspects of knowledge and specialized skills for the supervisory process and should not be limited to regulatory aspects (e.g., observation time, clock hours) of the process.
- ASHA and other stakeholders (CAPCSD, AAA) agree that appropriate training programs need to be developed.

http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589942113&section=Key_Issues#Preparation_for_the_Clinical_Educator
ASHA Resources on Clinical Education and Supervision


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

Clinical Educator Training Modules

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

Course 1: Foundations of Clinical Education

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

Liz McCrea
Mark DeRuiter
Judith Brasseur

Course 2: Effective Student – Clinical Educator Relationships

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

Marilyn Wark
Nancy Alarcon
CAPCSD Clinical Education Training

- 3 more courses to follow in the next 2 years

More Coming Soon!

Access code for each course sent to CAPCSD member program

Program shares code with supervisor or preceptor

Individual creates an account on elearning.capcsd.org site

Completes courses with option for CEUs

elearning.capcsd.org

About CEUs

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elearning.capcsd.org

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

THE LEARNER: CONSCIOUS COMPETENCY MODEL
Situation 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

<table>
<thead>
<tr>
<th>Situation</th>
<th>Learner</th>
<th>Task</th>
<th>Urgency</th>
<th>Consequences</th>
</tr>
</thead>
</table>

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### Strategic Questioning

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)

<table>
<thead>
<tr>
<th>Questioning</th>
<th>Purpose:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROVIDING DIRECTION AND COACHING</td>
<td>A student in developing a model for thinking to make clinical decisions</td>
</tr>
<tr>
<td>STAY CLOSE</td>
<td></td>
</tr>
<tr>
<td>BEING SUPPORTIVE AND ENCOURAGING</td>
<td></td>
</tr>
<tr>
<td>CREATE SPACE</td>
<td></td>
</tr>
<tr>
<td>DELEGATING</td>
<td></td>
</tr>
<tr>
<td>CREATE DISTANCE</td>
<td></td>
</tr>
</tbody>
</table>

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### Feedback

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**
  - Concept, skill or information essentially incorrect, needs correcting
  - Prevent from developing incorrect techniques/believing inaccurate statements
  - Non-confrontational way, and if possible, not in front of clients or peers

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### D1: UNCONSCIOUSLY INCOMPETENT

<table>
<thead>
<tr>
<th>Situation?</th>
<th>Questions?</th>
<th>Feedback?</th>
</tr>
</thead>
</table>

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### MEGAN

D2: CONSCIOUSLY COMPETENT

<table>
<thead>
<tr>
<th>Situation?</th>
<th>Questions?</th>
<th>Feedback?</th>
</tr>
</thead>
</table>

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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 a area 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**: feedback is colored by the relationship between “giver” and “receiver”
- **Identity Trigger**: feedback has affected our identity/sense of who we are; we begin to question what we think about ourselves

The players:

- Student
- Clinical Instructor
- University Instructor/Coordinator

DIFFICULT CONVERSATIONS

- **Truth triggers**
  - "Feedback is wrong, unfair, unhelpful" (p. 18)
    - CI providing a “truth” to the student
    - Student providing a “truth” to the CI
- **Relationship triggers**
  - "I can’t hear this feedback from you" (p. 19)
    - CI and student/CI and university coordinator
- **Identity triggers**
  - "The feedback is threatening and I’m off balance" (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 the 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.”
- 19 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 difficulties and amount of extra demand this would be on me.”

Tools
- Come to conversation with goals, concerns, and examples, in writing.
- Conversations evolve around implementation of effective therapy...
  1. Calmly advocate
  2. Adjustments in cueing/prompting
  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 these topics, by all players
- “I used to ask lots of deer in the headlights questions..."
- “Would have been helpful to know what is happening in therapy..."

Tools
- Establish mutually predetermined 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”...
- Educate and equip with feedback...
- Implemented google docs to formalize communication.

Tips
- Be upfront & approachable
- Be clear at the beginning
- Apologize when I make an error
- Model professional communication
- Monitor for fluctuation - Intem 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 pressured to make sure the student is doing the right thing and courses needed."
- "I feel a student could benefit from managing less and spending extra time thinking about managing components better."

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

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

LACK OF AWARENESS: WHEN STUDENTS THINK 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; lot 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 work well
- Address concerns early
- Identify gaps and establish goals together with University Coordinator
- Frequent, scheduled 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."

Pushback
"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."

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

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

TIPS FOR IMPROVING FEEDBACK PIECE

Before Internship Begins:
- University Coordinators openly share students strengths, weaknesses, 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.
SUMMARY OF WHAT YOU SAID...

Common Perspectives

- Conversations are actually more “awkward” than “difficult.”
- “I feel that MY idea of ‘difficult’ may be uncomfortable for ME vs. 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 adds approach to these situations.

RESPONDING TO DIFFICULT CONVERSATIONS

Responsibility to students

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

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

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)

RESPONDING TO DIFFICULT CONVERSATIONS

Applying concepts to video samples

Provide slide with basic points
QUESTIONS, COMMENTS, CONCERNS

• Short Course Evaluation

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REFERENCES


