Department of Communication Sciences & Disorders

Evidence-Based Feedback in Clinical Supervision

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Welcome

- Webinar Series
  - Fall & Spring offerings
- Continuing Education
  - 1.0 hours
  - Certificate provided
- YouTube
  - youtube.com/UIowaCommunicationSciencesDisorders

Outcomes

→ Following the webinar, attendees will be able to...

- Use Anderson's Continuum to describe how feedback changes throughout the clinical supervision process
- Identify 8 characteristics of effective feedback in clinical supervision
- Describe how to apply effective feedback across settings of clinical practice

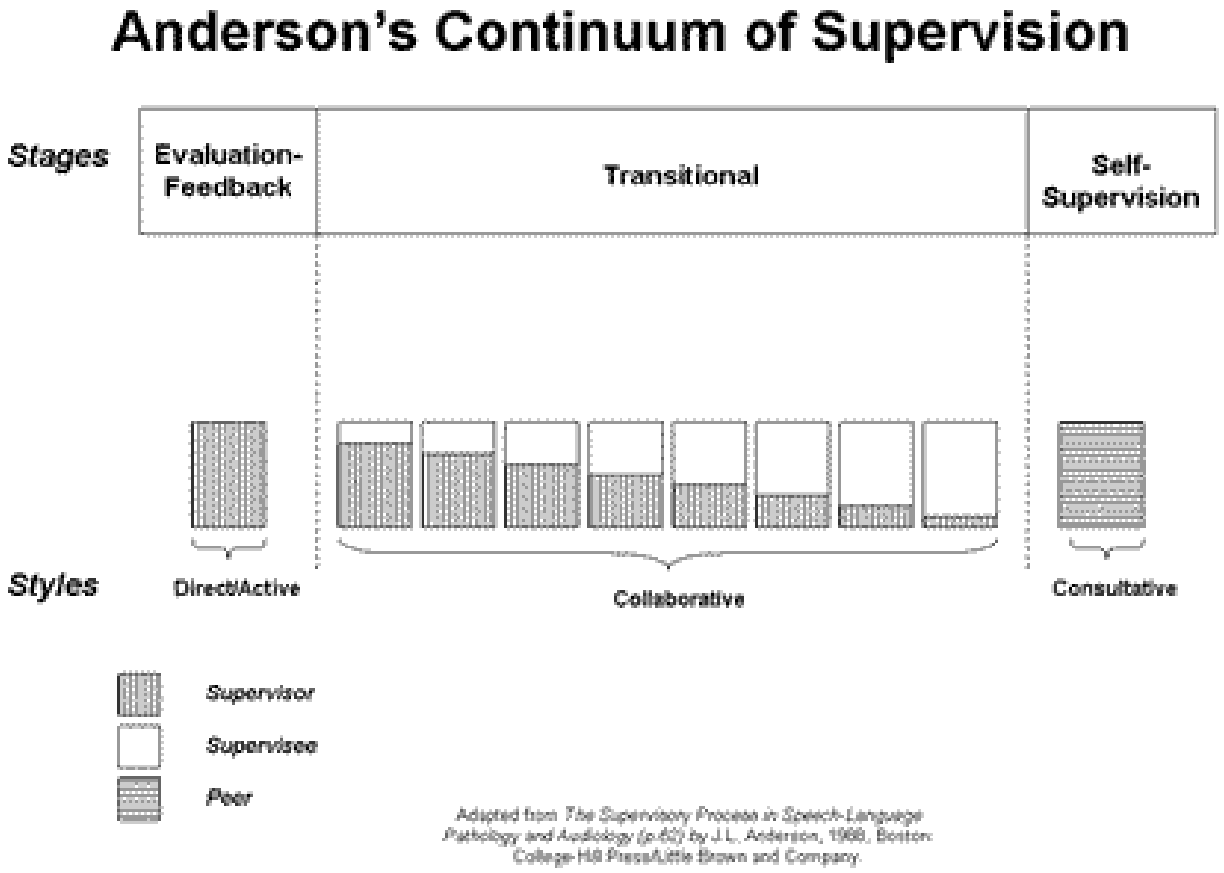
Introductions & Disclosures

- Jenny Brodell, M.A., CCC-SLP
  - Specialize in autism and pediatric speech and language
  - Former position in outpatient setting
  - Employee of University of Iowa and University of Iowa Hospitals/Clinics
- Louise Pinkerton, M.M., M.A., CCC-SLP
  - Specialize in voice and upper airway disorders
  - Professional musician; Acute inpatient, rehab hospital and outpatient settings
  - Faculty at University of Iowa
- Stacy Robinson, M.S., CCC-SLP
  - Specialize in pediatric speech and language
  - Former positions in outpatient and school settings
  - Employee of University of Iowa

Framework for Supervision

Evidence-based practices for providing effective feedback

Framework for Supervision



Providing Feedback

Evidence-based practices for providing effective feedback

Lara, Mogensen, & Markuns (2016)

Create an Accepting Environment

- Discuss feedback up front
  - Ask for input from the student (e.g., verbal vs written; immediate vs. delayed)
- Normalize mistakes and information gathering as part of the learning process
- Use a nonjudgmental speaking tone

Focus on Behaviors (Not the Individual)

- Describe what you observed the learner do, focusing on actions that can be continued or changed
- Use "I" statements when providing corrective/negative feedback
  - Less likely to be received by the learner as a value judgment or statement about a learner's worth

Be Specific

- Extension of focusing on behaviors rather than the individual
- Provides clear communication between supervisor and supervisee
- Includes rationale and examples
- Supervisees generally prefer specific over vague feedback (Nottingham & Henning, 2014)

Be Specific

Non-specific	Specific
Great job today!	I noted that your client was more engaged when you... You administered this evaluation tool appropriately by...
The task really didn't work.	This task did not accomplish our goals because...
Nice work on the progress note!	Your documentation was concise and covered all the main points of your session, such as...

Be Specific - Tips

- Take notes in the moment
- Outline comments by activity/task to give supervisees a frame of reference
- Use track changes and comments when editing paperwork
- Use goals and standards to help frame your thinking

Compare to a Standard

- Review standards at start of supervisory relationship
- Set up regular meetings dedicated to reviewing standards
- Reference standards in daily/weekly feedback as appropriate

Resources for SLP-Specific Standards
2020 Certification Standards: https://www.asha.org/certification/2020-slp-certification-standards/
2020 CF Skills Summary: https://www.asha.org/siteassets/uploadedFiles/2020-Clinical-Fellowship-Skills-Inventory.pdf

Compare to a Standard

In addition to universal standards...

Individual Goals

- Goals can be specific to the supervisee or population/setting
- Goals can be created at any point in the supervisory process
- Goals can be updated or changed based on supervisee progress

Be Timely

- "Timely" is dependent on the content of the feedback
  - In the moment
  - Immediately after
  - During weekly/biweekly meetings
  - Mid- and end-placement evaluations
- Limitations of setting and space
- Supervisee's learning style, preference, and readiness

Appropriate Amount

- Consider cognitive load
  - Can overwhelm student
- A couple of learning targets
  - Essential behaviors
- Small amounts
  - Frequently

Appropriate Amount

- Learning targets
  - Choose 1-3 items to address
  - Connect to standards and learning objectives
  - Meta-cognition
    - Conscious attention on strategies for thinking, learning, problem solving (Walden & Gordon-Pershey, 2013)

Self-directed Learning

- Student ownership
  - Essential to learning
- Self-reflection first
  - Then, supervisor feedback
- Student goals
  - Align with learning objectives

Self-directed Learning

- Self-reflection email
  - Describe 3 things you did well. Why are they important?
  - What are 3 things you would change? How would you change them?
  - What were your emotional states during the session? What did you do to stay focused on the client?
- Supervisor provides feedback on self-evaluation

Request Feedback

- Improving your skills
  - Never ending project
- Open and honest environment
- Model receiving feedback
  - Accepting and not defensive

Request Feedback

- How did you feel when receiving feedback?
  - How could it be presented better?
- Survey
  - Anonymous or by name
- Regular check-ins
  - Is this working for you? What would you change?
  - How could I make this clearer?
  - What else do you need from me?

Small Group Discussions

How can you apply these practices in your current setting?

Which practices do you currently use?

Think of an example where you could or did apply these strategies to share with the group.

Share with the Group

Case Studies

What would you do?

Case Study

- Externship student in outpatient setting
  - Supervisor's schedule provides limited opportunities for verbal debrief
  - No observation room, so supervisor sits in the room for all sessions
- What are some strategies the supervisor could implement to provide timely feedback?

Case Study

- Externship student
  - Second semester of second year
  - Mid-externship review
- Self-evaluation
  - Student and supervisor completed same evaluation form about skills and competencies prior to review meeting
  - Student rated self as all 6's (6=outstanding/professional level)
  - Supervisor rated with a few 5's (5=independent/minimal supervision) and mostly 4's (4=refining, intermittent supervision needed)
  - Student required to have all 5's at end of externship
- How do you guide the discussion to help the student modify their perspective and recognize the areas where growth is needed while maintaining your relationship and avoiding a defensive response?

Case Study

- Mini outplacement in school setting
  - Second year, fall semester student
  - First time running group session
- Student demonstrates difficulty across multiple skills
  - Behavior and attention management
  - Differentiating client goals
  - Prompting for specific targets
  - No way to intervene effectively in the moment (other than taking over)
- How does the supervisor debrief with the student and move forward?

References & Resources

Gonzalo, J. D., Heist, B. S., Duffy, B. L., Dyrbye, L., Fagan, M. J., Ferenchick, G., Harrell, H., Hemmer, P. A., Kernan, W. N., Kogan, J. R., Rafferty, C., Wong, R., & Elnicki, M. D. (2014). Content and timing of feedback and reflection: A multi-center qualitative study of experienced bedside teachers. *BMC Medical Education*, *14*(1).

Lara, Mogensen, & Markuns. (2016). Effective Feedback in the Education of Health Professionals. *Support Line.* 38(2); 3-8.

McCready, V., Raleigh, L., Schober-Peterson, D., & Wegner, J. (2016). Feedback: What's new and different? *Perspectives of the ASHA Special Interest Groups*, *1*(11), 73–80.

Nottingham & Henning. (2014) Feedback in Clinical Education, Part I: Characteristics of Feedback Provided by Approved Clinical Instructors. *Journal of Athletic Training.* 49(1); 49-57.

Nottingham & Henning. (2014) Feedback in Clinical Education, Part II: Approved Clinical Instructor and Student Perceptions of and Influences on Feedback. *Journal of Athletic Training.* 49(1); 58-67.

Ramani, S & Krackov, SK. (2012). Twelve tips for giving feedback effectively in the clinical environment. *Medical Teacher*. 34; 787-791.

Walden, P. R. & Gordon-Pershey, M. (2013). Applying Adult Experiential Learning Theory to Clinical Supervision: A Practical Guide for Supervisors and Supervisees. *Perspectives on Administration and Supervision.* 23(3); 121-144.,

Zylla-Jones, E. (2009). Feedback in Supervision. *ASHA – Perspectives on Administration and Supervision*. 19-24.

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