Cross Disciplinary Examination of EBP in Clinical Teaching

ASHA Convention 2009 – New Orleans
Cheryl Messick – University of Pittsburgh
Elizabeth Gavett – Boston University
Vicki McCready – Univ North Carolina Greensboro
Louise Raleigh – Univ North Carolina Greensboro
Ellen Reuler – Portland State University
Agenda

- Clinical Teaching Research in the Profession: Historical Perspective
- Clinical Teaching Across Disciplines: Common Threads
- EBP in Clinical Teaching Across Disciplines
  - Relationships in Clinical Supervision
  - Critical Thinking Strategies
  - Feedback
  - Team/Group Supervision & Collaborative Learning
- Group Activity
- Wrap-up
ASHA Committee on Supervision in Speech-Language Pathology and Audiology

1978: Jean Anderson (chair): A report from the committee defined the two predominant roles of supervisors.

- Clinical teaching (process)
- Program management

The term *clinical supervision* meant the duties and proficiencies of clinical teaching related to the interaction between the clinician and the client.

Work of Jean L. Anderson

- Doctoral-level program developed at Indiana University
- Research on supervision
- Study of the supervisory process and how to prepare supervisors
Clinical Supervision in Speech-Language Pathology and Audiology

1985: ASHA Position Statement delineated:
- **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

Further Research on Clinical Teaching in Speech-Language Pathology

- 1980s-1990s: Rapid expansion of knowledge base in supervision
- Council of Supervisors in Speech-Language Pathology and Audiology (CSSPA) following the lead of Jean Anderson:
  - Sponsored national conferences on supervision
  - Presented research by members of the committee
  - Jean Anderson’s students’ doctoral dissertations added to the research base

Clinical Supervision in Speech-Language Pathology

2008: ASHA Position statement updated 1985 document with regard to speech-language pathology only.

Reasons for update

- Increase in data from research on supervision
- Technological advances
- Embracing of the value of interpersonal elements in the supervisory process

Where are we now?

- Evidence–based knowledge of treatment of specific disorders has grown.
- The literature on supervision has grown in the profession largely via descriptive and experimental research.
- Evidence-based knowledge of clinical teaching in the profession remains sparse.
Multidisciplinary Review

Research from other disciplines provides us with a wealth of information on supervision.

- Psychology
- Social Work
- Education
- Medicine
- Nursing
- Athletic Training
- Counseling
- Business Management
Common Threads Across Disciplines

- Supervision is a distinct practice domain that requires special preparation.
  - Expertise in clinical practice does not imply expertise in clinical education.
- ASHA makes this distinction.
- Social work makes this distinction.
Common Threads Across Disciplines

- The foundation of the supervisory relationship should rest upon shared power, mutual expectations, good communication, timely and consistent feedback, trust and safety.
Common Threads Across Disciplines

- There are more similarities than differences across professions in the goals, processes and methods of supervision.
- The primary goal of clinical teaching is to integrate theory and practice.
- Evidence-based practice in clinical teaching is a profession-wide movement.
Common Challenges

- Setting standards/qualifications (at least minimal) for supervisors
- Preparing professionals for the role of clinical supervisor
- Providing pre-professional training in supervision
- Providing training to off-site supervisors
Common Challenges

- There needs to be more rigorous, scholarly research devoted to studying the clinical education process. On-going attention to developing reliable methods for this kind of research would be valuable to training programs (McCrea & Brasseur, 2003).

- There is a dearth of information on best practices based upon evidence.
Multidisciplinary EBP Review

- Relationships
- Critical Thinking
- Feedback
- Team and Group Supervision
  - Collaborative Learning
<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
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<tbody>
<tr>
<td>I</td>
<td>Well-designed meta-analysis of more than one randomized controlled trial (RCT)</td>
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<tr>
<td>Ia</td>
<td>One well-designed RCT</td>
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<tr>
<td>II</td>
<td>One well-designed controlled study without randomization</td>
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<tr>
<td>IIa</td>
<td>One well-designed quasi-experimental study</td>
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<tr>
<td>III</td>
<td>Well-designed non-experimental studies (i.e., correlational and case studies)</td>
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<tr>
<td>IV</td>
<td>Expert committee reports, consensus statements, clinical experience of respected authorities</td>
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Important Questions

- What do we know about clinical teaching in our discipline?
- What can we learn from other fields about clinical teaching?
- How can we apply the information from other disciplines to our own?
Common Threads Across Disciplines

- Students need clinical experiences that include the proper type and amount of supervision.
- Effective clinical teaching should facilitate clinical competence, critical thinking, self-reflection and self-evaluation.
References: Intro to EBP


EBP: Supervisory Relationship

Ellen Reuler
Portland State University
ASHA POSITION STATEMENTS

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


RELATIONSHIPS

Supervisor/Supervisee

Mentor/Mentee


Clinical supervisors must balance...

Successful clinical education
AND
Successful rapport building

Herd, C.L., Cohn, T.J. Constructing and maintaining appropriate boundaries within clinical supervision relationships. *Perspectives on Administration and Supervision*. Mar 2009;19:30-35
RELATIONSHIPS

Clinical supervisors roles…

Supervisor
Mentor
Advocate
Potential future colleague
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

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

LEADERSHIP STYLES AND RELATIONSHIPS

- Telling
  - High task/low relationship

- Consulting
  - High task/high relationship

LEADERSHIP STYLES AND RELATIONSHIPS

- Participating
  - High relationship/low task

- Delegating
  - Low relationship/low task

Managing the student supervisor relationship for successful postgraduate supervision: a sociological perspective

- Qualitative research design by F. Hozda
CONCLUSIONS BY HOZDA

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
Literature review on graduate student supervision

- Prepared for the Dean of Graduate Studies Task Force on Graduate Student Supervision
- Simon Fraser University
- Heather Latimer, August 2005
CONCLUSIONS BY LATIMER

- 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
Communication and Power in the Student-Supervisor Relationship

- Graham Hendry, Office of Teaching and Learning in Medicine
- Prepared for the Development Program for Research in Higher Degree Supervision at the Institute for Teaching and Learning at the University of Sydney
CONCLUSIONS BY HENDRY

Supervisory relationship depends on...

- Alignment of student-supervisor expectations
- Negotiating the balance of power
- Open communication
Research in clinical supervision has overlooked the aspect of relationships

- Clinical supervision is often merged with managerial supervision or supportive counseling in the nursing literature
- Understanding of purpose of the supervision sets a solid foundation for the supervisory relationship

Questionnaire to 645 nursing students in Cyprus regarding clinical learning environment and supervision.

Having a “personal mentor” was considered the most successful mentor relationship by nursing students.

Supervisory relationship is probably the single most important contribution towards the effectiveness of clinical supervision. Kilminister & Jolly, 2000

Quality of supervisory relationship has an important influence on the overall effectiveness of clinical supervision. Bond & Holland, 1998

Supervisory checklist can be useful during the early stages of the supervisory relationship. Sloan, 1999
Purpose: To look at some aspects of the clinical supervisory relationship

Method: One MSW graduate student interviewed

RESULTS

- Supervisor needs to provide an experience that provides safety and reliability

- Supervisor must demonstrate proficiency and knowledge
ATHLETIC TRAINING

Purpose: To examine the degree of contributing factors to role strain in collegiate approved clinical instructors

Design: Cross-sectional survey design: 118 ACI’s completed Athletic Training ACI Role Strain Inventory

RESULTS

- ACI’s are experiencing role strain in balancing roles as health care providers, clinical educators and administrators
ATHLETIC TRAINING

Purpose: To gain insight regarding mentoring processes involving students enrolled in athletic training education

Methods: Grounded theory study: transcribed interviews with 13 students & 3 mentors

RESULTS

- Clinical instructors were overwhelmingly identified as mentors.
- The mentoring relationship is complex and involves coalescence of both interpersonal and educational aspects of an affiliation.
Purpose: To systematically review the evidence about the prevalence of mentorship and its relationship to career development

Conclusions: Mentoring is perceived as an important part of academic medicine but the evidence to support it is not strong

Purpose: To describe a specific mentoring approach

Methods: Audiotaping and transcribing all mentoring sessions in a year

RESULTS

Qualitative Analysis

- Development of intimate relationship was based on empathy, trust, and honesty
- Mentee reported excitement, personal and professional growth, concrete accomplishments
Purpose: To describe the prevalence and characteristics of mentoring relationships among 3rd and 4th year medical students at UCSF

Methods: Cross-sectional descriptive and analytic study; questionnaire

RESULTS

- Mentors most commonly provided personal support, role modeling, career advising

- Necessary support functions included assisting with motivation, moral support and personal support
Purpose: To investigate mentor group relationships in an OT university curriculum

Methods: 23 mentors, 124 mentees surveyed over a 4 year period; 14 mentees surveyed after graduation

Mentors and mentees agreed that mentor group leaders displayed more mentoring (i.e. ongoing partnership for guidance and support) than coaching (i.e. short term relationship for providing feedback on areas requiring change).
Purpose: To look at 4 aspects of student clinical experiences

- Clinical learning opportunities
- Involvement in specific learning activities
- Interaction with clinical instructors
- Personal perceptions of clinical education

RESULTS

Analysis of over 1000 written comments

- Strongest aspect of clinical education was their relationship with the faculty.
CONCLUSIONS

- Lack of EPB in this area across disciplines

- Supervisor/supervisee relationships and mentor/mentee relationships are important!
REFERENCES: Supervisory Relationship


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


Herd, C.L., Cohn, T.J. Constructing and maintaining appropriate boundaries within clinical supervision relationships. *Perspectives on Administration and Supervision*. Mar 2009;19:30-35.


Latimer, H. Literature review on graduate student supervision. Prepared for the Dean of Graduate Studies Task Force on Graduate Student Supervision. Aug 2005. Simon Frazer Univ. BC.


EBP: Critical Thinking Skills

Elizabeth Gavett
Boston University
CRITICAL THINKING

Question

What methods of instruction best facilitate critical thinking in students in clinical practice disciplines?
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.”

Critical Thinking Skills

Inference
Explanation
Analysis
Interpretation
Evaluation
Self-regulation
Disposition Toward Critical Thinking

Inquisitive
Systematic
Judicious
Analytical
Truth seeking
Open-minded
Confident in Reasoning
Measurement Challenges
Generic vs. Domain Specific

- How do we assess generic CT skills?
  California Critical Thinking Disposition Inventory
  California Critical Thinking Skills Test
  Watson-Glaser Critical Thinking Appraisal

- How do we assess domain specific CT skills or clinical reasoning skills?
  Intersection of knowledge and application
Methods used for Facilitating Critical Thinking in Clinical Disciplines

What evidence exists for:

• Questioning strategies

• Reflective writing

• Concept mapping
Strategy I: Questioning

Assumptions:

Critical thinking is driven by question asking.

The use of questions to develop critical thinking has been used since Socrates.

Questioning is an accepted part of all clinical instructor dyads.

Questioning is efficient: a “real time” activity.
Questioning

- What evidence do we have describing the kind of questions clinical instructors ask?

- What evidence is there to support best teaching methods for developing better question asking skills in our students?
Questioning Behaviors

Overwhelming evidence in descriptive studies that clinical instructors pose questions requiring more low-level or factual responses than higher level thinking responses.

Questioning Behaviors


Purpose: To gain understanding of how ACIs use questioning as a teaching strategy.

Method: Initial interviews on teaching philosophies and attitudes, field observations and audio recordings, and post-recording recall interviews.
Questioning Behaviors

Results:

712 questions coded over 23 observation periods. (70% were low-level; 17% high-level and 13% coded as other.

From interviews, recording analyses, student feedback: 2 patterns of questioning emerged.

**Strategic:** Questioning pattern was more important than cognitive level of question. SQers described having a strategy to assist students in processing information as material became more complex. Students described CI behavior as helping them actively think through situations.

**Nonstrategic:** Question pattern appeared random and CI did not articulate a strategy for helping students process increasingly complex information. Students described behavior as “drilling and grilling”, testing student on information/instructions.
Questioning Behaviors

In CSD

• Supervisors need to be aware of assumptions behind questions.
• Supervisors need to actively model complex thinking using questions.
Teaching Question Asking


Method: Designed specific activities using “stem questions” and reciprocal peer questioning to develop complex questioning in students.

Subjects: Students in Ed Psych classes

Results: Inquiry based learning model was effective method for developing critical thinking in students. This method provided opportunities to resolve conceptual discrepancies and monitor one’s cognitive processes. Student feedback: *I learned how to think in this class.*
Teaching Question Asking

Examples of stem questions:
What are strengths/ weaknesses of.....?
  Analysis/inference
What would happen if......?
  Prediction/hypothesizing
Why is .....important?
  Analysis of significance
Do you agree or disagree with......?
  Evaluation and provision of evidence
What is a counter argument for.....?
  Rebuttal
What is another way to look at.....?
  Taking other perspectives
Teaching Question Asking


Purpose: Will teaching students strategies of questioning improve critical thinking skills, confidence in ability to ask questions and increase interaction between student & instructor?

Methods: 62 students in 3rd year Ob/Gyn clerkship. 28 attended workshop designed to ask critical questions; 41 did not (divided by rotations).

Workshops: 8 Modules over 2-90 minute sessions

Common design of all modules: Introductory information, small group tasks related to a clinical case scenario, concluded with facilitated discussion of small group discussions.
Teaching Question Asking

Module Descriptions
Module 1: Purpose and use of questions.
Module 2: Barriers to asking questions in the clinical environment.
Module 3: Examining the level of questions (heard an argument and created and practiced asking questions and scored the level of the question.
Module 4, 5, 6, 7: Case scenario presented and groups developed questions and then critically evaluated each other’s questions.
Module 8: Reflective large group discussion to clarify concepts and plan future strategies.
Teaching Question Asking

Results:

- Workshop cohort of students scored higher on California Critical Thinking Appraisal than non-workshop cohort. Significant differences on overall score and on subscale for Inference and Deductive Reasoning.

- No differences between groups on disposition toward CT as measured by the California Critical Thinking Disposition Inventory.

- Groups didn’t differ in opinion of own communication skills or on behavior on rounds.
Strategy II: Reflective Writing

Reflection provides opportunities for learners to:

• Look back on what happened and actively discuss their learning.
• Connect new experiences to their existing knowledge.
• Become more self-aware and self-regulated.
• Not a “real time” activity.
Reflective Writing

Study: Murphy (2004) Nursing Ed Perspectives

Purpose: Can student nurses become better clinical reasoners with instruction on reflection? How do “high” and “low” clinical reasoners differ?

Subjects: 4 clinical cohorts of 1st-semester nursing students (N=33) and 4 instructors
Reflective Writing

Results

- All “high clinical reasoners” were part of experimental groups; 2 “low clinical reasoners” were also part of the experimental groups.
- HCR described significant learning events more than LCR.
- HCR described patient, situation, active response to situation, feelings about learning.
- LCR described learning the skills and sequencing of steps.
Reflective Writing

**Medicine:** Levine, Kern, & Wright (2008)
- 32 internal medicine residents maintained journal over 1 year period.
- Outcomes: Prompted deeper reflection; enhanced self-awareness & emotional healing; motivated to improve; increased awareness of progress; evaluated values.

**Nutrition:** Iwaoka & Crosetti (2007)
- Students in academic course made entries weekly
- Outcomes: Greater reflection on what they were learning; gained in critical thinking skills
Reflective Writing


- Purpose: Can we reliably assess reflective writing to determine levels of critical thinking?

- Design: 21 volunteer 3rd year medical students in pediatric clerkship instructed on how journaling supports reflection. Subjects wrote in journals over 6-week clerkship and given to 3 independent raters for analysis using Bloom’s Taxonomy.

  Level I: Knowledge & Comprehension
  Level II: Analysis
  Level III: Synthesis & Evaluation
Reflective Writing

Results

- Inter-rater reliability between rater pairs ranged from 78.2% - 100%.

- This method of assessment provided instructor with greater information about supervisee’s competence with higher-level thinking skills.
Strategy III: Concept Mapping

Concept map:

- Schematic diagram that reflects understanding and connection between concepts
- Based on assimilation theory of learning
- Thought to be effective teaching strategy to facilitate critical thinking
- Not a “real time” activity.
Concept Mapping


Purpose: Literature review of 7 studies on effectiveness of concept mapping as a strategy for developing critical thinking in Nursing education.
Concept Mapping

Results: 3 themes emerged...
- CM had positive effects on academic performance.
- CM improved critical thinking skills.
- CM served as appropriate teaching method.
Concept Mapping

In CSD:

Purpose: Review of inter-relationship of PBL, concept mapping and critical thinking in SLP graduate curriculum.

Results: Discusses how concept mapping could be used to promote and assess critical thinking.
Conclusions: Evidence on Teaching Critical Thinking Skills

Although experimental design challenges exist, current evidence suggests:

- CIs and see’s could benefit from instruction in question asking.
- Reflection provides opportunity for enhanced learning and thinking.
- Concept mapping is another method with potential for developing CT skills.
Bibliography: Critical Thinking


EBP: Feedback Strategies

Cheryl Messick
University of Pittsburgh
Feedback is . . .

Specific information about the comparison between a trainee’s observed performance and a standard, given with the intent to improve the trainee’s performance (van de Ridder, Stokking, McGaghie, & ten Cate 2008)

Considered a key feature of effectiveness in teaching
Purpose is to both reinforce strengths & foster improvements in the learner (Gorn 2001)

“Feedback, when used correctly, provides the learner insight into actions and consequences, highlighting the dissonance between the intended result and the actual result” (Nadler 1977 in Menachery et al 2006)
CSD Studies on Supervision Effectiveness

- Smith & Anderson 1982
  - 15 supervisor:supervisee dyads
  - Analyzed audio-recordings of 45 supervisory conferences

- Perceptions of an “effective” conference
  - Direct behaviors = ineffective
  - Indirect behaviors = effective
<table>
<thead>
<tr>
<th>DIRECT</th>
<th>INDIRECT</th>
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<tbody>
<tr>
<td>Supervisor gives specific instructions</td>
<td>Student clinician initiates questions &amp; instructor gives answers to those questions</td>
</tr>
<tr>
<td>Focus on methods &amp; materials</td>
<td>Supervisor builds on student clinicians ideas</td>
</tr>
<tr>
<td>Less discussion of objectives</td>
<td>Assistance given on setting client goals</td>
</tr>
<tr>
<td>Fewer questions &amp; fewer answers</td>
<td>More discussion of client factors: motivation, attention, etc</td>
</tr>
<tr>
<td>Less discussion of client factors: interest, motivation, attention</td>
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Value of Written vs Verbal Goals

- Gillam, Roussos & Anderson (1990)
  - Multiple baseline case studies
  - 4 student clinicians (3 SLP & 1 Aud) who had 12 hr or less of clinical experience; 2 supervisors with 2 courses in supervision
  - sig improvement occurred on target behaviors compared to baseline

- Shapiro & Anderson (1989)
  - 64 SLP student clinicians (2 gps: beginning level; experienced level).
  - 32 supervisors from 12 universities & 10 states
  - 384 audio-recorded supervisory conferences yielding 1,389 (goals) commitments
  - Randomized treatment gp
CSD Evidence Indicates:

- Student clinicians modify their behaviors when specific **written goals** were developed & data was used to document achievement of targets.
- Beginning level clinicians benefit from having written goals initially, with fading of written plan possible with increased experience.
### CSD Studies: Feedback Type

<table>
<thead>
<tr>
<th>Study</th>
<th>Data Description</th>
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<tbody>
<tr>
<td>Dowling &amp; Witkopp 1982</td>
<td>Survey data to determine perceived: Useful superv behaviors, Undesirable supervisor behaviors</td>
</tr>
<tr>
<td>Ho &amp; Whitehill 2009</td>
<td>Randomized experimental design, Two groups: Immediate verbal feedback in group, Delayed written individual feedback</td>
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CSD Evidence on Feedback Type

- Useful behaviors: constructive written feedback; positive and negative feedback.

- Undesirable behaviors: unannounced observations; observations without feedback; interruption of session to provide input (Dowling & Witkopp, 1982)

- Immediate verbal behavior resulted in sig higher ratings on end of term clinical evaluation form (Ho & Whitehill 2009)
Nursing: Teaching Effectiveness

- Kelly 2007 – Nursing
- 30 student nurses in 2\textsuperscript{nd} – 3\textsuperscript{rd} yr; had 4-6 dif instructors.
- Interview data of “qualities of an effective clinical teacher”
- Feedback – 2\textsuperscript{nd} most important category of response (after teacher knowledge)
  - Positive & negative feedback
  - Timely feedback given privately
Feedback Type: Other Disciplines

- Hoffman, Hill, Holmes & Freitas 2005 – Counseling
  - 15 supervisors & 15 supervisees
  - Interview data with qualitative analysis

- Steelman & Rutkowski 2004 – Business Management
  - 405 first-line managers (88% male; 22% female)
  - Survey data focus on value of negative feedback
Evidence on: Feedback Type

- Easy feedback is direct; difficult feedback is often indirect.
- When professional concerns occurred, supervisors often gave NO feedback (Hoffman et al., 2005).
- Positive & negative feedback can lead to growth/change. NO FEEDBACK doesn’t.
- If supervisor is credible, gives quality feedback in an open manner → supervisee motivated to change (Steelman & Rutkowski 2004).
Evidence: Training Supervisors to give Feedback

- Menachery, Knight, Kolodner, & Wright 2006 – Physicians
  - 262 physician respondents – who had participated in a faculty development program
  - Survey data looking at their perception of their proficiency in giving feedback from 7 items on survey
  - Compared low scorers to high scorers

- Salerno, O’Malley, Pangaro, Wheeler, Moqres, & Jackson 2002 – Ambulatory medicine
  - 9 medical internist faculty
  - 44 third year medical students
  - Students completed satisfaction survey on aspects of teacher-learner encounters
  - Also did satisfaction measures by faculty and patients
  - Also did satisfaction measures by faculty and patients
What is your current proficiency in . . .
5 point Likert scale (Menachery et al 2006)

1. Giving feedback to those you teach/mentor?
2. Eliciting feedback on your own performance?
3. In feedback sessions I focus on specific areas needing improvement rather than making generalizations.
4. I start feedback sessions by asking learners to assess their own performance
5. I make written notes about strengths & weaknesses of learners that I anticipate giving feedback to
6. I ask other educators about my teaching skills
7. After receiving feedback from a learner I reflect on whether the feedback is valid
Menachery et al 2004

“High Feedback” associated with the instructor being “learner centered”
- Identified their own goals
- Actively participated in own learning
- Elicited feedback from others
- Provide direct feedback on specific areas – strengths & areas to improve
- Ask learners to self-evaluate before giving feedback (Menachery et al 2004)
- Changes in supervisors behaviors can occur with training (Salerno et al 2002)
  - Listened to students more often
  - Increase use of open-ended questioning
Implications for CSD

Feedback to students should be:

- Focused on specific clinician goals developed with the student
- Include data based measures
- Be immediate – strengths & areas to improve
- Include student self-evaluation before your input
Need: Training our Supervisors

Need to provide teaching to supervisors on:

- How to provide feedback effectively
- Develop & use reflective techniques to evaluate themselves
- Engage in continuing education on clinical teaching effectiveness
Feedback References


Group Supervision and Team Learning: What Do We Know?

- About group supervision in clinical education in speech-language pathology?
- About group supervision and team learning in other fields?
- About application from other fields to our own?
Group Supervision in CSD

- Teaching Clinic (Dowling, 1979, 1987, 2001)
- University of Kansas K-Team Model (Bowline et al., 1996; McCready & Wegner, 2006; Wegner, 1999)
- University of NC at Greensboro’s Clinical Teaching Teams (McCready & Wegner, 2006)

Levels of evidence: Level II-Level IV
Dowling’s Teaching Clinic

- Concept first published in *Asha* in 1979
- Findings from 1987 study of the impact of teaching clinic participation on conference perceptions
- Description and research summary in Dowling’s 2001 text *Supervision: Strategies for successful outcomes and productivity*
The K-Team Model

- Developed in 1995 out of frustration with the traditional model and the need to help students develop team leadership skills
- Includes teams with a specific focus, (e.g., a preschool team, an assessment team) that meet weekly for two hours and are run by students and facilitated by clinical faculty
UNCG’s Clinical Teaching (CT) Team Model

- Developed in 2004 based on the K-Team model but adapted to a smaller program.
- Includes a combination of clinic class, CTTeam meetings and individual conferences at midterm and end of semester.
- In team meetings: Roles assigned to students and clinical educators.
Advantages of Team/Group Supervision (McCready & Wegner, 2006)

- Less competition, more collaboration
- Increased opportunities for creative problem solving
- Multiple perspectives shared
- Increased learning about more clients
- Opportunity to learn/practice valued workplace skills
- Development of leadership skills
Advantages, cont.

- More self-directed learning for students leading to less dependence on clinical faculty
- More efficient use of time
- Promotion of student to student mentoring, working together to learn
- Increased communication among students
Challenges/Disadvantages

- Loss of some control by faculty
- More time in meetings at the beginning of the semester
- Some student resistance to working in groups
- Lack of group process skills by some students and supervisors
- A shift in attitude from “supervisor” to “facilitator” required
A Core Area of Knowledge and Skills Needed by SLPs Providing Clinical Supervision (ASHA, 2008)

Core area # VI: Supervisory Conferences or Meetings of Clinical Teaching Teams
Group Supervision and Team Learning in Other Fields

- Physical and occupational therapy
- Social work
- Nursing
- Counseling
- Psychology
- Business in higher education

Levels of evidence: Levels II, III, IV
PT and OT

- In a PT study comparing individual and cooperative/small group supervision, the latter yielded greater productivity and teaching/learning benefits (Ladyshewsky, Barrie & Drake, 1998).

- In an article describing the use of a collaborative model in PT and OT clinical education at the Mayo Clinic, 15 out of 16 students surveyed rated the group model as the same or of higher quality as the 1:1 model and seven rated it as the stronger model (Rindflesch et al., 2009).
Social Work

In a qualitative interview study (Bogo, Globerman & Sussman, 2004), 18 master’s students in group supervision at field placements indicated that they valued supervisors who modeled taking risks, stating constructive feedback and communicating openly. They would have liked their supervisors to state expected group behaviors.
Nursing

- In a critical literature review of studies about the effectiveness of group supervision in reducing stress, only one was of sufficient rigor to be considered as evidence of this effect (Williamson & Dodds, 1999).

- In a study describing the development of a group supervision model, nurses found the group process safe and supportive and at the same time, lacking in development of critical evaluation of practice (Walsh et al., 2003).
Counseling

In a study comparing group supervision versus combined group and individual supervision (Ray & Altekruse, 2000), both were found to be equally successful in increasing counselor effectiveness. The large group format (8:1) was more effective in increasing autonomy than the small group (4:1) or the individual and group formats.
In a national survey of 162 supervisors to determine how training sites practice group supervision (Riva & Cornish, 2008), findings include the following:

1. no consensus as to what group supervision actually is; a large % of time devoted to case presentation (57%) with 25% for didactic information.
Findings, cont.

2. much variability on amount of time spent on dynamics of group process > mean of 10%

3. an increase in the number of supervisors who have had coursework in supervision

4. little focus on group format in the course work
Business in Higher Education

In a study analyzing perception of success in team learning, 116 out of 180 students in economics’ classes preferred team learning activities and as a group, solved a significantly higher percentage of team problems than the group of 32 who were against team learning (Rassuli & Manzer, 2005).
Cross-Disciplinary Applications

- Supervisors could 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 for change in CSD clinical education—an option that addresses some of the present economic and time constraint issues.
Applications, cont.

- If CSD supervisors are to use a group supervision format, they need training in group management and group dynamics in order for students 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.
Applications, cont.

- 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 supervision.
- 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) that has been found to promote autonomy may be especially appropriate for those students in Anderson’s transitional stage of supervision (Anderson, 1988).
References: Group Supervision


ACTIVITY

Applying what we Learned!
Conclusions
Concluding Thoughts

- Tradition vs. Evidence
- Group vs. Individual
- CCC Credential vs. Specialization
Moving Forward.....

- There is a significant need for CSD discipline specific research to investigate best practices in clinical teaching.