

NSLHA Fall Convention
October 3, 2019

Key Points in the Act of Precepting/Supervising

Sharon A Sandridge, PhD
Vice President, Audiology Practice



1

2020 AuD/SLP Standards

- Beginning with supervision hours earned on 1/1/2020 clinical supervisors and *clinical fellowship mentors* must have 9 months of experience after being awarded the CCC-SLP and two hours of professional development in the area of supervision
- Beginning with the 2020-2022 interval, certificate holders will be required to take one hour of CE in ethics per certification maintenance period



2

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4

Precepting/Supervising is an exciting opportunity - **YOU** are critical in shaping the practice habits and future careers of our professions!

5



5

Objectives

- Highlight key points in the act of precepting or supervising student clinicians/clinical fellows
 - Review of generational differences
 - Elements of a good preceptor/supervisor
 - Critical elements of learning objectives, feedback, and evaluations
- Highlight the new 2020 ASHA standards



6

THE
Hearing Journal
2011

Becoming a better preceptor
Part 1: The fundamentals
By Craig W. Newman, PhD, Sharon A. Sandridge, PhD, and Sharon A. Lewis, PhD

Part 2 in a Four-Part Series
Becoming a better preceptor: The clinic as classroom
By Craig W. Newman, PhD, Sharon A. Sandridge, PhD, and Sharon A. Lewis, PhD

Part 3 in a Four-Part Series
Becoming a better preceptor: The adult learner
By Sharon A. Lewis, PhD, Sharon A. Sandridge, PhD, and Craig W. Newman, PhD

Part 4 in a Four-Part Series
Becoming a better preceptor: The evaluation process
By Sharon A. Sandridge, PhD, Craig W. Newman, PhD, and Sharon A. Lewis, PhD

sandridges@ccf.org

7

Generation

• A generation is a group of people with a common location in history

8

Generations Shaped By

- Media
- Popular Culture
- Technology
- Current Events
- Health/Wellness
- Personal Appearance
- Economy
- Diversity

(Keppler, 2004)

9

Most formative times of our lives



Late teens



10

Who Are the Students of Today?



11

Warning

- There is significant variance among the characteristics of the various generations.
- Members of a particular generation may not have all or even most of the characteristics of that generation.



12

The consequence

Students *(from different generations)* think and process information differently compared to previous generations



13

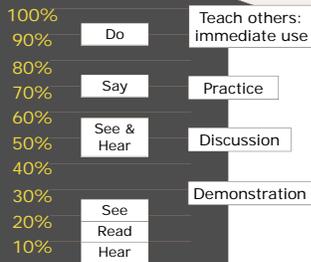
Learning

- There are different levels of learning.
- Learning occurs from simple to complex.
- Learning style preferences exist.
- Teaching styles vary and interact with learning styles.
- **Adult learners have unique characteristics.**



14

Learning Retention Rates



15



Learning

does not follow same principles and path in every circumstance

exists on different levels with different degrees of complexity



16

Teaching/Precepting/Supervising styles vary



Learning styles vary



17

David Ausubel

The most important single factor influencing learning is **what the learner already knows.**

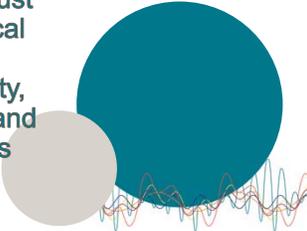
Ascertain this and teach accordingly.



18

Clinical preceptors/supervisors must be confident in their clinical and teaching skills, comfortable with ambiguity, generous with their time, and willing to learn as well as teach.

Lane Johnson, 2003



19

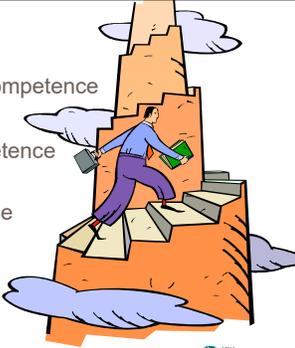
Competence Model*

Unconscious competence

Conscious competence

Conscious incompetence

Unconscious incompetence



*Author Unknown: Confucius?, Socrates ?

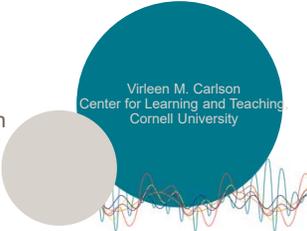
20

Teach me my **most** difficult concepts in my **preferred** style.

Let me explore my **easiest** concepts in a **different** style.

Just don't teach me all the time in **your** preferred style and **think** I am not capable of learning.

Virleen M. Carlson
Center for Learning and Teaching
Cornell University



21

Effective Learning

Create safe place
Students feel valued



22

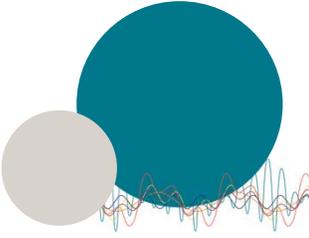
Evaluate performance **based** on predetermined goals/objectives.



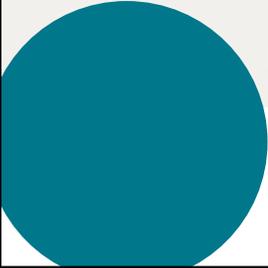
23

Learning Objectives

- Provides direction for instruction
- Clarifies the programs for:
 - learners
 - preceptors
 - faculty
 - external stakeholders
- Determines the assessment method



24



In planning learning objectives – it is good to keep in mind what it means to be **competent**.



25

Learning objectives are **not** goals



26

Goals

- Statements that describes in broad terms what the learner will gain from instruction
- Focus of goals is the “Big Picture”
- Objectives are written from the goals



27

Medical students ranked *effective teachers* as **THE** most important aspect for clinical site characteristics.

Schultz et al 2004



28

Roles of Preceptor/Supervisor



29

Evaluation is not just a grade -

In order to evaluate - you must **observe**

But a **process** for guiding and contributing to the growth and development of our future colleagues...



30

Whatever we measure, we tend to improve

Why assess?

D. Leach



31

We tend to observe:



- What we value
- What we expect



32

By paying careful attention to what is happening at the moment, preceptors/supervisors can help students maximize their learning.

Kleffner, 2004



33

Don't make assumptions about your student's knowledge.



34

Asking questions effectively

- Ask one question at a time
- Wait **3** seconds before next utterance
- Maintain noncommittal stance



35

Waiting 3 seconds

Allows student time to formulate response

Will see:

- Increased length of responses
- Increased student participation
- More elaborate and better-supported responses

(Westberg & Jason, 1993)



36

What did you learn today?

ASK

What did I learn today?

Kleffner, 2004

37

Feedback

... is an essential component of effective human learning

38

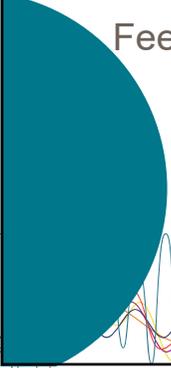
Feedback

An informed, *nonevaluative*, objective appraisal of performance intended to improve clinical skills

39

Feedback

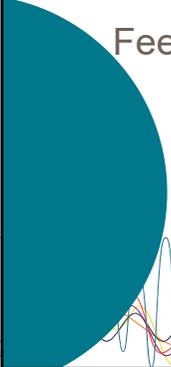
Not an estimate of student's personal worth



40

Feedback

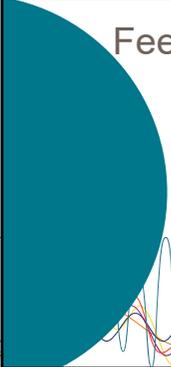
Must be tied to predetermined expectations/goals/objectives



41

Feedback

An *informed, nonevaluative, objective* appraisal of *performance* intended to improve clinical skills



42

Feedback

- Key step in acquisition of clinical skills
- Occurs when a student is offered insight into actions and consequences of those actions
- Provides impetus for change
- Provided daily

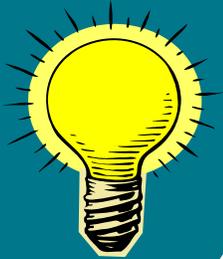
43

Without Feedback

- Mistakes go **uncorrected**
- Good performance **does not get reinforced**
- Clinical competence is achieved empirically or not at all

44

Understand that ...



Students **do not perform** required skills incorrectly **on purpose** – certainly not when being observed by preceptor

Errors in performance typically result from insufficient feedback - seldom from insufficient student interest or caring

45

Ask-Tell-Ask Feedback Model

- **ASK**
 - for student's self-assessment
 - specifics, details
- **TELL**
 - to correct - acknowledge and address concerns
 - reinforce appropriate behaviors
 - observations of what you saw and thought about it
 - advice/recommendations for actions
- **ASK**
 - Check student's understanding
 - Negotiate a "Plan for Improvement"



46

Students who receive feedback do better than students who receive inadequate or no feedback!

Bottom line!

Feedback helps students achieve their learning goals



47

Guidelines for feedback

- Focus on specifics not generalizations
- Focus on behavior and performance
- Based on first-hand data
- Prioritize points for feedback
- Deliver in positive manner
- Phrase in descriptive, nonevaluative language
- Use *Feedback Sandwich*
- Collaborate on remedial plans
- Students and reflective listening

Rider, 1995



48

Guidelines for feedback

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Rider, 1995 

49

TIME

Feedback takes about 10 minutes per day
 Keep notebook in pocket to document
 Work together with academic program on the evaluation form.



 50

50

Yet, do we routinely provide feedback?

.....





51

Barriers to giving feedback

- Assume they know how they are doing
- Lack of time
- Personal comfortable level
- Unsure if it is an anomaly or habit



52

Challenges to giving feedback

Identify why students do not incorporate feedback?

Did not **recognize** it?
Label it

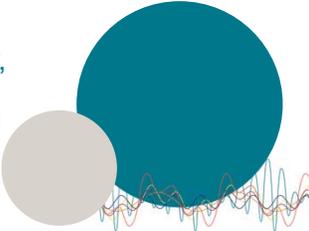
Did not **understand** it?
Reflective listening



53

Clinical preceptors/supervisors must be **confident** in their clinical and teaching skills, comfortable with ambiguity, generous with their time and willing to learn as well as teach

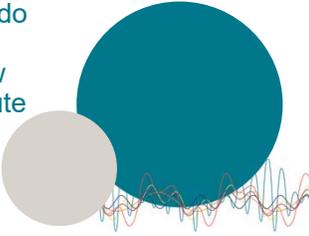
Lane Johnson, 2003



54

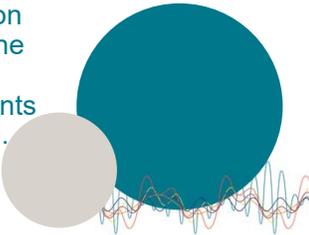
Anything preceptors can do to make the students comfortable in their new settings can only contribute to more learning.

Kleffner, 2004



55

By paying careful attention to what is happening at the moment, preceptors can help students maximize their learning.



56

Overview of Certification

- **Certification:** Ensures that individuals have met standards of knowledge, skills, and abilities as determined by a national professional society.
- **Accreditation:** Ensures that academic programs provide opportunities for students to prepare to meet relevant credentialing, such as licensure and certification.
- **Licensure:** Ensures basic consumer protection through adherence to standards endorsed in the state.



57

2018 Certification Applications

New Certification Applications

	2018	2017	2016	2015	2014	2013
AUD App	591	547	527	490	436	463
SLP App	8,254	7,848	7,746	4,591	11,508	8,209
Total Apps	9,420	8,970	9,059	5,877	12,655	8,672
Total Certified	9,644	9,280	9,348	9,466	8,376	8,072

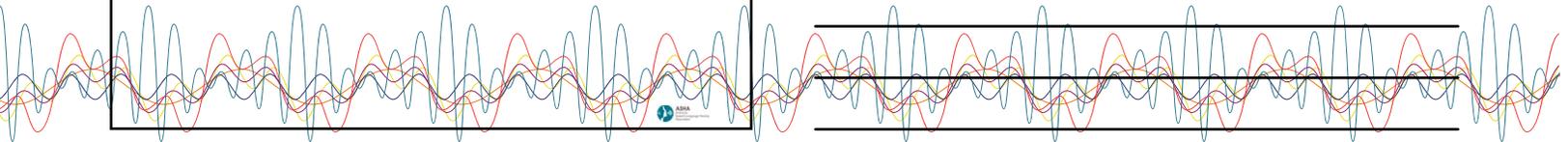
Total CCC-A and CCC-SLP

	2018	2017	2016	2015	2014	2013
CCC-A	13,407	13,226	13,118	12,970	12,008	11,975
CCC-SLP	175,025	168,604	162,473	156,254	148,105	141,847
Dual Cert	815	849	881	907	931	957
Total Certified	189,245	182,719	176,472	170,131	161,044	153,822



58

2020 AUDIOLOGY CERTIFICATION STANDARDS




59

2020 Audiology Standards

- Practice Analysis study was completed in February 2016
- Peer Review was completed in February 2017
 - Approximately 900 responses
 - Sought feedback on the following areas:
 - Degree
 - Qualification of supervisors
 - Duration of supervised clinical experience
 - English language proficiency
 - Continuing education in ethics for certification maintenance
 - Updated and reclassified knowledge and skills



60

2020 Audiology Standards

- Applicants will have to have or show equivalency to an AuD (clinical doctoral degree) from a CAA-accredited program
- Clinical hours will **no longer** be prescribed by the CFCC. Applicants and their programs will follow CAA standards for duration, and CFCC standards for depth and breadth of knowledge and skills
- Supervised clinical experiences are encouraged to include Interprofessional Education / Practice
- Knowledge and skills for certification have been updated and reordered in accordance with the practice analysis study results



61

2020 Audiology Standards

- Applicants who did not complete their entire supervised clinical experience under a CCC-A will be able to make up the remainder of their experience post-graduation to meet ASHA certification standards.
 - The post-graduate supervisor will also attest to knowledge and skills using a form similar to the program director verification form.
 - Programs will not be required to attest to experiences earned post-graduation
- Beginning on 1/1/2020 hours earned must be under clinical supervisors who have **9 months of experience** after being awarded the CCC-A and **two hours** of professional development in the area of supervision
- Beginning with the 2020-2022 interval, certificate holders will be required to take **one hour of CE in "Ethics"** per certification maintenance period

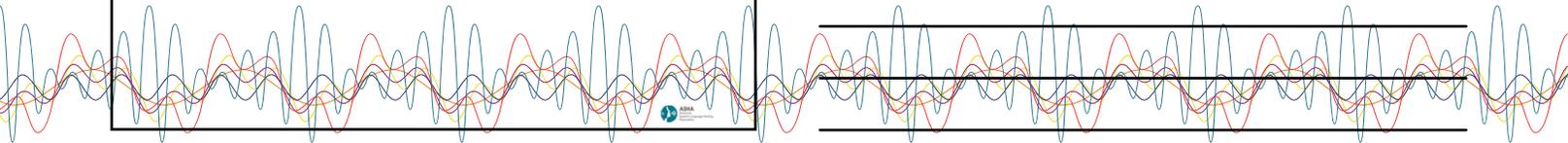


62

2020 SLP CERTIFICATION STANDARDS



63



2020 SLP Standards

- Practice Analysis study was completed in February 2017
- Peer Review was completed in September 2017
- Over 3,000 responses
 - Sought feedback on the following areas:
 - Qualification of supervisors
 - Requiring physics or chemistry course content
 - English language proficiency
 - Continuing education in ethics for certification maintenance
 - The addition of literacy as a core skill



64

2020 SLP Standards

- Physical science coursework must include **physics or chemistry** content and meets university physical science requirements for non-CSD major students
- Knowledge and skills areas were refined to **include** speech sound production, fluency disorders, literacy, and feeding within the current nine core content areas
- Supervised clinical experiences and clinical fellowship experiences are encouraged to include IPP/IPE



65

2020 SLP Standards

- Beginning with supervision hours earned on 1/1/2020 clinical supervisors and clinical fellowship mentors must have 9 months of experience after being awarded the CCC-SLP and **two hours of professional development** in the area of supervision
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66

2020 CLINICAL FELLOWSHIP SKILLS INVENTORY

67

Clinical Fellowship Revalidation

- The Clinical Fellowship Skills Inventory (CFSI) is a report used to validate a Clinical Fellow's independence in **18 skill areas** during a **36 week, 1,260 hour post-graduate** Clinical Fellowship
- The CFSI has been largely unchanged since 1993
- The 2016 Practice Analysis Study confirmed that 36 weeks/1260 hours **was still sufficient**
- The purpose of revalidation is to ensure that the assessment continues to meet validity requirements and accurately measure the Clinical Fellows' competency.
- A multi-methodological research approach using Subject Matter Experts selected by the CFCC and ASHA was used to determine the psychometric validity of the CFSI.

68

Clinical Fellowship Revalidation - Objectives

- Whether the 18 clinical skills are relevant, critical, and important for entry-level practice
 - Identify Core –vs- Non-Core Skills and if they should be rated in the same manner
 - Determine if N/A response as an effective rating option
- Whether the 4 domain areas of evaluation, treatment, management, and interaction are valid and sufficient for the clinical skills
- Whether the 5 point rating scale and verbal anchors are clear, consistent, and complete in measuring clinical skill level
- Whether the descriptors of the rating scale are valid, useful, and accurate
- Whether the instructions for how to use the clinical skill rating scales are clear and complete
- Whether the assessment's qualification score accurately reflects the minimum level of competency a Clinical Fellow must possess to independently practice SLP

69

Clinical Fellowship Revalidation - Process

- Process of Revalidation
 - Summer 2017**
 - SMEs met at National Office to review 18 clinical skills, review and propose changes to the current 5-point rating scale and its descriptors
 - SMEs created an updated Skills Inventory and a 3-point rating scale with updated descriptors
 - SMEs created case studies to evaluate interrater reliability between a new group of SMEs' use of the updated Skills Inventory
 - Fall 2017**
 - SMEs met to review the results of the case study review and made additional updates to the Skills Inventory and case studies
 - A second round of case study reviews was completed with a third group of SMEs
 - January 2018**
 - The Skills Inventory was "test driven" by groups of Clinical Fellow Mentors and Clinical Fellow
 - March 2018**
 - Results indicated strong interrater reliability and preference for the new Skills Inventory.



70

2020 CFSI

- Effective with CFs beginning on 1/1/2020
- Simplified instructions/explanation of ratings focused on accuracy, consistency, clinical judgement, and autonomy.
- 3 point rating scale – Needs improvement, Meets Expectation, and Exceeds Expectations for entry-level independent practice

3 = Exceeds Expectations	The Clinical Fellow is consistently accurate and independent in routine and complex situations, has an intuitive grasp of situations, and exceeds the skills of entry-level practitioners.
2 = Meets Expectations	The Clinical Fellow is accurate, consistent, seeks minimal mentor guidance in routine situations, and has skills that are consistent with entry-level practitioners.
1 = Does Not Meet Expectations	The Clinical Fellow is (1) inaccurate and inconsistent, (2) cannot work independently in routine situations, and/or (3) does not seek mentor guidance when it is appropriate to do so.



71

2020 CFSI

- **4 domains remain largely the same**
 - Assessment
 - Treatment
 - Professional Practices
 - Interpersonal
- Skills updated and expanded to **21 areas**
 - Updates reflect current practice requirements/terminology
 - Additions highlight the need for skills in interprofessional practice and cultural competencies



72

Clinical Fellowship Mentor Verification

Verify Applicant

Clinical Experience

When you the CF Mentor for this applicant?

Yes No

Are the work and hours reflected by the Clinical Fellow accurate?

Yes No

Was at least 80% of the Clinical Fellow's work week spent in direct clinical contact related to the management process of direct patients with communication and/or pathology identified?

Yes No

Explain why the applicant does not meet the standards. (Optional)

Skills Rating

Has the Clinical Fellow received a score of at least 5 on each skill in the final segment of this experience?

Yes No

Mentor Re-confirmation

I recommend that the CF experience documented on this form be accepted by the CRCE in meeting the requirements for the CEC RFP

Yes No

I confirm that there have been at least 12 supervising activities during each segment of the Clinical Fellowship, including 4 hours of on-site observations of direct patient contact and 8 other supervising activities.

Yes No

I confirm that alternative methods of observation/training activities were not used. (If alternative methods of observation/training activities were used, please explain how observed from the CRCE before using these alternative methods.)

Yes No

Mentor Signature

Please sign the form below by typing your name into the box and checking "I Agree"

First Name:

Last Name:

I Agree that this is my electronic signature and attest that all information provided herein is true and accurate.
