Fostering Independence in the 3rd Year Audiology Student: Lessons from the SuperClinic

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Agenda

• University of Arizona M.S. vs Au.D: A clinical comparison and why the third year is different
• SQF model of clinical teaching
• Supervision in vs. out of the room
• The SuperClinic solution
• Student feedback
• Remaining challenges
MS Model

1st Fall

2nd Fall

CFY

1st Spring

2nd Spring

1st Summer
MS Model – Clinic Participation

1st Fall

2nd Fall

CFY

1st Spring

2nd Spring

1st Summer
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AuD Model
Began in 2002
AuD Model – Clinic Participation
### First Two Years

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Expectation of independence in clinic is similar to 1st two years of MS, although the curriculum is different.
Fourth Year

Expectation of independence in clinic is similar to that of CFY, although the involvement of the clinical teacher is greater and more formally monitored.
Third Year

What should be the expectation of independence in the 3rd year?
How can we foster it?
We didn’t have a historical frame of reference.
Time from Beginning Graduate School to Full Clinical Competency

Audiologic Assessment
- Concepts
- Procedures
- Conclusions
- Efficiency/Decisions

Amplification
- Concepts
- Procedures
- Decisions

Cochlear Implants
- Concepts
- Procedures
- Decisions

Communication/Counseling
- Rapport
- Gathering Information
- Discussing Results
- Decisions

Concepts
Procedures
Conclusions
Efficiency/Decisions

Decisions
SQF Model of Clinical Teaching
(Barnum, Guyer, Levy & Graham, 2009)

• Supervision changes in response to the needs of the learner and the situation. (S)

• Strategic questioning facilitates development of clinical reasoning skills. (Q)

• Meaningful feedback helps to shape learning and skill development. (F)
Conscious Competency Model
(Howell & Fleischman, 1982)

Unconsciously Competent
Consciously Competent
Consciously Incompetent
Unconsciously Incompetent

Developmental Level

D1
D2
D3
Conscious Competency Model
(Howell & Fleischman, 1982)

On any given day, a student might be at one level for one activity, and another for a different activity.

By the third year, we expect students to be at the D2 or D3 level for most things.
Supervision Should Vary Relative to the Student’s Developmental Level for the Task at Hand
(Barnum & Guyer, 2013)

Delegating
Create Distance: “Over there”

Being Supportive and Encouraging
Create Space: “Over the Shoulder”

Providing Direction & Coaching
Stay Close: “Standing Beside”
Challenges with In-the-Room Supervision

- Patient looks to supervisor for answers.
- Student waits for supervisor to answer.
- Supervisor has trouble being quiet.
Challenges with Out-of-Room Supervision

• Patient may lack confidence in the student.
• Students may exacerbate this by
  • Making an incorrect choice or comment, or
  • Seeming hesitant in their choices.
Challenges with Out-of-Room Supervision

• Patient lacks confidence in the student.
• The student may exacerbate this by
  • Making an incorrect choice or comment, or
  • Seeming hesitant in their choices.

Most Off-Site Supervisors will not allow this because:

They are nurturing a relationship with the patient that will go on long after the student’s short-term rotation is over.

Their practice depends on their patients’ confidence.
What our University Clinic has …
that other Clinics don’t

• Long-term relationship with the students and familiarity with their skills and limitations.
• Patient expectation of working with students.
• Physical setup conducive to supervision at a greater distance.
• A responsibility to insure student competence prior to the externship.
So, we created SUPERCLINIC!

- TWO students; TWO patients; ONE supervisor.
- All students scheduled for SuperClinic rotation during either the Fall or Spring of 3rd year.
- Includes formal practical evaluation.

Why is it important to have TWO clinics and one clinical teacher?
**The easier it is to intervene, the greater the likelihood that the teacher WILL intervene.**
SuperClinic Practical Evaluation

• Done with clinical patients scheduled for appointments, if they meet certain criteria regarding age, clinical presentation and circumstances.
• Hearing Evaluation (twice)
• Hearing Aid Fitting (twice)
• Passing the evaluation is required as part of our determination of externship readiness.
How Can One Clinical Teacher Manage TWO Clinics at Once?

NOTE: Our SLP colleagues have been double scheduling like this for many years for therapy, but at least in our clinic, this was new for audiology.
Technology:
ETV Remote Viewer
& NetSupport School
Camera System: ETV Remote Viewer

- Under $10,000 for 5-camera system & software.
- Very good audio; low resolution video.
- Motion-sensitive cameras ALWAYS ON. Recycles memory after about 2 weeks.
Allows for *Unplanned* Review

- When something is missed during clinic.
- With student after clinic.
- In class.
Software: Net Support School

• Under $400 for 9-computer license.
• Allows for remote viewing AND control.
• Multiple systems on one screen.
• Pop-up instructions to the student

http://www.netsupportschool.com/
Messages to the Student

• Pop up feedback for students
• Considered but rejected audio talk forward systems
Mechanisms for Insuring Patient Comfort and Confidence
Introduction

Supervisor meets with each patient at beginning of each appointment to:
• Show the cameras and explain the system,
• Explain the student’s level in the program and express confidence in them, and
• Request permission.
Periodic Intervention

• For student redirection, calibration and support.
• For patient confidence and rapport. To this end, it is helpful to comment on something heard at a distance to make sure they know you are paying attention!

Student Perspective: **Interruption = Failure**
On the one hand, this is motivating. On the other, it isn’t often true. The student’s perception in this regard needs to be managed and shaped.
Sendoff

Supervisor meets with each patient at beginning of each appointment to:

• Reinforce the success of the appointment and wisdom of the choices made, and

• Help maintain rapport.
SuperClinic Survey

- 30 current and former students surveyed; 24 responded.
- All graduated or will graduate from 2010-2014. (i.e., current externs included in the survey.)
- Survey done through SurveyMonkey; responses were anonymous.
Number of Students Ranking the Rotation #1 Most "Valuable in Preparation for Your Externship"
“My Experience in SuperClinic Helped Me to Become More Clinically Independent.”
The Level of SuperClinic Supervision was Appropriate for my Needs at the Time
“I Preferred to be Observed by Camera Rather than Having My Supervisor in the Room”
“What comments or suggestions do you have about SuperClinic, or about any of your rotations in your first three years of the AuD program?”

- 16 of the 24 provided narrative responses
- 9 responses included feedback about SuperClinic. Other responses were more general or related exclusively to other rotations.
Summary of Narrative Responses re: SuperClinic

• Built independence/good preparation for externship (6)
• Liked/Loved/Enjoyed SuperClinic (5)
• Speed and efficiency should have been more emphasized (2)
• Built confidence (2)
• Created safety net: Liked this (1); didn’t like this (1)
• Needed more CI experience (1)
• Needed more HA selection skill development (1)
• Report procedures were challenging (1)
Challenges: Medicare Supervision Requirement

Consider these provisions of the Medicare Benefit Policy Manual

230 – Practice of Physical Therapy, Occupational Therapy, and Speech Language Pathology
230 (B) (1) re: Therapy Students
“The qualified practitioner is present and in the room for the entire session. The student participates in the delivery of services when the qualified practitioner is directing the service, making the skilled judgment, and is responsible for the assessment and treatment.”

80.3 – Audiology Services
80.3(D)(2) re: Qualified Technicians or Other Qualified Staff
Depending on the qualifications determined by the contractor, individuals who are also hearing instrument specialists, students of audiology, or other health care professionals may furnish the labor for appropriate audiology services under direct physician supervision when these services are billed by physicians or hospital outpatient departments
Challenges: Current Model is Adult-Focused

As of yet, we have not developed a similar model for pediatric audiology. The challenges are quite different.
Challenges: Being Needed Two Places at Once

- Slows down scheduling
- Risks undermining patient confidence

Fostering Independence:

- Is likely easier to do in a university-based clinic,
- Can be facilitated relatively inexpensively, and
- Can be done while maintaining patient confidence and high-quality care.