

An Innovative Look at Assessment and Evaluation of Clinical Educators

BARBARA ZUCKER, M.A., CCC/SLP

MELISSA EDRICH, ED.D., CCC/SLP

Disclosure Statement

Melissa Edrich and Barbara Zucker have no financial or non-financial disclosures to share.



Learning Objectives

The learner will...

1. Identify the role and purpose of three types of assessment and evaluation tools that may be used for annual review and promotion of clinical educators.
1. Discuss challenges related to the evaluation of clinical educators.
1. Develop a list of strategies/tools to make the evaluation of clinical educators functional, objective, and valuable.

Clinical Supervision

“Supervision is a process that consists of a variety of patterns of behavior, the appropriateness of which depends upon the needs, competencies, expectations, and philosophies of the supervisor and the supervisee and the specifics of the situation (task, client, setting and other variables). The goals of the supervisory process are the professional growth and development of the supervisee and the supervisor, which it is assumed will result ultimately in optimal service to the clients” (Anderson, 1988, p.12).

Clinical Supervision

“Professional growth and development of the supervisee and supervisor are enhanced when supervision or clinical teaching involves self-analysis and self-evaluation. Effective clinical teaching also promotes the use of critical thinking and problem-solving skills on the part of the individual being supervised” (ASHA, 2008, p.4).

Knowledge and Skills of the Supervisory Process

- Knowledge of clinical education and the supervisory process
- Skill in relationship development
- Ability to communicate
- Ability to work collaboratively with the supervisee
- Ability to analyze and evaluate the supervisee's performance

Knowledge and Skills of the Supervisory Process

- Skill in modeling and nurturing clinical decision making
- Skill in fostering professional growth and development
- Skill in making performance decisions
- Ability to adhere to principles of evidence-based practice

Roles and Responsibilities

- Communicate effectively
- Teach tolerance for own and others' biases, and respect diversity
- Provide support when needed
- Demonstrate willingness & ability to change in response to feedback
- Maintain documentation as needed
- Understand the influence of power in supervision, and use appropriately
- Ask strategic questions to facilitate increasingly higher order thinking

Effective Supervision

How to be an effective supervisor?

1. importance of supervisory relationship
1. priority of clinical supervision relative to other professional duties
1. flexibility of supervision models, processes and approaches to clinical supervision

Training, Competencies and Best Practices

- Supervision is a distinct area of practice and requires formal training.
- Jan 2020- CFCC implemented Supervisor must hold CCC for 9 months and Required 2 hours of professional development training in supervision prior to supervising a student clinician.
- Both Competencies and Best Practices enhance one's ability to practice supervision in an accountable and ethical manner, both are based on conceptual and empirical literature, and both continue to evolve as new knowledge becomes available

Assessment and Evaluation

- ❖ **Assessment** is done to improve the process. The **assessment** pays attention to learning, teaching, as well as the outcomes. It is the process of judging and estimating. The primary mode of effecting change and supervisor development.

2 types:

Formative and Summative

- ❖ **Evaluation** is a final process that is determined to understand the quality results of the assessment. The conclusion of the assessment.

Formative Assessment and Summative Evaluation

- ❖ Formative assessments have the purpose of improving the learners knowledge and skills, and are non-evaluative in that they do not assign a value or grade to performance.
- ❖ Summative evaluations have the purpose of determining an individual's level of competency and/or performance against some standard. They are evaluative and usually occur at the conclusion of a period of instruction.

Benefits of Supervisor Assessment

- ❖ Provides effective and detailed feedback on competence and performance
- ❖ Identifies knowledge or skill deficits
- ❖ Identifies strengths and weaknesses
- ❖ Measure, monitor and maintain quality and accountability
- ❖ Predicts future behavior

Challenges of Evaluating Clinical Educators

- Not all clinical educators follow traditional measures of scholarly work, publications, presentations, etc.
- No standardized/valid tools
 - Ambiguity and subjectivity of current rating scales

Challenges of Evaluating Clinical Educators

- ❖ Potential biases & error
- ❖ Cultural differences
- ❖ Current methods don't ensure that growth and change occur in clinical educators' expectations, skills, and attitudes

The role and purpose of assessment should direct the choice of instruments, so...

How do we accomplish this when our scope is huge and varied and there are many challenges?

Helpful Resources

- ASHA Ad Hoc Committee on Supervisor Training (May 2016)
 - ◆ Self-Assessment of Competencies in Supervision
 - ◆ Topic areas/knowledge & skills for supervisor training
- ASHA Ad Hoc Committee on Supervision (December 2013)

Examples of Tools

- Brasseur's Adapted Supervisory Conference Rating Scale (Brasseur & Anderson, 1983)
- The Supervisory relationship Questionnaire (Palomo, 2004)
- Clinical Educator Self-Evaluation Form (Messick & Mormer, 2012)
- McCrea's Adapted Scales for Assessment of Interpersonal Functioning in Supervisory Conferences (McCrea, 1980)
- Multidimensional Observation System for Analysis of Interaction in Clinical Supervision (MOSAICS) (Smith, 1977)

Clinical Educator Assessment Checklist (handout)

Clinical Educator Assessment Checklist Zucker/Edrich

	Items	✓/-	Comments
1.	Plans for supervision and communicates expectations		
2.	Demonstrates effective and respectful communication style		
3.	Provides constructive and facilitative feedback		
4.	Gives written feedback with examples to facilitate learning		
5.	Asks strategic questions to facilitate independent problem solving		
6.	Completes grading tasks/forms and documentation appropriately		
7.	Teaches and demonstrates respect for diversity in colleagues and clients		
8.	Follows the continuum of supervision, moves the supervisee toward independence effectively, setting goals as needed		
9.	Provides positive coaching when needed		
10.	Is willing and able to change in response to feedback		
11.	Uses self-reflection to improve own supervisory skills		
12.	Discusses the supervisory process with supervisee		
13.	Adheres to evidence-based practice and encourages supervisee to utilize research in practice		
14.	Develops a supportive and trusting learning environment		
15.	Is able to have difficult conversations, when appropriate, regarding supervisee performance		
16.	Is competent in technology needed for practice and clinical education		
17.	Collaborates well with others		
18.	Establishes professional boundaries		
19.	Models professional behavior with students, staff, colleagues, patients, and others		
20.	Facilitates interprofessional practice and team-building when appropriate		
21.	Observes sessions, takes data, reviews paperwork and documentation		
22.	Identifies needs, formulates plans, and develops goals for improvement		
23.	Follows ASHA standards, state regulations, and ASHA Code of Ethics		
24.	Assists supervisee in advocating for themselves, clients, and for the professions		
25.	Uses supervisory conference time effectively and efficiently		

Suggested supervisory skills to assess:

1. Plans for supervision and communicates expectations
2. Demonstrates effective and respectful communication style
3. Provides constructive and facilitative feedback
4. Gives written feedback with examples to facilitate learning
5. Asks strategic questions to facilitate independent problem solving
6. Completes grading tasks/forms and documentation appropriately

Suggested supervisory skills to assess:

7. Teaches and demonstrates respect for diversity in colleagues and clients
8. Follows the continuum of supervision, moves the supervisee toward independence effectively
9. Provides positive coaching when needed
10. Is willing and able to change in response to feedback
11. Uses self-reflection to improve own supervisory skills
12. Discusses the supervisory process with supervisee

Suggested supervisory skills to assess:

- 13. Adheres to evidence based practice and encourages supervisee to utilize research in practice
- 14. Develops a supportive and trusting learning environment
- 15. Is able to have difficult conversations, when appropriate, regarding supervisee performance
- 16. Is competent in technology needed for practice and clinical education
- 17. Collaborates well with others
- 18. Establishes professional boundaries

Suggested supervisory skills to assess

- 19. Models professional behavior with students, staff, colleagues, patients, and others
- 20. Facilitates interprofessional practice and team-building when appropriate
- 21. Observes sessions, takes data, reviews paperwork and documentation
- 22. Identifies needs, formulates plans, and develops goals for improvement
- 23. Follows ASHA standards, state regulations, and ASHA Code of Ethics
- 24. Assists supervisee in advocating for themselves, clients, and for the professions
- 25. Uses supervisory conference time effectively and efficiently

Common methods of evaluation

- Student Evaluations/Ratings
- Self-evaluation and reflection
- Peer reviews
- Administrator ratings

Evaluation by Student

- ❖ Uses a rating scale where the student rates the clinician's communication, written feedback, ability to provide help when needed, etc.
- ❖ Also may have a place to write comments
- ❖ May be more top down or university driven; more like a course or instructor evaluation
- ❖ Provides some useful information from the student/supervisee perspective

This supervisor**Rating: 1-Disagree Strongly 2-Disagree Somewhat 3-No Opinion 4-Agree Somewhat 5-Agree Strongly**

		1	2	3	4	5	N	Avg.
1.	adequately reviewed and evaluated session planning.	0	0	0	0	1	1	5.0
2.	encouraged the student clinician's creativity.	0	0	0	0	1	1	5.0
3.	encouraged learning by directing student clinician to resource materials.	0	0	0	0	1	1	5.0
4.	provided time for consultation.	0	0	0	0	1	1	5.0
5.	promoted discussion for active problem solving.	0	0	0	0	1	1	5.0
6.	provided observation of clinical session's a minimum of 25% of the treatment time.	0	0	0	0	1	1	5.0
7.	provided constructive feedback on clinical objectives and strategies.	0	0	0	0	1	1	5.0
8.	provided written and verbal feedback.	0	0	0	0	1	1	5.0
9.	encouraged learning by providing examples and demonstrations.	0	0	0	0	1	1	5.0
10.	provided useful suggestions.	0	0	0	0	1	1	5.0
11.	acknowledged/reinforced the student clinician's efforts.	0	0	0	0	1	1	5.0
12.	encouraged experimenting with a variety of techniques.	0	0	0	0	1	1	5.0
13.	encouraged self-evaluation and increased independence.	0	0	0	0	1	1	5.0
14.	responded to the student clinician's requests for assistance	0	0	0	0	1	1	5.0
15.	was responsive to the student clinician's feelings and opinions.	0	0	0	0	1	1	5.0
16.	contributed to the student clinician's professional development.	0	0	0	0	1	1	5.0
. Section Totals		0	0	0	0	16	16	5.00

Additional Comments

Evaluation by Administrator

- ❖ Completed by the CE's supervisor, such as Program Chair, Clinic Director, and/or review committee
- ❖ Most traditional and basic type of review
- ❖ Valued time for CE and admin together
- ❖ May generate goals for development for the next year, however not always a formative process

Evaluation by Administrator (con't)

- ❖ Tends to be more summative
- ❖ Doesn't always allow for exploration of nuances in clinical education
- ❖ Affected by power differential
- ❖ May have different goals, such as productivity

Peer Review/Peer Mentorship

- ❖ Can feel safer and less intimidating than authority or administration based review.
- ❖ Allows us to share relevant ideas, but subject to bias from peers who are also colleagues and friends.
- ❖ Requires a workplace culture that supports a sense of community and growth.
- ❖ Also requires a level of openness, especially if feedback does not match own self-perceptions
- ❖ Can improve confidence and increase motivation

Peer Review/Peer Mentorship

- ❖ Doesn't focus on clinical education



Self-evaluation

- ❖ A much more personal process
- ❖ Done by observing own supervisory conference, reviewing feedback, reflecting on own knowledge & skills
- ❖ The clinical educator rates him or herself and/or writes reflective notes in a journal or blog
- ❖ Challenging, not always a comfortable practice; difficult to know where to start and how much to reveal
- ❖ Best done with prompts or questions provided to facilitate guided reflection
- ❖ Varying results due to openness & self-awareness required

Reflective Practice

- ❖ Takes deliberate practice to focus on openness for learning
- ❖ Challenges beliefs and the way things have always been done
- ❖ Requires confidence
- ❖ Is limited by one's own knowledge and perspective

Questions to facilitate reflection:

What thoughts or emotions do you have after seeing your feedback?

What did you want to happen?

Why might you have a different perspective?

What aspects of the feedback bother you? Why?

What aspects of the feedback align with your thoughts?

What did you learn about your assumptions?

What could you do differently?

What training or practice would help you make these changes?

What to do?



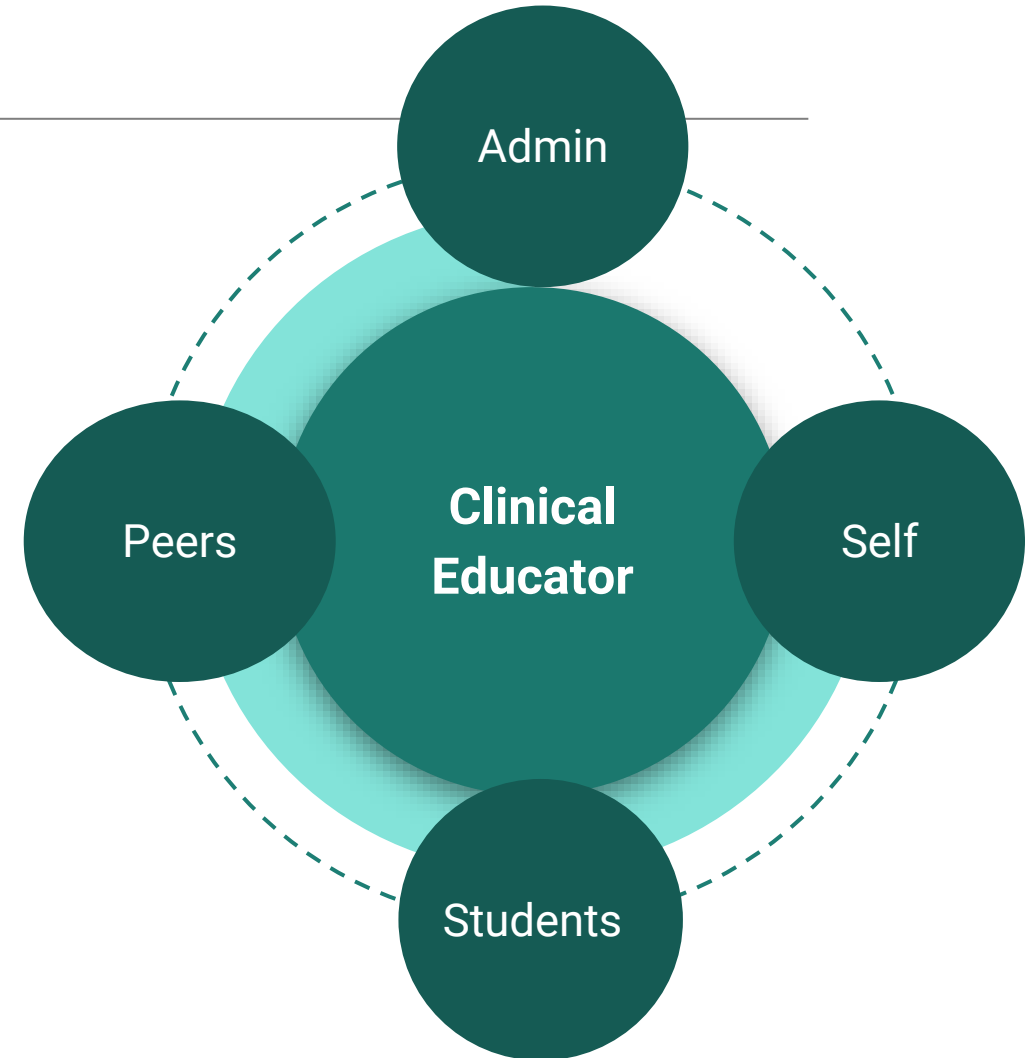
- ❖ Each type of evaluation has some advantages and disadvantages
- ❖ Many are subject to bias
- ❖ Tend to be used more as summative evaluations rather than ongoing formative assessments
- ❖ Time consuming
- ❖ If goals are generated, then they are not looked at again until the next year
- ❖ Not always used in a productive, meaningful manner

Integrate tools & methods for best results

- Getting **feedback from multiple sources** (360) should reduce bias.
- Making time for **self-reflection after feedback** from peer, administrator and students makes for better acceptance and openness to change.
- Facilitated self-reflection may allow for acceptance of feedback without feelings of demotivation or negativity
- An organizational context that values the clinical educator as a learner at the same time is helpful to the process.

360 Feedback

- ❖ Research shows that getting feedback from the different people who work with the Clinical Educator provides a fuller, rounder picture of the person.
- ❖ More people giving their opinions also makes the feedback more persuasive.
- ❖ Feels complex at first but overall is more transparent and unbiased.



Process for multi-source assessment

Select samples and submit to reviewers

Provide recording of supervisory conference, samples of written feedback, and CE checklist to:

- Administrator
- Peer
- Self

Receive Feedback

Collect checklists, comments, and evaluation forms from

- Student ratings
- Peer review
- Admin review
- Self evaluation

Self-Reflect & Assimilate Information

- Reflect on thoughts and feelings from feedback
- Reconcile differences between self-perception and rating of peers, admin, students.
- Accept & assimilate all feedback



Develop Plan and Implement

- Generate goals for clinical educator competencies
- Develop method for attaining goals through learning modules, simulated practice, and/or observing others, etc...

Generate goals for development

- ❖ Discuss areas needing improvement
- ❖ Create Specific, Measurable, Attainable, Relevant, Time-Bound goals (SMART goals)
- ❖ Identify resources and/or strategies for improvement
- ❖ Review achievement of learning outcomes

Clinical Educator Assessment Checklist
Zucker/Edrich 2021

	Items	✓/-	Comments
1.	Plans for supervision and communicates expectations	✓	
2.	Demonstrates effective and respectful communication style	✓	
3.	Provides constructive and facilitative feedback	✓	
4.	Gives written feedback with examples to facilitate learning	✓	
5.	Asks strategic questions to facilitate independent problem solving	-	
6.	Completes grading tasks/forms and documentation appropriately	✓	
7.	Teaches and demonstrates respect for diversity in colleagues and clients	✓	
8.	Follows the continuum of supervision, moves the supervisee toward independence effectively, setting goals as needed	✓	
9.	Provides positive coaching when needed	✓	
10.	Is willing and able to change in response to feedback	✓	
11.	Uses self-reflection to improve own supervisory skills	✓	
12.	Discusses the supervisory process with supervisee	-	
13.	Adheres to evidence-based practice and encourages supervisee to utilize research in practice	✓	
14.	Develops a supportive and trusting learning environment	✓	
15.	Is able to have difficult conversations, when appropriate, regarding supervisee performance	✓	
16.	Is competent in technology needed for practice and clinical education		

Examples of SMART goals for CE

To improve use of strategic questions to facilitate independent problem solving, CE will review Bloom's Taxonomy and generate 3 questions for each higher level category; ie: evaluate and analyze, and use with supervisee during each weekly conference, beginning April 1, 2021.

To increase supervisee's knowledge of the supervisory process, CE will discuss the supervisory process, including respective roles, expectations, objectives, and where supervisee is on the continuum at the beginning, mid point, and end of each semester, starting May 10, 2021.

I

Other suggestions...

- Create a timeline so that every 3 months or 6 months there is an opportunity for review and ongoing feedback
 - Coincide with end of semester student ratings
- Use multiple observers of the same supervisory conferences to decrease bias
- Select a real workplace issue on which to reflect
- Create a simulated conversation based on an actual potential conflict
- Work to create a learning environment rather than a summative evaluation
- Bring to off campus supervisors to develop clinical educator skills in those settings

Strike a Balance

- ❖ Seems complex, but we think you are doing some or most of it already
- ❖ We've done the research and we see that there is not one effective tool
- ❖ The idea was to find one tool that could be used across different situations with different observers to effectively evaluate CE's knowledge and skills and reduce bias that currently exists
- ❖ We wanted to create a way to assist with improving clinical educator's performance in a dynamic and more effective manner

Improvement Process for Assessment of Clinical Educators - Summary

- Work to create a workplace culture that recognizes and supports ongoing clinical faculty development
- Use multiple observers over multiple occasions
 - Peers/colleagues
 - Student evals
 - Administrative level
 - Self-evaluation
- Facilitate self-reflection following observation reports
- Create goals for clinical educator
- Implement timeline and process for follow-up

Questions & Answers



References

- Bostock, L., Patrizo, L., Godfrey, T., Munro, E., & Forrester, D. (2019). How do we assess the quality of group supervision? developing a coding framework. *Children and Youth Services Review*, 100, 515-524.
- Chopra, R. (2017). 360 degree performance assessment: an overview. *Global Journal of Enterprise Information System*. 9(3), 102-105.
- Danzi, B., Tawfik, S., Mora Ringle, V., and Suez-Flores, E. (2020). Enhancing profession-wide competencies in supervision and assessment: an evaluation of a peer mentorship approach. *Training and Education in Professional Psychology*. 14(3), 176-184.
- Davys, A., O'Connell, M, May, J. and Burns, B. (2016). Evaluation of professional supervision in aotearoa/new zealand: an interprofessional study. *International Journal of Mental Health Nursing*. 26, 249-258.
- Dudding, C., McCready, V., Nunez, L. and Procaccini, S. (2017). Clinical supervision in speech-language pathology and audiology in the united states: development of a professional specialty. *The Clinical Supervisor*, 36(2), 161-181.
- Finley, S. L., Veach, P. M., MacFarlane, I. M., LeRoy, B. S., & Callanan, N. (2016). Genetic Counseling Supervisors' Self-Efficacy for Select Clinical Supervision Competencies. *J. Genet Counsel*, 25, 344-358. doi:10.1007/s10897-015-9865-1
- Gonsalvez, C, Wahnnon, T. and Deane, F. (2017). Goal-setting, feedback, and assessment practices reported by australian clinical supervisor. *Australian Psychologist*.52, 21-30.
- Gusic, M., Hageman, H. and Zenni, E. (2013). Peer review: a tool to enhance clinical teaching. *The Clinical Teacher*. 10, 287-290.

References

Guy, L., Cranwell, K., Hitch, D., and McKinstry, C. (2020). Reflective practice facilitation within occupational therapy supervision processes: a mixed method study. *Australia Occupational Therapy Journal*. 67, 320-329.

McCrea, E. S., & Brasseur, J. A. (2020). *The Clinical Education and Supervisory Process in Speech-Language Pathology and Audiology 1st Edition*. Thorofare, NJ: Slack Incorporated.

Mettiainen, S. (2015). Electronic Assessment and Feedback Tool in Supervision of Nursing Students During Clinical Training. *Electronic Journal of E-Learning*, 13(1), 42-55.

Moore, K., Vaughan, B., & Butterworth, P. (2018). Adoption of Direct Observation of Procedural Skills (DOPS) for assessment in podiatry. *Focus on Health Professional Education: A Multidisciplinary Journal*, 19(1), 65-73.

Snowdon, D., Sargent, M., Williams, C., Maloney, S., Caspers, K. and Taylor, N. (2019). Effective clinical supervision of allied health professionals: a mixed methods study. *BMC Health Services Research*. 20(2), 1-11.

Waller, J., Sanford, M., & Caswell, T. (2018). Building Competencies in Clinical Supervision: Outcomes of Integrating Self-Assessment Resources From the American Speech-Language-Hearing Association's Ad Hoc Committee on Supervision Training. *Perspectives of the ASHA Special Interest Groups*, 3(1), SIG 11, 4-20.

Contact Information

Barbara Zucker: zuckerb@nova.edu

Melissa Edrich: medrich@nova.edu



Clinical Educator Assessment Checklist Zucker/Edrich

	Items	✓/-	Comments
1.	Plans for supervision and communicates expectations		
2.	Demonstrates effective and respectful communication style		
3.	Provides constructive and facilitative feedback		
4.	Gives written feedback with examples to facilitate learning		
5.	Asks strategic questions to facilitate independent problem solving		
6.	Completes grading tasks/forms and documentation appropriately		
7.	Teaches and demonstrates respect for diversity in colleagues and clients		
8.	Follows the continuum of supervision, moves the supervisee toward independence effectively, setting goals as needed		
9.	Provides positive coaching when needed		
10.	Is willing and able to change in response to feedback		
11.	Uses self-reflection to improve own supervisory skills		
12.	Discusses the supervisory process with supervisee		
13.	Adheres to evidence-based practice and encourages supervisee to utilize research in practice		
14.	Develops a supportive and trusting learning environment		
15.	Is able to have difficult conversations, when appropriate, regarding supervisee performance		
16.	Is competent in technology needed for practice and clinical education		
17.	Collaborates well with others		
18.	Establishes professional boundaries		
19.	Models professional behavior with students, staff, colleagues, patients, and others		
20.	Facilitates interprofessional practice and team-building when appropriate		
21.	Observes sessions, takes data, reviews paperwork and documentation		
22.	Identifies needs, formulates plans, and develops goals for improvement		
23.	Follows ASHA standards, state regulations, and ASHA Code of Ethics		
24.	Assists supervisee in advocating for themselves, clients, and for the professions		
25.	Uses supervisory conference time effectively and efficiently		

Taken in part from American Speech-Language-Hearing Association. From A Plan for Developing Resources and Training Opportunities in Clinical Supervision [Final report of the ASHA Ad Hoc Committee on Supervision Training], May 2016.