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Clinical Educator Strategies for Using Formative and Summative Feedback

Angela Sterling-Orth, MS, CCC-SLP

Moderated by:
Amy Hansen, MA, CCC-SLP, Managing Editor, SpeechPathology.com



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Clinical Educator Strategies for Using Formative and Summative Feedback

This course is offered in honor of Nancy McKinley

Angie Sterling-Orth, MS, CCC-SLP
Clinical Associate Professor

Director of Clinical Education
University of Wisconsin-Eau Claire



Disclosure

- I am the author of the Guide to Clinical Supervision

Learning Outcomes

After this course, participants will be able to:

- Describe how specific formative feedback strategies are used and matched to the range of clinical educator or mentor responsibilities.
- Describe how specific summative feedback strategies are used and matched to the range of clinical educator or mentor responsibilities.
- Identify at least two processes for clinical supervisors/mentors to use to solicit supervisee/mentee preferences and satisfaction related to the use of feedback.

Clinical Education & Mentoring Overview

- Clinical educator:
 - Direct supervision of a practicum student in training
 - Earning of pre-professional clinical clock hours/experiences
 - Line-of-site relationship
 - Caseload demands remain with the credentialed SLP
 - Higher level of responsibility for providing feedback on a consistent basis

Clinical Education & Mentoring Overview

- Mentor:
 - Formal (or informal) pairing of two professionals
 - Provides guidance, support, and/or feedback on an as-needed or as-requested schedule
 - Two separate caseloads/work-world set of responsibilities
 - Most commonly in the sp/lang world—clinical fellowship year experience

What ISN'T Feedback?

- Clinical education/mentoring includes two primary tactics:
 - Proactive Information
 - Communication— “telling HOW”
 - Demonstration— “showing HOW”
 - Reactive Information
 - Formative feedback
 - Summative feedback

Proactive Information: Communication

1. Preview summaries

“Today we’ll be bringing in a patient with a recent traumatic brain injury and her spouse. We’ll be conducting an intake interview so that we can start to build a partnership with them and facilitate some goal setting.”

2. Explanations through mediation

“When adding our evaluation summary to the online IEP system, we want to make sure we fully describe the standardized test results and always include our authentic assessment summary so that the school psychologist will have both types of reporting to start to formulate an overall summary of findings.”

3. Questioning

“After watching me work with Henry today during social skills group, did you have any questions that would help you plan for his next session?”

(Sterling-Orth, Schraeder, and Courtade 2017)

Proactive Information: Demonstration

1. Direct model
2. Sharing of resources
 - Texts
 - Online videos/DVD resources
 - Manuals
 - Internet sites
 - Evidence-based literature/articles
3. Observation of others

(Sterling-Orth, Schraeder, and Courtade 2017)

Communication & Demonstration Summary

- Show and tell HOW to conduct service delivery or compliance responsibilities
- TEACH the scope of practice
- Precedes expectation for the supervisee to perform
- HEAVY dose of these strategies in clinical education
- Less common in mentoring relationships
- *Communication and demonstration will re-appear during the provision of FEEDBACK*

Reactive Information...FEEDBACK

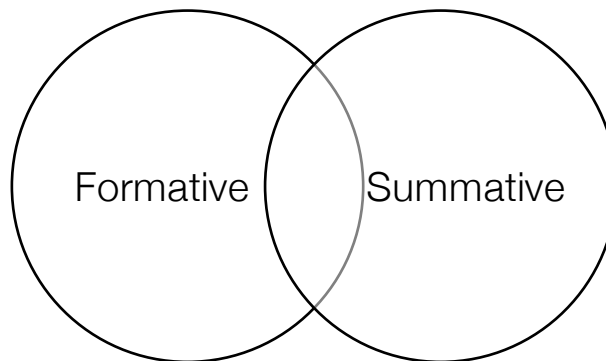
- Given after the supervisee/mentee is expected to PERFORM
- Four **flavors** of feedback:
 1. Approval
 2. Disapproval
 3. Constructive
 4. Self
- Two general **categories** of feedback:
 1. Formative
 2. Summative

(Sterling-Orth, Schraeder, and Courtade 2017)

Flavors of Feedback

1. **Approval**—shows the person being evaluated is accurate/successful
2. **Disapproval**—marks that the person being evaluated has made an error/mistake or is doing something incorrect
3. **Constructive**—identifies something that needs to be done or done differently with more information to change the behavior/performance
4. **Self**—reflections/observations an individual makes of their own performance to confirm success or make change

Formative vs. Summative Feedback



Formative Feedback Overview

- Allows for responsiveness from the supervisee
- Cyclical in nature
- Aimed at either:
 - Continued use of accurate performance—*verification feedback*
 - Increased/changed performance—*elaboration feedback*
- Research documents formative feedback heightens supervisee performance

(Chute, 2007 and Kulhavy & Stock, 1989)

Formative Feedback Guidelines

1. Goal-referenced
2. Tangible and transparent
3. Actionable
4. User-friendly
5. Timely
6. Ongoing
7. Consistent

(Wiggins, 2012)

Goal-referenced

- Relevant/meaningful
- Means goals must be previously established
- Who sets/determines the goals/target skills?
 - Program-mandated?
 - Setting mandated?
 - Individualized to student?
 - Result of previous formative or summative feedback?
 - Other?
- Make sure you are explicit by stating the goals when providing the feedback

continued

Tangible & Transparent

- Objectively identifiable behaviors
- Oftentimes associated with goals set (sometimes related to desirable clinician skills/behaviors not previously targeted in goal-setting)
- Example of non-tangible feedback:
 - *"The group was on-task today. Things were well-run and positive."*
- Restated to be tangible and transparent:
 - *"I could see you using three specific group management techniques to keep things moving smoothly today. You wrote the schedule on the board, you gave a time limit for them to write in their journals, and you reminded them about the reinforcement activity they selected for the end of the session."*

continued

Actionable

- Primes the supervisee for improvement
- Provides the richness/instruction needed to cue correction
- Uses clinical education to provide support
- Non-actionable feedback:
 - *"You talk too fast. The kids can't follow your directions."*
- Actionable feedback:
 - *"Your rate of speech was really rapid today. Next time, jot a reminder to yourself on your lesson plan to go slowly and add some pausing. This will allow the children to have more time to process your directions and be more successful to respond."*

continued

continued

User-Friendly

- Establish and maintain a positive climate
- Monitor amount of feedback to be sure not to overwhelm the supervisee/mentee
- Allow time for questions/follow-up
- Check for understanding
- Avoid a dominating tone, while remaining a voice of authority

continued

Timely

- **Instant feedback:** when it is critical to the delivery of services
- **Delayed feedback:** when it is related to skills that are stylistic or not having an immediate potential negative impact on service delivery
- Pre-establish your plan for timing of feedback (so to not surprise or disappoint supervisee)
- Providing some distance between the clinical moment and the feedback can encourage self-reflection/evaluation

continued

Ongoing

- Make it part of a routine
- Determine a schedule/plan for feedback so it happens

Tips for Fitting in Feedback...

- Dictate notes
- Jot notes on supervisee lesson plans
- Use passing time to give verbal feedback (hallway, car)
- Shared Google doc for dialogue between supervisor/supervisee

Specific Formative Feedback Tools

- Oral feedback
- Written notes

Suggestions for time-saving ways to provide formative feedback (which may also serve summative purposes):

- Rating scales
- Rubrics
- Inventories/checklists

Example Rating Scale

Clinical Observation Feedback Form		
CLINICIAN	DATE	SUPERVISOR
<p>TREATMENT PLANNING</p> <p>Appropriate objective selection <input type="radio"/> consistent <input type="radio"/> emerging <input type="radio"/> absent/concerning</p> <p>Well-matched and motivating activity selection <input type="radio"/> consistent <input type="radio"/> emerging <input type="radio"/> absent/concerning</p> <p>Organized material preparation <input type="radio"/> consistent <input type="radio"/> emerging <input type="radio"/> absent/concerning</p>		
<p>INTERVENTION STRATEGIES</p> <p>Provides appropriate instruction/clear direction <input type="radio"/> consistent <input type="radio"/> emerging <input type="radio"/> absent/concerning</p> <p>Elicits targets/objective practice <input type="radio"/> consistent <input type="radio"/> emerging <input type="radio"/> absent/concerning</p> <p>Uses ZPD to scaffold instruction and elicitation <input type="radio"/> consistent <input type="radio"/> emerging <input type="radio"/> absent/concerning</p> <p>Mediates learning <input type="radio"/> consistent <input type="radio"/> emerging <input type="radio"/> absent/concerning</p>		

Example Rubric

DISPOSITIONS	0	1	2	3
		UNDERSTANDING	INDEPENDENT USE	COLLABORATIVE USE
1 HAS A NEED FOR SHARED UNDERSTANDING	Chooses to do most tasks independently	<ul style="list-style-type: none"> Asks relevant questions of "safe" person Compromises, or asks others to do so, to complete tasks 	<ul style="list-style-type: none"> Asks clarifying questions for self Paraphrases for personal clarification Cooperates when working with others 	<ul style="list-style-type: none"> Asks clarifying questions for self and/or group needs Solicits responding from all parties Paraphrases for better self and group understanding Redirects counter-productive participation Demonstrates active listening during collaborations
2 HAS A NEED TO BE CONSTANTLY SEEKING NEW SOLUTIONS	Does not try to change what has already been done "good enough"	<ul style="list-style-type: none"> Describes situations and solutions from multiple perspectives Articulates potential barriers to situations Lists people who may be potential resources for tasks 	<ul style="list-style-type: none"> Describes current condition Tells why change might be necessary Independently finds resources to support change Defers judgement in order to come up with unique and workable solutions 	<ul style="list-style-type: none"> Seeks input from and works with others to describe current condition Works with others to determine need for change Considers other's ideas and perspectives to generate possible solutions and meet multiple needs
3 ACCEPTS RESPONSIBILITY FOR SELF AND TAKES ON RESPONSIBILITY FOR OTHERS	Blames others and circumstances when problems occur	<ul style="list-style-type: none"> Lists possible personal responsibilities Articulates the responsibilities of others 	<ul style="list-style-type: none"> Accepts responsibility for tasks when asked to do so Assists with meeting the needs of others when within own control 	<ul style="list-style-type: none"> Accepts and seeks out responsibility for tasks Advocates for other's needs, regardless of personal beliefs/needs

Example Checklist

Nonverbal Checklist

Clinician _____ Supervisor _____
Date _____

Every 5-10 seconds, observer looks at clinician and indicated the non-verbal behavior that is occurring. These behaviors are indicated by tally marks. Periodically the time is noted.

Smiling	
Laughing	
Frowning	
Eye Contact	
Staring	
Extraneous movement	
Fumbling for materials not readily available	
Nodding	
Shaking head no	

Summative Feedback

- Evaluative
- Results in a rating (usually either pass/fail or letter grade)
- Less-frequent (compared to formative feedback and clinical instruction tools)
- Concise and specific
- Synthesis of a collection of target skills/behaviors

Tools/Mechanisms for Summative Feedback

- Rating scales/rubrics —
 - Combination of formative and summative purpose
 - See previous examples
- Pass/fail or letter grade
 - Typhon software
 - CALIPSO
 - Other?

Example of CALIPSO Summative Tool

Performance Rating Scale

- 1 **Not evident:** Skill not evident most of the time. Student requires direct instruction to modify behavior and is unaware of need to change. Supervisor must model behavior and implement the skill required for client to receive optimal care. Supervisor provides numerous instructions and frequent modeling (skill is present <25% of the time).
- 2 **Emerging:** Skill is emerging, but is inconsistent or inadequate. Student shows awareness of need to change behavior with supervisor input. Supervisor frequently provides instructions and support for all aspects of case management and services (skill is present 26-50% of the time).
- 3 **Present:** Skill is present and needs further development, refinement or consistency. Student is aware of need to modify behavior, but does not do this independently. Supervisor provides on-going monitoring and feedback; focuses on increasing student's critical thinking on how/when to improve skill (skill is present 51-75% of the time).
- 4 **Adequate:** Skill is developed/implemented most of the time and needs continued refinement or consistency. Student is aware and can modify behavior in-session, and can self-evaluate. Problem-solving is independent. Supervisor acts as a collaborator to plan and suggest possible alternatives (skill is present 76-90% of the time).
- 5 **Consistent:** Skill is consistent and well developed. Student can modify own behavior as needed and is an independent problem-solver. Student can maintain skills with other clients, and in other settings, when appropriate. Supervisor serves as consultant in areas where student has less experience; Provides guidance on ideas initiated by student (skill is present >90% of the time).

continued

* If n/a, please leave space blank

Evaluation skills	Speech Sound Production?	Fluency?	Voice?	Language?	Hearing?	Swallowing?	Cognition?	Social Aspects?	Communication Modalities?
Refer to Performance Rating Scale above and place number corresponding to skill level in every observed box.									
1. Conducts screening and prevention procedures (std IV-D, std V-B, 1a).									
2. Performs chart review and collects case history from interviewing patient and/or relevant others (std V-B, 1b).									
3. Selects appropriate evaluation instruments/procedures (std V-B, 1c).							3.00		
4. Administers and scores diagnostic tests correctly (std V-B, 1c).									
5. Adapts evaluation procedures to meet patient needs (std V-B, 1d).			3.00			3.00	3.00		
6. Possesses knowledge of etiologies and characteristics for each communication and swallowing disorder (std IV-C).			3.00			3.00	3.00		
7. Interprets and formulates diagnosis from test results, history, and other behavioral observations (std V-B, 1e).							3.00		
8. Makes appropriate recommendations for intervention (std V-B, 1e).			3.00			3.00			
9. Completes administrative functions and documentation necessary to support evaluation (std V-B, 1f).									

continued

Treatment skills	Speech Sound Production?	Fluency?	Voice?	Language?	Hearing?	Swallowing?	Cognition?	Social Aspects?	Communication Modalities?
Refer to Performance Rating Scale above and place number corresponding to skill level in every observed box.									
1. Develops appropriate treatment plans with measurable and achievable goals. Collaborates with clients/patients and relevant others in the planning process. (std V-B, 2a).			3.00			3.00			
2. Implements treatment plans (std V-B, 2b).			3.00			3.00	3.00		
3. Selects and uses appropriate materials/instrumentation (std V-B, 2c).			3.00			3.00	3.00		
4. Sequences task to meet objectives.						3.00	3.00		
5. Provides appropriate introduction/explanation of tasks.			3.00			3.00	3.00		
6. Measures and evaluates patients' performance and progress (std V-B, 2d).			3.00			3.00	3.00		
7. Uses appropriate models, prompts, or cues. Allows time for patient response.			3.00			4.00	4.00		
8. Adapts treatment session to meet individual patient needs (std V-B, 2e).			3.00			4.00	4.00		
9. Completes administrative functions and documentation necessary to support treatment (std V-B, 2f).						3.00	3.00		
10. Identifies and refers patients for services as appropriate (std V-B, 2g). ?									

continued

Dispositional Skills	Score
1. Possesses foundation for basic human communication and swallowing processes (std IV-B).	4.00
2. Possesses the knowledge to integrate research principles into evidence-based clinical practice (std IV-F).	3.00
3. Possesses knowledge of contemporary professional issues and advocacy (std IV-G).	3.00
4. Communicates effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the patient, family, caregiver, and relevant others (std V-B, 3a).	4.00
5. Establishes rapport and shows sensitivity to the needs of the patient.	4.00
6. Uses appropriate rate, pitch, and volume when interacting with patients or others.	4.00
7. Provides counseling and supportive guidance regarding communication and swallowing disorders to patients, family, caregivers, and relevant others (std V-B, 3c).	3.00
8. Collaborates with other professionals in case management (std V-B, 3b).	3.00
9. Displays effective oral communication with patient, family, or other professionals (std IV-B).	4.00
10. Displays effective written communication for all professional correspondence (std V-A).	3.00
11. Adheres to the ASHA Code of Ethics and conducts him or herself in a professional, ethical manner (std IV-E, V-B, 3d).	5.00
12. Assumes a professional level of responsibility and initiative in completing all requirements.	4.00
13. Demonstrates openness and responsiveness to clinical supervision and suggestions.	5.00
14. Personal appearance is professional and appropriate for the clinical setting.	5.00
15. Displays organization and preparedness for all clinical sessions.	5.00
Total number of items scored: <u>15</u> Total number of points: <u>59</u> Section Average: <u>3.93</u>	

Improvements Since Last Evaluation: N/A
Strengths/Weaknesses: Racheal has the following strengths: excellent initiative, easily builds rapport with patient/family, good treatment ideas for cognitive-linguistic patients, eager to begin treating, good communication with support staff i.e. nursing. Racheal has no weaknesses noted at this time other than needing more experience and learning opportunities.
Recommendations for Improving Weaknesses: Variety of experience and learning opportunities.
Student Goals: SOAR note proficiency, evaluation techniques, and goal generation, d/c planning

Tips for Grading Clinical Performance

- Review summative tool with supervisee at the **START** of the experience (orientate both of you to the expectations and the rating scale levels)
- Conduct a mid-term summative evaluation and set clear goals for the 2nd half of the practicum experience
- Partner with the university program for advice/assistance with use of summative feedback protocol/tools

Total points (all sections included): 165 Adjustment: 0.0
 divided by total number of items 49
 Evaluation score: 3.37
 Letter grade B+

Summative Feedback in Mentoring Relationships (CFY)

CFY Inventory and Rating Scale

When rating each item, consider the following:

- **Accuracy**—the degree to which the clinical fellow performs a skill without error
- **Consistency**—the degree to which the clinical fellow performs a skill at the same level of proficiency across cases
- **Independence**—the degree to which the clinical fellow performs a skill in a self-directed manner
- **Supervisory Guidance**—the degree to which the clinical fellow seeks consultations when needed

Evaluation Skills

1. Implements screening procedures.

RATING	DESCRIPTOR
<input type="checkbox"/> 5	CF independently and accurately matches and/or adapts screening procedures to all populations, selects appropriate screening criteria, administers and scores screening instrument(s) efficiently, interprets results, and makes appropriate recommendations. CF seeks supervisory guidance if needed.
<input type="checkbox"/> 4	
<input type="checkbox"/> 3	CF independently and accurately matches and/or adapts screening procedures to most populations, selects appropriate screening criteria, administers and scores screening instrument(s), interprets results, and makes appropriate recommendations. CF usually seeks supervisory guidance when needed.
<input type="checkbox"/> 2	
<input type="checkbox"/> 1	CF requires supervisory guidance to accurately match and/or adapt screening procedures to populations and to select appropriate screening criteria. CF may demonstrate difficulty in administering and scoring screening instrument(s), and/or interpreting results, and making appropriate recommendations. CF does not seek supervisory guidance when needed.

Treatment Skills

6. Develops and implements specific, reasonable, and necessary treatment plans.

RATING	DESCRIPTOR
<input type="checkbox"/> 5	CF independently and accurately establishes a treatment plan appropriate for the client. CF consistently develops specific and reasonable treatment plans that include long-term goals and measurable short-term objectives which reflect appropriate learning sequence, identifies the most appropriate settings for service, explores all alternative service delivery options, and effectively implements plans. CF seeks supervisory guidance if needed.
<input type="checkbox"/> 4	
<input type="checkbox"/> 3	In most situations, CF independently and accurately establishes treatment plans appropriate for the client. The treatment plan includes long-term goals and measurable short-term objectives, which usually reflect a logical sequencing of learning steps. CF generally identifies the need to explore alternative service delivery options, but may need help in selecting the most appropriate options. CF can effectively implement planned procedures. CF usually seeks supervisory guidance when needed.
<input type="checkbox"/> 2	
<input type="checkbox"/> 1	CF requires supervisory guidance to accurately develop a treatment plan appropriate for the client. The treatment plan may include adequate long-term goals, but objectives are not measurable and/or do not reflect logical sequencing of learning steps. CF cannot identify appropriate service delivery options and, even with guidance, may not effectively implement treatment plans. CF does not seek supervisory guidance when needed.

Management Skills

*11. Schedules and prioritizes direct and indirect service activities, maintains client records, and documents professional contacts and clinical reports in a timely manner.

RATING	DESCRIPTOR
<input type="checkbox"/> 5	CF independently and consistently prioritizes activities, schedules client contacts and meetings, maintains client records accurately, and makes and documents professional contacts in a timely manner. CF seeks supervisory guidance if needed.
<input type="checkbox"/> 4	
<input type="checkbox"/> 3	CF independently prioritizes most activities, consistently schedules client contacts and meetings, maintains client records accurately, and usually makes and documents professional contacts in a timely manner. CF usually seeks supervisory guidance when needed.
<input type="checkbox"/> 2	
<input type="checkbox"/> 1	CF requires supervisory guidance to prioritize activities, schedule client contacts and meetings, maintain client records, and make professional contacts in a timely manner. CF does not seek supervisory guidance when needed.

Interaction Skills

*14. Demonstrates communication skills (including listening, speaking, nonverbal communication, and writing) that take into consideration the communication needs as well as the cultural values of the client, the family, caregivers, significant others, and other professionals.

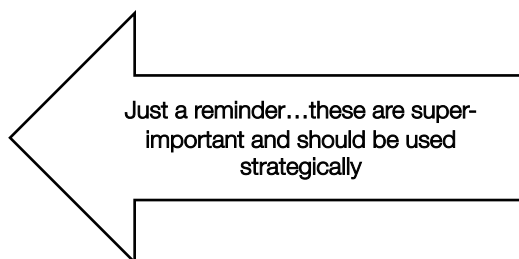
RATING	DESCRIPTOR
<input type="checkbox"/> 5	CF independently presents information accurately, clearly, logically, and concisely. Oral communications, written reports, and letters are always appropriate for the needs of the audience. CF uses terminology and phrasing consistent with the semantic competency of the audience and includes accurate and complete information, listens carefully to clients and others, takes initiative in providing appropriate clarifications when needed, and demonstrates appropriate nonverbal communication style. CF seeks supervisory guidance if needed.
<input type="checkbox"/> 4	
<input type="checkbox"/> 3	CF usually presents information clearly, logically, and concisely. Oral communications, written reports, and letters are appropriate in most situations in that terminology and phrasing are consistent with the semantic competency of the audience. CF includes information that is accurate and/or complete. Listens to clients and others but may have difficulty providing appropriate clarification when needed. CF acknowledges the impact of own nonverbal communication style but may have difficulty demonstrating this consistently. CF usually seeks supervisory guidance when needed.
<input type="checkbox"/> 2	
<input type="checkbox"/> 1	CF does not present information clearly, logically, and concisely. Oral communication, written reports, and letters are inappropriate for the needs of the audience. CF uses terminology and phrasing inconsistent with the semantic competency of the audience and includes information that is inaccurate and/or incomplete. Does not listen carefully to clients and others and fails to provide appropriate clarification when needed. CF demonstrates inappropriate nonverbal communication style. CF does not seek supervisory guidance when needed.

Potential Challenges Providing Summative Feedback to Mentees

- **Workload demands:**
 - *Solution: Schedule time for mentorship responsibilities*
- **Conflicts of interest:**
 - *Solution: Refrain from dual-roles during mentorship period and/or be mindful of keeping roles separated using professionalism practices*
- **Professional disagreements/differences:**
 - *Solution: Separate stylistic differences from evidence-based practices and engage in meaningful information-sharing with mentee*

Essential Communication Skills for Providing Feedback

- Active Listening
- I-Statements
- Questioning
- Paraphrasing
- Mirroring
- Nonverbal Behaviors



In Summary...

Table 4.1. Comparison of Reactive Feedback Types

Formative Feedback	Summative Feedback
Specific, actionable, and customized to ongoing situations	Synthesis of a collection of past contexts
Related to measurable goals and behaviors being modified	Related to a rating of overall performance
Process-oriented	Outcome-based
Rich and informative	Concise and comparative
Diagnostic	Evaluative
Detailed, suggestive, comprehensive, tangible, and transparent	Succinct, direct, and unambiguous
Confidential, user-friendly, and personal	Public (i.e., shared with program)
Low-stakes	High-stakes
Has crucial timing	Has rigid timing
Is used consistently and often	Is used consistently and infrequently

From: Sterling-Orth, Schraeder, and Courtade 2017

Establish an Overall PLAN for Feedback

1. Clarify what target performance is and looks like (i.e., make expectations clear, do PROACTIVE information sharing)
2. Facilitate self-assessment
3. Deliver high-quality, specific feedback (mostly FORMATIVE in nature)
4. Encourage supervisor-supervisee dialogue
5. Encourage positive motivation and self-esteem (use of those effective communication skills)
6. Provide opportunities for continued practice
7. Use feedback related to the supervision (supervisor evaluation)

(Nicol and Macfarlane-Dick, 2006)

Final Thought...

- Supervisor as “clinician” and supervisee as “client” — we would NEVER provide clinical service-delivery without a heavy dose of the appropriate type of feedback, strategically placed working towards established goals/target behaviors
- Consider the strategic use of feedback in mentorship relationships and how to implement feedback while respecting roles and maintaining collegial relationships
- Embrace the role of supervisor/mentor and always make a place for self-evaluation (give self FEEDBACK)

Thank you for your time!

Any questions?

References

- Chute, M. (2007). Efforts in leadership and succession planning, large and small. *IFLA Publications*, 126, 85.
- Kulhavy, R., and Stock, W. (1989). Feedback in written instruction: The place of response certitude. *Educational Psychology Review*, 1(4), 279-308.
- Mory, E. (2004). Feedback research revisited. *Handbook of Research on Educational Communications and Technology*, 2, 745-783.
- Nicol, D., and Macfarlane-Dick, D. (2006). Formative assessment and self-regulated learning: A model and seven principles of good feedback practice. *Studies in Higher Education*, 31(2), 199-218.
- Sterling-Orth, A., Schraeder, T., and Courtrade, G. (2017). *Guide to clinical supervision*. Chippewa Falls, WI: The Cognitive Press.
- Wiggins, G. (2012). Seven keys to effective feedback. *Educational Leadership*, 70(1), 11-16.