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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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- Two opportunities to pass the exam

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

- **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

(Stirling-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

(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

(Sterling-Orth, Schraeder, and Courtade 2017)
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

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
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.”

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.”
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

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
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

<table>
<thead>
<tr>
<th>COUNCIL</th>
<th>DATE</th>
<th>SUPERVISOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>TREATMENT PLANNING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriate objective selection</td>
<td>consistent</td>
<td>emerging</td>
</tr>
<tr>
<td>Well-matched and motivating activity selection</td>
<td>consistent</td>
<td>emerging</td>
</tr>
<tr>
<td>Organized material preparation</td>
<td>consistent</td>
<td>emerging</td>
</tr>
</tbody>
</table>

| INTERVENTION STRATEGIES | | |
| Provides appropriate instruction/clear direction | consistent | emerging | absent/concerning |
| Elicits targets/objective practice | consistent | emerging | absent/concerning |
| Uses 2PD to scaffold instruction and elicitation | consistent | emerging | absent/concerning |
| Mediates learning | consistent | emerging | absent/concerning |

Example Rubric

<table>
<thead>
<tr>
<th>DEFINITION</th>
<th>0</th>
<th>1 UNDERSTANDING</th>
<th>2 INDEPENDENCE</th>
<th>3 COLLABORATIVE USE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 HAS A NEED FOR SHARED UNDERSTANDING</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chooses to perform tasks independently</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional questions of &quot;why&quot;?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compares, creates, or asks others to do so, to complete tasks</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 2 HAS A NEED TO BE CONSTANTLY SEEKING NEW SOLUTIONS | | | | |
| Does not try to change what has already been determined | | | | |
| Describes situations and outcomes from multiple perspectives | | | | |
| Articulates potential barriers to solutions | | | | |
| Lists people who may be potential solutions for tasks | | | | |

| 3 ACCEPTS RESPONSIBILITY FOR SELF AND TAKES ON RESPONSIBILITY FOR OTHERS | | | | |
| Respects others and circumstances when problems arise | | | | |
| Lists possible personal responsibilities | | | | |
| Activates personal responsibility of others | | | | |
| Accepts responsibility for tasks when asked to do so | | | | |
| Assists with meeting the needs of others when within one’s control | | | | |

| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

Contacted and works well with others to describe current conditions | | | | |
| Works with others to determine next steps for change | | | | |
| Discusses other’s ideas and perspectives to generate possible solutions and more meaningful proposals | | | | |
Example Checklist

Nonverbal Checklist

Clinician__________________________________ Supervisor__________________________________
Date_____________________________________

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

<table>
<thead>
<tr>
<th>Smiling</th>
<th>Laughing</th>
<th>Freezing</th>
<th>Eye Contact</th>
<th>Staring</th>
<th>Extraneous movement</th>
<th>Fumbling for materials not readily available</th>
<th>Nodding</th>
<th>Shaking head</th>
<th>No</th>
</tr>
</thead>
</table>

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 needs to behavior and implement the skill required for client to receive optimal care. Supervisor provides numerous instructions and frequent modeling (skill is present <5% of the time).

2. Emerging: Skill is emerging, but 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 5-60% 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 ongoing monitoring and feedback, focused on increasing student's critical thinking on how to improve skill (skill is present 61-75% of the time).

4. Adequate: Skill is developed/implemented most of the time and needs continued refinement or consistency. Student is aware and own modified behavior independently and self-evaluates. Problem-solving is independent. Supervisor acts as a collaborator to plan and suggest possible alternatives (skill is present 76-85% 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 work with other clients, and in other settings when appropriate. Supervisor serves as consultant in areas where student has less experience. Provides guidance on issues initiated by student (skill is present >85% of the time).
### Evaluation Skills

<table>
<thead>
<tr>
<th>Speech Sound Production</th>
<th>Auditory Verbal</th>
<th>Auditory Sequential</th>
<th>Visual</th>
<th>Language</th>
<th>Reading</th>
<th>Writing</th>
<th>Cognitive</th>
<th>Social Communication Attributes</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>If n/a, please leave blank:</em></td>
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<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

1. Conducts screening and prevention procedures (std V-B, 1d).

2. Performs chart review and collects case history from interviewing patient and/or relevant others (std V-B, 1c).

3. Seeks appropriate evaluation instruments/procedures (std V-B, 1c).

4. Administers and scores diagnostic tests correctly (std V-B, 1c).

5. Adapts evaluation procedures to meet patient needs (std V-B, 1c).

6. Possesses knowledge of etiologies and characteristics for each communication and swallowing disorder (std V-B, 1c).

7. Interprets and formulates diagnosis from test results, history, and other behavioral observations (std V-B, 1c).

8. Makes appropriate recommendations for interventions (std V-B, 1c).

9. Completes administrative functions and documentation necessary to support evaluation (std V-B, 1c).

### Treatment Skills

<table>
<thead>
<tr>
<th>Speech Sound Production</th>
<th>Auditory Verbal</th>
<th>Auditory Sequential</th>
<th>Visual</th>
<th>Language</th>
<th>Reading</th>
<th>Writing</th>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Develops appropriate treatment plans with measurable and achievable goals. Collaborates with patients, clients, and relevant others in planning process (std V-B, 2c).

2. Implements treatment plans (std V-B, 2c).

3. Selects and uses appropriate materials/instrumentation (std V-B, 2c).

4. Sequences tasks to meet treatment objectives (std V-B, 2c).

5. Provides appropriate feedback to patients and progress (std V-B, 2c).

6. Measures and evaluates patients' performance and progress (std V-B, 2c).

7. Uses appropriate models, prompts, or cues. Allows time for patient response (std V-B, 2c).

8. Adapts treatment session to meet individual patient needs (std V-B, 2c).

9. Completes administrative functions and documentation necessary to support treatment (std V-B, 2c).

10. Identifies and refers patients for services as appropriate (std V-B, 2c).
### Dispositional Skills

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

Total number of items scored: 15
Total number of points: 50
Section Average: 3.33

### Improvements Since Last Evaluation:

N/A

### Strengths/Weaknesses:

Strengths:
- Excellent initiative
- Establishes rapport with patient/family
- Great teamwork and conflict resolution
- Quick to learn new material
- Problem-solving in supportive environment
- able to work well with others
- Eager to learn new concepts

Weaknesses:
- Limited experience with older adults
- May struggle with technical aspects initially
- Needs to work on public speaking

### Recommendations for Improving Weaknesses:

- More opportunities to work with older adults
- ENHANCE public speaking skills

### Student Goals:

- Enhance note taking and oral presentation
- Enhance public speaking skills
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): 166 Adjustment: 0.0

divided by total number of items 49
Evaluation score: 3.37
Letter grade B+
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.**

<table>
<thead>
<tr>
<th>RATING</th>
<th>DESCRIPTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 5</td>
<td>CF independently and accurately matches and/or adopts 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.</td>
</tr>
<tr>
<td>□ 4</td>
<td>CF independently and accurately matches and/or adopts 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.</td>
</tr>
<tr>
<td>□ 3</td>
<td>CF requires supervisory guidance to accurately match and/or adopt 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.</td>
</tr>
<tr>
<td>□ 2</td>
<td>CF requires supervisory guidance to accurately match and/or adopt 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.</td>
</tr>
<tr>
<td>□ 1</td>
<td>CF requires supervisory guidance to accurately match and/or adopt 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.</td>
</tr>
</tbody>
</table>
### Treatment Skills

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

<table>
<thead>
<tr>
<th>RATING</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 5</td>
<td>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.</td>
</tr>
<tr>
<td>□ 4</td>
<td>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, but usually seeks supervisory guidance when needed.</td>
</tr>
<tr>
<td>□ 3</td>
<td>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.</td>
</tr>
<tr>
<td>□ 2</td>
<td></td>
</tr>
<tr>
<td>□ 1</td>
<td></td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>RATING</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 5</td>
<td>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.</td>
</tr>
<tr>
<td>□ 4</td>
<td>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.</td>
</tr>
<tr>
<td>□ 3</td>
<td></td>
</tr>
<tr>
<td>□ 2</td>
<td></td>
</tr>
<tr>
<td>□ 1</td>
<td>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.</td>
</tr>
</tbody>
</table>
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

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

From: Sterling-Orth, Schroeder, 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