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Clinical Educator Strategies for Using Formative and Summative Feedback

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- [Amy] And at this time, it is a pleasure to introduce Angie Sterling-Orth this afternoon, who is presenting Clinical Educator Strategies for Using Formative and Summative Feedback. And this course is being offered in honor of Nancy McKinley. Oops. And Angie Sterling-Orth is a clinical associate professor at the University of Wisconsin-Eau Claire in communication sciences and disorders. She teaches coursework in fluency disorders, clinical methods, and clinical supervision. Her administrative role includes oversight of the clinical education program of the part-time students, graduate students, at the University of Wisconsin-Eau Claire. So welcome, Angie. Thank you so much for joining us today.

- [Angie] Thanks. Oh, gosh, I've been sitting silent for 30 minutes now, so my voice is a little creaky. Thank you, Amy. And thank you, SpeechPathology.com, for inviting me to do this. It's always an honor for me to do anything in the name of Nancy McKinley, who happened to be my CFY mentor over 25 years ago. And so it's a pleasure to speak in her honor and on this topic. Because she is where I established my beginning skills in this area. And I will say that the title for today's program should be, I should have adjusted it a little bit. It's really clinical educator and mentorship strategies for using formative and summative feedback. And so I've really, over the past couple of years, started to thread more information-sharing into the instruction I'm doing on clinical education to include mentorship, because that's an important role that's often overlooked. So again, welcome to all of you. Good morning or good afternoon, depending on where you are. I know some of you are having an extended lunch to hear this topic today. Many of you are probably looking to get in some of those CEUs before hosting practicum students or mentoring a CF this coming year and beyond, and I'm really excited. I do have one disclosure to mention at the start of the program. And that is that I am a coauthor of the "Guide to Clinical Supervision." And it's a text that includes a wealth of information about supervision and mentorship styles, strategies, models, and procedures, much bigger than the topic we're gonna have here today. But

I still want to make sure that's transparent from the start. Some of the resources that I've pulled to share with you today are from that guide. And while this program is not designed to be a sales pitch for that, I wanted to make sure that that was transparent from the beginning. But that's my only disclosure today. As I think is important from the start per ASHA requirements, I'm gonna go ahead and bore you with a verbatim reading of the learning outcomes for today. So after today, our goal really is for you to be able to describe how specific formative feedback strategies are used and matched to the range of clinical educator and mentor responsibilities. In addition, to describe how specific summative feedback strategies are used and matched to that range of clinical educator and mentor responsibilities. So as I mentioned when I corrected the title for you at the beginning, this really includes clinical educator as well as mentorship.

And then thirdly, identify at least two processes that supervisors and mentors can use to solicit supervisee or mentee preferences and satisfaction related to use of feedback, so really closing that feedback loop. I'm gonna pause for one second. And I'm seeing I should unplug my mic and plug it back in to see if we get a better connection. So I'm gonna do that. Okay, so I have tried sort of rebooting my mic, and hopefully, someone can let me know if that has been an improvement. I do apologize for that disruption. All right, looks like it sounds good. And so I'm gonna keep on going. I will say that, typically, when I present on clinical education, and more recently, on mentoring, it's a much more overview presentation, a general sort of peak into lots of different areas, supervisor dispositions, styles of supervision, models of supervision or mentoring. And when given the opportunity to put a lens on a specific area of supervision and mentoring, this is the one I chose. This is the one that I think that is most critical. This is the one, if missing from the model, clinical education is not happening. And so I think it is valuable to spend a specific amount of time, a bigger amount of time on this aspect of clinical education and look at how it works in mentorship, too. Oftentimes, if I'm presenting two or six hours on supervision, this particular piece of it might get tucked

into a 15-minute mention, or maybe a 45-minute mention. And I think there are more dimensions to it than that. And I think, I'm excited that so many people wanted to sit today and put a lens on this aspect of clinical education and mentoring. So at the start, I would like to look a little bit at the differentiation between clinical education and mentoring. But I think formative and summative feedback fit differently into these two different roles. And so an overview of clinical educator, you know, this is that thing, some of you have already done this before.

Maybe many of you have done this already, that direct supervision of that student in training. So those individuals who are earning those clinical clock hours, it's often a line-of-sight relationship. The important dimension here that makes it different from mentorship is that the roles and responsibilities of service delivery, those caseload demands remain with the credentialed SLP and not with the supervisee. Yes, we put them in a position to practice in pretend. We make that practice in pretend as high-stakes and relevant and real as possible, but we all know that by saying yes to being a clinical educator, that we still hold the responsibility for the service delivery, the caseload demands.

And in the clinical educator role, there's a higher level of responsibility for providing feedback on a consistent basis as compared to the mentor role. And it's always hard for me to reach out to folks and ask them to be clinical educators. Because I know that they're already busy with those caseload demands. And there's a flurry of activity in your day, even when a practicum student is with you. And so your focus is on your caseload. And it's easy to set aside the expectations of formative and summative feedback, because your focus is on your caseload. That's your primary responsibility. The truth about being a clinical educator is that you end up saying yes to a dual role, two primary responsibilities, serving your caseload as well as being the clinical educator giving the formative and summative feedback to the practicum student, to the supervisee. And so I never take it for granted, or it's never lost on me that that's a big

ask. And not only are you folks often, depending on who you are and where you are at in readiness to take a practicum student, doing that, but you're also taking time out of your schedule to learn more about how to do that, and some tips and strategies for doing that. So it's a big deal. And I think it is lost on others. It's lost on some of our stakeholders, some of our administrators, some of our colleagues who don't step into the role of clinical educator. Some of our related professional colleagues in our areas where we're working might not always notice or realize, some of the people in our family circle and friends circle, might not see, but that's a big deal.

And so I hope today, through the information that I'll share, that you'll learn some time-saving tips, too. So let's look for a minute here at how that's different from being a mentor. The mentorship relationship can be formal or informal. And it's gonna be two professionals that are in this relationship. And it's that relationship of support or guidance or feedback. It can be any or all of those things. It can be scheduled or on an as-needed basis. The key difference here between mentorship and clinical education is that we have two separate caseloads here, or two different work world sets of responsibilities. The mentor may not have their own caseload, but they may have administrative duties in an agency where they're managing schedules of all of the different therapists, for example. So we have two different sets of work world responsibilities.

I think it's quite uncommon, and if you're in a position like this, you're blessed, quite uncommon for an agency or an organization to have a person whose position is to be the mentor to the collection of professionals providing the service delivery to the caseloads. Sometimes part of an administrative role position is carved out to do that mentorship, which is fantastic. And I think that's when we oftentimes see it done at the highest level, hopefully, when someone's given workload release time for doing that. But that's quite the exception rather than the real world. So what we know about mentorship is we most commonly see it in that clinical fellowship year experience. And

I think that it's really important to acknowledge that there is the risk that the SLP mentor fails at the responsibility that comes along with this role when people aren't acknowledging, not the mentor, but people who are putting that person in that position as the mentor, that there's a specific set of responsibilities that comes along with that role. And so that's why I wanted to include it in the conversation today. So where does feedback fit? We're gonna thread that in as we talk about formative and summative feedback today. And informal mentorship experiences, so a colleague asking you to help them learn a new technique or research a specific topic or help you with a new aspect to their caseload, some new types of clients they're working with in an informal way. Feedback may not belong at all, unless the mentee is soliciting it.

It could be that the mentor is just going to do more information sharing, offer support, that sort of thing. But in a more formal mentorship relationship, in particular, the clinical fellowship year, the expectation of the association is that there is formative and summative feedback that is part of that responsibility. And so we'll talk through what that looks like specifically, but keeping in mind that, in mentorship, we could either have a nice dose of expectation of formative and summative feedback, or maybe no expectation of it. Before we talk about what feedback is, we're gonna talk about what it isn't. And this is my sneak attack, my way of sneaking in some additional information about clinical information here.

Because I see that clinical education and mentoring really have two primary tactics, the proactive and the reactive. And so the proactive, which is that information that is done before we obligate performance from a practicum student or a mentee, is the communication, the telling how they should do things, and then the demonstration, showing them how to do things. If these two things are missing from a clinical education model, clinical education is not happening. And so there's a high level of expectation for proactive information to be coming from the clinical educator and being bestowed upon and shared with the clinical student. We could have mentoring

happening in the absence of proactive information. That communication and demonstration may not be necessary. It may not be obligated in that formal or informal mentorship experience. I would say it often is, but it's not obligatory in all situations of mentorship. The reactive information is what we're gonna spend more of our time talking about today. Before we do that, I wanna look at the proactive information a little bit deeper. But if the reactive information is missing, it certainly will not be clinical education, but it could be mentoring. You could be in an informal mentoring relationship, partnership, where no feedback from the mentor is expected to be given to the mentee. So let's drill down into this proactive information, the communication and demonstration, just a little bit more. It sounds really self-explanatory, and it's it sounds like it's not part of our topic today, but really, the communication and demonstration techniques end up becoming a really strong basis of the formative feedback that we're going to need to be giving.

So I'm going to be hearkening back to these two. So I wanna spend a little bit more time on them. And so with the proactive, we have, like I said, communication and demonstration. So communication, one slide here for communication strategies. And this, again, reminding us all that this is what we do before the student, before the mentee, the supervisee, before we ask them or expect them to perform, or before we obligate their action. And this order is important. It's not uncommon for me to hear tales back from the trenches that a practicum student has felt, either accurately or inaccurately, that they've been obligated to perform without being shown how to do something, told how to do something. And so I mentioned this earlier, that we get busy with service delivery to our caseload. And so the expectation to be that model, to do those explanations to the practicum student can sometimes get set aside. So I've summarized just sort of in three quickie sorts of ways to think about, three strategies to provide this proactive information through our communication, through these three, so the first one being preview summaries. And the example that I have here of a preview summary: "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," so that foreshadowing about what's going to happen. The next one that I mention here is explanations through mediation. And this example that I've got: "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." When I was reviewing my slides a couple of days ago, I realized both of my examples here for the preview summary and the explanations through mediation really are explanations through mediation, because it's just my muscle memory. It's just my set point to include that ever-important so that. So we have the so that in the preview summary.

But preview summary could just be that today we'll be bringing in a patient with a recent traumatic brain injury and her spouse, and conducting an intake interview. That, as a standalone, is absolutely a preview summary. My reflex is to put the so that on it to make it mediated. And that's just a habit that I've gotten into, as a clinical educator, that I think is value added. It's something I think that, oftentimes, is happening very naturally with all of you out working in your settings and delivery and services to your caseload, but a reminder that that's what you're doing when you do that, is sharing that proactive information through communication.

And then thirdly, the questioning, so the example here: "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?" So that level of questioning that we'll move to when we're at a place where the preview summary or the explanation through mediation is a little bit too much supervision, too much information, we're ready to pull some of that back in expectation for the practicum student to be contributing that on their own. And so we need to have a range of strategies in our communication strategy collection as

clinical educators. And again, reminding us all that we're gonna come back to these suggestions as we look at formative feedback, because we'll be using those for that purpose. But then, before we move into formative, that proactive information, that is through our demonstration. Again, this precedes having the mentee or the supervisee act or perform or do something. And three different examples here: the direct model, and this is much more likely to be the demonstration happening in the clinical education model rather than in the mentorship situation, but that's exactly what you know it to be. It's them getting to just watch you do things. And so it's quite common for that practicum student to spend that first day or first week simply watching the direct model in action, and very important that that's happening so that they can see how their textbook knowledge, their academic coursework is transitioning out into clinical application. Another way that we can be doing it, which is a little less intense, and a little less hand-over-hand, is sharing of resources. This is quite common in both clinical education and in mentorship models.

So the sharing of texts and manuals, brochures, links to online how-to videos and research and literature, all of those things are demonstration of how things can or should be done, and really powerful aspect of both clinical education and mentorship. And then thirdly, observation of others, and this could be a tactic that we use either in clinical education or mentorship, where we know that what that supervisee or mentee needs to see or be watching happen is what that patient's PT sessions are looking like, or seeing that child in the classroom rather than just in the therapy room. So we might need to use having them observe others do things. Or maybe it's a colleague we need them to go watch in action, because they have a particular finesse or expertise in an area of service delivery that we don't feel like we're as strong of a model in. Okay, and a reminder that this demonstration is absolutely gonna come back in and be part of our formative feedback. Okay, so that, again, was my little sneak attack in putting more than just talking about feedback into today's program, the reminder that we need to, before that feedback gets delivered, we need to make sure that we've done those

stages of showing and telling how service delivery and compliance activities should be conducted. And we have to teach and model our professionalism in our scope of practice. And a reminder, too, that we're gonna have a heavier dose of all of what we just talked about on the past two slides in a clinical education model. But it is the expectation of the formal mentorship experience, especially if you're that person's CF mentor, that you bring in communication and demonstration as a tool when it's obligated, when you feel like there's a hole there that needs to be filled. And so we're gonna remind, come back to these again as we talk about feedback. And now we're ready to do that. So that reactive feedback that reactive information, given after we've done those moments of having that supervisee or mentee perform something, they, of course, have to do things, and then the mentee, obviously, has their own caseload to serve. So they're doing all the time.

And we're coming in to see some of their snippets of action. But with the supervisee, it's happening constantly. And so feedback could be happening constantly, too. And it shouldn't be. But we'll talk about what timing or schedule might be best practices for that. Before we really get into formative and summative, I think it's important to think about flavors of feedback. So we're gonna explore approval, disapproval, constructive, and self. And then we're gonna dig much deeper into the formative and summative with a deep dive and some examples of both categories. I'm gonna take a sip of water. All right, take a breath. Flavors of Feedback.

And when we think about flavors of feedback, sometimes we haven't really thought about this. And I have to be honest with you. It's not something that is the first thing I think about, except for the fact that we're often sensitive about feedback. And why are we sensitive about feedback? Because feedback often conjures up the notion that we have to be critical of someone. We have to be negative. It has to be mean or kind, for example. So we realize that we can give kind feedback, but we often think of it as that dichotomy. You know, do I have something harsh to say? Or do I have something

complimentary? The flavors piece is really, that's that way our style or our disposition is impacting or changing the tone, not changing the tone, creating the tone in which that feedback is shared. And so I think, rather than, and so the flavor either feels unfortunate that we have to do something, share something constructive or critical, or it feels sort of not essential, so the positive affirmations, or it might feel empty, for example. But if we think about the flavors as being not just mean or kind, we think about how that flavor really can serve to applaud or support or inform. And we have to remind ourselves and our supervisees, and when feedback is appropriate in a mentorship relationship, that it won't always be feedback that's approval in nature. So approval feedback, of course, is that complimentary sort of statement.

And thought of in a very general way, it's that, good, good, right on, yep, so all of that stuff. And in isolation, it serves only to applaud. But if we add supportive information to it, some of the dimensions to formative feedback that I'm gonna walk you through today, it can become much more than just approval. Or it can be able to approval but with substance. Because we know just simply approving of something doesn't mean it's going to keep happening. But if it's a statement of approval that has more substance to it, it can be supportive and informative at the same time. So we're gonna talk about how to do that today, or highlight for you, so you can see how you're already doing that so that you do more of it.

Though, the flavor of disapproval, that feedback, we don't like sharing, marking that that person being evaluated has made a mistake. Something's gone wrong. Something's incorrect. In isolation, disapproval feedback is punitive but not productive. And so that's the important sort of piece here to keep in mind. It's not going to be uncommon for any of us to have a day or a moment where how we respond and the way in which that feedback we've just given comes across or is just clearly just disapproval. And that's just because we're human. And we have to know that that's gonna happen. We have to be a little bit kind to ourselves and not have such lofty

expectations that everything that we deliver is constructive instead of shows disapproval. But at the same time, we have to make sure most of that feedback that has a disapproval tone to it is supported with communication or demonstration so that it becomes constructive. Otherwise, it ends up causing some eroding of the self-efficacy of that practicum student or that mentee, and that's not going to be productive at all. So I think mentioning this as a flavor of feedback just reminds all of us to keep ourselves in check and make sure, instead of it being heavier doses of feedback that's disapproval in nature, that we turn that into constructive. So constructive, that flavor of constructive is identifying that, yes, something was either correct or incorrect, but how it can be changed to be done differently the next time. Because even clinical performance that is successful in nature can then be followed up with feedback that is formative to encourage some adjustment or change or something like that.

So when we weave in the communication and demonstration strategies that we talked about in terms of the proactive information, we turn any feedback that would, in isolation, be approval or disapproval into constructive feedback. And then self-feedback, really those reflections and observations that an individual makes of their own performance. So in the information that I've reviewed, it's looking like its own flavor of feedback. And it really is. Although, with self-feedback, as we see ourselves in action and make a judgment about it, that judgment will often be approval or disapproval in nature. But it's still different than if that approval or disapproval is coming from the clinical educator or the mentor. What I will say is that self-reflection, self-feedback is more likely to not necessarily be constructive. One thing that we have a hard time doing for ourselves is separating that emotion from correction. And so we have to, I think this is just a good reminder for all of us for ourselves is, as we watch ourselves in action and do some self-reflections and self-evaluation, that we try to turn all of that into constructive feedback rather than simply approval or disapproval. And I'll share my own anecdote. And we get our end-of-the-semester course evaluations, it's

absolutely our human nature to go to all of the outliers that have something snarky or negative to say and just kind of beat ourselves up about it. And it just sits there like that. It's just us noting, through self-reflection and observation of others' evaluation of us, that it's disapproval rather than, okay, how can I look at those ratings and see what they're linked to, and then make some adjustment to my course, my delivery, et cetera, so that it's moving forward in a positive direction. And so I think that we'll see how flavors of feedback are rearing in our formative and summative feedback. Because this will come back, because some of what we have to share will be formative, will be approval or disapproval in nature.

And we'll turn it into constructive. Our set point for the way in which we're creating flavors of feedback is definitely related to our own styles and dispositions. It's also related to what has to be shared. That practicum student may be doing really, really well, so everything feels like it's approval, approval, approval. That practicum student might be struggling a lot. So the tone that's happening over those feedback moments feels negative or dark, or kind of gloomy. But what we need to do is we need to really, from the start, before lots of unfortunate things start to happen, or lots of good, good, good starts to happen, we need to create a culture for feedback immediately.

We need to do that at the start of the experience, the assigned experience, the mentorship experience or relationship, and the supervision experience. We sit down and we need to have an explicit conversation about the way in which feedback will be delivered right at the start. And we need to have a transparency behind that conversation. So what tools are going to be used? What are sort of some of the things that are going to get immediate feedback? We're gonna talk about that in a little bit, too, versus delayed. The approachability piece, so setting some expectations as the supervisor to the supervisee, saying, "Please make sure you solicit feedback from me "if you're not getting the feedback you need "or want, et cetera," and doing all of this creating of the culture for feedback at the start and with a sense of humor. And I don't

mean everything has to be rosy and giggly and all of that, but just with a message that says, you know what, I make mistakes, too. And if you see I am doing something and you wonder about it, give me some feedback. Ask me some questions about it. So you know, poking at self a little bit, reminding us, ourselves, and the practicum student or the mentee that we're not always, in every moment being a high-stakes moment. So we can have a little bit of, sort of, I don't wanna say a laid back, but an openness to an exchange, and a safe space to give and receive feedback. And again, I just think that the flavor of the way in which formative and summative feedback is going back and forth in the supervision or mentorship relationship is going to be much stronger and productive if we set a culture for it immediately.

And so that's just a good thing to keep in mind. A little Venn diagram here as we now launch into of a deeper dive of, first, formative feedback, and then summative feedback is that there is some overlap. On one side of this Venn diagram, over here in the formative feedback area, we have all of those rich ways in which we're using those communication and demonstration strategies after a practicum student or a mentee has performed. And so, we know we wanna use them on the front end, then they're not considered feedback. But we know we wanna bring them back in in heavy doses after the student has practiced. And so that's in formative.

That's not summative at all. Our use of contingencies, the way in which we follow up their practice moments with correction and with modeling, that's formative, so all of those clinical education strategies. Over here on the farther end, here we have that place in which we might be sitting down and doing a quickie sort of grading report, a pass/fail on a competency, some conclusions and ratings of the CFY or the clinical experience. And we're gonna look at tools for doing that. But that's just summative, especially at the very end, when there's no continued relationship between you and the supervisee or mentee. That's on this far end, no overlap with formative. But what we have in the middle here, this hybrid area, is what's happening from time to time in our

clinical educator or mentorship models. And so we'll see how our formative and feedback strategies can overlap. And I'll show you some tools that do that sort of automatically, which can be some time-saving tools, too. And they're tools that, unless you're at a point where you have to now do a stop-down and give a grade, some of these hybrid tools can give a rating and still the contingencies all at the same time, which can be pretty powerful. All right, so we're gonna dive deeper into formative feedback. So just a little preview here with formative feedback, a key with formative feedback which makes it very uniquely different from summative feedback is that it's going to allow for continued responding. So it's not just, I've told you how I've judged that you've done, and that's that, okay. That's not that. But with formative, you're gonna make some sort of statement about how that went, and then there's going to be a so what. And I think, when I get frantic phone calls or emails from practicum students off campus or on campus with our in-house clinical supervisors, and I just listen and hear what they're saying in terms of their concern about that clinical supervision relationship, at least from what I'm hearing, it's not uncommon for those challenging situations to send me the message that, oh, I think I know what's happening.

The feedback is just primarily summative. It's just a you're doing good or you're not doing good sort of information rather than the richness that really has to be in the formative feedback. And that can be an easy fix. We'll look at a list of components that we need to make sure are in our formative feedback. Because we need the formative feedback to really show the practicum student, and when it's being used in appropriate ways in mentorship, the mentee, how he or she can repair or act or perform the next time. The how, we need that to be in there. But there's really two sort of reasons why we're using formative feedback, and they're sort of related to that flavor of feedback, verification feedback and elaboration feedback. And so don't think a formative feedback is only needing the happen when constructive feedback is needed. Because that's not the case. The verification feedback, this first type here, is really to show approval, and that whole old adage of, catch 'em being good. I remember learning that

back in an undergrad course on working with kids with behavior disorders, the whole technique of catch 'em being good. I heard it again when I was getting some tips on parenting, too. It was like, make sure you tap people on the shoulder to illustrate for them what's going well and right. And I oftentimes, especially when a practicum student is doing a really nice job, oftentimes find that the verification feedback is what I'm doing most of. And what I say to them, and I've learned, too, that if I don't put that verification feedback out there, then sometimes what they did stops happening, because they didn't really realize they were doing it or didn't realize that was the right thing to be doing. And then they start to maybe act like a golden retriever. My golden retriever, if she's not given the praise or the attention for the behavior, she keeps trying different behaviors.

So I'll sit. Will you give me a treat? Well, if you didn't give me a treat when I sit, now I'm gonna go down. And if I go down, did you give me a treat? No, you still didn't give me a treat. So now I'm gonna roll over, or I'm gonna try to do a high five, or whatever those tricks are we've taught her in the past. She's gonna keep trying different things if she didn't get approval. And I don't mean to equate our practicum students to a golden retriever. That would be really inappropriate. But the whole notion applies. And I've seen it with very beginning clinicians. If I don't make the verification statements of approval with, "Yep, you used the right number of items "in that probe today, so keep using 10 each time," then the next time instead of 10, maybe they use three, or they use 20.

And then with three, we didn't get enough of a sampling of behavior, of performance from the client. With 20, the client got off task. So if I just would have said from that start that, "Oh, perfect, you used 10 items for the probe today. "That's the right number of items," again, verification feedback of approval in nature, and formative, then I'm gonna be certain that, okay, they're gonna use 10 items each time. So we're gonna talk, as we talk through our formative feedback guidelines, about how to make sure

we're not withholding the verification feedback, and also not overdoing it on it when it's not necessary, too. And that's the balance we need to find. That second sort of goal of formative feedback is related to increasing or changing performance. And that's what we think of most commonly. Label for this would be elaboration feedback, that feedback that's intended to spark change, be constructive in nature. And I think that's the one we think of right away. So a very succinct sort of statement here that reminds us all that this is an important conversation is that we know, and this is just a couple of citations from the research, but we know consistently that our evidence-based practice shows that use of formative feedback heightens supervisee performance. And it does sound like it's stating the obvious.

But I think if we say it out loud, remind ourselves of it, we're definitely, just like with verification feedback, more likely to keep doing it and using it. So I wanna drill down deeper into formative feedback. Because it's not just, I mean, we can't just end here with this slide and say, yep, make sure you do verification feedback when you need to catch 'em being good. Make sure you do elaboration feedback when you need to spark change or change performance and be constructive. And that would be all well and good, but if it were just that matter-of-fact and that now it would automatically be embedded into your practice, then you wouldn't even need to hear that much from me today. Today, we get to have some time to drill a little bit deeper and look at ways to make that verification and elaboration feedback complete.

All right, and so the seven facets of formative feedback I'm going to talk to you about today, that comes from Wiggins, are listed here on this slide. And I won't read these off to you. I know you can see them outlined for yourself and we'll mention each of them as we go slide-by-slide. By talking about each one of these separately, we'll really be able to operationalize your formative feedback and habituate it for you, too. And habituating it, that's gonna be more on you than on our time here today. But spending this amount of time hearing about it, me talking about it with you is going to increase

the likelihood that it's gonna be integrated into your practice. And we won't just be hoping for that to happen. We're planning for it to happen. That's my big message to my practicum students is that we don't hope for acquisition and generalization of skills. We plan for it. And the way we can plan to allow all of you to acquire and generalize best practices for formative feedback is to have this information out here today. And really, what's happening when we put all of these things into place is we end up creating that same sort of situation that we're already doing with our clients. So if you scan this list, and it looks long, and I'm gonna make sure after we're done talking through this list that you don't feel overwhelmed by it, and you see that it can come quite efficiently into your clinical education model and into your mentorship when it belongs. But it is really just taking that approach that you're using with your clients and now having your practicum student be your client. And so it's gonna come more naturally for you folks.

And you've already experienced that if you've supervised before, that you just start supervising in the way you are a clinician. And that can be really powerful, too. And it can be also, take a burden off, too, because it's not a new skill set you're learning. You're just taking the skillset you already have and applying it in different relationships. All right, the first one on the list of seven is to make sure that our formative feedback is goal-referenced. This is the what, okay. So even though you deliver clinical services to patients and clients in this exact way, it's all goal-referenced. You don't get to work with a patient, a student, unless there are goals that you're addressing, unless it's an evaluation. But you might not have thought about clinical education in those same terms. And I think by having this dialogue and this explicit language around the concept of your clinical education, your formative feedback being goal-referenced, we really can operationalize it. So this is, again, the what. It needs to be things. Your formative feedback needs to be framed about value-added things, about those relevant and meaningful pieces of knowledge, skills, and disposition of the practicum student needs to be showing, and not things that are, I don't wanna say nitpicky, but

non-essential, okay. We have to let some things go. But when we provide formative feedback, it's for those things that are meaningful. These goals must be previously established, okay. You might be establishing them. The supervisee might be establishing them. And so we have to do those. And what's gonna happen when we talk about summative feedback is we'll see some stop-down places with summative feedback, where some of those goals will become quite clear. But sometimes we won't have a summative feedback tool to pull new goals from. So who determines those? Who sets those goals and target skills? They can come from a variety of places. They could be program-mandated. So you could have a practicum student come to you with a syllabus for a clinical course or with an overview from the director of clinical education of, here are the target skills, the standards that we have that this practicum student needs to learn and achieve through this clinical experience. So they could come from the program.

They could come from the setting. Your particular setting may have some of their own protocol and say that when any practicum student leaves here after a placement, they need to have acquired these and such skills or have completed certain activities. A real common one that I've seen agencies use is that they want all practicum students to come away from that placement having increased their professional presentation skills. And so they'll choose a specialty topic. They'll research it a little bit. And then they'll put on an inservice for the SLPs, or for the other therapists, or for the paraprofessionals, or whatever the case may be.

So some goals and target skills that need to develop during a placement can be setting-mandated. So keep that in mind. You might have some ideas for things that you want to add to placements that you host. There may be some that are individualized to the student. And those can be related to the second item on, the additional item on the list here, as a result of previous formative and summative feedback. And so we might be partway through a placement, and after an end-of-the-week sit-down meeting with

the practicum student and some rich formative feedback being shared, from that conversation emerges some goals for next week. So we can do it in that way. I have to mute my mic for a second and... Okay, I apologize. And so we will pull, we'll often pull, the current goals we're focusing on with the practicum student from previous feedback. And we wanna make sure that these are stated explicitly. And so our formative feedback statement will have a mention of that target skill or goal or behavior that we're working on. And we want, now that we have a shared context, this goal-referenced context, which is a point of reference, we can think about adding those other facets of formative feedback. But we really can't bring in the other facets of formative feedback without this goal reference, the what, okay. And I think the trap, the pitfall that happens, is feedback starts getting shared without this piece of it, without the what, and it becomes uncomfortable, because it starts to feel like it's too much related to the practicum student's style or disposition. It's kind of squishy feedback, because there isn't this point of reference to it.

And so I think it will make everyone feel better if we lead with the what, okay. And as I build these statements of feedback, you're gonna see the what in the examples that I'll share, and I think, reflect on feedback you've shared previously, and uncomfortable feedback you maybe have shared previously. And sometimes it was uncomfortable because it wasn't linked to a relevant or meaningful target behavior. It can start to feel a little bit overwhelming and time-consuming in terms of, oh, this list of goals. You know, I have goals for all of my 72 clients. Now I have to have goals for my practicum student, too? So let's think about some efficiencies. Can you put it back on the practicum student, that supervisee, get them to start documenting these target goals, get them to dig into their clinical syllabus or their online clinical software that's charting all of their clock hours and outcomes, and have them pull out the items, do some self-goal setting, and put 'em in a shared doc that you have a link to so you can be peaking at that, so that you can be seeing those goals and making sure to include statements about those targets in the feedback that you're sharing. So don't take on all

of that responsibility yourself. The student should take a lead role in making sure they understand what knowledge, skills, and dispositions need to be targets and to be developing for themselves. And I think sometimes the practicum student isn't doing well because that isn't something that's on their radar screen. They just wanna survive and don't want anyone to say anything negative to them all day long, and they're focused on themselves. Or maybe they're super-focused on the clients, which is great, less focused on their own specific goals for growth. So let's put some of that ownership back on them to create an efficiency for ourselves as supervisors.

Okay, so enough with goal reference. We know that the formative feedback that we're going to provide is going to make a statement of that target behavior. Next on the list is that it needs to be tangible and transparent. And this is the why, okay. So we need to take that goal-referenced behavior and wrap around it some actual relevance, I guess. And this is a way to add a little bit more richness to the statement, okay. So the example of a piece of non-tangible feedback would be something like, "The group was on-task today. "Things were well-run and positive." So that's lacking that tangibility. It's actually lacking sort of that goal reference as well, no real what or why. The what could be that on-task behavior of the group.

But that's target behavior for the group. But what's the target behavior for the practicum student? So turning that into something that's more tangible, more transparent, more goal-referenced is to say, "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 their journals, "and you reminded them about the reinforcement activity "that they selected for the end of the session," okay. And so this is a piece of the formative feedback that's verification in nature. Remember, it has that flavor of approval. But it's that catching them being good and putting it in terms so that it's very goal-referenced. It's about clinician management techniques, group management techniques, and then related to the

specificity of why that went well. Okay, so you did these things, and that's why it went well. It completely depersonalizes the feedback. It protects feelings. And it makes the feedback attainable or relevant. So with the example of the first statement, a practicum student getting that statement from you orally or in written notes could feel a little bit dejected. No, I'm sorry, could feel complimented, right. But they can't necessarily do anything with that. It's okay to praise, absolutely. But again, that verification, increasing the likelihood that they'll do those things over again will include those tangible and transparent statements. And this does take more than just words and more time. Later in the experience, we can shorten that up, though. So we obviously look, all of the words that we're sharing to provide this verification feedback. When we think, well, we could just say this, and that's enough.

We could just say, "Group was on-task today, great. "Things were well-run." That's very efficient, right. But earlier in the experience, we need to do these statements that are more tangible and transparent so that we don't get that golden retriever behavior, again, so we don't get them kind of trying to reinvent the wheel next time, because they weren't sure what went well the time before to keep things on the right track. So yes, it will be more time-consuming and take more words from us at the beginning of the placement. But later in the experience, we can put some of this back on the supervisee or the mentee.

So we can sort of prompt them with, "Things were well-run today. "I want you to jot a note to me in our shared document "about two or three ways you thought you were doing things "that made sure group was running well today." And so that's still a technique that's making sure the formative feedback that's being generated is tangible and transparent. But you're sharing the ownership of some of the creation of that feedback with the practicum student. And I think it's really important for us to be thinking about those time-saving examples every step of the way here today. An example of something non-tangible for feedback that shows sort of the constructive

side or the disapproval would be simply saying, you know, you can out of the patient's room, and you both sort of sigh deeply, and you say, "That was rough today." Okay, that was non-tangible. Have we all done that before? Absolutely. Hopefully, what we're done after that is followed up with a statement that is more goal-referenced, that's more tangible in nature. For example, saying, "I could tell you forgot to reference the visual schedule, "and the time to task today was too long, "so the client's behavior strayed." Okay, so that's that why. So the what was, oh, that was rough, right. So implied meaning is that that clinical service delivery didn't go well. The interaction with the client was not positive.

But making that tangible is really having that insight and sharing that insight with the practicum student about the fact that certain things weren't happening, and that's what contributed to it going rough, okay. So again, you can think through examples of making formative feedback more tangible in the service delivery that you provide and the different client scenarios that happen for you, and just remembering to add that elaboration to it. Building on that, we need more. We need more. We can't just be goal-referenced and tangible. It needs to be actionable, our third item on the list, making it actionable. Because even this nice piece of tangible, goal-referenced feedback still leaves the practicum student not knowing where to go from there, except to just keep on that track, right.

Keeping on that track sometimes is enough. That's all we need to have happen. But oftentimes, that's not the case. So we need something that's actionable. And this really is critical in those moments of constructive feedback. So when that feedback is more elaboration in nature, so showing disapproval or needing to have that constructive tone or flavor, actionable is critical. Actionable probably isn't as essential when it's verification feedback that you're giving, showing them that they're on the right track, things are going well. But it still has a place in that feedback. This provides, brings back in, that communication and demonstration, those strategies that we learned that

we'll often use on the front end before we direct them to act. We'll bring them back in here to make our formative feedback actionable. And it's very, very critical in clinical education models, less so in mentoring, unless that's the design of the mentorship relationship. But it's important in clinical education. So a non-actionable feedback statement would be something like, "You talk too fast. "The kids can't follow your directions." Okay, and even if you said, "You talk too fast. "The kids can't follow your directions, "so I noticed they got off task, "and you had to use time-outs three times," okay, so now we've become goal-referenced and tangible, still not actionable, okay. And taking that to that next level to make it actionable, the how gets to be put in there. The how needs to be put in there.

So, "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." Okay, so we've pulled together the goal-referenced, the tangible, and the actionable. So we need that next time or try this. Okay, what we need to think about is creating almost an errorless learning situation, setting that supervisee, or mentee, when it's appropriate in mentorship, up for success the next time.

That's really, really important. Rather than trying to catch them making mistakes, we need to set them up to be successful. Later in the placement, we can obligate the supervisee to fill in this actionable piece. And I would say that's something I was so bad at early on in my clinical supervision years. I would be so super hands-on with making sure everything that went into a written note or my oral feedback was goal-referenced, tangible, and most importantly, actionable. I always felt like, if I don't tell or show them how to do it next time, then the world's gonna end. So I have to tell and show, tell and show. So you know, in our university model, it's a little bit backwards from out there in the real world. They don't often sit and watch us deliver services to that client for a session or for a week, like they often do out in hospitals and

clinics and schools. And so through my formative feedback, I was constantly doing heavy doses of actionable feedback, actionable statements, all of the so next time, bring this book in next time, do it this way next time. I'd sometimes go in the room and show that, too. And what I was really not good at was pulling back on some of that later in the placement, later in the clinical semester. And that's not good either. And so we can really insert some efficiencies into this later by setting them up, getting that all teed-up with, this is what I saw, and this is the what and the why, so the goal-referenced and the tangible.

And now you come back in our meeting next time and tell me two different ways you can do that next time, or an activity that you could use to get at this behavior in a way that will keep the client more engaged next time, or whatever the case may be. And so really think about, yes, we want it to be actionable, but who needs to come up with that action? And early on, yes, we will. But later on, we need them to be able to, okay. Otherwise, we can't do summative ratings very well, because we've constantly told, told, told, told. And then, how do we rate them in the end? And we're gonna talk about that conundrum when we talk about summative feedback. But start to pull back a little bit, but pull back, and still make sure an actionable piece comes in and that actionable statement can come from the supervisee.

Another example for a non-actionable statement would be something like, "I like how things went with the group today." Okay, well, that doesn't really call anyone to action, so turning that into something more. And you might think, well, it was an approval statement. Why does there need to be an actionable component? But remember, we want to keep moving them forward in bigger and better ways. Even if what they're doing is being done well and right, we can still advance it. So instead of saying, "I like how things went with that group today," saying something like, "Group was productive today. "Next time, use that same format "and choose a different theme." Okay, so again, making it actionable. All right, that's my favorite one to talk about. It's, obviously,

based on my own self-disclosure, my favorite one to use and one that I'm trying to use in more efficient ways. The next item on the list is make our formative feedback user-friendly. And that doesn't mean we always have to just only say something when we have something nice to say. You're not fulfilling your responsibility as a clinical educator if that's the model you're espousing. So let's not think about it that way. But we really do wanna maintain a positive climate, even when, and dare I say especially when, feedback is constructive. So there's different ways to think about our feedback being user-friendly. Some of it's related to the amount. We have to choose our most important critiques to roll into that goal-referenced, tangible, and actionable feedback, which means we have to let some things go, some unimportant things go. And some things are unimportant. It might not have been important which book the clinician chose to use today.

But what was really important is that they made sure to embed the graphic organizer, and they made sure to give direct models, or whatever those strategies are will oftentimes be way more important than the activity selection. Sometimes the activity selection is the most important thing. And I could certainly state a case for that from time to time, too. But in the beginning, when lots of elaboration feedback needs to come, we need to make sure it's not an overwhelming amount of feedback, okay. And that can be tricky sometimes. And if you feel like everything needs to be stated, because you can't, it's just important, it's just high-stakes stuff, and that practicum student is needing most of that feedback to be constructive, to be elaborative in nature, then maybe they're assuming too much of the service delivery right now. Maybe we need to back up with some of the client types or some of the service delivery and have them watch a little bit more first. So I think that's how you can test the waters in terms of how much to be turning over is related to, how much feedback are you needing to give? And if it feels like an overwhelming amount, then they're probably being given too much independence with too much of the caseload right now. So back up on some of that so that they're not having to get an overwhelming amount

of feedback. So some of it is related to amount. Some of it's related to timing. And so some of this individualized to a practicum student, and we can have those conversations at the start of the experience, asking them, "Do you want my oral notes or my written notes immediately after a session, at the end of the day?" "Should we sit down at the end of the week?" Some of that is non-negotiable, but some of it can be catered to the needs or the style of the practicum student. Do they want to have some feedback to take away and reflect on, and then come back in with follow-up questions? Is that a better match to their style or the deliver of that caseload services? So we can come up with a plan that works in terms of timing.

Another aspect that's related to the user-friendliness is that check-in for understanding, so not just that we've shared this important feedback with them but that we value them enough to find out from them if it makes sense, and we're open enough, it's a safe enough space to let them tell us that, no, it doesn't. Like, no, it doesn't match what they learned in their class. Or they just aren't understanding the way in which we worded it. Whatever the case may be, we have to create the safe space for them not to challenge us on that but to inquire, to show a lack of understanding of what was shared.

And then on top of all of that, on top of the amount, the timing, and the check for understanding, just that need to make sure that the tone is firm and fair at the same time, that it's authoritative and collaborative at the same time. The avoiding of a dominating tone but still maintaining a voice of authority can be tricky. And I think it's important that we take a moment to think about, how do we do this? And we're speech-language pathologists, I think, or audiologists, I think that's the majority of the crowd that's here today to get together, and we're quite expertised in teaching folks some of these subtleties of communication. So we need to reflect on how we're using them ourselves. And this really comes down to a lot of our nonverbals, our gesture, our body posture, our facial expression, our volume. Through some of those things, we can

show so much kindness while sharing some really tough information, some harsh feedback. I don't wanna say harsh, some constructive feedback. We can show an interest in the supervisee and mentee and still be critical of their clinical behavior at the same time. And it's that three-one rule sometimes that, again, we learn in parenting or working with people of any age, actually, that we want to glop on three times as much sort of support or praise as we do criticism or critique. And we're not looking at an exact formula here, but we can make sure to be supportive and positive in our verbals and nonverbals, especially related to all of their non-clinical behavior, showing interest in them as a person. And then when we have to be a little bit more authoritative or firm in tone when we give feedback, that will be okay. That will be accepted, because they see that it's still a safe space, okay. And if you struggle with this aspect, rather than beating yourself up or throwing up your hands and saying, "That's just tough. "I'm just gonna be a hard-nose.

"And that's just gonna be the reputation that I have. "And practicum students are just gonna "shudder when they know they have to work with me. "And that's just the way it's gonna be." Of you feel like you struggle with this balance of authoritative and supportive tone, it might be an area you should consider mentorship in. Because I do think that we can pull this off and still be very successful clinical educators and use best practices to give important critical feedback, and keeping it safe and kind at the same time. So I have a great colleague friend who really identified for herself that she needed some mentorship in that area, because she was just a little harsh, and she stopped enjoying that reputation, and worked with others to find a balance that still fit her style and was a little bit more supportive. And it made everyone a lot more content, too. So user-friendly does not just mean be nice, okay. Remember about timing, remember about amount, and remember about checking in for understanding. Feedback needs to be timely. And timing versus timely can be different things. So here, with timely, we drill down a little bit deeper into instant versus delayed. It's really important that we value the fact, and I know that you all do, that there are some

aspects of our service delivery that are higher stakes, okay. We've got things like evaluative procedures, establishing basals and ceilings, scoring tests, thickening liquids, family meetings, parent meetings, spouse meetings, sharing of that really important information at care plan meetings and IEP meetings, at rounds. Whatever your setting is, we've got some moments where we can't just let inaccurate, incorrect, off-track clinical behavior from our supervisee, or mentee, when that's the case, go without immediate correction. So when it's critical to the delivery of the services, then we absolutely need to make sure it's instant. When it's not, when it's something that's lower stakes or that a time delay won't have a negative impact on service delivery, some of those skills that are just stylistic in nature, we can put some delay. It can be end-of-the-day feedback.

It can be end-of-the-week feedback. It can be feedback that we make sure gets delivered just before that practicum student sees that client or that type of client the next time. Some of those things might be related to activity selection, room set-up, some of the behind-the-scenes paperwork that doesn't get submitted immediately. I think what is really important here is for all of us to know what those two lists are for our setting, for our caseload. What are those things that are non-negotiable that you know that you'll have to provide instant feedback on?

And what are those things that are more flexible, that are more stylistic in nature, that delayed feedback will work fine on? So preestablish those lists for you and share that with your supervisee. And make sure they know that when it comes to these and type such clients, or clinical moments, or service delivery roles and responsibilities, I'm gonna be kind of hand-over-hand. I'm gonna be right there and saying, you know, right next to you, "Ah, nope, this is not what we need to be doing right now "because of this, so now try this, okay." That might be happening right there in front of the patient. And we've all done that before. But what's on that list? And then what's on the other list? And make sure that the supervisee knows what those lists are, generically

speaking. Every single nuance of service delivery is not gonna be represented. But then there aren't surprises later. And then they're also not, I think the other thing that's important about that timing, and I tell my practicum students this all the time, is just because I didn't come in the room or didn't state something in a written note doesn't mean that that thing went right or well, or didn't need changed. It could mean that I want you to reflect on it a little bit first. It could mean that it was something I was way willing to let go in that moment, but we're gonna have a conversation about it later when we sit down.

So I make sure they say that right from the start. Otherwise, they might develop a false sense of success. That's a pitfall, too. When things are on our lists of, okay, here are the things that I'm gonna have to provide instant feedback on versus delayed, let's look at, especially, that delayed feedback list, and maybe the supervisee wants some of that to be instant or has some special circumstances of their own that they'd really like some instant feedback on. So a practicum student who says, "You know, I've really been working on not saying um, like, "and you know so much during sessions. "So I'm finding that's really hard for me to monitor. "So could you give me some sort of signal "right during the session so that I'm catching myself?" And that's just one example.

That could be something that you were willing to let go of during sessions. But at their request, turning that into instant feedback might be something you could definitely do, okay. So again, feedback being timely doesn't mean it has to be instant, but we wanna have a combination of instant and delayed. Okay, the next item on our list is that it needs to be ongoing. And ongoing, I think, is probably, from my perspective, my reflections of hearing lots of stories from off-campus supervisors and supervisees, probably the number one challenge of off-campus supervisors that they share with me is having the time. And that's not related to the timeliness of instant versus delayed. That's having the time to make sure this stays part of a routine so that it keeps happening. Because I think the tendency is, once we get to a point where you feel like

that elaboration, constructive feedback doesn't need to be shared anymore, that they're at a place that you're feeling confident about their skills, that that drops off almost immediately then, because it's just something that is looked at as a luxury to be doing at that point. And sometimes that's true. And that can happen. And I've already hinted to you that we'll get paid back later in the placement, because we can transition the way some of this is done. But we still need to make sure it stays ongoing long enough and that we have a plan for making it part of our routine. So some tips that I have for you, for whatever they're worth, I hope they're valuable, to make your formative feedback ongoing would be things like dictating your notes. Are you in a situation where you can do some audio recording of your notes, maybe, actually, during the clinical activity?

And I would have never thought of this before, but during the past four years, I got to watch my son in musical competitions in high school and marching band competitions, and I noticed that in some of the competitions he was in for band, that the adjudicators were right there in the room with the musicians, the musicians were playing, and the adjudicators had these little microphoney recording dictation machines right up to their mouth, and they were actually dictating their notes during the performance. Now, there certainly wasn't a client right there that that would be complicating things for. But maybe some of you are in some situations where you have some cubicle sorts of ways in which to section off clinical space and dictate some notes during session.

We certainly are set up that way in our university clinic. And any of you who are out there in clinical settings at universities could probably audio-record notes as you're watching a session. But maybe some of you are not in that situation, but you have some pockets of time where you're transitioning between sites in your vehicle, and the practicum student isn't with you, For liability reason, maybe you drive separately, or maybe they don't come with you to every site. And you can dictate some notes when you are not with them. So think about that, sending audio files to supervisees can be

pretty powerful forms of formative feedback and keep it ongoing longer than we would if we were trying to always find sit-down time together or write written notes. Jot notes on supervisee lesson plans. And I have some exclamation points next to myself in my notes here. And it says, "Yes, make them do lesson plans." I totally get that most of you are working in clinical and educational settings where lesson plans do not happen. You don't write them. You don't need to write. You know how to deliver high-quality, complete services without lesson plans, and that's fantastic. I would be mortified at the thought that you would have to go into all of your sessions with a lesson plan. Some of you are in settings, in acute care in particular, where there can't such a thing as a lesson plan. You deal with whatever you walk into in each room in each moment. But lots of you are in settings where a practicum student can be held responsible for writing lesson plans. And they should be. It doesn't mean you have to read every single lesson plan. It doesn't mean that you also have to be writing lesson plans to require them to write lesson plans. That's not true at all.

But make them do lesson plans. And that lesson plan becomes a fantastic place for you to jot notes on. And it can make it really efficient to turn feedback formative, because you could use arrows and call-outs to the different places on the lesson plan that make your feedback goal-orientated, and transparent and tangible. And so you don't have to write everything verbatim. You can harken to things on the lesson plan. So your supervisees might hate the fact that I'm encouraging you to make them write lesson plans, but I just think it's a great way to look at what their clinical problem-solving looks like, and it can be a great way to capture with some efficiency some of your formative feedback. Of course, what you're already doing, using passing time to give verbal feedback, that's a no-brainer. But think about a shared doc, a Google doc or something that you make the supervisee take the lead role on too start out listing those clinical goals that they're working on for themselves and places for you to jot notes to put that formative feedback in that's tangible and actionable. And that can keep it ongoing. Again, make them take the lead on that, though. And you can

be a guest into that document to make it ongoing feedback. Okay, some specific formats for these formative feedback tools, we have those two main categories, oral and written. And that's sort of it, that's our list. And I've talked through that with the ongoing, a shared Google doc, written notes on the lesson plan, audio notes that you take and send to them, the audio file. That's kind of the tools for formative feedback. Some time-saving ways to provide formative feedback would include this little list below here. These are things that are often thought of as being used for summative purposes. But we can look at these to see how we can use them as time-savers to provide formative feedback.

And they're rating scales, rubrics, and inventories. So I wanna just show you an example of each one of these and talk about, we're sort of foreshadowing some of the feedback here. But I think it's important so that we can see how to turn these tools into formative in nature. So an example rating scale, used in a summative sense, each of these Likert scale areas, consistent, emerging, and absent, could have a numeric rating. So let's a three, two, one. And then we could do all of our checks, add up our numbers, spit out, oh, you're averaging a 2.5 across these clinical skills on this rating scale.

That would be used in a summative sense. In a formative sense, we have all of these goal-orientated items here that we can elaborate on. So we can mark some ratings, and that's terrific. We don't need to link them the a numerical rating if we're not using this in a summative way. And then we can do some circling and some arrows and some call-outs to jot some notes, to turn these goal-referenced behaviors into things that are tangible and actionable, so circling the whole notion of mediating learning and saying, "This is missing right now. "Add think-alouds next time," okay. So that can turn our rating scale into a formative tool that doesn't require you to start from scratch each time with a set of unique written notes to the supervisee. Okay, so that's an example with a rating scale. With a rubric, rubrics themselves are just really naturally set up to

be formative in nature. So absolutely, it can be used in a summative way. So you go through at the end of the experience and mark in the boxes that show where they're performing, add up our numbers, and we can spit out a rating. Fine, we can use a rubric that way. But when a rubric is well-designed, within the cells, we have our formative feedback right there. And if the practicum student is scoring at a level of a one and has a need for shared understanding, so right now, they're asking some relevant questions and compromising, that implies that what they're not doing are the things at the two and three level. And so we orientate ourselves and the supervisee to the rubric and we say, "You're here right now. "I need you to get here. "So I need you to be doing these things "so that services will be delivered "in the way we need them to be delivered. So rubrics can be just naturally set up that way. We could make our own rubrics. We can find premade rubrics online. And they can be really powerful for providing formative feedback.

And then the third example I have is related to a checklist. Again, a checklist in and of itself looks fairly summative. So is it happening or not? You check it off or you tally, in this case, a nonverbal checklist might be tallying the amount of times these things are happening for a practicum student. This would be a checklist that would be used in a situation where we're doing some remediation of nonverbal behaviors. But checklists can have these open areas where we could jot some notes related to this goal-referenced behavior, and again, not having to start from scratch. But we have this point of reference to turn this into something that's tangible and actionable. All right, so hopefully, that's helpful. And it was a little bit of a foreshadow for, now, the whole notion of summative feedback. Okay, we're not gonna leave formative feedback behind. But we're gonna see how we've got a different responsibility as we switch gears into thinking about summative feedback. Summative feedback is that feedback that's evaluative. It's very high stakes. It's essential in clinical education. And it's optional in mentorship. If it's an official mentorship experience like the CFY, than the summative feedback is required. At each third of that CFY, you do your summative

ratings. But in informal mentorship experience or relationships, this will often be a component that's not relevant, that's not included. So summative feedback will result in some sort of rating. It might be a letter grade. It might be a pass/fail basis. Hopefully, it's being used less frequently as compared to the formative feedback. And if it's used too often, too intensely, we can really erode that relationship with the supervisee. It can become a contentious relationship. And we wanna be careful about that. We wanna resist the urge to take those summative feedback moments and turn them into formative.

Because then it loses its conciseness and its efficiency. It loses its purpose. That sounds like it's a good problem to have, but it ends up making the clinical educator role overwhelming. And so we wanna be careful and use it sparingly and in important ways. Otherwise, it will lose its efficiencies. And it will be this collection of target skills and behaviors that someone has agreed upon. The university program maybe has put those out. Again, in terms of the ASHA CFY, ASHA has put that tool out that shows which of those target skills or behaviors are important. The trick with summative feedback is, how do we capture performance in those target skill areas in a way that's as objective as possible?

Because some of these things are kind of squishy. In our field, we talk about things that are stylistic, and a range of right way of doing things, and the autonomy that a clinician should have for service delivery. And all of that's true, and right, and wonderful, and part of that artistic aspect of our field. But we are absolutely a field based on science and that is relying on evidence-based practices and some best practices ways of doing things. Even if there are a couple of right answers, there are still some right tracks to be on and some wrong tracks to be on. So a summative feedback tool needs to make things as objective as possible. We do it through some tools, some different tools and mechanisms. So a couple that I've already shown you, and so rating scales, and rubrics, and checklists as well, can serve formative or summative evaluation purposes.

And sometimes we want that rubric or rating scale to do both. And that's fine. If you're using it because you want and need it to do both, the example I'll share with you is maybe at midterm. Maybe at midterm, you want a rating to spit out that links it to a letter grade so that practicum student sees where they stand right now. But you also want some rich conversation to be around those ratings and it lead into some goals for continued work so that that second of the placement, we have a new list of goals to orientate our formative feedback around. And so I would say at midterm is where I see us wanting to double-dip with the tool that we're using. But aside from that moment, I feel like it can be a wise choice to decide to use a summative feedback tool simply as a summative feedback tool.

And that's primarily at the end of a placement. At that point, at that placement ending, it's either going to be a pass/fail or a letter grade. And for some university programs, their off-campus supervisors are not seeing either the pass/fail or the letter grade spit out of the summative feedback tool. And that's by design for that university program. Ours does not work that way. Ours is letter grade-based, and that off-campus supervisor is the one filling out the inventory to then produce that letter grade.

Ours that we use is the CALIPSO program. Some of you are familiar with that. Another one that's quite common in CSD and speech-language pathologist university programs is the Typhon software. I'm not family with that one, but I do know that it includes the summative feedback tool. And there are others that are more homespun or designed by the university program, maybe some summative feedback tools that settings and sites have developed on their own, maybe some, maybe you have one that you have developed and used, that you've created. Bottom line, the summative feedback tool seeks to issue some sort of score, grade, or rating in the most objective manner possible and is calibrated and compared over time for that supervisee or across supervisees. So some sort of level of comparison is what's happening with summative feedback. And it is an important part of the process. And our program at our university

at the graduate school level is every graduate student can only earn a letter grade in everything they're enrolled in. So we're required to give a letter grade for all clinical experiences. And that's non-negotiable. And some places, that's not true. At the end of the CF, a rating of a three or higher on all of the CFY inventory items is required. So that's just, it's a non-negotiable thing. So we have to have, we're a credentialed profession with certification that's held in high regard. So we have to have that level of oversight of a summative nature. This is an example of our CALIPSO rating scale. And with any summative tool, the rating scale is really important point of reference. So the supervisee needs to understand the rating scale being prescribed at the start of the experience.

And this is just a placeholder. This isn't to say to you, here's a rating scale you need to be using. This is the one we use. Within CALIPSO, university programs can customize their own rating scales. You're probably using something slightly different than this. Ours is on a five-point scale moving from not evidence up to emerging, from emerging to present, from present to adequate, and from adequate to consistent. And you can read the fine-grain differences. Having a conversation around those variations, I would argue, is super important to do at the start of the placement with the practicum student. It's just, allows everyone to be on the same page and reduces the surprises at midterm or at the end of the placement when a rating of a three knocks them off their feet.

So let's talk about it early, and talk about what it looks like operationalized from your perspective so that it's all very transparent. And just a sneak peak into our CALIPSO tool, we have some items that are related to evaluation skills, pretty fleshed out. I mean, again, objectifying this as much as possible is the key so that it's not too squishy. It's not too individualized or stylistic. We have some actual statements here that we can put some evidence in, selecting the appropriate evaluation tool, for example. We can, after we've explained to the practicum student the patient's room we

need to go in, we can say to them, "What task do you think we should do "to get a sense of cognitive functioning right now?" And they have to make a statement. And so how did that go? So how did they do at selecting appropriate evaluation instruments? Okay, and it'll be a synthesis of how many opportunities they've had to do that. And you can see across the top here are the disorder areas, as fleshed out by ASHA. And you can rate all of those differently. So if they're doing fantastic with selecting cogs measures but not so much so for fluency, then we can differentiate that, again, making it as objective as possible.

A key with any inventory with this that's summative, being used in the summative nature, whether it's CALIPSO or one that you're setting has created or Typhon, is not filling in areas that you don't feel like you can give a fair rating to, that you have either not seen the practicum student in action yet, or, I would argue, if you're still doing a heavy dose of communication and demonstration, and maybe they're delivering services with you but been given no real opportunity to do it independently. A rating at this point would be punitive. And this has happened. This does happen to us from time to time.

A rating of a one or a two, mostly a one, gets used in situations where that practicum student really hasn't yet been given an opportunity to demonstrate their level of performance. And if all of these are ones and twos, the letter grade that will get spit out will be super low. And we're gonna talk about that when we look at the concluding screens here with the CALIPSO tool. And CALIPSO, again, is just a placeholder. This can equate to whatever summative evaluation tool that you're using. And then a sneak peak at the treatment skills, again, objectifying these as much as possible. This is our scientific aspect of our clinical supervision here, the way in which we're applying some, the calibrated mechanism. So we have to try to honor that in the most sort of clear way possible. So we can do the same thing with treatment skills that we did with evaluation skills, and yes, even dispositional skills. And these soft skills need to be rated and

objectified. And this is fraught with challenge, absolutely. But we still have to do it. It's critical. And so those rating, and sometimes this is the easy part, because the practicum student is a delight and fantastic with clients. And maybe it's just some of the actual clinical skills that need the formative feedback. But sometimes, and the most challenging situations are when a practicum student is delivering the services fine but kind of squishy in these dispositional areas. And a tool like this will allow those conversations to be had. So as we fill these out, numbers start to fill into these boxes. And then all of those numbers come together. The CALIPSO tool, this slide shows you, our CALIPSO tool has some open field areas where we can make some more extended descriptive narratives, turn it into something a little bit more formative, do some of that goal setting for the next segment of the placement, or some goals for recommending for that student's next placement.

So that's pretty cool. These could be left empty, and the CALIPSO tool could still be used in a summative way. Filling these in helps us then move into the next placement with that practicum student. So all of those ratings come together. And you can see on the bottom of this slide here, the screen that we get that spits out that summary statement along with a letter grade. And that is, again, something that our program's CALIPSO is customized to do. And that can be the hardest part of the partnership between the supervisor and supervisee. I would argue, if the rating scale is looked at at the start of the placement, if the summative tool is looked at in detail at the start of the placement, if formative feedback is happening throughout the placement, then there shouldn't be any shock and awe when it comes to looking at and talking about this letter grade at midterm or at the end of the placement. But that's the best case scenario. And I guess, our efforts that we're all using are really working us towards that best case scenario, keeping this process very transparent, very explicit, very supportive. We have an adjustment area here. Actually, I think everyone who uses CALIPSO probably has that area. Because we, from time to time, have situations where, and the way I advise our supervisees off and on campus to use CALIPSO is, put

your ratings in, and again, this isn't just unique to CALIPSO. With any summative tool, I would make this suggestion. Put the ratings in that you think are correct ratings for those clinical moments that this practicum student has been given opportunities to perform in. Don't adjust those. Put those in. Make those as accurate as possible. And then you see what letter spits out. And if you look at that and you think, okay, that feels right, then you're good to go. If you look at that and you think, oh, my gosh, this practicum student is fantastic, but I still feel like the numbers that I put in were accurate, the adjustment area is where that can happen. And so it could be a situation where you're using more twos in a situation where they really haven't been given opportunities for independence.

So those twos are pulling them down a little bit. It could be a super complex caseload that the practicum student is doing superiorly with, but because of the complexities, there's still some ways to go. And maybe you say it feels like an A-minus performance, or an A performance. You can add points here. I always advise supervisees to not worry about the adjustment but just to give the ratings that they feel are correct, are well-matched. The other place the adjustment can be useful, and we've used it a couple of times, is to do a negative adjustment. So I've had a couple of situations where all of these evaluation and treatment skills were scored at a very high level, and accurately so, dispositionally, the numbers were pretty high, too, because that practicum student was superior with clients in terms of their clinical style, but behind the scenes, showing up late, showing some missteps in professionalism that aren't captured on the CALIPSO tool created a really unfortunate situation.

And a letter grade of an A still spit out on this summative tool, because for everything that was asked to be rated, the numbers were high. And then you can use a negative in the adjustment area to bring it down to an A-minus or a B-plus, whatever feels right or fair for that particular student's performance when professionalism was the misstep. And so I think that's an important mention. Because some of you might experience that

at some time. All right. So I wanna make a mention about the summative feedback during the mentoring relationships. And that is related to the clinical fellowship year. The clinical fellowship year has those three points of evaluation from the mentor. And that's across evaluation skills, treatment skills, management skills, and interaction skills. The mentor is asked to think about, on this five-point scale, how that mentee is doing with accuracy, consistency, independence, and supervisory guidance. And by the end of the CFY, the CF must earn a three, a four, or a five across all of those 18 areas. And I just wanted to toss it up here. Some of you maybe haven't seen it since your own clinical fellowship year. I mean, it's just some snippets of it.

So like I said, it's across evaluation, treatment, management, and interaction. So this is just one of the evaluation skill items on the five-point scale. There are five evaluation skill items, okay. So implementing screening procedures is just one of the five. And you'd rate it along the five-point scale for all five of the evaluation skills. And for treatment skills, items six through 10 are all related to treatment skills on the five-point scale. And we have some lumping together here, so selecting treatment plan, developing, and implementing, okay, some collapsing here, whereas in the CALIPSO tool with graduate students, those are fleshed out a little bit more, as they need to be. Because those are two very big, different skills for those beginning clinicians to be using.

For the clinical fellowship year, they're lumped together to make this tool a little less unwieldy, and because that person who's out there practicing, getting paid to practice as an SLP, should be a little bit more consistent across developing and implementing treatment plans. So we have items six through 10 are related to treatment skills. Items 11 through 13 are related to management skills. Those are those professional or compliance tasks, a lot of the indirect service delivery items, again, rating their performance across that five-point scale. And then the last area is related to those dispositional skills. the interaction skills. Items 14 through 18 on the CF inventory, are

related to those dispositional areas. You know, this is built with great intentions, but it is hard to operationalize this, for sure. And so much is getting lumped together. If you think about this, just this one area, demonstrating communication skills, including listening, speaking, nonverbal, and writing, that take into consideration the communication needs as well as the cultural values of the client, the family, the caregivers, the significant others, and other professionals, that's a whole lot in one item. And maybe the day you traveled around with your mentee and watched them in action, you saw them at a very superior level with their communication skills with the little ones that they're working with, but sort of floundering a little bit with the parents or the teachers, and it's like, oh, where do I rate them? So you know, you have to do a little rough justice with the CF rating scale with that inventory.

And the advice you would get, I think, from the powers that be, is to err on the side of the lowest point of the rating. So even if their skills with the little ones is superior, but with the parents it's shaky, we'd do something like a two or a three, for example. And then have a conversation around that. Set some goals for that second third of the clinical fellowship experience. And offer some guidance and some clinical education in that mentorship model to bring those ratings up a little bit. All right. So a slide here related to those potential challenges, those pitfalls in mentorship, I think it's worth a mention.

Because it just sounds a little bit too simple to suggest that we're going to be able to automatize and operationalize formative and summative feedback as mentors, and it's not so simple. We have our own workload demands. So scheduling the time for your mentorship responsibilities can be tricky. I would argue that we should try not to agree to the role of mentor unless someone is helping us make the time for those mentorship duties. If you're the mentee, I would encourage you to seek out alternative mentorship if you've been matched with someone who isn't being given the time to perform those mentorship responsibilities. It needs to be made a priority. It doesn't

need to be super time-consuming. But it still needs to be part of the model, having some time together. Another one that's actually a little bit messier is conflicts of interest. So we have these dual roles. We're often assigned to be a mentor to someone who's a colleague, who might be a friend, who might be, in some situations, have some aspect of authority over what we do. Probably not, but I could see something like that. Maybe the person that you're mentoring is the AAC consultant for the district, because they came in fresh out of grad school, way more expertised and interested in that area than any of the other SLPs in the district. But you're still their CF mentor for all the aspects of that. So that can be complicating. We want to try to, as much as possible, refrain from dual roles during those formal mentorship periods, or figure out a way that we can stay really expertised at keeping those roles separate and using high levels of professionalism. Use that professionalism in positive and productive ways to avoid allowing a potential conflict of interest to become a conflict. And it's easy for me to say. I've had to practice this a lot.

And I think, and I've seen it go awry too many times. So really, it's up to us to make sure that we're holding this concept in high regard and seeking assistance from people who are mentoring us and our other colleagues for help in these situations. Another one is related to the professional disagreements or differences. We're all coming from different places. We trained in different graduate programs. We had different previous employment experiences. There are some separate stylistic differences. And so we want to be able to make sure everyone can grow from the partnership that happens with mentorship. So if you didn't learn, for example, about a phonological approach to intervention in grad school, but your mentee has decided to run a phonology group in delivering services to the preschoolers who are eligible, rather than having a knee-jerk reflex to suggest that that might not be efficient, or you don't understand the value of that, asking questions, reading, information, asking for resources so that you can learn some things about some best practices or evidence-based practices that you're just not familiar with rather than leading with

criticism about it. And at time, professional disagreement needs to happen. And we need to end up fleshing out what is actual best practice versus what's stylistic. And that conversation can be done with respecting all of the individuals involved. So I think it's just worth mentioning those three potential pitfalls so we can avoid them at all costs. And this is a slide that might take up an hour of practice in a full-day supervision workshop.

But I just wanted to sneak it in here so we're all remembering that our essential communication skills need to be intact when we're providing our feedback, all of our active listening and our eye statements, questioning, paraphrasing. You know, it really doesn't need more time than this. You are all super experienced at using and teaching these essential communication skills in your role in this profession. It's just a reminder to put them into action in our role as a clinical educator and mentor. And we can do that. That's something we should be able to handle without a problem. But if we're struggling with some of the aspects of providing formative or summative feedback, check in on our own application of these communication skills. Because maybe a slight adjustment in one of them will make all of the difference.

So a summary reminder of those two things we talked at length about today, our formative feedback versus our summative feedback. This visual really helps us summarize both of those. For me, both of these are super important. They both belong in supervision and mentorship in different doses at different times. For me, with formative feedback, the three items that are the most essential takeaways are that it's actionable. You saw my passion for making our formative feedback actionable, and that it's rich and informative. Let me get my little arrow out. So actionable, rich and informative, and that it has crucial timing. For me, those are the most valuable takeaways related to formative feedback. If you can get those three things going, I think you're really headed in the right direction. For summative feedback, just a reminder that it's a synthesis of collection of past behaviors, that we want it to be

concise and comparative. So let's not turn our summative feedback into too much of anything. It needs to serve the purpose it needs to serve. And the reminder that it is high stakes, it's pretty serious. That letter grade or that pass/fail can sometimes be a make or break thing. And so we wanna act on the front end with extra doses of formative feedback so that when we get to the summative tool, things go well and successfully. Nicol and Macfarlane-Dick talk us through sort of this overall plan for feedback. It combines our formative and summative feedback together in one place. Setting that plan early, what are those target behaviors we're looking for? What's going to be the schedule or the format for the feedback, setting that open, safe space for the supervisee to request feedback?

All of those things need to happen at the start. Facilitating self-assessment, so how can we incorporate this? And that might come partway through and later in the placement, where we're turning some of that responsibility for giving themselves feedback over to the supervisee or the mentee. That happens right from the start with mentorship, for sure. And that can create some efficiencies in the feedback that we're delivering. We wanna deliver high-quality, specific feedback that's mostly formative in nature. I think you got a heavy dose of that bias from me today. But that's super important, is that we have more formative feedback than summative feedback. If I get tears on the phone from a practicum student off campus, it's likely at the root of that is all they feel like they're getting is summative feedback. They feel like they're being told that something is back or white, or A or B, or pass or fail, and they're not feeling like they know where to go with it and what the specificity is behind it. So we can make a change to that. All of this should encourage a supervisor-supervisee dialogue that's a back-and-forth, ongoing basis, and encourage our heightened levels of self-efficacy from our supervisee. If we keep our style strong and positive, even when we're delivering constructive feedback, we can really preserve their self-esteem and really help them be motivated to continue to grow, and feel like they can do it with that self-efficacy intact. It keeps things going. If formative feedback is happening most of

the time, and then we have those repeated baselines of that summative feedback at certain checkpoints. This can become this cyclical setup that keeps opportunities going for continued practice and creates a situation where we feel comfortable continuing to turn over more of our service delivery to that practicum student, because they are continuing to grow. And we want to use feedback related to the supervision. Our CALIPSO tool has that built in. Supervisees do supervisor ratings. You can create something yourself, find a tool that already exists. But we want to get feedback on how we're doing at what we're supposed to be doing. And so that can keep this process really building and improving along the way. All right, I think we're close. We're close, we're close.

So my final thoughts, think of yourself, the supervisor, as the clinician and the supervisee as your client. And we would never provide clinical service delivery to our precious patients and students without heavy doses of the appropriate type of feedback placed strategically. Early on, much more supportive, much more explicit, much more frequent, and then fading it, turning it over to them for self-assessment. We do that with clients. We need to be doing that with that supervisee as our client. We want to consider the use of strategic feedback, the strategic use of feedback in mentorship. I hope I put a light on that today that maybe you hadn't thought about before.

And think about that careful balance between, should some formative feedback be part of the mentorship that we've been assigned, or does it not belong in that specific situation? Does summative feedback belong or not? You know, if it's the CFY, yes. That's non-negotiable. But if it's not the CFY, is there a purpose for summative feedback? Maybe, maybe not, though. And just embrace this role. I think it keeps us from feeling like we do the same thing day in and day out. And lots of you are in positions in this field where no day is the same. So you're not looking for this new role, or this heightened level of responsibility. But even so, even those unexpected sort of

schedules that you work within start to become a little bit rote. So bringing in that role and responsibility of being a supervisor or the mentor can be invigorating and allow us to put a lens back on our own skills and self-evaluate and give yourself some feedback along the way. All right, I made it to the end with a little bit of time for questions. I can't solve all of your problems, but I would like to be a sounding board in case you want to ask some questions at this time. So someone's saying thank you. Oh, thank you for the compliments. I appreciate that. Hopefully, you see my passion for this area. I'm very, very fortunate that this is what I get to do. Clinical supervision, clinical education, that is my thing. I don't get to service my own caseload any longer. I'm kind of like a grandparent in that way. I get to sneak in and work with clients whenever I need a fix, but I don't get to do that on a full-time basis.

So my students, my practicum students, my colleagues in the department, in the clinical supervision staff, as my mentees, and my graduate students, as my supervisees, are my clients. And that's so rewarding that I love the opportunity to share some of that with you folks today. Someone said, "Thank you for the discussion." And that's just mortifying, because I would have loved for this to have been a discussion. I value online learning at such a high level, and I realize that in this limited classroom like this, it's not rich with discussion. But feel free to follow up with me through email at any point. I love this topic and love to actually discuss it rather than monologue about it. And I'm just scanning for questions. Let's see, I'm still scanning. We still have a couple of minutes in case there are questions. I saw some names in the list I recognize today, I think maybe a couple former students of mine, a couple of names of people who have taken our students in the past. So hello to everyone who I have a personal connection with. Thank you for joining. Last call for questions. Anything else I should include, Amy, Linda? Any last mentions?

- I'm just kind of waiting to see if we have any questions, yeah, come in as well. It was really wonderful. You do a great job of explaining these concepts and making it very

practical, which I think is what might be missing so much of the time when it comes to supervision. The only thing that I was curious about, and maybe you did kind of touch on this, but have you, in your specific role within the university and your relationships with your practicum students, have you ever had to kind of step in and help with the practicum student and their supervisor to kind of help with some for those situations where the practicum student is feeling very either overwhelmed or not understanding where their supervisor is coming from? Do you ever have to kind of help shape that relationship?

- [Angie] Yeah, and that, I mean, even though I said I have a passion for my position, I get to do a lot of that. Not that it happens a lot, but it happens every semester for off-campus and on-campus placements. And so I'm the person responsible for bringing those parties together and putting remediation plans in place. And I guess that is the one thing I forgot to mention. When what you're doing with your formative and summative feedback doesn't feel like it's working for you, my plea to you is to reach out to the university program. That's the role I have here. And absolutely, those phone calls are rough. But they are so important. And it's the part of my professional growth I feel I've done the best in over the past couple of decades is not losing sleep over those, but embracing those as opportunities for everyone to grow and mediating that remediation. And sometimes it means we just put a plan into place that ramps up some aspects of the formative feedback or pulls back on some of the independence the practicum student had been given to start to perform and pulls them back into more of an observation role, or whatever the case may be. And sometimes it means a parting of ways from time to time, because the match just isn't working. That's the exception, but absolutely. So thank you for mentioning that, Amy. And I would encourage anyone to reach out to the university program. Maybe not every program feels the same way as me, but I would like to be called in sooner rather than later so that we could help put a feedback plan in place that is a match for that practicum student, even if it ends up

being a plan that's more than they should have needed, it's what they need, so we have to do that.

- [Amy] Sure, and that makes a lot of sense. Yeah, to kind of salvage the relationship and know that both are bringing really great things to each side, and how do you bring that together and help them work together better. Not only does it help the student, or the new employee, maybe, CF, but it would also help the supervisor feel like, okay, I am doing a good job, or this is what I just need to change in order to make a better experience for this particular student. So it does work both ways of kind of keeping both sides on the same page.

- [Angie] I do see one question, Amy. Someone asked, do you consider an EDD in addition to the CCC and clinical experience being an appropriate credential for clinical supervisors of practicum students in the university environment? And yes, I do. So you should apply for a position. And our university program, our clinical supervisor staff is master's level CCC. All of our PhD faculty who have their Cs also supervise. But we have a half a dozen or more of folks who are master's level with their Cs. And programs like ours are often looking for adjunct on a part- or full-time basis to cover some of those duties. So look in your area, because that would be a nice thing. And I think, yeah, I think that's it. And yeah, now I'm off.

- I think that's--

- Because I have to start supervising, I've got clinicians at my door.

- [Angie] That's great. This is a really great place to end. So again, thank you so much for joining us today and bringing your knowledge to all of our members. We really appreciate it. As always, it's a pleasure to have you with us.

- My pleasure. Thank you.

- So we will go ahead and wrap it up there. Thanks to all of our participants for asking some really great questions at the end, and for all of your thanks. I know it's appreciated by Angie as well. So we will go ahead and log off for today. I hope everybody has a great rest of the day. Thank you.