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Using Mid-Semester Student Self-Evaluations To Improve Clinical Performance

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Introduction

Improving clinical performance of student clinicians is a significant challenge for clinical instructors. Involving students in evaluating their own clinical performance is one method for improving clinical skills. One of the supervisory tasks and competencies identified by ASHA in its 1985 position statement on Clinical Supervision in Speech-Language Pathology and Audiology focused on assisting students in evaluating their own clinical performance. Anderson (1988), in her discussion of supervision styles, identified three stages in the continuum of supervision:

1. **Evaluation-Feedback Stage:** The student clinicians are passive and the supervisor is dominant. Student clinicians in this stage experience difficulty with clinical problem solving.
2. **Transitional Stage:** The student clinicians and supervisor work together to problem solve. These clinicians are capable of some clinical problem solving, but are not independent.
3. **Self-Supervision Stage:** These clinicians are able to analyze their own behavior and make appropriate changes based on their analysis. Many clinicians lack the self-confidence needed to reach this stage.

Students' placement on the supervisory continuum may vary depending on their comfort level with any given case. Students may feel comfortable receiving minimal allowable supervisory input for cases in which they have had previous experience (i.e., articulation and language), thus placing them in the later stages of the continuum. When assigned unfamiliar or more challenging cases (i.e.,

aphasia and dysphagia), students may benefit from a more directive approach, such as that in the Evaluation-Feedback Stage. Unfortunately, many supervisors habitually use a more directive style of supervision with all students. Overuse of this type of supervision may prevent students from developing their own treatment style and restricts independence. Students should take a more active role in the supervisory process (such as that used in the Transitional Stage of Supervision) and aim for clinical independence.

Using a collaborative style of supervision may assist students in advancing from the Evaluation-Feedback Stage to the Transitional Stage. In the collaborative style, students analyze their own clinical performance, but also incorporate the supervisor's suggestions. In this manner, the students and the supervisor work cooperatively to improve the students' clinical skills (Anderson, 1988). Student clinicians are typically able to analyze their client's performance, but may experience difficulty analyzing their own clinical performance. Students involved in the supervisory process from the beginning of their clinical training may be better able to analyze their own clinical performance (McCrea & Brasseur, 2003). When students identify their clinical strengths and needs, they should focus on both clinical skills they can easily perform and on clinical skills that are challenging. Goals to facilitate clinical growth should be established after strengths and needs have been identified (Dowling, 2001). Assisting students in analyzing their own behavior may also facilitate clinical independence. One widely known tool for assessing clinical skills, the Wisconsin Procedures for Appraisal of Clinical Competence (W-PACC), stresses the importance of considering the amount of in-

dependence a student has achieved. Encouraging students to perform clinical tasks without relying on extensive supervisor input should be a goal for all clinicians (McCrea & Brasseur).

The Auburn University Speech and Hearing Clinic (AUSHC) uses student self-evaluations to encourage students to not only identify clinical strengths and needs, but also to indicate their comfort level with clinical tasks. Whereas some students may be perceived as possessing strong clinical skills, they may lack the confidence to feel completely comfortable with their clinical performance. Students may establish more realistic objectives for themselves if they focus on their comfort or confidence level, as well as on strengths and needs. It is hoped that increasing students' comfort and confidence level will lead to more independence and ultimately will enable students to advance to the self-supervision stage.

Method

Students at AUSHC analyzed their own clinical performance at mid-semester by rating their comfort level for clinical tasks. The Clinical Performance Rating Form used by clinical instructors rates the students' performance on clinical tasks using a 4-point scale: 0=Unacceptable; 1=Improvement Needed; 2=Meets Expectation; 3=Exceeds Expectations. The Student Self-Evaluation Form was modified for students to rate their comfort level for clinical tasks: 0=Not comfortable, requires maximum assistance and/or supervisor demonstration; 1=Uncomfortable, requires moderate assistance; 2=Comfortable, requires minimal assistance; 3=Very Comfortable, is independent.

The rating of comfort level was chosen in order to encourage students to honestly report how comfortable they felt with clinical tasks, rather than focusing on whether or not they felt they had met the supervisor's expectations. It was also hoped that students would not be misguided into thinking their personal ratings would be reflected in their final grade.

A rating of "0" (Not comfortable, requires maximum assistance and/or supervisor demonstration) applies to students assigned to very difficult cases requiring initial observation or co-treatment with the supervisor. Such cases might include clients with dysphagia; laryngectomy; tracheostomy or ventilator dependent clients; or clients who are medically fragile.

A rating of "1" (Uncomfortable, requires moderate assistance) pertains to students in the Evaluation-Feedback Stage of supervision, wherein several of the suggestions might come from the supervisor, but be implemented by the clinician.

A rating of "2" (Comfortable, requires minimal assistance) is an example of students in the early Transitional Stage. At this level, students would be capable of joint problem solving with the supervisor.

A rating of "3" (Very Comfortable; is independent) is reserved for students in the later part of the Transitional Stage of Supervision and emerging into the Self-Supervision Stage. These students should be able to independently develop and execute a treatment plan.

After rating their comfort level for clinical tasks, students identified clinical strengths and needs. If students experienced difficulty identifying their clinical strengths and needs, the supervisor referred them to their Clinical Performance Rating Form suggesting that clinical skills receiving a high rating be classified as strengths, whereas those rated as low be targeted as needs.

Objectives or goals to enable improved clinical skills and to encourage independence were developed. A plan to accomplish the goals included procedures for both the student and supervisor. At the end of the semester, students again rated their comfort level for clinical tasks and discussed the amount of progress achieved for identified objectives and increased independence.

Results

Student Self-Evaluations

Students' comfort level for completing clinical tasks at mid-semester were compared with their comfort level for the same tasks at the end of the semester (Table 1-3 on page 3). Separate results are reported for (a) total students, including both graduate and undergraduate students, (b) graduate students, and (c) undergraduate students. Analysis of total student responses (Table 1) indicates that an average of 22% of the students felt uncomfortable with clinical tasks (and required moderate assistance from the supervisor) at mid-semester, but did not feel uncomfortable with any of the tasks by the end of the semester. An average of 29% of the students reported feeling very comfortable (independent) with clinical tasks at mid-semester, whereas 77% of the students felt very comfortable with clinical tasks by the end of the semester. Therefore, an average of 48% increase was seen in students' perception of independence for completing clinical tasks.

Analysis of graduate student responses (Table 2) show that an average of 26% of the graduate students felt uncomfortable with clinical tasks at mid-semester, but none of the students felt uncomfortable with clinical tasks by the end of the semester. An average of 27% of the graduate students reported feeling very comfortable with clinical tasks at mid-semester, whereas 73% felt very comfort-

able with the tasks at the end of the semester. Hence, for graduate students, independence for completing clinical tasks increased by an average of 46%.

An average of 14% of the undergraduates (Table 3) felt uncomfortable with clinical tasks at mid-semester, whereas none of the undergraduates reported feeling uncomfortable with clinical tasks at the end of the semester. An average of 34% of the undergraduates felt very comfortable with tasks at mid-semester, whereas an average of 85% of the undergraduates reported feeling very comfortable with clinical tasks at the end of the semester. Therefore, the amount of perceived independence gained by undergraduates averaged 51%.

In summary, none of the students felt they required maximum assistance to complete any of the clinical tasks at mid-semester or at the end of the semester. In most instances, the supervisor agreed that students were able to complete tasks with moderate to minimal assistance by mid-semester and/or at the end of the semester. Although some of the students required maximum assistance and/or supervisor demonstration for the first few sessions, these students required moderate assistance by mid-semester. One student, for example, initially required maximum assistance for a client with significant oral-motor feeding issues. The student was able to complete tasks with moderate assistance by mid-semester and rated herself accordingly. The supervisor's rating was in agreement, in that the student no longer required maximum assistance by mid-semester. In most instances, students reported that their comfort level for clinical tasks increased by the end of the semester, advancing either from uncomfortable to comfortable or from comfortable to very comfortable. None of the students reported feeling uncomfortable with clinical tasks at the end of the semester. The supervisor's evalu-

Table 1. Percentages reflect the total number of students (graduate and undergraduate) ratings for their comfort level with each of the 10 clinical tasks. Mid–Mid-semester

Question #	Uncomfortable		Comfortable		Very Comfort-	
	Mid	End	Mid	End	Mid	End
1. Case History	5%	0%	81%	10%	14%	90%
2. Modifies Cues	57%	0%	38%	43%	5%	57%
3. Materials	10%	0%	62%	14%	28%	86%
4. Goal Selection	38%	0%	52%	43%	10%	57%
5. Modifies Treatment	48%	0%	33%	48%	19%	52%
6. Client Sensitivity	0%	0%	57%	0%	43%	100%
7. Reinforcement	5%	0%	38%	5%	57%	95%
8. Behavior Modification	43%	0%	43%	48%	14%	52%
9. Paperwork	10%	0%	76%	14%	14%	86%
10. Interpersonal Skills	0%	0%	10%	0%	90%	100%
Averages	22%	0%	49%	22%	29%	78%

Table 2. Percentages reflect the graduate student ratings for their comfort level with each of the 10 clinical tasks. Mid – Mid-semester End – End of semester

Question #	Uncomfortable		Comfortable		Very Comfortable	
	Mid	End	Mid	End	Mid	End
1. Case History	8%	0%	84%	15%	8%	85%
2. Modifies Cues	62%	0%	30%	46%	8%	54%
3. Materials	15%	0%	70%	23%	15%	77%
4. Goal Selection	54%	0%	46%	46%	0%	54%
5. Modifies Treatment	62%	0%	31%	62%	7%	38%
6. Client Sensitivity	0%	0%	54%	0%	46%	100%
7. Reinforcement	7%	0%	31%	8%	62%	92%
8. Behavior Modification	39%	0%	46%	46%	15%	54%
9. Paperwork	15%	0%	62%	23%	23%	77%
10. Interpersonal Skills	0%	0%	15%	0%	85%	100%
Averages	26%	0%	47%	27%	27%	73%

Table 3. Percentages reflect the undergraduate student ratings for their comfort level with each of the 10 clinical tasks.

Question #	Uncomfortable		Comfortable		Very Comfortable	
	Mid	End	Mid	End	Mid	End
1. Case History	0%	0%	75%	0%	25%	100%
2. Modifies Cues	50%	0%	50%	38%	0%	62%
3. Materials	0%	0%	50%	0%	50%	100%
4. Goal Selection	13%	0%	62%	38%	25%	62%
5. Modifies Treatment	24%	0%	38%	25%	38%	75%
6. Client Sensitivity	0%	0%	62%	0%	38%	100%
7. Reinforcement	0%	0%	50%	0%	50%	100%
8. Behavior Modification	50%	0%	38%	50%	12%	50%
9. Paperwork	0%	0%	100%	0%	0%	100%
10. Interpersonal Skills	0%	0%	0%	0%	100%	100%
Averages	14%	0%	52%	15%	34%	85%

ation of students' clinical performance was in agreement in that improvement was seen with most tasks, and none of the students were rated as "1=needs improvement" by the end of the semester.

Overall, comparison of graduate and undergraduate student responses suggests that the undergraduate students felt more comfortable with clinical tasks at both mid-semester and at the end of the semester than did the graduate students. However, it should be noted that undergraduate students were assigned cases for which they obtained a significant amount of observation hours during the previous semester. Undergraduates at AUSHC are required to assist with one clinical case while obtaining observation hours. In many instances, the undergraduates were assigned that same case the following semester for clinical practicum. Furthermore, due to their lack of experience with the clinical and supervisory process, the beginning students are frequently unaware of their need for improvement. These students may assume that if the client is progressing, there is no need to alter their own behavior. The more experienced students are aware of the clinical skills required to be a competent clinician and are also aware of their own shortcomings.

Analysis of Clinical Tasks

Individual clinical tasks were analyzed to determine which tasks were initially the most challenging for students and which were the least challenging. Tasks receiving a high percentage of "uncomfortable" ratings at mid-semester were classified as most challenging, whereas those tasks receiving the highest ratings for "very comfortable" at mid-semester were deemed the least challenging. Graduate and undergraduate responses (Table 1) indicate students were most challenged by task 2 (provides and modifies cues) with 57% of the students rating this task as uncomfortable at mid-semester. By the end of the semester, 43% of the students were comfortable with providing cues and 57% were very comfortable with the task. Clinical task 5 (modifies treatment) and task 8 (behavior modification) were also challenging tasks for students. Initially, 48% of the students experienced difficulty with modifying therapy, but this task increased to 48% of the students feeling comfortable with the task by the end of the semester, and 52% of the students feeling very comfortable with modifying treatment by the end of the semester. Forty-three percent of the students initially felt uncomfortable with behavior modification at mid-semester, but 48% of the students reported feeling comfortable with the task by the end of the semester, and 52% felt very comfortable with this task by the end of the semester.

Students were most comfortable with task 10 (interpersonal skills), in which 90% of the students reported that they were very comfortable with their interpersonal

skills at mid-semester, and 100% reported being very comfortable with the task at the end of the semester. A total of 57% of the students were very comfortable with task 7 (providing reinforcement) at mid-semester, and 95% of the students were very comfortable with providing reinforcement by the end of the semester. Forty-three percent of the students were very comfortable with task 6 (sensitive to clients' mood) at mid-semester, increasing to 100% by the end of the semester.

A summary of the analysis indicates the most challenging tasks involved technical clinical skills: providing and modifying cues; and modifying treatment, while the least challenging tasks involved skills needed for relating to the client: interpersonal skills; client sensitivity; and reinforcement. It is also noteworthy that the majority of the personal goals established by the students at mid-semester included providing cues, modifying treatment, and establishing a more effective behavior management plan for the clients.

Summary of Survey Results

A total of 23 students completed a six-question survey assessing the effectiveness of the mid-semester evaluations:

1. Identifying my own clinical strengths and needs helped me develop better insight to my clinical performance.
2. My ability to identify clinical strengths and needs increased after the mid-semester evaluation process.
3. My comfort or confidence level for clinical skills (especially those identified as weak) has improved.
4. I accomplished the clinical goals I established for myself at mid-semester.
5. The self-evaluation process helped improve my clinical problem solving skills.
6. My level of independence increased during the supervisory process.

Thirteen graduate and 10 undergraduate students responded to the survey (Tables 4-6 on page 5). Overall, the effectiveness of the mid-semester evaluation process received a rating of 4.67 out of 5.00, indicating the students were very satisfied with the process. The majority of responses fell in the 5 (strongly agree) or 4 (agree) scale. One graduate student rated question 4 (met objectives) as neutral, indicating she neither agreed nor disagreed with having met her clinical goals. Overall, question 4 rated the lowest, but still averaged 4.32. Question 6 (supervisor allowed for increased independence) rated highest (4.96), indicating that the objective to encourage students to become more independent clinicians was met.

Questions 1 (developed clinical insight) and 2 (ability to identify clinical strengths and needs) also rated high, indicating students had a better understanding of their clinical skills and corresponding strengths and weaknesses.

Conclusions

In light of ASHA's competency requirements associated with the Knowledge and Skills Assessment (KASA), it is imperative that clinical instructors have a method for assessing when students have demonstrated clinical competency. Encouraging students to become more independent by analyzing their clinical performance is one method for increasing clinical competency. Results of this study showed, when provided the opportunity, students were able to effectively analyze their clinical performance and identify clinical strengths and needs in order to develop appropriate goals for improved clinical performance. Students indicated their comfort or confidence level toward performing clinical tasks improved when they actively participated in the supervisory process. Further, students felt they developed increased independence when they were responsible for analyzing and modifying their own clinical performance.

In summary, students should not only be responsible for making clinical decisions pertaining to their clients, but they should also be actively involved in making decisions that will improve their clinical performance. In doing so, students will become more independent and move one step closer to performing at the self-supervision stage.

References

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Table 4 Results for Each Survey Question: Total Student (graduate and undergraduate) Responses

Question #	3: Neutral	4: Agree	5: Strong agree	Total Rating
1 Clinical insight	0%	30%	70%	4.70
2 Ident. strengths	0%	30%	70%	4.7
3 Comfort level	0%	43%	57%	4.57
4 Met objectives	4%	61%	35%	4.13
5 Prob. solving	0%	57%	43%	4.96
6 Independence	0%	4%	96%	4.96
Total	1%	37%	62%	4.67

Table 5 Results for Each Survey Question: Graduate Students Responses

Question #	3: Neutral	4: Agree	5: Strong agree	Total Rating
1 Clinical insight	0%	38%	62%	4.62
2 Ident. strengths	0%	38%	62%	4.62
3 Comfort level	0%	46%	54%	4.54
4 Met objectives	7%	62%	31%	4.23
5 Prob. solving	0%	62%	38%	4.38
6 Independence	0%	0%	100%	5.00
Total	1%	41%	58%	4.57

Table 6 Results for Each Survey Question: Undergraduate Response

Question #	3: Neutral	4: Agree	5: Strong agree	Total Rating
1 Clinical insight	0%	20%	80%	4.8
2 Ident. strengths	0%	20%	80%	4.8
3 Comfort level	0%	40%	60%	4.6
4 Met objectives	0%	60%	40%	4.4
5 Prob. solving	0%	50%	50%	4.5
6 Independence	0%	10%	90%	4.9
Total	0%	33%	67%	4.67