Preparing the Future of Our Profession through Clinical Education

Session Description:

This session will discuss **ways in which clinical educators can foster confidence** in the future of our profession. Information will be provided on how to meet students where they are through **collaborative learning**, how to embrace a **mentor mentality**, and how to set students up for success by proactively providing **structured and scaffolded support**.

Baggett, J., Bryan, M., Cook, C, Hinton, K., Mennen, A., Payne, J., Shirley, S., Stricklin, D., (2024, February). Preparing the Future of our Profession through Clinical Education. Presentation at the annual convention of the Speech and Hearing Association of Alabama, Birmingham, AL.

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Preparing the Future of our Profession through Clinical Education
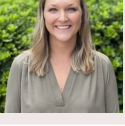
Learning Outcomes:

Participants will…

1) reflect on aspects of clinical education that foster student growth through mentorship

2) identify strategies that maximize student engagement and develop critical thinking skills

3) outline ways to use feedback to build student confidence

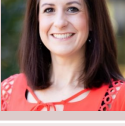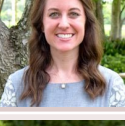| Presenter	Relevant Financial Relationship Disclosures	Relevant Non-Financial Relationship Disclosures
Jennifer Baggett	Presenter is a paid employee of the University of Alabama and will be mentioning her place of employment in her presentation.	Presenter has no relevant non-financial relationships to disclose.
Mary Bryan	Presenter is a paid employee of the University of Alabama and will be mentioning her place of employment in her presentation. Presenter serves as the Director of Continuing Education for SHAA and receives an annual stipend.	Presenter has no relevant non-financial relationships to disclose.
Candace Cook	Presenter is a paid employee of the University of Alabama and will be mentioning her place of employment in her presentation.	Presenter has no relevant non-financial relationships to disclose.
Kayce Hinton	Presenter is a paid employee of the University of Alabama and will be mentioning her place of employment in her presentation.	Presenter has no relevant non-financial relationships to disclose.
Amanda Mennen	Presenter is a paid employee of the University of Alabama and will be mentioning her place of employment in her presentation.	Presenter has no relevant non-financial relationships to disclose.
JoAnne Payne	Presenter is a paid employee of the University of Alabama and will be mentioning her place of employment in her presentation.	Presenter has no relevant non-financial relationships to disclose.
Sara Shirley	Presenter is a paid employee of the University of Alabama and will be mentioning her place of employment in her presentation.	Presenter is the current CELL Committee Chair of the Speech and Hearing Association of Alabama.
DeLaine Stricklin	Presenter is a paid employee of the University of Alabama and will be mentioning her place of employment in her presentation.	Presenter is on the SHAA Convention Planning Committee.

Aspects of Clinical Education	Currently, my clinical education reflects this.
Set clear objectives for the student, specific to the practicum site.	
Offer strategic questioning, fostering critical thinking skills in students.	
Provide student feedback on specific performances, versus general feedback statements.	
Foster interprofessional educational experiences for students.	
Have a clear data collection plan and assist students in using data to guide clinical decisions.	
Guide the student in developing advocacy skills for clients, himself/herself, and the profession.	
Work as an ally with your student with common goals to help them enhance their clinical training.	
Effectively convey applicable research information, supporting EBP.	
Guide the student in reflective practice (goal setting, self-monitoring, knowing when to request immediate vs. delayed supervisory intervention) to encourage flexibility, growth, and independence.	
Have a clear feedback plan for the student that is well-timed and expected (written, verbal, meeting once a week, etc.).	
Adapt to students' learning style (visual, aural, tactile, interactive).	
See yourself as a mentor - coaching, teaching and empowering.	
Provide concrete examples of documentation.	
Foster professional growth and development, utilizing a positive approach to the workplace.	

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Reflect on the Past…Plan for the Future!

Instructions: Read the following aspects of clinical education. Determine if this is something you already incorporate into your clinical education or something that you would like to incorporate in the future. Place a checkmark in the appropriate column.

Aspects of Clinical Education	Currently, my clinical education reflects this.	For the future, I would like to incorporate this into my clinical education.
Set clear objectives for the student, specific to the practicum site.		
Offer strategic questioning, fostering critical thinking skills in students.		
Provide student feedback on specific performances, versus general feedback statements.		
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Have a clear data collection plan and assist students in using data to guide clinical decisions.		
Guide the student in developing advocacy skills for clients, himself/herself, and the profession.		
Work as an ally with your student with common goals to help them enhance their clinical training.		
Effectively convey applicable research information, supporting EBP.		
Guide the student in reflective practice (goal setting, self-monitoring, knowing when to request immediate vs. delayed supervisory intervention) to encourage flexibility, growth, and independence.		
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Foster professional growth and development, utilizing a positive approach to the workplace.		

Mentor Mentality

Mentor Mentality

- The *supervisor relationship* is probably the single most important factor for the effectiveness of supervision in clinical practice settings.

- Across studies of several professions, the supervisory relationship was a better (if not significantly better) predictor of *client outcomes* than supervisory skills or helpfulness.

(Kilminster & Jolly, 2000)

Mentor Mentality

- Graduate curricula typically emphasizes the knowledge base, with a focus on measurable, observable behaviors.

- Little teaching is given for the socio-emotional aspects such as
  - Relationships being the fundamental element for change and growth
  - How to foster a client-clinician relationship
  - How our own beliefs and world views influence our clinical relationships

Mentor Mentality

- Supervision is a complex and interpersonal exchange.
- Variables impacting supervision:
  - Trainee's personality
  - Trainee's knowledge base
  - Trainee's previous experiences
  - Supervisor's teaching style
  - Supervisor's knowledge/expertise
  - Learning environment of the site (or lack thereof)
  - Time
  - Race/Gender/Sexuality/etc.

Know Your Mentee

- Generation Z
  - Born 1997-2012
  - The first truly digital native generation
  - Likely had some part of the college experience during COVID
  - Stereotyped as "tech-addicted", "anti-social", or "social justice warriors"
  - Used to a texting-based writing style

Deficit-oriented thinking v. Strengths-based perspective

- In order to build a healthy supervisor relationship, we have to value what our students bring to the relationship.
  - What are their strengths?
  - How can they compliment the way I do things?
  - Just because they do it differently, does that make it wrong?

Know Your Mentee

- Generation Z
  - Most diverse generation group, who place a strong emphasis on diversity, inclusion, and social justice
  - More likely to be cautious in career choices
  - Less likely to engage in underage drinking or go without a seatbelt
  - Bring fresh perspectives and innovation
  - Technological expertise
  - Typically have strong multi-tasking and collaboration skills
  - "Most problem-solving generation ever"
  (based on a survey of 6000 students in 17 countries by EY Ripples and JA Worldwide in 2020)

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Learning Style

- Pedagogy – the art and science of teaching children
- Andragogy – the art and science of teaching *adults*
- Assumptions of the adult learner:
  - Self-Concept
  - Experience
  - Readiness to learn depends on need
  - Problem-centered focus
  - Internal motivation
  - Need to know *why* they are learning something

(McGrath, 2009)

Clinical Supervisor

- Boss
- Focus on performance growth
- Deficit-oriented thinking

- Unidirectional
  - "I teach you."
- Expert
- Supervisee = passive role
- Skill-based
- Instructive/prescriptive
- Static

Clinical Educator

- Guide
- Focus on personal growth
- Strengths-based perspective

- Bidirectional
  - "We learn from each other."
- More experienced
- Supervisee = active role
- Relationship-based
- Collaborative
- Dynamic – based on need

Application of Adult Learning Theories

- Set a cooperative learning climate

- Assess the learner's specific needs/ interests

- Collaboratively develop learning objectives

- Adjust supports to the need of the clinician

- Become a coach

Anderson's Continuum of Supervision

Stages	Evaluation-Feedback	Transitional							Self-Supervision

Styles: Direct/Active | Collaborative | Consultative

■ Supervisor
□ Supervisee
▨ Peer

Adapted from *The Supervisory Process in Speech-Language Pathology and Audiology (p.62)* by J.L. Anderson, 1988, Boston: College-Hill Press/Little Brown and Company.
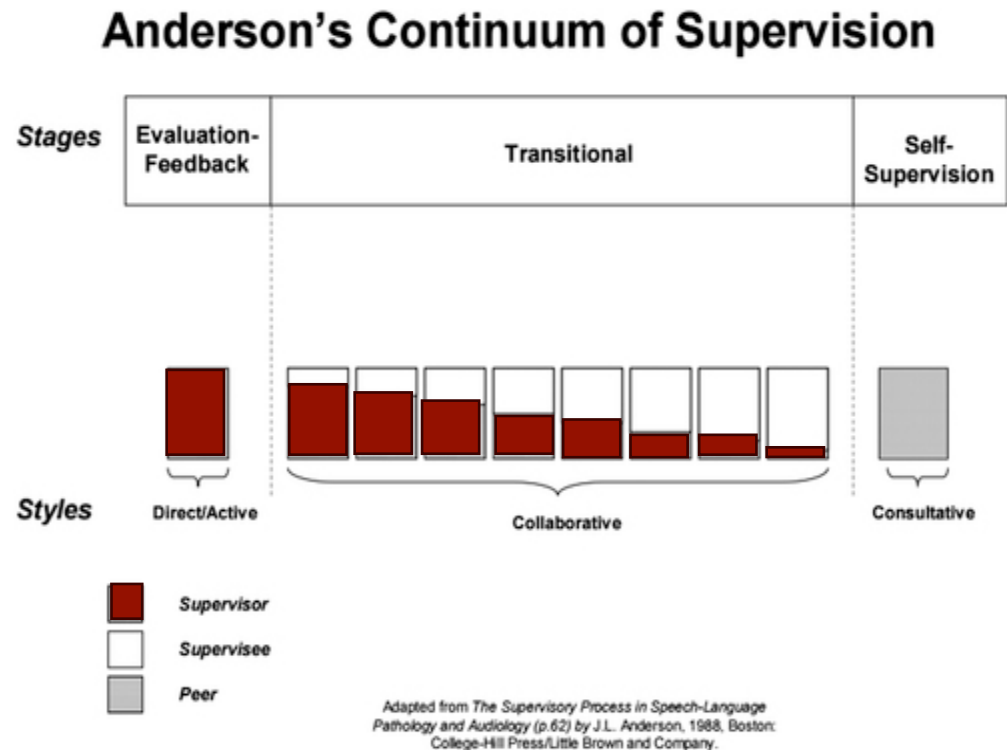
Creating a Growth Mindset

- Create a safe learning environment.
  - Be vulnerable.
    - Be willing to change your mind
    - Admit your mistakes
    - Allow for mistakes, questions, and them to not know things
  - Shame is the enemy of vulnerability.
    - When our students feel insecure, wrong, or think there is no room for mistakes, it often shows up as defensiveness, detachment, or avoidance of risks altogether
  - Empathy is the antidote to shame. (Brown, 2018)

- Require commitment and effort, not error-free learning.

Imperfections are not inadequacies; they are reminders that we're all in this together.

BRENÉ BROWN

EVERYDAY POWER

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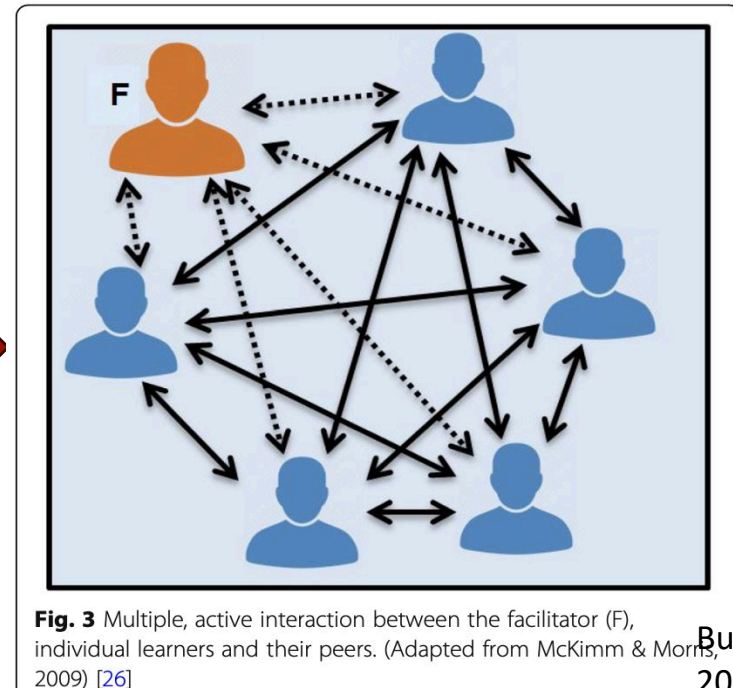## *Teamwork Makes the Dreamwork*

- Maximizing student engagement through teamwork

- Developing critical thinking skills through dreamwork

Collaborative supervision - "a dynamic, problem-solving process wherein supervisor *(educator/mentor)* and supervisee *(mentee)* work together to achieve optimum service for clients as well as the professional growth of both participants" (Anderson, 1988).

Teamwork Makes the Dreamwork

- This model provides an example to students of how to work with others and sets the stage for how to serve as a clinical educator in the future

Fig. 2 Didactic interactions between the facilitator (F) and individual learners. (Adapted from McKimm & Morris, 2009) [26]

Fig. 3 Multiple, active interaction between the facilitator (F), individual learners and their peers. (Adapted from McKimm & Morris, 2009) [26]

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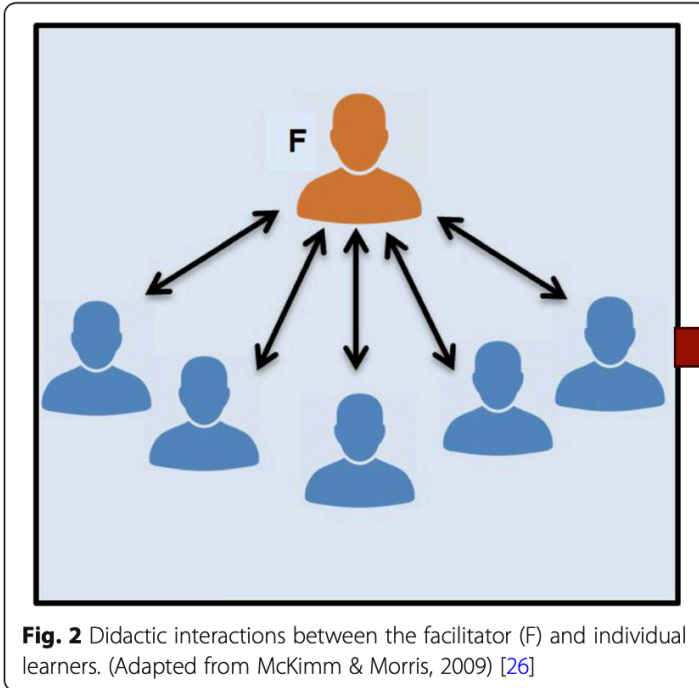
Teamwork Makes the Dreamwork

Empowerment

Resilience

Self-Efficacy

Diversity

Parallel Process

Teamwork Makes the Dreamwork

- Collaboration goes beyond Interprofessional Practice

- Collaboration with student increases student engagement and develops problem solving skills and practical application skills

- 70-80% of serious medical errors result from teamwork failure

- Bottom line… it decreases the likelihood of serious mistakes

- Collaboration leads to higher patient satisfaction and happiness

pdresources.org

Teamwork Makes the Dreamwork

- Call them **TEAMS**, not groups
- Nurture team relationships from the start… Lead and teach. … show care by solving problems together
- Meet regularly
- Appreciate different perspectives
- Provide opportunities for teams to reflect on their dynamics and decide on ways to improve
- Require team members to set expectations for their own behavior
- Provide learning opportunities with future training in need areas

Adapted from Gerlach 2002

Teamwork Makes the Dreamwork

- "Educational and professional success require developing one's thinking skills and nurturing one's consistent internal motivation to use those skills" (Facione, 2000, p. 81)

- The clinical educator must not only teach critical thinking skills but also nurture the *disposition* toward clinical thinking (Gavett & Peapers, 2007)

- Critical thinking is a necessary step for successful decision-making in health care professions so as to avoid critical errors and to ensure provision of high-quality care (Papp, et al., 2014)

Teamwork Makes the Dreamwork

CRITICAL THINKING

- Allows the clinician to . . .

- Access knowledge about the field

- Determine how that knowledge can be applied in clinical situations

- Evaluate outcomes

- Modify his or her thinking

- Make appropriate clinical adjustments

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Teamwork Makes the Dreamwork

Asking Critical Questions can:

- provide a model for reasoning

- provide a structure to connect theory and practice

- challenge student clinicians to think through strategies

Accomplish these objectives by asking questions that activate the student's knowledge and promote analysis, synthesis, and evaluation of the situation

Teamwork Makes the Dreamwork

As a Mentor and Team Leader:

1. Use analogies or anecdotal stories
2. Promote discussions between team members
3. Ask open-ended questions with pauses for response
4. Allow reflection time… come back to the question at the next meeting

Pose
(question to whole group)

Pause
(allow thinking time)

Pounce
(select someone by name)

Fig. 5 The 3 Ps of questioning (adapted from Lake, Vickery, Ryan, 2005) [31]
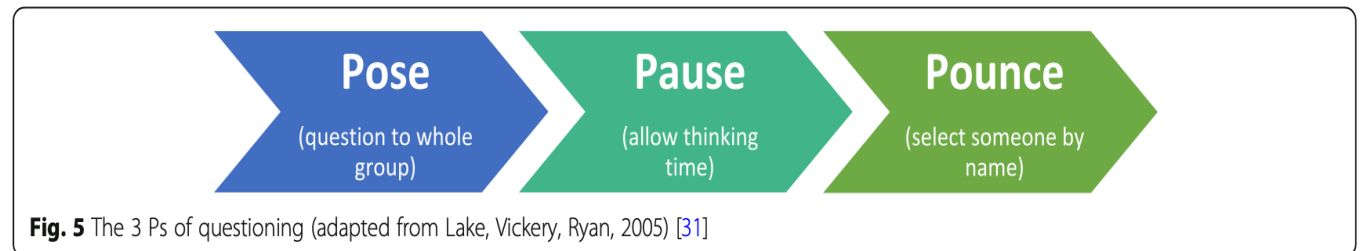
Teamwork Makes the Dreamwork

Strategic questioning:

- consciously adapting the timing, order, and phrasing of questions to help the student process information at increasingly more complex levels.

Bloom's Taxonomy
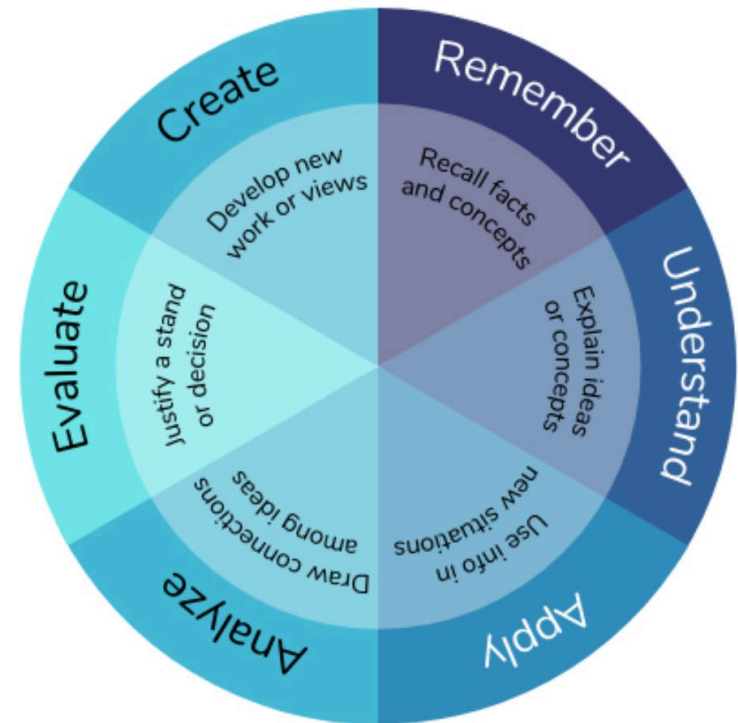
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Teamwork Makes the Dreamwork

Examples of Team-Based Learning Questions:

1. Please tell me more.
2. Give me/us an example?
3. Provide more specific details?
4. Describe the scenario?
5. What are other ways to look at this question/situation?
6. What other points of view should we consider? (outside collaboration)
7. What can we learn from this?

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Teamwork Makes the Dreamwork

Simulation:

- Replaces real client/patient experiences with scenarios designed to replicate real clinical decisions and treatment

- Adds opportunity to build knowledge and experience by rehearsing in a safe environment

Nursing Simulation Day!

Thank you, Dr. Cole, for hosting our Medical SLP students. @bamanursing @uaspeech

Teamwork Makes the Dreamwork

Teamwork Makes the Dreamwork

Problem-based learning scenarios:

- Experiences in which teams of students—with guidance from an instructor—learn through solving an open-ended problem by identifying what they know, what they need to know, and where they can access the necessary information to solve the problem.

- Provides relevance, higher-order learning, self-directed learning, and better learning outcomes.

Teamwork Makes the Dreamwork

Grand Rounds:

- Team meetings where cases are presented to student clinicians, clinical educators, and other medical and allied health professionals, followed by a discussion of each case which enhances clinical reasoning and decision-making skills.

- Students may review current literature to provide support for test protocols, test interpretation, and treatment options

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Case-based learning scenarios:

- Similar but use discussion of case studies and real-life scenarios to help students put their learning into practice in a clinical setting

- Students work collaboratively to examine, analyze, and discuss problems related to the case

Teamwork Makes the Dreamwork

- Model strong work habits

- Be a coach

- Scaffold

- Communicate team goals

- Be a **team player**… Take a global perspective… Reflect… Explore

- Give recognition in front of other staff and peers

- Share the workplace mission through regular team meetings to inform them how their work fits into the larger purpose of the institution

- Be an **EDUCATOR**   Adapted from Dennen & Burner, 2008

Have fun as a CE...

They are your future colleagues!

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Giving Feedback to Build Confidence

Do the best you can until you know better. Then when you know better, do better.

— Maya Angelou

Build Student Confidence

Ultimate Goal of Clinical Education	→	Produce Competent & Confident Young Professionals	→	Ready to Take on the Important Work of our Profession
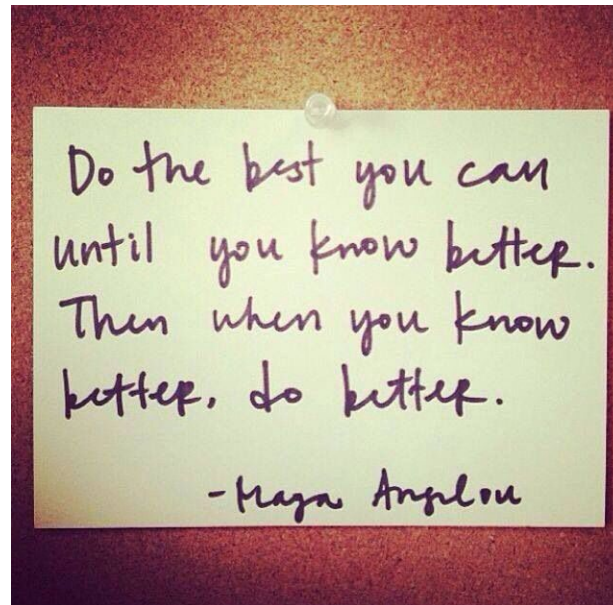
Just as we encourage students to hone their clinical and professional skills, we can **refine the art of providing feedback** in a meaningful way to help them reach their goals

Skill Acquisition

- What does it take to learn and polish a skill?
  - Opportunity
  - Repetition
  - Feedback

- This applies to many contexts:
  - Learning a Motor Skill
  - Learning Clinical Application Skills
  - Providing Clinical Education

Sheppard, 2008

Feedback

Information provided regarding aspects of one's performance or understanding.

- *Examples:*
  - *a teacher can provide corrective information,*
  - *a book can provide info to clarify ideas,*
  - *a parent can provide encouragement,*
  - *a peer can provide an alternative strategy*

- **"Feedback is a consequence of performance."**

ASHA, 2023
Hattie, Timperley, 2007

Feedback has purpose

- Feedback...

  - impacts learning and achievement

  - is multi-purpose

  - viewed, felt, and accepted differently by all

Lundblom, 2023

SHARPENS SKILLS
INFORMS
PROVIDES INSIGHT
MOTIVATES
ACKNOWLEDGES
EXPANDS KNOWLEDGE
corrects
FEEDBACK
clarifies
reinforces
ENCOURAGES
PROMOTES IMPROVEMENT
COACHES
EVALUATES

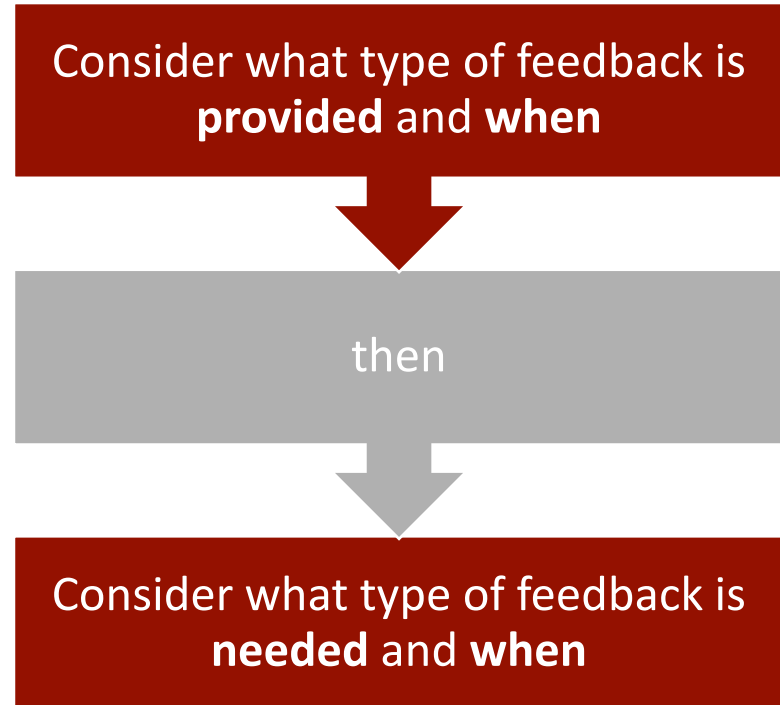# Feedback is dynamic
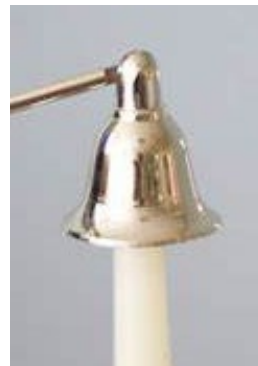
- Motivates
- Shows appreciation
- Expands knowledge
- Sharpens skills
- Guides
- Aligns actions with expectations
- Informs decision making

Consider what type of feedback is **provided** and **when**

then

Consider what type of feedback is **needed** and **when**

Lundblom, 2023

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Feedback can be Powerful!

What is most effective?

Provide
Instruction ←——————————————————————→ Provide
Feedback

- To assist in understanding the purpose, effects, and types of feedback, it is useful to consider a continuum of instruction and feedback.

- **When instruction and feedback become intertwined, a new process is formed which allows the student to fill a gap between what is understood and what is aimed to be understood.**

- To be powerful in its effect, there must be a learning context to which feedback is addressed

Sanders, 1989
Hattie, Timperley, 2007

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Set the stage for success

Provide
Instruction

Provide
Feedback

- Effective teaching *not only involves imparting information and understanding* to students (or providing constructive tasks, environments, and learning)

- but also *involves assessing and evaluating students' understanding of the information*, so that the next teaching act can be matched to the present understanding of the student.

Hattie, Timperley, 2007

Feed Up, Feed Back, Feed Forward

- Feedback can lead us to answering 3 questions:
  - Where am I going?
  - How am I going/doing?
  - Where to next?

- This provides a framework to consider that enhances effectiveness of feedback

- An ideal learning environment or experience occurs when both teachers and students seek answers to each of these questions

Hattie, Timperley, 2007

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Feed Up, Feed Back, Feed Forward

What is known.

What we are reaching for!

- Feedback should be **targeted to students at the appropriate level**, so that it is effective in **reducing the gap between what is known and what is being reached for.**

Influencing factors

- Factors that influence feedback:

  - Timing *(immediate or delayed)*

  - Frequency *(more often or less often)*

  - Tone *(positive, negative, or balanced)*

  - Form *(spoken or nonspoken)*

  - Specificity *(more detailed or less detailed)*

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Feed Up—Where am I going?

- Feedback begins <u>before</u> the task occurs by
  - Working with the student to set goals
  - Reviewing student expectations
  - Discussing learning and communication styles

- Goals are two-dimensional
  - Should be just challenging enough, but not too challenging
  - Requires commitment on the part of the student and clinical educator to meet the goal

Challenge	Commitment

- Discuss "success criteria"
  - What will it take to complete the experience successfully
  - Give specific examples of what it looks like to meet a goal and what it looks like to not meet that goal

Hattie, Timperley, 2007

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Feedback—How am I going/doing?

- Effective feedback consists of information about progress and/or how to proceed

- It's a vulnerable process—
  - for the mentor and mentee

- We must provide courageous constructive feedback

Baker, 2023

Courageous Constructive Feedback

- ## Set the stage for feedback
  - Normalize feedback–
    - "This is an experience, not a test."
  - Normalize discomfort—
    - "Feedback isn't always easy to hear, but remember this is about the task, not you personally."
  - Reminders that we are in this together
  - Ask them a question that lets them know the feedback is coming—
    - "I have ideas about how we can improve this. May I share them with you?"

- ## Approach feedback from a strengths-based perspective
  - Point out the positives
  - Teach students how to identify strengths in themselves and others
    - "Praise one another like we praise our clients."
  - Use strengths to scaffold opportunities for growth—
    - "I liked the way you facilitated this piece of the activity, let's pair that with this next time—what do you think?"

Baker, 2023

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Courageous Constructive Feedback

- Facilitate accountability without shame
  - Address behaviors rather than the individual

  - Provide support
    - "Everyone makes mistakes"

- Make feedback specific
  - Specific feedback can be seen as a data point which makes it easier to implement and measure

- Make way for reflection
  - Invite learners to reflect on their emotional responses to feedback

  - Facilitate reflection with your learner so they can interpret the feedback at the task-level and talk through a plan forward
    - Instead of "I want you to reflect on that", try "let's think through this together"

Baker, 2023

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*Preparing the Future of our Profession through Clinical Education*

Feed Forward—Where to next?

- Help the student identify where their gaps in learning are, then put in place the steps needed to move forward.
  - *How well do I understand the purpose of the task?*

  - *How well do I understand the steps or process needed to complete the task?*

  - *Can I self-monitor my performance or do I need external directing to complete the task?*

  - *Have I reflected on my own performance, and do I feel positive about my performance?*

Feed Up, Feed Back, Feed Forward
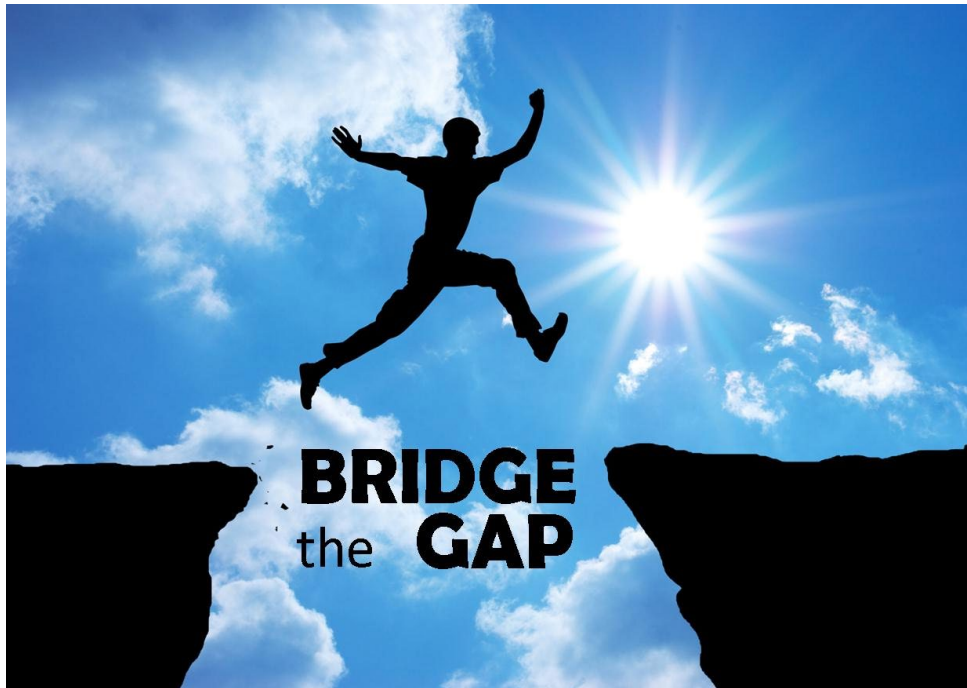
- Effective feedback can decrease the gap between where a student is and where they are aiming to be.

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*Please contact us if you are interested in serving as an off-campus
clinical educator/mentor for our wonderful graduate students!*

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College of Arts & Sciences

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Thank you for <u>all</u> that you do!!

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_____

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Thank you for the impact you have on the profession!
Please contact me if you are interested in supervising a UM SLP graduate.

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251 445-9374

Please contact me if you are interested and available for supervision of graduate students from USA. Adult settings are highly desired.

UNIVERSITY OF
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Please contact us if you are interested in serving as a supervisor for our graduate students.

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Group Discussion

1) Form groups of 3-5

2) Designate the following:
   1) 1 notetaker
   2) 1 scenario reader
   3) 1 presenter

3) Read scenario

4) Discuss a plan for success by listing 2-3 ways to address the following:
   1) *How will CE use a mentor mentality to coach student?*
   2) *How will CE collaborate with student?*
   3) *How will CE use feedback to instill confidence in the student?*

5) Share plan with session attendees

Scenario 1
Prepping for Evaluation

- A student clinician is completing an upcoming evaluation on a new client/patient. This is not the student's first evaluation experience with you, but you anticipate that there will be aspects of this evaluation that will be new or different for the student based on the client/patient's diagnosis and needs.

- You have provided the student with the client/patient's demographic information (including diagnosis/reason for referral), and you have asked the student to review this information and then meet with you to discuss the plans for the evaluation.

- At the start of the preparation meeting, the student shares that they have reviewed the referral paperwork and that they have prepared an outline of their plans for the evaluation. The student has also already gathered a few of the needed materials.

- When reviewing the student's plan, you notice that it includes time for a brief case history/patient interview, and you ask the student if you can see the questions that they have prepared for this. The student shows you a list of three appropriate questions and then states that they thought you would provide them with a list of any other needed questions.

- The student's evaluation plan also includes the name of the assessment that the student plans to administer to the client/patient. You note that the chosen assessment will only evaluate one area of skills that need to be assessed.

- The only two items on the student's evaluation plan are the brief case history/patient interview and the name of the assessment.

- At the end of the meeting, the student references the evaluation report that will need to be written. The student mentions previous reports that they have written and indicates that they plan to use these reports as a guide, but the student also asks you if you could provide them with additional guidance/examples for the report.

Scenario One – Preparing for an Evaluation

A student clinician is completing an upcoming evaluation on a new client/patient. This is not the student's first evaluation experience with you, but you anticipate that there will be aspects of this evaluation that will be new or different for the student based on the client/patient's diagnosis and needs.

You have provided the student with the client/patient's demographic information (including diagnosis/reason for referral), and you have asked the student to review this information and then meet with you to discuss the plans for the evaluation.

At the start of the preparation meeting, the student shares that they have reviewed the referral paperwork and that they have prepared an outline of their plans for the evaluation. The student has also already gathered a few of the needed materials.

When reviewing the student's plan, you notice that it includes time for a brief case history/patient interview, and you ask the student if you can see the questions that they have prepared for this. The student shows you a list of three appropriate questions and then states that they thought you would provide them with a list of any other needed questions.

The student's evaluation plan also includes the name of the assessment that the student plans to administer to the client/patient. You note that the chosen assessment will only evaluate one area of skills that need to be assessed.

The only two items on the student's evaluation plan are the brief case history/patient interview and the name of the assessment.

At the end of the meeting, the student references the evaluation report that will need to be written. The student mentions previous reports that they have written and indicates that they plan to use these reports as a guide, but the student also asks you if you could provide them with additional guidance/examples for the report.

Scenario Questions

1. How will CE use a mentor mentality to coach the student?

2. How will CE collaborate with the student?

3. How will CE use feedback to instill confidence in the student?

Scenario 1: Preparing for evaluation

1) How will CE use a mentor mentality to coach student?

2) How will CE collaborate with student?

3) How will CE use feedback to instill confidence in the student?

Scenario 2
Debriefing from treatment session and preparing for next session

- A student clinician just completed a treatment session for a client/patient that the student has been working with for several weeks.

- You made the following observations during the session:
  - The student followed the plan for the session accordingly
  - The student did not have one of the materials needed to complete one of the tasks fully
  - The student was challenged by keeping the client/patient on task at times
  - The student provided great descriptive feedback to the client/patient
  - It appeared as though the student may not have taken data on all responses
  - The student was challenged by using cues and providing assistance, although clear attempts to do this were noted

- When speaking to the student after the session, the student has questions about continuing one of the tasks/goals.

Scenario Two – Debriefing After a Treatment Session

A student clinician just completed a treatment session for a client/patient that the student has been working with for several weeks.

You made the following observations during the session:

- The student followed the plan for the session accordingly
- The student did not have one of the materials needed to complete one of the tasks fully
- The student was challenged by keeping the client/patient on task at times
- The student provided great descriptive feedback to the client/patient
- It appeared as though the student may not have taken data on all responses
- The student was challenged by using cues and providing assistance, although clear attempts to do this were noted

When speaking to the student after the session, the student has questions about continuing one of the tasks/goals.

Scenario Questions

1. How will CE use a mentor mentality to coach the student?

2. How will CE collaborate with the student?

3. How will CE use feedback to instill confidence in the student?

Scenario 2: Debriefing from treatment session and prep for next session

1) How will CE use a mentor mentality to coach student?

2) How will CE collaborate with student?

3) How will CE use feedback to instill confidence in the student?

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Post-Reflection

Aspects of Clinical Education	For the future, I would like to incorporate this into my clinical education.
Set clear objectives for the student, specific to the practicum site.	
Offer strategic questioning, fostering critical thinking skills in students.	
Provide student feedback on specific performances, versus general feedback statements.	
Foster interprofessional educational experiences for students.	
Have a clear data collection plan and assist students in using data to guide clinical decisions.	
Guide the student in developing advocacy skills for clients, himself/herself, and the profession.	
Work as an ally with your student with common goals to help them enhance their clinical training.	
Effectively convey applicable research information, supporting EBP.	
Guide the student in reflective practice (goal setting, self-monitoring, knowing when to request immediate vs. delayed supervisory intervention) to encourage flexibility, growth, and independence.	
Have a clear feedback plan for the student that is well-timed and expected (written, verbal, meeting once a week, etc.).	
Adapt to students' learning style (visual, aural, tactile, interactive).	
See yourself as a mentor - coaching, teaching and empowering.	
Provide concrete examples of documentation.	
Foster professional growth and development, utilizing a positive approach to the workplace.	

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