



Clinical Flexibility: A Graduate-Clinician Focus Group

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Abstract

Clinical flexibility is a skill that is essential in a field that requires clinicians to provide individualized services, rather than applying cookbook approaches. A focus group, comprised of second-year graduate students, explored student learning preferences as they relate to prior knowledge, flexibility, and theoretical perspectives.

Background

- Many students have difficulty applying content knowledge in clinical settings. We hypothesized that principle-based instruction that relies on flexible thinking will help aid in this transition. (Illeris, 2003; Hatano, 2003).
- Knowing why certain treatment procedures work or don't work allows SLPs to think more critically and modify their approaches to fit the individual needs of their clients. (Hatano, 2003; Ratner, 2011).
- Encouraging students to develop a mindset that seeks to develop connections between content knowledge and real-world problems can help place students on a trajectory towards expertise (Hatano, 2003).
- There is limited research on how clinicians change throughout their professional careers. This is essential for increased knowledge of how to become an expert. (Kamhi, 1995).

Novice → Expert

Novice

- Fear of making mistakes
- Initial rigidity in thought process
- Focuses on small details versus "Big Picture"
- Difficulty applying knowledge to clinical experiences
- Heavy cognitive load often hinders ability to be flexible

Transition

- Builds connections between content knowledge and experiences
- Gradually adds more personal responsibility
- More opportunities to practice being flexible
- Variability in experiences increases ability to be flexible

Expert

- Knows what one does and does not know
- Thinks of the "Big Picture"
- Readjusts in the moment
- Increased metacognitive awareness skills and reflectiveness
- Comfortable with making mistakes & learns from mistakes

Aims & Methods

- Aims:**
 - To identify prior learning experiences that influenced clinician-learner preferences.
 - To examine which teaching pedagogies scaffold flexible thinking.
 - To explore how student clinicians change throughout their academic careers to become skilled and flexible clinicians.
- Participants:**
 - 8 second-year graduate students, at time of graduation
 - Invited to participate because they demonstrated a high level of disciplinary knowledge, clinical flexibility, & critical thinking

Discussion Prompt:

We know that learning evolves over the course of a college career.

We have observed that some of our students are better at applying knowledge.

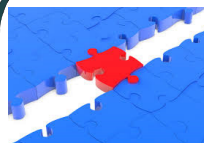
We have seen clinical flexibility arise out of a variety of teaching methods, but are not sure how different teaching methods impact the development of flexibility and critical thinking.

That's why we have asked you to come today...

- Methods:**
 - Qualitative Research Study: Focus group with discussion prompt
 - Data Analysis: Open and Axial Coding (Strauss & Corbin, 1990)

Discussion and Future Directions

Discussion



- Students affirmed that principle-based instruction → more flexible thinkers.
- Students affirmed that one needs a firm grasp on content knowledge before one can begin to be flexible.
- Students relied on faculty to give critical feedback, push them out of their comfort zones, and to ask thought-provoking questions.
- Students proposed that variability in learning experiences helped to aid in the transition from undergraduate to graduate school and to externships.

Future Directions

- Explore in greater detail the transition from novice to expertise.
- Explore specific teaching pedagogies that scaffold clinical flexibility.
- Examine more deeply how students and clinicians change throughout their professional careers.

Results

Exemplars

Themes and Sub-themes

Challenges – Transitions

- "The transition from [clinic] to the externship was way more difficult than any other transition."
- "...big disconnect...between clinic and the real world."
- "I need to memorize this and take the test and be done...No, I need to know this because it's going to be my job!"
- "...our clinic setting is...drastically different from the real world."
- "I think we...get complacent...we just kind of go through the motions."

Challenges – Fears & Concerns

- "Get over the fact you're gonna make mistakes"
- "...it was really hard for me to wrap my head around some of that theoretical stuff."
- "You have to be willing to be wrong."
- "You only have a certain amount of time [to learn] all of this information and ...our profession covers such a wide variety..."

Outcome of Challenges

- "Five bad minutes...might be the most helpful...minutes of your session"
- "...experiences on my externships that really want me to go back and do research, you know?"
- "...you get what you put into [your education/experiences]."
- "...in my externships...I've asked more questions."
- "[Once you're comfortable]...you can start thinking about...modifying in the moment and asking [about rationale]."
- "...you can finally realize that there isn't a prescriptive route."

Qualities of Expertise - Mindsets

- "There wasn't a right or wrong answer."
- "...always thinking 'big picture'...How does this apply?"
- "...really comes down to self-responsibility"
- "Not only thinking about clients, but the field as a whole, and I found myself doing that a lot lately."
- "It's not about knowing everything."

Qualities of Expertise – Strategies

- "Have in your head your ultimate goal for that [client]."
- Literature: "What about that treatment approach made it work?"
- "I critically think when I write more than when I speak, so...writing as a component of classes is important."
- "...if I'm not feeling uncomfortable, maybe I'm not learning enough."

Advice for Faculty

- "more videos, observations..."
- "...I probably needed someone to kick me in the ass a little bit."
- "We need to be pushed to read and synthesize treatments on our own."
- "...teach us where to go for answers or where to go for more information and how to reflect on our own skills."
- "I felt like I could have used a little more constructive criticism."

Supporting Examples

- "You should be able to grab any book...or a menu from the hospital and...craft a valuable lesson"
- "...one thing that my supervisor always said at my first externship was, 'when something goes awry, or something isn't working how you want it to necessarily, I always think about how I can change myself first.' Not, 'what is the client doing?'...What am I doing to affect their success...?"

Selected References: For additional references, contact: mcdonamm@uwec.edu

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