

TRANSCRIPT: Supervision and Clinical Education

We talk about clinical instruction in different words, historically. I think we've often used the word "supervision" and "supervisors". And I think to myself, that those are passive words, and I almost always think about the analogy like a babysitter. And so when you get a babysitter, you're just thrilled that someone agreed to watch your kids. And some of these babysitters are more engaged than others. And that's good. So for me, I think of the word "supervision" like that. So I think the words we use are really important. So this is "clinical instruction." And these are "clinical instructors." And I think when we change that vocabulary, it really makes us think about what we're doing in terms of the students' education. And for most programs, clinical instruction is going to be at least 50% of the education of the student, and for some places it's going to be more than that. So these people have to be considered instructors, just like our classroom instructors, which means they need resources, and they need to think about how they teach, and the scientific underpinnings of how we teach students in clinic.

I think that also means we have learning objectives when we approach what's happening in clinical education. And I think they're probably specific to any given quarter or semester of what we want to achieve with a student. But I also think there are overarching objectives that we might have. And the first one that comes to my mind is that we're trying to move information from the classroom to the clinic. And the only way to do that, is to have clinical instructors be primary instructors, the way we think about them, so they know about the curriculum, they know what the students have already had, they know what we're trying to transfer into the clinic. And that's an interesting challenge in and of itself, to just move knowledge to the clinic so the student can apply that. And I think the other overarching objective is then how do we generalize that application. So we have specific knowledge; we can move it into the clinic. But then we want to move it into different situations that they might find themselves in the clinic.

And the third piece, I think, that falls just solely on the clinical instructor is how do they integrate that information and apply it, taking in lots of different information, applying it to patients and their families. And that, I think, happens in clinical education far more than in the classroom. So it's an interesting challenge, which means, I think, as departments that teach speech and hearing, we have to equip our clinical educators with the ability to do that. So part of that, for me anyway, that I think has always been a challenge is how do our clinical instructors ask those really high level questions to get our students thinking way beyond reciting facts or skills, or those very basic skills--which I don't minimize, are very important--but how do we move them on to ask those questions that make them integrate? Now they're integrating from the classroom to the clinic, and they're integrating across clinic to really care for their patients.