Welcome back to Trust the Audiologist who Teaches series. Like the child who learns the word “dog” and now every animal is a dog, graduate students often seek rules, then overgeneralize these rules as an alternative to thinking. This season we would like to focus on a strategy that can keep students actively engaged in clinic and foster critical thinking.

**Strategic Questioning**

Sometimes new clinical instructors are reluctant to ask students questions during clinical interactions, afraid to “put the student on the spot.” However, if done with sensitivity to the appropriate level of question, and in the spirit of calm support, doing so can amplify the day’s learning. Barnum, et al describe Strategic Questioning as “Consciously adapting the timing, sequencing, and phrasing of questions in order to facilitate student processing of information at increasing cognitive levels.” In fact, they describe three different levels of questions.

**Questioning Level 1: Remembering**

Questions that require the student to recall facts and identify foundational knowledge.

- “What do you expect to happen to the frequency response if we plug the vent?”
- “What are the tests we use with adults to determine CI candidacy?”

**Questioning Level 2: Using**

Questions that require the student to compare, analyze, synthesize and apply knowledge.

- “At what level should we do word recognition testing?”
- “We’re concerned about feedback; what earmold material should we consider?”

**Questioning Level 3: Creating**

Questions that require the student to evaluate information, formulate plans, infer meaning, and/or defend decisions.

- “What hearing aid should we recommend and why?”
- “After a vestibular test battery: ‘What disorder does this pattern of results suggest?’

A couple of thoughts about this:

Questions at level 1 and 2 are often easily asked in front of a patient. In fact, most patients find the ensuing discussion interesting and helpful to their own understanding of what is going on. Level 3 questioning, on the other hand, is typically best to be done in private.

It is sometimes difficult to judge the appropriate level of questioning as this varies by student and subject. For example, a student might be ready for quite sophisticated discussions regarding audiometry, but just beginning with vestibular test analysis. A good rule of thumb is to start with frequent EASY level 1 questions. This allows you to better judge where they are at. More importantly, though, it teaches the student to EXPECT questions and allow the two of you to become comfortable with the flow of these interactions.

Attached is a presentation given by Drs. Barnum and Guyer at the University of Pittsburgh Clinical Teaching Conference in 2013.

**Community Clinical Educator Spotlight**

We are pleased to introduce this quarter’s featured Community Clinical Educator:

**Bernadette Smith, Au.D., CCC-A**

Audiology is a second career for Bernadette, one she came to after 12 years working as a registered nurse. Dr. Smith has been an audiologist for 13 years now and has worked in the educational setting at Amphitheater Public Schools for over 6 years. She has worked extensively with audiology graduate students for about 10 years, both in her current position and while she was with Carondelet St. Mary’s Hospital. She is passionate about her work advocating for children with hearing loss and brings this same passion to helping her audiology students grow toward clinical independence. They regularly comment on how much they have learned and how much time and effort she gives them.

Of mentoring students, Dr. Smith states, “I deeply appreciate the time and effort my mentors gave to me (and continue to give me) and strive to return that gift to the students in my clinic. Students help me to grow and develop as a professional as well as provide the impetus to keep me practicing at the ‘top of my license.’”