TRUST THE AUDIOLOGIST WHO TEACHES

Teaching Strategies for Clinical Educators

Welcome back to our *Trust the Audiologist who Teaches* series. Over the past year, this series reviewed how to establish expectations, write S.M.A.R.T goals, and ask strategic questions. But what about clinical confidence? Do your students believe they have what it takes to complete a specific task or handle a clinical situation successfully? As frontline clinical educators, preceptors are primely positioned to identify confidence concerns among students. In this edition, we will review clinical confidence and introduce confidence-building strategies that you can employ today.

Clinical Confidence

Why does clinical confidence matter? Well, it is the vehicle through which clinical competencies are successfully executed. Confidence and competencies are not mutually exclusive. Students lacking a clinically confident mindset are less apt to engage in new and challenging tasks, envision defeat at the goals you set for them, and often don't have motivational reserves required to persevere through set-backs.

How do you recognize low clinical confidence? Once its determined that your student isn't struggling due to a lack of clinical knowledge, behaviors to look for include students passing up learning opportunities and over-relying on you as a clinician.

Bandura's Social Cognitive Theory lies at the heart of believing in one's ability to be successful. Accordingly, this theory states that confidence is developed as one achieves mastery of a skill and experiences successful outcomes as a result of their efforts. As a preceptor, you can foster confidence development through the following confidence-building strategies:

Experiential

Role Play

Simulate a counseling situation or testing procedure to address areas where students demonstrate low clinical confidence. Afterwards, help students reflect on their performance.

Review & Rehearsal

Conduct a clinical skills review with the student, particularly for tasks not performed often. Or rehearse a task just before the student performs it with a patient.

Vicarious Learning

Peer Modeling

Pair a clinically confident student with a less confident student.
Vicarious learning experiences, such as watching a peer's confident behavior during a clinical task, fosters a confidence-building mindset within the observer.

Share Stories

By hearing about the clinical experiences of others (from both you and fellow students), students learn realistic expectations of others' clinical skills and how to work through difficult situations.

Reflective

Journaling Students write down their feelings

about their performance at the end of the day. If shared with the preceptor, the journal can be used to assess a student's confidence and provide you an opportunity to give positive feedback.

Track Success

Ask that a student keep a written log of specific tasks and situations that they performed well. This log serves as a positive reinforcement tool and gives them a way to monitor their improvement over time.

Feedback & Praise

Verbal Persuasion Regularly provide specific and encouraging feedback. As a student's clinical confidence grows, so does their perceived ability to complete the task.

Final Thoughts

Recognizing that your student lacks clinical confidence is key to the *timely* implementation of confidence-building strategies, such as those described above. However, keep in mind that *all* students can benefit from these strategies as they are designed to support skill mastery and foster positive clinical experiences.

If I have the belief that I can do it, I shall surely acquire the capacity to do it even if I may not have it at the beginning" – Mahatma Gandhi

Community Clinical Educator Spotlight

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

James Dean, Au.D., CCC-A

Dr. Dean began his career after receiving a Masters in Education for the Deaf (MED). He worked in this capacity for more than a year in central valley of California. It was there he realized that audibility is the key and moved to Madison Wisconsin to work on his Audiology MS. Dr. Dean has worked as an audiologist in many states and capacities: Maine, Massachusetts, Georgia, Missouri, Arizona. He has taught audiology students for more than 20 years, both in the classroom and the clinic, and is acknowledged to be one of the best teachers in our department. His true passion, though, is pediatric audiology and humanitarian work. Most notably he worked to develop the ARSORBO Hearing Clinic in Nogales, Mexico that now serves more than 50 people with hearing loss a month.

come in collaboration with the students I have taught." He will be returning to Maine with his wife in the next year, but says he will always part of the U of A.

Dr. Dean said "the best learning experiences I have had in pediatric audiology have

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