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Professional Development in Audiology: From Observation to Mentorship

Ashley Hughes, AuD

Lori Zitelli, AuD

Ashley Hughes, AuD

Ashley Hughes, AuD earned her doctorate of audiology from University of Illinois at Urbana-Champaign in 2014. She works as a Clinical Applications Specialist for Diagnostic Testing Equipment with Interacoustics US, in Eden Prairie, Minnesota. She is the main point of contact in the US for all audiometry, impedance, OAE, hearing aid fitting, and telehealth solutions. Prior to joining Interacoustics, Dr. Hughes first worked clinically and then as a research audiologist for a hearing aid manufacturer. She has served as an invited speaker at state and national conferences and is an author on multiple published articles and posters on topics including real-ear measurements, subjective outcome measures, advocacy, mentorship, negotiations, and more. She is highly involved in the American Academy of Audiology, the American Academy of Audiology Foundation, and her state audiology organization, the Minnesota Academy of Audiology.

Lori Zitelli, AuD

Lori Zitelli joined UPMC as an audiologist in 2012. She became Managing Audiologist in 2021. She received her clinical doctorate in Audiology from the University of Pittsburgh. She is a part-time lab instructor at the University of Pittsburgh and teaches a Clinical Procedures Lab for first year AuD students. Her special interests include amplification, tinnitus/decreased sound tolerance evaluation and treatment, clinical education, clinical research, and interventional audiology. She is an active fellow of the American Academy of Audiology.

Disclosures

- **Presenter Disclosure**: Financial: Ashley Hughes is employed by Interacoustics US. She received an honorarium for this presentation. Non-financial: Ashley Hughes currently holds the following: Leadership Council Chair, State Relations Committee Member, Learning Labs, Grand Rounds, and Mini Modules Subcommittee Member, Posters Subcommittee Member for the American Academy of Audiology and CE Committee Member, and Government Relations Committee Member for the Minnesota Academy of Audiology. Financial: Lori Zitelli receives a salary from UPMC, University of Pittsburgh, Cranberry Hearing & Balance, & Treble Health, Inc. She received an honorarium for this presentation. Non-financial: Lori Zitelli is a trustee of the AAA Foundation; a member/volunteer of AAA and ASHA.
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Learning Outcomes

After this course, participants will be able to:

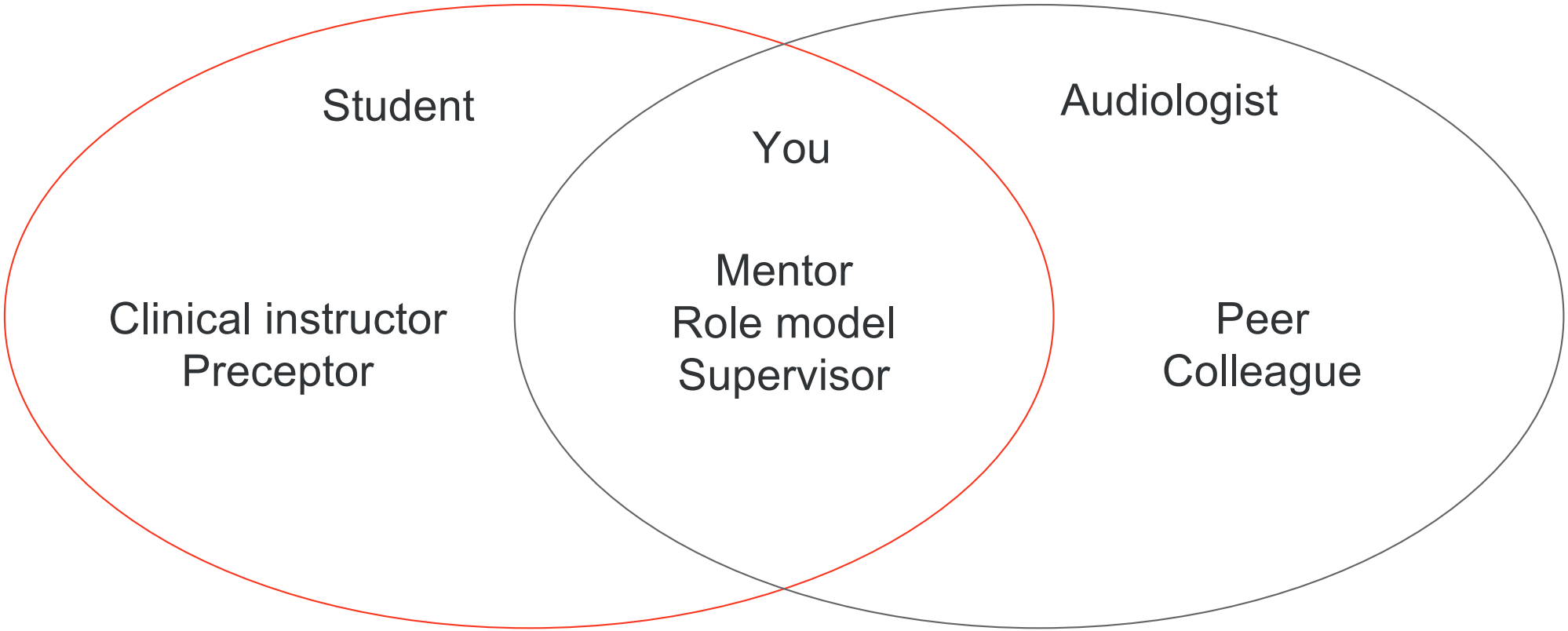
- Distinguish among the terms “observer,” “mentor,” “preceptor,” “role model,” “clinical instructor,” and “supervisor.”
- Describe one tool that can be used to define a learner’s expectations for a clinical placement and one strategy for promoting clinical independence.
- Describe the benefits, both for the individuals and the profession, of having a mentor along with serving as a mentor.

The language that you choose to use should reflect your goals and the situation.

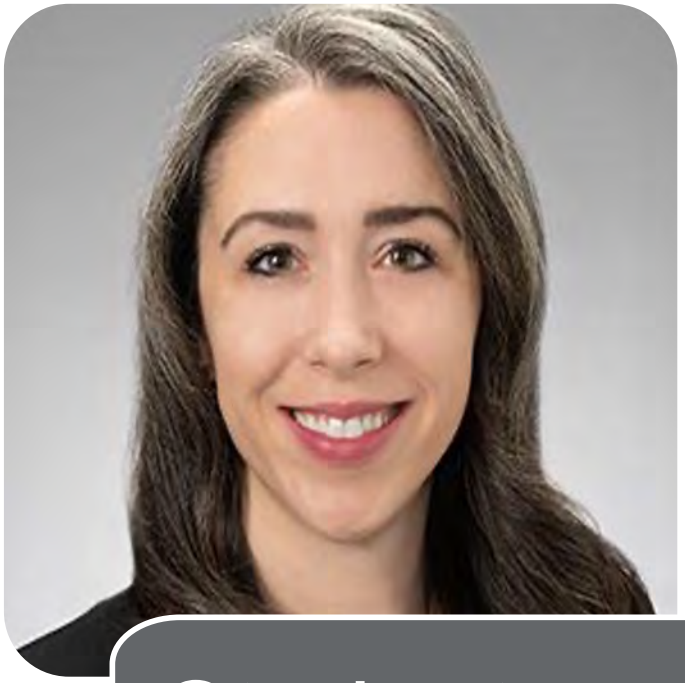
- Observer = one who watches carefully
- Mentor = a trusted counselor or guide
- Preceptor = teacher; tutor
- Role model = a person whose behavior in a particular role is imitated by others
- Supervisor = one who is in charge of others
- Peer = one that is of equal standing with another
- Colleague = a fellow worker or professional
- Clinical instructor = one who is engaged in clinical care, teaching, administration, and/or scholarly activities that advance clinical medicine *(not in dictionary!)*

Merriam Webster Dictionary

There are instances where your clinical relationship to another person in the field may overlap. These relationships are also dynamic & will also change over time.



Today's agenda:



Student relationships

Peer relationships

Integrating a new student into your clinical space / routines can be a challenge.

- Use a tool such as the Placement Expectation Worksheet to clearly outline expectations & head off issues before they occur
- Note that this can be modified to fit your clinic's needs
- Areas to consider: Communication, Logistics, Clinical Learning, Goals…others?

Mormer et al, 2013

COMMUNICATION		
Basics	Clinical Instructor	Lori Zitelli, AuD
	Student	
	Student's Year in AuD Program	
	Semester / Year	

Mormer et al, 2013; format & topics above adapted by Lori Zitelli

COMMUNICATION		
Methods of Reaching Clinical Instructor / Contact Info	Emergency Cancelation Procedure (family emergency, etc)	
	Contact Info At Work	Clinician email:
	Contact Info At Home	Clinician cell:
Methods of Reaching Student	Preferred Method of Contact	
	Emergency Method of Contact	

Mormer et al, 2013; format & topics above adapted by Lori Zitelli

COMMUNICATION		
What Happens If…	I Am Ill	Email me to let me know.
	Clinical Instructor Is Ill / Absent From Work	Planned: I will ask another clinician to supervise you. We will discuss ahead of time. Unplanned: Enjoy your day off. I will contact you as early as possible to let you know.
	Inclement Weather	The clinic will probably be open, regardless. If you can get to the clinic without endangering yourself, please try to be there. If you cannot safely make it, please email or text to let me know.
	Professional Absence (conferences, seminars, etc)	Please let me know in advance.

Mormer et al, 2013; format & topics above adapted by Lori Zitelli

Q3

Preferred Form of Address	Clinical Instructor	Lori (externs) or Dr. Zitelli (years 1-3 students)
	Clinical Instructor In Front of Patients	Dr. Zitelli
	Self (to patients)	"Hi, I'm (first name, last name). I'm an audiology graduate student working with Dr. Zitelli today."

Mormer et al, 2013; format & topics above adapted by Lori Zitelli

COMMUNICATION		
Clinical Instructor Background Info	Clinical Experience	- Graduated with AuD from Pitt (2012) - Audiologist at UPMC since 2012
	"Specialties"	Diagnostics, Amplification, Electrophysiology, Tinnitus/Decreased sound tolerance, Interprofessional Activities
	Supervisory Experience	Supervising students since summer semester of 2013

Mormer et al, 2013; format & topics above adapted by Lori Zitelli

COMMUNICATION		
		Q3
Student Background Info	Clinical Experiences	
	Strengths	
	Goals	

Mormer et al, 2013; format & topics above adapted by Lori Zitelli

LOGISTICS		
Pre-Placement Requirements	What Needs To Be Done	Get your student ID badge at orientation.

Mormer et al, 2013; format & topics above adapted by Lori Zitelli

Schedule	Specific Day/s of Clinic Placement	Wednesdays and Thursdays
	Expected Arrival / Departure Times	Arrive at 8am Plan to depart around 4:30pm (earlier if done early)
	Clinic Location	UPMC Eye & Ear Institute 203 Lothrop St., 4th Floor Pittsburgh, PA 15213
	Holidays	The clinic is closed on New Year's Day, MLK Jr. Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, and Christmas.
	School Breaks	You are not required to attend clinic during school breaks, but you may if you want to.
	Start & End Dates For Clinic	

Mormer et al, 2013; format & topics above adapted by Lori Zitelli

Attire	Appropriate	Navy blue scrubs and ID badge
	Inappropriate	Do not come to clinic in inappropriate attire for a hospital-based clinic. I have attached UPMC's Dress Code for you to review.

Mormer et al, 2013; format & topics above adapted by Lori Zitelli

Materials	Materials / Supplies To Bring	Notebook
	Materials / Supplies Available For Student To Use	HA tools, paper, pens, clipboard

Mormer et al, 2013; format & topics above adapted by Lori Zitelli

Meals	Availability Of Food On Site	Multiple cafeteria/kiosk options
	Available Appliances	Refrigerator, microwave, coffee pot
	Locations For Eating	Lunch room in back hallway
Restrooms	Locations	Front (by elevators), back hallway

Mormer et al, 2013; format & topics above adapted by Lori Zitelli

Q3

Introduction To Other Key Staff	Other AuD Staff On Site	Other audiologists/students
	Support Staff	Front desk staff

Mormer et al, 2013; format & topics above adapted by Lori Zitelli

Scheduling	Where To Get Schedule	Pinned to cork board in lab
	What Happens If Patient Cancels	Check in mail, help with ENT audios, walk in appointments, inpatient audiograms with externs, discuss whatever topic you want or practice skills
	How To Know Appt Type	Check schedule note
	What To Do When Running Behind	Do your best to keep up and try to keep questions in mind for later!

Mormer et al, 2013; format & topics above adapted by Lori Zitelli

Typhon Paperwork	What To Do With Hours Logs	I will sign the logs that are assigned to me in Typhon.

Mormer et al, 2013; format & topics above adapted by Lori Zitelli

CLINICAL LEARNING		
Schedule & Typical Types Of Appointments	Instructor's Typical Schedule (Wednesday)	Patients 8:30am-11:30am and 12:30pm-4pm; Lunch 11:30am-12:30pm
	Clinical Services Provided (Wednesday)	Hearing aids, audiograms, tinnitus/decreased sound tolerance evaluations and treatment
	Instructor's Typical Schedule (Thursday)	ENT clinic 8:30am-12:30pm; Patients 1:30pm-4pm; Lunch 12:30pm-1:30pm
	Clinical Services Provided (Thursday)	ENT clinic coverage, hearing aids, audiograms, tinnitus/decreased sound tolerance evaluations and treatment

Mormer et al, 2013; format & topics above adapted by Lori Zitelli

Student's Role In Seeing Patients		Please also feel free to "jump in" when you feel comfortable doing something.
	Weeks 3 - 5	Push yourself to try new things – it's ok if you don't know what you're doing (I will be there)!
	Weeks 6 - 10	I will try to give you a little more independence in doing things that you have proven you are capable of.
	Weeks 11 - 16	Try to take the lead at most appointments. Take ownership of the patients.

Mormer et al, 2013; format & topics above adapted by Lori Zitelli

Feedback	Clinical Instructor To Student	
	Provide Feedback On Learning Goals	I will try to do this in a timely fashion, as I see you doing things relating specifically to your goals.
	Feedback During Appointment	I tend not to give too much feedback in front of patients and will more than likely save my comments for after the appointment.
	Feedback After Appointment	Remember to evaluate how you did during each appointment. I will try to ask your thoughts each time and compare my own thoughts to yours. I will do my best to be very honest with you (this includes both positive and negative feedback).
	Scheduled Discussions	Midterm and final evaluations
	Student To Clinical Instructor	
	Preferred Mode Of Receiving Feedback	
	Preferred Timing Of Feedback	
	Plan For Student To Provide Feedback On Supervisory Techniques That Are Helpful / Not Helpful	

Mormer et al, 2013; format & topics above adapted by Lori Zitelli

The SMART Goal format is Actionable and Specific

Specific	I will independently take 10 thorough and appropriate case histories during a tinnitus consultation appointment.
Measurable	I will fill out the case history form. I will ask clarifying questions when needed or re-word if the patient does not understand to complete the form in its entirety.
Attainable	Yes (determined by clinical instructor)
Relevant	Audiologists need to be able to evaluate and manage patients complaining of tinnitus, as this is within our scope of practice and we are the providers best suited to provide these services.
Time-bound	This goal (10 appointments) will be accomplished by April 30, 2024.

Bowman et al, 2015

You can also make your goals SMART-ER!

- E = evaluated
  - Evaluate the goals regularly so that they don't get pushed into the background
- R = readjusted
  - If you find that you aren't meeting your goal, try a different approach

Bowman et al, 2015

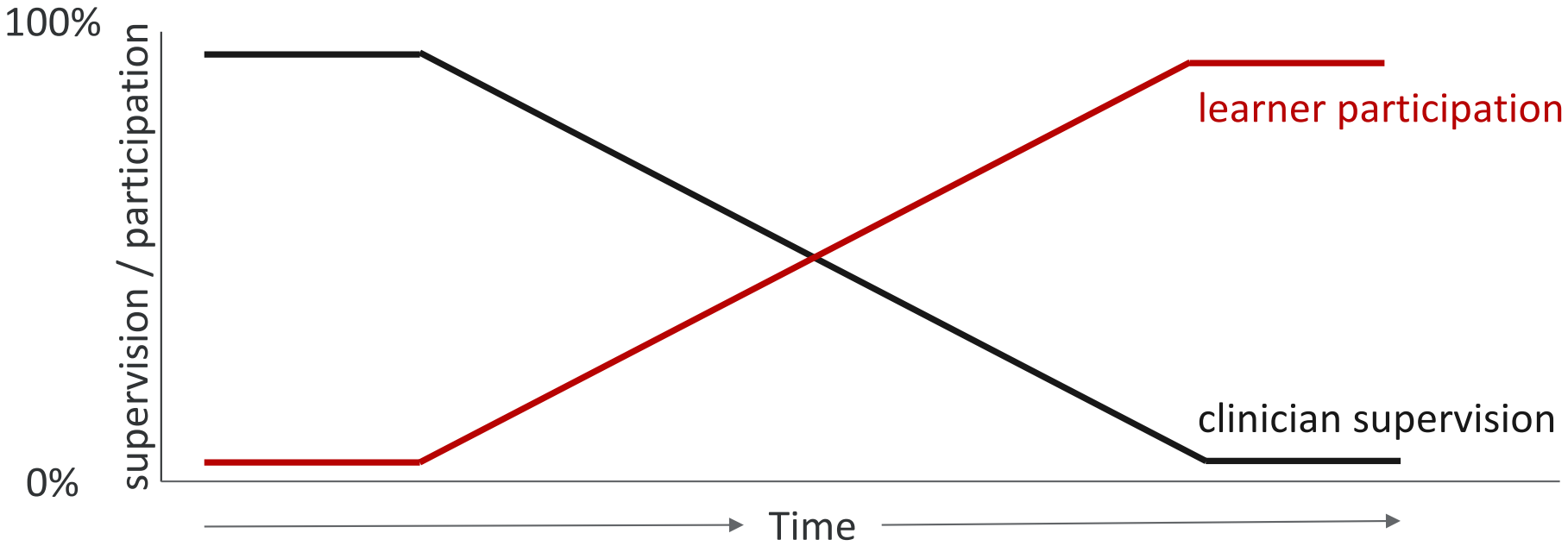
Clinical skills are developed over time. There are multiple models illustrating this process:

	Dreyfus & Dreyfus (1986)	Dreyfus Model of Skill Acquisition
*	Anderson (1988)	Anderson's Continuum of Supervision
	Hudson, 2010	Hudson's CORE Model of Supervision & Mentoring
*	Neher et al, 1992	One-Minute Preceptor (OMP)
*	Barnum et al, 2009	Supervision, Questioning, Feedback (SQF)
	Wolpaw, Wolpaw, & Papp (2003)	Summarize, Narrow, Analyze, Probe, Plan, and Select (SNAPPS)

Summary from Robke, 2016; Graham et al, 2023

Anderson's Continuum of Supervision involves a balance of participation & supervision.

- Under this model, there is an initial phase of complete supervision. Over time, as the amount of **supervision** from the clinician decreases, the amount of **participation** from the learner increases.



Anderson, 1988

Implementation of Anderson's Model

Emerging Skill

Students who are developing emerging skills need constant direction

e.g., "This is the hearing aid style we should recommend for this patient."

Anderson, 1988

Implementation of Anderson's Model

Emerging Skill

Constant direction

Inconsistent Skill

Ongoing guidance

e.g., "When the patient has a question about this, I'll be here to answer it."

Anderson, 1988

Implementation of Anderson's Model

Emerging Skill

Constant direction

Inconsistent Skill

Ongoing guidance

Consistent Most of the Time

Intermittent prompts

e.g., "Let's explain in a little more detail why that hearing aid style is not the most appropriate."

Anderson, 1988

Implementation of Anderson's Model

Emerging Skill

Constant direction

Inconsistent Skill

Ongoing guidance

Consistent Most of the Time

Intermittent prompts

Consistent & Capable

Regular oversight

e.g., "I'm listening and will jump in if you get stuck."

Anderson, 1988

Implementation of Anderson's Model

Emerging Skill

Constant direction

Inconsistent Skill

Ongoing guidance

Consistent Most of the Time

Intermittent prompts

Consistent & Capable

Regular oversight

Independently Competent

Collaborative input

e.g., "I think that is a great recommendation for this patient. I agree with your choice."

Anderson, 1988

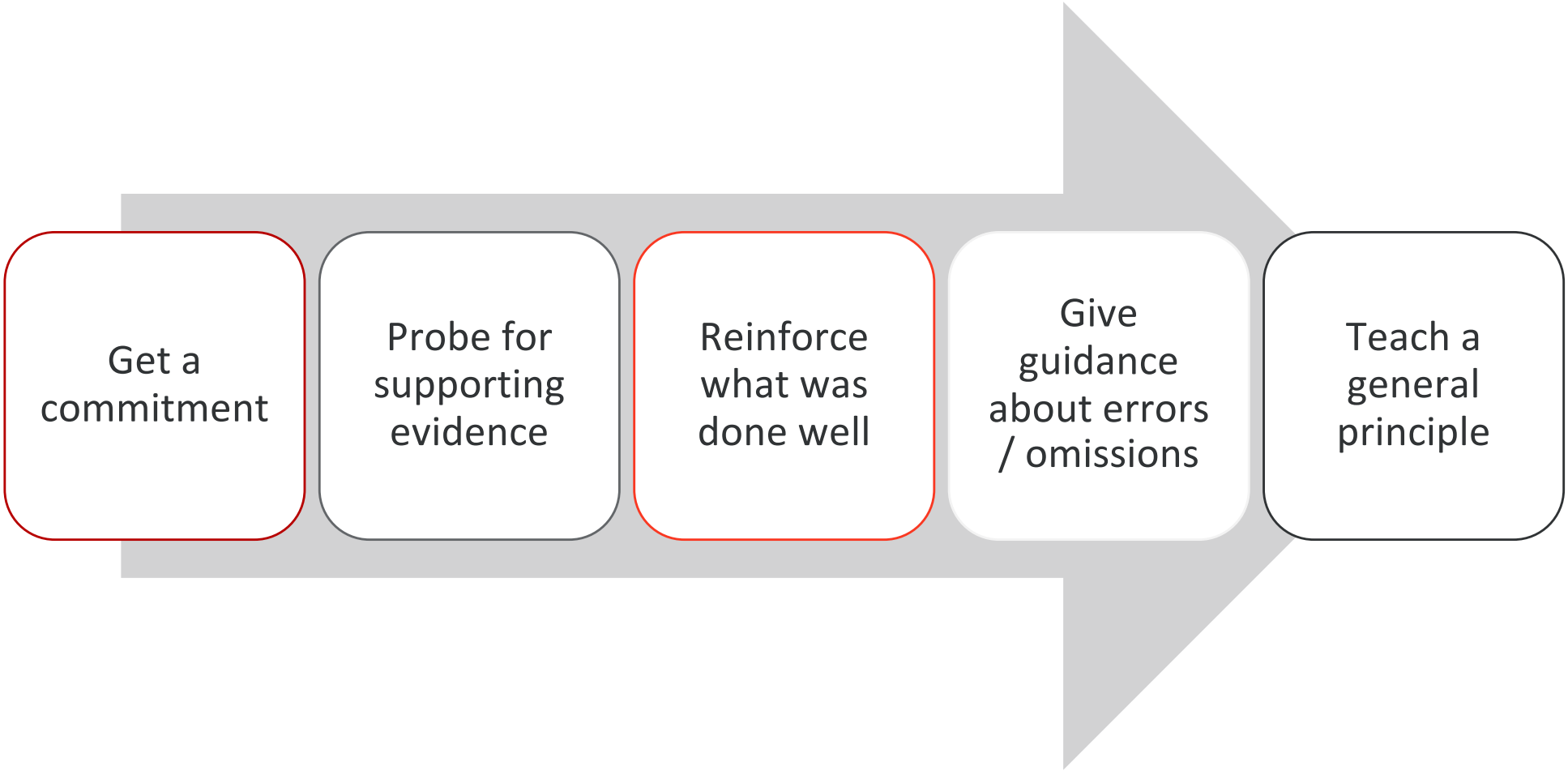
Implementation of Anderson's Model

Emerging Skill	Inconsistent Skill	Consistent Most of the Time	Consistent & Capable	Independently Competent	Exceptional
Constant direction	Ongoing guidance	Intermittent prompts	Regular oversight	Collaborative input	Collegial relationship

e.g., "Let me know when you need me."

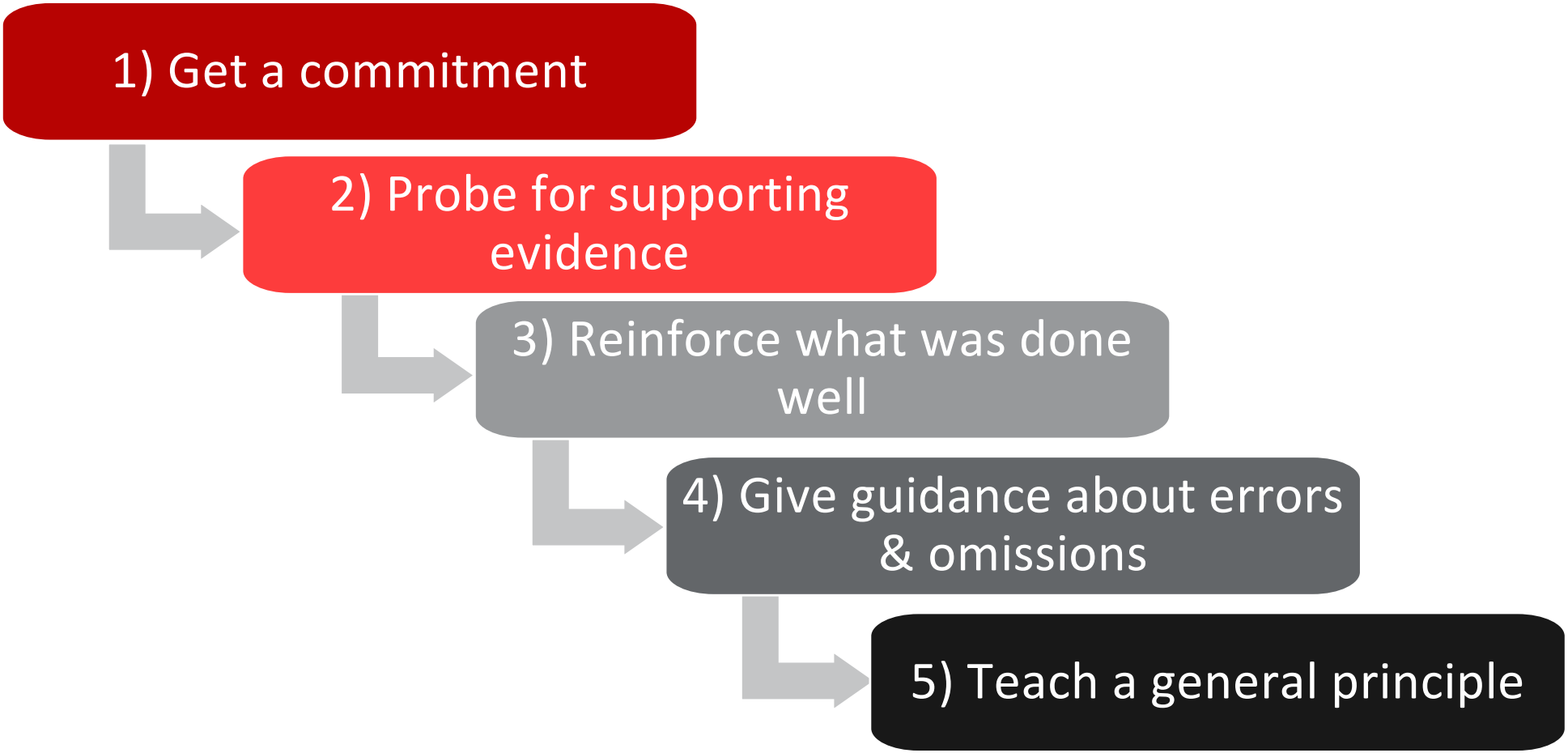
Anderson, 1988

The One Minute Preceptor strategy is designed to be customizable to the learner & interactive.



Neher et al, 1992

Implementation of the One Minute Preceptor



Neher et al, 1992

The SQF Model of Clinical Supervision takes into account both the situation & the needs of the learner.

- SQF = Supervision, Questioning, and Feedback
- The type of supervision you provide should be based on the situation

Knowledge
Skill
Experience
Motivation

Learner
Patient

Barnum, Guyer, Levy, & Graham, 2009

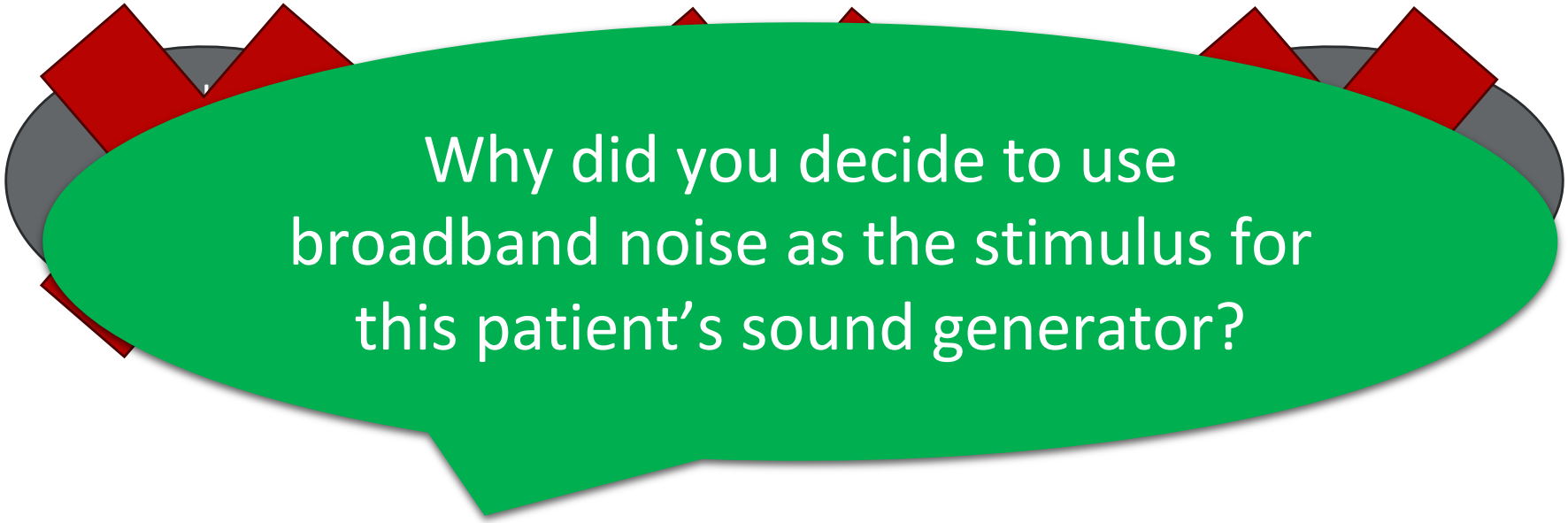
The SQF model includes many different components that allow users to customize their clinical instruction.

Learner Developmental Level	Supervision Style	Questioning Pattern	Feedback
• D1: Incompetent • D2: Consciously Competent • D3: Unconsciously Competent	• S1: Stay close "standing beside" • S2: Create space "over the shoulder" • S3: Create distance "over there"	• Q1: "what?" • Q2: "so what?" • Q3: "what now?"	• Corrective: prevent bad habits and incorrect information • Guiding: guide toward other possibilities and rethink

Barnum, Guyer, Levy, & Graham, 2009; Howell & Fleischman, 1982

Implementation of the SQF Model

- Let's pretend Ashley is a D3 student (advanced – maybe extern?) and we are working together in clinic.
- I would want to use a Q3 question to evaluate her ability to formulate a plan and defend her clinical decision making skills.



Ultimately, the goal is clinical entrustment.

- Entrustment = progression of competencies
- How to measure? See Rekman et al (2016) for some ideas!

1 I had to do it
- Requires complete hands-on guidance

2 I had to talk them through
- Able to perform tasks but requires constant direction

3 I had to prompt them from time to time
- Demonstrates some independence, but requires intermittent direction

4 I needed to be there in the room just in case
- Independent, but unaware of risks and still requires supervision for safe practice

5 I did not need to be there
- Complete independence, understands risk and performs safely, practice ready

ten Cate, 2005; ten Cate & Scheele, 2007; Gofton et al, 2012; Rekman et al, 2016

From this…

To this!

What is mentorship?

- Development driven
- Agenda is defined by the mentee
- Unique from other relationships (e.g., coaching, precepting, managing)

Basis of mentorship

MUTUAL TRUST

OPEN DIALOGUE

BELIEF IN THE PROCESS

GROWTH MINDSET

Why mentorship?

- Internally driven
  - Share experience
  - Provide / receive guidance
  - Networking
- Workplace driven
  - Improving employee engagement
  - Overcoming issues in the workplace
  - Succession planning

Benefits to mentees

HIGHER SALARIES

INCREASED JOB SATISFACTION

DECREASED TURNOVER

HEIGHTENED CAREER ASPIRATIONS

Benefits to mentors

Decreased burnout

Exposure to new perspectives

Expansion of skillset

Enhanced interpersonal skills

Improved leadership and coaching skills

Reflection opportunity

Excited to get started?!

Formal or informal (assigned vs unassigned)

Peer to peer

Initiated by mentor or mentee

Discussion points

- Meeting frequency
- Meeting platform
- Expectations from each other
- Long- and short-term goals
- What you are hoping to learn/gain

Mentor with an impact

- Loyal
  - Unconditional regard (not looking to “get something out of this”)
  - Represent mentee well to others
  - Shared goals and dreams
- Never work alone (see one, do one, teach one model)
- Fuel the tank of others: equip them
- Respect
- Teach and learn together
- Provide constructive criticism (Byerley, 2020)
- Can be “discipline-agnostic” (Chopra & Saint, 2017)

Considerations

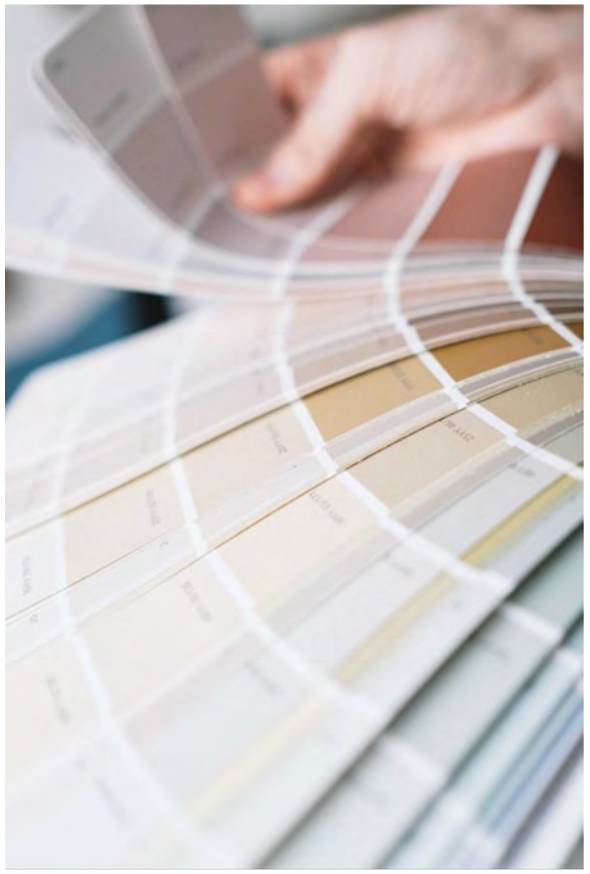
- Diversity and inclusion: building an appropriate and respectful culture that is supported
- Gender: safety, integrity, refrain from physical touch (Byerley, 2020)
- Generational
  - Younger professionals place greater priority on networking through social media (Mak, 2017)
  - Hierarchy vs. collaboration (flatter organization) (Waljee, Chopra, & Saint, 2020)

Opportunities

- Ask and offer
- Practice interviews/entre into a relationship
  - Having a “broker”: create networks, **ask**
  - Strength of a small profession
- State/national audiology/hearing organizations
  - Minnesota Academy of Audiology: students and young professionals
  - California: opportunities for students
  - Ohio Speech-Language-Hearing Association
- Alumni cohorts/groups/associations

Choosing a mentor

- Values
- Communication
- Willingness
- Expectations
- Personality
- Goals
- Availability



Building a better tomorrow

- Building the profession starts with students…
  - Future colleagues
- Continues with our peers throughout careers
- Pay it forward
- “Rising tide lifts all boats.”

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Thank you!

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