eAudiology: Precepting Is a Verb: Strategies for Creating an Engaging Clinical Education Experience

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Thank you so much. I appreciate it. I'm excited to get to give this presentation. When I was asked to do this, I was like, okay, what do I want to talk about? How do we want to talk about it differently?

I've had the opportunity to talk about precepting quite a bit. It's something that I am very, very passionate about and interested in. And I always say that we shouldn't have to reinvent the wheel. And so today I'm actually going to take some information that I got from another venue. Usually I'm looking to our allied health professionals, but we're actually going to talk a little bit about directing today and how some advice that was given to someone directing we can use in, in our field.

And really some action items. Each of my slides, as we go through, we're going to have some action actions that you can. That you can take away. So to get started, a little bit about me. So I am Jennifer Phelan.

Pronouns. She, her. I am assistant clinical professor, audiology clinic coordinator at the University of South Dakota. And so, you know, I really think about all of the time precepting. That's what I do.

That's part of. That's part of my job. And so my hope is that I'm able to help all of you to be able to make precepting a little bit easier in that it's not something that clinicians who have a student with them necessarily spend as much time thinking about as I do. So one of the first things that I talk about, and I've used this slide in other presentations, is I just want to be sure that all of us are on the same page with what a preceptor is and when we say preceptor, what that means. And so where I'm coming from, this is when we talk about preceptor, we're talking about all of these different roles, and it's an act of instructing.

It encompasses all of these different areas. So a preceptor is a facilitator helping a student to meet their personal and course objectives. We are clinical educators. And actually, I think that's a term that is being used a lot more as clinical educator. We are educators providing instruction needed to that

graduate clinician so that they can grow as a clinician, not just as a student, not just knowledge base, but grow as a clinician to.

To be able to provide answers to questions and to correct errors. So we really are also in that education piece. We are a nurturer. We need to Provide support and guidance. We are a liaison for the graduate clinicians we work with as preceptors.

We are liaisons to our site, our clinic. We are liaisons to the profession for them. And so that's a big piece of being a preceptor as well. We're a resource, guiding them to appropriate materials. We are evaluators because we provide them formative and summative feedback.

We fill out evaluations on them. They get graded on what they're doing with us. So we are evaluators, we're monitors. We have to be sensitive to how students spend their time without patrolling, right? So that difference between maybe a preceptor versus a supervisor, we need to make sure that they're spending their time appropriately and they're allocating their time appropriately without us being that supervisor looking over them.

Because we're doing all those other things. We're facilitating, we're a resource, we're educating, but we also have to be sure that in all of that, we're also making sure we're getting done what we need to do. And then we are role models. We provide leadership and professional approach to practice. When you have a student working with you, they are looking up to you.

They're looking to you as a role model. And so we need to take that all into account that precepting isn't just, oh, I'm going to have a student with me. It's very, very active on our part as the preceptor. And so we need to be sure that we're, you know, kind of ready for those. Ready for those things.

And today I'm going to talk about something I've never. I never really thought about before. But we're going to talk about how a preceptor is. Can equate to also a director. And when I talk about a director, I'm talking about like someone who directs movies, right?

Someone who specifically in this example, it's someone who directs an episodic TV director. And so they're both the ones to motivate people to get the best outcome. So as preceptors, we are motivating the graduate clinicians we're working with to get their best outcome, just like a director on a TV set is directing the actors to be able to get the best outcome. So for this, I kind of want to use this metaphor of a preceptor as a director. And I'll tell you a little bit about how this came up.

And again, talking about those actions and how precepting is a verb. We're doing something, right? How more appropriate is it that on a TV set, they're actively taking that board and clapping it down? And what do they say? They say action, right?

It's a verb. They're doing something. And so that's what we'll be talking about, the things that we need to be doing as preceptors. So all of this came up in this link between preceptor and director came up because of this book. In another part of my life, my husband is an independent bookstore owner, which I didn't realize at the time meant that I am also an independent bookstore owner.

Because it is a family business. One of the things that we get. It's a perk. Is we get advanced listener copies through our audiobook service. And so I get super excited at the beginning of every month when I get to look through the advanced listener books that we get.

And this month I opened it up and I saw have I told you this already? Stories I don't Want to Forget to Remember. And it's by Lauren Graham. And I just adore her as an actor. She is an actor.

She's a writer. She's a producer. And this newest book is a compilation of original essays. And so I'm listening to this book, and I very much enjoy it. She's narrating it, and I get to this chapter called Red Hat, Blue Hat, and it ends up being a.

These are individual essays. So this ends up being an essay where Lauren got advice from a director to John Turtletaub, who directed While youe Were Sleeping and A bunch of other Things. But she has his advice to her when she started directing. And what she says is that she includes this in there as includes him as her special guest star in this book because the insights that he gives her apply to anyone interested in being a positive and effective leader. And when I think of being a preceptor, that's one of the things how I think about it, right?

We want to be positive, and we don't want to be effective. And we are leaders. We are helping those students to understand and grow as clinicians. So I was listening to this, and it was insightful for me. And then I was like, wait a minute.

This applies to what I want to talk. What I want to talk about. So there's a couple different things that really struck me. The chapter was called Red Hat, Blue Hat. So how could that not be more related to ideology?

Right? We have red Right, blue left. I'm actually always talking about wearing different hats. And so all of it felt kind of like the stars aligned and everything sort of came together for this. So I was really excited, and I'm excited to kind of take some of these pieces of advice that John gave Lauren when she was getting ready to do her directing debut and to share them and kind of put them in the context of audiology and how we can think about that as preceptors.

One of the things that. That she said in the chapter was that. And I is if you're so being an episodic TV director, which is what she did, which. And we're going to equate that to being a preceptor. It's as if

you've been invited to someone else's house for a dinner party, but you were also asked to prepare the meal yourself with only the ingredients that the host had.

But you end up being more guest in this situation than the host. And I really do feel like that's how we do. That's how we come in. Right. So we have the host, there is the graduate student, and we are asked to bring them into our space.

But at the same time, we have to just. We're essentially working with what we have, and that is meeting the student where they are. And so kind of taking this approach to. We are coming in at one very small point in time in this individual's growth as a clinician, because that growth doesn't end when they graduate. So we're a very small piece of that person's growth as a clinician.

And how can we most effectively help them to grow in the space that they're in, in that moment? And so we're going to talk about some of these things. What this was, this is kind of a list of. It ended up being 40 things that John advice that John gave to. That John gave to Lauren.

And I pulled out some of those. So we'll go ahead and we'll talk about them. So the first one is. The first one I'm going to talk about is prepare, prepare, prepare. She states, it removes 90% of your stress.

I don't know if that's true. There was no evidence behind that. But that sounds really good, right? If we can remove 90, 90% of our stress by preparing. Nothing goes the way you imagined it, but if you're prepared, that won't be a problem for you.

She says that if you go into a scene without any idea of how to shoot, you'll spend the day freaking out about it and you'll have a stomach ache. So if you Prepare, you can save yourself that stress and that anguish and all that freaking out. And so what does that mean for us? What that means for us is that we need to prepare as preceptors, you know, so when you agree to have a student at your site, you need

to think about some things before they get there, because it isn't just they start on day one. We have to prepare for them.

It's important to get insight from the student and the program about the student's past experiences and possibly even the courses that they've taken. You know, I find I have the luxury of being in academic program, so I know what classes the students are in, and so I can say to them, I know that this is something you have talked about or something that you. That you can pull information from. And so getting insight from students in the program about those past experiences and courses can be really, really helpful. There are some programs that may have information or you could even, you can make your own, right?

Or have an interview, you know, conversation with the student and get that information. It sounds a little bit silly, but one way to prepare is to physically prepare your space. Knowing where they're going to put their things, where they're going. They will physically be both when you're in your patient room and in other spaces. So if you are traditionally by yourself and there is, you know, a small room with limited seating, think about where is that student going to go?

Where are they going to be within that space? Because if you don't know, then when the patient comes in, everybody kind of has to all shuffle and kind of figure that out. Think about those things, think about where they are going to, you know, put their things, where are they going to sit? Helping them have a space to help them feel more comfortable in that space versus just, well, I guess you can be over there and maybe it's not the same all the time, but giving them that sense of you were ready for them, you had thought about this, and you're prepared and kind of ready to go. The other way to prepare is to reflect on your own student experiences.

And when I talk about your own student experiences, one of the things that I think about is things that really worked well for you and maybe things that didn't work well for you, and think about how that then

applies as a preceptor. How do you want to support that clinician? What were things that you felt were really supportive? What were some things that you felt were not very supportive for you as a graduate clinician? So really preparing even for the Experience up front.

And before they get there, I know some sites that they exchange emails and they maybe have a phone call. Other places where they do ask the student to come in person because they want to be able to know that they know where to park, that they know where to put their things before that first day so they can kind of hit the ground running when they first get there. So the first one is prepare, prepare, prepare. And then hopefully we can reduce some stress, maybe not 90%, but maybe a whole lot of stress, both for us as the preceptor as well as the student coming into a new space.

So the next one was knowing the difference between what matters and what doesn't is a huge thing. You need to know what's important to you as well as the student's focus. So knowing the difference between what matters and what doesn't is really a huge, huge thing. You should reflect on what your non negotiables are and be sure the student is aware of these expectations from the start. You know, this goes back to the preparing, but making sure that you, you have expectations about this experience.

They have expectations about this experience. And if those aren't communicated well, then there is definitely the opportunity for there to be misunderstanding and miscommunication. So as a preceptor, think about what your non negotiables are. What are things that you absolutely want that graduate clinician to do? Maybe it's something having to do with documentation.

Maybe it's one particular thing that it's something you're just very particular about that you want them to do. Make sure that they know it, because they don't know it unless you say it. And then also thinking about students and them having documentation documenting their clinical focus. So the reality is we are developing them as clinicians, but at the same time we shouldn't necessarily expect them to go start to finish with that patient. Now it depends on where they are in their schooling.

If they're a beginning clinician, they're not going to take as much of a lead in everything. Whereas if they're further along in their program, they should be taking more initiative. But at the same time, if that student is able to say what their clinical focus is, then it's good for you to know because then you can know the difference between what matters and what doesn't matter. Maybe they say that in this appointment they really want to focus on their communication with the patient. They have prepared so much on what their communication with this patient is going to be that maybe they don't know some of the specifics, you know, nuances about, I don't know where to go in the computer or that hearing aid software.

And they're not exactly sure about it, but that's okay because that wasn't where their focus was for this appointment. And so that also helps when you're giving feedback and we'll talk about feedback a little bit later. But knowing the difference between what matters and what doesn't matter is a huge thing. Because if you're focusing on, gosh, you really didn't know, you know how, how to make the changes or you know where to go in the software, something like that. Again, that's miscommunication.

That wasn't where their focus was, that wasn't where their preparing was. And so you can say to them, I want you to go ahead and look at that. But that area that you were really focusing on, you did really, really well here. And so we'll talk, we'll talk more about that feedback. One way that I always recommend having students think about this, what their clinical focus is for the appointment or you know, their professional for the appointment is to make some smart goals.

And so smart goals are used in all different areas. SMART stands for specific, measurable, achievable, relevant and time bound. This also helps you if you're nervous taking on a new challenge. Because really everybody, every member of a team wants to contribute in this situation. If you think of the team, it's you and the graduate clinician.

You want to contribute to them being successful and having a quality experience. The graduate clinician wants to provide quality care to the patient and positively contribute to the clinic they're in. That's the ultimate right. Everybody wants to contribute in a positive way. And if you can break down, and if the graduate clinician can break down specific measurable actions that they want to take, then it's really easy for them to be able to set out how to do that.

And it's also easier for you to set out how you are going to, you know, you're going to evaluate and what you're evaluating, you don't have to, you have to look at the whole picture for the patient. But from that student perspective, you can really hone in on what they're focuses. And this really, really helps. It's helpful for everyone rather than just this generic, please do a good job. And so Lauren talks about this and she talks about in the book how she was directing and she happened to be directing some, her first directing piece was a show that she was on.

And so she said she was really, really nervous. And she asked the actors who happened to be younger children, she asked them if they could really, really know their lines because she was nervous. And that would really, really help her out if they really, really, really knew their lines for that episode. And she said giving them that specific and measurable request made it so much easier and it reduced her anxiety. And then they knew that they were helping her because she was able to articulate what it is that she, that she needed and wanted.

So I always encourage using smart goals. Smart goals do not have to be big, hairy, scary goals. They can be, you could have a student make a bigger goal at the beginning of the rotation and the time with you, something that they really want to get out of the whole experience. But they also can be really small. They can be, you know, appointment specific.

What it is that those that that student wants to focus on and get out of that specific experience. And so that use of smart goals can be, can be really, really helpful for everybody involved.

So another thing that she says is knowing what you want and being able to articulate it is important. Along with that, everyone is an individual who wants to please you and do a great job, help them do that. So knowing what you want is important and you have to be able to articulate it. Because on the flip side, everyone is an individual that wants to do a really great job. So they, if you can articulate it, you can help them to do that, you can help them to do a really great job.

So what are those actions? So if we're talking about you being able to articulate what you want, again, thinking about those non negotiables that you have, and if we think about that student clinician who's with you is an individual, they want to do a great job. How can we help them do it? A few of the actions that I have for this one is, one is to complete what I call low stakes activities. And when we think about these, we think about low stakes activities versus high stakes stakes activities.

So low stakes activities are things that if there are mistakes made, it's going to have a little impact, you know, or no impact at all. An example of a low stakes activity would be, you know, taking some time in between patients or at the beginning of the day or over lunch for a student to simulate something with you. Maybe they're, you know, simulating a hearing aid fitting before the hearing aid fitting in the afternoon. And they're going to do that low stakes activity because if they mess it up, that's okay because it's you're there with them, you're giving them guidance and if they make a mistake, that's an okay, that's okay situation for them to be in. You know, if we think about low stakes activities academically, we use stimulation all the time for these low stakes activities.

For students to be able to get their hands on equipment for them to be able to practice. Now the fidelity isn't exactly the same as when a patient's there, but that's okay because having a patient there, that increases the stakes, right. It also makes them nervous and they have to think about other things. They're not just thinking about the skill that they're, that they're completing. They're thinking about their interaction and how they're coming across and using good communication.

There's so many things that they're thinking about when that patient's there by completing something. Low stakes activities, it really is nice to be able to give them the ability to practice without it feeling all that pressure. Another thing for a low stakes activity would be something like having a student get information about a specific skill, right. And go ahead and bringing that back to you and being able to have that conversation with you. So you know, versus say you rattling off questions or asking them questions in the middle of an appoint or you know, even if you're out of the room, not in front of the patient, but the patient is still waiting.

To a student that feels more high stakes because there's time involved and they are trying to be efficient and they want to give you the right answer. But if you know that you want to talk to them about real ear measures, saying to them, we have a hearing aid fitting coming up and you know, we're going to be doing real ear measures on that and you know, get some information about that, review your notes on that so that we can have a good conversation. That means that they're going to then prepare and that is low stakes for them, for them to be able to prepare, to be able to get ready for those higher stakes activities that they're going to be doing. So to be able to help them do a great job, use low stakes activities, Think about where you can infuse those within the day and they don't have to take up a whole lot of time, but something that gives them the practice, something that's low stakes, where it doesn't feel like this is a make it make it or break it situation, things that we think of, we don't necessarily think of as stressful can be really, really stressful. For graduate Clinicians and so thinking about how we can, how we can reduce those stressful situations.

Another activity that we can do is we can meet to discuss upcoming appointments and identify the specific skills the student wants to focus on. So a lot like those smart goals, really meeting to do that is important. Meeting to do that allows you to articulate what's important to you, to set up expectations. And it's important for the students so that they can understand that. And so having those meetings

again doesn't have to be a long meeting, but something where there is a touch base and so that student knows what is expected.

Expected. Another is discussing scenarios and different clinical approaches, including why you would take certain approaches. This is something that I have come to realize a lot. I say to students, and we'll talk more about it in another point, but I say to students all the time that I don't want them to be mini me's and I want them. My goal is to help them be their own best clinician.

I say that, but what I realized was that there was a gap. What I realized was they don't know what they don't know. And so if there are different clinical approaches, we have to talk about what those are. And then I have to talk about why I take a certain approach, why I did that certain thing, knowing that there's other ways to do it. And those other ways aren't necessarily better or worse, they're just different.

And we can get to that same. We can get to that same place. So if you know what you want and you can articulate it, and if you can help that student to be able to execute well by taking some of these actions, then it helps them to be able to grow as their own clinician. They're not fearful to be able to try something new, try something different, also think that something is wrong, meaning they come with a history and they have seen other clinicians and they. And people do things differently.

And lots of times the way they see it done the first time gets written kind of in their brain as the right way. And when they see it done differently the next time, it's thought of as potentially the wrong way. And the more we can talk about different clonal approaches, we can see them as difference, not right and wrong. And so discussing those scenarios and how somebody might have done approach that situation completely differently than you could really, really would be is helpful, and it's a helpful action for students. Another piece of advice that Lauren got, we're losing something here.

Hold on a second. Is that it's okay to give line readings sometimes. And pace is a big deal. Pay attention to it. So line readings.

Line readings are when a person directing actually reads the scripted line with a specific tone, energy, emotion, as example of how the line should be read. So basically, the director is actually, actually going to deliver that line, be the actor and deliver that line. And doing that is okay. And also pace is a big deal, so we need to pay attention to it. So what does this mean for audiology?

What does it mean if I'm saying, out of all these 40 I picked, it's okay to give line reading sometimes. What does that mean? What that means is that sometimes it's okay for us to give students the words that they need to say. Give students the words and the phrases. So I just said before, we don't want them to be a mini me.

But at the same time, if we're worried about pace, if we're worried about the time we're spending in appointments, we're worried about, we want to be sure we stay on schedule. We need to think about the pace and the timing. And for that student, it's okay sometimes to give them a line reading. It's okay to be, say, in a hearing aid, work groomer in a lab and give the students the words that they need to be able to say to that patient, to be able to move things along. You know, it's.

It's more helpful for us to kind of feed them the line, give them the line than it is for us to just say, oh, well, we'll do it. We still want them to kind of go out on a limb. I've never done that before. I don't know exactly how I would say that to the patient. Give the students the words to use.

If they're unsure, tell them how you would phrase it, and then they can use that. And it might not be something that they use in the future, but it's something that they can try out and something that they can kind of feel out. And then you can talk later about, you know, why you say it in that way or why you phrase it in that way. But it's okay to give them the lines. Sometimes they don't know what they don't

know, and we have more experience than they do.

And so lots of times that also just relieves that anxiety and gives them a positive experience. Like I said, it's your job to make sure that they stay on pace with the appointment. So giving guidance for efficiency is important. Giving them guidance for efficiency is what's going to keep you on track and that also means you may have to step in. And maybe that's one of your non negotiables is if things really seem to be going downhill or you really seem to be struggling, I am going to jump in to keep us, to keep us in time.

Right? Letting them know that, let them know that that's what you're going to do. Because if you don't let them know that and then you end up jumping in on an appointment, they feel like they failed and that doesn't feel good. Just saying to them, you know, there might be times when I have to step in, that's okay, right? Those are the situations that we're going to talk about later to talk about what kind of gave made that situation a little bit more challenging for you.

And so it's okay to do those things. We have to worry about pace and so we can give line reading sometimes.

So the next one, and this is a, this is a direct quote from John to Lauren. Be honest with people. People want you to love them. If they feel you're in the mess with them and you aren't competing but you're in the fight with them, you can tell them the truth, good and bad, and you will get great results. This is huge.

This is really, really huge that we need to be honest with people. We're going to talk about feedback for this one. We need to be honest with graduate clinicians. They might not want you to love them, but they definitely want you to like them. Right?

They want you to see their skill. And a lot of times if they feel that you're in it with them, hopefully they don't feel like you're competing. But we also don't want them to feel like you're on the periphery that they need to be doing and you have this hierarchical, you're above them. If they really feel like you are in the fight with them, you're in it with them. Them, you can tell them the truth.

When you're giving feedback, you can give them feedback that tells them about the things that they're doing well, things that they are struggling with so that you can get great results from them. And this is just, I feel like this is so important because you have to have that honest conversation and to have it and to have them receive it well, there has to be this essentially mutual respect. There has to be respect there. And the more people feel like you're in it with them, the more you can go ahead and be truthful and that they will openly accept that feedback that you're giving them. When we're talking about feedback.

I broke this down into six little, six little nuggets, hopefully, that are helpful in terms of feedback. So I took that quote from, I took that quote from John and I broke that down to say, okay, when we talk about feedback, what do we need to think about? How can we be honest with people so that we really can get the best of them? You know, what is, how can we do that rather than potentially having them shut down? Right.

So when we talk about feedback, we really want feedback to be timely. Feedback should happen daily and really, feedback should happen multiple times a day. It should happen daily.

Graduate clinicians should be getting feedback after potentially every appointment if there's time. If not, whenever there is some downtime, they really should be getting some sort of feedback. Now, that's not necessarily formal feedback, but that informal feedback is really important. If you have two appointments that are very similar back to back, even just giving them one or two little things that, you know, keep doing that or change this a little bit, that is good. That's good approach.

A good approach because it's something they can apply immediately. We want feedback to be specific. We want to be concrete and relate to the, to a specific goal. So again, if their goal is to get more comfortable breaking technical information down to patients, then we want feedback to be specific and say to them, you used jargon. You said, I'm going to put this bone oscillator behind your ear, and your patient was confused and didn't know what you were talking about.

So we want to be really, really specific, versus you used a lot of jargon with that patient. You should probably avoid that because they don't know what they don't know and they might not remember what exactly what they said. So we want it to be specific and we want it to be concrete. We want feedback to be descriptive. Describe how actions impact their performance.

So describing in your feedback what they do, how that impacts performance, and the more descriptive we can be, along with specific means that they're able to change their actions. The other piece to feedback is the modality. It tends to be easiest for us to give feedback verbally because we're there with them, we're physically with them. It's easy for us to say, like I said, feedback should be timely. In between appointments.

You may say, you did, you know, you did this really well. I could see that your patient really understood where you were going with that, with the way you phrased that. Keep that up, that that worked for you. That was Good. But we also want to be sure that they get feedback in different modalities.

So they should get written feedback as well. And for some students, you may even have them, if you're giving verbal feedback, maybe they want to record. That would be an expectation and something that, you know, the two of you would talk about before, but making sure that they're getting feedback in ways that are useful to them and not just maybe convenient for us all the time. You know, written feedback is definitely a little bit more cumbersome, but we want to be sure that it's useful, it's useful to them. And so

giving different modalities.

Another piece to feedback is setting expectations. It should include how actions are expected to change. So not only saying what they did, but saying specifically what change you would want to see and how you think that would impact performance. So that set expectations goes right up with descriptive. So if we talk about, well, next time I would expect you to, you know, not call it a bone off later.

Find a different way to describe that to the patient so that your patient is less confused and they're able to, you're able to move along with testing more efficiently without having to describe it right. That's setting the expectations for what they should do and what you would like to see them do. And it also talks about how that will potentially improve and change performance. We want feedback to be insightful. And, you know, there's a lot of talk and feedback about doing kind of a sandwich, right?

Talking about the positives, then maybe talking about the things that are less positive to those negatives, but then ending on a positive note. There is evidence out there and there are articles written out there where actually that feedback sandwich might not be the most direct way to give feedback. Because while it does provide positives and less positive, it also, you start positive and you end positive. And what we know from our patients and even from kind of health literacy information is that people tend to remember verbally, not all the information, and they remember the bits and pieces they wanted. It tends to be the beginning and the end.

So if where sandwiching their feedback and we're starting with positive and we're ending with positive, our more constructive feedback might get lost in the middle. And so we do want to provide insights that are positive and those less positive things that we would expect for them for change. We want them to know what they're doing well. But we also want to be really direct, to be able to give them action items for things that they can improve on and giving them ways they can Improve or even asking them, you

know, this seemed to be difficult for you. How can, how can you improve with that?

The thing with precepting is we don't have to. We don't have to have a magic wand, right? We don't have to know the exact right thing for. To tell that student to do. What we need to do is we need to be able to make them aware of it and be there as a resource for them, to be able to help them with that area that they're struggling in.

And so the more that we can make sure that we are being insightful for them, that we are being specific for them, the more that they can come to us and be a resource. We don't have to say, well, now you have to do it this way. We can just say to them, you struggled with this. How do you feel like you can improve that and get their feedback, have them think about it. It.

Because we don't want them to just be little robots. Okay, well, they told me to do this, so I'm now going to do that. Problem we run into is that I might say that then they might come over to your clinic and you do something differently. And then they do the thing I told them to do and you say, oh, no, you don't do that. You do this.

And then they get really confused and they get frustrated because they go from one person telling them to do it to having another. And so if we think about it a little bit more broadly and if we think about feedback as to asking them, presenting information to them and then asking them questions, and then being open to them being their own clinician. And so, you know, that really is how we can help them to give us the best results that they have is by being their own best clinician. For us to be able to do this and for us to be able to beat honest in this, they have to trust us. They have to trust us so that they're open to getting this information.

And a lot of times what that comes into is just like the quote said, they, they need to feel like we're on the fight with them. No, we're not learning. We're not necessarily learning along with them, but we're in

that appointment with them, we're in that case with them. Not they're doing it, we're overseeing it. And again, we're like this supervisor and there's a right and a wrong and they have to get that right.

So the next one is that other people are really smart and can help, but it's not an open assignment. Get help by asking. Don't let the world offer every idea. There's a lot in this quote. I enjoy this quote very much.

You should get insights from other people who precept. Take feedback. Not only give feedback, but take feedback. But you also have to realize you can't please everyone. So what are the actions that we can do as a preceptor?

As a preceptor, we can ask students to give honest feedback. My recommendation would be to do this after they know that you've submitted their evaluation. They will likely be more honest. Hopefully they'll be more honest. You or you can ask the program.

You can ask the program to see if they will give you the feedback from the student. Maybe they're more comfortable talking to someone in their program and then getting that feedback relayed to you. But asking them for feedback is important. Reach out to other people who precept students to get ideas. Be open to changing how you do things.

Keep attending events like this. Expand your thinking about precepting. Talk to people you know, think about these aspects. But also what is in the quote is don't. It's not an open assignment.

And don't let the world offer every single idea. Because if you are always taking feedback and always changing things, then what you did previously might work for that one particular student, but it didn't work for another. And so you also have to be true to yourself as a clinical educator. So if you are working with students, you are a clinical educator. And so you also have to be true to yourself.

And that does take a little bit of digging in. What does that mean? What kind of clinical educator am I? You know, definitely getting feedback and making change where change is needed, but also knowing that, that if you implement some things that are for a particular purpose, that they're there for a particular purpose. Right.

So you may have a student who maybe you have them research or you have them get information about a particular topic for a patient that you're going to see. And maybe the feedback you get from the student was they didn't find that useful or they felt like it was busy work, but you see the value in it. It might actually be changing the expectation that the student has, laying that expectation out up front in the rotation so that they know why you're going to be asking those things of them versus dropping it and changing it and saying, well, the student, that student didn't like that, so I'm not going to do that anymore. So, you know, people are really smart and they can absolutely help. But at the end of the day, make sure that you're not just making every single change that recommended, because then you're never going to feel comfortable in precepting.

Everybody you know works differently and they do have different ideas, and different ideas are great. But at the same time, you also need to be solid in what you're doing and why you're doing what you're doing. And if you're solid and why you're doing what you're doing, then that's okay.

Let other people be right about things. There is more than one way to get a good result. Let other people be right about things. This is like what I was talking about before the action items here are. The first one is a little bit more of a suggestion.

It's okay if others precept differently than you. So just like the previous one, somebody might say, oh, you can't do that. You need to do this right. It's okay if other people precept differently than you, they can be right about it too. There's more than one way to support graduate clinicians for students.

Allow students to bring their clinical selves into clinic and not simply mimic your style. Encourage students to ask questions about your style and decisions. One of the biggest things I find is that graduate clinicians, graduate students, they do, they want, they want good grades. That's, you know, that's a reality for them. They also want to do well and they want to know that they're doing well.

But sometimes that's really hard because that just means that sometimes they just try to morph right into what they think you want from them. And what I encourage graduate clinicians to do is to think about them and how they develop as clinicians and how. And so by the time our clinicians get to their outside sites and they get to their externships, this is what I've been telling them, right? I want you to be your clinical self. And it's really, really hard sometimes when they come back to me and they say, well, I know what works for me, but I can't do it at this site because they tell me this is how I have to do it.

There's more than one way to be successful. And so in encouraging students to, to bring their clinical selves, be them, their clinical selves means that they're going to be their own best clinician faster. We also want them to ask questions about your style and your decisions. They might never have seen something that you do that the certain way you do it. They might have never worked with that manufacturer or, you know, made that decision to use that device with that particular patient.

And they want to ask questions, but lots of times they're intimidated. They're intimidated because they potentially have been met with defensiveness from other preceptors that, you know, maybe they shouldn't be questioned or, you know, it's, it's this defensive reaction to the questions. If we encourage students to ask questions about our clinical styles and then we will be able to show them that it really is about being their best clinical self, not just about doing what needs to get done to get the degree. And unfortunately, sometimes we see that and we want them to be their best clinicians as quickly as they can be. And they should be able to do that while they're in their clinical programs, not just when they're out practicing.

Make a plan for how you'll finish the day and keep it in your head so you don't get way behind. You and your student have things outside of clinic. This will help with continuity. So, you know, everybody has things that they need to do. We have families, we have responsibilities, we have hobbies and things that we want to do outside of clinic.

Always make a plan for how you will finish the day. When you have a graduate clinician talk about how you'll end the day with a verbal debrief and bring it up throughout the day that, hey, we're going to meet, you know, at 4:45 before we leave at 5:00, just to recap the day real quick and also make sure that plan works for everybody. You know, if they have something, if they have something come up or if, you know, you're running behind and you can't, you know, do your debrief, you know, again, don't have it be this, I am supervisor. And, and so, you know, we don't finish till five so we have to do our debrief. So we have to stay until 5:30.

That might not work for them. They might have someplace they need to be. But make a plan for how you're going to end your day. Keep it in your head so you don't get way behind. How you tie up the end of that day is really going to help them solidify what everything that they did.

And so by doing that, making a plan for how they finish is going to really help them cement what they did and what they learned and where they want to go versus just I finished today and now I'm done. So really thinking about making that plan for how, for how they're going to, how they're going to finish the day.

And so that's all the information I have. I want to thank all of you. And then I have what questions do you have? And I will end this with that is always how I phrase my prompt for questions. When I have a graduate student with me, I don't say do you have any questions?

I say what questions do you have? That opens up. That's an open question where I expect them to have questions. I encourage questions. And so I kind of give you that phrasing.

That's how I always phrase it for, for my graduate clinicians. So I can go ahead and I will turn my video on. I have a little bit of, a little bit of time. There's something in the chat. Oh, that's the verification code.

But are there any, are there any questions?

No, I'm not hearing any. Okay, well if that's, if we don't have any questions from the attendees. Oh no, we got one right now. Go ahead, Dr. Phelan.

Yeah, so it says, great talk. Thank you. I appreciate it. Chen, how do you prepare students for hearing honest feedback from off campus preceptors that might be perceived as negative? Well, one of the things is that, that I got out of this, it said one of them was an angry actor, might be a scared actor.

I think sometimes that plays a big piece in it. I think for students, students are nervous. A lot of times preceptors are nervous as well. And so I think the clinicians, we all, anybody who is a clinical educator needs to prepare students to get honest feedback because our goal is to help them grow. And so one of the things that I often will say to them is I often say ask questions because the more questions they ask, it shows where they are, it shows what they know, it shows what they don't know.

And so a lot of times that feedback is a little bit easier because they are prompting and they are asking. The other thing is to sort of set that expectation from a prey sector standpoint, from our standpoint, making sure that there is that understanding that they will be getting feedback and their feedback is to help them, to help them with growth and to be able to help them with growth. You're going to talk about the things that they do really well, but also talk about the things that they need to focus on. Because if they didn't have things to focus on, they wouldn't be where they are. Right?

They would, our program, you know, the programs wouldn't be as, as long as they are, if there wasn't a need for them to be able to get feedback or to grow and so to recognize that that's where it's from. I think at the end of the day, it falls on us, though. It really does fall on us, because I think the students will accept negative feedback better if they trust the person that they're getting it from. And that falls on us. That's an action item for us.

That's something that we have to think about. We have to develop that culture from the beginning where they trust us, and it is a place where they're comfortable.

Thanks, Trent. I appreciate it. Well, thank you so much, Dr. Phelan. Dr.

Phelan's email is in this last slide. If anybody has questions in. Is that all right? If they contact you, if they have more questions? Absolutely.

That's why I put it there. Okay, that sounds great. Well, we'd like to thank you so much for today, Dr. Phelan. Just as a reminder, you can find the assessment questions and evaluation links back on the presentation page on Eaudiology.

You need to go back and do that if you want to get your CEU certificate for today's seminar. Again, thanks. That was some really great information today, Dr. Phelan, and we hope everybody enjoyed it. Take care.

This is today's presentation. Thank you.