1. This document is created for accessibility and is intended to be a supplemental resource. If you would like to print a hard copy of this document, please follow the general instructions below to print multiple slides on a single page or in black and white.
2. This handout is for reference only. Non-essential images have been removed for your convenience. Any links included in the handout are current at the time of the live webinar but are subject to change and may not be current at a later date.
3. Copyright: Images used in this course are used in compliance with copyright laws and where required, permission has been secured to use the images in this course. All use of these images outside of this course may be in violation of copyright laws and is strictly prohibited.
4. Social Workers: For additional information regarding standards and indicators for cultural competence, please review the NASW resource: Standards and Indicators for **Cultural Competence in Social Work Practice**
5. Need Help? Select the "Help" option in the member dashboard to access FAQs or contact us.

How to print Handouts

On a Mac

- Open PDF in Preview
- Click File
- Click Print
- Click dropdown menu on the right "preview"
- Click layout
- Choose # of pages per sheet from dropdown menu
- Checkmark Black & White if wanted.

How to print Handouts

On a PC

- Open PDF
- Click Print
- Choose # of pages per sheet from dropdown menu
- Choose Black and White from "Color" dropdown

Evidence-Based, Effective Clinical Teaching Strategies - Students' Perspectives

David Jedlicka, AuD

Disclaimer

- The views, thoughts, and opinions in a presentation belong solely to the author and do not represent the official policy, position, or endorsement of the U.S. Government, Department of Veterans Affairs

Disclosures

- **Presenter Disclosure**: Financial: David Jedlicka was paid an honorarium for this presentation. Non-financial: Dr. Jedlicka has no relevant non-financial relationships to disclose.
- **Content Disclosure**: This learning event does not focus exclusively on any specific product or service.
- **Sponsor Disclosure**: There is no external sponsor for this course.

Limitations/Risks

- The applicability and accuracy of the course content may vary by the clinical, geographical, and cultural context; you should evaluate the course accordingly.
- As healthcare is rapidly evolving, new findings may change the validity of the information presented in this course. Providers should always consult the latest research and guidelines from professional associations.
- The interventions discussed in this course may be limited in generalizability, requiring practitioners to consider specific individual and population factors.
- The course may not cover all possible risk factors, diagnostic methods, or treatment options, and complex cases may require additional considerations.
- Healthcare providers should apply cultural competence and sensitivity to ensure effective and respectful care based on their patients' diverse needs.
- Providers should always evaluate the limitations of diagnostic and screening tools, considering their potential for false results as well as any ethical implications.
- It is the responsibility of course participants to critically evaluate the evidence from multiple sources to guide professional practice.

Learning Outcomes

After this course, participants will be able to:

- Explain the reflexive thematic analysis approach and how it relates to clinical education in audiology.
- Identify key clinical teaching strategies that audiology students perceive as most effective.
- Describe evidence-based supervision techniques, including guided questioning, scaffolded independence, and constructive feedback, to enhance student learning in clinical settings.

**** Please feel free to ask questions along the way or email me after the presentation!**

Source Material

› Am J Audiol. 2026 Jan 26:1-9. doi: 10.1044/2025_AJA-25-00175. Online ahead of print.

Effective Clinical Teaching Strategies in Audiology: A Reflexive Thematic Analysis

David P Jedlicka [1 2], Elaine Mormer [1]

Affiliations + expand

PMID: 41586794 DOI: 10.1044/2025_AJA-25-00175

Why Study Clinical Teaching?

- Clinical instruction bridges theory and practice.
- Most research reflects educator perspectives.
- Student insight reveals what enhances learning.
- Goal: Build **student-centered**, evidence-based supervision.

Limitations of Existing Research

- Heavily focused on clinical educator perspectives
- Educator-focused studies commonly address:
  - Supervisory practices
  - Confidence
  - Preparation
  - Barriers
- What about student focused research?

Aims of Our Study

- **Aim 1:** Confirm that audiology students' perceptions of effective clinical education approaches aligns with those of students across health professions

- **Aim 2:** Explore which elements of clinical education are most effective from the audiology student perspective, enabling audiology educators to provide student-centered clinical education practices.

Qualitative Research Refresher

- Explores people's experiences, perspectives, and meanings
  - Focusing on the "why"
- Uses non-numerical data, such as interviews, observations, and verbal or written responses
- Helps explain how or why something happens
- Emphasizes depth, context, and understanding

Qualitative Research Methods

- **Reflexive Thematic Analysis**
- Phenomenology
- Grounded Theory
- Ethnography
- Case Studies
- Narrative Analysis
- Discourse Analysis

Reflexive Thematic Analysis

- Systematically analyze patterns within open-ended response data.
- 6-step approach in theme development
- Acknowledges the researcher's active role in theme development.
- Allows for an iterative and reflective process.
- Does not adhere to a strict coding framework
  - Emphasizes the evolving nature of thematic interpretation
  - Valuable for exploring complex or subjective experiences when the researchers have related experience / knowledge.

Braun and Clarke's RFA Process

Step	Description
1. Familiarization	Researchers immerse themselves in the data by reading and re-reading responses to gain a comprehensive understanding.
2. Generating Initial Codes	Systematically labeling meaningful units of text that appear relevant or significant within the data set.
3. Searching for Themes	Grouping codes into broader patterns that reflect key insights or recurring ideas related to the research question.
4. Reviewing Themes	Refining and evaluating themes to ensure they are coherent, distinct, and accurately represent the data.
5. Defining and Naming Themes	Articulating the meaning, scope, and relevance of each theme in relation to the research aims and overall narrative.
6. Reporting	Structuring themes into a cohesive and compelling narrative, supported by direct quotes or excerpts from participant data.

Trustworthiness and Rigor

- Coding was completed independently by each author.
- Agreement on the theme identification (consensus) achieved in post-analysis Final themes were closely connected to the responses found in the data.
- Aimed to provide sufficient detail in the naming of themes and descriptions to allow application of our findings beyond audiology.
- Consistent patterns across the student responses were found during the theme consensus meetings.
- The final themes represent student experiences and identify the teaching strategies students found to be most effective.

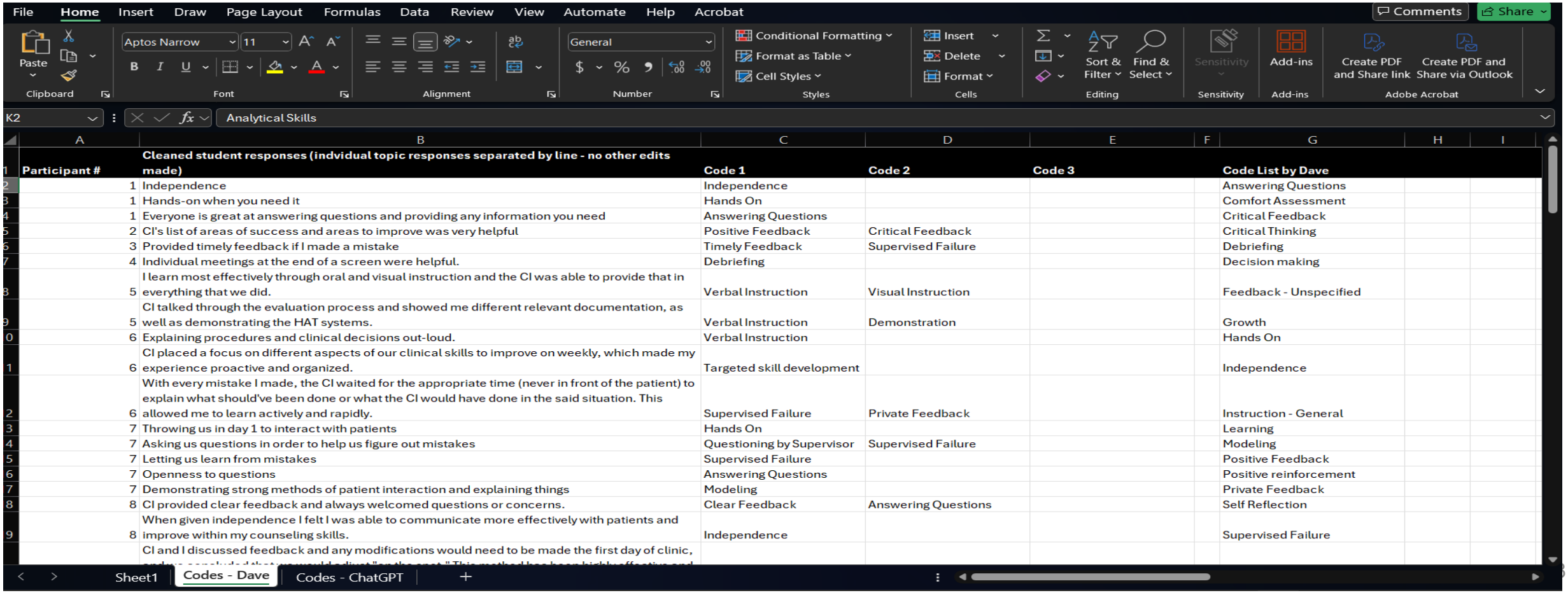
Methodology

- Design: Reflexive Thematic Analysis (Braun & Clarke, 2006)
- Data: 62 AuD students (1st – 3rd year AuD students)
  113 codable responses
- Responses were collected as part of an anonymous, end of semester survey.
- Prompt: “what teaching strategy(s) used by your clinical instructor most positively impacted your learning this term?”
- Analysis Tool: Manual (Jedlicka), NVivo 15 (Mormer)

Qualitative Analysis Software

- **Excel** / Manual (the old school way)
- **NVivo**
- ATLAS.ti
- MAxQDA
- Dedoose
- Taguette (open-source)
- QualCoder

The Excel Option



Participant #	Cleaned student responses (indvidual topic responses separated by line - no other edits made)	Code 1	Code 2	Code 3	Code List by Dave
1	Independence	Independence			Answering Questions
1	Hands-on when you need it	Hands On			Comfort Assessment
1	Everyone is great at answering questions and providing any information you need	Answering Questions			Critical Feedback
2	CI's list of areas of success and areas to improve was very helpful	Positive Feedback	Critical Feedback		Critical Thinking
3	Provided timely feedback if I made a mistake	Timely Feedback	Supervised Failure		Debriefing
4	Individual meetings at the end of a screen were helpful.	Debriefing			Decision making
5	I learn most effectively through oral and visual instruction and the CI was able to provide that in everything that we did.	Verbal Instruction	Visual Instruction		Feedback - Unspecified
5	CI talked through the evaluation process and showed me different relevant documentation, as well as demonstrating the HAT systems.	Verbal Instruction	Demonstration		Growth
6	Explaining procedures and clinical decisions out-loud.	Verbal Instruction			Hands On
6	CI placed a focus on different aspects of our clinical skills to improve on weekly, which made my experience proactive and organized.	Targeted skill development			Independence
6	With every mistake I made, the CI waited for the appropriate time (never in front of the patient) to explain what should've been done or what the CI would have done in the said situation. This allowed me to learn actively and rapidly.	Supervised Failure	Private Feedback		Instruction - General
7	Throwing us in day 1 to interact with patients	Hands On			Learning
7	Asking us questions in order to help us figure out mistakes	Questioning by Supervisor	Supervised Failure		Modeling
7	Letting us learn from mistakes	Supervised Failure			Positive Feedback
7	Openness to questions	Answering Questions			Positive reinforcement
7	Demonstrating strong methods of patient interaction and explaining things	Modeling			Private Feedback
8	CI provided clear feedback and always welcomed questions or concerns.	Clear Feedback	Answering Questions		Self Reflection
8	When given independence I felt I was able to communicate more effectively with patients and improve within my counseling skills.	Independence			Supervised Failure
	CI and I discussed feedback and any modifications would need to be made the first day of clinic,				

NVivo

- Organize and manage qualitative datasets
- Conduct systematic and iterative coding of qualitative data
- Support reflexive analysis through flexible coding, memo writing, and re-coding
- Facilitate identification and development of patterns of meaning across the dataset
- Retrieve and compare coded data to support interpretive analysis
- Maintain an organized audit trail to enhance transparency and rigor

Make Your Prediction

- What themes or specific clinical teaching strategies do you believe students identified as being the most important?

Quiz Hint

Q2

Final Themes									
Engaging Student Thought	#	Independence	#	Productive Feedback	#	Supportive Approach	#	Teaching Strategies	#
Answering Questions	12	Independence	21	Clear Feedback	1	Comfort Assessment	2	Critical Thinking	12
Debriefing	1	Self Reflection	4	Critical Feedback	3	Supervisor Attitude	4	Demonstration	2
Questioning by Supervisor	14	Supervised Failure	13	Feedback - Unspecified	8	Supervised Failure	13	Hands on	6
Valued Opinion	1			Positive Feedback	6			Instruction - General	4
				Positive Reinforcement	4			Modeling	9
				Timely Feedback	3			Targeted Skill Development	4
								Verbal Instruction	4
								Visual Instruction	1

The 5 Core Themes

1. Engaging Student Thought
2. Independence
3. Productive Feedback
4. Supportive Approach
5. Teaching Strategies

Engaging Student Thought

- Encourages reasoning and reflection.
- Promotes critical thinking through questioning.
- Tip: Use guided questioning and debriefing.

Engaging student thought response examples
"Everyone is great at answering questions and providing any information you need."
"Open to discussion/questions whenever I had them"
"We were then able to ask questions and if we were wrong, the CI (clinical instructor) would explain why and teach us more about it."
"The clinical instructor would ask questions throughout prepping to reinforce understanding of procedures and make sure the student knew the 'why' behind everything."

Independence

- Most frequently cited theme.
- Students value scaffolded autonomy.
- Tip: Adjust independence level to student readiness.

Independence examples
"CI (clinical instructor) also allowed me to gradually work my way up from observation of clinical skills to independent performance under CI's supervision. This allowed me to familiarize myself with those skills and also gain more confidence through regular practice."
"When given independence I felt I was able to communicate more effectively with patients and improve within my counseling skills."
"CI allowed me to carry out appointments as if they were mine and the CI just passively observed and corrected if needed."
"Allowing me to do discussions without an instructor in the room allowed me to feel so much more comfortable talking to the patient and find my 'clinical voice.'"
"Allowed me to try and give my best attempt, was able to show me the correct way to do things and explained things thoroughly"
"CI (clinical instructor) does a great job at letting me learn by making my own mistakes and having as much hands-on experience as possible."

Quiz Hint

Q3

Productive Feedback

- Students value timely, clear, actionable feedback.
- Balance constructive and positive input.
- Tip: Debrief privately and promptly.

Productive feedback examples
"CI (clinical instructor) provided clear feedback and always welcomed questions or concerns."
"CI and I discussed feedback and any modifications would need to be made the first day of clinic, and we concluded that we would adjust "on the spot." This method has been highly effective and works well for my personality type."
"Immediate feedback that was positive but instructive."
"CI also gives constructive and positive feedback that allowed for a better learning experience."
"Provided timely feedback if I made a mistake"

Supportive Approach

- Builds psychological safety and confidence.
- Instructor warmth fosters comfort.
- Tip: Use reassurance and validation.

Supportive approach examples
"CI (clinical instructor) is always so positive and encouraging and I appreciate how patient the CI is with me in clinic if I am unsure about it."
"Learning from my own mistakes"
"Guiding me to an answer instead of giving me an answer"
"Asked after each patient if there were any questions or concerns"
"Allowed me to try and give my best attempt, was able to show me the correct way to do things and explained things thoroughly"

Teaching Strategies

- Includes demonstration, modeling, troubleshooting.
- Structured, goal-driven guidance.
- Tip: Turn downtime into teachable moments.

Teaching strategies examples
"CI (clinical instructor) taught us how to troubleshoot when the results were not what we expected."
"Allowed for independence but made me think through my reasoning"
"Demonstration of skills and repeat demonstration/explanations as needed"
"CI would demonstrate a skill and then let me try it (i.e., she would do the first ear on an ABR and then let me do the second ear)."
"If our patients do not show up for their appointments, we always find something else to do and for me to learn about that day. For instance, one morning all of our patients cancelled, so we worked on how to repair earmolds in house, which is something I really needed practice with and enjoyed learning how to do."

Interaction of Themes

- Many responses revealed overlapping codes across themes, indicating the interconnected nature of effective clinical instruction practices.
- The best opportunity for effective clinical education may occur when multiple teaching strategies are integrated simultaneously.

Comparison to Research

- Findings align with student-focused qualitative responses from other professions including nursing, medicine, and speech language pathology.
- Results are consistent with other CSD research indicating durable themes in clinical education: independence, feedback, reflection, support (Danvers & DeRuiter, 2024).
- Universal principles of effective teaching are beneficial for all students receiving clinical education experiences.

Quiz Hint

Q4, Q5

Putting Everything Together

- Set expectations early.
- Scaffold autonomy.
- Create safe learning environments.
  - Communicate directly with the student in a private environment
  - Do not only provide feedback to the student's university
- Provide clear and encouraging feedback.
- Encourage reflection.

Implementation

- Use established clinical instruction reflection forms and supervision checklists (provided in the references).
- Meet with the student at the start of the term to identify which clinical instruction methods are preferred by the student
- Conduct consistent follow up meetings with the students to modify clinical instruction throughout the term as the student grows.

Our Plans for Expansion

- Expand the survey to other AuD programs
- Longitudinal student tracking to measure response growth
- Incorporate mixed-modeling research to determine if other factors predict what students perceive as the most “clinically effective teaching strategies
- Replicate the study at international audiology programs – University of Cape Town (coming soonish…)
- Show why AI is not a great tool (yet) for RFA research

Questions?

David Jedlicka, AuD

dpj4@pitt.edu

Congratulations!

- You've completed the course and can move on to the exam!
- From your account:
  - Go to pending Courses
  - Choose take exam