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GRADUATE CLINICIAN PERSPECTIVE OF FEEDBACK DELIVERY MODE AND FREQUENCY IN ON-CAMPUS CLINICAL SUPERVISION

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GRADUATE CLINICIAN PERSPECTIVE OF FEEDBACK DELIVERY MODE AND FREQUENCY IN ON-CAMPUS CLINICAL SUPERVISION

by

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ABSTRACT

Speech-language pathology literature is limited in describing students' perspectives regarding feedback delivery and feedback modes. Most of the literature focuses on the supervisor perspectives. Understanding the perspective of the student enhances the quality of overall clinical supervision. This study examined student perspectives through a multiple methods design. A combination of both qualitative and quantitative research data provided an enriched and deeper understanding of the student perspective regarding supervision delivery and frequency. The findings will contribute to the limited literature and provide current supervisors in Mississippi with crucial knowledge about student perspectives. The results of the study indicated that supervisors do not consistently include students in feedback delivery or frequency modes. Students report a disconnection and an inconsistency of delivery. Overall, students prefer receiving verbal feedback for development of clinical skills. The data supports the need for supervisor education and consistency across programs. Development of a more standardized approach to supervisory feedback delivery and specific strategies to include students in the application would be helpful.

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DEDICATION

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TABLE OF CONTENTS

LIST OF TABLES

LIST OF ILLUSTRATIONS

LIST OF ABBREVIATIONS

ASHA	American Speech-Language-Hearing Association
CAA	Council on Academic Accreditation
CCC	Clinical Certificate of Competence
SLP	Speech-Language Pathologist
SQF	Supervision, Questioning, Feedback

CHAPTER I – INTRODUCTION

Speech-Language Pathologists treat a variety of communication disorders with a diverse population. A Master's Degree is the current entry degree needed for licensure and certification. Graduate student clinicians must obtain 400 clinical hours to graduate with a Master of Science in Speech-Language Pathology. Most importantly, a licensed speech-language pathologist with a current certificate of clinical competence (CCC) must supervise all clinical hours attempted. The new 2017 standards in certification require clinical supervisors to have nine months experience post clinical fellowship year and two hours of clinical supervision training. However, there is not a standard model available for clinical supervision that outlines feedback delivery mode or frequency level (Dudding et al., 2017).

Statement of the Problem

The primary goal of a speech-language pathology graduate program is to acquire the concepts, skills, knowledge, theories, and findings pertaining to communication disorders to meet the standards for certification in speech-language pathology (Byrne, 2018). Programs include both a clinical and academic component for training graduate student clinicians. The academic portion measures knowledge outcomes whereas the clinical component measures skills outcomes. Thus, clinical supervision plays a central role in meeting that incredulous program goal. However, the research in this area of practice has proved lackluster especially regarding clinical feedback delivery (Bajad et al., 2019). However, most literature focuses on the point of view of the clinical supervisor and not the graduate student.

Clinical supervision is a required component of certification, which should garner more attention especially in the age of professional development according to Russell (2019). Increased accountability within clinical programs highlights why further research is warranted.

Furthermore, clinical supervisors need consistent data regarding graduate student clinicians' critical perspectives of supervision (Bok et al., 2016). Oftentimes, this is not the case regarding supervision and especially the key component of feedback. Research reviews indicated disconnection between the clinical supervisor and graduate clinicians. Snowden et al. (2019) stated this creates many obstacles to the role and relationship between supervisor and student and the road to independent high-quality clinical skills.

Clinical programs should require a clear and concise process for supervisors regarding feedback delivery mode and frequency. It should be student specific and discussed prior to the clinical experience each semester with each graduate student clinician. Clinical supervisors are aware that feedback is a crucial and necessary part of the training experience. Conversely, supervisors do not appear to be aware according to the literature and findings of multiple studies that students should provide insight on how they learn best (Borders et al., 2017) Several studies exist concerning clinical supervision, but student experiences and perspectives have received minimal focus over the years. Lastly, graduate student clinicians should feel comfortable discussing their needs with supervisors.

Purpose of Study

The study investigated the perspectives of graduate student clinicians regarding performance feedback received. Moreover, this study provided data that amplified graduate clinicians voices regarding the type and frequency of feedback they receive. The specific focus targeted feedback delivery mode and frequency. Additionally, this study explored the need for best practices in clinical supervision within a university on-campus experience. Feedback continually shapes each graduate student clinician and helps them transition from educational

coursework and experiences to clinical practice. The study examined perspectives of feedback from current graduate students to begin needed change.

Clinical supervisors provide valuable knowledge and skills to enhance student skills in a plethora of areas and become independent. Therefore, this study's findings will add to the existing literature and encourage future research in the area. It will help graduate student clinicians feel comfortable asking for a discussion concerning the feedback delivery mode most effective for them. Most importantly, uncovering more information on the dynamic of supervisor and student can lead to a deeper understanding of the role of supervisor feedback. Understanding the student perspective will enhance the quality of clinical supervision.

Definition of Key Terms

A myriad of terms exist within the scope of clinical supervision. The literature often utilizes various terms interchangeably causing confusion to the reader especially and unfamiliar reader. The paragraphs below contain definitions of key terms occurring frequently in the study for clarity.

Clinical supervision, according to Dowling (2001), is the tasks and skills of clinical teaching related to the interaction between a clinician and client. The central premise of supervision is effective clinical teaching involving the development of the student's self-analysis, self-evaluation, and problem solving skills (Falender et al., 2014). Furthermore, tasks and skills of clinical teaching are rigorous and vast.

Clinical supervisor is a term used interchangeable with clinical educator, clinical instructor, and clinical preceptor in the literature. In this study, I will use the term clinical supervisor for consistency. Clinical supervisors are the people overseeing and directing the clinical work of others (Ferguson, 2010). Specifically, teaching competency skills, clarifying

concepts, assisting with critical thinking, conducting performance evaluations, and modeling professional and ethical behavior (Ho & Whitehill, 2009).

Graduate student clinician are the students enrolled in the accredited graduate program in speech-language pathology. I will use the term student clinician throughout the study for consistency. The student clinician must have completed at least two full time semesters in an on-campus clinical rotation.

Frequency is a factor that influences the effectiveness of clinical feedback. Forsythe and Johnson (2017) defined feedback as the timing in which the feedback is offered by a clinical supervisor to a student regarding a treatment session. It can associated with deliberate practice, which incorporates immediate feedback or reflective practice, which incorporates a time delay for the student to reflect before receiving feedback.

Evaluation is included in the study to examine student and supervisor performance. It is the critical and constructive review of clinical performance. Additionally, supervisors can evaluate their own supervisory skills to improve abilities to supervise. Evaluation require supervisors to clearly define performance expectations, develop appropriate learning goals, and provide specific feedback about performance (Dudding et al., 2017). Through evaluation, supervisors have opportunities to monitor student clinicians, provide clinical skills training, and provide corrective feedback.

Feedback is the medium in which clinical supervisors communicate evaluation of task performance related to a standard and/or competency. This includes feedback relating to skills, attitudes, behavior, professional appearance and competencies. In addition, feedback delivery and mode affects the students' delivery of services. Feedback provided by clinical supervisors will influence their performance with clients/patients (Dudding et al., 2017). Furthermore, a

myriad of forms categorize feedback. For instance, feedback can be verbal, written, summative, formative, constructive, corrective, indirect, and direct. All of these types of feedback are presented in the study.

Supervision literature reports that both formative and summative feedback should relate directly to the same criteria and should be the foundation for teaching and learning objectives throughout the supervision experience. Distinction between verbal and written feedback is needed and crucial to discern participant perspective (Kaufman et al., 2013). Verbal feedback refers to providing performance evaluation in a face-to-face manner or in a conference style construct. Written feedback can be in the form of a narrative or rating/ranking scale (Dudding et al., 2017). All of these modes are strategically individualistic and rely on a dynamic relationship between the clinical supervisor and the student to be effective.

Research Questions

R1: What are the perspectives of on-campus speech-language pathology graduate clinicians regarding effectiveness of supervisory verbal feedback about clinical performance?

R2: What are the perspectives of on-campus speech-language pathology graduate clinicians regarding effectiveness of supervisory written feedback about clinical performance?

R3: What are the perspectives of on-campus speech-language pathology graduate clinicians regarding frequency of feedback about clinical performance?

The research questions allowed for exploration of student experiences regarding supervision in the clinical component of the program. As mentioned previously, the lack of literature available specifically targeting feedback delivery in clinical supervision from a student view is limited. The questionnaire and interview results offered a better understanding of feedback and improvement in the feedback process.

I have been in a higher education clinical supervisory role for 13 years. Furthermore, I was a graduate clinician and supervised by numerous clinical supervisors. Both experiences, clinical supervisor and graduate clinician, have allowed me to be on *both ends of the spectrum* concerning my research topic. My lens of focus as a researcher is to help clinical supervisors and graduate clinicians simultaneously in the area of supervision feedback best practices. The research results will apply to me in my current employment role.

I have my own supervisory style and realize the results may not reflect my personal style. Additionally, I am the director of clinical education and manage several clinical supervisors as part of my role. Graduate clinicians come to me when issues arise with supervisory styles regarding mode and delivery. This puts me in a position of knowledge for one higher education institution in Mississippi and influences my views.

CHAPTER II – LITERATURE REVIEW

Clinical supervision as a professional practice permeates current society. It is an integral and pivotal part of the initial training of speech-language pathologists and other health professionals (Dowling, 2001). Clinical supervision, especially the critical component of supervisory feedback delivery and frequency, provides essential experiences for graduate student clinicians and facilitates the foundation of clinical education (Falender et al., 2014). All graduate student clinicians enrolled in an accredited program must demonstrate knowledge and skills outcomes in clinical practicums as required by the American Speech-Language-Hearing Association (AHSA) and Council on Academic Accreditation (CAA) (Duchan, 2002). Clinical supervisors have the responsibility to guide, support, and mentor students through the practicum requirements. However, this was not always the case according to historical perspectives.

Research in this area is limited especially from the perspective of students. New research in this area is imperative because the process of clinical supervision helps shape and transition students into independent clinicians. This literature review offers a history of the profession, an overview of the clinical supervisory process and development, roles of student and supervisor, feedback delivery research, and a synopsis of the current literature on the subject. This capstone project highlights the role a clinical supervisor plays in enabling the transfer of knowledge into clinical skills from the student perspective.

History and Theoretical Views

The profession of speech-language pathology was founded in 1925 during an informal meeting of the National Association of Teachers of Speech (NATS) in New York City. NATS was an organization consisting of professionals working in the areas of rhetoric, debate, and theater that were interested in the science of speech correction (Duchan, 2002). Because of

NATS, the Academy of Speech Correction formed in 1926, which changed its name to ASHA in 1978 (Heath, 2016). At that time, clinical supervision was not recognized as a distinct practice and it was considered an assumed role with no formal training (Dudding et al., 2017). Similarly, the early lack of recognition of general supervision was prevalent in other professions too. According to Dudding et al. (2017), the term clinical supervisor was coined in the 1950s after appearing frequently in professional literature. The development of standards and guidelines for clinical supervision of graduate students occurred in 1974. This was the initial process of recognizing that quality clinical supervision was needed for the advancement of the profession. More importantly, clinical supervision was beginning to become a recognized profession on its own. Clinical supervisor, clinical educator, and clinical preceptor used interchangeably in research and the literature pertaining to supervision.

Historically, competency in clinical service delivery translated into effective clinical supervision. However, research and educational leaders have acknowledged that effective supervision requires a unique set of knowledge and skills (Dowling, 2001). Strong clinical delivery skills are not always commiserate with strong clinical supervision skills as historically suggested (Snowden et al., 2019). Likewise, Dudding et al. (2017) investigated clinical supervision as a professional specialty and noted *good clinicians* were expected by other clinical professionals to be *good supervisors* even though they were underpaid and untrained. Advocacy for clinical supervision over the years has grown exponentially and helped transform clinical supervision into a systematically implemented evidence-based scope of practice. Additionally, Dudding et al. (2017) noted clinical supervision became a distinct practice in 1985. Increased awareness of high quality supervision and increased engagement in training opportunities have been in the forefront of advocacy efforts in recent years.

Clinical supervision evolved from the historical view and now considered essential and a distinct area of practice that requires training albeit minimal to gain competence. In their systematic review of clinical supervision training, Milne et al. (2011) reported that evidence-based training for clinical supervisors has been problematic and lacking. Falender et al. (2014) also analyzed evidenced-based training and reported effective supervision focuses on student learning and ensures that new clinicians are adequately prepared to serve patients with communication disorders. Conversely, the only formal training required by the national accrediting body, (ASHA), is a two-hour course, which arguably is not sufficient. This ASHA requirement was proposed and approved in 2017. Therefore, before 2017, supervisors were not required to have specific training before making a commitment to supervise a student. Depending on the facility, more training opportunities may be required or offered. Clinical supervisors agree that developing and requiring appropriate ongoing professional development is currently warranted in this profession. Professional development and training should stress best practices and theoretical, evidence-based knowledge as well as effective ways to deliver feedback of student clinician performance (Ho & Whitehill, 2009).

Supervisory Relationship and Roles

In their qualitative study of clinical supervision, Dudding et al. (2017) illustrated the relationship between the supervisor and student clinician as the cornerstone of supervision. Each relationship is unique, impactful, and critical for successful supervision experience. The relationship according to Dudding et al. (2017) is generally viewed has having the purpose of fostering student development and forming the basis for evaluation. Additionally, Byrne (2018) researched the personalities of speech-language pathology students and indicated that students reported both a positive and negative experience in the supervisory experience especially

regarding feedback delivery and frequency. Many students viewed clinical supervisors as powerful and the *holders of grading*. It can be an intimidating relationship because supervisors assign clinical grades and sign off on required clinical hours for graduation. Thus, clinical supervisors should be cognizant of the imbalance of power and keep professional development of the supervisee as the focus in the relationship.

Falender et al. (2014) investigated effective supervisory practices amongst supervisors. Their qualitative findings suggested that strong supervisory relationships were dependent on the behaviors of the supervisor. Characteristics such as warmth, empathy, genuineness, mutual respect, flexibility, and transparency were pivotal factors in the maintenance of the relationship. Moreover, repairing ruptures in the relationship can be an arduous task so effective interpersonal communication should be developed promptly. Similarly, Forsythe and Johnson (2017) found effective supervision practices are crucial to students especially when delivering necessary feedback regarding performance.

In the same qualitative research study, Dudding et al. (2017) further detailed the role of speech-language pathology clinical supervisors in teaching clinical skills and the varying models of supervision utilized. Primary roles were to assist the student clinician in developing critical thinking, clinical decision-making skills, and competency skills. They reported that both skills are not an assumed product of the program and students require direct instruction in acquiring the skill set. Dudding et al. (2017) recommended that clinical supervisors cultivate a lifelong disposition for critical thinking in professional practice. Feedback is clearly the starting and ending point for student clinicians according to their research findings. The studies aforementioned have indicated that the delivery of feedback shapes clinical performance and facilitates self-evaluation.

Supervisory Models and Methods

A myriad of clinical supervision models exist and purport to enhance student and supervisor competency. Dudding et al. (2017) reported that AHSA does not accepted a universal model of supervision. One conceptual model of supervision frequently utilized in speech-language pathology is Anderson's Continuum of Supervision, which developed in 1988. According to the model, supervision is a continuum of stages including evaluation-feedback, transitional, and self-supervision. The evaluation-feedback stage is indicative of providing a student with direct and active style of supervision. The clinical supervisor begins the transition into a consultative role during the transitional stage. Lastly, the consultative approach becomes the focus of the final stage of this model (Dowling, 2001). Five components emphasized during the supervisory process to move students along the continuum include understanding the supervisory process, planning, observing, analyzing, and integrating (Dudding et al., 2017). It allows graduate student clinicians to move from interdependence to independence.

Jean Anderson wrote a book in 1988 that presented an approach to supervision called Anderson's Continuum of Supervision (Dowling, 2001). This model of supervision model supports the idea that less experienced clinicians were more likely to depend on specific delivery modes and frequency. Furthermore, although the five components of clinical supervision relate primarily to the transition stage, both supervisor and student may function at any point on the continuum during any of the stages according to a study by Solomon-Rice and Robinson (2015). The model focuses on modifying supervisory style in response to student need, which fosters growth for both participants.

In their study, Solomon-Rice and Robinson (2015) reviewed qualitative feedback from a survey regarding supervision models. Additionally, the findings indicated feedback delivery in

each step of the continuum. It was also possible that the individual supervisor and assigned student function simultaneously at different continuum points within the same component of supervision. According to Dudding et al. (2017), the point on the supervisory continuum at which the supervisee functions was dependent upon a plethora of variables including supervisee expectations and perceptions, experience, competencies, and commitment. Ho and Whitehill (2009) also examined supervision models and reported that supervisors establish a direct role initially but progress to a consultative role at the end.

Another popular model widely utilized according to Falender et al. (2014) is the Supervision, Questioning and Feedback (SQF) Model of Clinical Teaching. Feedback in this model confirms, corrects, and guides application of skills, knowledge, clinical reasoning, and professionalism. Feedback is corrective or guided but always positive in this model (Dudding et al., 2017). Supervision provided to students is based on the student, situation, and type of task with a strong emphasis on strategic questioning. Situational supervision decreases allowing more autonomy but still monitoring student decision making. Ultimately, the goal is to help students in developing their own model that facilitates critical thinking skills and competent clinical decision-making skills (Forsythe & Johnson, 2017). Pearce et al. (2013) discussed the most current model. The researchers examined and reported a new measure called the Supervisory Relationship Measure (SRM). The study investigated the integrity and concluded the SRM was an empirically sound measure with several similarities of the SQF model.

Cognitive Apprenticeship Instructional Model created by Collins et al (1989) offered a model for application of skills in a plethora of authentic contexts. Teaching methods included modeling, coaching, scaffolding, articulation, reflection, and exploration. Each method used by clinical supervisors during the supervision process gives students an enriched understanding of

the clinical decision making process. Unfortunately, many programs do not outline or train supervisors to use the three models described.

Deliberate and reflective supervisory practices are methods utilized by clinical supervisors as stated by Solomon-Rice et al (2015). Deliberate practice is structured activity directed at increasing and improving the performance of a specific task or tasks. For instance, this method incorporates immediate, specific, and informative feedback. Reflective practice is the ability to reflect on performance and then change behavior while performing therapy. Clinical supervisors utilize this method to encourage self-evaluation and problem solving skills. Dudding et al. (2017) described reflective supervisory practice as teaching students to *think on their* feet by modifying the activities without a devised plan. Both methods incorporated as tools into many models of clinical supervision are beneficial. The goal of both supervisory practice methods is to foster students to think critically and problem solve to help their patients (Solomon-Rice & Robinson, 2015).

Supervisory Feedback Delivery and Frequency

Clinical feedback is fundamental and vital for teaching, identifying gaps, reinforcing learning and is crucial to support student competence. However, delivering critical feedback can be arduous for new and seasoned clinical supervisors. According to Borders et al. (2017), even highly experienced clinical supervisors find providing critical feedback challenging. To illustrate, Forsythe and Johnson (2017) reported that students placed an elevated value on supervisory feedback so it deserves specific attention. Their research confirms the power of feedback on both student motivation and performance levels during clinical rotations. Conversely, research also revealed students feel feedback was the least satisfactory aspect of

university learning (Byrne, 2018). Moreover, students felt clinical supervisors should modify clinical feedback methods and models to fit their individual needs.

One such study by Forsythe and Johnson (2017) sought to measure student attitudes towards feedback. They discovered that student mindset, especially a fixed mindset, did significantly affect their ability to implement supervisor feedback and grow as a clinician. Forsythe and Johnson (2017) further stated even students with fixed mindsets were motivated learners. It was the supervisory role and responsibility to discuss feedback delivery modes and frequency with individual students. Supervisors clearly showed difficulty managing feedback resistance from students. Overall, the study discussion centered on how clinical supervisors can best manage feedback to enhance performance.

Best practices in student assessment require supervisors to clearly define expectations of competencies, create learning goals specific to the student and client need, and provide feedback that is detailed. Feedback provides closure to the student learning experience, which enables an understanding of competence, and supports targeted learning (Bajad et al., 2019). The literature articulates that insufficient and superficial feedback is common on student placements. Consequently, students can become confused and unsure about their level of practice, achieved learning, and skills requiring consolidation (Russell, 2019). Delivering feedback that is meaningful and specific will foster student growth and reflection. However, inconsistent and meaningless feedback can be detrimental to a student's development.

Feedback Types and Frequency

Common types of feedback include objective data, narratives, and rating scales according to a descriptive study on student-supervisor conferencing by Ferguson (2010). The study used case studies as a means to analyze feedback delivery. Objective data based on nonjudgmental

collected data was shared with the student. Narratives are comprised of written descriptions of specific behaviors during a therapy session. Finally, rating scales offer the student criterion based data via a scale (Ferguson, 2010). Multiple factors influenced the effectiveness of feedback including timing, frequency, tone, form, and specificity.

Barnum and Guyer (2015) described three types of feedback used by clinical supervisors. Confirming feedback confirms the skills used by the student are accurate. Corrective feedback allows supervisor to let students know skills are not on target. Lastly, guiding feedback offers reinforcement and increases current knowledge and skill levels. Supervisors provide feedback verbally in a conference setting, written, or a combination and can be detailed or vague. Each feedback exchange can include combinations of these components and are dependent on the clinical supervisor and student. Dudding et al. (2017) reported that verbal feedback offered in an informal quick manner or a lengthier supervisor conference would be beneficial. Falender et al. (2014) examined evaluation and feedback measures and made the following recommendations: clearly articulate evaluation methods at the outset of supervision, provide student with evaluation forms intended for use throughout experience, clearly define timelines, and support student in incorporating feedback appropriately.

Research conducted by Donough and Van der Heever (2018) concluded that timing of feedback can be immediate or delayed and significantly affects performance and confidence levels. For example, supervisors may offer feedback immediately after a therapy session, during a therapy session, or days later. Regarding frequency of clinical feedback, Donough and Van der Heever (2018) reported feedback fluctuates and could be provided every session, every week, or monthly. Above all, tone should be positive but students have reported negative tones, which are

not as effective. Tones are present in verbal and written feedback according to the research by Byrne (2018).

Bok et al. (2016) examined 14 clinical supervisors with regard to factors influencing feedback-giving behaviors. Specifically, this exploratory qualitative study examined verbal and written feedback behaviors during clinical training using semi-structured interviews. Analysis revealed three themes: supervisor-related factors, supervisor-student interaction-related, and supervisor-context interaction-related factors. Moreover, the research indicated experience level, mental well-being, relationship, and workload influenced results. An interesting finding according to Bok et al. (2016) was the fact some supervisors asked students to convert their verbal feedback into written feedback. Overall findings suggested enhancing effective feedback, written or verbal, both supervisors and students should establish a professional relationship that facilitates a healthy and meaningful feedback exchange.

Unfortunately, the research conducted by both Dudding et al. (2017) and Falender et al. (2014) indicated many supervisors do not discuss perspective or preferences concerning feedback delivery before the supervisory process begins. The research also indicated frequent, specific, and descriptive feedback were the preferences of most students. Similarly, immediate verbal feedback versus delayed feedback has many advantages according to the study conducted by Ho and Whitehill (2009). One such advantage is the supervisor may possess a fresh memory of the session. Additionally, immediate feedback can assist with reflective logs. Nevertheless, the concern with immediate verbal feedback is whether students are given ample time to process and reflect on the feedback from the supervisor. Additionally, findings supported higher clinical skill performance from students receiving immediate verbal feedback. All of these variables in

supervisory feedback delivery and frequency can directly affect student perspective and attitudes and ultimately performance.

Student Perspectives and Attitudes

Reactions to feedback can be difficult to determine. Students have an internal system that compares actual performance with their own standards. Further, students have to consider their own capabilities to achieve or perform (Dowling, 2001). The student personality study by Byrne (2018) showed that students with high levels of self-esteem have increased perceptions of their skills and performance. In addition, verbal versus narrative feedback can affect reactions to feedback. Furthermore, Dowling (2001) stated that effective feedback had the following characteristics: descriptive, specific, responsive to the needs of the student, oriented to modifiable behavior, timed appropriately per student, and validated.

Forsythe and Johnson (2017) analyzed student's attitudes towards feedback and concluded reactions were dependent on supervisory feedback delivery styles. Again highlighting value students place on feedback, results showed receiving clear and consistent feedback were the most important factors in satisfactory supervisory experiences. Likewise, the most important factor reported contributing to unsatisfactory experiences was the failure to provide clear and consistent feedback. Snowdon et al. (2019) conducted a mixed method study that highlighted the need for flexible approaches to clinical supervision that should be listed in policies, procedures, and specific guidelines. The qualitative analysis uncovered thee major themes while using semi-structured interviews and a quantitative descriptive survey looked at effectiveness. The emerging themes from the data analysis reported clinical supervision was most effective when it included professional development as a focus, the supervisor possessed skills and attributes required to facilitate a constructive supervisory relationship, and organization of supervision.

In addition, Borders et al. (2016) investigated the effectiveness and student perception of constructive feedback. Supervisor emotions and student reactions studied in conjunction with constructive feedback delivery proved beneficial. The findings indicated the complexity of supervision was difficult to balance when focusing on the most appropriate use of feedback. The students reported feeling insecure but as they invested more in the experience, those feelings slowly dissipated. The nature of supervisory feedback appeared to be more evaluative than confrontational. Thus, the nature of supervisory feedback (direct versus indirect) may change because of the medium of delivery (Borders et al., 2017).

Research Need

Dudding et al. (2017) estimated that there are approximately 20,000 speech-language pathologists engaged in clinical supervision annually. This constitutes more research and expectations regarding the specific strategies in feedback delivery modes and frequency. Research should focus on student clinician preferences, experiences, and perspectives. Furthermore, ASHA constituted changes in the 2017 Certification Standards for Speech-Language Pathology to include a minimum of two continuing education hours in supervision prior to supervising (Dudding et al., 2017). Research indicates this minimum should be revisited and revised with more training and professional development.

Direct research focusing on clinical supervisory feedback continues to be lacking. Receiving and inviting feedback has received minimal attention. Specifically, quantitative research is lacking since most research relies on descriptive results. Most research regarding supervision has employed a qualitative or mixed methods design. However, few studies exist which focus on the component of supervisory feedback delivery mode and frequency. While all studies regarding clinical supervision offer valuable insights, they neglect to include factors

specially relating to feedback delivery mode and frequency. Most importantly, research should foster supervisor accountability. Supervision training and development provides ongoing methods and support to continue the vibrancy of the profession.

CHAPTER III – METHODOLOGY

Graduate students' expectations and perspectives regarding the delivery of supervisory feedback vary depending on the need. Currently, the profession's national accreditation body has no standards or guidelines in place for supervisory feedback that are consistent in accredited programs nationally. The most effective models and methods of clinical supervision does not exist which can lead to confusion. The literature contains several studies focusing on supervisor perspectives. Moreover, minimal robust research exists on this subject from the student perspective specifically concerning feedback.

The purpose of the study is to explore graduate students' perspectives regarding on-campus clinical supervisory feedback delivery and frequency. The findings will contribute to the limited literature and provide current supervisors in Mississippi with crucial knowledge about student perspectives. Additionally, highlighting the value graduate students in speech-language pathology place on feedback delivery will encourage future research in this area to include a broader region and scope.

Graduate Student Participant Demographics

The researcher gathered information regarding demographics of the students participating in the survey. During the fall of 2021, the researcher contacted clinic directors through phone and email from Jackson State University, Mississippi University for Woman, University of Mississippi, and University of Southern Mississippi to describe the study and request assistance disseminating the Qualtrics questionnaire. The researcher provided a letter describing the study and attached another letter requiring a signature regarding dissemination duties. Each director signed the letter confirming assistance with the dissemination of the Qualtrics questionnaire. The directors emailed the description and link to the eligible student population in September and

again in October. Each participant confirmed enrollment in one of the four pre-selected programs and completion of at least two semesters of on-campus clinical practicum.

Research Design

The research employed a multiple-methods design to ensure the findings represented the participants' experiences. The combination of both qualitative and quantitative research data provided an enriched and deeper understanding of the student perspective regarding supervision delivery and frequency. The questionnaire contained two Likert scales, which collected quantitative information about verbal and written feedback. An optional semi-structured interview offered to students provided the vital qualitative information for analysis and discussion. The multiple-methods design captured a realistic perspective depicted in both a questionnaire and interview mode.

Participants

Eligible participants in this study were current speech-language pathology graduate students from four pre-selected Mississippi universities: University of Mississippi, Jackson State University, University of Southern Mississippi, and Mississippi University for Women. All the pre-selected universities offer a speech-language pathology graduate program accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) of the American Speech-Language-Hearing Association (ASHA). Furthermore, each participating university program utilizes on-campus experience rotations and clinical supervisors with a current Certificate of Clinical Competence from ASHA.

Eligibility for this study required completion of at least two semesters of on-campus clinical practicum rotations from one the accredited participating universities. Additionally, current enrollment in the speech-language pathology graduate program was required. These

criteria were set so all participants could share comparable student knowledge within the process of supervision during the on-campus rotation in the state of Mississippi. The total number of students across the four programs is 123. Recruitment focused on all 123 students participating in the survey. The sample consisted of the total population in the study. Each clinical director receive the questionnaire link with instructions to forward to all eligible graduate students in the program. All clinic directors signed an agreement to disseminate the questionnaire to all eligible graduate students enrolled in their respective programs. The questionnaire provided the option for a phone, zoom, or in-person interview.

Procedures

An electronic, self-administered Qualtrics questionnaire obtained information regarding demographics, qualifications, and perceptions of clinical supervisory feedback and frequency methods. The researcher contacted the prospective clinical directors from the four selected Mississippi university programs to create a purposive sample. Phone calls made to each individual director occurred initially and subsequent contact was through email. Clinic directors provided the Qualtrics questionnaire survey link to students that met eligibility requirements of the study to participate. The link contained contact information for participation in an individual phone, zoom, or in-person interview to collect richer qualitative information. Data collection occurred over a period of eight weeks from September 9, 2021 to November 4, 2021. Reminder emails sent were in two-week intervals.

The identities and specific programs of all participants were strictly confidential and assigned pseudonyms when citing direct quotes in the findings. Only the researcher had access to the identifying information of the participants in the interviews. Participants received a statement of information about the purpose of the research along with confidentiality procedures. The

statement outlined how the research study will use their responses. Additionally, participants signed a written consent to participate in the interview. The researcher will shred interview notes and accompanying documentation at the conclusion of the study including the flash drive.

Instrument

The study included a 33-item supervisory feedback perspective questionnaire (Appendix A). The questionnaire contained three sections. The first section contained twelve demographic questions and captures data pertaining to eligibility requirements and clinical program information. The second section contained two question with eight items each based upon a five-point Likert scale used by participants to indicate agreeance with each statement or question. Section two focused on measuring research question one and research question two. Specifically, question thirteen measured perspectives regarding verbal feedback and question fourteen measured perspectives regarding written feedback. Lastly, the third section contained four questions regarding comparative feedback based on progress in the program and related to research question three. The final question in section three asked for participation in an interview.

The questionnaire invited participants to participate in an optional individually focused semi-structured interview through a phone call, zoom call, or face-to-face meeting. The interviews fostered depth and provided a deeper dive into the student perspectives regarding the research questions. The responses provided rich qualitative data to apply to the profession and expand the questionnaire data. Each participant completing the interview signed a consent (Appendix D) permitting the researcher to transcribe the interview.

The individual interviews conducted were in a private area at the University of Southern Mississippi and lasted 15-30 minutes. In addition, each participant reviewed their transcribed

interview and indicated revisions needed. A flash drive holds all interview transcriptions and data, which will be in the possession of the researcher only. The researcher will destroy the flash drive upon completion of the study and defense of research.

Analysis

The researcher used descriptive statistics to summarize the quantitative data collected from the Likert scale questions. Analysis of individual Likert questions provided deeper insights regarding student perspectives. For the interviews, the researcher transcribed the interviews verbatim and use thematic analysis to identify meaning across the data. Active observation of patterns occurred during the initial and subsequent review of interviews. Furthermore, the researcher studied the data and then coded and sorted prevalent themes. Both qualitative data collected from interviews and quantitative data from questionnaire enabled the researcher to triangulate the data.

CHAPTER IV – FINDINGS AND RESULTS

The study investigated the perspectives of graduate student clinicians regarding performance feedback received. Moreover, this study provided data that amplified graduate clinicians voices regarding the type and frequency of feedback they receive. The specific focus targeted feedback delivery mode and frequency regarding clinical performance. Additionally, this study explored the need for best practices in clinical supervision within a university on-campus experience.

All participants met the eligibility criteria to participate in the study. The number of eligible participants in the study amongst the four selected universities equaled 123. The response rate of the survey was 31.7% with 39 participants (n=39). Additionally, the participation rate for the individual interviews was 20.5% with eight participants (n=8). The first section of this chapter includes the demographic findings as related to age range, eligibility criteria, and gender. In the second section, data reported directly related to clinical clock hour comparisons, supervisor trends, and clinical and academic status in the program. Next, the researcher analyzed Likert Scale results to compare responses and answer research questions. The last section includes summation question results and individual interview data.

Participant Demographics

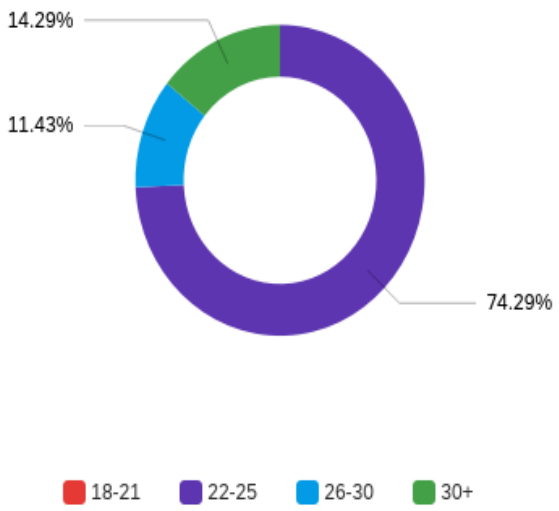
Age

The below illustration (Figure 1) indicates most students completing the questionnaire were between the ages 22-25 years of age equating 74.29% (n=26). The remaining categories included students between 18-21 years of age equating to 0%, those students between 26-30 years of age equating to 11.43% (n=4), and students over 30 years of age equating to 14.29%

(n=5). The data evidences that the majority of the respondents were traditional students according to age determinants.

Figure 1

Student Age Demographics

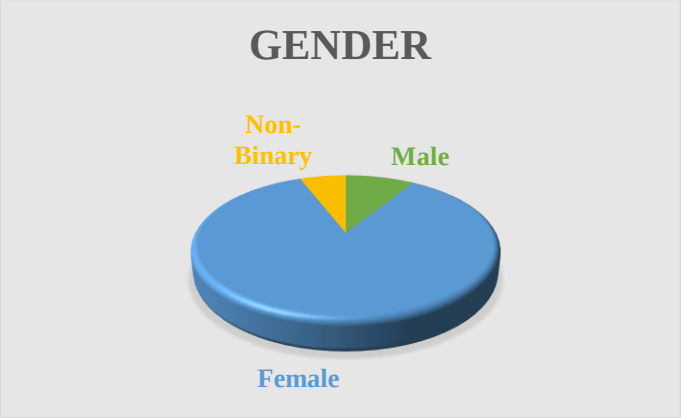


Gender

The responses revealed 82.86% of students self-identified as female (n=29). This is not surprising since over 90% of speech-language pathologists are female according to ASHA statistical data listed on their website www.asha.org. Males represented 8.57% of the student responses (n=3). Lastly, several students self-identified as non-binary at 5.71% (n=2). The data showed that one student preferred not to provide an answer to the question. Figure 2 provides a breakdown of the student gender responses.

Figure 2

Student Gender Demographics

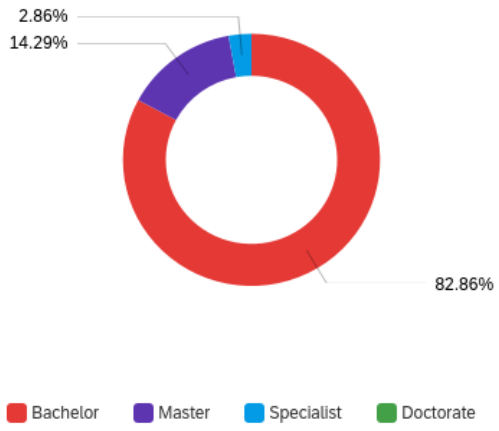


Degree Level

The questionnaire inquired about levels of education for student responders. Most students were working toward their first master's degree. The questionnaire identified 82.86% of responders had an earned bachelor's degree (n=29). Five students were earning a second master's degree, and one student earned a specialist's degree. Figure 3 is a visual of the findings.

Figure 3

Highest Degree Obtained



Clinical and Academic Status

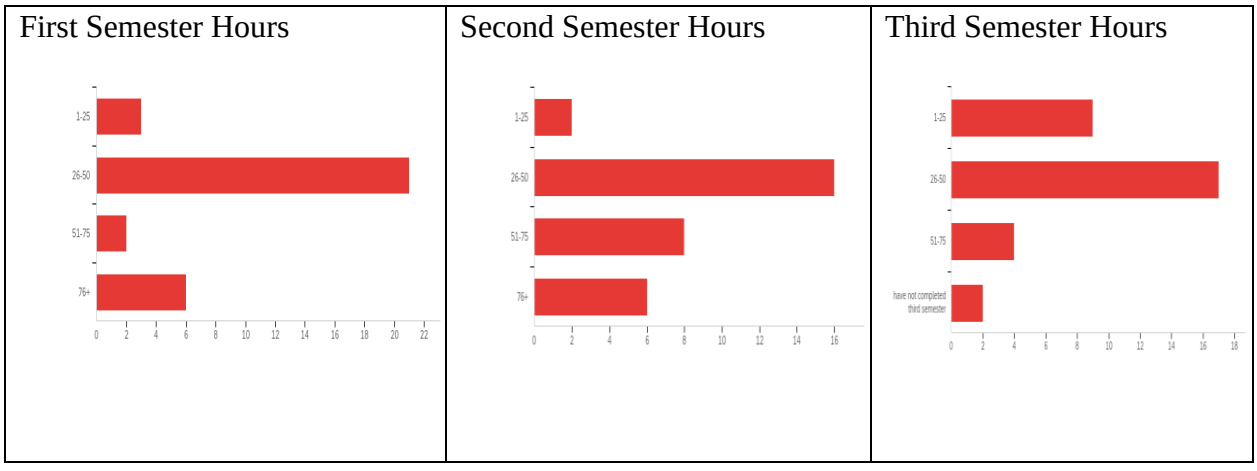
This section focused on specifics of the program in relation to the student participant. Questions concerning supervisors trends, hours earned, academic status, disorders treated, and comparison of hours earned per semester were the center. Information gained in this section gives the reader an overall picture of the students participating in the survey.

Current enrollment in an on-campus clinical practicum rotation is a requirement of participation. Students must have completed at least two semesters to be eligible to complete the questionnaire. Each program contains five semesters of clinical practicum and academics. The most students were enrolled in their fourth semester totaling 82.35% (n=28). Third semester students participating in the study totaled 14.71% (n=5). Finally, 2.94% were enrolled in the fifth semester (n=2). All students met the criteria of completing at least two semesters in the program.

Students reported in a series of questions the number of clinical hours gained during the first, second, and third semester of the on-campus clinical rotation. Figure 4 reveals the comparison of clinical hours gained during those individual semesters.

Figure 4

Earned Clinical Hours



Most students earned 26-50 hours during the first semester of on-campus clinical practicum with 65.63% (n=21). This was also true with second semester hours with 50.00% earning 26-50 (n=16), and third semester with 53.13% (n=17). Students earning less than 26 for both semesters were low with 9.38% (n=3) for first semester, 6.25% (n=2) and for second semester. In contrast, students reported earning 1-25 during the third semester at an increased rate with 28.13% (n=9). The largest difference was 25.00% (n=8) second semester students earned between 51-76 and only 6.25% (n=2) earned those numbers of hours during first semester. For the 76 and above question, the numbers were equal for both semesters with 18.75% (n=6). Two students reported not completing the third semester at the time of completing the questionnaire.

Depending on the program, the process for supervisor assignment varies. For instance, one program may assign a student only one supervisor per semester with multiple patients. Another program may assign one supervisor per patient meaning a student could have three different supervisors in a given semester. The questionnaire asked students the number of supervisors providing any type of feedback during their program thus far. Most students (53.13%) reported that 1-3 supervisors provided some type of clinical feedback. Secondly, 46.88% of students reported 4-6 supervisors provided them with feedback. The researcher did not include a question noting the exact number of supervisors assigned within the program to correlate with the response to the current question.

Treatment Experience

Graduate students chose disorder areas treated thus far in the clinical rotation from a pre-determined list. The choices listed were child speech, child language, adult speech, and adult language. Several areas fall under the umbrella of the disorders. For example, child speech

encompasses articulation, phonology, apraxia, and phonemic awareness. The question helped the researcher understand the experience level of the students completing the questionnaire. Results revealed all 32 responding to the question had treated child speech disorders (n=32). Child language yielded results of 28.89% (n=26), adult speech 13.33% (n=12), and adult language 22.22% (n=20). The results indicated that students earn adult hours at a lower rate during the on-campus practicum. Supervision and feedback for adult patients versus child patients can be on different levels and require more feedback. The treated areas were widely dispersed and varied, which encompassed all broad disorder types.

Students reported the number of patients treated during the course of the clinical training program. A student treating five patients has more experience with supervisory feedback than a student that has only treated two patients. Therefore, the data collected regarding number of patients was vital to gain a clear picture of the student respondents. Fifty percent of student respondents have treated 4-6 patients (n=16). A surprising find was that 34.38% (n=11) of students reported treating more than 10 patients. This finding indicates a high level of supervisee experience. Only four students reported treating 1-3 patients overall in the program.

Perspectives of Verbal and Written Feedback

In this section, five-point Likert Scales measured perspectives and experience with receiving verbal and written clinical feedback. Scales ranged from strongly agree, somewhat agree, neither agree nor disagree, somewhat agree, and strongly agree. Table 1 and Table 2 summarize the findings.

Table 1

Perspectives Regarding Verbal Feedback Delivery and Frequency

Question	***n***	**Strongly Agree**	**Somewhat Agree**	**Neither Agree nor Disagree**	**Somewhat Disagree**	**Strongly Disagree**
I prefer to primarily receive verbal supervisory feedback.	32	65.63%	34.38%	0.00%	0.00%	0.00%
I prefer to receive verbal feedback immediately following a session.	32	90.63%	6.25%	3.13%	0.00%	0.00%
Receiving feedback during a session is distracting.	32	25.00%	28.13%	12.50%	31.25%	3.13%
Receiving verbal feedback after every session is helpful.	32	62.50%	37.50%	0.00%	0.00%	0.00%
I prefer to receive verbal feedback intermittently throughout semester.	32	28.13%	25.00%	12.50%	28.13%	6.25%
The frequency of verbal feedback fosters development of my clinical skills.	32	71.88%	28.13%	0.00%	0.00%	0.00%
I prefer to receive verbal feedback individually.	32	87.50%	9.38%	3.13%	0.00%	0.00%
I prefer to receive verbal feedback in a group.	32	0.00%	6.25%	9.38%	25.00%	59.38%

In the first Likert statement, students noted their preference for primarily receiving verbal feedback with 65.63% (n=21) strongly agreeing with the statement. No students disagreed with the statement or noted neutrality. The second item asked about preferences regarding receiving immediate feedback after a session and 90.63% (n=29) strongly agreed they preferred this type of feedback frequency. Again, no students reported a disagreement with the question. The third

question asked if they felt receiving feedback during a session was distracting and 25.00% (n=8) strongly agreed, 28.13% (n=9) somewhat agreed, 12.50% (n=4) were neutral, 31.25% (n=10) somewhat disagreed, and only 3.13% (n=1) strongly disagreed. Since the preferences widely varied, future research can further explore the statement. The next two statements collected data pertaining to when verbal feedback was most helpful. Most students rated receiving verbal feedback immediately following a session was helpful. This correlated positively with statement two and four, which examined verbal feedback frequency. Moreover, students were asked about receiving intermittent feedback and the results were spread evenly between strongly agree and somewhat agree. This further supports the preference of receiving feedback more often. Students overwhelming felt that frequency of feedback fostered development of clinical skills with 87.50% (n=23) strongly agreeing. The last two items garnered results indicating students preferred verbal feedback individually instead of in a group setting with 87.50% (n=28) strongly agreeing.

Data analyzed from the Likert Scale pertaining to verbal feedback delivery and frequency evidenced several noteworthy findings. Students preferred receiving verbal feedback as the primary mode of delivery. Additionally, students strongly preferred to receive feedback immediately following a session and reported this fostered positive and increased development of clinical skills. Built in questions for ensuring accuracy were present. Questions seven and eight demonstrated accuracy since students could not prefer both narratives and checklists. Lastly, students preferred to receive feedback in a one-on-one environment.

Table 2

Perspectives Regarding Written Feedback Delivery and Frequency

Question	*n*	Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree
I prefer to receive written feedback.	32	3.13%	28.13%	21.88%	34.38%	12.50%
Receiving written feedback after every session is helpful.	32	15.63%	37.50%	25.00%	18.75%	3.13%
I prefer to receive written feedback immediately following a session.	32	15.63%	28.13%	31.25%	21.88%	3.13%
I prefer to receive written feedback intermittently throughout semester.	32	21.88%	56.25%	9.38%	9.38%	3.13%
Written feedback improves my clinical performance the most.	32	12.50%	34.38%	12.50%	21.88%	18.75%
The frequency of written feedback fosters development of my clinical skills.	32	25.00%	43.75%	12.50%	9.38%	9.38%
I prefer to receive written feedback in narrative form.	32	12.50%	28.13%	37.50%	12.50%	9.38%
I prefer to receive written feedback in a checklist form.	32	9.38%	37.50%	21.88%	9.38%	21.88%

The second Likert Scale asked students to rate their preferences regarding written feedback delivery and frequency. Students rated their preference was primarily receiving written feedback. The majority of students somewhat disagreed with 34.38% (n=11) and 12.50% strong disagreed (n=4). Nine students somewhat agreed that they primarily preferred to receive written feedback. Consequently, 37.50% chose somewhat agree that written feedback after every session was helpful with 18.75% somewhat disagreeing. To determine strength of agreement, the next two statements examined receiving written feedback after each session or intermittently

throughout the semester. Based on the responses, 56.25% somewhat agreed with receiving written feedback intermittently throughout the semester while only 9.38% of students somewhat disagreed. When asked if written feedback improved clinical performance the most, 34.38% somewhat agreed that it did. In contrast, 21.88% disagreed with the statement. Results for the statement, "The frequency of written feedback fosters development of my clinical skills," showed 43.75% somewhat agreed (n=14) and 25.00% strongly agreed (n=8). The last two Likert Scale questions asked preference on the delivery of written feedback. Similarly, most students preferred to receive written feedback in a checklist form versus a narrative form. However, 21.88% showed preference to receiving written feedback in a narrative form.

Survey results indicated more agreeance amongst students pertaining to verbal feedback delivery and frequency. The data revealed student division on the Likert Scale regarding written feedback. Comparatively, students chose to neither agree nor disagree often when rating written feedback. Consequently, few students utilized that choice when rating verbal feedback. For example, the statement "The frequency of feedback fosters development of my clinical skills" received 71.88% strongly agree and 28.13% somewhat agree. Same statement for written feedback indicated 25.00% of students strongly agree 43.75% somewhat agree, 12.50% neither agree nor disagree, and 9.38% for both somewhat and strongly disagree. Thus, strength of agreement with verbal feedback is the strongest according to the data.

Individual Interviews

The researcher conducted eight individual interviews in a large classroom to ensure privacy at The University of Southern Mississippi Speech and Language Clinic. Seven interviews were conducted in-person and one interview through Zoom. A semi-structured interview technique utilized the researcher serving as a reflective listener and guide. The

researcher chose students using a random sampling technique with every other student chosen from the generated list. The purpose of these interviews was to gain a deeper, richer, and narrower perspective of supervisory feedback delivery and frequency from the lens of the student. It was a deeper, in-depth dive into the research, which the questionnaire could not provide.

The researcher facilitated the individual interviews using predetermined questions (Appendix C). However, students had the opportunity to freely express perceptions, opinions, and veer from the questions if necessary. The questions only guided the discussion and offered a starting point as the researcher encouraged expression of individual experiences. The researcher analyzed the content for trends, themes, and patterns after transcription. Appendix B contains the interview questions that guided the individual interviews. Results categorized by questions in sequential order as presented to the participants follow.

The first guided question asked, “Does your supervisor give you the opportunity to express your opinions regarding supervision?” All eight students stated that no, they had not encountered a supervisor that offered the opportunity to provide preferences. One student stated, “But, I never asked about supervision because I’m a people pleaser and did not want to overstep my boundaries.” Two students stated they did not want their clinical grade affected so they did not ask questions or offer input. Another student stated that all the supervisors “did it the way they wanted to do it.” The emerging trend was that students did not feel comfortable asking even though they were aware of the disconnection. Additionally, all eight students reported if asked they would choose verbal feedback as the primary mode of delivery.

Secondly, an open-ended question asked students to describe how their supervisor provided feedback regarding clinical performance. The majority of students (n=5) reported

supervisors were unstructured when providing feedback. One student said, “I never knew if I was doing a good job or when I was going to receive any feedback.” Another student stated having six supervisors throughout the program and two provided quality structured feedback mostly in verbal form. One student stated, “One particular supervisor only gave me written feedback and it was annoying.” A theme emerged with question regarding supervisors providing negative feedback with one student stating, “I rarely received any positive feedback at all about what I was doing and it made me feel like I wasn’t doing well.”

The third question asked how the student viewed overall supervisory support within the on-campus clinical program. An overarching pattern did not emerge from the responses. Albeit, the responses for the previous two questions were negative, almost all students stated they felt somewhat supported. One student stated, “I felt like overall the supervisors cared about my success even though I didn’t receive much positive feedback consistently.” Another student reported, “I felt like the majority of the supervisors were helpful.” The other students were neutral and did not offer a strong response.

Next, the researcher probed about receiving supervisory feedback and expectations. Three students felt supervisors needed to show increased balanced with delivery and frequency. Several students asked questions to the researcher about “if we took classes or had to follow a specific guideline.” An interesting comment by two students discussed the need for specific feedback regarding the multiple aspects of the clinical experience. For example, goal development, progress report writing, and weekly therapy plans shapes the overall clinical experience. Students stated they needed more feedback directly related to those aspects. One student offered, “I never felt like we were a team and I felt alone sometimes.” Lastly, one student

said she did have one supervisor that challenged them and "made me always critically think and that helped me more than anything."

Students compared and contrasted the multiple supervision styles encountered during their clinical experience. All eight students revealed having at least one supervisor who made a significant positive impact on their experience. Three students stated most of their supervisors had the same style and provided mostly verbal feedback but inconsistently. One student stated, "I really expected more guidance during on-campus rotation and was surprised how little I got." Two students shared that supervisors providing increased verbal than written helped them perform better. One student stated verbal feedback was more beneficial from supervisors, but appreciated intermittent written feedback so "I can go back and read it multiple times if needed." Another student stated one supervisor created a binder of written feedback. The student said, "I was all excited at first but then I wanted more verbal but never said anything."

Finally, students expanded on supervisory needs throughout the program. This question directly related to a question on the Qualtrics survey. All eight students reported a decreased need for supervision unless the client was extremely complex. An interesting find from two students was they needed less but wanted more. One student stated, "I felt more comfortable doing my own research and didn't need the supervisor as much." Responses to this question were consistent to the responses to the questionnaire.

Lackluster Feedback

One emerging theme evidenced in the interview data was lackluster feedback. Students expected more feedback during the first three semesters. They concluded albeit verbal feedback was preferred; any type of feedback was helpful. Moreover, data from the interviews indicated feedback frequency did not occur in an organized manner. For instance, sometimes feedback

would happen once a week and other times once a month. This left students feeling unsure and unable to strengthen skills without the valuable feedback needed. One student shared, “I didn’t know if I was doing everything right or everything wrong.” Another student discussed that detailed feedback was also vital to clinical performance.

Clinical supervisors verbally offering *good session today* is not enough according to all the students interviewed. In order to strengthen and develop skills, students want specific feedback and support regarding knowledge and skill competencies. Dudding et al. (2017) asserted quality supervision takes effort, organization, planning, teamwork, and ongoing professional development.

Clinician Involvement

Another emerging theme was limited clinician involvement in the supervisory process. Students shared the desire to be part of the process involving feedback need. However, all the students shared feelings of hesitation due to the grading component of the clinical practicum. One student reported, “Not all supervisors are approachable and courteous to students and their reputation is passed down to every cohort.” Qualitative data indicated students possessed limited knowledge about the supervisory process or the qualifications needed.

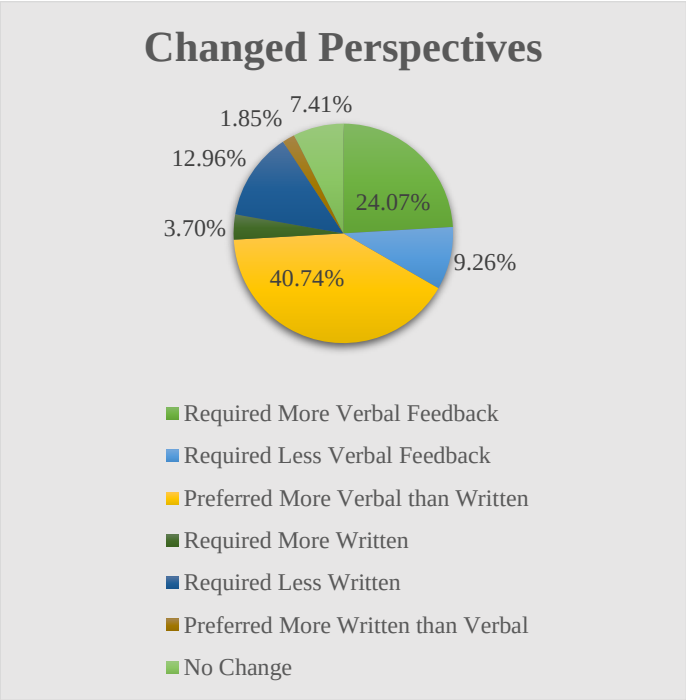
Progression through the Program

Student’s perspectives can change as they progress through the program. Survey results determined 40.74% of students preferred more verbal than written feedback as they progressed (n=22). Only 7.41% indicated their perspectives did not change as they moved forward (n=4). Additional data revealed 24.07% required more verbal feedback (n=13) and 9.26% required less verbal feedback (n-5). Written feedback data concluded only 3.70% required more written

feedback (n=2) and 12.96% required less written feedback (n=7). The findings were not surprising after analyzing the Likert Scale data. Figure 5 summarizes the data.

Figure 5

Perspectives as Progressed through Program



Concluding this section, students answered the crucial question, "How many supervisors asked your preference of feedback delivery?" Overwhelmingly the students reported none with 80.65% (n=25). The findings show students are not active participants in the type of feedback delivery supervisors provide.

In conclusion, the researcher included an optional question in which students listed songs that reminded them of clinical supervision. Ten students replied with interesting song choices that were thoughtful. The song choices described students' view on their unique clinical experience. Albeit, some choices are comical such as *You Dropped the Bomb on Me* (The Gap Band, 1982) and *Somebody's Watching Me* (Withers, 1972), song choices like *Help!* (The

Beatles, 1965) and *Wasted Time* (Eagles, 1976) are concerning. Noteworthy, a few students duplicated song choices. Table 3 outlines the song choices from students.

Table 3

Song Choices Representing Supervision

Song
You Dropped the Bomb on Me (The Gap Band, 1982)
Lean on Me (Withers, 1972)
Somebody's Watching Me (Rockwell, 1984)
Wasted Time (Eagles, 1976)
Help! (The Beatles, 1965)
Some of it (Church, 2018)
The Climb (Cyrus, 2009)

CHAPTER V – DISCUSSION

The purpose of this study was to investigate graduate students' perspectives regarding verbal and written feedback delivery and frequency. The research data evidenced 74.29% of student respondents were between the ages of 22-25 of age with 82.86% self-identifying as female. In addition, 82.86% were working on their first master's degree and 82.35% were completing their fourth semester of the graduate program. Data showed a stronger agreeance level for verbal feedback than written feedback.

Both Likert Scales contained a statement about preference for supervisory feedback. Likert Scale 1 asked the students to rate verbal and Likert Scale 2 asked students to rate written. The response to verbal was 65.63% strongly agree and 34.38% somewhat agree. Consequently, the response to the written feedback statement was 3.13% strongly agree, 28.13% somewhat agree, 21.88% neither agree nor disagree, 34.38% somewhat disagree, and 12.50% strongly disagree. Data suggests students felt strongly about receiving verbal feedback as their preference delivery method.

Comparing the statement, "The frequency of verbal feedback fosters development of my clinical skills" and "The frequency of written feedback fosters development of my clinical skills" yielded similar results as the previous discussed statement. Students rated verbal feedback with 71.88% strongly agree and 28.13% somewhat agree. Written feedback was rated as fostering clinical skills with 25.00% strongly agree, 43.75 somewhat agree, 12.50% neither agree nor disagree, 9.38% somewhat disagree, and 9.38 strongly disagree. Thus showing disconnection with written feedback when compared with verbal feedback. Data analyzed from the individual interviews were commensurate with the scaled ratings with a stronger preference for verbal feedback delivery and frequency.

The individual interviews were commensurate with the findings that verbal feedback is the preference of most student responders. All eight-interview participants preferred verbal feedback to written feedback. However, three felt strongly that intermittent written feedback was helpful. The overarching theme included supervisors providing consistent, structured feedback that included the preference of the student. A team effort and team approach is beneficial according to students.

This chapter presented data collected through a questionnaire and individual interviews. Semi-structured interviews provided the researcher a deeper qualitative understanding of the questionnaire data. Individual interview results were generally consistent with questionnaire findings. Three research questions guided this investigative study. Each question presented below supports data from the questionnaire and individual interviews.

Regarding research question 1, the questionnaire results indicated students preferred receiving verbal feedback regarding clinical performance. All respondents strongly or somewhat agreed with the statement "I prefer to primarily receive verbal supervisory feedback." Moreover, all respondents strongly or somewhat agreed with the statement, "The frequency of verbal feedback fosters development of my clinical skills." Data indicated verbal feedback was the most helpful. Individual interview results supported the questionnaire findings. Students wanted and needed verbal feedback with high frequency to help foster clinical skill development.

Data from both the questionnaire and interviews revealed supervisors were not delivering consistent student involved feedback or planning. Student interview themes showed they want to be included in the type and frequency of feedback delivery. Additionally, students do not feel it is in their best interest to adapt to every supervisory style. An inconsistency in the data findings showed 51.61% felt somewhat comfortable with talking to supervisors regarding their

perspectives. Conversely, interview participants stated they did not feel comfortable talking with supervisors.

Data findings for research question 2 were inconsistent regarding written feedback. The Likert Scale ratings were scattered without an emerging pattern or trend. Only 3.13% of students strongly agreed with the statement, "I prefer to primarily receive written feedback." This indicated agreeance with the first Likert Scale rating on verbal feedback. Interview findings showed a few students did prefer receiving intermittent written feedback as long as the primary mode was verbal. The overarching data finding for this research question was that students did not feel written feedback strengthened clinical skills.

Results showed students' perspectives were in contrast relating to verbal and written feedback frequency regarding research question 3. Survey results indicated that the frequency of verbal feedback fostered development of clinical skills with 71.88% of students strongly agreeing. The same question only yielded 25.00% strongly agree regarding written feedback frequency. Consequently, students' preference with written and verbal feedback received intermittently throughout the semester was comparable with verbal 28.13% strongly agree and written 21.88% strongly agree. Survey results indicated 96.88% (n=31) preferred receiving verbal feedback after every session. In contrast, only 43.76% (n=14) of students preferred written feedback following a session. Individual interviews produced data similar to the questionnaire. Interview participants stated verbal feedback was preferred more often and had the greatest impact on overall clinical performance and skills.

The results of the study indicated that supervisors do not consistently include students in feedback delivery or frequency modes. Students report a disconnection and an inconsistency of delivery. Overall, students prefer receiving verbal feedback for development of clinical skills. In

addition, 83.87% of students felt extremely or somewhat comfortable discussing feedback delivery perspectives with supervisors. Nevertheless, student interview results did not show the same findings. The most concerning result was that 80.65% reported no supervisor had asked their preference. Noteworthy, the participants in the study reported a robust clinical experience in terms of hours earned, disorders treated, and number of supervisors. The data supports the need for supervisor education and consistency across programs. Development of a more standardized approach to supervisory feedback delivery and specific strategies to include students in the application would be helpful.

Implications and Application to Higher Education

Several implications of this study could prove useful and add to the current literature about clinical supervisory feedback delivery. Clinical supervisors must be cognizant of the limited experience of graduate student clinicians. Student clinicians are continually learning and supervision may need modification during the clinical rotation. Clinical supervisors and student clinicians working as a team will bring about the most change and success. Most importantly, the key component for transition to independence is clinical supervisor feedback (Forsythe & Johnson, 2017). Likewise, encouraging feedback seeking behavior has been the subject of research in recent years. The literature shows that this type of behavior has positive and important consequences for students being supervised (Russell, 2019). Students can be proactive in their clinical education. The research data indicated students want to be proactive but lack the confidence to do so. Evident in the research findings were establishing rapport and building relationships between supervisors and student clinicians to initiate feedback discussions to improve confidence and ultimately clinical performance.

This research will have implications on five aspects of feedback including method used for obtaining feedback, frequency of feedback, characteristics of the feedback, timing and type of feedback, and progress of feedback (Dowling, 2001). The implications of the study will be for me to present findings to current supervisors in Mississippi speech-language pathology programs that are concurrent with student perspectives. The findings will advance the voice of graduate student clinicians so they can be an active part of the clinical supervisory experience. Enhancing the supervisory experience for student clinicians through offering productive feedback can result in a deeper study in this area. Student experience should not be limited in capacity to promote individualized learning.

The study uncovered what students feel is exemplary clinical supervision. Hence, a standardized questionnaire can be developed and administered to graduate students at the beginning of each on-campus clinical rotation semester resulting from this study's data and findings. Future research can duplicate this study regionally to compare findings. Ultimately, a consistent model for supervisory feedback delivery and frequency can be developed and implemented in university clinical programs.

Summary of Project

In summary, supervision is evaluative in nature and ongoing. Quality and consistent supervisory feedback delivery is essential for the development of quality speech-language pathologists directly leading to excellent patient care. This research will add to the literature with a focus on feedback and link it to the entire supervisory process in university settings. In this study, I conducted interviews and analyzed questionnaire data to allow for a greater understanding of the graduate student clinician experience. A deeper understanding of the process for those supervising graduate student clinicians can shape future supervisory

experiences. Successful feedback delivery modes with grounded recommendations for both supervisors and graduate student clinicians will be step in the right direction for university programs. To enumerate, consistent supervisory feedback leads to better-trained speech-language pathologists and outstanding patient care.

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APPENDIX A

Qualtric Questionnaire

Q1 Please choose the university you currently attend

- ○ Jackson State University
- ○ University of Mississippi
- ○ University of Southern Mississippi
- ○ Mississippi University for Women

Q2 Select your current age category.

- ○ 18-21
- ○ 22-25
- ○ 26-30
- ○ 30+

Q3 Select your gender.

- ○ Male
- ○ Female
- ○ Other

Q4 What is the highest degree you have obtained as of today?

- ○ Bachelor
- ○ Master
- ○ Specialist
- ○ Doctorate

Q5 What is your current academic semester status?

- ○ third semester graduate
- ○ fourth semester graduate
- ○ fifth semester graduate

Q6 How many clinical supervisors have provided you with performance feedback during the course of the clinical program?

- ○ 1-3
- ○ 4-6
- ○ 7-9

Q7 How many total clinical clock hours did you complete during the first semester of on-campus practicum?

- ○ 1-25
- ○ 25-50
- ○ 50-75
- ○ 75+

Q8 How many total clinical clock hours did you complete during the second semester of on-campus practicum?

- ○ 1-25
- ○ 25-50
- ○ 50-75
- ○ 75+

Q9 How many total clinical clock hours did you complete during the third semester of on-campus practicum?

- ○ 1-25
- ○ 25-50
- ○ 50-75
- ○ have not completed third semester

Q10 Choose disorder areas that you have treated during the course of the clinical program:

- [ ] Child speech
- [ ] Child language
- [ ] Adult speech
- [ ] Adult language

Q11 How many individual patients have you treated during the course of the program?

- ○ 1-3
- ○ 4-6
- ○ 7-9
- ○ 10+

Q12 How many students are enrolled in your admission cohort?

Q13 Based on your experience with receiving VERBAL clinical feedback, please answer the items below according to the scale.

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
I prefer to primarily receive verbal supervisory feedback.	○	○	○	○	○
I prefer to receive verbal feedback immediately following a session.	○	○	○	○	○
Receiving feedback during a session is distracting.	○	○	○	○	○
Receiving verbal feedback after every session is helpful.	○	○	○	○	○
I prefer to receive verbal feedback intermittently throughout semester	○	○	○	○	○
The frequency of verbal feedback fosters development of my clinical skills.	○	○	○	○	○
I prefer to receive verbal feedback individually.	○	○	○	○	○
I prefer to receive verbal feedback in a group.	○	○	○	○	○

Q14 Based on your experience with receiving WRITTEN clinical feedback, please answer the items below according to the scale.

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
I prefer to primarily receive written feedback.	○	○	○	○	○
Receiving written feedback after every session is helpful.	○	○	○	○	○
I prefer to receive written feedback immediately following a session.	○	○	○	○	○
I prefer to receive written feedback intermittently throughout semester.	○	○	○	○	○
Written feedback improves my clinical performance the most.	○	○	○	○	○
The frequency of written feedback fosters development of my clinical skills.	○	○	○	○	○
I prefer to receive written feedback in narrative form.	○	○	○	○	○
I prefer to receive written feedback in a checklist form.	○	○	○	○	○

Q15 I feel comfortable talking with my clinical supervisor about my feedback delivery perspectives.

- ○ Extremely comfortable
- ○ Somewhat comfortable
- ○ Neither comfortable nor uncomfortable
- ○ Somewhat uncomfortable
- ○ Extremely uncomfortable

Q16 Mark all that apply regarding your perspectives of verbal and written feedback as you progressed through the program.

- [ ] required more verbal feedback
- [ ] required less verbal feedback
- [ ] preferred more verbal than written feedback
- [ ] required more written feedback
- [ ] required less written feedback
- [ ] preferred more written than verbal feedback
- [ ] my perspectives did not change

Q17 How many supervisors asked your preference of feedback delivery?

- ○ None
- ○ 1-2
- ○ 2-3
- ○ 4+

Q18 What song reminds you of clinical supervision (optional)

_____

Q19 Please provide your email address if you would participate in a 15-minute confidential phone or zoom interview? This would provide deeper information regarding supervision.

APPENDIX B

IRB Approval Letter

Office *of*
Research Integrity

THE UNIVERSITY OF SOUTHERN MISSISSIPPI

118 COLLEGE DRIVE #5125 • HATTIESBURG, MS | 601.266.6576 | USM.EDU/ORI

NOTICE OF INSTITUTIONAL REVIEW BOARD ACTION

The project below has been reviewed by The University of Southern Mississippi Institutional Review Board in accordance with Federal Drug Administration regulations (21 CFR 26, 111), Department of Health and Human Services regulations (45 CFR Part 46), and University Policy to ensure:

- The risks to subjects are minimized and reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered involving risks to subjects must be reported immediately. Problems should be reported to ORI via the Incident template on Cayuse IRB.
- The period of approval is twelve months. An application for renewal must be submitted for projects exceeding twelve months.
- PROTOCOL NUMBER: IRB-21-209
  PROJECT TITLE: Perspectives of Speech-Language Pathology Graduate Clinicians Regarding Supervisory Feedback Delivery and Frequency
  SCHOOL/PROGRAM: Educational Research and Admin, School of SAHS
  RESEARCHER(S): Amy LeBert, Jason Wallace
  IRB COMMITTEE ACTION: Approved
  CATEGORY: Expedited
  7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

  PERIOD OF APPROVAL: September 8, 2021

  Donald Sacco Jr.

  Donald Sacco, Ph.D.
  Institutional Review Board Chairperson

APPENDIX C

Interview Questions

Researcher: Amy LeBert

Interviewee: 00001

Date:

Time:

1. Does your supervisor give you the opportunity to express your opinions regarding supervision?
2. Describe how your supervisor provided feedback about performance?
3. How are you supported within the on-campus clinical program overall?
4. Are you receiving the supervision you need and expect?
5. Can you compare and contrast the supervision styles you have encountered during your on-campus clinical rotation.
6. Can you expand on how your supervisory needs have changed throughout the clinical program?
7. Please offer anything you feel may be important to this study.

APPENDIX D

Consent Form

The University of Southern Mississippi
Consent Form for Interview
Part 1: Research Description
Principal Researcher: Amy R. LeBert
Capstone Advisor: Dr. Jason Wallace
Research Title: Perspectives of Speech-Language Pathology Graduate Clinicians Regarding Supervisory Feedback Delivery and Frequency
You are invited to participate in a doctoral research study that explores student perspectives regarding clinical supervisory as it relates to providing feedback during on-campus experiences. Your participation in this optional phone interview will ask your opinions and attitudes relative to your experience with receiving clinical supervision feedback. The duration of the interview will be approximately 15-30 minutes. With your permission, the researcher will transcribe the interview for capturing accurate record of the interview discussion. The study will not use your name but instead an assigned pseudonym for reference. Amy R. LeBert, a doctoral candidate in the School of Education at the University of Southern Mississippi, will conduct the study at a mutually convenient time. Internal Review Board approval number IRB 21-209

How the Results Will Be Used
This research study is in partial fulfillment of requirements for the degree of Doctor of Education. The results will add crucial information to the existing literature and hopefully encourage broader regionally research resulting in standard strategies for clinical supervisors. These standards could positively impact future graduate students.

I understand that participation in this project is voluntary, and I may withdraw at any time without penalty. All personal information is strictly confidential, including my name and other identifying information. All procedures and their purposes were explained to me. Information about all benefits, risks, or inconveniences were explained. Any new information that develops during the project will be provided to me if that information may affect my willingness to continue participation in the project. Any questions or concerns about rights as a research participant should be directed to the Chair of the Institutional Review Board, The University of Southern Mississippi, 118 College Drive #5125, Hattiesburg, MS 39406-0001, 601-266-5997. Any questions about this research project should be directed to the Principal Researcher via email at amy.lebert@usm.edu.

My signature means that I agree to participate in this study.

Participant's signature: _____ Date; _____