Progressing Supervision Throughout the Learning Cycle
Objectives

Participants will identify:

- Unique adult learning needs
- Techniques to incorporate learning stages into supervisory process
- Techniques for enhancing students’ critical reasoning
Definitions
Adapted from Shea, Boyum, & Spanke, 1985

- **Learning style**
  - A person’s manner of problem-solving, thinking, or learning; person may or may not be conscious of learning style and may adopt different styles for different tasks

- **Learning style preference**
  - How a person likes to learn

- **Learning style strength**
  - Way a person learns best

- **Teaching style**
  - Way a teacher differs in relationships (informal/formal) and social climates (authoritarian/democratic) established with students

http://teamsubmarine.files.wordpress.com/2009/03/classroom.jpg
Food for Thought

What are some ways you could structure the environment so students have the best learning opportunities?
Case Scenario

- **Sue**
  - Very eager student
  - Arrives at clinic at least 30 minutes early each day to review caseload
  - Doing well on clinical and has good insight in written documentation
  - Does not speak up when opportunities to share beliefs/philosophies of OT arise and has not initiated conversation with PT in 8 weeks

- **Questions**
  - Why do you think Sue isn’t speaking in meetings or interacting with those of other disciplines?
  - How can you encourage her to be active in meetings and in the department?
  - What methods can you use to get her sharing thoughts?

Students often don’t speak due to fear of criticism or embarrassment. They may also be bored, fatigued, frustrated, lack knowledge, or have never been expected to participate.

Speak to student directly and tell her how valuable her input can be.

Design friendly environment outside clinic that encourages interaction, such as rehab team lunches.

Provide clear expectations and guidelines in student manual regarding participation/communication and rationale of importance of team interaction.

Have small welcoming group learning activity where other students/staff appear “vulnerable”.

Have student identify one professional outside OT with whom she could feel comfortable discussing interventions and have her discuss the conversation and her feelings after it with you.

Ask “think” type questions with several creative options and no right/wrong answers.
Learning Styles

- **Activists-Concrete Experiences**
  - Involve themselves without bias in new experiences
  - Enjoy here and now and are happy to be dominated by immediate experiences
  - Open-minded, not skeptical, enthusiastic about anything new
  - “I will try anything once” philosophy
  - Tend to act first and consider consequences later
  - Days are filled with activity
  - Tackle problems by brainstorming; as soon as the excitement from one activity has subsided, they are busy looking for the next
  - Tend to thrive on challenge of new experiences but are bored with implementation and longer term consolidation
  - Gregarious people constantly involving themselves with others but seeking to center all activities around themselves
Learning Styles

- **Reflectors-Reflective Observation**
  - Value thorough collection and analysis of data about experiences and events so tend to postpone reaching definite conclusions for as long as possible
  - Cautious philosophy
  - Thoughtful, like to consider all possible angles/implications before acting
  - Prefer to take back seats in meetings/discussions
  - Enjoy observing others in action
  - Listen and understand discussion before making their points
  - Tend to adopt low profiles and have slightly distant, tolerant, unruffled airs
  - Act in context of wider picture, including past, present, own observations, and others’ observations
Learning Styles

- **Theorists-Abstract Conceptualization**
  - Adapt and integrate observations into complex but logically sound theories
  - Think problems through in vertical, step-by-step, logical way
  - Assimilate disparate facts into coherent theories
  - Tend to be perfectionists who won’t rest until things are tidy and fit into rational schemes; like to analyze and synthesize
  - Keen on basic assumptions, principles, theories, models, and systems thinking
  - Philosophy prizes rationality and logic; “If it is logical, it is good”
  - Frequently ask questions like: “Does it make sense?” “How does it fit with that?” “What are the basic assumptions?”
  - Tend to be detached, analytical, and dedicated to rational objectivity rather than anything subjective or ambiguous
  - Consistently logical approach to problems; rigid rejection of anything illogical

[Image: http://www.nottingham.ac.uk/paths/Resources/PathwaySS_7.1.jpg]
Learning Styles

- **Pragmatists-Active Experimentation**
  - Keen on testing ideas, theories, and techniques to see effects in practice
  - Positively seek new ideas and take first opportunity to experiment with applications
  - Like to act quickly and confidently on appealing ideas
  - Tend to be impatient and ruminating with open-ended discussions
  - Essentially practical, down-to-earth people who like making sensible decisions and solving problems
  - Regard problems/opportunities as challenges
  - “There is always a better way” and “If it works, it is good” philosophies

All learning style information adapted from http://www.sos.state.mn.us/docs/train_the_trainer_participant_guide.pdf
Food for Thought

How do these learning style characteristics impact the fieldwork experience?
Adult Learner Characteristics

- Possess well-defined self-concepts
- Peer interaction is really important; very conscious of not looking foolish
- Have past experiences from which to draw
- Are ready to learn and want information to have immediate applications
- Want to control focus of learning
- Validate information based on personal beliefs/values
- Can be wonderful educational asset due to large knowledge bases
- Best form of education is partnership
- Have attention spans of about 20 minutes
- Learn best in relaxed environments
Learning Stages

Concrete Experiences

Testing Implications of Concepts in New Situations

Abstract Concepts & Generalizations

Observation & Reflections

Adapted from http://www.sos.state.mn.us/docs/train_the_trainer_participant_guide.pdf
Learning Stages

- **Experiencing**
  - We often think differently about things by experiencing them through discussion, reading, feeling, or taking responsibility

- **Reflecting**
  - Experiences can prompt us to reflect on possibilities of making changes
  - Might involve assessing behaviors, contributing to situations, or speculating how situations or approaches to them might be improved

- **Theorizing**
  - After gathering necessary information about experiences, we can form generalizations or conclusions and create strategies for next steps

- **Testing**
  - Test theories to see if they work
  - If so, incorporate into knowledge/skills base
  - If not, modify or discard

- It is important for educators to identify learning stages to determine types of supervision required.
Process of Professional Learning

- Exploration
  - Exploring ideas
  - Inquiring about specific focuses
  - Learning lay of land
  - Assessing new information
  - Observing others
  - Listening
Process of Professional Learning

- **Organization**
  - Practice routines
  - Become procedural
  - Recognize theories and their links to practice
  - Sequence events

http://www.goodshepherdrehab.org/files/images/occupational-therapy.jpg
Process of Professional Learning

- **Reflection**
  
  Combines past behavior and new knowledge to make informed decisions

Food for Thought

How can you incorporate the stages of learning into the supervisory process?
Perry’s Scheme of Intellectual Reasoning

- Dialectic
- Contextual Relativism
- Multiplicity
- Dualism
Dualism

- **Attitude Toward Learning**
  - Valid questions have certain answers
  - Unquestioned view of truth as right or wrong
  - Different views are not acknowledged or are considered wrong

- **Perception of the Educator**
  - Authority with right answers
  - Educator’s purpose is to transmit knowledge to students
  - Grades are awarded based on quantity of information retained

- **Critical Thinking**
  - Strategies to remember the right tools to find correct answers (like pneumonic devices)
  - Solving puzzles

[Health image link: http://bostoncomputerforensics.com/Computer_forensic_puzzel_boston.jpg]
Transition from Dualism to Multiplicity

- Present conflicting viewpoints
  - Why is the other therapist having the person do PNF patterns?
  - Or for the other therapist to be teaching adaptations?

- Acknowledge that conflicting viewpoints can be legitimate
  - Do you think it is correct for that therapist to be using PNF?
  - Or teaching adaptations?
Transition from Dualism to Multiplicity

- Require students to give explicit concrete reasons for rejecting alternative viewpoints
  - Why would you not want to do that?
  - What does the research say?

- Ask for conditions that might cause students to change their minds
  - In what types of situations might teaching adaptation be the most ideal intervention strategy?
Multiplicity

- **Attitude Toward Learning**
  - Some questions are not answered
  - There are coexisting perspectives
  - Inability to discriminate between better and worse ideas based on argument validity
  - Learning becomes focus on process of methodology

- **Perception of the Educator**
  - Either knows answer or provides current opinion
  - Grades are awarded by “good expression” or arbitrarily

- **Critical thinking**
  - Use skills of dualism to continue seeking right answer
  - Hypothesis building for unanswered questions

http://vfc4.project.mnsu.edu/vertical/Sites/%7B4E46FE12-4E7A-413F-9FEE-855D1CCBA388%7D/uploads/%7B7B798067FF-F3BA-4410-98F9-AF6AC5459B31%7D.JPG
Transition from Multiplicity to Contextual Relativism

- Introduce non-absolute criteria for judging alternative options
  - What if there was no research behind the intervention?
  - How would you know the intervention had validity and reliability?
- Introduce disciplinary criteria for judging positions
  - How does the discipline of occupational therapy support interventions?
Transition from Multiplicity to Contextual Relativism

- Require rules of evidence
- Engage in theory comparison and selection
  - What is the exact difference between the theories of adaptation and NDT?
    - Which one is better, or is one better?

http://www.indiana.edu/~soc/img/PFF.jpg
Contextual Relativism

- **Attitude Toward Learning**
  - Information changes and can be interpreted using tools (theories) of discipline
  - Opinions require support (evidence-based practice) to gain validity
  - Dualistic view of right or wrong is the exception rather than the rule

- **Perception of the Educator**
  - Models of “open” acceptance of change rather than rigid orthodoxy
  - Authoritative, not authoritarian
  - Grades are assessed by appropriate support for theoretical stance

[Image of a person at a computer](http://mrsec.wisc.edu/Edetc/technologist/thumbnails/Trisha/Trisha_computer.jpg)
Contextual Relativism

- **Critical Thinking**
  - Argumentation and comparison of theories
  - Explicitly works with criteria that support theories
  - Logical consistency
  - Agreement with data
  - Verifiable cause, which can explain and predict
  - Advanced comparisons
  - Ill-structured disciplinary problems

Transition from Contextual Relativism to Dialectic

- Involves comparison of disciplinary paradigms in a single problem or situation
  - What do nurses think of this?
  - What about social workers?
  - Physical therapists?

- Introduce the concept that all disciplines are value-based
  - What are the core values of occupational therapy?
  - Are they the same as those of nursing, social work, physical therapy, and speech therapy?
  - Why or why not?
  - What makes occupational therapy unique?
Transition from Contextual Relativism to Dialectic

Provide models of flexible use of paradigms across disciplines
- Can we use theories and models from other disciplines?
- How do we apply them to occupational therapy?
- What theory from another discipline would you use to support your intervention with your client?

Study writings of innovators and scholars
- What formulated their thinking; where did they start?
- Who mentored them?
- Why did they choose their particular area of interest?
- What do they think about ...?
Transition from Contextual Relativism to Dialectic

- Discuss the commitment to meaning-making in life long work
  - As an occupational therapist, why is it important to stay informed?
  - In what ways can you do this?
  - Is this job bigger than “reading your AJOT’s”?
  - Who will be the next generation of scholars/innovators, and what role can you play?
Dialectic or Commitment with Relativism

- **Attitude Toward Learning**
  - Learning is the growth of a personal commitment (life long learning)
  - Approach problems using diverse frameworks to select the paradigm that best fits the present situation (eclectic)
  - Complex resolutions are better than simple answers

- **Perception of the Educator**
  - Instructors serve as mentors and companions in the search for possibilities
  - Instructors model and help in a person’s search for values associated with preferred paradigms and defensible positions
Dialectic or Commitment with Relativism

- Critical Thinking
  - Values in the disciplines
  - Hypothesis acceptance
  - Flexible paradigm comparison
  - Question formation
  - Integrated solutions to ill-structured problems

Perry’s Scheme of Intellectual Reasoning adapted from http://www.utexas.edu/courses/svinicki/398T/Difficult%20Students.htm
Case Scenario

- Second week of fieldwork
- Harry is very attentive and has good observational skills
- He takes careful notes and asks solid questions regarding interventions, theory, philosophy, etc.
- He is able to answer quickly when asked questions like, “Do you remember what nerve innervates this muscle?”
- However, he has difficulty independently developing creative interventions.

Questions
- What can you do?
- In what phase of intellectual reasoning is Harry?
Explanation

- **Harry**
  - Dualistic phase of intellectual reasoning
  - Sees clinical instructor as all-knowing authority figure
  - May believe the best way to impress is to memorize information
  - May have difficulty seeing things in more than a correct/incorrect framework
  - May have difficulty thinking critically, lack of self-direction, or lack self-confidence
How to Help Students

- Examine how they are framing questions; closed or open-ended?
- Are incorrect responses punished?
- Are there questions which require them to support answers?
- Have students interact with other students to identify their own knowledge and improve self-confidence
- Provide written instructions, videos, or observation of other clinicians to allow identification of alternate approaches and techniques
- “Each of us has been this kind of student before, frustrated, silent, manipulative, brilliant, totally secure in our previous knowledge...It’s just a matter of expanding our perspectives to include all of these mindsets, remembering what we used to be, how we overcame our innocence and our flaws, and helping our students reach the same place.”

http://www.utexas.edu/courses/svinicki/398T/Difficult%20Students.htm
Enhancing Students’ Clinical Reasoning

Based on research study conducted by University of Western Sydney, Macarthur (1995)

- 35 students responded to questionnaire regarding impact of engaging in reflective journals

Indications

- 40% found journal writing was most significant thing they did to impact their own learning
- Journaling helped them think more creatively because through reflecting on their learning and experiences
- Gained awareness of strengths and weaknesses
- Reflective journaling promotes a student’s professional development, enhances the student’s ability to link theory to practice, and encourages self-assessment of performance

http://www.awritersplace.net/images/woman-writing-sofa-op2.jpg
References


O’Connor, T. University of South Alabama Department of Occupational Therapy. Available at: [http://www.southalabama.edu/alliedhealth/ot/fwsupervision/remediation-judg.html](http://www.southalabama.edu/alliedhealth/ot/fwsupervision/remediation-judg.html)