

INSTRUCTIONS

This tool may be used to provide directed and reflective feedback to the supervised registrant. Use this form as a tool to guide discussions and feedback; it is not a form that must be submitted to CSASK for review. This form may be retained by the supervisor and supervised registrant to follow-up on discussions, feedback and help with the mid and final evaluation.

1. There are many different models of care and clinical scenarios, consequently, not all sections of this tool apply to every registrant or every patient.
2. Document the clinical reasoning processes when the registrant provides evidence in the conversation.
3. Probe for missing processes by asking additional questions.
4. Do not ask additional questions if the registrant has shown clinical reasoning in their response.
5. Substitute language according to the registrant’s clinical context, for example, screening, assessment, spouse, parents, children, teacher, team etc.
6. Remind the registrant, if necessary, what is meant by intervention (screening, assessment, and management).
7. It is NOT expected that all areas of this tool will be documented in the patient record.

SUPERVISOR FEEDBACK

PATIENT OVERVIEW DISCUSSION AREAS

Supervisor Comments

1) Briefly provide background information about this patient

- Reasons for referral and assessment • Challenges • Interesting factors

Consider the following when providing feedback:

Did the supervised registrant:

- | | | | |
|--|------------------------------|-----------------------------|------------------------------|
| <input type="radio"/> collect sufficient information; | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="radio"/> apply background/clinical information in the decision-making process; | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="radio"/> link information from one phase of the intervention to the next; | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="radio"/> take the patient’s context and situation into account in all areas of intervention; | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="radio"/> consider options and provide a reasonable rationale to eliminate other options; | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="radio"/> provide a reasonable rationale to explain why they did what they did. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

Was the supervised registrant **flexible** in their approach regarding the patient, their needs or other intervention options?

- Yes No N/A

Other comments/feedback:

2) What is/was unique about this patient?

- Cultural considerations
- Psychosocial issues
- Behaviour
- Medical history

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- | | | | |
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Was the supervised registrant **flexible** in their approach regarding the patient, their needs or other intervention options?

- Yes No N/A

Other comments/feedback:

3) How did the background information direct your assessment? • Choice of tests

- Formal vs informal
- Restrictions collecting information
- Inter-professional collaboration
- Concurrent intervention

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- | | | | |
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Was the supervised registrant **flexible** in their approach regarding the patient, their needs or other intervention options?

- Yes No N/A

Other comments/feedback:

4) Lead me through your assessment process

- Choice of tests or approaches
- Omitting tests or approaches
- Change of assessment plans

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Was the supervised registrant **flexible** in their approach regarding the patient, their needs or other intervention options?

- Yes No N/A

Other comments/feedback:

5) How did the assessment results help you develop your recommendations and/or management plans?

- Patient-centered factors
- Relevant additional information
- Link between assessment results & management plans
- Prioritizing management plans
- Frequency of treatment sessions

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Was the supervised registrant **flexible** in their approach regarding the patient, their needs or other intervention options?

- Yes No N/A

Other comments/feedback:

6) How did/will you decide to change or move onto another section of the management plan?

- Criteria
- Evaluating progress
- Significant factors that led you to make changes
- Patient-centered factors

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Was the supervised registrant **flexible** in their approach regarding the patient, their needs or other intervention options?

Yes No N/A

Other comments/feedback:

7) Did you involve others in intervention? How did you come to that decision? (Patient's family, other healthcare professionals, support personnel, teachers, educational assistants, nurses, volunteers etc.)?

- Knowledge and skill level of the other person
- Choice of tasks
- Level of involvement
- Effect of interprofessional collaboration
- Reason for referral
- Presenting problems in/out of scope of practice
- Concurrent intervention

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Was the supervised registrant **flexible** in their approach regarding the patient, their needs or other intervention options?

Yes No N/A

Other comments/feedback:

8) Lead me through your discharge process. How do/did you decide if your patient needed further audiology/SLP or other professional intervention?

- Refer for further services
- Patient-centered factors
- Advice to patient/family
- Appropriate follow-up (frequency, schedule etc.)

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Was the supervised registrant **flexible** in their approach regarding the patient, their needs or other intervention options? Yes No N/A

Other comments/feedback:

SELF-REFLECTION DISCUSSION AREAS

Supervisor Comments

9) Knowing what you know now, is there anything you might do differently?

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- | | | | |
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Was the supervised registrant **flexible** in their approach regarding the patient, their needs or other intervention options? Yes No N/A

Other comments/feedback:

OTHER AREAS OF DISCUSSION/FEEDBACK

RESULTS

COMPLETE CLINICAL REASONING

- PATIENT OVERVIEW
- SCREENING AND ASSESSMENT
- MANAGEMENT (TREATMENT, CONSULTATION, MONITORING ETC)
- DISCHARGE PLANNING FOLLOW UP
- PRACTICE REFLECTION

INCOMPLETE CLINICAL REASONING

- PATIENT OVERVIEW

Comments:

- SCREENING AND ASSESSMENT

Comments:

- MANAGEMENT (TREATMENT, CONSULTATION, MONITORING ETC)

Comments:

- DISCHARGE PLANNING FOLLOW UP

Comments:

- PRACTICE REFLECTION

Comments:

SUPERVISORS: If the registrant shows incomplete clinical reasoning, link your decision to the clinical reasoning processes and the phase of intervention (assessment, management, discharge etc.).

EXAMPLES:

- Insufficient background information collected
- Limited information to support decision making
- Did not apply background information in the assessment process
- Did not link information between phases of intervention
- Not considering other options
- Inflexible in approach
- Not showing a patient centered approach (registrant centered approach)
- Limited rationale as to why they did what they did

Supervisor

Name (print)

Signature

Date

Supervisee

Name (print)

Signature

Date