



HOCHSCHULE OSNABRÜCK

UNIVERSITY OF APPLIED SCIENCES

TACKLING CHALLENGES IN SLT-PRACTICE: PEER COACHING AS A PROBLEM-SOLVING TOOL IN THE CLINICAL REASONING PROCESS



10TH CPLOL CONFERENCE 12.05.2018 : CHRISTINA HAUPT (MPHIL, MSC, LOGOPÄDIN)



OUTLINE

- Introduction to Peer coaching
- Methodology of Peer Coaching
- Outcomes from an SLT-student evaluation
- Summary and Take-home messages

DEFINITION AND PREREQUISITES OF PEER COACHING

„Peer coaching (...) is a planned and systematic approach to build competence and knowledge“

(Ladyshevsky, 2010:c78), to increase professionalism and confidence in the work environment (Tietze, 2017).

The process is based on trust, the willingness to learn and create goals, to reflect, provide and receive non-evaluative feedback (Robbins, 1991).



Structured,
confidential
group discussion



Collaborative
development
among status
equals

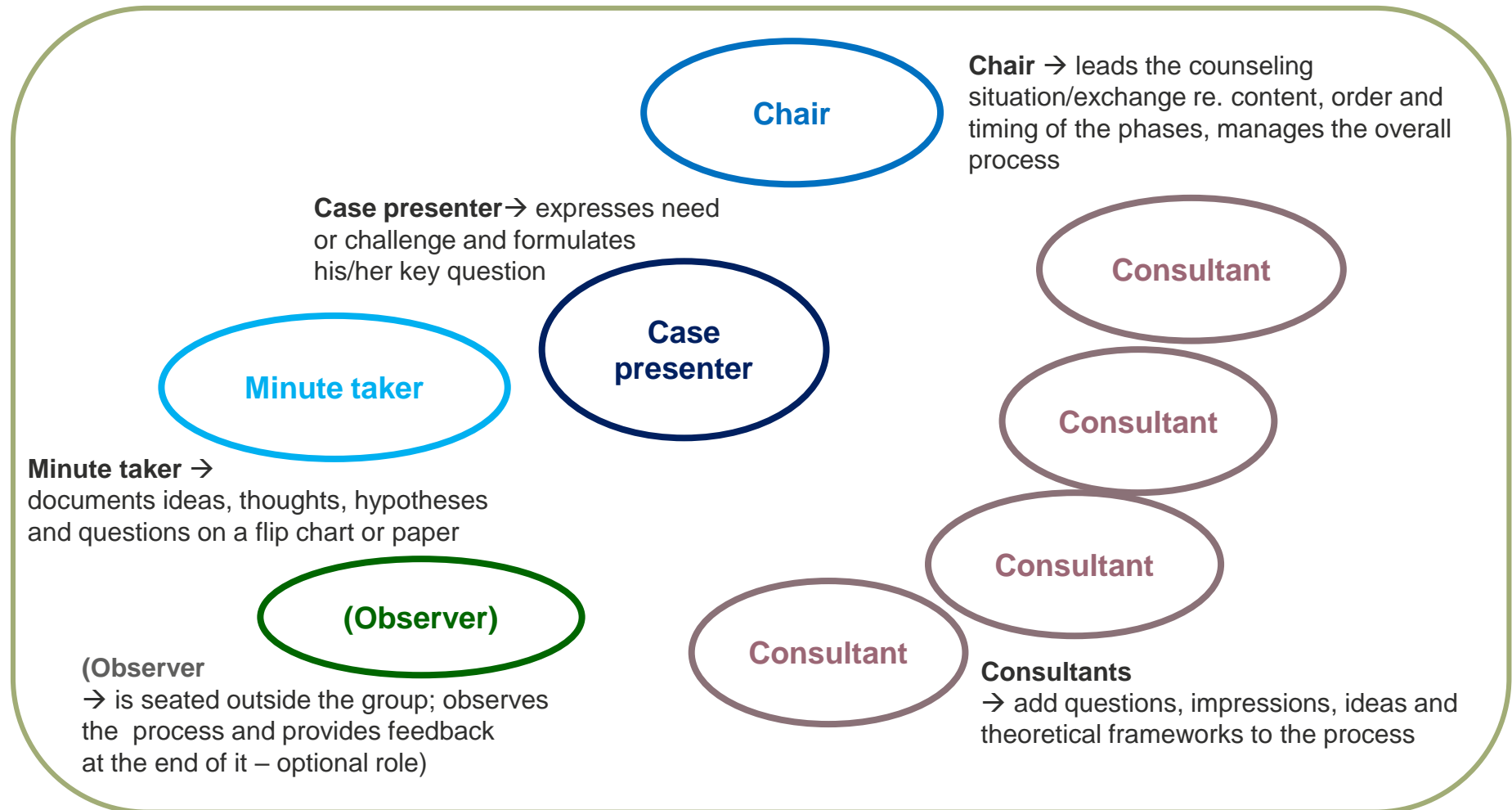


Resource- and
solution-oriented

PEER COACHING...

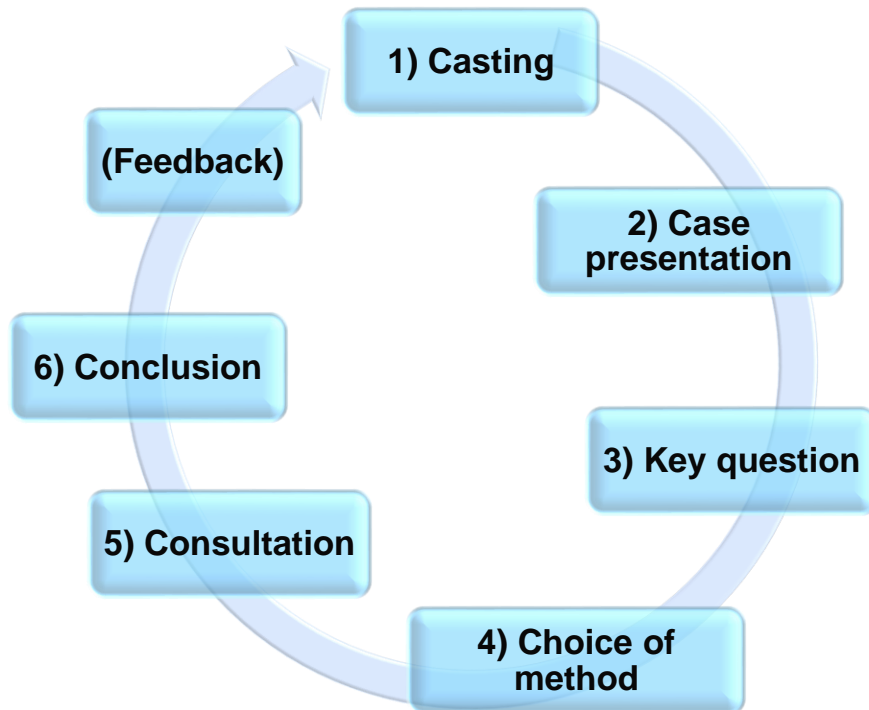
- developed from different areas of professional peer exchange since the 1970s (primarily school-teachers: Robbins, 1991; Showers & Joyce, 1996)
- describes different formats and settings of professional or educational exchange (peer group supervision: Tietze, 2017; collegial or team coaching: Showers & Joyce, 1996)
- is a methodological approach for continuing staff education (clinical teachers: Boerboom et al., 2011) as well as student training (Henning et al., 2008) and serves the translation of theoretical to practical knowledge (and vice versa)
- has increasingly been implemented in the health care sector within the last two decades (Schwellnus & Carnahan, 2014)

OVERVIEW OF ROLES AND DUTIES



(Berding & Culp, 2014)

STRUCTURE OF PEER COACHING



5-10 participants who meet regularly

(Tietze, 2017)

Phase	Lead question	Duration
1)	What are current cases? (dissemination of roles, urgency)	5 mins.
2)	What are the topics at hand? How does the case presenter perceive & express the challenges?	5-10 mins.
3)	What is the specific inquiry of the case presenter?	5 mins.
4)	Which method is considered useful for counseling?	5 mins.
5)	What are the ideas/suggestions re. the key question?	10 mins.
6)	What outcomes does the case presenter value & implement?	5 mins.
Overall		35-40 mins.

CLINICAL REASONING IN THE SLT STUDY PROGRAM

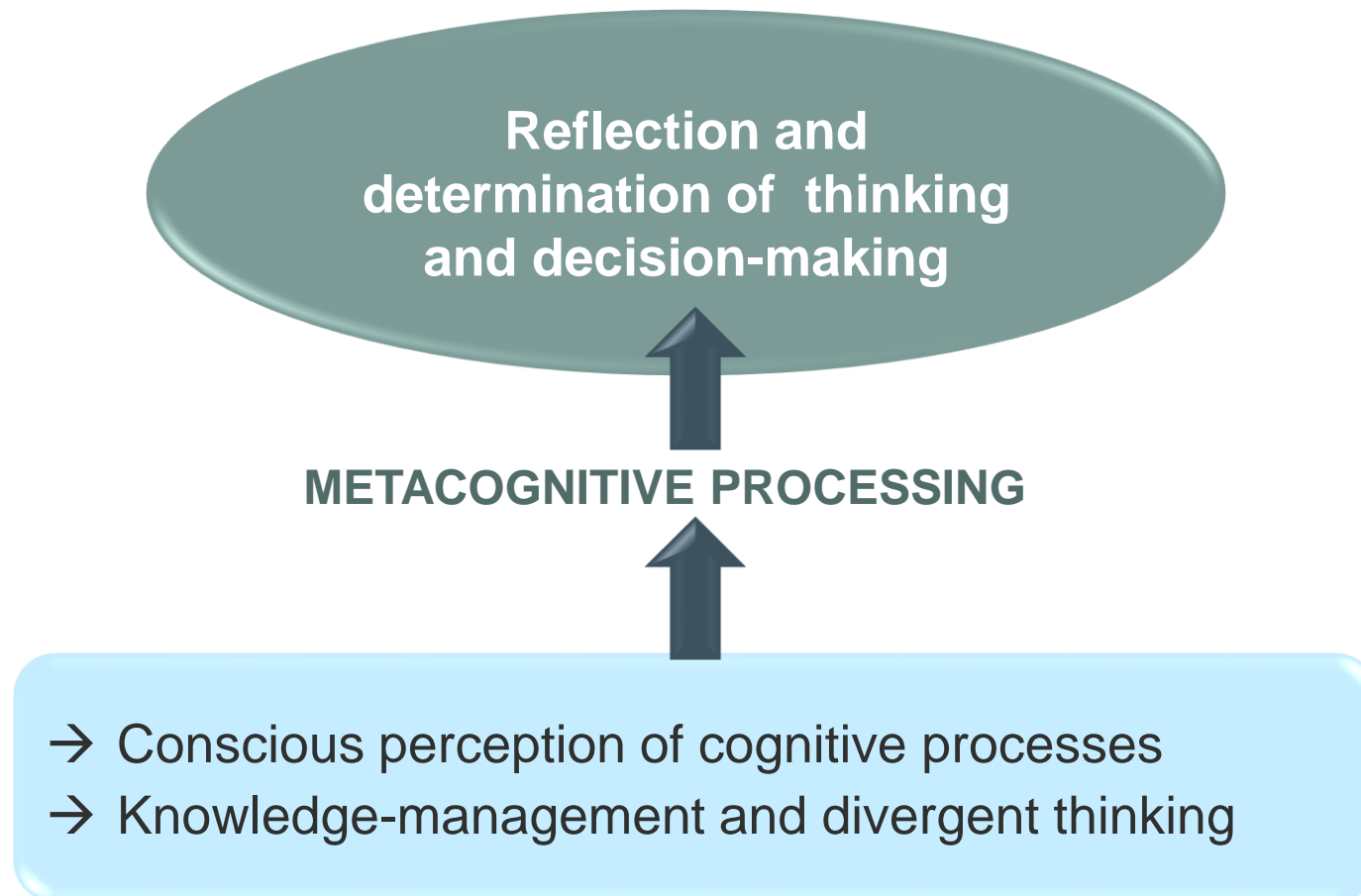
4th Semester

- Theoretical knowledge of Clinical Reasoning (Kassirer et al., 2010)

5th Semester

- Implementation of Clinical Reasoning
- **Individual case study** as part of the seminar: identification of specific challenges in a self-selected SLT-setting; reflective clinical journaling

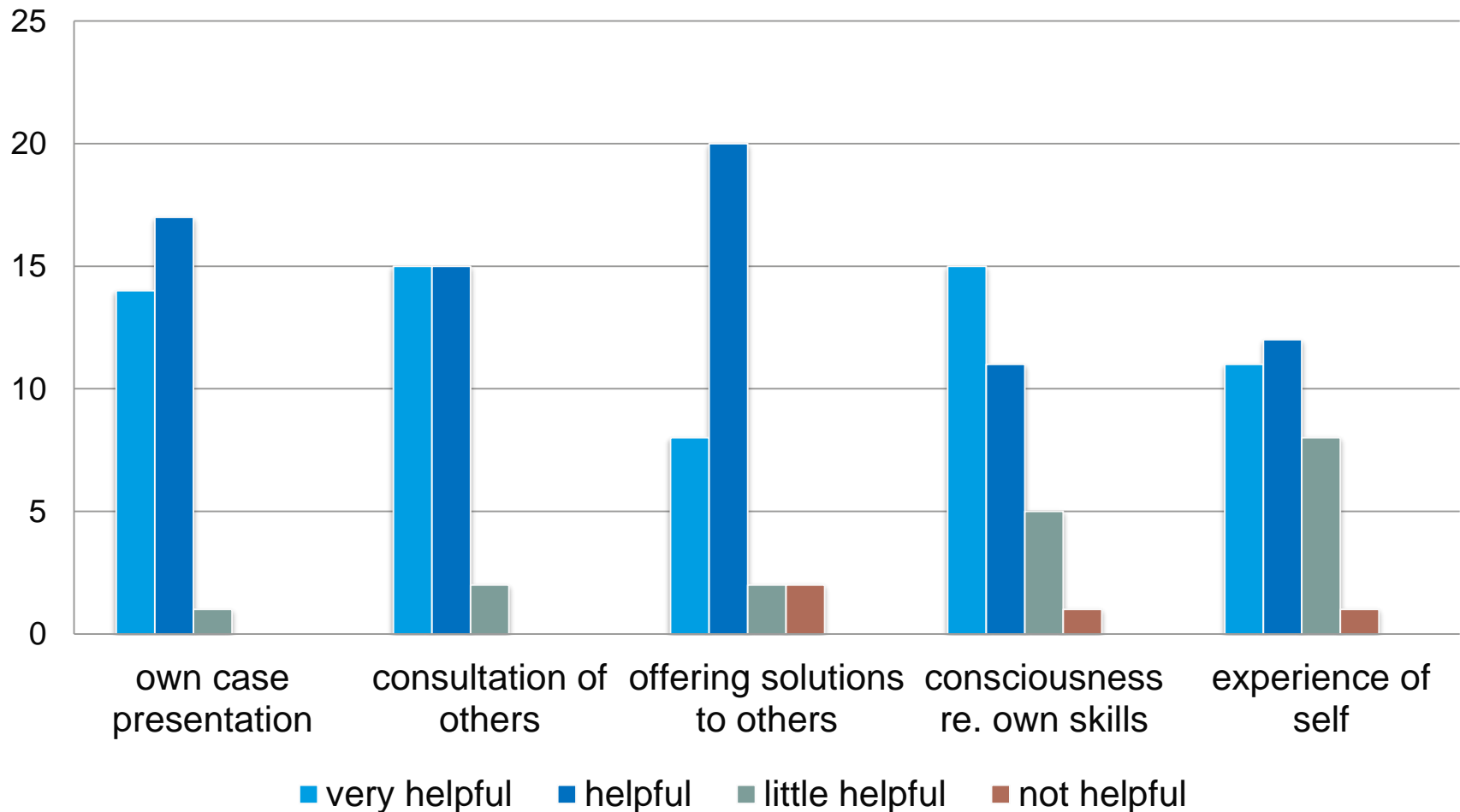
PEER COACHING IN CLINICAL DECISION MAKING



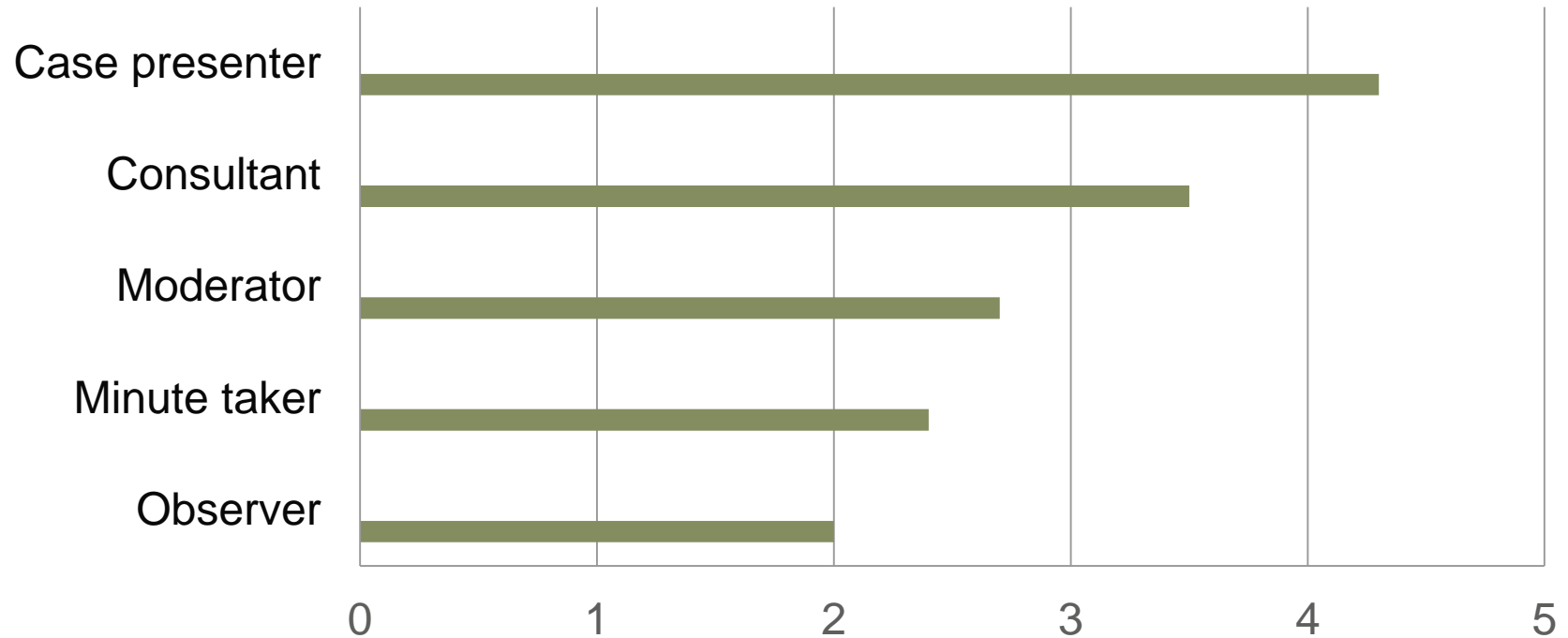
EVALUATION: METHODS AND PARTICIPANTS

- **Online-Survey** using five questions to evaluate the use of Peer Coaching within a university-based seminar
- **Mixed Design** of closed questions with specified answers (Likert-Scale, Ranking) and open questions to comment on individual experiences
- **Descriptive analysis** of answers
- **Participants:** 32 SLT-students (2016-2017)

1. How helpful were the following aspects of Peer Coaching for your work? (N = 32)



2. Which role was most useful or helpful for you? (Ranking: N = 32)





3. Please rate the adequacy of how the following elements of Peer Coaching were implemented in the seminar. (N = 32)

Overall,

- the introduction (N = 29) to Peer Coaching
- the process (N = 30)
- time frame (N = 28)
- responses to queries and challenges (N = 28) were rated positively
- as was the method per se (N = 31)
- little individual variation.

4. Please point out what you did (not) like.

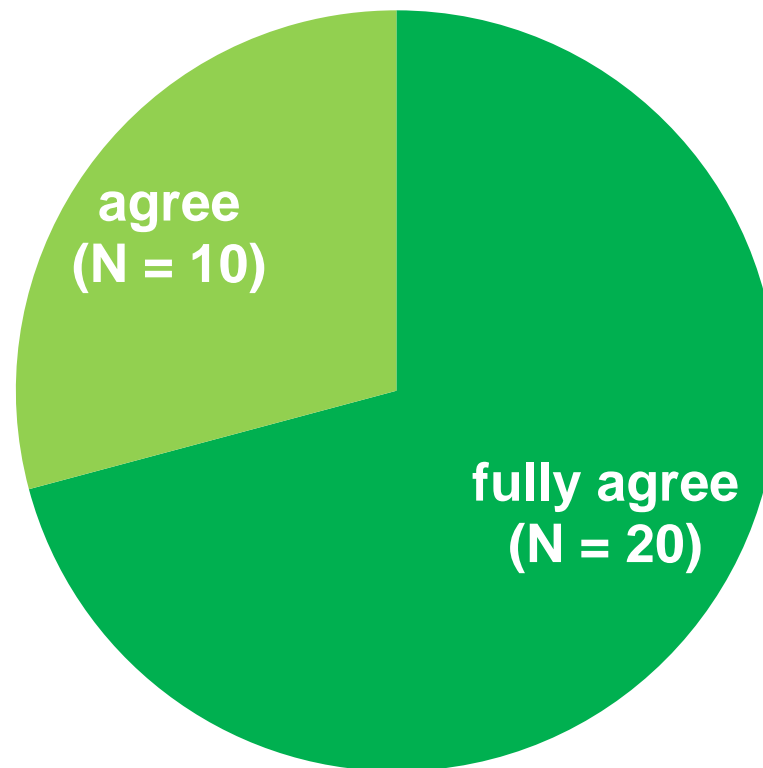
What I liked (N = 25)

- ✓ support/collegiality/exchange/problem-solving/ (N = 12)
- ✓ brainstorming & discussion of diverse ideas & perspectives (N = 5)
- ✓ method/concept/structure (N = 5)
- ✓ extraction of take-away messages for different cases and examples (N = 5)
- ✓ empathy/good atmosphere/„shelter“ (N = 4)
- ✓ opportunity to present a challenging case (N = 5)
- ✓ direct reference to practical everyday challenges
- ✓ high variability of suggestions
- ✓ accompanying and preparatory literature
- ✓ practising group discussion independently

What I did not like (N = 16)

- division into smaller subgroups (N = 4):
„I would have loved to listen to all cases.“
- reserve of presenter (N = 2): *„If you directly want to react to a suggestion that seems to be helpful – otherwise there may be many ideas that are not as useful.“*
- role of observer (N = 2)
- lacking suggestion re. structure of case presentation (N = 2)
- nothing (N = 2)
- strict adherence to phases left open queries
- minute taking

5. For this seminar Peer Coaching was a reasonable method (N = 30)



CONCLUSION: PEER COACHING ...

- ... is appropriate for practice-based learning & self-organised professional reflection
- ... is suitable for working collectively on challenging clinical situations
- ... activates professional and personal resources
- ... offers solutions that are beneficial for the case presenters & the whole group
- ... supports lifelong learning and increases competence
- ... is a transferrable method to be used in different scenarios
- ... impacts on skills of participants within the broader allied health field
(scoping review: Schwellnus & Carnahan (2014))

TAKE HOME MESSAGE: BENEFITS OF PEER COACHING

co-operative & collaborative
learning culture: collegiality
& teamwork

self-reflection &
self-evaluation to
trigger personal
development &
higher confidence



discussion of best
practice (QM):
activation of
professional &
personal
resources/options

successful clinical
reasoning &
decision-making

(Tietze, 2017; Ladyschewsky, 2010)

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MANY THANKS FOR YOUR ATTENTION!

IF YOU HAVE ANY QUESTIONS OR QUERIES, PLEASE CONTACT ME VIA:

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