TACKLING CHALLENGES IN SLT-PRACTICE: PEER COACHING AS A PROBLEM-SOLVING TOOL IN THE CLINICAL REASONING PROCESS
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" (Ladyshewsky, 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).
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

Chair
- leads the counseling situation/exchange re. content, order and timing of the phases, manages the overall process

Case presenter
- expresses need or challenge and formulates his/her key question

Minute taker
- documents ideas, thoughts, hypotheses and questions on a flip chart or paper

(Observer)
- is seated outside the group; observes the process and provides feedback at the end of it – optional role

Consultants
- add questions, impressions, ideas and theoretical frameworks to the process

(Berding & Culp, 2014)
STRUCTURE OF PEER COACHING

1) Casting
2) Case presentation
3) Key question
4) Choice of method
5) Consultation
6) Conclusion

5-10 participants who meet regularly

(Tietze, 2017)

<table>
<thead>
<tr>
<th>Phase</th>
<th>Lead question</th>
<th>Duration</th>
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<tbody>
<tr>
<td>1)</td>
<td>What are current cases? (dissemination of roles, urgency)</td>
<td>5 mins.</td>
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<tr>
<td>2)</td>
<td>What are the topics at hand? How does the case presenter perceive &amp; express the challenges?</td>
<td>5-10 mins.</td>
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<td>3)</td>
<td>What is the specific inquiry of the case presenter?</td>
<td>5 mins.</td>
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<td>4)</td>
<td>Which method is considered useful for counseling?</td>
<td>5 mins.</td>
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<td>5)</td>
<td>What are the ideas/suggestions re. the key question?</td>
<td>10 mins.</td>
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<td>6)</td>
<td>What outcomes does the case presenter value &amp; implement?</td>
<td>5 mins.</td>
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<td></td>
<td>Overall</td>
<td>35-40 mins.</td>
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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
Reflection and determination of thinking and decision-making

METACOGNITIVE PROCESSING

→ Conscious perception of cognitive processes
→ Knowledge-management and divergent thinking

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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/colllegiality/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

- **Practical guidance:** near the job: solutions for specific problems

- **Reflection:** of professional activities and roles

- **Qualification:** via developing practical counseling-competence

- **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; Ladyshewsky, 2010)
REFERENCES


MANY THANKS FOR YOUR ATTENTION!

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

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Acknowledgements:
Many thanks to my valued colleague ass. Prof. Jutta Berding (MSc OT) for her inspiration, support and valuable insights into Peer Coaching, and to the SLT-students who consented to being pictured on the front slide!