

# SQF Model of Clinical Teaching: A Practical Approach

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with modifications from Barnum & Guyer 2015 CAPCSD Workshop

The SQF Model of clinical teaching provides the clinical instructor with a practical way to integrate **Supervision, Questioning, and Feedback** into the clinical learning experiences that they provide for their students.

**SUPERVISION:** The type of **supervision** you provide should be based on the **situation, the student, and the task.**

- **Supervisory Styles**
  - S1 (supervisory level 1) consists of coaching and directing student
  - S2 (supervisory level 2) consists of supporting the student
  - S3 (supervisory level 3) consists of delegating to the student
- **Student's Level of Development**
  - D1(developmental level 1)= unconsciously and consciously incompetent learner
  - D2(developmental level 2)= consciously competent learner
  - D3(developmental level 3)= unconsciously competent learner
- **Supervisory Style Needs to Match Student's Level of Development**
  - Use the S1 supervisory style with D1 level learners.
  - Use the S2 supervisory style with D2 level learners.
  - Use the S3 supervisory style with D3 level learners.

## QUESTIONING

The type of **questioning pattern** you use should be **strategic**. **Strategic Questioning** is the conscious adapting of the timing, sequencing, and phrasing of questions in order to facilitate student processing of information at increasingly complex cognition levels.

- **Three basic levels of questions in strategic questioning:**
  - **Level 1: WHAT: REMEMBERING**-to recall facts and identify basic knowledge
  - **Level 2: SO WHAT: USING**-to apply knowledge
  - **Level 3: Now what: CREATING**-to defend decision and make future predictions
- **Level of Questioning needs to match student's level of development**
  - Use mostly level 1 questions with D1 level learners. ○ Use mostly level 2 questions with D2 level learners. ○ Use mostly level 3 questions with D3 level learners.

## FEEDBACK

Feedback is any information that you give to your student regarding their skills and knowledge.

- **Components of Feedback**
  - Timing: immediate or delayed
  - Specificity: specific or general
  - Content: focus on clinical skills, clinical reasoning, or professionalism
  - Form: verbal, non-verbal; written
  - Privacy: private or public

- **Types of Feedback**
  - Confirming/Reinforcing:
    - Used to let student know they are doing something well/correctly
    - Used to reinforce appropriate behaviors
  - Corrective Feedback
    - Used to modify/improve the student's behavior to a more correct form
    - Is implemented to prevent student developing incorrect techniques or believing inaccurate statements
  - Guiding Feedback
    - Is used when the student has the concept, skill or information essentially correct, but perhaps certain aspects need refining, clarifying or improving.

### **Summary:**

- The level of supervision provided, the types of questions asked and the type of feedback you provide should depend on the situation
- As knowledge and experience base begins growing, situational supervision begins to lower; meaning that the clinical instructor gradually begins to allow greater student autonomy in decision making while still monitoring student's actions.
- In contrast, the level of questioning transition is the opposite, with students needing more low level questions initially, when knowledge and experiences are limited. As experience and knowledge expands, students need to be asked more high level questions.
- Feedback is used to confirm, correct and guide application of skills, knowledge, clinical reasoning and professionalism provided constantly throughout all interactions with students, regardless of the student's knowledge and experience base. Feedback is corrective or guided but always positive
- The goal is to assist student in developing a model that facilitates critical thinking skills and clinical decision making

### **References:**

- Barnum, M., & Guyer, S., (2015) The SQF Mode of Clinical Supervision. Workshop presented at the Council on Academic Programs in Communication Science & Disorders (CAPCSD) in Newport Beach CA, April 2015.
- Barnum M. Guyer S. Levy L. Graham C. "Supervision, Questioning, Feedback Model of Clinical Teaching: A Practical Approach" in Wiedner T. (ed) The AthleticTrainers' Pocket Guide to Clinical Teaching (2009). SLACK, Inc: Thoroughfare NJ.
- Barnum M. Guyer S. Levy L. Willeford S. Sexton P. Gardner G. Fincher L. Questioning and Feedback in Clinical Athletic Training Education. *Athl Train Educ J: 2009;(4)1:23-27*.
- Barnum M. Graham C. Techniques for Providing Feedback to Students on Written Assignments. *Athl Thpy Tdy: 2008:13(5).2-5*.
- Barnum M. Questioning skills demonstrated by Approved Clinical Instructors during field experiences. *J Athl Train. 2008 May-Jun; 43(3): 284-292*
- Benner, P. (1984), From novice to expert: Excellence and power in clinical nursing practice. New Jersey: Prentice-Hall.
- Bloom, B.S. (1956), Taxonomy of educational objectives: Cognitive domain. New York: McKay.
- Levy L. Gardner G. Barnum M. Willeford S. Sexton P. Guyer S. Fincher L. Situational Supervision for Athletic Training Clinical Education. *Athl Train Educ J: 2009;(4)1:19-22*.