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# Speech language pathology Clinical Education: perceptions and experiences of clinical educators and students

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**Abstract.** For the purposes of professional development clinical education is crucial to speech-language pathologists (SLP). There is limited information about clinical education of SLP students in Portugal. The aim of this study was to describe and compare the mutual perceptions of Portuguese SLP's clinical educators and students' of SLP-in a Portuguese private University Clinic.
Five SLP clinical educators and nine students participated in a one on one semi-structured interview. Content analysis was used to explore interview data. The analysis led to the identification of four themes shared by both groups.
Findings from this study provided an insight about clinical education characteristics and challenges reported by clinical educators and students in Portugal and to compare those results with others mentioned in other countries.
The findings of this study suggest that clinical educators and students identify, in general, similar characteristics regarding effective/non-effective clinical educator profile and benefits regarding clinical education process. The sample provides preliminary data on Portuguese clinical educator's and student's experience of clinical education.
**Keywords:** Clinical education; graduate student education; speech language pathology.

## [es] Educación clínica en Logopedia: percepciones y experiencias de educadores clínicos y estudiantes

**Resumen.** Para el desarrollo profesional la educación clínica es crucial en los logopedas. Hay información limitada sobre la educación clínica de los estudiantes de Logopedia (Terapeutas da Fala) en Portugal. El objetivo de este estudio fue describir y comparar las percepciones mutuas de los educadores clínicos y estudiantes de Logopedia portugueses en una clínica universitaria portuguesa privada.
Cinco educadores clínicos de logopedia y nueve estudiantes participaron en una entrevista semiestructurada individual. El análisis de contenido se utilizó para explorar los datos de la entrevista. El análisis condujo a la identificación de cuatro temas compartidos por ambos grupos.
Los resultados de este estudio proporcionaron una idea sobre las características y los desafíos de la educación clínica informados por educadores clínicos y estudiantes en Portugal y para comparar esos resultados con otros mencionados en otros países.
Los resultados de este estudio sugieren que los educadores clínicos y los estudiantes identifican, en general, características similares con respecto al perfil del educador clínico efectivo / no efectivo y los beneficios con respecto al proceso de educación clínica. La muestra proporciona datos preliminares sobre la experiencia de educación clínica del educador clínico y del estudiante.
**Palabras clave:** educación clínica; educación de estudiantes graduados; Logopedia.



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## Introduction

In Portugal, the first Speech and Language Pathology (SLP) professionals were formed in 1965 and since then the profession has experienced tremendous growth in recent years with the development of the new SLP programs offered by new higher educational schools (Magina, Nunes, Cunha, & Faria, 2014). Currently, there are seven higher educational schools that offer SLP degrees (Batista, 2011).
The profession is structured by the Portuguese law[2] and is self-regulated by Associação Portuguesa de Terapia da Fala (APTF), a member of Comité Permanent de Liaison des Orthophoniste/Logopèdes de l'Union Européenne (CPLOL) founded in 1978 (CPLOL, 1978).

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It has been suggested that clinical practice should equate to a quarter of the duration of the SLP graduation degree, regardless of the structural differences between the SLP courses around the globe (Patterson & Rautakoski, 2009). Clinical Education (also called clinical teaching or clinical supervision) is considered essential for any health profession because it offers an opportunity for students to apply into practice their knowledge, allowing them to become independent practitioners (Sheepway, Lincoln, & Togher, 2011). Kilminster and Jolly (2000) stated that effective clinical education is necessary for patient and practitioner well-being. Clinical education is considered a crucial component in the education of students and for the continual professional growth of speech language pathologists (ASHA, 2008; S. M. Kilminster & Jolly, 2000). For graduate SLP students, effective communication skills are considered a fundamental professional competency because of their clients specific communicative difficulties (Wilkinson, Sheldrick, O´Halloran, & Davenport, 2013). Teaching SLP students is sustained by a growing evidence that supports the value of experiential learning for students education (Wilkinson et al., 2013).

The clinical education literature use numerous terms to describe supervisory practices, so for the purpose of this paper the term Clinical Education is the term generally used to refer to the supervision process. The terminology has also labeled those involved in the supervision of graduate students as Clinical Educators (Dudding, McCready, Nunez, & Procaccini, 2017).

Clinical education in SLP was recently considered a recognized field, and guidelines have been established to promote clinical supervision as a recognized professional specialty (Dudding, McCready, Nunez, & Procaccini, 2017). However, more studies are required regarding the supervisory process, and, in the long term, leading to evidence-based practices in clinical supervision in SLP (Dudding et al., 2017).

Although there is no single supervisory model used by everyone in the training of speech-language pathologists, Anderson's (1988) model is one of the most used SLP models, comprehending five components: understanding the supervisory process, planning, observing, analysing, and integrating. To complement these five components, Anderson (1988) developed a supervisory continuum that includes three phases: evaluation/feedback (clinical educator assumes a dominant role and student assumes a passive/directed role), transition (clinical educator and student collaborates in decision-making and student learns to analyze clinical setting), and self-supervision (student analyzes their own growth, strengths and weaknesses; clinical educator is a consultant/ advisor). It is based on a continuum in terms of clinical autonomy which mirrors the professional requirements (ASHA, 2008).

Clinical educators provide clinical supervision to students across health care and/or educational settings, thus developing the students' clinical and professional knowledge and skills. In recent years, the evolution in terms of access to information and learning styles reveals a pressing need to update the methods of accompanying the student (Boster & McCarthy, 2018).

The relationship created between clinical educators and students is fundamental for successful supervision experiences (Cassidy, 2013; Dudding et al., 2017). This relation becomes more collaborative in the case of advanced students. Clinical educators need to be flexible in adapting their supervisory styles because students have different learning styles (Brown, Cosgriff, & French, 2008). This flexibility is visible in the way in which each clinical educator creates a tutorial with their student, according to their personality, interest, knowledge and capacities, always focusing on the ethical-scientific demands of the profession (Pedroso Jacobo et al., 2017). The cooperation between the clinical educator and student has a great responsibility in the student's changes from initial vulnerability to final independence as a clinician (Cassidy, 2013).

Traditionally, in the SLP clinical education, the supervision relied on a one-on-one model, where one clinical educator supervised one student (Sheepway et al., 2011). This model is no longer considered viable and has given way to the group supervision model, called Collaborative Clinical Education Model (Briffa & Porter, 2013). In this model, one clinical educator supervises two, three, or four students at once (Briffa & Porter, 2013). Whilst some concerns (e.g. not receiving adequate supervision from clinical educators) have been raised regarding the group model (Briffa & Porter, 2013), some advantages have been noted, such as lesser dependent students and more peer-assisted learning (Rodger et al., 2008). It is felt by some authors that the traditional one-on-one model is no longer an appropriate educational model and is unlikely to be a long-term viable option (Rodger et al., 2008).

In Portugal the most common model of supervision followed is the one-on-one model in the off-site clinical placements (outside the university clinics), however, the group supervision model has been reported to be a part of the student's clinical education programs realized in some university clinics (e.g. Cunha et al., 2014; Faria, 2012). In other countries most graduate SLP programs have a university clinic where graduate students obtain most of their clinical hours (Prezas & Edge, 2016). These clinics have a social purpose, providing assistance and support to the community, but have also the orientation of clinical educators to students that generally receive one-on-one supervision (Prezas & Edge, 2016).

The authors in this study report the experience of supervision realized in a clinical educational program in a Portuguese private university clinic using a Collaborative Clinical Education Model and a Team-based Approach.

Interviews were conducted in 2014 with clinical educators and students in the last two years. In this university clinic, SLP clinical education takes place throughout all the academic years with different learning objectives and developing autonomy level. SLP students provide a dossier with a reflective profile about their clinical practices. The clinical experiences involve a progressive degree of scientific knowledge and autonomy over the years. Students assessment is made through an instrument filled by the clinical educator and student, based on the assumptions de-

fended by McAllister and his colleagues (S. McAllister, Lincoln, Ferguson, & McAllister, 2010, 2011). Students are also involved in the discussion of case studies. In these meetings, a student presents their clinical case and clinical reflection to all colleagues. A team-based approach is used, which is a recent tendency towards professional practice (Dudding et al., 2017). This allows all students to receive different types of feedback- immediate verbal feedback in an individual way and group feedback. Students also write reports of session planning, registrations, assessment reports, and intervention plans of their clinical cases. Clinical educators also deliver written feedback in an individual format of all written documents delivered by students. Constructive feedback is used, helping the students to identify their mistakes, weaknesses, but also their strengths (Barnum et al., 2009; S. Kilminster, Cottrell, Grant, & Jolly, 2007).

There is relatively little research regarding the educator's characteristics and student's perceptions in Portugal. Clinical educators consider themselves competent to play their roles in the training of SLP students in Portugal, but some other perceptions raised concerns and the importance of future training for clinical educators (Faria, 2012). In a study realized in Portugal with SLP students, the clinical educator's skills were classified as good by their supervisees (Magina et al., 2014).

This study aimed to respond to the research question: What are the perceptions of SLP's students and clinical educator about clinical supervision? It intended to determine the characteristics valued by students and clinical educators regarding the practice of clinical education in a Portuguese University clinic using the Collaborative Clinical Education Model and a team-based approach; identify factors that may improve the relationship of clinical education and characteristics that students and clinical educators associate with an effective/non-effective clinical education experience; identify the benefits associated with clinical education from the perspective of students and clinical educators.

## Method

### Participants

SLP clinical educators and students were sampled from a Portuguese private university and all participants that accepted to participate in this study provided written consent. All participants were females, reflecting the Portuguese SLP's profession (Batista, 2011). Regarding SLP clinical educators, all five participants had supervision experience ranging from 8 to more than 15 years. All nine SLP students were in their final internship and had been supervised through four years.

### Procedures

### Interviews

The interview guide that was constructed to accomplish the objectives of this study contained four open-ended questions. In the following table (Table 1), it is possible to see each one of the questions formulated and the objectives that were formulated for this study.

The choice of a structured format of the interview was based on the intention to collect and analyze the participants' perceptions about specific aspects of the clinical education process, reported by themselves (Vilelas, 2009).

The interviews took place during the month of October 2014. In all interviews, the same script was used allowing the comparison of responses between participants. The interviews lasted approximately 15 minutes and were conducted by the second author with both groups of participants (clinical educators and SLP students). Participants informed the interviewer of their preferred time and venue for the face-to-face interview. All interviews were audio-recorded and transcribed. Participants were sent the interview transcripts for review, but no feedback was received.

Research has been conducted in an ethical and responsible manner and the work was conducted with the formal approval of the Ethics Committee of University Fernando Pessoa. The interviews were conducted guaranteeing anonymity and confidentiality of all data.

### Analysis

Data were treated using the content analysis procedures in which thematic analysis was adopted (Green & Thorogood, 2018). Coding refers to identifying any relevant parts of data that can answer the research questions (Braun & Clarke, 2013), which consists of subdividing the text into units (categories) according to analogical groupings (Vilelas, 2009). This process aims to identify the units of meaning in the form of targetable and comparable data

(Bardin, 2008). The unit of record used was the theme, which is commonly used to study opinions, attitudes, values, and other attributes (Bardin, 2008). The codification system was defined in a deductive way, based on the theoretical framework and the experience of researchers. Categories were determined previously, and they are closely related to the script questions.

Initially, the second author recorded data into written documents. Interviews were transcribed, and once the researcher was familiar with the data, the next step was to manually code it. No qualitative research software was used.

The second author looked for patterns in the data set to identify the salient features of data that could answer the research question and these were used to identify themes. According to (Braun & Clarke, 2006), a theme "captures something important about the data in relation to the research question and represents some level of patterned responses or meaning within the data set" (p. 82). Then, it was possible to group the data and fit them in previously identified categories. Subsequently, the data included in each category were analyzed and some subcategories were determined within these initial categories, considering that these data allowed clarifying and specifying relevant aspects of each category. This was done by the second author and then cross-checked by the first author. Minor disagreements were resolved through discussion and the final coding was established.

## Results and Discussion

Four themes were identified: 1) and 2) Characteristics associated with an effective and a non-effective clinical educator, 3) Benefits from clinical education, 4) Suggestions for clinical education (through the perspectives of students and SLP clinical educators).

There is relatively little research regarding the clinical educator's characteristics. Some studies conducted with students from other professions reported the characteristics of good or effective clinical educators (S. Kilminster et al., 2007; L. McAllister & Lincoln, 2004). Those characteristics included excellent interpersonal skills and the ability to make the students feel safe and supported. The effective clinical educator should be an experienced teacher, a facilitator, and a role-model, and should offer direct feedback and help the student associate the theory to practice. These characteristics are very similar to those reported in our study by both groups (clinical educators and students).

Table 1- Interview guide and study objectives

| Interview Guide | Objectives |
|---|---|
| What characteristics do you associate to an effective clinical educator? | To determine the characteristics valued by students versus clinical educators regarding the practice of clinical educator;<br>– to identify characteristics that students and clinical educators associate with an effective clinical education experience |
| What characteristics do you associate to a non-effective clinical educator? | To identify characteristics that students and clinical educators associate with a non effective clinical education; |
| What benefits do you get from a clinical educator? | To determine the characteristics valued by students versus clinical educators regarding the practice of clinical education;<br>– to identify the benefits associated with clinical education from the perspective of students and clinical educators; |
| What suggestions would you make to improve the quality of clinical educators? | To determine the characteristics valued by students versus clinical educators regarding the practice of clinical education;<br>–To identify factors that may improve the clinical education relationship. |

Regarding the first theme "Effective clinical education Characteristics", three categories were identified: feedback given, behavior and guidance. Regarding feedback, according to the students, clinical educators should provide help and advice, transparent explanations, constructive criticism, and the ability to deal with questions (Table 2).

Table 2 - Responses of students regarding the theme "Effective clinical educator characteristics"

| Themes | Categories | Sub-categories |
|---|---|---|
| Effective clinical educator characteristics | Feedback given to students | Dealing with questions |
| | | Help and advice |
| | | Give constructive criticism |
| | | Clear Explanations |
| | Clinical educator behavior | Demonstrate empathy |
| | | Not hurt feelings |
| | | Always available |
| | | Understanding the student |
| | | Good relationship |
| | | Be professional |
| | | Be exigent |
| | Clinical educator guidance | Must be involved in the patient case with the student |
| | | Must be a good role model |
| | | Must share experiences and knowledge |
| | | Observe students practice |

Not giving any suggestions, assistance, opinions, explanations, help or information, or not sharing knowledge was identified as characteristics that the clinical educator shouldn´t reveal regarding feedback.

*"Let the students be autonomous, but be present when necessary and always fulfill our learning process with knowledge (...).help us whenever possible because initially we have difficulties." (Student 1)*

*"Give us attention, make constructive criticisms that help us in our clinical reflection, and also to have a good relationship with them." (Student 2)*

*"Empathy, the way they talk to us, how they transmit their ideas, the way they intervene in our sessions. I do not like when my sessions are interrupted (...)."(Student 5)*

*"Someone to orient us. When we are in a session (it) is good when they intervene and help and if they are always available to answer any questions that we have." (Student 7)*

Students considered that clinical educators were helpful when they gave informative and descriptive feedback about their own expectations. Giving feedback assertively, in the proper time and in a descriptive way, is essential for learning and for gaining competence (Russel, 2017). Proper feedback is crucial for students to successfully achieve their learning goals (Ensslen, 2013; Wright & Needham, 2016) and should be constructive, in a way that helps students to identify their mistakes and weaknesses, as well as their strengths (Barnum et al., 2009; S. Kilminster et al., 2007). Clinical educators suggested that feedback given to students should provide scientific assistance, security, autonomy, and sources of information. On the other hand, bad feedback refers to either *"no information provided when needed"* and when *"negative opinions towards the student"* are given. Effective formative assessment feedback in clinical education should be specific and include coping mechanisms to develop clinical performance (Pasupathy & Bogschutz, 2013). When giving feedback, clinical educators should consider all the aspects that can affect how the message is received. SLP educators should be descriptive and specific, and should consider timing, tone, frequency, and form (ASHA, 2018) (Table 3).

*"Feedback should be done correctly and assertively at an early stage. It is important for all students to reflect on what failed and what worked. Receiving feedback from an experienced supervisor, either by direct observation of sessions or by observing videos, can be very helpful to improve student's self-criticism."* (Clinical educator 2)

Clinical educators should be assertive and constructive (Barnum et al., 2009). For example, clinical educators can explain to SLP students that stress and anxiety should not be interpreted as insecurity regarding their clinical skills, and inspire them to channel that stress into positive strength that can improve their performance (Pasupathy & Bogschutz, 2013).

Table 3- Clinical educator's Responses on the theme "Effective clinical educator characteristics"

| Themes | Categories | Sub-categories |
|---|---|---|
| Effective clinical educator characteristics | Feedback given to students | Guide the student to ask questions |
| | | Provide technical and scientific assistance |
| | | Give security and autonomy / independence to the student |
| | | Provide sources of information to guide the student |
| | | Teaching to intervene in clinical cases |
| | Clinical educator behavior | Ability to listen |
| | | Have personal characteristics relevant to an interpersonal relationship |
| | | Know the right time to intervene and to follow up |
| | | Know how to respect |
| | | Have empathy |
| | | Flexibility |
| | Deontological aspects | Ensure quality services for those looking for speech therapy services |

By observing the model given by clinical educators, students have the opportunity to learn the correct procedures (Ensslen, 2013). It has been found that while students expected their clinical educators to always provide direct support, clinical educators, on the other hand, expected to provide direct support only initially, and then, expected the students to be progressively more independent. Clinical educators should also support students in developing their critical thinking and clinical decision-making skills (Mandel, 2015).

*"A good supervisor has to be a good listener, and know the right time to intervene (...) How to provide instruments and sources for the student to study. Basically (the clinical educator) has to make the student feel safe in their clinical practice. The clinical educator should contribute, progressively, to student's future professional independence. The relationship should be of respect, trust and empathy." (clinical educator 1)*

Regarding clinical educator behavior, students reported that adequate behavior included showing empathy and being professional, exigent, available, understanding, and also having a good relationship with the students. Bad behaviors included being impatient and unavailable, and causing conflict, stress, and pressure (see Table 4).

Table 4- Student's Responses on the theme "Non-effective clinical educator characteristics"

| Themes | Categories | Sub-categories |
|---|---|---|
| Non-effective clinical educator characteristics | Feedback given to students | Does not help |
| | | Does not explain |
| | | Does not give suggestions |
| | | Do not give an opinion |
| | | No assistance |
| | | Does not provide information sources or knowledge sharing |
| | Clinical educator behavior | Behaves in conflict with the student |
| | | Exerts psychological pressure on the student |
| | | Makes students nervous/uncomfortable |
| | | Impatient |
| | | Unavailable to supervise |
| | | Doesn't value student reasoning, just follows own reasoning |
| | Clinical educator guidance | Interferes/Interrupts improperly the sessions |
| | | Does not assist the students therapy sessions |
| | | Does not follow student development |

*"A non-effective clinical educator is someone who's not available and that's complicated. I think this is bad, not having patience for the students, do not have the patience to listen." (Student 7)*

Clinical educators, regarding the same category (Table 5), stated that an effective educator behavior includes the ability to listen, good interpersonal relationship skills, respect, empathy and flexibility, while a non-effective behavior included being a complicated person, *"creating a bad environment"*, being disrespectful, abuse of power, being unsociable and not caring about the students' difficulties or the patients' wellbeing. A study reported that graduate SLP students experience high levels of anxiety during their clinical placements and their graduation program (Chan, Carter, & McAllister, 1994; Lee & Schmaman, 1987).

Table 5- Clinical educator's Responses on the theme "Non-effective clinical educator characteristics"

| Themes | Categories | Sub-categories |
|---|---|---|
| Non-effective clinical educator characteristics | Feedback given to students | Does not provide information |
| | | Give negative opinions |
| | | Does not accompany the student |
| | | Unavailable to supervise |
| | Clinical educator behavior | Creates bad environment in the learning process |
| | | Does not simplify |
| | | Should not be a complicated person |
| | | Disrespects / humiliates the student |
| | | Abuses power as a clinical educator |
| | | Makes the student incapable |
| | | Does not promote self-confidence |
| | | Lack of access/availability |
| | | Not Sociable |
| | | Does not respect students' difficulties |
| | | Does not care about patients welfare |

*"I associate a non-effective clinical educator to a person who creates a bad environment in the learning process, or that creates a fear for asking questions (...) Someone who does not know how to listen (...) You have to be someone who simplifies the learning process, that provides different solutions, not someone that makes the problem even more complex. (...) Someone who makes the student feel that they will be able to solve the problem alone, without a supervisor's support. A good clinical educator should promote progressive self-confidence." (clinical educator 1)*

Students' categories about educators' guidance also stated that clinical educators shouldn't interfere inappropriately in sessions or doesn't observe any session at all (giving any feedback or any correction) or doesn't follow student's development. (Table 4). The clinical educator is legally and ethically responsible for the actions of the student and for guaranteeing that his competence to provide the services to the clients is adequate (ASHA, 2018; Newman, 2001). Clinical educators must guarantee that students obtain accurate training enabling them for their future profession.

At the same time, patients have to receive appropriate services, and university program goals have to be achieved (Mendel, Brasseur, & McCrea, 2006).

Students addressed essentially two categories, referring to acquired knowledge and benefits for the user. In the first, aspects such as growth as a speech-language pathologist, preparation for the profession, clinical education as a basis for learning, the relationship between theory and practice and learning strategies, clinical practice, doubts about clinical cases, exchange of experiences and self-criticism and knowledge were considered. In the second point, improvement in the relationship with clients and better intervention for patients when students are supervised was the focus (Table 6).

Table 6- Student's Responses on the theme "Clinical educator benefits"

| Themes | Categories | Sub-categories |
|---|---|---|
| Clinical educator benefits | Acquired knowledge | Grow as a speech-language pathologist |
| | | Preparing to work in the real world |
| | | Relate theory to practice |
| | | Strategy learning |
| | | Clinical practice improvement |
| | | Discuss and Question clinical cases |
| | | Increased confidence |
| | | Exchange of experiences |
| | | Learning support base |
| | | Help with self-criticism |
| | | Improving knowledge |
| | Patients benefits | Better intervention for patients when students are supervised |
| | | Improved Relationship with patients |

*"Supports students, gives basic support, makes us more comfortable, help us learn and makes patients have better therapy."(Student 3)*

*"Is the greatest learning moment for me, both practical and theoretical, but essentially practical. That's it, it makes me grow like a speech-language pathologist, makes me learn new things every day. (...) The exchange of knowledge, the learning process, the exchange of experiences (...)."(Student 4)*

Regarding supervision benefits (Table 7), the SLP clinical educator's responses were grouped into two categories: professional and personal. In the first one, responses included seeing more patients, understanding the student's real difficulties, becoming a better professor as well as a better speech-language pathologist, practice-based-evidence, the link between case studies, being constantly updated, thinking together with the student, knowing how to criticize, and being able to manage several tasks at the same time. In the second category, the main responses were related to the improvement of interpersonal relationship and the flexibility acquired related to cultural, linguistic, and learning diversity.

Table 7- Clinical educator's Responses on the theme "Clinical educator benefits"

| Themes | Categories | Sub-categories |
|---|---|---|
| Clinical educator benefits | Professional | More patients observed |
| | | Helping to be a better professor |
| | | Helping to understand students' real difficulties |
| | | Make the connection between theoretical concepts and practical cases |
| | | Constant theoretical learning |
| | | Be constantly updated and look for alternative answers |
| | | Think with the student |
| | | Be a better speech-language pathologist |
| | | Evidence-based practice |
| | | Practical response to the difficulties experienced |
| | | Know how to criticize the student and answer the patient |
| | | Management capacity |
| | | Tasks management |
| | Personal | Improve interpersonal relationship |
| | | Remembering students time |
| | | Constant challenge for students and patients |
| | | Cultural, linguistic and learning diversity |
| | | Better cognitive, mental and human flexibility |

*"I think that for the clinical educator is a constant challenge, we are constantly studying and providing answers in many different fields, and that encourages us to seek and to know more and more." (clinical educator 2)*

Studies have shown that some of the benefits of clinical education are job satisfaction (Table 8 and 9); life-long learning, and the reflective learning skills that are developed (Cummins, 2009; HyrkÄs, APPELQVIST-SCHMID-LECHNER, & KivimÄki, 2005). Benefits regarding clinical education also include the student's increased feelings of autonomy, flexibility, and adaptability (Dudding & Justice, 2004).

Both groups presented different answers. The students' responses were divided into two categories (Table 8): Educator Behavior and Suggestions related with curricular unit methodology. The latter category (Table 9) was also included in the case of clinical educators.

Table 8- Student's Responses on the theme "Suggestions for clinical educator"

| Themes | Categories | Sub-categories |
|---|---|---|
| Suggestions for clinical educator | Educator behavior | Be demanding, but not rude |
| | | Good environment in clinical context |
| | | Know how to put yourself in the position of the student |
| | | Helping in clinical reasoning |
| | | Give suggestions at the end of the sessions |
| | Suggestions related with curricular unit methodology | Students should have contact with all educators |
| | | Watch clinical educators in clinical context |
| | | Distribute clinical cases to have different experiences |
| | | Diverse experiences in different placements/ settings |

Table 9- Clinical educator's Responses on the theme "Suggestions for clinical educator"

| Themes | Categories | Sub-categories |
|---|---|---|
| Suggestions for clinical educator | Suggestions related with curricular unit methodology | Orientation by several clinical educators in order to have experiences from different approaches |
| | | Live observation or video of multiple clinical cases |
| | | Use distance learning platforms to communicate with students, ask questions, and share information |
| | | Clinical Educator should only guide cases from their field of expertise in order to enhance student learning |
| | | Give feedback in an appropriate time |

Both groups consider it important to make contact with different clinical educators for a broader view from different perspectives and experiences. Regarding the aspect of a diversified variety of settings, experiences, and educators, Rodger (2008), states that internship placement are often chosen according to their availability without taking into account the diversity of experiences and locations. Universities, educational and healthcare providers have to join efforts in order to offer better internship experiences that can provide the best training. Concerning the use of distance learning platforms to communicate with students, clinical orientation has been influenced by the advancements in technologies, and the use of videoconferencing for remote supervision has been considered an effective means of clinical education (Dudding & Justice, 2004). The use of technologies in supervisory practices may also help with therapy activities, supporting connections with the research literature (Boster & McCarthy, 2018). Considering that SLP supervision depends on the one-on-one model, where one clinical educator supervised one student (Sheepway et al., 2011), the emergent need for new technologies and also the need to consider group supervision models is evident (Briffa & Porter, 2013). Group supervision can take the form of formal and informal small group discussions and clinical discussions with students and clinical educators (as described in this Portuguese study) (Winstanley & White, 2003).

## Conclusion

In recent years, clinical education in SLP has evolved, to the point of being considered a specific field of professional specialty. However, further research is needed to outline the best procedures to make this process effective and rewarding for students and clinical educators. This research provides preliminary data on Portuguese clinical educator's and student's experience of clinical education. The findings from this study indicate that clinical educators and students identify, in general, similar characteristics regarding effective/non-effective clinical educator and benefits concerning the clinical education process.

In regard to clinical educator behavior, students reported that adequate behavior should include empathy, professional behavior, exigency, availability, professionalism, understanding, and a good relationship with students. Clinical educators stated that effective clinical educator behavior included the ability to listen, good interpersonal relationship, respect, empathy and flexibility. In relation to feedback given to students, clinical educators recognized that they should provide scientific assistance, security, and autonomy while student's reported that clinical educators should provide help and advice, clear explanations, and constructive criticism. Regarding clinical education benefits, students reported growth as a speech-language pathologist, preparation for the profession, clinical education as a basis for learning, the relationship between theory and practice, learning strategies, exchange of experiences, and self-criticism. These characteristics are in line with the reflected practice models where the student is encouraged to develop the ability to constantly self-assess and solve problems. This is also true for the clinical educator who is encouraged to reflect on his teaching practices.

In this study, the clinical educators included as benefits: understanding student's real difficulties, becoming a better professor and a better speech-language pathologist, to practice-based-evidence, being constantly updated, knowing how to criticize and being able to manage several tasks at the same time, to improve interpersonal relationship, and the flexibility acquired related to cultural, linguistic and learning diversity.

On the topic of suggestions to improve clinical education, both groups (clinical educators and students) considered important to contact different clinical educators to obtain different perspectives and clinical experiences. This should be taken into account in future clinic internship placements. This University has its own University clinic and hospital and the majority of students' clinical experiences are limited to these contexts.

Clinical education in SLP has experienced several modifications over the past decades, leading to a better clinical education reflection and procedures. Clinical education in SLP requires more investigation that can result in evidence-based practice. This study has some limitations, regarding the small number of participants and the fact that it was realized in the same institution where all the participants had the same experiences, but group supervision seemed to be a viable model of clinical education.

A future study realized with more participants from other universities and placements where SLP internships occur could bring a wider view of the Portuguese reality regarding the SLP clinical education and comparing group model and the one-on-one model of clinical education.

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