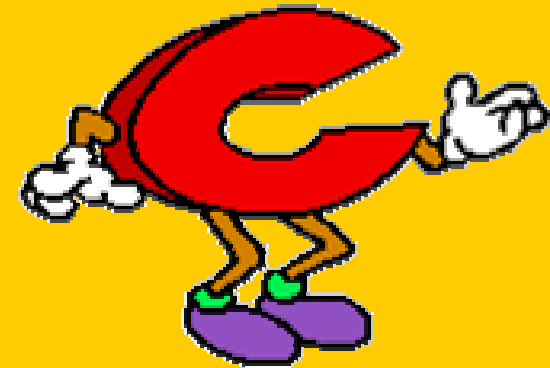
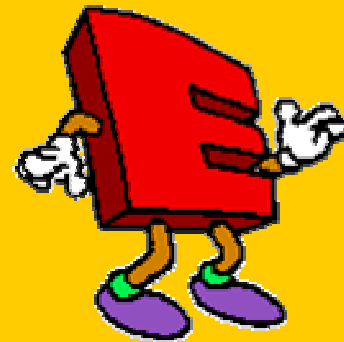
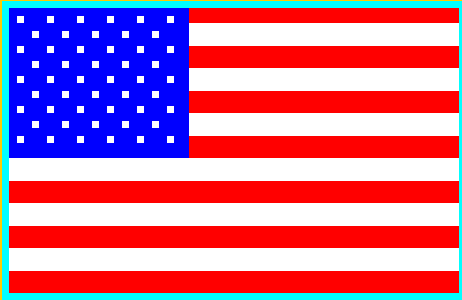


Due to conversion of powerpoint to PDF some of the Animation, all of the sound and any inserted video Will Not play in the PDF version, when given in a Workshop or lecture setting the actual PPT files with Sound effects, music, video and animation are used. In addition, links to special files and the internet will not function properly in the PDF format.. However, the full content and majority of Illustrations will appear as viewed on the day of the Workshop or presentation.

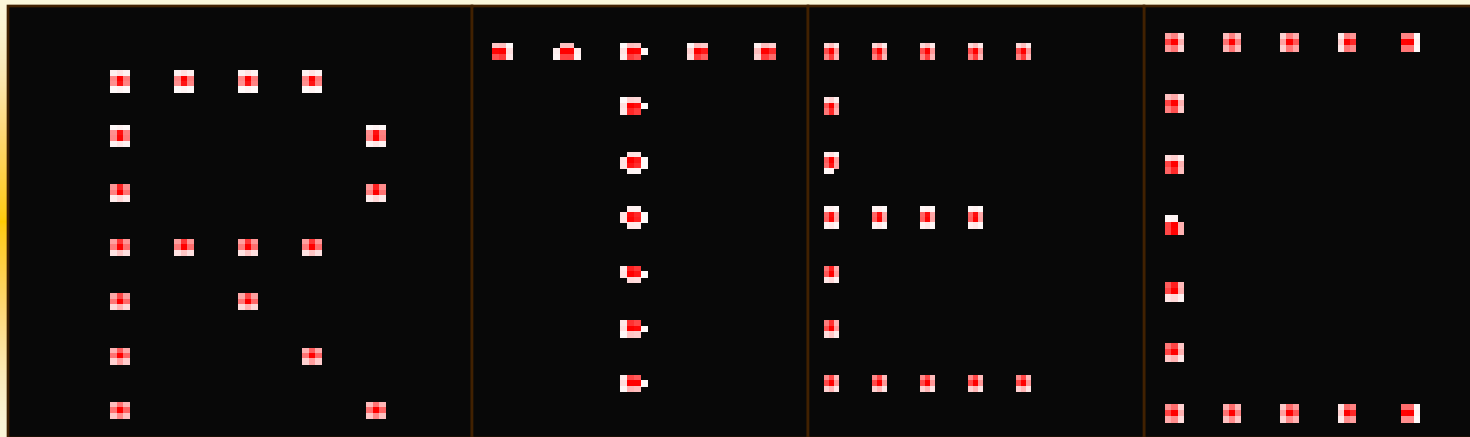
MISSION BAY, CALI-fornia





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Radiologic Technology Educators of California



Development-Based Clinical Instruction: A Model and How to Use It

Louis M. Sinopoli, RRT, FAARC, AE-C, EdD

Want a copy of today's talk...

- Go to El Camino College's Radiologic Technology website:
- <http://www.elcamino.edu/radiologictechnology>
- Click on the scrolling link or the event link
 - Let's go live:

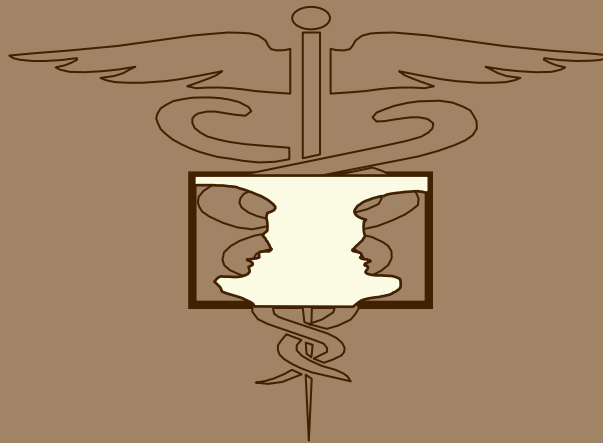


Summary Slide

- **Introduction** ✓
 - The Big Picture
 - A Case Study
- **The Basics:**
 1. Definition of DFCI
 2. Teaching Styles (T1-T4)
 3. Development Levels of Students (S1-S4)
 4. Matching Teaching Style & Development Levels
 5. Differences in Teaching Styles
- **Key Instructional Elements :**
 6. Teaching Style Expanded
 7. Development Levels Expanded
 8. Comparing Style & Development Level
 9. Reinforce Differences in Teaching Styles
- **Steps to becoming a DFCI:**
 10. 1- 6 Steps to Becoming a DFCI
 11. Caveats
 12. Benefits
 13. Profiles and Self-evaluation
- **Exercises**
- **Q & A**

Development-Focused Clinical Instruction

The DFCI Model



Louis M. Sinopoli, RRT, FAARC, AE-C, EdD

Pause for a Joke.....

➤ Have you
heard the one
about....

The Big Picture-Why DF'CI?

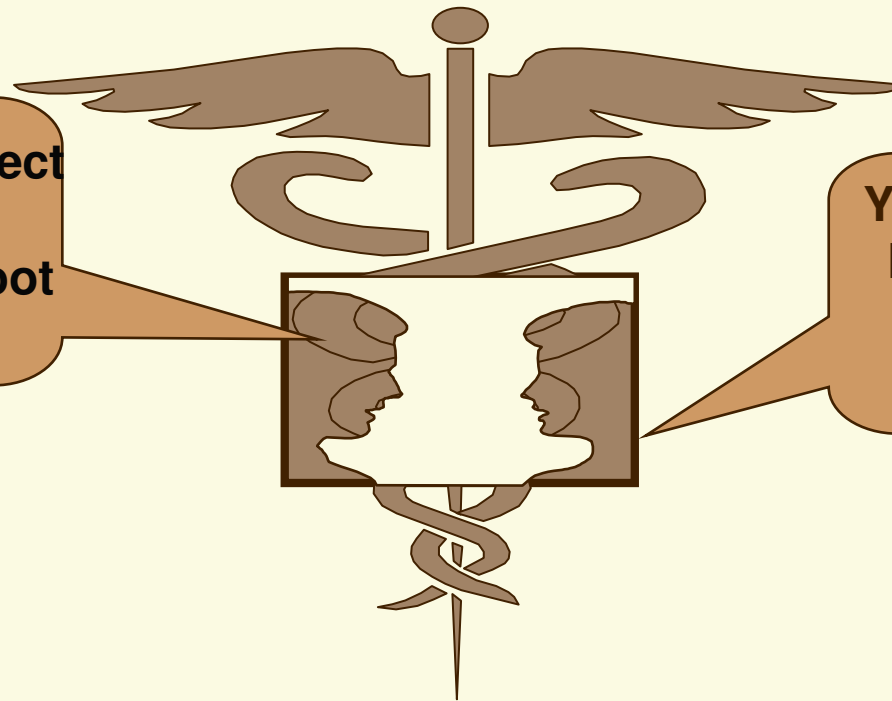
- Hospitals and College based programs
- College instructors
- Hospital instructors
 - Paid by college
 - Volunteers from hospitals
- Need a way to communicate
- Need an easy way to help them be successful instructors

Case Study

- Once upon a time, there was a respiratory care program that kept having the same problems each year with the senior class.
 - Students would start to become unhappy, rebellious, resistant, passive-aggressive and depressed as well as argumentative. They felt like they weren't progressing and that the instructors were too strict and inflexible.
 - Instructors would complain that the students were uncooperative, playing games, unable to show motivation and a positive attitude, they felt like they were resented by the students.

Example..

Never disconnect
the oxygen
before you shoot
the film..



Yes, like I don't
Know that by
now, blah,
blah, blah..

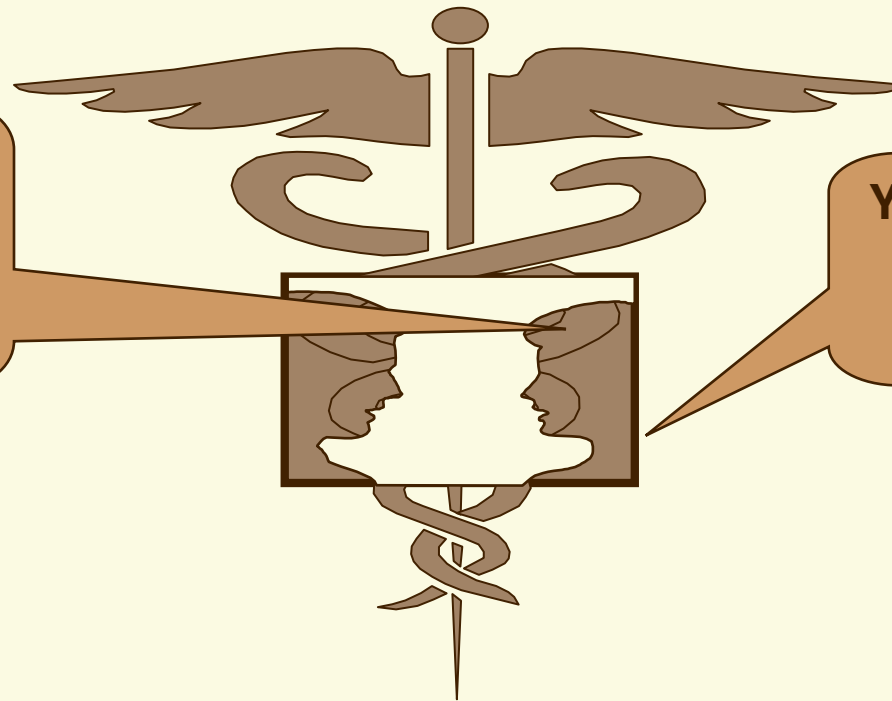
Case Study

➤ Or ...

- Students would start to become insecure, even the really bright students. They felt like the instructors expected too much from them.
- Instructors would complain that the students were not prepared, uncoordinated, playing dumb, unable to show proper steps in a procedure, and they felt like the students were afraid of them.

Example....

The patient for
The IVP is in
there, page
me, later...



Yes, ba ba but,
I, I, I'm not
sure I'm...

Outline Slide

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Development Focused Clinical Instruction

A Definition

➤ DFCI is based on a relationship between:

- (1) the amount of direction and control (Directive Behavior) a teacher gives;**
- (2) the amount of support and encouragement (Supportive Behavior) a teacher provides; and**
- (3) the competence and commitment (Development Level) that a student exhibits in performing specific task.**

➤ **Development Focused Clinical Instruction (DFCI) is a concept adapted from the executive leadership work of Kenneth Blanchard.**

Clinical Instructor Behavior

- **Directive Behavior is:**
The extent to which the teacher engages in one-way communication, spells out the student's role and clearly tells the student(s) what to do, where to do it, how to do it, when to do it, and closely supervises performance.
- **Supportive Behavior is:**
The extent to which a teacher engages in two-way communication, listens, provides support and encouragement, facilitates interaction, and involves the student(s) in decision-making.

The Four Teaching Styles

- **Directing (T1):**
High directive/low supportive behavior:
Teacher provides specific instructions (roles and goals) for student(s) and closely supervises task accomplishment.
- **Coaching (T2):**
High directive/high supportive behavior:
Teacher explains decisions and solicits suggestions from student(s) but continues to direct task accomplishment
- **Supporting (T3):**
High supportive/low directive behavior:
Teacher makes decisions together with the student(s) and supports efforts toward task accomplishment.
- **Releasing (T4):**
Low supportive/low directive behavior:
Teacher turns over decisions and responsibility for implementation to student(s).

The Four Development Levels

- Development level is defined as (1) the student's job knowledge and skills (competence) and
- (2) the student's motivation and/or confidence (commitment). The more competent and committed, the more responsibility the student can take for directing his or her own behavior.
 - However, it is important to remember that development level can be course and/or task-specific.

HIGH COMPETENCE HIGH COMMITMENT	MODERATE TO HIGH COMPETENCE VARIABLE COMMITMENT	SOME COMPETENCE LOW COMMITMENT	LOW COMPETENCE HIGH COMMITMENT
S4	S3	S2	S1
DEVELOPED			DEVELOPING

Why Match Teaching Style to Development Level?

- Inappropriate matching of teaching style creates unintended messages/feelings in the students:
 - Students get scared
 - *“If you give a student a task to perform on a patient and leave them alone to do it when they aren’t ready, they get scared to perform” They are at S1-2 and get treated as S4.*
 - Students think you don’t trust them:
 - *“If you keep telling a student how to do something after they have demonstrated they know how, they conclude you don’t trust them” They are at S3-4 and get treated as S1.*

Clarification of the differences between styles...

- **Directive-** give a lot of specific directions, you make all patient care decisions.
- **Coaching** – explain out loud about what you are doing and why you are doing it, you still make all patient care decisions.
- **Supporting-** give emotional support and encouragement, let them make patient care decisions.
- **Releasing-** clarify expectations/results and get out of their way, let them make patient care decisions.

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The DFCl Model

The Four Teaching Styles

- 1) Directing
- 2) Coaching
- 3) Supporting
- 4) Releasing

Directing(T1)

High Directive
and
Low Supportive
Behavior

Coaching(T2)

High Directive
and
High Supportive
Behavior

Supporting(T3)

High Supportive
and
Low Directive
Behavior

Releasing(T4)

Low Supportive
and
Low Directive
Behavior

DEVELOPMENT LEVEL OF STUDENTS

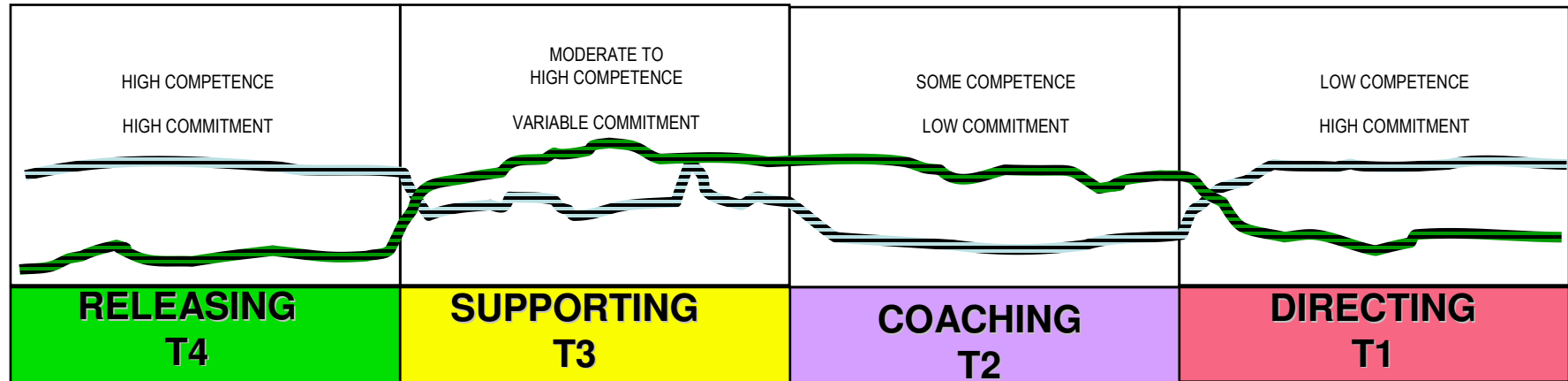
HIGH COMPETENCE HIGH COMMITMENT	MODERATE TO HIGH COMPETENCE VARIABLE COMMITMENT	SOME COMPETENCE LOW COMMITMENT	LOW COMPETENCE HIGH COMMITMENT
S4	S3	S2	S1
DEVELOPED			DEVELOPING



STUDENT

DEVELOPED
COMPETENCE

DEVELOPING
COMPETENCE



LOW
DIRECTIVE

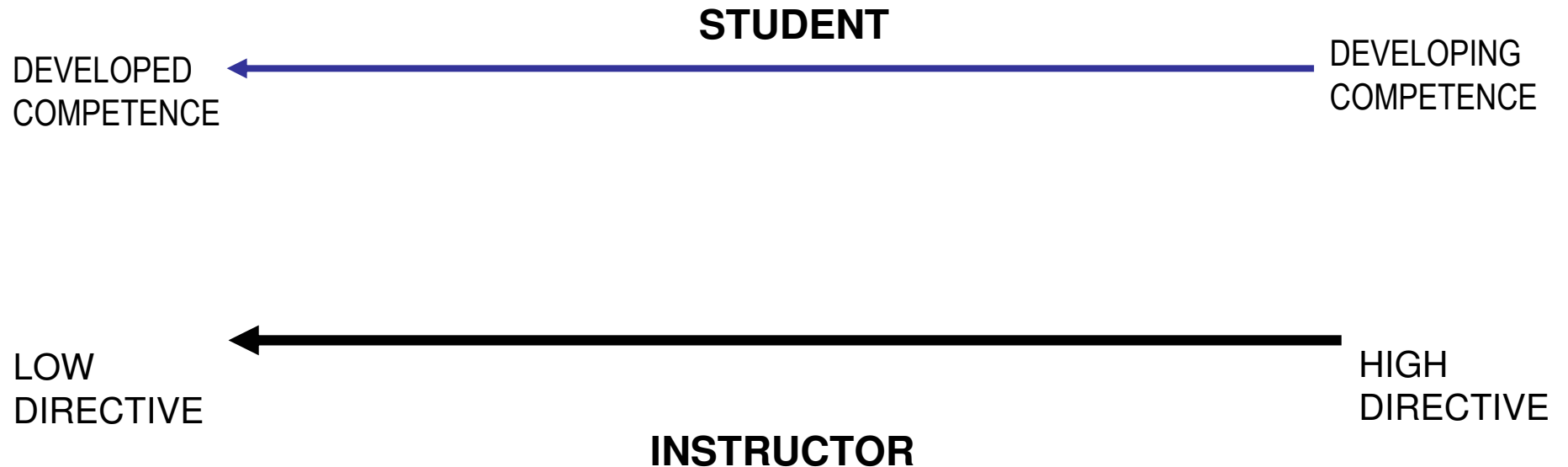
INSTRUCTOR

HIGH
DIRECTIVE

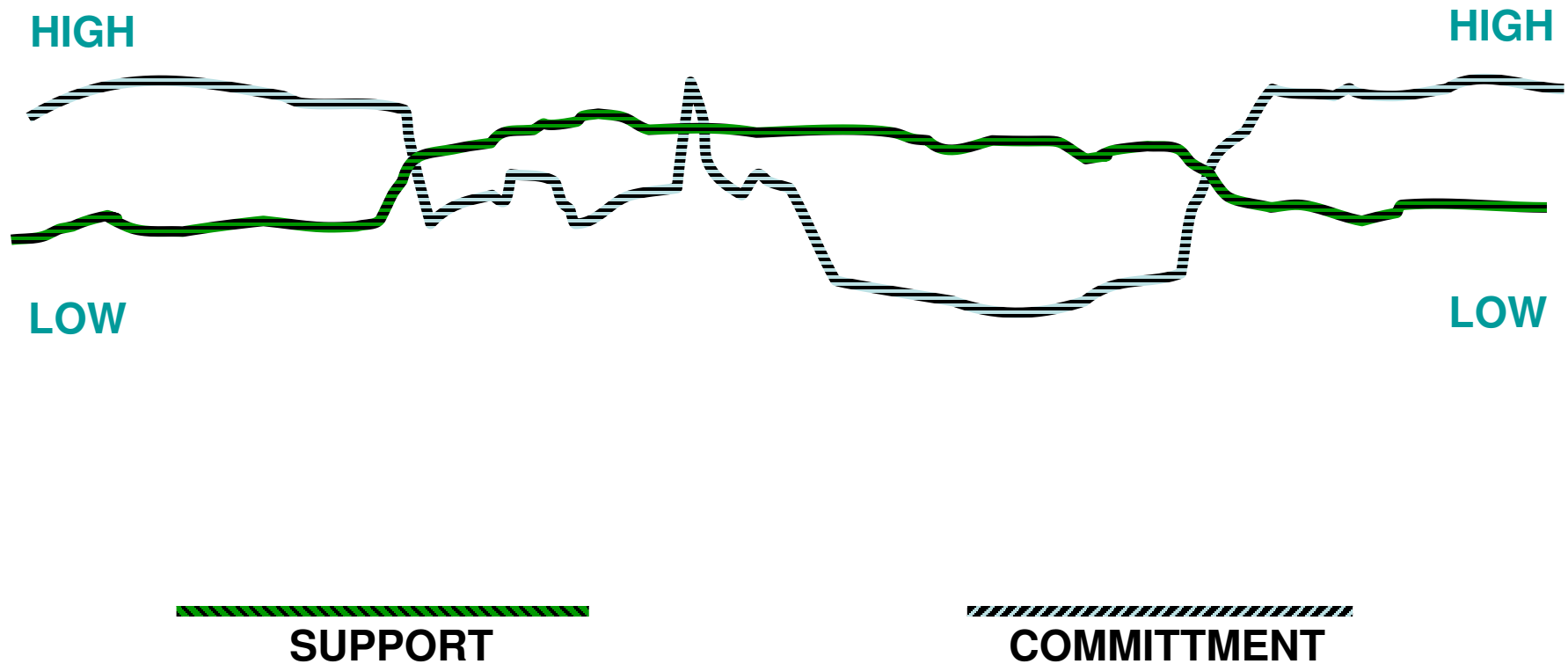
SUPPORT

COMMITTMENT

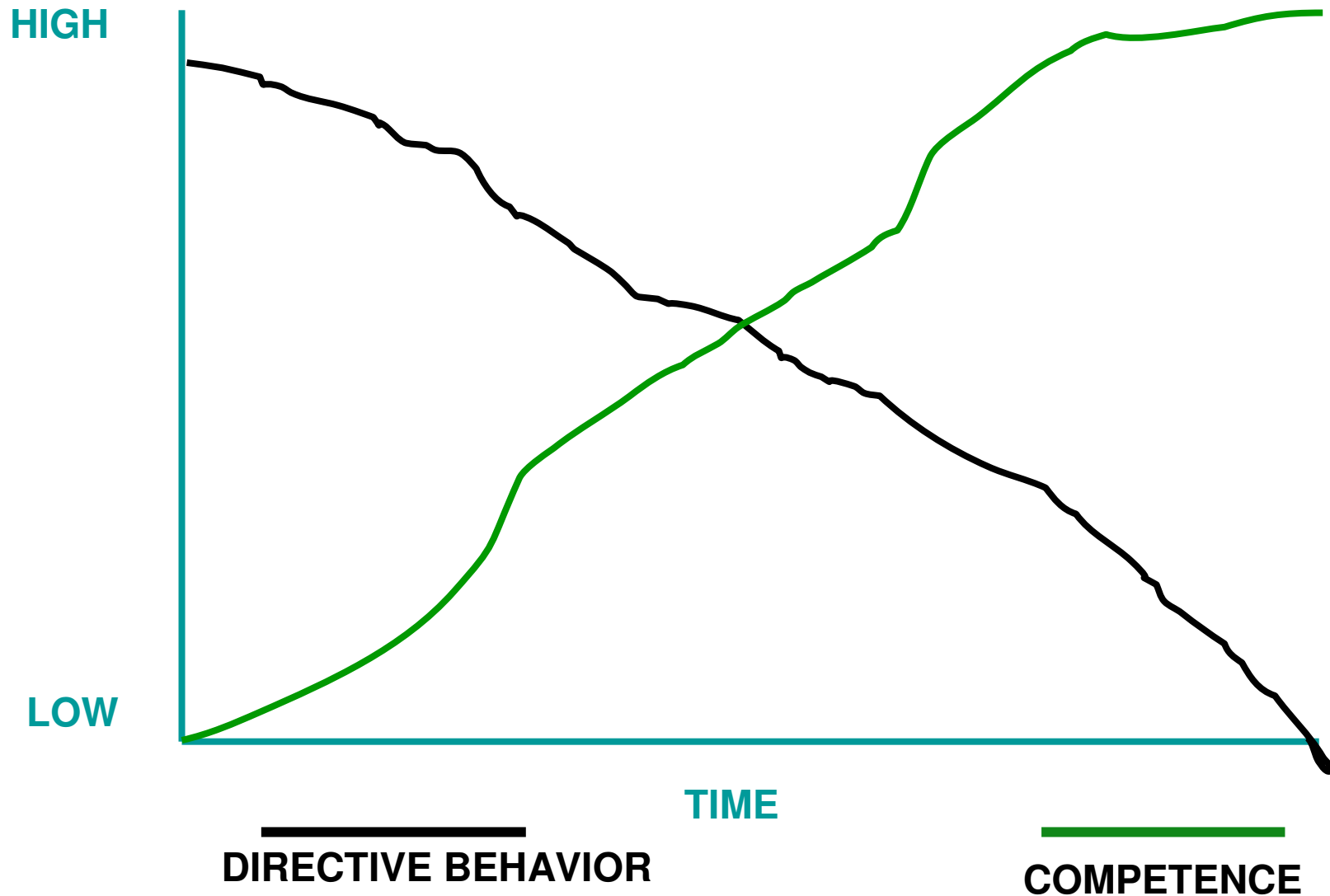
Competence vs Directiveness



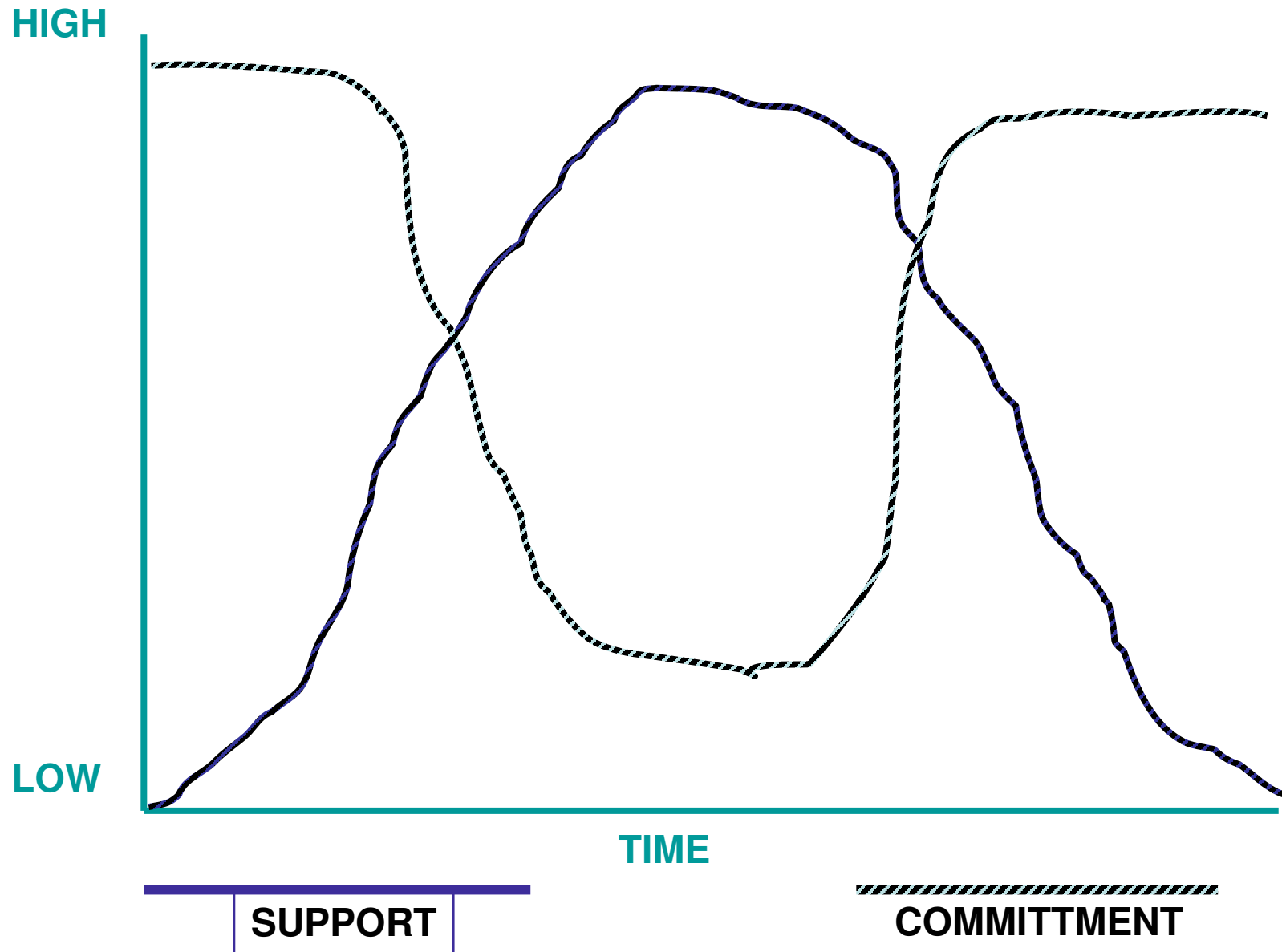
Support vs Commitment



Directive instructor behavior vs student competence



Supportive instructor behavior vs student commitment



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Steps to Becoming a Development-Focused Clinical Instructor

Step 1:

Determine what competency or task you want to focus on with this student (or group).

Ask: *What competency or task do I want to influence?*

REMBEMER: Each competency or task, the student may have a different level of pre-existing knowledge and skill, so even a senior may need the instructor to be directive, if the skill is something he has never seen, or the piece of equipment or the type of patient.

Steps to Becoming a Development-Focused Clinical Instructor

Step 2:

Specify clearly the level of performance that you want this student to accomplish in this competency or task.

Ask:

What constitutes good performance in relation to this competency or task?

REMEMBER: *This is how the more experienced student can become rebellious and passive-aggressive out of frustration that they are being graded down when they know the procedure, equipment, or patient condition.*

Steps to Becoming a Development-Focused Clinical Instructor

Step 3: Determine the development level* of the student on that task. S1 – S4

Ask:

- A) How much of the necessary *knowledge and skills* does the student already possess to perform this task. (competence)
- B) How confident and motivated (commitment) is the student to performing the task at the desired level?

REMEMBER: Development level* is defined as :

- (1) the student's task knowledge and skills (competence) and
- (2) the student's motivation and/or confidence (commitment).

The more competent and committed, the more responsibility the student can take for directing his or her own behavior.

** development level is task-specific.*

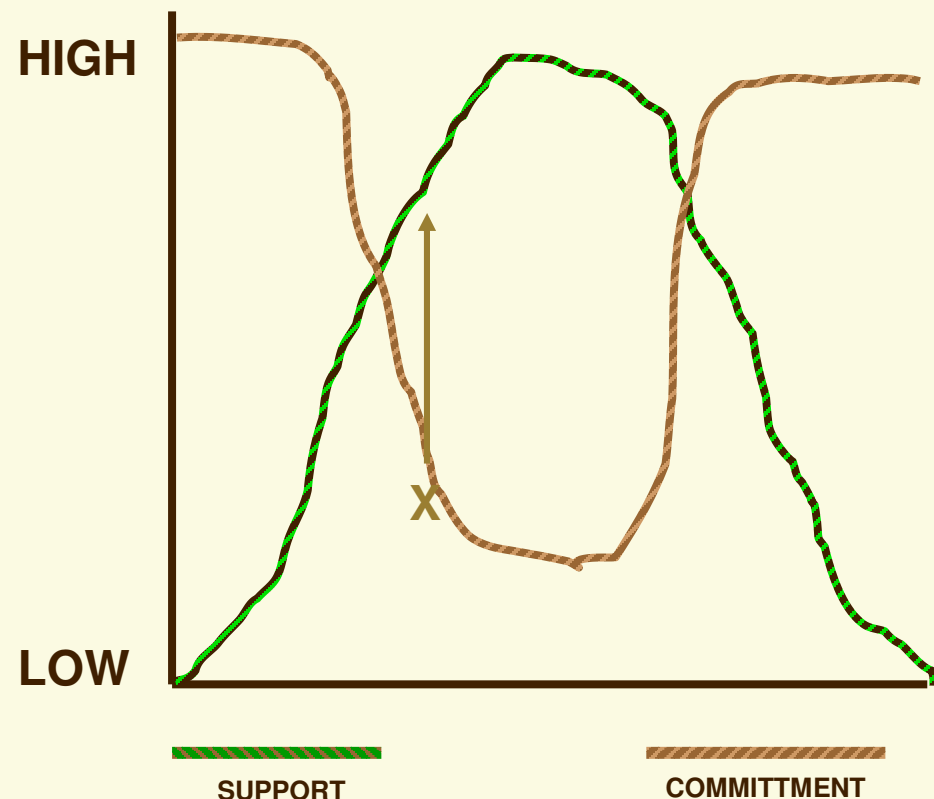
Steps to Becoming a Development-Focused Clinical Instructor

➤ **Step 4:**
Draw a straight line from the competence line of the student to the teaching behavior line of the instructor. The point where the straight line intersects the curve indicates the amount of directive behavior that is most appropriate for influencing that student or group in that particular competency or task.



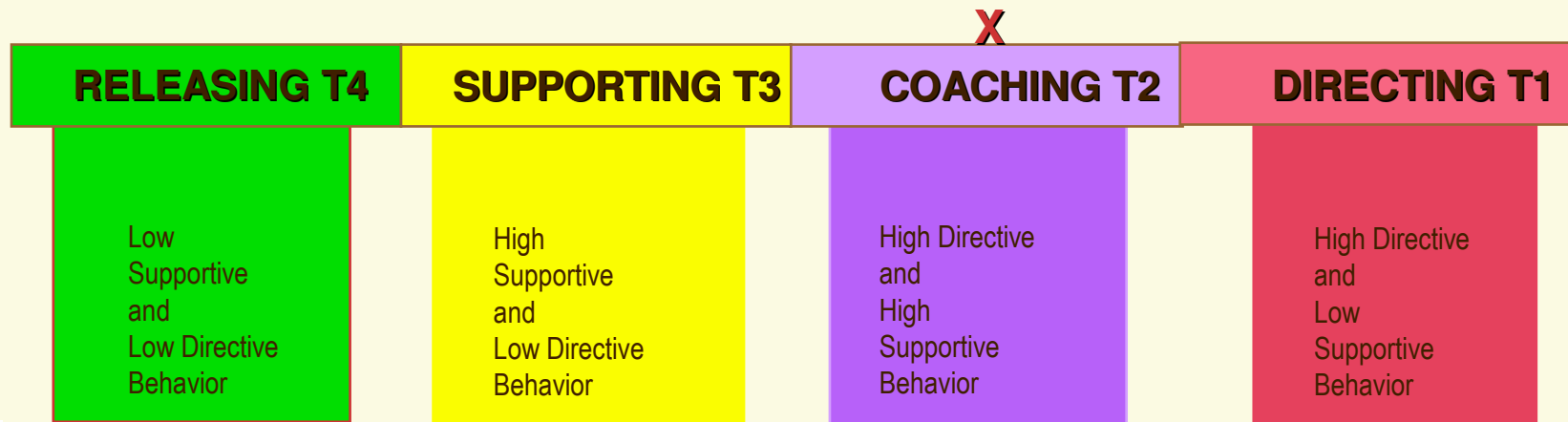
Steps to Becoming a Development-Focused Clinical Instructor

➤ **Step 5:**
Draw a straight line from the commitment line of the student to the teaching behavior line of the instructor. The point where the straight line intersects the curve indicates the amount of supportive behavior that is most appropriate for influencing that student or group in that particular competency or task.

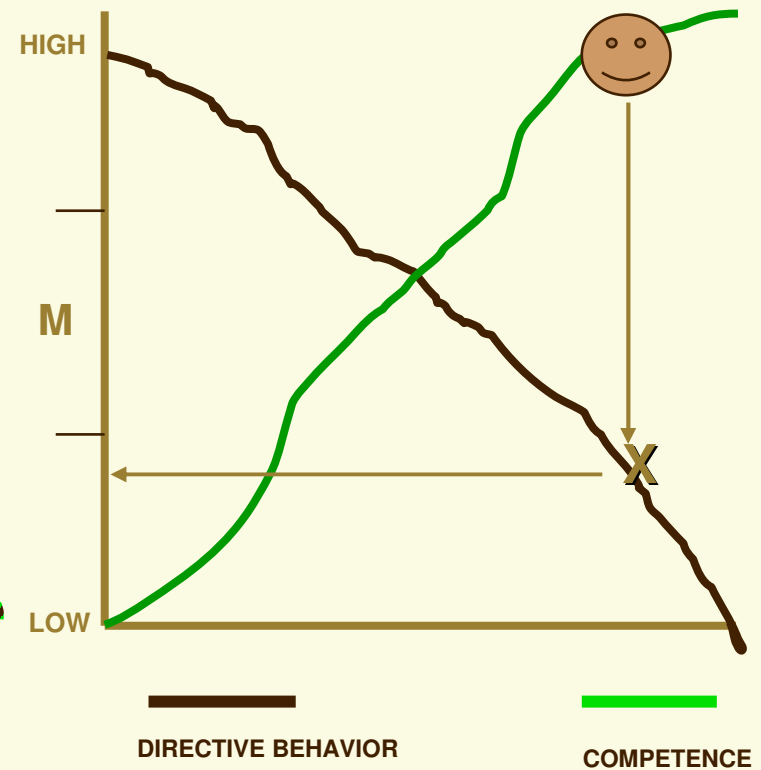
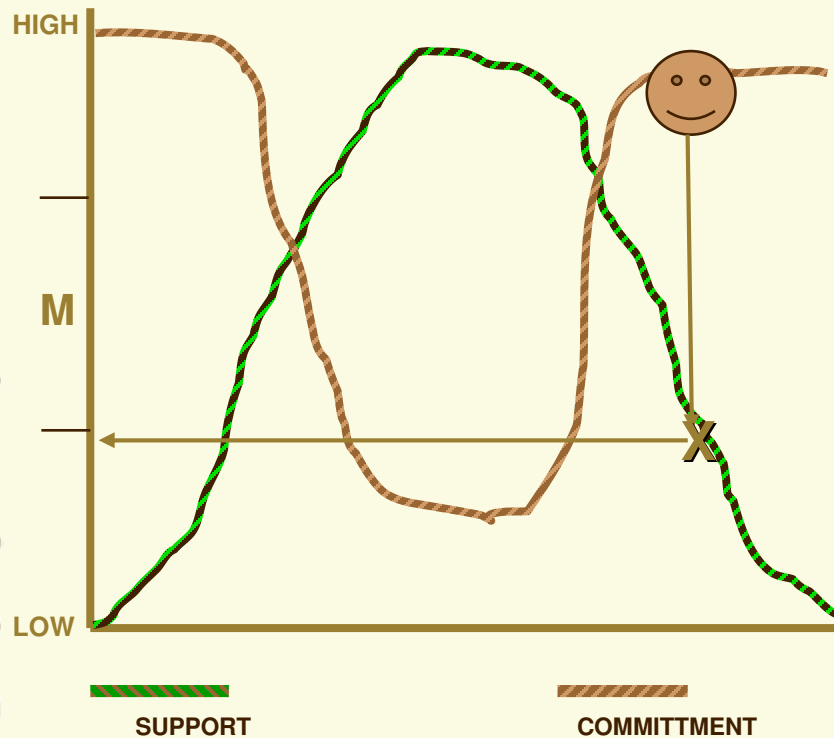


Steps to Becoming a Development-Focused Clinical Instructor

- **Step 6:**
Based on that data you may be able to fit it into one of the four styles that are most commonly needed at different points in the student's progression through your program of study. This will identify the general teaching style classification that is most appropriate for influencing that student or group in that particular competency or task.

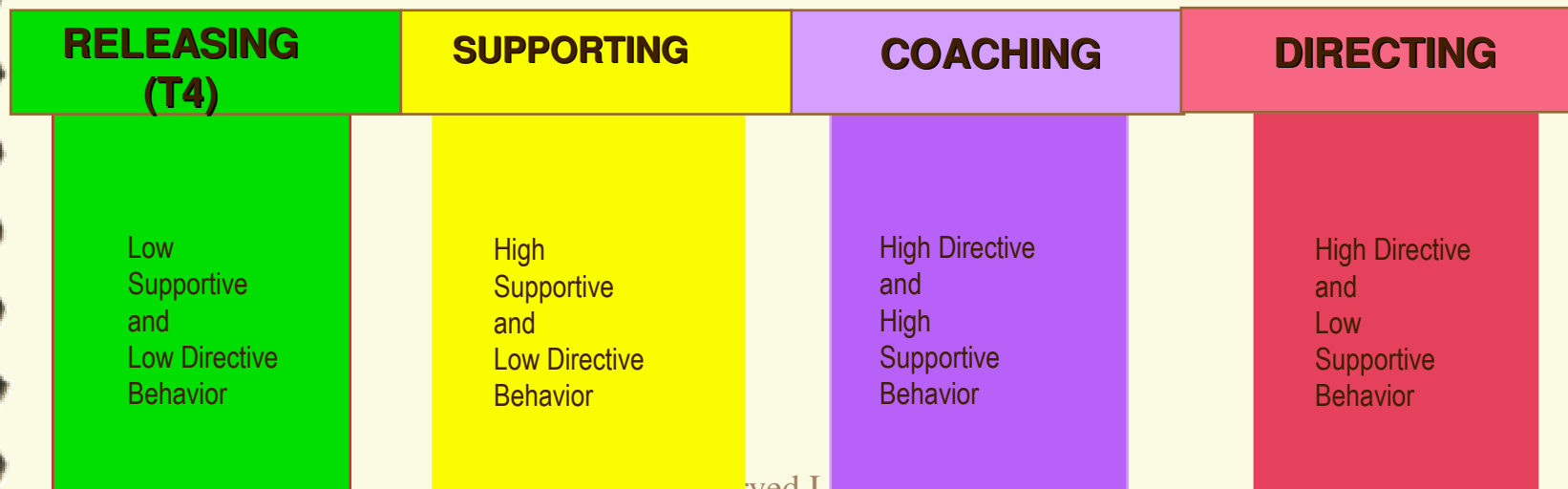


So for example...



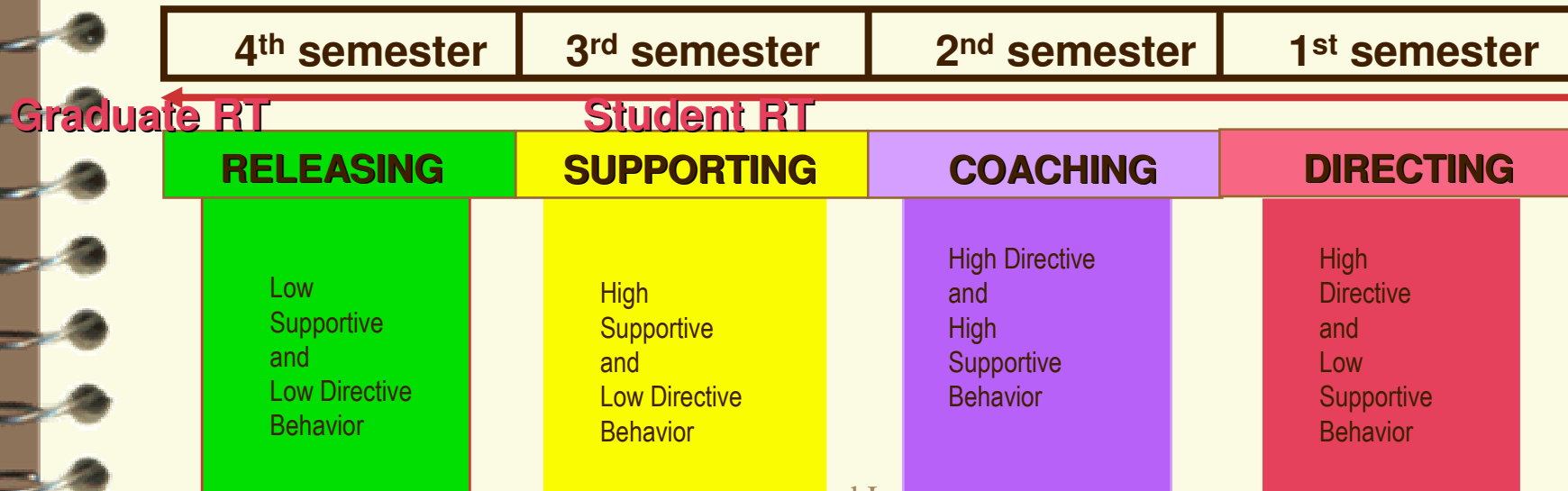
Example continued...

The data indicated the student had high competence and high commitment and the instructor behavior most appropriate would be low directive and low supportive, thus the best general teaching style classification would be:



Case continued...

- We also found, that the general categories fit the general skills and commitment displayed by students as they moved through our four major clinical semesters. This is a good thing to reinforce with clinical instructors, i.e., we want to move the students along the continuum from their first clinical semester to their last. Using the appropriate amount of direction and support will help that occur more smoothly. It is also good to explicate the difference between directing, coaching, supporting and releasing.



Additional caveats...

- **DFCI demonstrates that there is no one best style of teaching. Clinical Instructors become more effective when they use a teaching style that is appropriate to the development level of the student or group they want to influence.**
- **If student enthusiasm and cooperation begins to drop off, look at your teaching style and try to make adjustments that may improve the student's commitment to the task.**

Benefits...

- Provides a common language to use when discussing clinical education of particular students or coming semester work:
 - *“These students you will be working with are functioning at a S1 level, so you know you’ll have to...”*

Benefits...

- A conscious incremental development from entry level clinical student to exit of practice ready graduates.
- *“This student Keisha is functioning at a S3 level, I want you to help her get ready to become a practitioner, she will be graduating at the end of this spring semester (released).”*

Benefits...

- Provides a model for clinical instruction that encourages the development and use of multiple, appropriate teaching styles...
- *“James is acting out over at St. John’s hospital, I think the problem is he is functioning at a S4 level, and you know Mark(Clinical Instructor) likes to treat all new students he gets at a S1 level; go over there and talk to him and remind him about teaching styles T1-4.”*

Profiles and Self-evaluation

- Use a consultant and self-assessment exam
- Diagnosis of primary and secondary style
- Learn which you over and under use
- Develop the Teaching styles you don't have
- Use them more

My personal profile:

➤ T1 and T4

Always check
Patient's ID
before you
shoot the ..

The patient is
In there, page
me, later...

Yes, like I don't
Know that by
now, blah,
blah, blah..

Yes, ba ba but,
I, I, I'm not sure
I'm...

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The background of the slide is a spiral-bound notebook with a brown cover and a light beige, textured paper. The spiral binding is on the left side. The text is centered on the page.

Exercises

ID Teaching Style

ID Development Level of Student

**Matching Teaching Style &
Development Level of Student**

Exercise 1- ID the Teaching Style

- Mary is the Clinical Instructor at Sister of Mercy Hospital. Recent information indicates some internal difficulties between two of her students. Both students are highly qualified, have remarkable records of accomplishment and have worked in harmony in the past. Mary decides to have them resolve their own problem.

Exercise 1- ID the Teaching Style

- Betty is a Clinical Instructor who has recently noticed that one of her students must be having a problem. Her suspicions are based on the student's occasional lethargy, her somewhat lack of participation during patient case conferences and a noticeable tardiness rate. This student, although relatively new, has been competent in accomplishing tasks and participating in discussions. Betty will talk to the student immediately to re-emphasize clinic expectations and also determine what the problem is and if she could be of help.

Exercise 2- ID the Development Level of the Student

- This student is on one of her first clinical rotations. Initially, she worked quickly on the competencies, but her progress has been slowing during the last two weeks. She has been unconcerned with getting certified on the competencies. Repeating expectations has helped. She has needed reminding to have tasks done on time.

Exercise 2- ID the Development Level of the Student

- You typically arrange for all students to meet at the end of the shift to discuss patient care issues. Lately the meetings have lost their focus. The group is not clear on its goals. Attendance at meetings has been poor. One or two students have turned meetings into social gatherings. You believe the group has the knowledge and skills needed to make the meetings productive learning experiences.

Exercise 3- ID the Teaching Style & Student Development Level

➤ “Mary has been doing this competency since freshman year and she usually does it very well, but I (clinical instructor) think it’s important to tell her how to do it.”

Exercise 3- Matching Teaching Style to Development Level

➤ “Man, I wish the Clinical Instructor would tell me what to do. I’ve been on this rotation less than one week. She’s really encouraging, but that doesn’t help me become proficient.”



Q & A

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