

# Trainee Preferences for Feedback and Evaluation in Clinical Supervision

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**ABSTRACT.** The purpose of this paper is to review both the empirical and conceptual literature concerning trainee preferences for feedback and evaluation in clinical supervision. This unique review is based upon several separate literatures including psychology, social work, counseling, speech pathology, business, and medical training. It will discuss the importance of feedback and evaluation, their effectiveness in producing change, related supervisee preferences, the characteristics of effective and ineffective feedback and evaluation, and a step-by-step plan for providing quality feedback. Finally, it will provide results from a pilot study conducted on these topics and suggest some areas for future research. It is hoped that this

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paper will be useful to supervision researchers, clinical supervisors and supervisees, and training directors alike. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2003 by The Haworth Press, Inc. All rights reserved.]

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### ***THE IMPORTANCE OF FEEDBACK AND EVALUATION IN CLINICAL SUPERVISION***

Feedback and evaluation are essential roles of the supervisor in overseeing the welfare of clients, safeguarding the profession, monitoring and facilitating supervisee growth and development (Association for Counselor Education and Supervision, 1995), modeling effective provision of feedback for supervisees to use with their clients (Freeman, 1985), encouraging independent self-evaluation (Farnill et al., 1997), motivating supervisees (Buhler, 1991), and reviewing the effectiveness of training programs (Robiner et al., 1997).

A number of studies have demonstrated the effectiveness of constructive feedback as a powerful aid to learning (Westberg & Jason, 1993). For example, in a 1912 experiment by Thorndike, three groups of subjects were asked to draw lines of specific lengths, freehand (cited in Westberg & Jason, 1993). The group who received no feedback did not improve with practice, the group who received incomplete feedback improved slowly and inconsistently, and the group who received specific and thorough feedback was able to draw lines of precise lengths after only a few tries. Several early, well-designed studies have also demonstrated the benefits of feedback in therapy supervision in regard to a variety of therapy skills (e.g., Carlson, 1974; Claiborn & Dixon, 1982; Ronnestad, 1977). Not only is feedback effective in producing change, but also it has been found to be preferred by many supervisees to other supervisory methods such as didactic instruction (Westberg & Jason, 1993).

According to Bernard and Goodyear (1998), “when supervisees reflect on their supervision, what comes to mind most often is the quality and quantity of the feedback they received” (p. 163). Several studies have demonstrated the importance supervisees place on feedback and evaluation. For example, medical residents ranked providing constructive feedback second only to clinical competence as elements of effec-

tive teaching (Wolverton & Bosworth, 1985). Another study found that among training activities, students ranked receiving supervisor observation and feedback as the most effective factor contributing to their skill development (Smith, 1984). However, students in this and other studies have noted that the time spent receiving supervisor feedback, especially direct critical feedback, was low in comparison to its perceived effectiveness (e.g., Cimorell-Strong & Ensley, 1982; Kadushin, 1992). According to Westberg and Jason (1993), often “feedback is neglected, inadequate, or late . . . Without feedback, mistakes can go uncorrected, and bad habits can develop . . . , learners may drop positive behaviors . . . , learners may make inaccurate assumptions [about the quality of their performance] . . . , and when feedback is insufficient, the importance of formal tests can be inflated” (pp. 298-304). In fact, the failure to provide adequate feedback and evaluation has been the focus of most ethical complaints involving the supervision relationship (Ladany et al., 1999). Discrepancies between the amount and quality of feedback reportedly provided by faculty members and that reportedly received by students should be further examined (Westberg & Jason, 1993).

On the other hand, some studies have found that trainees report receiving adequate amounts of feedback. For example, one study of speech-language pathology students found that supervisees were provided with frequent feedback, both oral and written as well as informal and formal (Vest & Culton, 1990). Trainees were also frequently given both positive and negative feedback, although the students reported receiving more negative than positive feedback. Future studies could help clarify such issues by examining discrepancies between samples from different populations of trainees such as medical residents, psychology trainees, and speech-pathology students.

### ***CHARACTERISTICS OF EFFECTIVE AND INEFFECTIVE FEEDBACK AND EVALUATIONS***

The existing literature indicates that feedback and evaluation are effective in producing change, desired by supervisees, and are important roles of supervisors, albeit particularly challenging ones. What follows is a discussion of some specific characteristics that have been found to contribute to effective and ineffective feedback and evaluation in supervision. One study of speech-pathology students conducted by Dowling and Wittkopp (1982) found that when asked about the supervisory behaviors they found most beneficial, students responded that they desired

clear expectations, constructive evaluations, regular direct observation, written evaluations, positive and negative feedback, regular supervisory contact, encouragement to perform self-evaluation, and formal evaluation and discussion. The least beneficial supervisory behaviors were found to be “graded lesson plans with no written comments,” “unannounced observation for which no feedback is provided,” and “clinical experiences in which they are given no feedback” (p. 324). A number of studies have found medical trainees to report inadequate provision of feedback due to vagueness, lack of suggestions for improvement, lack of specificity in identifying student strengths and weaknesses, perfunctory feedback, and feedback delivered in hurtful ways (Westberg & Jason, 1993). One study found that in almost 1000 consultations provided by attending physicians to residents, only 3.4% of the consultations included positive feedback (Glenn, Reid, Mahaffy, & Shurtleff, 1984).

In accord with this work on student likes and dislikes, the literature discusses several characteristics of effective feedback and evaluation. Freeman (1985) recommended that feedback should be timely, frequent, objective, consistent, clear, specific, credible, balanced, and reciprocal. Timely feedback refers to that which is both immediate and ongoing, and includes both formative and summative evaluations (Bernard & Goodyear, 1998; Freeman, 1985; Gould & Bradley, 2001). Supervisees are better able to utilize feedback and stay motivated when it is provided in a timely manner (Freeman, 1985). However, it is also possible to overload learners with feedback (Westberg & Jason, 1993).

Systematic feedback is that which is objective, accurate, and consistent. It is based on specific, behaviorally-defined criteria that are within the control of the supervisee and are amenable to change (Farnill et al., 1997). Establishing objective behavioral criteria can help reduce bias and distortion and also enable the trainee to implement suggestions. However, in addition to objective feedback, subjective feedback from a trained therapist/supervisor can be quite helpful but should be labeled as such and should be based on professional intuition rather than personal bias (Bernard & Goodyear, 1998; Farnill et al., 1997).

Some of the problems in evaluating clinicians are that the field remains uncertain as to which specific behaviors or characteristics define a “good therapist,” or that these are “nonspecific” personal characteristics, and that either way the criteria are difficult to measure (Bernard & Goodyear, 1998; Gould & Bradley, 2001). A number of scales for supervisee evaluation and systems for providing feedback have been proposed and reviewed in the literature (e.g., Bernard & Goodyear, 1998; Fennell et al., 1986; Holloway, 1984; Lambert & Ogles, 1997;

Robiner et al., 1991, 1994; Stoltenberg & Delworth, 1987; Stoltenberg, McNeill, & Delworth, 1998). According to Bernard and Goodyear (1998), “there are nearly as many evaluation instruments as there are training programs . . . There are very few measures, however, that have received any psychometric scrutiny” (pp. 161-162).

In addition to being objective and behaviorally-oriented, feedback should be clear, specific, credible, and balanced in terms of positive and negative feedback (Freeman, 1985). A balance of positive and negative feedback in and of itself fosters acceptability and credibility in the eyes of supervisees. Specific suggestions for improvement should also be provided (Turock, 1980). The credibility of feedback can be enhanced when the supervisor demonstrates expert knowledge, has direct information about the supervisee either from observation or recounting, and is able to convey empathy by phrasing feedback from the worldview of the supervisee (Freeman, 1985). Finally, reciprocal feedback requires that the supervisee be permitted to clarify feedback, offer alternative perspectives, and offer feedback to the supervisor as well (Freeman, 1985).

In addition to the ideas of Freeman (1985), many authors emphasize that feedback be provided within a supportive and trusting relationship (e.g., Farnill et al., 1997; Gould & Bradley, 2001). However, several authors have found that some supervisors attempt to protect the supervisory relationship and the supervisee’s self-esteem to such an extent that negative feedback was too indirect to be comprehended by supervisees (e.g., Farnill et al., 1997). On the other hand, students have also been found to withhold information. For example, Ladany et al. (1996) found that the top four nondisclosures among supervisees were negative reactions to the supervisor, personal issues, clinical mistakes, and evaluation concerns.

Finally, Stoltenberg, McNeill, and Delworth (1998) emphasized the importance of matching feedback and evaluation to the developmental level of the supervisee. Several studies have demonstrated specific preferences for feedback and evaluation depending on the level of supervisee (e.g., Worthington & Roehlke, 1979; Gandolfo & Brown, 1987). For example, beginning supervisees have been found to prioritize pleasant relationships, structure, and skill instruction (Worthington & Roehlke, 1979), whereas interns wanted supervisors to observe more of their work and expressed a desire for the evaluative process to be more open and reciprocal (Gandolfo & Brown, 1987). These different findings are consistent with theories of counselor development and developmental supervision and have important implications for the training

of supervisors (Stoltenberg et al., 1998). However, despite these desires on the part of trainees, a recent study found no relationship between trainee level and self-reports of the type of evaluation/feedback actually received (Lehrman-Waterman & Ladany, 2001).

### *A PILOT STUDY*

Because the literature on feedback and evaluation in supervision is based upon relatively few empirical studies, particularly those specifically pertaining to the supervisee's perspective, a pilot study was conducted to further explore trainee preferences.

Participants in this study were 40 supervisees from a convenience sample of graduate students from three training programs (counseling psychology, clinical psychology, master's in counseling) from a large Midwestern University with an average of six semesters of supervised experience (see Table 1). The students were invited to participate either via departmental e-mail list-serves or in their practicum classes. This pilot study's protocol was approved by the University's Institutional Review Board as protecting the safety and rights of human subjects.

The measure used in this study included ten, seven-point, Likert-type items regarding feedback and evaluation in supervision (EPSI; Lehrman-Waterman & Ladany, 2001; see Table 2) and four open-ended questions inquiring about specific experiences with feedback and evaluation as well as general characteristics of good and poor use of feedback and evaluation by supervisors. The authors of the ESPI reported that the feedback scale has a Cronbach's alpha coefficient of .69 and demonstrated support for its construct validity in its association with important supervisory variables such as satisfaction with supervision, supervisory working alliance, and supervisor's influence on trainee self-efficacy (Lehrman-Waterman & Ladany, 2001). In addition to the eight specific aspects of feedback that were measured, two global items that were added to the EPSI for this study were "I am satisfied with my supervisor's use of feedback in session," and "I am satisfied with the way my supervisor evaluated me." The open-ended questions were: (1 and 2) "Please describe a positive (negative) experience you have had with feedback or evaluation in supervision" and (3 and 4) "Please list characteristics of good (poor) use of feedback and evaluation by supervisors."

Descriptive analyses of the closed-ended items revealed that average ratings of each feedback and evaluation item ranged from neutral to

TABLE 1. Pilot Study: Demographic Information

Sex	Female = 33	Male = 7
Race	White/Caucasian = 30	Nonwhite = 10
Type of Program	Counseling Psychology PhD = 18 Clinical Psychology PhD = 10 Master's in Counseling = 12	
Age	Mean = 29.20	SD = 6.13
Year in Program	Mean = 3.21	SD = 1.49
Semesters of Experience	Mean = 5.59	SD = 4.06

quite positive. Students were asked to rate their level of agreement with the items from 1 to 7 where 1 = strongly disagree, 4 = neutral, and 7 = strongly agree. Mean responses ranged from 4.38 on item 7, “The feedback I received was directly related to the goals we established” to 6.18 on item 4, “I had a summative, formal evaluation of my work at the end of the semester” (see Table 2). Students rated their satisfaction with evaluation significantly higher than their satisfaction with feedback ( $p < .001$ ). This finding may be related to clearer expectations for supervisors with regard to mid-semester or end-of-semester evaluations in the form of standard departmental assessments than to ongoing informal feedback. With respect to the demographic variables, a small but significant correlation ( $r = .35, p < .05$ ) was found between item 7 and age, with older students reporting a closer relationship between established goals and feedback. This finding suggests that age may be an important variable to investigate in the context of supervisory relationships.

Responses to open-ended items were reviewed and sorted into themes by the author via content analysis (see Table 3). Many of the responses were similar and fit easily into themes. The ones that did not comprised the “other” category. Regardless of the specific item, eight issues were consistently ranked in the top five spots in the frequency

TABLE 2. Responses to Closed-Ended Items (1 = strongly disagree, 4 = neutral, 7 = strongly agree)

Item	Mean	SD
1. My supervisor welcomed comments about his or her style as a supervisor.	4.82	2.10
2. My supervisor's comments about my work were understandable.	6.05	1.22
3. I didn't receive information about how I was doing as a counselor until late in the semester. (Reverse Scored)	4.98	2.07
4. I had a summative, formal evaluation of my work at the end of the semester.	6.18	1.58
5. My supervisor balanced his or her feedback between positive and negative statements.	5.10	1.84
6. The feedback I received from my supervisor was based upon his or her direct observation of my work.	4.50	2.21
7. The feedback I received was directly related to the goals we established.	4.38	2.06
8. There were inconsistencies between my supervisor's feedback to me in session and written evaluations. (Reverse Scored)	5.95	1.72
9. I am satisfied with my supervisor's use of feedback in session.	5.48	1.60
10. I am satisfied with the way my supervisor evaluated me.	6.10	1.12

Note: Items 1-8 are from the feedback scale of the EPSI (Waterman & Ladany, 2001).

distributions indicating their perceived importance. These issues include providing balanced feedback (positive and negative), accurate feedback based on direct observation, immediate and frequent feedback, a collaborative relationship in which goals and feedback are mutually agreed upon, a positive relationship (e.g., Rogers' nonspecific factors), openness, clear and specific feedback, and suggestions for improvement. Other issues mentioned by trainees included availability of supervision, consistency of feedback, supervisor's demonstration of confidence in trainee, negative relationship qualities (e.g., hostile, judgmental), rigidity/flexibility, didactic experiences, attention to dynamic issues, and a focus on trainee growth and development. Regardless of the item, the two most frequently reported concerns of trainees were receiving balanced feedback and immediate/frequent feedback. Many supervisees complained of supervisors who gave too little positive feedback, and a few reported especially appreciating hearing the words "good job." In terms of the context of the feedback, trainees did not like receiving feedback only at the end of the term, only when they asked for it, or written feedback without an oral discussion of it.

TABLE 3. Open-Ended Item: Characteristics of Good Use of Feedback and Evaluation in Supervision

Frequency of Response		Characteristic Theme
%	n	
22	24	Balanced Feedback
9	10	Openness
9	10	Positive Relationship
7	8	Suggestions for Improvement
7	8	Immediate and Frequent Feedback
6	7	Clear and Specific Feedback
6	7	Accurate Feedback Based on Direct Observation
4	4	Collaboration in Terms of Goals and Feedback
4	4	Didactic Experiences (e.g., opportunities to observe supervisor)
4	4	Consistent Feedback
17	19	Other

Total number of responses = 111

The major limitations of this pilot study are that it utilized a small convenience sample and one rater of the qualitative data. However, some tentative conclusions can be drawn. The ratings of the closed-ended items regarding feedback and evaluation provided by this small yet diverse sample of clinical trainees were generally positive with evaluation being rated more highly than feedback. For the most part, the responses to the open-ended items confirm the existing literature. However, the data do provide some new evidence regarding the relative importance of specific characteristics of feedback. They also suggest some additional issues that had not been mentioned previously such as a desire for supervisors to be flexible (especially in terms of theoretical orientation), to demonstrate confidence in the trainee, to attend to dynamic issues (but not take on the role of therapist), and to focus explicitly on trainee growth and development. A formal study investigating these issues in more depth using a larger, more representative sample and more sophisticated measures and analyses would be a significant contribution to the literature.

### **THE PROCESS OF PROVIDING QUALITY FEEDBACK AND EVALUATIONS**

With an awareness of some desirable characteristics of effective feedback and evaluation, let us now turn to the process of providing feedback and evaluation. What follows is a plan based on a summary of the literature, drawing from Freeman (1985) and more recent work. Initial steps in providing feedback or evaluation are to describe the process of supervision and evaluation (Gould & Bradley, 2001; Osborn & Davis, 1996) and to set clear performance criteria that have been mutually agreed upon (Freeman, 1985). These recommendations are intended to reduce the likelihood of miscommunications or misunderstandings in supervision.

The next step in providing appropriate feedback or evaluation requires reliable observation of the student's work (Freeman, 1985). Then the supervisor compares the supervisee's performance with the initial description of the goals and objectives (Vest & Culton, 1990). Certain authors have recommended that trainees be given the opportunity to provide self-evaluation before being given feedback from the supervisor (e.g., Farnill et al., 1997). They suggest that both supervisee and supervisor start with positive evaluations before proceeding to negative evaluations (Farnill et al., 1997). As was noted previously in the literature and confirmed in the current study, trainees desire both positive and negative feedback despite both supervisor and supervisee anxieties concerning negative feedback. Then the supervisor provides feedback based on the characteristics described previously. Supervisors should specify what kind of observation the feedback is based on (i.e., tape review, recounting, client reactions) and what skill area is being addressed (Turock, 1980). Trainees should be given as much control as possible in terms of setting the agenda for supervision sessions, clarifying the feedback provided, and setting new goals based on this feedback (Bowers, Gauron, & Mine, 1984). The current study reminds us that trainees desire regular and ongoing feedback. The final step in this process involves the monitoring of the student's use of feedback and evaluation, which is, according to Freeman (1985, p. 20), "the ultimate test for effectiveness."

### **CONCLUSION AND SUGGESTIONS FOR FUTURE RESEARCH**

While drawing upon the empirical and conceptual literature from a variety of disciplines, this paper has discussed the importance of feed-

back and evaluation, their effectiveness in producing change, and related supervisee preferences. It has also described the characteristics of effective feedback and evaluation including timeliness, frequency, objectivity, consistency, clarity, specificity, credibility, balance, collaboration, and an overall supportive relationship. In addition, the paper described a step-by-step plan for providing such feedback with elements supported by the current study. In conclusion, some suggestions for future research will be presented.

This review of the literature and pilot study suggest numerous directions for future research. Perhaps the most pressing areas of interest include (a) the relative importance supervisees place on each of the various characteristics described above, (b) how supervisors are currently performing in terms of provision of feedback and evaluation based on both their own and their trainees' perceptions and what impediments to providing quality feedback and evaluation supervisors face, and (c) how quality feedback and evaluation impact trainee growth and development/client improvement. Other important areas might include validity studies of current evaluation forms and the impact of certain individual difference variables (e.g., type of training program) on preferences. Further investigation of these topics could provide researchers and supervisors with useful information regarding enhancement of both supervisee satisfaction and outcome.

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