

Trainer Preparation Guide: Supervision of Oral Mechanism Evaluation Skills

I. Pre-Session Preparation

A. Review of Instructional Objectives

- Align supervision practices with targeted clinical competencies:
 - Accurately identify and describe oral-facial structures (e.g., lips, tongue, hard/soft palate, pharynx)
 - Demonstrate appropriate technique for conducting each step of the oral mech exam
 - Recognize typical versus atypical findings and interpret clinical relevance
 - Communicate findings using professional terminology in oral and written formats

B. Familiarization with Materials and Protocols

- Review the specific oral mechanism evaluation form/checklist that students will use
- Ensure availability and proper functioning of:
 - Clinical supplies (gloves, penlights, tongue depressors, mirror, hand sanitizer)
 - Supplementary teaching tools (anatomical models, handouts, diagrams)
- Confirm accessibility of sample video demonstrations for real-time reference

C. Pre-Session Diagnostic Review

- Analyze results from pre-work assessments (quizzes, reflective submissions) to identify:
 - Common misconceptions (e.g., cranial nerve associations, normative ranges)
 - Variability in baseline confidence levels
- Note student-submitted questions or concerns to address during skill modeling or debriefing session

II. Environmental Setup

A. Station Design and Flow

- Arrange hands-on stations with clear signage and materials
- Designate roles per rotation: examiner, patient, observer
- Provide handouts or digital access

B. Safety and Clinical Etiquette

- Reinforce use of universal precautions and professional conduct (e.g., obtaining consent, maintaining patient comfort)
- Confirm hand hygiene and PPE protocols are clearly reviewed and monitored

C. Peer Interaction Tools

- Distribute structured observation and peer feedback forms
- Encourage active engagement and constructive commentary using a rubric or checklist

III. In-Lab Supervision Strategies

A. Skill Modeling

- Begin with a faculty-led demonstration emphasizing:
 - Clinical flow and pacing
 - Use of both general and clinical language in explanation
 - Handling patient variability (e.g., gag reflex, compliance)

B. Real-Time Supervision and Feedback

- Rotate among student groups to:
 - Observe technique and procedural sequencing
 - Offer targeted, behavior-specific feedback (e.g., “Try a slower mandibular depression model to better elicit the behavior and observe symmetry”)
 - Reinforce anatomical precision and appropriate diagnostic language
- Scaffold reasoning: “What structure are you observing here? What would deviation indicate functionally?”

C. Encouraging Clinical Thinking

- Pose open-ended questions to deepen understanding:
 - “If this patient had limited lip seal, what feeding concerns might arise?”
 - “How would you differentiate between a structural vs. functional impairment here?”

IV. Post-Lab Debrief and Reflection

A. Group Debrief

- Facilitate a 10–15 minute structured discussion:
 - Share observations and challenges from each role (examiner/patient/observer)
 - Clarify misunderstandings and revisit key learning points
 - Normalize the learning curve and encourage clinical humility

B. Evaluation and Documentation

- Complete supervisory notes identifying:
 - Individual student performance (rating and/or narrative)
 - Recurring areas of difficulty for group-level curriculum feedback
- Identify candidates who may benefit from additional remediation or one-on-one coaching

C. Faculty Coordination and Feedback Loop

- Debrief with director or co-faculty on:
 - Effectiveness of the session structure and materials
 - Suggestions for refinement in subsequent cohorts
 - Recommendations for reinforcing oral mech skills in future clinical placements