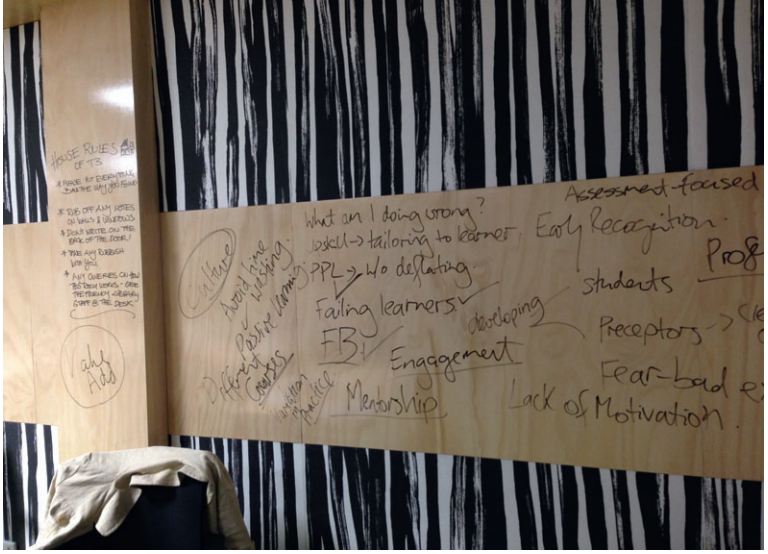


# Clinical supervision training across contexts

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**There are barriers to accessing faculty member development, such as time, cost and suitability**

## SUMMARY

**Background:** Clinicians require specific skills to teach or supervise students in the workplace; however, there are barriers to accessing faculty member development, such as time, cost and suitability. The Clinical Supervision Support Across Contexts (ClinSSAC) programme was designed to provide accessible interprofessional educator training to clinical supervisors across a wide range of clinical settings.

**Context:** In Australia there are increasing numbers of health care students, creating pressure on existing placements. Students are now increasingly learning in community settings, where clinicians have traditionally had less access to faculty member development.

**Innovation:** An interprofessional team collaborated in the development and implementation of ClinSSAC. A total of 978 clinicians participated in a face-to-face, interactive, introductory module to clinical supervision; 672 people accessed the equivalent online core module, with 23 per cent completing all activities. Additional profession- and discipline-specific modules were also developed.

**Implications:** Formal project evaluation found that most participants rated the workshops as helpful or very helpful for their roles as clinical supervisors. Interdisciplinary learning from the workshops was reported to enable cross-discipline supervision. Large participant numbers and favourable ratings indicate a continuing need for basic training in education. Key factors to workshop success included expert facilitators, the interprofessional context and interactive model. The online modules were an important adjunct, and provided context-specific resources, but the low online completion rate suggests protected face-to-face time for faculty member development is still required. Programmes such as ClinSSAC have the capacity to promote interprofessional education and practice.

## INTRODUCTION

Many clinicians report that they are inadequately prepared to teach or supervise students in the workplace, and want more education on how to educate.[1–3] There is also an increasing body of literature recognising that clinicians need to be taught how to teach;[4] however, multiple barriers to continuing professional development have previously been described, including accessibility, suitability, time and cost.[5]

There are many terms used to describe the continuing education of health professionals. We use *faculty member development* (FMD) to include staff development, teaching workshops, consulting programmes and tutor-training programmes, as listed by Leslie et al.[4] We use *clinical supervision* to refer to the relationship between a clinician and a student that is required for the purposes of assessment, monitoring and education in a clinical setting.

Systematic reviews of FMD initiatives describe a wide variety of programmes for academic and clinical educators.[4,6] Interventions ranged from one-off workshops, to short courses to continuing programmes spanning several years; the majority were found to be a series of workshops. Both reviews concluded that longitudinal programmes with continuing support were more effective in developing clinical supervisors' skills than singular initiatives. Most programmes were conducted in discipline-specific groups, with Leslie *et al.* calling for an increase in interprofessional initiatives.[4]

The Clinical Supervision Support Across Contexts (ClinSSAC) programme was funded in Australia through state and national government schemes. It was intended to provide accessible training in education to clinical supervisors, emphasising a broad range of professions and clinical settings. This article describes the development, delivery and implications of ClinSSAC.

## CONTEXT

In Australia, as is the case internationally, a rapid increase in undergraduate students undertaking health courses has occurred to meet growing health workforce demands. Subsequently, there has been an increase in requirement for clinical student placements, placing demands on clinical supervisors and service environments alike.

Against this background, a simultaneous shift in patient care from acute hospital settings to community settings has seen increasing numbers of students learning in these environments. Clinicians not previously engaged in clinical education have been called upon to adopt clinical teaching roles; however, FMD in clinical supervision has traditionally focused on acute settings. There is a deficit of resources to assist clinical supervisors who work in community and isolated clinical environments, and the pressures of these settings preclude access to FMD that is not local or easily accessible.

Effective interprofessional practice is increasingly important in a distributed health care system.[7] Whereas discipline-specific learning is important, educational practice has more in common across professions than it has differences. Learning to teach in interprofessional groups provides a key opportunity to develop cross-professional collaboration. Different professions can learn with, from and about each other within FMD workshops, to deepen their understanding of both differences and similarities.

The rapid rise in the number of undergraduate students, the concomitant need for supervision in expanded settings and the need to develop interprofessional practice were key considerations in the design of ClinSACC.

## INNOVATION

The centrepiece of ClinSACC is a 4-hour introductory module, developed by a team of experienced facilitators from medicine, physiotherapy, nursing and audiology. It was initially designed as a single face-to-face workshop, and supported through online modules. This format was more likely to be attended by staff who had limited release from clinical duties. The emphasis was on reflection and co-construction of knowledge through participating in a series of interactive learning activities. The application of principles and skills to participants' own environments was a key design tenet. After piloting the module, evaluation data and facilitator feedback were gathered continuously, with regular facilitator meetings to improve workshop delivery. Seven key learning objectives were identified, with related learning activities, outlined in Table 1.[8] As part of the workshop, a modified version of the Maastricht Clinical Teaching Questionnaire (MCTQ) was administered as a self-assessment tool to orientate participants to elements of good clinical supervision, promote reflection on practice and encourage subsequent supervisor goal-setting.[9]

An equivalent online module was also developed, with activities modified to engage the solo online learner. Additionally, 15 profession-specific (e.g. nursing, occupational therapy, audiology), 10 context-specific (e.g. international learners, paediatrics, aged care) and two educational modality (peer-assisted learning and simulation) online modules were developed. These elective modules allowed participants to further investigate issues relevant

**Different professions can learn with, from and about each other within FMD workshops**

Workshops were held at locations close to participants' workplaces

**Table 1. Workshop learning objectives and facilitator activities[8]**

| Learning objective | Facilitator activity | Participant activity |
|---|---|---|
| Describe what is meant by clinical supervision, including associated roles and responsibilities | • Facilitate discussion on 'education' skills that participants have from clinical practice<br>• Introduce models, terminology and roles of supervision | Paired discussion |
| Reflect on own strengths, deficits and learning needs as a clinical supervisor | • Summarise group ideas on whiteboard<br>• Introduce the Maastricht Clinical Teaching Questionnaire (MCTQ) | Whole group generates ideas; completion of the MCTQ |
| Identify how students learn by drawing on educational theories and research | • Introduce three learning theories, with examples | Consider the relevance and application of the theories in own practice context |
| Discuss ways to facilitate student learning, including scaffolding | • Introduce concept of 'learner' as central to the education process<br>• Introduce concept of scaffolding | Game in pairs to illustrate the importance of learner-centred teaching |
| Identify key components for effective feedback | • Summarise group ideas on whiteboard<br>• Introduce feedback models, and Pendleton model as one formal example[11] | Whole group generates ideas; practise using the Pendleton feedback model[11] |
| Identify key components for clinical assessment | • Introduce theory of assessment | Paired and group discussion on cognitive biases |
| Recognise underperforming students and effective management strategies | • Explore common issues in underperforming learners<br>• Describe the solution-focused model | Small group application of theory to practice examples |

to their profession or clinical context. A module template is provided in Box 1. Modules were accessible via self-registration from http://clinicalsupervision-support.org.

Seventy face-to-face workshops were held over 18 months, with a total of 978 participants.[10] Disciplines most represented were nursing ($n$ = 316), physiotherapy ($n$ = 86), social work ($n$ = 67), occupational therapy ($n$ = 63), podiatry ($n$ = 41) and speech pathology ($n$ = 41). Workshops were held at locations close to participants' workplaces, including hospitals, function centres and educational institutions. In this way, access to the programme for community organisations was enhanced.

**Box 1. Module template**

Objectives

- 3–5 learning objectives that address broad clinical supervision issues relevant to all professions.

A narrative literature review specific to the context.

- Ensure multidisciplinary content including typical or preferred models of supervision, learning strategies and invitation

Assessment tools

- Commonly used workplace based assessment tools
- Strategies to engage learners and use them effectively

Expert, student or client/patient interviews

- To give a personal perspective on clinical supervision, what works, and what doesn't

Case study

- A vignette which prompts for participant choices and provides model answers

Top five clinical supervision resources relevant to the context

The workshops were advertised as being available to all health professionals interested in education, and most workshops included participants from multiple disciplines. This enabled facilitators to draw on the varied experiences of interdisciplinary participants to illustrate practice examples and to identify common educational dilemmas. This was a key design feature and relied on the skill of facilitators to access different perspectives through sharing examples or case studies.

The online modules were released progressively, with the core module and seven disciplinary modules released in October 2012, and with all modules available by November 2013. As of December 2014, 672 participants had registered for the core online module. There were 1728 registrations in total for the specific online modules: some participants have registered for more than one module, and the majority of registrants did not complete all of a given module.

### Box 2. Take-home messages

- Basic education training in clinical environments is, in our experience, in high demand. This may be linked with increasing student numbers in a broader range of clinical placements.
- Clinical supervision across health disciplines seems to have more in common than it has differences.
- Well-designed singular face-to-face faculty member development sessions are well regarded, and may be more accessible than longitudinal programmes.
- Electronic and online resources are a useful adjunct, but may not be able to replace face-to-face teaching.
- The value of interprofessional education may be promoted through the 'hidden curriculum' in an interprofessional faculty development programme.

**Online modules will complement, not replicate the face-to-face experience**

## IMPLICATIONS

The formal project evaluation included survey, interview and focus group data from participants, faculty members, managers and administrators from participant settings.[8] The data indicated that the core workshops were extremely well regarded. Almost all participants ($n$ = 762, 98.5%) rated the workshops as helpful or very helpful for their roles as clinical supervisors, and 645 (89.7%) rated the MCTQ as a useful tool in self-evaluating and guiding their educational practice.[8] Coupled with the large number of participants, this suggests a marked and continuing need for basic face-to-face training in clinical supervision, commensurate with previous reports.[2] The large proportion of nursing and allied health participants may also indicate the relative abundance of medical FMD programmes, as identified in the literature;[4] however, low attendance by doctors may also result from rostering constraints. The success of the online modules was less clear. Those who completed the module evaluations found the modules helpful or very helpful ($n$ = 176, 92%); however, of the participants who started the core module, only 155 (23%) completed all activities within the module. Reserving time to learn about clinical supervision is challenging, and although the workshops necessarily permitted four focused hours, this may be more difficult to obtain when working online. Our experience suggests that online modules will complement, not replicate, the face-to-face experience.

In general, the workshops were surprisingly sustainable. They were not resource-intensive in nature and were easily distributed across a wide variety of locations and settings. Although the brief nature of the workshops may reduce their long-term effect, the online materials were available as revisions and extensions.

The evaluation data from all sources identified several contributing factors to the success of the workshops.[8] Firstly, enthusiastic and expert facilitators, who drew from their own experiences with case studies to enrich the learning material, were noted as being critical. Secondly, the highly interactive nature of the modules was significant. Finally, the value of learning interprofessionally was highlighted through all evaluation sources. A manager of clinical supervisors who attended the course summarised this well:

> And what we found this year is that the social workers and OTs [occupational therapists] and all the allied health people who may have attended this course, actually pick up and look after students from different disciplines…And it sort of improves the team morale on the wards because they're able to adapt and look at different disciplines and sort of use those different disciplines as well.[8]

These data demonstrate the capacity for ClinSSAC and other FMD programmes to promote interprofessional practice and education. Interprofessional FMD contains a 'hidden curriculum', where participants learn the value of interprofessional education through being exposed to interprofessional learning themselves. They can also provide a basic understanding of what other professions do and teach, through the discussion of education challenges. Limitations to this work include: the ephemeral nature of the face-to-face programme; the low completion rates for the online modules; the time-intensive nature of developing the modules, in particular in finding suitable context experts; and the evaluation itself, which was undertaken as quality assurance. This is balanced against a comprehensive well-regarded programme, conducted

**A carefully designed, large-scale interprofessional clinical supervisor workshop with online supplements may help address current workforce issues**

with a large number of participants, with a fit-for-purpose evaluation strategy.

In conclusion, the ClinSSAC experience indicates that a carefully designed, large-scale interprofessional clinical supervisor workshop with online supplements may help address current workforce issues (Box 2). FMD may improve the quality and quantity of clinical supervision in traditional and expanded settings, and interprofessional programmes may promote interprofessional practice and supervision.

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