

## Gippsland Regional Advancing Clinical Education

The Gippsland Regional Advancing Clinical Education (GRACE) program has been developed as part of a funded Health Workforce Australia Clinical Supervision Support Project (CSSP) 2012-2013 for the Gippsland Clinical Placement Network (CPN) by Latrobe Regional Hospital (Lead agency).



GRACE is a clinical supervision education and training program aligned with the HWA Clinical Supervision Competency Framework. The program has been developed as the introductory program for foundation through to intermediate levels of supervision.

### **Acknowledgements**

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The GRACE Advisory Group, in particular the assistance of Annelies Titulaer, Simonne Liberman, Dr Helen McBurney and CPN Coordinator Lorraine Walker

Clinical Assessment Video: Jane Taylor, Mollie Burley and the Allied Health students undertaking placement at Latrobe Community Health Service/Monash University Department of Rural and Indigenous Health Collaborative Placement Education and Research Unit (PERU)

Student Panel Video: Nursing students from Monash University School of Nursing and Midwifery (Gippsland Campus)

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*This project was possible due to funding made available by Health Workforce Australia.*



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## INTRODUCTION

The GRACE two-day interdisciplinary program has been developed for clinical educators and supervisors in Gippsland. It is suitable for delivery to all health professions and is aligned with the Health Workforce Australia (HWA) competencies for clinical supervisors Intermediate Level. During the GRACE program participants will develop skills in clinical supervision and learn more about themselves as clinicians and educators.

The program addresses key aspects of clinical education including:

- how students learn in clinical situations
- teaching, observing and giving effective feedback
- communication skills
- assessing students
- management and administration of clinical placements
- dealing with challenging situations.

## PHILOSOPHY

This facilitators' guide has been developed to support educators to deliver GRACE. The principles underpinning this experiential program stem from a Chinese Proverb (attributed to Confucius 450BC):

*Tell me and I will forget.*

*Show me and I may remember.*

*Involve me and I will understand.*

## INTRODUCTION TO EXPERIENTIAL LEARNING

GRACE has been designed to be an experiential education program. As facilitators, you will not 'teach' in the traditional way of imparting information. Rather, using the facilitators' guide, you set suitable experiences, pose problems, set boundaries and above all support learners. The results of experiential learning are personal and form the basis for future experience and learning. Outcomes of experiential cannot be totally predicted. Above all, experiential education is closely related to how students learn in the clinical setting.

Following the principles of experiential education you will find that GRACE embraces:

- carefully chosen experiences supported by reflection, critical analysis and synthesis
- learners engaging intellectually, emotionally and socially
- learners taking initiative and making decisions
- learners actively engaging in posing questions, investigating, experimenting, being curious, solving problems, assuming responsibility, being creative, and constructing meaning.

### **IMPORTANT POINTS TO REMEMBER WHEN PREPARING FOR THE PROGRAM**

Preparation and constant vigilance are especially crucial to the success of GRACE, given that it is an experiential learning program.

### **FACILITATOR ATTRIBUTES**

Facilitators for GRACE should be:

- Skilled in facilitation of group learning
- Ready to use experiential learning techniques
- Well acquainted with the material in the GRACE program
- Alert to learning opportunities that appear during the program e.g. reference to knowledge and literature, making connections within and between sections of the program
- Able to incorporate references to participants' situations e.g. their profession, work location, students, comments made earlier etc.
- Well-read in the literature that supports learning and clinical supervision
- Keen to show enthusiasm for student learning
- Aware of the need to debrief at end of each day of the program

### **DELIVERING GRACE**

It is desirable that there will be two facilitators delivering a GRACE program. When two facilitators are working together it is easier if they know each other's style, therefore, if the facilitators do not know each other, then it is important to discuss clear expectations before the program and debrief thoroughly at the end of each day. The two facilitators will work closely together and complement the input of each other during the program, including:

- Sharing the lead in sessions
- Listening carefully and reacting as required
- Watching time / being the timekeeper
- Keeping an eye on group processes
- Being ready to add observations or questions
- Reflecting on emergent themes

On the following pages you will find guidance on facilitating experiential learning

## **EXPERIENTIAL LEARNING: ADVICE FOR FACILITATORS**

This advice comes from a chapter written by a team of people (Rose, Edwards and Best) who have facilitated many experiential learning programs. In writing the chapter the authors reflected individually and together. It took time for them to make explicit the underlying theories and philosophies of their practice.

### **1. Understand social learning and the importance of modelling**

You are modelling team interaction and your education skills all of the time!

- Be enthusiastic and show as much passion as you can honestly muster. Remember: you must be authentic.
- Your behaviours show others your attitudes and emotions. (Respect, tolerance for differences, listening to others are as important as your delivery of the presentation).
- Team engagement takes time and is influenced by how welcomed new members feel and how supported they feel in their task. Remember, getting the content right comes first and skill presentation later.
- Sharing the roles within the team. Housekeeping tasks are important in the overall success of the program.
- Be present during the program to support presenters e.g. anticipate when handouts need to be distributed, or flip chart paper stuck up.
- Encourage team and individual reflection

### **2. Model a person centred approach**

Use participant questions and challenges as topics for Small Group Sessions and for learning outcomes.

- Value and use their generated flip chart material within sessions.
- Use participant names and encourage use of name tags
- Use self-disclosure and your uncertainty appropriately!
- Adapt material to level and needs of the group and link to comments from student video and other activities
- Engage with participants and with the other team members.

### **3. Allow time and flexibility for experiential learning**

The GRACE program is an experiential program; however, the overall program structure incorporates many different teaching methods. Some will be more appreciated by participants with different learning styles, although there is an overall pattern to the entire program.

Individual presenters have their own style of presentation and sometimes may be asked to work outside their personal preference. There is no one correct way, but as in clinical education, there needs to be a balance between the personal and the collective, which is an ongoing tension. It is so good to have diversity within the GRACE team; we all learn from it. It isn't about developing clones; it is about participant learning outcomes. These outcomes will be increased with greater participation of team and participants and emotional response.

It is important to:

- Be flexible to group needs
- Recognise and respond to "teachable moments" - occasions that pop up and provide an opportunity to illustrate a principle or opportunity to learn. For example, anything that goes wrong, a mistake or glitch in the program provides an opportunity to articulate your processing and modelling. Participants learn from how you manage the unexpected. This is a daily occurrence in clinical education

## Gippsland Regional Advancing Clinical Education

- Articulating education practice is valuable for GRACE program participants
- Sometimes you may have to push yourself to work outside your comfort zone to keep “fresh”
- Structure and value facilitator briefing and debriefing sessions

This space and time is vital to team functioning and ongoing GRACE program outcomes.

Set a safe and comfortable space for reflection. Encourage team members to voice difficult topics: “Speak the unspeakable”. Let others know how you feel! Sometimes it is hard to be brave!

### **4. Incorporate Adult Learning principles**

It is a jump to work with a group when you have a very different teaching responsibility outside your usual role. The GRACE program focuses on personal empowerment and hence involves a shift of power from educators to the learner. In this program the move to higher levels of autonomy and self-direction maybe outside your comfort zone.

Strategies that can be used to assist in this process:

- Pause more AND for longer: talk less. Leave groups to run themselves; move in and out as required. Trust them to reach the expected outcome their way, which is not easy!
- Always try to stay within a coaching framework and out of that telling space. It may not always be successful but you need to try!

### **5. Continue to learn from teaching experience and from your learners.**

#### **a) From teaching experience**

It is well known how busy workplaces are for all professions: team members are busy. The absolute essential commitment to critical reflection as an individual and team level has been identified.

One option - note bits and pieces during a program or write some reflective notes afterwards. This information will remind you of your lessons from that particular course. Observing the GRACE program, either in person or via video will give you a new perspective on the GRACE program and is a great opportunity to clarify your own beliefs and practices.

Facilitating the GRACE program may be challenging. It is important to set realistic expectations for yourself. The Hawkins and Shohet model from social work is a useful staged model and identifies characteristics of educators, as seen in the following table:

• <b>Stage</b>	• <b>Characteristics</b>
• Level 1 Beginning educators	• Focus on “getting it right,” maybe overtly mechanistic as they attempt to be expert
• Level 2	• See role as more complex and multidimensional but keep this quite without telling others or seeking support
• Level 3	• Very motivated, strive to improve with honest self-appraisal
• Level 4 Very Experienced	• Integrated, flexible, able to work cross disciplines, cultures, different orientations, supervise and educate others.

Try to locate yourself in the stages and think about how you can develop your practice

**b) From participants**

Program evaluations should provide a range of responses and individual differences. We cannot expect all to have the same response. People who are Accommodators (see session 4 for details) will always complain about the theory. Others may be uneasy about risk taking performance or too much reflection. Participants come with different backgrounds, levels of expertise and learning styles. Your job as facilitator is to cater for all these across the program - but NOT to cater for all the people all the time.

**6. Working with in an Interdisciplinary Team for Interdisciplinary learners**

Developing an Interdisciplinary Approach takes time, space as well as persistence to develop. We see through the lens of our profession and workplace and it is very hard to generalise to others. Recognise that we may not have a shared language. Model this clarification process by inviting questions and challenges. Use every opportunity to learn from others both during the program and during informal break and meeting times. All professions use simple word in their own particular way. There are differences in the name of the role of the educator. There is no one term used by all professions, e.g. Nursing and Pharmacy have preceptor models but some other professions don't.

Check your understanding of key words in order to develop a shared understanding of common terminology. Look for shared understanding of common processes. Some surprises include:

- Different terminology used for student assessment/evaluation in literature and by profession
- Different process for student assessment
- Different models of delivery of clinical education etc.
- Difference in understanding of the word "Communication"

**References**

Hawkins P, Shohet R. (2006) *Supervision in the helping professions* Maidenhead: Open University Press

Rose, M., Edwards, H., Best, D. (2012) *Educating Fieldwork Educators and Managers*: in McAllister L, Paterson M, Higgs J & Bithell C. (Eds.) *Innovations in Allied Health Fieldwork Education*; Chapter 25 pp. 283-296. Rotterdam, The Netherlands: Sense publishers.

### **TEACHING SPACE**

A flexible teaching space is required; fixed furniture or a lecture type setting is NOT suitable as the program requires participants to move around freely.

The ideal environment incorporates:

- A light airy main room
- Tables to seat about 6 people – round or rectangular. Tables should not be too large or too crowded together. Chairs placed around the tables should be easily moveable.
- Lots of wall space to hang flip chart paper
- A working clock visible to facilitators
- At least two break out rooms, preferably close by

### **TEACHING AIDS AND PROPS**

- Computer and projector: the computer needs to be set up and all audio-visual aids tested on the morning before beginning the session
- Screen or wall to project images
- Flip chart paper
- Broad tipped marking pens, multi coloured
- Blu Tac or similar adhesive
- Whiteboard and whiteboard pens
- Small hand bell
- Props for Session 11 – TLOF: see session notes for details
- Scenarios printed for session 14: Dealing with Challenging Students
- Copy of Participant Handbook for each person.

### **NAME TAGS**

- The tag should have participant's given name printed in LARGE letters.
- Names should be big enough for facilitators and participants to read across the room.
- ID tags are not suitable

### **THE PARTICIPANTS' BOOK**

There is a workbook for participants to use during the GRACE program which contains working papers to support the teaching and learning sessions. It is NOT a self-directed learning resource. The facilitator's guide cross references papers in the participants' book.

### **CONFIDENTIALITY OF DISCUSSIONS**

PLEASE EMPHASISE FOR THE PARTICIPANTS:

During GRACE there will be many discussions about teaching, learning and working in clinical settings and participants may reveal very personal experiences. Please remember that what is said in the room stays in the room. You MUST NOT reveal the identity or affiliation of any of the speakers, however, you can of course use the information and understandings you gained from the discussion.

**Gippsland Regional Advancing Clinical Education (GRACE) Program Overview**

**DAY 1**

8.45	Registration
9.00	Introduction to the course
9.20	Rewards and challenges of being a clinical educator in Gippsland
10.20	Break
10.35	Developing clinical competence
11.30	Learning styles
12.30	Lunch
13.15	Student perspectives
13.45	Management and administration of clinical placements
15.15	Break
15.30	Giving effective feedback
16.20	Introduction to Day 2

**DAY 2**

9.00	Review of Day 1
9.10	Teaching, learning, observing & giving feedback Includes morning tea
11.00	Assessing competence in a clinical setting
11.45	Parallel Sessions – Small group discussions
12.30	Lunch
13.15	Dealing with challenging situations
14.45	Understanding learning in clinical settings
15.15	Break
15.30	Reflection as a Clinical Educator
16.15	Evaluation
16.30	Close of day



<b>Session: 1 Introduction to the program</b>			
<b>Time and Duration</b>	Day 1	09.00	20 minutes
<b>Intended Learning Outcomes</b>	<ul style="list-style-type: none"> <li>• Clarify understanding of experiential learning</li> <li>• Set realistic expectations of structure and content of GRACE program</li> </ul>		
<b>Process overview</b>	<ul style="list-style-type: none"> <li>• Facilitator introduces program through slides with information on participants</li> <li>• Facilitators introduce themselves Facilitator introduces the program, including experiential learning and content of two days</li> </ul>		
<b>Facilitator Resources</b>	<ul style="list-style-type: none"> <li>• Slides with information about participants</li> <li>• Slides with information about experiential learning</li> <li>• Timetable for GRACE – overview of two day program</li> <li>• Participants' handbook – pp 7</li> </ul>		
<b>Participant Resources</b>	<ul style="list-style-type: none"> <li>• Participant book (includes program timetable)</li> </ul>		
<b>Process Explanation</b>	<p>Facilitators welcome participants to program</p> <ul style="list-style-type: none"> <li>• Show slides with information on participants prepared from enrolment information. For example, include professions, work locations, description of roles (example from previous program available in slides)</li> <li>• Facilitators introduce themselves to participants; each facilitator can do own introduction, or they can introduce each other.</li> <li>• Emphasise experience with clinical education, strong points, human aspects and excitement at doing program</li> <li>• Summarise the two days of GRACE program</li> <li>• Introduce the principles of experiential learning</li> <li>• Introduce participants' handbook and how it will be used in the program. It supports the activities in the program but it is not a self-learning manual</li> </ul>		
<b>Confidentiality</b>			
<p>Either here and/or later in program: point out and emphasise that much of the discussion that will take place is personal and confidential. While knowledge gained from the program can be shared, details of discussions and information shared should remain confidential to the program.</p>			
<b>Notes for facilitators</b>	<ul style="list-style-type: none"> <li>• This session sets the tone for the program.</li> <li>• It's good to be open and friendly but also be clear and professional.</li> <li>• Show enthusiasm and excitement for the program.</li> <li>• Emphasise that GRACE is directly applicable to their clinical supervision practice</li> </ul>		

**Welcome to the  
Gippsland Regional Advancing  
Clinical Education (GRACE)  
Program**

INSERT LOCATION AND DATE HERE

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**Facilitators**

- INSERT YOUR NAME/S HERE
- Option: insert information about facilitators eg role and experience.

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**Overview of the Group – optional  
slide**

**31 Participants  
7 Professional Areas**

16	Nursing	2	OT
5	Dental services	1	Dietetics
3	Radiography	1	PT
3	Psychology/Counselling		
	Any Others?		

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**Experiential Education**

- *Tell me and I will forget.*
- *Show me and I may remember.*
- *Involve me and I will understand.*

Chinese Proverb, attributed to Confucius 450BC

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**Experiential Education**

Association for Experiential Education

- Carefully chosen experiences are supported by reflection, critical analysis and synthesis
- Learners are engaged intellectually, emotionally, socially, soulfully and/or physically
- The learner takes initiative, makes decisions and is accountable for results.
- The learner is actively engaged in posing questions, investigating, experimenting, being curious, solving problems, assuming responsibility, being creative, and constructing meaning

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**Experiential Education**

- The educator's primary roles include setting suitable experiences, posing problems, setting boundaries and supporting learners
- The results of the learning are personal and form the basis for future experience and learning
- Relationships are developed and nurtured
- Outcomes of experience cannot be totally predicted.
- Learners and educators explore and examine their own values.

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<b>Session 2: Rewards and Challenges of Being a Clinical Educator</b>			
<b>Time and Duration</b>	Day 1	09.20	60 minutes
<b>Intended Learning Outcomes</b>	<ul style="list-style-type: none"> <li>• Identify rewards and challenges in role of clinical educator</li> <li>• Identify the similarity of rewards and challenges across different professions and different workplaces settings</li> <li>• Experience sharing information across workplaces and professions</li> <li>• Clarify understanding of terminology between professions</li> </ul>		
<b>Process overview</b>	<ul style="list-style-type: none"> <li>• Small group discussion</li> <li>• Description of rewards and challenges recorded on flip chart paper</li> <li>• Flip chart paper displayed, rewards grouped together and challenges grouped together</li> <li>• Responses discussed</li> <li>• Facilitator summarises</li> </ul>		
<b>Facilitator Resources</b>	<ul style="list-style-type: none"> <li>• Flip chart paper (placed on tables)</li> <li>• Marking pens of various colour (best not to use red)</li> <li>• Blu tac or similar</li> <li>• References</li> </ul>		
<b>Participant Resources</b>	<ul style="list-style-type: none"> <li>• Participant Book – pp 9</li> <li>• Marking pens</li> </ul>		
<b>Process and approximate timing for each section</b>			
1. Participants sit at tables of 5-6 people – just as they sat down on arrival.			
2. Facilitator explains that participants should to introduce themselves to other members of the group including name, professions, and work location. The group should then discuss the REWARDS AND CHALLENGES of being a clinical educator.			<b>5 mins</b>
3. Groups discuss issues and record Rewards and Challenges on Flip Chart paper- separate sheets for each of Rewards and Challenges.			<b>15 mins</b>
4. Facilitators attach Flip Chart papers to wall – <b>all Rewards together, all Challenges together.</b>			<b>5 mins</b>
5. Whole group gathers round the flip chart sheets and reads / surveys what is written there.			<b>5 mins</b>
6. Facilitators start discussion of what participants notice about rewards.			<b>5-8 mins</b>
7. Facilitators move the discussion onto what people notice about challenges.			<b>10-12 mins</b>
8. Facilitator brings the discussion together emphasising the commonality across locations and professions and noting that many issues are addressed later in the program. Some issues may become small group discussion topics.			<b>10 mins</b>

<b>Notes for facilitators</b>	<ul style="list-style-type: none"><li>• These are indicative timings only for each section; timing will work differently with different groups</li><li>• The flip chart paper with rewards and challenges stays on the wall for the duration of the program. You may refer to them often when issues arise in different sections of the GRACE program. You can also use them as topics for small group discussion in Session 13</li></ul>
<p><b>Optional extra</b></p> <p>Sometimes this session highlights that different professions use different names to describe clinical supervision and clinical supervisors. If it seems appropriate, and if time allows, you can facilitate a discussion on this area.</p> <p>Perhaps ask participants to tell you what they are called and record on the white board.</p> <p>Discuss the differences between professions and roles.</p> <p>The participants have the following words in their booklet:</p> <ul style="list-style-type: none"><li>• Preceptor</li><li>• Clinical teacher</li><li>• Clinical educator</li><li>• Clinical supervisor</li><li>• Fieldwork supervisor</li><li>• Mentor</li><li>• Professional supervisor</li></ul>	
<p><b>Reference</b></p> <p>Rose M, Best D. (2005). <i>Transforming practice through clinical education professional supervision and mentoring</i>. Edinburgh: Elsevier, pp. 2-7 for definitions</p>	

<b>Session 3: Developing Clinical Competence</b>			
<b>Time and Duration</b>	Day 1	10.35	55 minutes
<b>Intended Learning Outcomes</b>	<ul style="list-style-type: none"> <li>• Appreciate the development of clinical practice and expertise over time</li> <li>• Recognise the effect experience and reflection have on developing competence</li> <li>• Recognise differences between novice and expert practice</li> <li>• Compare personal experiences with guidelines of good teaching</li> </ul>		
<b>Process overview</b>	<ul style="list-style-type: none"> <li>• This session demonstrates experiential learning and introduces the Participant Book</li> <li>• The Participant Book includes details of activities and selected theory from a variety of different professional and educational literature. It also encourages reflection and critical evaluation</li> <li>• The Developing Clinical Competence session relates participant experience in their development of professional competence with selected key topics from the educational and professional literature</li> <li>• It is a discovery learning session</li> </ul>		
<b>Facilitator Resources</b>	<ul style="list-style-type: none"> <li>• Power point slides</li> <li>• Video</li> <li>• Large space</li> <li>• Flip chart and marking pens</li> <li>• Timer Bell</li> <li>• References</li> </ul>		
<b>Participant Resources</b>	<ul style="list-style-type: none"> <li>• Participant Book – pp 11</li> <li>• Working pages and References</li> <li>• Selected slides</li> <li>• Skill development stages (Carraccio table)</li> <li>• Guiding principles for good teaching (Kaufman)</li> </ul>		
<b>Process and approximate timing for each section</b>			
1. Introduction to session and Participant Book as learning resource. Power point slides			<b>5 mins</b>
2. Dividing into groups of similar stage (Novice expert framework) <ul style="list-style-type: none"> <li>• Ranking of years of Professional Practice of program participants (i.e. Clinical experience as a nurse, dietician therapist etc. of program participants.)</li> <li>• Participants form one long line round the room which starts from those participants with the least experienced and moves through to most experienced i.e. from less than one year to say 30 + years</li> <li>• Facilitators will help participants organise themselves into this line</li> <li>• Then divide into small groups of people with similar years of professional practice experience, of clinical experience of discipline and seat them in these groups of similar years of experience</li> </ul>			<b>10 mins</b>

## Gippsland Regional Advancing Clinical Education

<p>3. Reading Novice Expert framework</p> <ul style="list-style-type: none"> <li>• Refer to Dreyfus Stage model in Participant Book (Carraccio et al.) and questions</li> </ul>	<b>10 mins</b>
<p>4. Discussion of how practice developed</p> <p>Participants reflect on their own development of competence:</p> <ul style="list-style-type: none"> <li>• How did they develop their clinical competence?</li> <li>• What helped?</li> <li>• What made it hard?</li> </ul>	<b>5 mins</b>
<p>5. Sharing of lists</p> <ul style="list-style-type: none"> <li>• Share key factors between groups</li> <li>• Compare to slides highlighting key concepts from professional and educational literature</li> <li>• Relate to good teaching guidelines (Kaufman 2003)</li> </ul>	<b>5 mins</b>
<p>6. Link to readings</p> <p>Most slides highlight a concept in the participant book that comes from one of the readings, so if you run short of time you can gloss over and refer participants to their Participant Book to follow up later or choose as their homework task.</p>	<b>15 mins</b>
<p><b>Notes for facilitators</b></p>	<ul style="list-style-type: none"> <li>• The power point presentation leads the session through the key stages of experiential learning by structuring group activities based on past experience with opportunities for group discussion</li> <li>• Most of the slides cover the session process and tasks</li> <li>• No one theory covers the complexity of learning clinical competence. Many topics are applicable</li> <li>• Readings in the Participant Book contribute aspects. All articles are from people from different professions adapting or reporting earlier theories</li> <li>• Slides containing theoretical concepts developed from the readings are in the Participant book as an incentive to encourage participants to explore</li> <li>• <b>This is a discovery learning session so please request that participants do not look ahead to slides until later in the session</b></li> </ul> <p><b>Timing</b></p> <p>You will need to watch the timing in this session. However there is some flexibility in timing of the session. Over half of the time is devoted to experiential activities and it can be difficult to predict outcomes.</p>
<p><b>References</b></p> <p>Banning, M. (2008). The think aloud approach as an educational tool to develop and assess clinical reasoning in undergraduate students. <i>Nurse Education Today</i>; 2(8), 8-14.  <a href="http://intl.elsevierhealth.com/journals/nedt">intl.elsevierhealth.com/journals/nedt</a></p> <p>Carraccio C., Bradley B., Nixon J., Derstine P. (2008) From educational bench to the clinical bedside. <i>Academic Medicine</i>; 83: 761-767</p> <p>Kaufman D. (2003) ABC of teaching and learning in medicine: Applying educational theory in practice. <i>BMJ</i>; 326, Jan: 213-216</p> <p>McMillan W. (2011) Making the most of teaching at the chairside. <i>Eur J Dent Educ</i>; 15</p> <p>Edwards H, Best D, Rose M. (2005) <i>Understanding clinical knowledge and developing expertise: in</i> Rose M &amp; Best D (Eds). <i>Transforming practice through clinical education professional supervision and mentoring</i>. Edinburgh: Elsevier, pp. 91-100</p>	

**Developing learner competency  
in the clinical environment**

GRACE Session 3

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**Experiential learning**  
**Search for meaning**

Constructivist view of learning emphasises:  
the importance of supporting the learner to  
develop (construct) new meaning from past  
experiences...  
... by providing ...  
opportunities for active learning and reflection

McMillan (2011)

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**This introductory session combines:**

- Your experience in your chosen profession and developed clinical competence  
with
- An introduction to some of the literature to highlight key learning concepts

**As a basis for:**

Encouraging your learning about helping others  
learn in the clinical environment

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### GRACE Course Participant Booklet

This resource contains:

1. Activities
2. Literature
  - Summaries of key concepts
  - Selected recent journal articles
  - Additional References
3. Space for your reflection on the activities to assist your learning .... and the implications for your future practice

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### Experience and reflection on that experience changes us and our practice

It changes:

- Perceptions of the task
- Perceptual abilities
- Knowledge base
- Cognitive processes
- Attitudes and motivation to learning and the task

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### Your clinical experience

- Activity: Form a line around the room ranking the number of years of practice in your current profession
- At one end are those with the least experience (less than two years)
- At the other are the most experienced (possibly over 30 years)
- Chat to others to find out where you fit

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**Group together with others**

For Example:

- Less than 2 years
- 3 - 4 years
- 5 - 9 years
- 10 - 14 years
- More than 15 years

- **Why group this way?**

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**Novice Expert Stage Development**

Based on research from a range of groups and professions:

- Dreyfus and Dreyfus - Chess players, airline pilots
- Benner - Nursing
- Carraccio et al – Physicians (doctors)

Carraccio et al. (2008)

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**Experience over time changes practice**

Related to individual factors:

1. The practitioner's personal attributes e.g.
  - Motivation to do better
  - Ability to focus on client needs
  - Self esteem, resilience
2. The practitioner's ability to reflect and learn from reflection

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**Novice to Expert**

1. Novice
2. Advanced beginner
3. Proficient
4. Competent
5. Expert

(Benner, 1984 cited in Carraccio et al., 2006)

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**Novice Expert Practice**

- Read Novice expert framework: Dreyfus and Dreyfus model/Benner in Carraccio paper in your Participant Book
- Consider:
- Do the practice descriptions match your experience?
  - Discuss
    - The match with your own practice
    - Share examples of student/ supervisor differences

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**Activity**

- Discuss:
- How you developed your clinical expertise
  - What helped?
  - What has been hard?
  - List on flip chart for your group to share with others

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**What helped you to develop your professional expertise?**

- Share your lists

- What does theory tell us?

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**Schön's Reflective Practice**



Event/Experience

*Surprise*

Reflection-in-action

*Experimentation*

Reflection-on-action

Kaufman (2003)

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**Expertise in Clinical Reasoning**

Based on:

- Experience
- Knowledge (domain specific)
- A patient focus
- Intuition

Banning (2008)

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**Knowledge: 3 different types**

1. Knowing that - Theory
  - Propositional knowledge
2. Knowing how - Professional(craft) knowledge
  - Technical skills
3. Knowing yourself - Personal knowledge

Edwards, Best & Rose, 2005

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**Important elements**

- **Role models**
  - Positive as an ideal to strive for
  - Negative as an incentive to do better!
- **Making errors and correcting them**
  - Underlying tension between safe health care delivery and student learning
  - Important to look for learner misconceptions in knowledge, analysis, clinical skills and provide feedback (McMillen, 2011)

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**The importance of metacognition:  
Thinking about thinking**

- Higher order thinking
- Clinical decision making

Benning (2008)

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**Clinical reasoning: different processes**

<b>Analytic</b>	<b>Non analytic</b>
Hypothetico deductive reasoning	Pattern recognition

Banning (2008)

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**Modelling (Thinking aloud) clinical reasoning**

- Important to tell students what you are thinking during a patient interaction and what you plan to do next...
- Talking out loud demonstrates thought processes and rationale for the types of questions that you ask during a history or physical examination and for the diagnostic examination and the diagnostic hypotheses (Banning, 2008).

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**Think aloud approach**

Can be used to:

- Bridge gaps in clinical experience
- Assist students to comprehend and utilise clinical reasoning strategies that
  - connect multiple cues
  - develop a hypothesis
  - use meaningful and evidence based information-
- Influence and predict patient-centred health care outcomes.

Banning (2008)

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**Summary: Key points related to developing professional expertise**

- Experience and
  - perhaps improving on errors
  - just having to "get it right!"
- Reflection
- Role models - watching others do it better OR not as good!
- Feedback from others workmates, peers, clients, family members supervisors
- Theory or practical courses
- Other?

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**Remember**

1. It takes practice ...which takes time
2. We need to have realistic expectations of our learners: we cannot expect them to do what we do
3. Reflection is integral to learning and increasing competence
4. Thinking about what went well and more importantly what didn't! (i.e. our mistakes) improves practice
5. We gradually becoming more aware of what is needed
6. Confidence in practice develops from success and feedback on performance

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**Guiding Principles for Teaching**

1. Actively involve the learner
2. Relate learning to understanding and solving real life problems
3. Build on the current knowledge and skills of the student
4. Include opportunities for self direction
5. Provide constructive feedback and encourage self assessment and feedback from peers
6. Encourage reflection
7. Be a good role model

Adapted from Kaufman (2003)

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<b>Session 4: Learning Styles</b>			
<b>Time and Duration</b>	Day 1	11.30	60 minutes
<b>Intended Learning Outcomes</b>	<ul style="list-style-type: none"> <li>• Appreciate learner diversity</li> <li>• Recognise a variety of learning styles</li> <li>• Identify personal preferred learning style</li> <li>• Adapt teaching approach to take account of different learning styles</li> </ul>		
<b>Process overview</b>	<ul style="list-style-type: none"> <li>• Experiential session based on Kolb’s experiential learning cycle</li> <li>• Participants determine their learning style preference and the implications for their clinical supervision</li> </ul>		
<b>Facilitator Resources</b>	<ul style="list-style-type: none"> <li>• Power point slides</li> <li>• 4 A4 or larger posters of the Kolb learning cycle names (four quadrants)</li> <li>• Blu tac or similar to attach posters</li> <li>• Hard copy of slide 12</li> <li>• References</li> </ul>		
<b>Participant Resources</b>	<ul style="list-style-type: none"> <li>• Participant Book- pp 21</li> <li>5 pages of working documents:                             <ul style="list-style-type: none"> <li>• Scoring sheet for Kolb Learning Style Inventory</li> <li>• Bull’s eye sheet</li> <li>• Scenario</li> <li>• Kolb’s Model of Experiential Learning</li> <li>• Learning styles</li> </ul> </li> </ul>		
<b>Process and approximate timing for each section</b>			
Power point slides			
1. Introduction to Kolb’s model of experiential learning and individual learning style preference as an example of learner diversity			<b>10 mins</b>
2. Participants complete and score KOLB questionnaire to discover their own learning style using <b>pages 21 &amp; 22</b> in participant book 2.1 Participants complete questions on PowerPoint slide. <ul style="list-style-type: none"> <li>• It is important to check that participants understand that they are ranking the four words on each line and that they have to put a number corresponding to the position of the word in the line.</li> <li>• Participants write the number 4 in the position of the word that <b>best</b> describes them.</li> <li>• Participants write the number 1 in the position of the word that <b>least</b> describes them. Participants then rank and write the numbers 2 and 3 for the words that are in between.</li> </ul> 2.2 Participants calculate scores <ul style="list-style-type: none"> <li>• After all 9 lines are completed ask participants to add names for each column at the bottom: CE / RO / AC / AE</li> <li>• From the slide, read out the numbers at the bottom of each column and ask participants to mark these on their score sheet e.g. by circling the number</li> </ul>			<b>15 mins</b>

## Gippsland Regional Advancing Clinical Education

<ul style="list-style-type: none"> <li>• The sum of these marked numbers gives the score for each of the columns of CE, RO, AC, AE</li> <li>• Most participants manage this process well but sometimes there are a couple of people who need help. The second facilitator needs to be actively checking and helping participants if required. It's worth having a hard copy of the related slide for such occasions, especially when participants get behind.</li> </ul> <p>2.3 Participants transfer scores to Bull's Eye model</p> <ul style="list-style-type: none"> <li>• Ask participants to transfer their scores to Bull's eye model axes and join points with straight lines</li> <li>• Look for shape and location of the figure: triangle or diamond and where it sits on the page in relation to the vertical and horizontal axes</li> <li>• Point out that "This is your graphic representation of your learning style today. Note learning style preferences change with different experience! It shows how you see yourself."</li> </ul> <p>2.4. Participants join people with similar learning styles</p> <ul style="list-style-type: none"> <li>• Place A4 signs of the quadrants of the learning style model on the walls of the room so that the room represents the bull's eye sheet, i.e. Concrete Experience CE; Reflective Observation RO; Abstract Conceptualisation AC; and Active Experimentation AE</li> </ul>	
<p>3. Participants move into quadrants with people who have similar learning styles and discuss their similarities</p> <ul style="list-style-type: none"> <li>• Ask participants to congregate together into quadrants or across quadrants with people who have similar graphic representation of their learning styles</li> <li>• Discuss their similarities about learning style preferences in these groups</li> <li>• People with diamonds move to middle of the room and look for a shape similar to their own</li> </ul>	<b>10 mins</b>
<p>4. Participants address scenario</p> <ul style="list-style-type: none"> <li>• Participants address scenario <b>page 23</b> in small groups of people with similar Learning Style diagrams</li> </ul>	<b>5 mins</b>
<p>5. Participants share strategies</p> <ul style="list-style-type: none"> <li>• Whole group shares strategies</li> <li>• Suggest that facilitators start discussion with accommodators who will jump in and ask others</li> <li>• Divergers prefer to watch everyone else and will be happy to be last!</li> </ul>	<b>5 mins</b>
<p>6. Participants read Kolb model of experiential learning cycle and learning styles <b>pages 24 – 26.</b></p> <ul style="list-style-type: none"> <li>• People who have a learning preference related to abstract conceptualisation i.e. either Assimilators or Convergers will probably be reading instructions to work it out!</li> <li>• They will probably also have found the theory pages at the end of this section too! Check!!</li> </ul>	<b>5 mins</b>
<p>7. Participants and Facilitator discuss application of learning style preference to clinical teaching</p> <ul style="list-style-type: none"> <li>• Lead discussion about the application of learning style preference to clinical teaching</li> </ul>	<b>10 mins</b>

<ul style="list-style-type: none"> <li>• Highlight that learning styles are a preference only and all successful learners can do all activities but some require more assistance initially to work outside their preference</li> <li>• Once learners have settled in it is appropriate to move them out of their comfort zone!</li> </ul>	
<p><b>Notes for facilitators</b></p>	<ul style="list-style-type: none"> <li>• This session is structured as a learning challenge to learners and facilitators who are used to the traditional teaching method of theory first then activity second</li> <li>• In this regard it does not set out to present material in the accepted way. It more closely mirrors the experiential learning challenges placed on learners in the clinical environment. It will be very confusing and challenging for Convergers and Assimilators</li> <li>• It might seem to be chaotic and messy sorting out groups and making sense of the activity and what it means. It highlights individual preferences and our assumptions. It also demonstrates how difficult it can be for some learners who are thrown in the deep end. In some placements they (learners of a particular learning style) may be judged as lacking initiative</li> <li>• It shows the need for supervisors to be flexible in their role</li> <li>• NOTE: It is strongly suggested that facilitators know their own learning style preference and also the learning style preference of their co-presenter</li> </ul>
<p><b>Option</b></p>	<ul style="list-style-type: none"> <li>• If this session seems too challenging for facilitators who may be nervous about working through possible chaos, feel free to restructure material and slip in a bit more theory before the task!</li> </ul> <p>Have fun with this!</p>
<p><b>References</b></p> <p>Chapman, A. (2006). <i>Kolb learning styles</i>. <a href="http://www.businessballs.com/kolblearningstyles.htm">http://www.businessballs.com/kolblearningstyles.htm</a> (Accessed June 13, 2013)</p> <p>This website provides a good overview of learning styles and Kolb's background but Learning Style Inventory (LSI) is not on the website. Suggested reading!</p> <p>Osland, J., Turner, M., Kolb, D., Rubin, I. (2007) <i>Organisational behaviour: an experiential approach</i> (8th ed). New Jersey: Prentice Hall</p> <p>Best, D., Rose, M., Edwards, H. (2005). <i>Learning about Learning</i>: in Rose M &amp; Best D (Eds) <i>Transforming practice through clinical education professional supervision and mentoring</i> Edinburgh: Elsevier, p. 12</p>	



**Understanding Learning Styles**

GRACE Session 4

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**Student Diversity**

- We all make some generalisations about our learners related to their year level
- Not all students are the same
- Think about all the different learners you have known
  - Brain storm differences

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**Learning styles**

- Just one of the ways we can explore individual differences
- What learning styles do you know about?

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### Kolb's Learning Style Inventory (LSI)

- David Kolb (USA): Organisational Psychology
- Model of Experiential Learning
  
- Learning anything is a combination of four very different activities: Successful learners uses all of these
  
- But... some of us use some activities more than others i.e. we have our own preference for one, or some of the activities

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### Kolb's Model of Experiential Learning

Four different activities:

- Active Experience                      **Feeling**
- Reflective Observation                **Watching**
- Abstract Conceptualisation          **Thinking**
- Active Experimentation                **Doing**

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### Predict your response

Think of an occasion when you had to go somewhere you haven't been for a long time. What would you usually do?

- Look at a map or use Google maps
- Ask others for directions
- Remember bits from last time and perhaps drive around the block a few times
- Use a GPS

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**Predicting your learning style**

- How many of you have done any pre reading?
- How many of you have looked ahead in the Participant Booklet?

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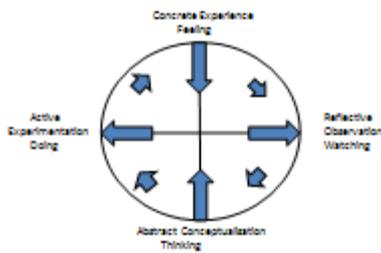
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**Experiential Learning Cycle (Kolb, 1984)**




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**LEARNING STYLES SCORING SHEET**

You will be presented with 9 sets of 4 words.

- Please Rank Order each set of 4 words –
- 4 = the word which best characterises your learning style,
  - 3 = the word which next best characterises your learning style
  - 2 = the next most characteristic word
  - 1 = the word which is least characteristic of you as a learner

Place the appropriate number in the squares below as each group of 4 words is presented.

1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

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There are 4 words presented below. You are asked to rate these 1-4  
 Choose the word that best describes you today and insert a 4 in the same column as the word  
 Select the word that least describes you and insert a 1 in place of that word  
 Allocate numbers 2 and 3 in place of these words

Happy	Tired	Excited	Bored
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Rank order the four word on each line: -  
 4 = best characterises your learning style  
 1 = least characteristic of you as a learner

1 discriminating	tentative	involved	practical
2 receptive	relevant	analytical	impartial
3 feeling	watching	thinking	doing
4 accepting	risk-taker	evaluative	aware
5 intuitive	productive	logical	questioning
6 abstract	observing	concrete	active
7 present-oriented	reflecting	future-oriented	pragmatic
8 experience	observation	conceptualisation	experimentation
9 intense	reserved	rational	responsible
Concrete Experience	Reflective Observation	Abstract Conceptualisation	Active Experimentation
2 3 4 5 7 8	1 3 6 7 8 9	2 3 4 5 8 9	1 3 6 7 8 9

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### Join the points with a straight line

- Look at the shape of your learning style preference diagram
- What quadrant(s) has the biggest part of your diagram?
- Move around looking at other participants' diagrams and find others with a similar distribution, then group together

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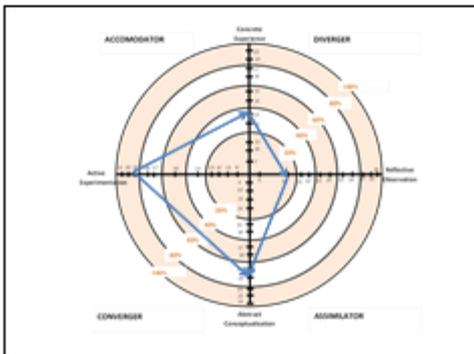
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### The Scenario

- HWA has selected Gippsland Health to trial a new clinical education tool: it combines real patients in different workplace contexts with aspects of simulation.
- You are to use this device next week with your student and a few of your patients.
- Workshops were run in Melbourne last week but you were unable to attend.
- You know a few people who attended the workshop and you have already received a user manual.

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### Scenario (continued)

**In your group:**

- Discuss
  - How do you feel?
  - What is the first thing you want to do?
  
- Develop a plan of action for how you would address this task
- Prepare to share this plan with others

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### A Model of Experiential Learning




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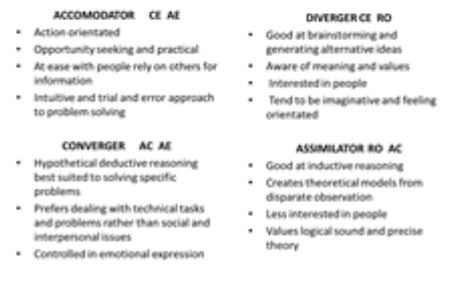
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### Kolb Learning Styles




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How might you use your knowledge about learning style preferences in your clinical education practice?

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<b>Session 5: Student Perspectives</b>			
<b>Time and Duration</b>	Day 1	13.15	30 minutes
<b>Intended Learning Outcomes</b>	<ul style="list-style-type: none"> <li>• Participants appreciate student perspectives on clinical education</li> <li>• Participants are aware of the intensity of the clinical learning experience for students</li> <li>• Participants realise the importance of setting goals</li> <li>• Participants are aware of the opportunities for and importance of feedback to students</li> </ul>		
<b>Process overview</b>	<ul style="list-style-type: none"> <li>• Three segments of video with students discussing their clinical experience</li> <li>• Facilitator stops video after each segment and asks question to prompt discussion</li> <li>• Facilitator makes quick summary at the end</li> </ul>		
<b>Facilitator Resources</b>	<ul style="list-style-type: none"> <li>• Video of students discussing their experiences in clinics (3 x 5 minute segments): the student panel video</li> <li>• External speakers attached to computer to ensure video can be heard</li> </ul>		
<b>Participant Resources</b>	<ul style="list-style-type: none"> <li>• Participant Book - Nil</li> </ul>		
<b>Process and approximate timing for each section</b>			
<p>1. This session consists of 3 x 5 minute (approximately) video segments with discussion after each segment</p> <ul style="list-style-type: none"> <li>• Facilitator introduces the segment and explains that the students on the video are expressing their opinion of their experience in clinics. The facilitator stops the video after each segment to allow discussion</li> <li>• THE FACILITATOR MUST KNOW THE CONTENT OF THE VIDEO IN ORDER TO LEAD THE SESSION</li> </ul>			
<p>2. PLAY FIRST SEGMENT</p> <ul style="list-style-type: none"> <li>• In this segment, students introduce themselves and tell the audience their experience of clinical education</li> </ul> <p>A number of issues are raised including:</p> <ul style="list-style-type: none"> <li>• Mature age students</li> <li>• Clinical and the 'rest of life'</li> <li>• Learning in clinical settings</li> </ul>		<b>5 mins</b>	
<ul style="list-style-type: none"> <li>• STOP VIDEO: then introduce some discussion questions for participants e.g. what struck you about the students in the video?</li> <li>• How do your students balance their learning in clinics with the rest of their lives?</li> <li>• What can you do to help students settle in when they first arrive?</li> </ul>		<b>5 mins</b>	
<p>3. PLAY SECOND SEGMENT</p> <ul style="list-style-type: none"> <li>• In this segment students talk about the importance of having clear and agreed goals and objectives. They discuss meeting competencies and the importance of debriefing</li> </ul>		<b>5 mins</b>	

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<p>4. STOP VIDEO then introduce some discussion questions for participants, e.g. what struck you about the students' discussion in this segment?</p> <ul style="list-style-type: none"> <li>• Why do you think students are so keen on having goals and objectives?</li> <li>• How important is a structured timetable for students?</li> </ul>	<p><b>5 mins</b></p>
<p>5. PLAY THIRD SEGMENT</p> <ul style="list-style-type: none"> <li>• In this segment students talk about the issues with and advantages of having multiple supervisors. They stress the importance of receiving formal written feedback</li> </ul>	<p><b>5 mins</b></p>
<p>6. STOP VIDEO then introduce some discussion questions for participants</p> <ul style="list-style-type: none"> <li>• You could change your approach for this third segment, e.g. ask participants to discuss this segment with others at their table. Each table then shares one message they got from the video with the big group</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• If you want to continue posing questions you could ask:</li> <li>• Do you have experience of students having multiple supervisors? What difficulties, if any, arose for you and /or the students?</li> <li>• What are some useful words to use in written feedback? (You will come back to this in session 12 on Assessment.)</li> </ul>	<p><b>5 mins</b></p>
<p><b>Notes for facilitators</b></p>	<ul style="list-style-type: none"> <li>• Each session will be different, even if you show the same video.</li> <li>• Be aware of what the issues are for this group and emphasise them.</li> <li>• Sometimes different models of clinical education between different professions will emerge. While this is interesting, don't spend too much of the time focussing on this, rather bring the discussion back to the student perspective and the student experience.</li> </ul>
<p><b>Option A real student panel</b></p>	<p>You can replace the video with a panel of live students whom you interview. While this is logistically much more complicated, it is an even richer experience for participants in the GRACE course. Here are some guidelines for running a live student panel:</p> <p>Before the session</p> <ul style="list-style-type: none"> <li>• Source 2-3 students who have had some clinical experience. Preferably from different professions if you have an interprofessional group of participants and at different levels</li> <li>• Brief the students about how the panel will run. This includes questions you will ask, interaction with the audience, the right to pass on questions and possibility of talking about what happened to their friends</li> <li>• Set up a table with chairs for each panel member, water, notepads and pens. Chair for facilitator asking questions and a microphone if necessary for the size of the group and the room</li> </ul> <p>For students</p> <ul style="list-style-type: none"> <li>• Purchase gift for students on panel according to budget e.g. box chocolates, book token.</li> <li>• Prepare a certificate to give to students indicating that they have participated in the panel</li> </ul>

	<p>During the session:</p> <p>Ask each student the agreed prompts/ questions, e.g.</p> <ul style="list-style-type: none"><li>• Tell us about your experience in Clinical</li><li>• Tell us about something that really helped your learning</li><li>• Tell us about something that happened to you (or your friends) that could have been done better. Something that really didn't help you learn</li><li>• What hints or tips would you give a supervisor?</li></ul> <p>Take questions from the floor. BE sure to control this part.</p> <p>Rephrase questions if necessary.</p> <p>When a question is inappropriate e.g. someone asking a very detailed question about some event that happened to them but which has no connection to the students, then find a way of not putting students on the spot, e.g. say 'That's a very particular situation. Susan, would you like to comment in general on the importance of working with others.'</p> <p>When there are just a few minutes left bring it back to the panel with the question: 'What hints or tips would you give a supervisor?'</p> <p>Finish by thanking students and handing them their gift and certificate of participation (if available).</p>
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<b>Session 6: Management and Administration of Clinical Placements</b>			
<b>Time and Duration</b>	Day 1	13.45	30 minutes
<b>Intended Learning Outcomes</b>	<ul style="list-style-type: none"> <li>• Develop an awareness of the HWA Clinical Supervision Support Framework: principles of Clarity, Quality and Culture</li> <li>• Identify the six elements of the BCPLE Framework (Best Practice Clinical Learning Environment)</li> <li>• Be able to apply ideas around the BCPLE framework and the HWA Clinical Supervision Resource to their own work environment</li> </ul>		
<b>Process overview</b>	<ul style="list-style-type: none"> <li>• Short presentation</li> <li>• Graffiti Board Activity</li> </ul>		
<b>Facilitator Resources</b>	<ul style="list-style-type: none"> <li>• PowerPoint slides including how Graffiti Board works</li> <li>• Graffiti Board sheets – to be prepared for each session</li> <li>• Flip chart paper with one stimulus topic on each sheet (from BCPLE and VHA)</li> <li>• Marker pens – one for each participant</li> <li>• References</li> </ul>		
<b>Participant Resources</b>	<ul style="list-style-type: none"> <li>• Participant Book – pp 33</li> <li>• HWA: Clarity, Quality, Culture</li> <li>• Best Practice Clinical learning Environment (BCPLE): 6 elements – pp 34</li> <li>• BCPLE Clinical Placement Process Flow Chart – pp35</li> <li>• BCPLE Learning Contract Template – pp 36</li> <li>• BCPLE Orientation Checklist – pp 37</li> </ul>		
<b>Process and approximate timing for each section</b>			
<b>BEFORE THE SESSION BEGINS</b>			
<ul style="list-style-type: none"> <li>• Prepare the GRAFFITI BOARD – perhaps during lunch time</li> <li>• 6– 8 sheets of Flip chart paper attached to a piece of wall which participants can access easily.</li> <li>• All participants require access to write on the graffiti board charts so the charts need to be displayed in an accessible part of the room</li> </ul> <p>Choose what to write on the centre of each flip chart sheet. Suggestion: any - or all - of the six elements of the BCPLE:</p> <ul style="list-style-type: none"> <li>• Organisational culture that values learning</li> <li>• Best practice clinical practice</li> <li>• A positive learning environment</li> <li>• An effective health service – education provider relationship</li> <li>• Effective communication processes</li> <li>• Appropriate resources and facilities</li> </ul> <p>And /or material from the HWA National Clinical Supervision Competency Resource – Validation Edition, e.g.</p> <ul style="list-style-type: none"> <li>• Ethics</li> <li>• Clarification of learning outcomes</li> </ul>			

## Gippsland Regional Advancing Clinical Education

<b>DURING THE SESSION</b>		<b>10 mins</b>
<ul style="list-style-type: none"> <li>Facilitator delivers a short lecture using PowerPoint slides provided, which include an example of how the Graffiti Board works</li> </ul>		
<b>After the presentation</b>		<b>10 – 15 mins</b>
<ul style="list-style-type: none"> <li>Participants write their ideas on how to implement the different elements of the BCPLÉ and HWA in their own workplaces onto the graffiti boards</li> </ul>		
<ul style="list-style-type: none"> <li>Towards the end of the session, all participants take time to scan all the boards</li> <li>Participants are encouraged to ask questions or ask for clarifications if they don't understand something that has been written on the graffiti board</li> </ul>		<b>5 - 10 mins</b>
<ul style="list-style-type: none"> <li>Facilitator ends session by saying the Graffiti Boards will stay up during the program and participants can add to them</li> <li>They can also be a useful source of ideas for taking back to the workplace</li> </ul>		<b>5 mins</b>
<b>Notes for facilitators</b>	<p>This activity has a number of important process elements:</p> <ul style="list-style-type: none"> <li>Participants leave their seats and move around and 'rub shoulders' with other participants while writing on the graffiti boards</li> <li>They should glean ideas from each other and not from the facilitators</li> <li>The use of 'Graffiti Board' usually appeals to younger participants</li> </ul>	
<b>Option</b>	<ul style="list-style-type: none"> <li>Participants have examples from BCPLÉ framework in their booklet – the learning contract and the orientation checklist</li> <li>Facilitators could choose to use these or other BCPLÉ resources instead of the Graffiti Board</li> </ul>	
<b>References</b>		
<p>Darcy Associates (2011). BPCLE Framework Resource Development Project Final report. <a href="http://docs.health.vic.gov.au/docs/doc/2472F272A7F06767CA2579480083B660/\$FILE/BPCLE%20Resource%20Project%20Final%20report.pdf">http://docs.health.vic.gov.au/docs/doc/2472F272A7F06767CA2579480083B660/\$FILE/BPCLE%20Resource%20Project%20Final%20report.pdf</a> (accessed 10 May 2013)</p>		
<p>Health Workforce Australia (2013). National Clinical Supervision Competency Resource – Validation Edition. <a href="https://www.hwa.gov.au/sites/uploads/HWA-National-Clinical-Supervision-Competency-Resource-VE-201305.pdf">https://www.hwa.gov.au/sites/uploads/HWA-National-Clinical-Supervision-Competency-Resource-VE-201305.pdf</a> (accessed 27 June 2013)</p>		
<p>Health Workforce Australia (2011). National Clinical Supervision Competency framework. <a href="http://www.hwa.gov.au/sites/uploads/hwa-national-clinical-supervision-support-framework-201110.pdf">http://www.hwa.gov.au/sites/uploads/hwa-national-clinical-supervision-support-framework-201110.pdf</a> (accessed 10 June 2013)</p>		

**Management and Administration of  
Clinical Placements**

GRACE Session 6

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**Management and Administration of  
Clinical Placements**

- Recent reports:
- National Clinical Supervision Support Framework - Health Workforce Australia (HWA)
- Best Practice Clinical Learning Environment Framework (BCPLE) : Department of Health Victoria

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**HWA National Clinical  
Supervision Support Framework**

Clarity

Quality

Culture

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**CLARITY**

- Roles and Responsibilities clearly stated
- Expectations of:
  - supervisors
  - students
  - placement sites

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**QUALITY**

- Patient care - overriding priority
- Clinical supervisor knowledge and skills
- Education program
  - Adult learning, role modeling, diversity of experiences
  - Exposure to scope of practice of the profession
  - Valid reliable student feedback
  - Assessment and reporting aligned to stated learning objectives

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**QUALITY (cont...)**

- Preparation and Support for students and supervisors
  - Profession specific requirements
  - Site requirements
  - Resources
  - Training for supervisors in quality supervision
  - Adequate orientation for students
  - Ongoing support for student welfare

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**Culture**

- Organisation
  - Strong and measureable commitment to clinical education
- Resources
  - Appropriate funding and resource base
- Relationships
  - Strong collaborative relationships – health and education; interprofessional; supervisor and student

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**Culture (cont...)**

- Learning Environment
  - Safe, supportive and appropriately resourced
- Recognition
  - Recognise clinical supervision in workloads

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**HWA National Clinical Supervision  
Competency Resource - Validation  
Edition**

3 Domains of Clinical Supervision:

- Clinical supervision
- Safety and quality in clinical supervision
- Organisation

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**Clinical Supervision**

- Prepare and plan
- Facilitate Learning
- Problem solve
- Communication

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**Safety and quality in clinical supervision**

- Safety
  - Includes ethical, professional, legal standards, risk management etc
- Quality

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**Organisation**

- Integration of supervision and learning activities in clinical practice
- Organisational skills/ time management

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**Performance Categories for Clinical Supervision**

- **Foundational** (support) in a known stable context; consult when anomalies arise before taking action
- **Intermediate** (conduct) independently in a known stable context; respond to anomalies within scope of role
- **Advanced** (lead and influence) autonomously within changing contexts; respond to complex anomalies and situations. Develop systems, processes, resources and individuals to enhance learning outcomes

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**HWA National Clinical Supervision Competency Resource**

- Validation edition includes examples of how supervisors at different levels might implement the various aspects of supervision

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**Best Practice Clinical Learning Environment Framework**

Purpose:

- Identify key elements of an effective clinical learning environment: Cultural factors /Staffing structures / Physical resources
- Explore innovative learning models that deliver high quality clinical training
- Develop an excellence framework that aims to define best practice
- Improve monitoring and reporting of clinical training quality

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**BCPLE Framework: 6 Elements**

- An organisational framework that values learning
- Best practice clinical practice
- A positive learning environment
- A good health service – education provider relationship
- Effective communication processes
- Appropriate resources and facilities

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**Each Element can be expanded**

- The BPCLE document has an expanded explanation of each element
- You will work on these in the next part of this session

The BPCLE is being rolled out across Victoria

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**Element 1: An organisational culture that values learning**

- Learning is valued
- Educators are valued
- Career structure for educators –
  - defined skill/competency levels for educators
- Education is included in all aspects of planning
- Learners are valued
- Facilities and resources are available for educational purposes

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**Element 2: Best Practice Clinical Practice**

- Commitment to quality of care and continuous quality improvement
- The skill, knowledge and competency of clinical staff
- The adoption of best evidence into practice

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**Element 3: A Positive Learning Environment**

- a welcoming environment for learners,
- appropriate learning opportunities and structured program,
- clear objectives,
- high quality clinical education staff,
- well prepared learners,
- appropriate ratios of learners for both educators and patients,
- continuity of experiences.

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**Element 4: An effective health service training relationship**

- Based on:
- Mutual respect and understanding
  - Practical mechanisms
  - Open communication at all levels
  - Relationship agreements

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**Element 5: Effective Communication Processes**

- Underpin every level of the framework
- At every level of the organisation
- Include written and verbal, formal and informal processes
- Under ongoing review

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**Element 6: Appropriate Resources and Facilities**

- Space for teaching and learning
- Staff
- Equipment
- IT and communication resources
- Amenities e.g. social, office and locker space
- Accommodation and travel

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**Resource Kit contains (38) resources**

- Three categories of resources to assist with:
- Implementation: template resource guides, letters, checklists
  - Monitoring: registers for documents, facilities, policy & protocols
  - Implementation & monitoring: survey questions

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**BPCLE Resources**

For example:

- Pre placement
- Orientation
- During the placement
- Final day
- Post placement

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**Your question**

- 'How do you plan to implement your learning from today's sessions or your prior knowledge into Management and Administration of Clinical Placements?'

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**Your task**

- Aspects noted around the room
- Graffiti/draw/doodle/scrawl ideas
- Add to comments made by others
  
- Example:

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**A Positive Learning Environment**

Staff trained and happy to have students

**BUT WHAT TRAINING DO THEY NEED?**

Some staff don't want to have students

**Make it policy that each student is welcomed by at least one staff member**

Aim for collaborative decision-making about clin. Education policies to promote a better learning environment

**TOTAL NUMBER 100**

We have a discussion about each student to what their selected learning style during induction on the first day

... who is responsible for a large portion of that student's learning, so they get to know each other

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<b>Session 7: Communication Skills</b>			
<b>Part A: Building an effective teacher learner relationship</b>			
<b>Time and Duration</b>	Day 1	14.15	30 minutes (60 minutes total for sessions A & B)
<b>Intended Learning Outcomes</b>	Apply principles of teaching to developing skills in: <ul style="list-style-type: none"> <li>• Setting learning environment</li> <li>• Establishing the supervisory relationship</li> <li>• Being clear about educator expectations as a preliminary to negotiating a learning program</li> </ul>		
<b>Process overview</b>	This experiential skill development session focuses on skills related to the teaching learning process. <ul style="list-style-type: none"> <li>• This activity (Part A) addresses the supervisor's initial introduction to the student and conveys supervisor information about role, past experience, philosophy of teaching and learning to set clear learner expectation for the placement</li> </ul>		
<b>Facilitator Resources</b>	<ul style="list-style-type: none"> <li>• PowerPoint slides</li> <li>• References</li> <li>• Timer and Bell</li> <li>• References</li> </ul>		
<b>Participant Resources</b>	<ul style="list-style-type: none"> <li>• Participant Book – pp 49</li> <li>• References</li> </ul>		
<b>Process and approximate timing for each section</b>			
PowerPoint Intro slides			<b>10 mins</b>
Personal Script development in pairs: (A) Supervisor (B) New learner			<b>5 mins</b>
Delivery of script (A) Supervisor			<b>3 mins</b>
<ul style="list-style-type: none"> <li>• Evaluation</li> </ul>			<b>1 min</b>
<ul style="list-style-type: none"> <li>• Verbal feedback from B (new learner) using feedback process</li> </ul>			<b>2 mins</b>
<ul style="list-style-type: none"> <li>• 6 mins per person x2</li> </ul>			<b>12 mins</b>
<ul style="list-style-type: none"> <li>• Reflection on process and learning</li> </ul>			<b>2 mins</b>
<b>Notes for facilitators</b>	This session needs close timing to complete in 30 mins <ul style="list-style-type: none"> <li>• Uneven numbers in the group may be managed by having 2 learners (i.e. 2 B's) and having feedback from both, or adding an observer to a pair</li> </ul>		

**References**

Harden R., Laidlaw J. (2013) Be fair to students: Four principles that lead to more effective learning  
*The Medical Teacher*; 35(1): 27-31

**Communication skills**  
**Part A: Building an effective**  
**teacher-learner relationship**

GRACE Session 7A

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**Getting started: Day 1**

Involves

1. What you say

2. How you say it

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**Guiding Principles for Teaching**

1. Actively involve the learner
2. Relate learning to understanding and solving real life problems
3. Build on the current knowledge and skills of the student
4. Include opportunities for self direction
5. Provide constructive feedback and encourage self assessment and feedback from peers
6. Encourage reflection
7. Be a good role model

Adapted from Kaufman (2008)

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**Planning a student program**

**FAIR PRINCIPLES**

- **Feedback:** Provide feedback to students
  - **Active:** Encourage active learning
  - **Individual:** Modify for individual learner
  - **Relevant:** Ensure learner sees relevance
- Harden & Laidlow (2013)

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**1. What to say: Getting started**

Write a script to welcome your new student.  
Include a brief account of:

1. Who you are and your area of practice
2. Your view of learning in the workplace and your role
3. Your expectations of how you and the student might work together to develop a program (using the FAIR principles)

5 mins

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**2. How you say it**

- Work in pairs
- Decide on roles:
  - supervisor
  - new student
- We will structure the opportunity for each of you to take both roles

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**Round 1 How you say it:  
using your script**

Participant A: supervisor  
Participant B: new student

Student will provide verbal feedback to the supervisor using the following stems:

1. I like the way you...
2. Perhaps you might....
3. It was really good when you....

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**Practising your script:**

Timing bells for each stage

**A. Supervisor**

- Deliver your script to your partner (3 mins)
- Refer to FAIR principles to self evaluate and modify your script (1 min)
- Listen to feedback (2 mins)

**B. New student**

- Listen to the introduction (3 mins)
- Refer to FAIR principles to prepare feedback to the supervisor in the suggested framework (1 min)
- Give verbal feedback using feedback process (2 mins)

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**Swap roles and repeat**

**A New student**

- Listen to the introduction (3 mins)
- Refer to FAIR principles to prepare feedback to the supervisor in the suggested framework (1 min)
- Give verbal feedback using feedback process (2 mins)

**B Supervisor**

- Deliver your script to your partner (3 mins)
- Refer to FAIR principles to self evaluate and modify your script (1 min)
- Listen to feedback (2 mins)

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**What happened?**

**What did you learn?**

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<b>Session 7: Communication Skills</b> <b>Part B: Developing the art of questioning</b>			
<b>Time and Duration</b>	Day 1	14.45	30 minutes
<b>Intended Learning Outcomes</b>	Utilise questioning: <ul style="list-style-type: none"> <li>• as a technique to develop learner and student competence</li> <li>• to involve the learner in decision making and problem solving activities</li> <li>• to facilitate reflection as a clinical supervision</li> </ul>		
<b>Process overview</b>	<ul style="list-style-type: none"> <li>• Small group activity with people from similar areas of practice</li> <li>• This second activity addresses the construction of questions to ask the student in order to facilitate the development of clinical competence through eliciting higher order thinking in addressing different types of knowledge</li> </ul>		
<b>Facilitator Resources</b>	<ul style="list-style-type: none"> <li>• PowerPoint slides</li> <li>• Timer and bell</li> <li>• References</li> </ul>		
<b>Participant Resources</b>	<ul style="list-style-type: none"> <li>• Participant Book – pp 55</li> <li>• References</li> </ul>		
<b>Process and approximate timing for each section</b>			
PowerPoint Intro slides			10 mins
Small group activity: <ul style="list-style-type: none"> <li>• Encourage participants to find someone with a similar practice area (profession or workplace) and work in groups of 2 (or 3)</li> </ul>			
1. Decide on one clinical example on which to base this activity: agree on a patient profile <ul style="list-style-type: none"> <li>• Patient details should be relevant to profession and workplace, e.g. Age, Condition, Social situation, Assessment, Aims of Treatment and Management</li> <li>• The clinical scenario must be brief, with just enough information to provide a concrete example for developing the questions a supervisor might ask a student</li> </ul>			5 mins
2. Agree on the level of student you will develop questions for, either Beginning or Advanced <ul style="list-style-type: none"> <li>• Set a context for the student questions: construct potential questions a supervisor might ask a student of the agreed on level related to the patient details to encourage the development of different knowledge levels and types:               <ul style="list-style-type: none"> <li>• Knowledge</li> <li>• Comprehension</li> <li>• Synthesis</li> <li>• Analysis</li> <li>• Evaluation</li> </ul> </li> </ul>			10 mins

## Gippsland Regional Advancing Clinical Education

<p>Plenary</p> <ul style="list-style-type: none"><li>• Review group response to the question</li><li>• Summarise group learning and ask participants to personalise by completing the following question in their Participant book:</li></ul> <p>Next time I question a student I will...</p>	5 mins
<b>Notes for facilitators</b>	It is important to watch the timing of this session
<b>References</b> Lake, F., Vickery, A., Ryan, G. (2005) Teaching on the run tips 7: effective use of questions. <i>MJA</i> , 182(3): 126-127  McMillan, W. (2011) Making the most of teaching at the chairside. <i>Eur J Dent Educ</i> ; 15, 63-67	

**Developing the Art of Questioning**

Grace Session 7 Part B

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**Clinical Education**

- Use questions to help you to stimulate and engage students
- Find out what the student knows in order to plan relevant learning activities and pitch at the right level
- Monitor student progress
- Encourage the development of higher level thinking and clinical reasoning
- Encourage reflection

Lake Vickery & Ryan (2005)

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**Allied Health and Nursing:**

**Other uses of questions:**

- Find out what student knows so that you can delegate aspects of care management safely
- Any others?

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### Supervisor skills for facilitating learning through questioning

It depends on:

1. How you say it
  - The learning climate you have developed
  - Your delivery of the questions
  - When and where you question e.g. in front of patient/ other students
2. What you say ...Related to why, i.e. the purpose of the questioning for learning or assessment!

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### Set the learning environment

- Use the learner's name
- Learners understand the intent of your questioning
- Where it is OK to get the wrong answer and make mistakes or say I don't know
- You share your uncertainties or things you don't know
- Lake Vickery & Ryan (2005)

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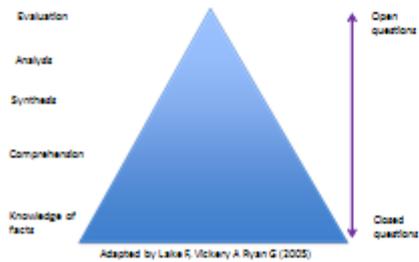
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### Hierarchy of Knowledge



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**Thinking about your questions**

- Different questions help students in different ways
- What is your aim in questioning?
- What you ask will have different effects on student learning

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**Remember to wait for the answer!**

A delay of as little as 3 seconds  
after questioning leads to answers  
3-7 times longer

Sirraubaumer, 2004 in McMillan 2011

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**Knowledge**  
to find or remember facts

VERBS: tell, list, repeat, define,  
remember, name

e.g.

- What is COPD? What are the usual signs and symptoms?
- What is the insertion of the Deltoid muscle?

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**Comprehension**  
to understand information

VERBS: summarise, relate, compare,  
demonstrate, explain, discuss

e.g.

- Summarise the main symptoms of COPD....
- Discuss possible management strategies for...

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**Synthesis**  
use knowledge

VERBS: perform, put into action,  
construct, adapt

e.g.

- What do these tests results mean...?
- Modify management for Mrs Jones

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**Analysis**  
take the information apart

Verbs: analyse, examine,  
generalise, compare

e.g.

- Compare the management of fractures of the shoulder in children and adults
- What is the treatment plan for someone like Jo?

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**Evaluation**

make a judgment about knowledge

Verbs: Interpret, justify, criticise,  
assess, recommend

e.g.

- How well did you manage Mrs Bell?
- What have you learnt...?
- Predict outcome...

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**Setting a context**

- Find some one else in the room with a similar practice to yours
- Refer to Participant Booklet
- Decide on a Client history and relevant details
- Decide on level of student

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**Working in pairs**

- Use this client material to develop questions to facilitate optimal student learning:
  - Evaluation
  - Analysis
  - Synthesis
  - Comprehension
  - Knowledge

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**What did you learn from this activity?**

▪ Your learning:

▪ Next time I ask a student a question I will:

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<b>Session 8: Giving Effective Feedback</b>			
<b>Time and Duration</b>	Day 1	15.30	50 minutes
<b>Intended Learning Outcomes</b>	<ul style="list-style-type: none"> <li>• Identify key elements of effective feedback</li> <li>• Develop strategies and skills in giving effective feedback to learners</li> <li>• Encourage learners to identify areas that require improvement</li> <li>• Challenge learners to identify strategies to improve performance</li> </ul>		
<b>Process overview</b>	<p>This experiential session uses introductory slides to refresh the past experience of participants receiving feedback, presents a structured method for delivery of feedback and then uses a clinical example as a trigger to a fish bowl role play activity for giving feedback.</p> <p>The session concludes with a reflective review of learning.</p>		
<b>Facilitator Resources</b>	<ul style="list-style-type: none"> <li>• Large space to create a circle of chairs (fishbowl)</li> <li>• PowerPoint slides</li> <li>• Timer and bell</li> <li>• Video</li> <li>• References</li> </ul>		
<b>Participant Resources</b>	<ul style="list-style-type: none"> <li>• Participant Book – pp 63</li> <li>• References</li> </ul>		
<b>Process and approximate timing for each section</b>			
<ul style="list-style-type: none"> <li>• Short lecture/introduction on feedback</li> <li>• PowerPoint Reflection slides</li> </ul>			<b>15 mins</b>
<ul style="list-style-type: none"> <li>• Read clinical example</li> </ul> <p>Activity Set up:</p> <ul style="list-style-type: none"> <li>• Fish bowl - Seat participants in a circle with a chair in the middle for the student</li> </ul>			<b>5 mins</b>
<p>Facilitated Fish bowl Role-play</p> <ul style="list-style-type: none"> <li>• Each person provides an example of what might be said to this student</li> <li>• Encourage discussion, ideas and to try another tack</li> <li>• Each person has a turn</li> <li>• If there is time available, try other feedback challenges</li> </ul>			<b>20 mins</b>
<ul style="list-style-type: none"> <li>• Plenary session <ul style="list-style-type: none"> <li>• Return to large group for debriefing and reflection</li> </ul> </li> <li>• Reflection <ul style="list-style-type: none"> <li>• PowerPoint Reflection slides</li> </ul> </li> </ul>			<b>10 mins</b>
<b>Notes for facilitators</b>	<p>The number of workshop participants will determine whether you run one or two fish bowl groups.</p> <p>It is easier to facilitate a small group in this exercise as participants may be more inhibited in a larger group.</p>		

	<p><b>Role-play Instructions</b></p> <p>Use the following guidelines to facilitate interaction between participants and reflection IF THEY NEED IT.</p> <ol style="list-style-type: none"><li>1. Playing the roles and replaying the interactions<ul style="list-style-type: none"><li>• Suggest they use the names in the role play</li><li>• Encourage participants to call time in and time out</li><li>• Encourage short interactions (no more than 5 exchanges between players)</li><li>• Encourage others to feedback their observations on key features of the interaction and non-congruent messages</li><li>• Check these match the student and supervisor self-assessment</li><li>• Encourage the group to replay the same exchanges with minor variations: body language, tone, different words, longer use of silence etc.</li></ul></li><li>2. Debriefing and reflection<ul style="list-style-type: none"><li>• Please watch for any signs of anxiety or distress in your groups. Role-play can sometimes trigger some very strong emotional responses</li><li>• At the end of the role play return players to their own names</li><li>• Allow participants to discuss their feelings and acknowledge the involvement and risk taking in the task</li><li>• Identify what they have learnt to develop strategies for future practice</li></ul></li></ol>
	<p><b>References</b></p> <p>Marriott, J., Galbraith, K. (2005). Instructor, observer and provider of feedback. In: Rose, M. and Best, D. (Eds.) Transforming Practice through Clinical Education, Professional Supervision and Mentoring. Edinburgh: Elsevier, pp. 58-68</p> <p>Molloy, E., Clarke, D. (2005). The positioning of physiotherapy students and clinical supervisors in feedback sessions. FOPE, 7(1), pp. 79 -90</p>

### Giving Effective Feedback

GRACE Session 8

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### Giving feedback

- What past experiences have you had of receiving feedback?
- What works well for you?
- What could have been better?

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### Effective Feedback

- Should be:
- specific
  - accurate
  - objective
  - timely
  - usable
  - balanced
  - desired by the receiver
- AND
- checked for understanding

Merritt and Galbraith K (2005) in Rose and East

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### Your theoretical framework

What do you use?

- Sandwich technique
- How was that?
- What was good?
- Any reservations?

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### Pendleton Steps to Feedback

- 1 Clarify any points of facts
- 2 Ask the learner what they did well – ensure that they identify the strengths of the performance and do not stray into weaknesses
- 3 Discuss what went well, adding your own observations
- 4 Ask the learner to say what went less well and what they would do differently next time
- 5 Discuss what went less well, adding your own observations and recommendations

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### Feedback case study

- Chris is observed performing compressions to the abdomen of the mannequin during a CPR assessment
- He is subsequently failed on the assessment
- Chris says: "I think I was OK, you should have passed me!"

Consider

- How do you respond?
- What could you say?

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**Learning from mistakes!**

**Fishbowl activity**

- Participants in a circle
- A chair for the student Chris is in the middle
- Each person role plays what might be said to Chris: do not try to be perfect!
- Pause for discussion, ideas
- Try other ways
- Move to another participant until all have had a turn.

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**Molloy (2006)**

- When supervisors assume the position of expert diagnostician , students are not encouraged to develop critical professional skills of self evaluation and self reflection.

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**GIVING FEEDBACK**

- Prepare environment and task
- Develop a positive relationship
- Should be
  - specific:
    - Descriptive feedback v interpretative
    - Address behaviours which are remediable
- Encourage student self assessment
- Balance positive comments and negative comments
- Regular
- Timely:
  - Schedule as close as possible to the behaviour

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**Setting feedback into the wider learning context**

- Workplace environment
  - Place
  - Time
- Learner- educator relationship
  - Trust
  - Time of the placement
- Learner's agenda
  - ?

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**Your learning**

- Next time I give feedback I will.....

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<b>Session 9: Preparing for Day Two</b>			
<b>Time and Duration</b>	Day 1	16.20	10 minutes
<b>Intended Learning Outcomes</b>	<ul style="list-style-type: none"> <li>• Clarify homework tasks for day two</li> <li>• Clarify access to necessary resources for homework task</li> <li>• Discuss Self-Evaluation Tool for Educators and Preceptors</li> <li>• Identify papers chosen as readings in participant booklet</li> </ul>		
<b>Process overview</b>	<ul style="list-style-type: none"> <li>• Explanation from Facilitator</li> <li>• Clarifying questions from participants</li> </ul>		
<b>Facilitator Resources</b>	<ul style="list-style-type: none"> <li>• Self-Evaluation Tool for Educators and Preceptors</li> <li>• Papers chosen as readings in participants' booklet               <ul style="list-style-type: none"> <li>○ Banning (2008)</li> <li>○ Carraccio et al. (2008)</li> <li>○ Harden and Laidlaw (2013)</li> <li>○ Kaufman (2003)</li> <li>○ McMillan (2011)</li> </ul> </li> <li>• Facilitators may choose other papers if they wish, in which case participants will need copies/access to them</li> </ul>		
<b>Participant Resources</b>	<ul style="list-style-type: none"> <li>• Participant Book – pp 69</li> <li>• Articles chosen as readings</li> <li>• Self-Evaluation Tool for Educators and Preceptors</li> <li>• Instructions for Homework</li> </ul>		
<b>Process and approximate timing for each section</b>			
Participants have booklet open at <b>Page 69</b> Introduction to Day Two			
<p><b>Homework Task One</b> – self-evaluation</p> <ul style="list-style-type: none"> <li>• Facilitator draws participants' attention to the Self-Evaluation Tool for Educators and Preceptors, may provide the background to it (see below)</li> <li>• Instructs participants to complete the tool before day two of the program</li> <li>• Please emphasise instruction around improvement in next 12 months</li> </ul> <p>Suggested:</p> <ul style="list-style-type: none"> <li>• Please note that the right hand column of the tool states: 'An area I would like to improve and gives the option of Yes or No'</li> <li>• Please mark YES for any areas you would like to improve on in the next 12 months</li> <li>• This tool is for your own information: you will not have to share the results publically</li> </ul> <p>Background for Self-evaluation tool in the participants' book states:- This self-evaluation tool was developed locally for clinical educators in Gippsland. It is based on the Best Practice Clinical Learning Environment (BCPLE) framework.</p>			<b>5 mins</b>

<p><b>Homework Task Two</b> - Understanding Learning in Clinical Settings</p> <ul style="list-style-type: none"> <li>Facilitator introduces participants to homework task two which requires participants to read one paper from those provided and make notes on it</li> </ul> <p>The instructions in the participants' book state:          There are a number of published educational papers relating to teaching and learning in clinics at the back of your booklet. The facilitators have already referred to some of them during day one.          Please choose one paper and read it before day two.          Make notes on:</p> <ul style="list-style-type: none"> <li>Topics / ideas that interested you</li> <li>Things you could apply to your own teaching in clinics</li> </ul> <p>Participants can choose to read any of the papers made available to them.</p>	<p><b>5 mins</b></p>
<p><b>Notes for facilitators</b></p>	<p>It is appropriate to let participants choose which paper they want to read: there is no need to get a 'spread' across papers. In the process of choosing a paper, participants will probably have a look at all the papers.</p> <p>Although unlikely, in the event everybody chooses the same paper there is still enough material for the exercise at the end of day two when the material is used for discussion and sharing.</p>
<p><b>References</b></p> <p>Banning, M. (2008). The think aloud approach as an educational tool to develop and assess clinical reasoning in undergraduate students. <i>Nurse Education Today</i>, 28, pp. 8 – 14</p> <p>Carraccio, C., Benson, B., Nixon, L., Derstine, P. (2008) From the Educational Bench to the Clinical Bedside: Translating the Dreyfus Developmental Model to the Learning of Clinical Skills. <i>Academic Medicine</i>, 83(8) pp. 761 – 767</p> <p>Harden, R., Laidlaw, J. (2013) <i>Essential Skills for a Medical Teacher: An Introduction to Teaching and Learning in Medicine</i>. Edinburgh: Churchill Livingstone Elsevier</p> <p>Kaufman, D. (2003). ABC of learning and detaching in medicine: Applying educational theory in practice. <i>BMJ</i>, 326, p. 213 – 216</p> <p>McMillan, W. (2011) Making the most of teaching at the chair side. <i>European Journal of Dental Education</i>, 15, pp. 63 – 68</p>	

## Self-evaluation Tool for Educators and Preceptors

*This tool has been developed to provide anyone involved in an education role the opportunity to reflect and evaluate their practice. 'Educators' refers to anyone who contributes to the education or training of another person, including preceptors.*

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Role (Position): \_\_\_\_\_



### An organisational culture that values learning

	Always - Mostly - Sometimes - Rarely - Never	An area I would like to improve
I feel there is an organisational commitment to teaching and learning	---○---○---○---○---○	○ Yes --- ○ No
I use mistakes made by our students or staff as learning opportunities for both learners and educators	---○---○---○---○---○	○ Yes --- ○ No
When students arrive, I treat them as part of the team and give them opportunities to learn	---○---○---○---○---○	○ Yes --- ○ No
I make students feel comfortable to maximise their ability to learn	---○---○---○---○---○	○ Yes --- ○ No
As an educator, I feel I have been prepared for my role to supervise students	---○---○---○---○---○	○ Yes --- ○ No

### Best practice clinical practice

	Always - Mostly - Sometimes - Rarely - Never	An area I would like to improve
I am familiar with making decisions with evidence-based rationale	---○---○---○---○---○	○ Yes --- ○ No
I can use, and teach how to use, appropriate resources to help achieve the desired patient outcomes and answer clinical questions	---○---○---○---○---○	○ Yes --- ○ No
I understand achieving best practice is an ongoing process of identifying, implementing and testing the best available evidence	---○---○---○---○---○	○ Yes --- ○ No

### Effective communication processes

	Always - Mostly - Sometimes - Rarely - Never	An area I would like to improve
I use open questions to maintain an active dialogue	---○---○---○---○---○	○ Yes --- ○ No
I use appropriate language that is meaningful for learners	---○---○---○---○---○	○ Yes --- ○ No
I endeavour to give specific, constructive and two-way feedback	---○---○---○---○---○	○ Yes --- ○ No
I ensure unequal power relationships between learners and educators do not compromise communication	---○---○---○---○---○	○ Yes --- ○ No

Developed by Claire Chapman and James Sung (May 2013) Bairnsdale Regional Health Service

## Self-evaluation Tool for Educators and Preceptors

### A positive learning environment

	Always - Mostly - Sometimes - Rarely - Never	An area I would like to improve
I am non-judgemental and create an environment where learners feel safe to ask questions, participate, take chances and make mistakes	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No
I provide opportunities for learners to learn from other staff's expertise and knowledge	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No
I am aware of learner's objectives and their goals for their clinical placement	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No
I feel I have the personal attributes that make me a good educator	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No
I prepare learners for their experience in my area	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No
I provide learners with the opportunity to reflect on their experiences	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No
I feel there is an appropriate number of educators to learners	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No
I feel there is an appropriate number of learners to patients/clients	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No
I provide a continuity of learning environment wherever possible	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No

### An effective health service-training provider relationship

Note: Complete the following section only if you are formally employed in an education role that support students

	Always - Mostly - Sometimes - Rarely - Never	An area I would like to improve
I trust that the training providers have prepared students for their placement at my organisation	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No
I respect the contribution of training providers to my health service and I feel the training provider respects my contribution too	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No
I foster support, trust and collaboration between myself and the training providers	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No

### Appropriate resources and facilities

	Always - Mostly - Sometimes - Rarely - Never	An area I would like to improve
I feel that learners have access to the facilities and materials needed to optimise their clinical education experience	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No
I feel that I have access to the facilities and materials needed for me to optimise the clinical education experience for my students	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No

Developed by Claire Chapman and James Sung (May 2013) Bairnsdale Regional Health Service

<b>Session 10: Review of Day 1</b>			
<b>Time and Duration</b>	Day 2	09.00	10 minutes
<b>Intended Learning Outcomes</b>	<ul style="list-style-type: none"> <li>• Discuss and recall content and process of day one</li> <li>• Identify and resolve any burning questions arising from Day one</li> <li>• Recognise the need to sign up for small groups</li> </ul>		
<b>Process overview</b>	<ul style="list-style-type: none"> <li>• Ask participants if they have any queries or questions from Day One</li> <li>• Deal with any queries that arise</li> <li>• Quickly review content of day one</li> <li>• Alert participants to content and processes in day two</li> <li>• Encourage participants to sign up for Small Group sessions</li> </ul>		
<b>Facilitator Resources</b>	<ul style="list-style-type: none"> <li>• Timetable for GRACE – Day 2</li> <li>• Sign-up sheets for small groups ready and posted on wall</li> </ul>		
<b>Participant Resources</b>	<ul style="list-style-type: none"> <li>• Participant Book - 72</li> </ul>		
<b>Process and approximate timing for each section</b>			
<ul style="list-style-type: none"> <li>• Welcome participants to day two</li> <li>• Ask if there are any queries or questions about day one</li> <li>• Review process and content of day two</li> <li>• Emphasise that program is moving onto more self-directed and experiential activities so participants will be actively involved</li> <li>• Explain topics for small group discussion</li> <li>• Encourage participants to sign up for small group sessions</li> </ul>			<b>10 mins</b>
<b>Notes for facilitators</b>	<ul style="list-style-type: none"> <li>• This session sets the tone for the day. It is good to be open and friendly but also be clear and professional</li> <li>• If there is some time between day one and day two it is important to jog participants' memory and to reemphasise that this is an experiential learning program</li> <li>• Session 13 small group sign up sheets need to be up on wall PRIOR to the session commencing</li> </ul>		



<b>Session 11: Teaching, Learning, Observing and Giving Feedback</b>			
<b>Time and Duration</b>	Day 2	09.10	1 hour 50 minutes
<b>Intended Learning Outcomes</b>	Personalise learning activities <ul style="list-style-type: none"> <li>• Teaching- Plan, implement, modify and reflect on teaching a skill/task</li> <li>• Learning - Experience learning and performing a novel skill/task</li> <li>• Analyse factors that facilitate or inhibit learning a skill/task</li> <li>• Observing - Develop skills in observing teaching and learning sessions with the aim of giving feedback</li> <li>• Feedback -Give receive and respond to feedback about teaching and learning episodes</li> <li>• Reflection -Reflect on strategies for increasing personal teaching efficacy</li> </ul>		
<b>Process overview</b>	<ul style="list-style-type: none"> <li>• Highly structured experiential small group session with reflective plenary</li> <li>• The session uses the teaching of a skill to a learner as the basis for increasing awareness of the teaching learning process</li> <li>• It highlights individual differences, good teaching principles, learner perceptions and giving and receiving feedback</li> </ul>		
<b>Facilitator Resources</b>	<ul style="list-style-type: none"> <li>• PowerPoint introduction</li> <li>• Space to spread out and to reflect at end of session</li> <li>• Teaching resource box e.g. Wool and knitting needles, crochet hooks, playing cards, foreign language or skills text books, juggling balls, rope for knotting, origami paper, scissors, marker pens, musical instruments</li> <li>• Timer or stopwatch</li> <li>• Reference</li> </ul>		
<b>Participant Resources</b>	<ul style="list-style-type: none"> <li>• Participant Book – pp 73</li> <li>• Task and process sheet</li> </ul>		
<b>Process and approximate timing for each section</b>			
1. Power point Introduction of process and grouping			<b>10 mins</b>
<b>2. TLOF Round One</b> Work in Groups of 3 where each person is a teacher, learner or an observer. Decide on roles. If numbers are uneven then work 4 in a group with 2 learners. Follow task and process sheets with the observer checking ALL the following steps are adhered to: <ul style="list-style-type: none"> <li>• Preparing</li> <li>• Teaching and Learning and Observing</li> <li>• Evaluation</li> <li>• Feedback</li> </ul>			<b>45 mins</b>

<p><b>3. Regroup</b></p> <ul style="list-style-type: none"> <li>• Create new groups</li> <li>• Gather Learners in one corner of the room, Teachers in another corner and Observers in another</li> </ul> <p>Form new groups of three with people they have not worked with before</p>	<p><b>5 mins</b></p>
<p><b>4. TLOF Round Two</b></p> <ul style="list-style-type: none"> <li>• Swap roles from those taken in the first round and repeat process faster</li> </ul>	<p><b>30 mins</b></p>
<p><b>5. Reflection Plenary</b></p> <ul style="list-style-type: none"> <li>• Form a circle. It is important to get seating arranged for this activity</li> </ul> <p>Learners</p> <ul style="list-style-type: none"> <li>• Ask for comments from people who were learners (2/3 of group)</li> <li>• What did they learn? What did they feel? What did learners notice about the learning process and how did it feel to be a learner?</li> <li>• How was the learning process when/if there were 2 students?</li> </ul> <p>Teachers – Repeat questions above</p> <p>Observers – Repeat questions above</p> <ul style="list-style-type: none"> <li>• Feedback process</li> <li>• Ask everyone to suggest one thing they learnt that will influence their future supervision</li> <li>• Debrief performance anxiety for learners and teachers.</li> <li>• Debrief Observers and acknowledge their effort in keeping quiet!</li> <li>• Other things?</li> <li>• Encourage all groups to complete the written evaluations during the activity</li> </ul>	<p><b>20 mins</b></p>
<p><b>Notes for facilitators</b></p>	<ul style="list-style-type: none"> <li>• These are indicative timings for each section</li> <li>• Timing will work differently with different groups but you need to keep people on task</li> <li>• Success of this activity depends on the group getting on with the task and the selection of the teaching task: one that is challenging and not too easy for the learner and one in which the teacher has more expertise</li> <li>• There is no tea break scheduled in the program this morning, it will be available during the session for access during group work</li> </ul>
<p><b>Option</b></p>	<ul style="list-style-type: none"> <li>• Depending on workshop numbers (and with two facilitators running session) if there are groups running very behind in the first TLOF you may decide to leave these progressing slowly and debrief in two separate groups</li> </ul>
<p><b>References</b></p> <p>Marriot J., Galbraith K. (2005). <i>Exploring the roles of the clinical educator. Part 3: Instructor, observer and provider of feedback: in Rose M and Best D (Eds.). Transforming Practice through clinical education professional supervision and mentoring.</i> Edinburgh: Elsevier. Chapter 4, p. 67</p>	

**Teaching Learning Observing  
and Giving Feedback**

GRACE Session 11

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**Teaching Learning Observing and  
Giving feedback (TLOF)**

- Complex experiential process focussing on the teaching learning process as a teacher learner or observer
- Highly structured learning task
  - Important to do all the steps

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**TLOF Session overview**

Everyone will have the opportunity to experience two of the roles: Teacher, Learner or Observer.

1. First TLOF Process (45mins)
2. Change of group then repeat
  - Assistance to regroup
3. TLOF Repeated process in new groups (30mins)
4. Reflective Plenary

Note: Working morning tea during group work

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**Task**

ANY THING Except Professional workplace skills

1. Teacher must have greater expertise in the task than the learner
2. Learner must be challenged, but appropriate for a short teaching session

Teaching opportunities (some resources available):

- Motor skills e.g. knitting, crocheting, dance steps, yoyo tricks, card tricks, musical instrument playing, yoga poses etc; or
- Cognitive skills e.g. foreign language, signing, card games

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**PLANNING**

In groups of three:

1. Decide who will be
  - the Teacher (T)
  - the Learner (L)
  - The Observer (O)
2. T selects a short task that is novel to the learner and in which T has more competence.
3. T and L agree on criteria for successful completion of the task: process list

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**TEACHING LEARNING AND OBSERVING**

4. T: teaches L the task
5. L: undertakes the task
6. O: observes the process and checks that each step has been completed

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**EVALUATION**

7. T writes:
- an evaluation of L's learning of the task
  - a self evaluation of his/her teaching
- L writes:
- an evaluation of how well the task was taught by T
  - self evaluation of his/her attempt of the task
8. O receives all 4 written evaluations from T and L

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**FEEDBACK**

9. L's performance: T gives verbal feedback
10. T's teaching:
- L gives verbal feedback to T
  - O gives verbal feedback to T
11. O comments on the match between the written evaluations and the verbal feedback

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**Discussion**

12. Discuss:
- What went well
  - What could have been better
  - What each of you has learnt from the task
  - Did the observer notice things that T or L did not
  - How it felt to be in each of the roles

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**REFLECTION**

Plenary activity

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<b>Session 12: Assessing Competence in a Clinical Setting</b>			
<b>Time and Duration</b>	Day 2	11.00	45 minutes
<b>Intended Learning Outcomes</b>	<ul style="list-style-type: none"> <li>• Explore the components of competence in a clinical setting</li> <li>• Identify a range of methods for measuring competence</li> <li>• Apply best practice in assessing clinical competence</li> <li>• Practise assessing communication skills</li> <li>• Reflect on personal factors related to the assessor role</li> </ul>		
<b>Process overview</b>	<ul style="list-style-type: none"> <li>• Short presentation</li> <li>• Participants use rating scale to assess student's communication skills</li> <li>• Discussion of issues in assessment</li> </ul>		
<b>Facilitator Resources</b>	<ul style="list-style-type: none"> <li>• PowerPoint slides</li> <li>• Video clip of student interviewing patient</li> <li>• Handbell</li> </ul>		
<b>Participant Resources</b>	<ul style="list-style-type: none"> <li>• Participant Book – pp 79</li> <li>• PowerPoint on assessment</li> <li>• Ideas for giving assessment feedback</li> <li>• Rating scale for communication skills and space for writing comments</li> </ul>		
<b>Process and approximate timing for each section</b>			
BEFORE THE SESSION BEGINS			
<ul style="list-style-type: none"> <li>• Check communication skills video works including adequate sound</li> <li>• Ensure slides have a picture corresponding to the topic of part two (e.g. a garden, birthday cake, house or whatever you have chosen)</li> </ul>			
<p>1. Start with an <b>open discussion</b> with participants on assessment. Perhaps a stem such as 'Assessment...the problem is...</p> <p>Assessment is a difficult and emotional topic for which few clinical supervisors are adequately prepared. They often have to carry out assessment processes that they have not involved in developing, for which they have no training and which are hard to implement. There will be variation across professions e.g. PT, Speech and OT have national forms and training for people using the forms. Other professions e.g. nursing may have students from a number of different universities all using different assessment forms.</p> <p>Try to get a feeling of the experience in the room and the problems they face. Allow participants to vent some of the difficulties and frustrations they face. Refer to this when going through the PowerPoint presentation.</p> <p>You might also want to know:</p> <ul style="list-style-type: none"> <li>• How many participants assess students?</li> <li>• How many participants appraise staff?</li> </ul>			<b>5-10 mins</b>

<p>2. Exercise – e.g. Garden. THIS IS IMPORTANT - move very <b>assertively</b> onto part 2 ‘the garden’ ...or alternative subject that you have chosen.</p> <p>There is a video of this section of the session available if you want to look at it for preparation.</p> <ul style="list-style-type: none"> <li>• Perhaps ring a bell if you are using one during the program to get attention</li> <li>• Announce loudly ‘Everybody - Sit up straight. Have a pen and paper in front of you</li> <li>• You have <b>two</b> minutes to draw a garden; house; Birthday cake; engagement ring or whatever you choose</li> <li>• No more than two minutes later say assertively ‘Pens down. Stop drawing’</li> </ul>	<p><b>5 mins</b></p>												
<p>3. Input on assessing competence Ask participants to change papers with their neighbour. (Or in threes if the numbers demand that): the participants are now the Markers.</p> <p>You have a series of slides that allocate marks out of 6. E.g. for a garden:</p> <table data-bbox="188 880 957 1093"> <tr> <td>Does it look vaguely like a garden?</td> <td>1 mark</td> </tr> <tr> <td>Does it have flowers?</td> <td>1 mark</td> </tr> <tr> <td>Does it have vegetables?</td> <td>1 mark</td> </tr> <tr> <td>Does it have a compost bin?</td> <td>1 mark</td> </tr> <tr> <td>Does the picture use different colours?</td> <td>1 mark</td> </tr> <tr> <td>Is there a garden shed?</td> <td>1 mark</td> </tr> </table> <ul style="list-style-type: none"> <li>• Add up the marks out of six</li> <li>• Then ask participants to return papers to the person who drew them</li> <li>• Ask everyone stand up</li> <li>• Ask who got 6 out of 6 (most unlikely if you have been clever with your criteria): they can sit down</li> <li>• 5 out of 6: they can sit down</li> <li>• 4 out of 6: they can sit down</li> <li>• Now say: ‘The rest of you have failed. The pass mark is 60%’</li> </ul> <p>Ask how people are feeling. You will get plenty of audience participation at this stage. Lots of complaints: “I had a wheelbarrow/garden bench/wishing well etc. and that didn’t count.... It’s not fair. Pass mark should be 50% etc.”</p> <p>The exercise is a bit of fun to EMPHASISE THE IMPORTANCE OF KNOWING THE CRITERIA FOR ASSESSMENT</p>	Does it look vaguely like a garden?	1 mark	Does it have flowers?	1 mark	Does it have vegetables?	1 mark	Does it have a compost bin?	1 mark	Does the picture use different colours?	1 mark	Is there a garden shed?	1 mark	<p><b>10 mins</b></p>
Does it look vaguely like a garden?	1 mark												
Does it have flowers?	1 mark												
Does it have vegetables?	1 mark												
Does it have a compost bin?	1 mark												
Does the picture use different colours?	1 mark												
Is there a garden shed?	1 mark												
<p>4. Short session with PowerPoint on assessment of competency.</p>	<p><b>5 mins</b></p>												
<p>5. Introduce the ‘assessing communication skills segment’</p> <ul style="list-style-type: none"> <li>• Explain that there is a video of a student with a patient</li> <li>• Their task is to assess the communication skills using the form provided</li> </ul>	<p><b>10 mins</b></p>												

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<p>6. Discussion</p> <ul style="list-style-type: none"> <li>• Check how people marked the form: there is usually discrepancy especially across professions</li>   <li>• The discussion will be shaped by people’s experience</li> <li>• Finally ask participants to write down some words they might say to a student who is ‘Failing Communication Skills’</li> </ul>	<b>10 mins</b>
7. Summary	<b>2-3 mins</b>
<b>Notes for facilitators</b>	<ul style="list-style-type: none"> <li>• Assessment is a difficult topic – both to do and to teach. In this session we try to touch on the emotional side of assessment as well as the theoretical and practical side</li> <li>• The main message to come out of the session is that both teacher and student should KNOW THE CRITERIA</li> </ul>
<b>Option</b>	<ul style="list-style-type: none"> <li>• If, by chance, the video doesn’t work then two facilitators could do a role play which the participants can assess</li> </ul>
<p><b>References</b></p> <p>Allison Evans Consulting (2008). <i>Competency Assessment in Nursing. A summary of literature published since 2000</i>. Melbourne: EdCan -Cancer Australia  <a href="http://www.edcan.org/pdf/EdCancompetenciesliteraturereviewFINAL.pdf">http://www.edcan.org/pdf/EdCancompetenciesliteraturereviewFINAL.pdf</a> (accessed 10 May 2013)</p> <p>AMEE Guide No 25 (2003). The assessment of learning outcomes for the competent and reflective physician. <i>Medical Teacher</i>; 25(6): 569 – 584 or online:  <a href="http://www.fmhs.uaeu.ac.ae/researchgroups/merg/assessment/amee.pdf">http://www.fmhs.uaeu.ac.ae/researchgroups/merg/assessment/amee.pdf</a> (accessed 10 May 2013)</p> <p>Miller GE. (1990). The assessment of clinical skills/competence/performance. <i>Acad Med</i>; 65 (suppl): S63–67</p>	

**Assessing Competence in a Clinical Setting**

GRACE Session 12

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**Key points**

- Competence is a COMPLEX concept
- Much debate about appropriate definition and method of assessment.
- Most health professions have developed competency standards for new graduates/beginning practitioners
- Do you know the competency standards for your profession?

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**Competency Standards**

Normally cover the expected:

- Levels of knowledge
- Attitudes
- Skills
- Behaviours

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**Professional Clinical Competence**

Should reflect:

- Multifaceted nature of clinical practice
- Broad range of practice settings
- Cultural differences within Australian population

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**Competence includes:**

- Performance – ability to perform clinical tasks
- Psychological aspect – ability to integrate cognitive, affective and psychomotor skills when delivering care
- Insight – awareness of own expertise and limitations

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**Ensuring objectivity**

- Key Challenge to assessing competence
- Use more than one indicator
- Adequate preparation of
  - Individual being assessed
  - The assessor

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### Assessing competence

- Validity: does it measure what it's supposed to measure?
- Reliability:
  - Is it consistent over time?
  - Between assessors?
- What is the impact on learning?

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### Methods of assessing competence

- Written assessments
- Clinical/practical assessments
- Observation
- Portfolio or other record of performance
- Peer and self assessment

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### Methods of assessing clinical competence

The most commonly used methods for assessing competency in clinical settings are:

- Observation
- Check lists  
and
- Rating scales

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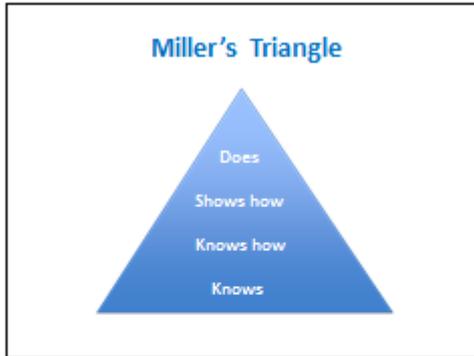
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- Levels of competence**
- **Knows** – knowledge necessary for task
  - **Knows how** – knows how to use the knowledge
  - **Shows how** – can demonstrate in a clinical or simulated environment
  - **Does** – acts independently in complex everyday situation

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- Feedback and Assessment**
- Be sure to give students plenty of feedback before their assessment
  - Assess the students' competence at the end of the placement.
  - Don't be too influenced by what has happened along the way.

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**When a student fails the assessment**

- NOT: 'I failed the student'
- BUT: 'The student has failed to reach the criteria, and so has failed the assessment'
  
- LOOK AFTER YOURSELF e.g. debrief with peer  
....But don't blame yourself
- Support student

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<b>Session 13: Parallel Sessions - Small Group Discussions</b>			
<b>Time and Duration</b>	Day 2	11.45	45 minutes
<b>Intended Learning Outcomes</b>	<ul style="list-style-type: none"> <li>• Illustrate adult learning principles e.g. learner autonomy and learner diversity</li> <li>• Encourage participants to identify areas of their performance that require improvement</li> <li>• Identify interdisciplinary factors and opportunities</li> <li>• Share approaches, ideas and learning with fellow participants and facilitators</li> </ul>		
<b>Process overview</b>	<ul style="list-style-type: none"> <li>• Facilitator chooses topics, prepares sign-up sheets ready morning of day two</li> <li>• Participants choose one topic and sign up during morning of day two</li> <li>• Facilitator allocates space for groups</li> <li>• Small Groups meet and discuss topic for 30 minutes</li> <li>• Plenary during which each small group reports key points from their discussion</li> </ul>		
<b>Facilitator Resources</b>	<ul style="list-style-type: none"> <li>• Sign-up sheets – one sheet for each topic</li> <li>• Spaces for small group discussion</li> <li>• Flip chart sheet and marker pen for each group</li> </ul>		
<b>Participant Resources</b>	<ul style="list-style-type: none"> <li>• Participant Book - Nil</li> <li>• Prompt questions sheet</li> <li>• Flip chart sheet</li> <li>• Marker pens</li> </ul>		
<b>Process and approximate timing for each section</b>			
<p><b>BEFORE SESSION</b></p> <ul style="list-style-type: none"> <li>• Facilitator chooses topics for small group discussions. These can be from HWA competencies not covered elsewhere in GRACE and/or from issues that have arisen in the program so far. The challenges from the beginning of day one are a good source of issues</li> </ul> <p>Suggested Topics from HWA competency framework</p> <ul style="list-style-type: none"> <li>• Managing Time</li> <li>• Cultural Safety</li> <li>• Working with Other Professions</li> <li>• Typical topics from challenges are</li> <li>• Feedback</li> <li>• Burnout</li> </ul> <p>Facilitator</p> <ul style="list-style-type: none"> <li>• Prepares a sign-up sheet for each topic. The sheet has the title at the top and the numbers 1 to 6 spaced down the sheet. The maximum number in each group should be 6: larger numbers mean less individual participation</li> <li>• Posts the sign-up sheets in an accessible place at the beginning of day two</li> <li>• Mentions the small group discussions at the beginning of day two and encourages participants to sign up for their chosen topic. Participants can choose only one topic</li> <li>• Depending on numbers in each group, facilitator allocates groups to spaces - OR - the</li> </ul>			

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spaces can already be allocated at the beginning of the day		
<b>DURING SESSION</b> Facilitator: <ul style="list-style-type: none"> <li>• Tells groups to go to their allocated space and discuss their topic</li> <li>• Groups can request a facilitator if required, but please encourage groups to be self-sufficient</li> <li>• Groups discuss their topic for 30 mins</li> <li>• Groups prepare a flip chart sheet with 2-3 main points from their discussion</li> </ul> Facilitators float between groups checking that the groups are managing <ul style="list-style-type: none"> <li>• If a group has chosen an especially emotional or contentious topic e.g. burnout, then the facilitator may choose to monitor that group more carefully</li> </ul>		<b>30 mins</b>
Return to Plenary <ul style="list-style-type: none"> <li>• Each group reports 2-3 main points from their discussion, which they have already recorded on flip chart paper</li> </ul>		<b>15 mins</b>
After session <ul style="list-style-type: none"> <li>• Facilitator posts flip chart sheets with main points on wall</li> </ul>		
<b>Notes for facilitators</b>	This session is designed as an open opportunity to allow participants to explore an area of interest. There are no set or expected outcomes from the discussion.  The small groups are designed as leaderless groups. Facilitators are not expected to be in the groups or to lead the groups UNLESS REQUESTED BY PARTICIPANTS OR IF A GROUP IS FLOUNDERING.	
<b>Option</b>	Also 1-2 sign-up sheets with YOUR CHOICE for participants to choose their own topic for discussion	

<b>Session 14: Dealing with Challenging Situations</b>			
<b>Time and Duration</b>	Day 2	13.00	90 minutes
<b>Intended Learning Outcomes</b>	<ul style="list-style-type: none"> <li>• Analyse challenging teaching/learning situations</li> <li>• Acknowledge and manage factors that may influence the supervisor learner relationship</li> <li>• Identify issues in the clinical environment which influence learning efficiency and effectiveness and take remedial action within the scope of the role</li> <li>• Maintain safety of all stakeholders</li> <li>• Develop strategies for dealing with challenging teaching/learning</li> </ul>		
<b>Process overview</b>	<ul style="list-style-type: none"> <li>• Small group exploration of challenging situations: groups discuss potential causes for concern related to challenges associated with supervisor learner or workplace issues and then consider strategies for improved management</li> <li>• Large group session will include presentations of the key issues from each group and a short demonstration of the action plan</li> </ul>		
<b>Facilitator Resources</b>	<ul style="list-style-type: none"> <li>• Scenarios – see Appendix 2</li> <li>• Electronic scenarios</li> <li>• Video</li> </ul>		
<b>Participant Resources</b>	<ul style="list-style-type: none"> <li>• Participant Book – pp 87</li> <li>• Handouts of selected scenarios</li> </ul>		
<b>Process and approximate timing for each section</b>			
<p><b>PRIOR TO WORKSHOP – CHOOSE SCENARIOS</b></p> <ul style="list-style-type: none"> <li>• Choose scenarios with content relevant to the participants attending the program. Select one scenario for every 5-6 participants. E.g. for 12 participants select two scenarios. For 20 participants select four scenarios. Photocopy each scenario onto two separate pages. These will be handed out at times identified in the session outline</li> </ul>			
<p><b>DEVELOPING RANDOM GROUPS.</b></p> <ul style="list-style-type: none"> <li>• At start of session, divide participants into small random groups of 5-6 people; e.g. if there are 12 people in a program then divide into 2 groups</li> <li>• You could ask people sitting in rows to ascribe a letter (or number) e.g. A/ B /A /B etc. until everyone has a letter. Everyone must remember their letter or Number!</li> <li>• Group A: participants with letter A /Group B: participants with letter B</li> <li>• Each small group will work on a different scenario</li> <li>• Ask participants to introduce themselves and give a brief summary of their supervisory experience</li> </ul>			<b>10 mins</b>
<p><b>2. Small Group Activity</b></p> <p><b>2.1 Participants introduce themselves and where they work</b></p> <ul style="list-style-type: none"> <li>• Facilitators hand out page 1 of scenario</li> <li>• Participants explore issues related to Page 1 of Scenario and summarise relevant issues of potential concern related to the supervisor learner and workplace on flip chart</li> </ul>			<b>10 mins</b>

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<p>2.2 Facilitators distribute Page 2 of Scenario -Further information</p> <ul style="list-style-type: none"> <li>• Groups discuss new information and modify scenario issues</li> <li>• Participants develop possible management strategies (Action Plan)</li> </ul>	<b>10 mins</b>
<p>2.3 Group develops a presentation of their strategies</p> <ul style="list-style-type: none"> <li>• Groups develop a short (5-6 minute) conversation between relevant people in the scenario to show other participants a way of either managing, resolving or preventing the situation. Participants rehearse the conversation to share learning with other groups</li> <li>• Groups prepare a summary of key scenario information and the rehearsed conversation</li> </ul>	<b>30 mins</b>
<p>2.4 Presentation of group scenarios and strategies</p> <ul style="list-style-type: none"> <li>• Groups present summary of scenario and conversation demonstrating strategies</li> <li>• Facilitation of group process and presentation of strategies</li> </ul>	<b>20 mins</b>
<p>2.5 Plenary</p> <p>Facilitator summarises the importance of issues raised by the scenarios. These might include:</p> <ul style="list-style-type: none"> <li>• Planning</li> <li>• Addressing any concern early</li> <li>• Being clear about learning objectives and learning processes etc.</li> </ul> <p>Facilitator takes opportunity to debrief performance anxiety and encourages participants to reflect on improvements to learning and development process</p>	<b>10 mins</b>
<b>Notes for facilitators</b>	<ul style="list-style-type: none"> <li>• Scenarios / case studies – see Appendix 2</li> <li>• Groups should be no smaller than 5 people</li> </ul>

<b>Scenario Summaries</b>	
<b>SCENARIO 1: MARIO</b>	
Context	Acute Care setting / Nursing or Physiotherapy /Risk management issues
Intended Learning Outcomes	<ul style="list-style-type: none"> <li>• Apply risk management principles to clinical supervision activities</li> <li>• Adjust workplace situations to ensure safety and take immediate remedial action as required</li> <li>• Assess risk</li> <li>• Analyse risks in clinical supervision practice</li> <li>• Respond to risk</li> <li>• Monitor and review risk</li> </ul>
<b>SCENARIO 2: JANE</b>	
Context	Busy time critical workplace
Intended Learning Outcomes	<ul style="list-style-type: none"> <li>• Monitor learner’s level of stress</li> <li>• Adjust workplace situations to ensure an appropriate level of stress for learner</li> <li>• Apply risk management principles to clinical supervision activities</li> </ul>
<b>SCENARIO 3: MAI</b>	
Context	Applicable to all health care professions and all workplaces: interprofessional
Intended Learning Outcomes	<ul style="list-style-type: none"> <li>• Poor communication skills or cultural differences</li> <li>• Could apply to novice learners who have poorly developed communication skills or/OS trained learners or highly anxious learners</li> </ul>
<b>SCENARIO 4: VANESSA</b>	
Context	Nursing
Intended Learning Outcomes	<ul style="list-style-type: none"> <li>• Safety and risk taking</li> <li>• Avoiding supervisor burnout</li> <li>• Setting clear objectives and expectations</li> </ul>
<b>SCENARIO 5: LESLEY</b>	
Context	Interprofessional placement
Intended Learning Outcomes	<ul style="list-style-type: none"> <li>• Providing constructive and supportive feedback</li> <li>• Exploring personal values and attributes on patient-client care</li> <li>• Identify and address learner’s lack of engagement</li> <li>• develop and maintain productive, goal oriented supervision</li> </ul>



<b>Session 15: Understanding Learning in Clinics: Theoretical Frameworks</b>			
<b>Time and Duration</b>	Day 2	14.45	30 minutes
<b>Intended Learning Outcomes</b>	<ul style="list-style-type: none"> <li>• Recognise the range of theoretical frameworks for understanding learning in clinics</li> <li>• Apply theory to supervision and teaching</li> </ul>		
<b>Process overview</b>	<ul style="list-style-type: none"> <li>• Between day one and day two participants choose a paper to read from those in the participants' book. They make notes on topics/ideas that interested them and areas they could apply to their own teaching</li> <li>• During the session, participants discuss the papers they read and points of interest. They prepare key points from the literature to share with other groups</li> </ul>		
<b>Facilitator Resources</b>	<ul style="list-style-type: none"> <li>• Access to Participant book</li> </ul>		
<b>Participant Resources</b>	<ul style="list-style-type: none"> <li>• Papers in Participants book - 89</li> <li>• Prompts for structuring reading and reports</li> <li>• Flip chart paper and marker pens</li> </ul>		
<b>Process and approximate timing for each section</b>			
<b>BEFORE SESSION</b>			
At end of day one facilitator explains reading task to participants. This includes:			
<ul style="list-style-type: none"> <li>• Choosing a paper to read before day two</li> <li>• Making notes on prompt questions</li> <li>• Topics/ideas that interested you</li> <li>• Areas you could apply to your own teaching</li> </ul>			
Participants read papers and make notes prior to session			
<b>NOTE ON GROUP FORMATION</b>			
<ul style="list-style-type: none"> <li>• For this session, participants can be in groups of their choosing OR in groups structured by the facilitator. By this time in the program participants have been in a number of groups and have been moved around quite a bit, so it is suggested just to leave participants where they are sitting at the start of the exercise</li> <li>• Other options include grouping people by the paper they have read, by profession, by workplace etc. but this takes time and may have no advantage for discussion</li> </ul>			
<b>DURING SESSION</b>			<b>20 mins</b>
Activity 1:			
<ul style="list-style-type: none"> <li>• Participants sit in groups and share main points from the papers they have read</li> <li>• Participants write their main points onto flip chart paper</li> </ul>			
Activity 2:			<b>10 mins</b>
<ul style="list-style-type: none"> <li>• Participants share their main points with other groups</li> <li>• Make notes from reports by other groups</li> </ul>			

## Gippsland Regional Advancing Clinical Education

<p>AFTER SESSION (optional)</p> <ul style="list-style-type: none"><li>• Facilitator posts flip chart sheets with main points on wall</li></ul>	
<b>Notes for facilitators</b>	<p>This session is designed to encourage participants to see the usefulness of theory to support their clinical teaching. There are no set or expected outcomes from the discussion as each person will have a different outcome depending on the paper they read and their experience of clinical supervision. The facilitator's role is to emphasise main points and reinforce the use theory has in helping us to understand something that has happened in clinical education experience or predict an outcome.</p> <ul style="list-style-type: none"><li>• Groups of 4-5 work well</li></ul>

<b>Session 16: Reflection as a clinical educator</b>			
<b>Time and Duration</b>	Day 2	15.15	30 minutes
<b>Intended Learning Outcomes</b>	<ul style="list-style-type: none"> <li>• Be able to reflect on efficacy as a clinical educator</li> <li>• Reflect on own performance in learning development process to identify areas of improvement</li> <li>• Identify improvements that could be made to the learning development process</li> <li>• Plan future development as an educator</li> <li>• Identify resources available and required to implement plan</li> </ul>		
<b>Process overview</b>	Power point summary of the importance of reflection in developing clinical competence and learning leading into guided reflection using templates, peer discussion and personal review.		
<b>Facilitator Resources</b>	<ul style="list-style-type: none"> <li>• Power point presentation</li> <li>• References</li> </ul>		
<b>Participant Resources</b>	<ul style="list-style-type: none"> <li>• Papers in Participants book - 91</li> <li>• Slides and worksheets</li> </ul>		
<b>Process and approximate timing for each section</b>			
Summary of the importance of reflection			<b>10 mins</b>
<ul style="list-style-type: none"> <li>• PowerPoint contains 5 summary slides about reflection and then leads into a structured reflective process</li> <li>• Slides draw on 3 references (as below)</li> </ul>			
<ul style="list-style-type: none"> <li>• Facilitated reflection</li> <li>• Personal review</li> </ul>			<b>4 mins</b>
<ul style="list-style-type: none"> <li>• Verbal debriefing in pairs</li> <li>• 4mins x 2</li> </ul>			<b>8 mins</b>
Written review			<b>8 mins</b>
<b>Notes for facilitators</b>	<ul style="list-style-type: none"> <li>• Timing for the session is on the slides</li> <li>• Remember facilitator delivery tone encourages reflective processes!</li> <li>• If you remember the Accommodators (Kolb Learning style) who have difficulty with reflective tasks, you can support these people by acknowledging their challenge in working outside their preferred learning style!</li> </ul>		
<b>References</b>			
Baird, M., Winter, J. (2005) <i>Reflection, practice and clinical education</i> : in Rose M & Best D (Eds) <i>Transforming practice through clinical education professional supervision and mentoring</i> . Edinburgh: Elsevier; pp. 143 – 159			

Kaufman, D. (2003) ABC of learning and teaching in medicine: Applying educational theory in practice  
*BMJ*; 326: 213 -21

Wainwright, S., Shephard, K., Harman, L., Stephens, J. (2010) Novice and experienced physical therapy clinicians: A comparison of how reflection is used to inform the clinical decision making process  
*Physical Therapy*; 90(1): 75-85

**Reflection as a clinical educator**

GRACE Session 16

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**Session aims**

- To encourage reflective processes related to your learning during the GRACE course and your developing expertise as a clinical educator AND
- To introduce you to strategies to enable you to assist others to reflect on their practice in the workplace

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**Relevance of reflection**

Essential process in:

- Developing professional competence
- Being a lifelong learner and searching for meaning
- Ongoing professional and personal development
- Making sense of the activities in the TLOF and the challenging learning situation
- Applying theory to practice to explain or predict
- Kolb's learning cycle

Beird & Winter (2005) in Rose & Best

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**Schön's Reflective Practice**

Experience /event  
*Surprise*  
Reflection-in-action  
*Experimentation*  
Reflection-on-action

Kaufman 2003

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**Skills needed for reflection**

- Self awareness
- Description, being able to:
  - recognise
  - recall
  - describe the event
- Critical analysis
- Synthesis
- Evaluation

• Boud Keogh & Walker 1985 in Weinwright et al 2010

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**Methods to encourage reflection**

- Peer discussion
- Reflective writing: journals, diaries, templates
- Modeling the process
  - Self disclosure
  - Talking aloud
  - Sharing a journal

Baird & Winter 2005 in Rose & Best

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### Example of a template

Student Reflective Practice tool developed for Community Health (Gippsland, 2012)

- Describe: What happened?
- Analyse: What did you learn?
- Action plan: What will you do now?  
i.e. implications for future practice

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 Student Reflective Practice Tool <small>All in each column for about 10 minutes or 15 minutes that you take notes in your placement. Once completed and the evidence is used personal practice or use the as a basis for discussion with your supervisor. Also use their notes to discuss the case with your supervisor. As required by the confidentiality agreement. Also use the same template to discuss the case with your supervisor. This document is developed for Gippsland Community Health. It is not to be used in other settings. © Gippsland Community Health 2012</small>				
Date	Experience	What happened?	What did you learn from this experience?	Action Plan / What will you do next?
2012/12/12	2012	Describe what happened - the issue or event  I was in my placement where I was doing a placement for my placement. I was not interested what the case was.	What did you learn from this experience?  I was in my placement where I was doing a placement for my placement. I was not interested what the case was.	What could you improve on? What do you want to find out more about? What do you want to do about it? What do you want to do about it? What do you want to do about it? What do you want to do about it?

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### Encouraging reflective practice

Being effective relates to:

- Recognition of the importance of reflection
- Supportive learning environment
- Opportunity for good role models
- Scheduling time
- Using a variety of different methods

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**Making sense of your GRACE experience**

- Get comfortable, pen and paper at hand
- Use the next (quiet) 5 minutes to reflect on your experiences during the GRACE course
- Refer to the GRACE time table, the papers on the wall in the room and your own working papers as triggers
- Write... your highlights, your questions, your feelings. What ever comes to mind!

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**Verbal Debriefing**

In pairs

- Participant 1 ( Reflector)
  - responds to the prompting questioning and active listening of partner
- Participant 2 (Facilitator)
  - Uses active listening and the suggested questions to assist reflection.

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**Some suggested questions**

- What were the highlights for you of the GRACE course... Why?
- Were there any bits you found difficult?
- Do you know why?
- What ideas will you implement in your clinical education practice?
- What were the surprises for you during the course?

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**Your reflection on learning**

1. Refer Participant Book
2. Check your responses to the Day 1 self-evaluation homework task as related to the BPCLE
3. Refer to your notes throughout the GRACE course
4. What strategies do you have for the future?

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**Your personal critical reflection**

- Complete the final page in your Participant book for future reference
- Best wishes for your future practice as a GRACE supervisor
- Enjoy being a clinical educator!!

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<b>Session 17: Evaluation</b>			
<b>Time and Duration</b>	Day 2	15.45	15 minutes
<b>Intended Learning Outcomes</b>	<ul style="list-style-type: none"> <li>• Collection and collation of evaluation data</li> <li>• Opportunity for questions</li> </ul>		
<b>Process overview</b>	<ul style="list-style-type: none"> <li>• Distribute evaluation forms to participants</li> <li>• Give participants time to complete forms</li> <li>• Collect completed forms in a manner that keeps anonymity of participant e.g. into a box or large envelop</li> <li>• Collect Name Badges</li> </ul>		
<b>Facilitator Resources</b>	<ul style="list-style-type: none"> <li>• Evaluation forms for participants to complete</li> <li>• Box or Envelope to collect forms</li> <li>• Known process for collating and sharing results</li> </ul>		
<b>Participant Resources</b>	<ul style="list-style-type: none"> <li>• Evaluation form – pp 131 – separate soft copy</li> </ul>		
<b>Process and approximate timing for each section</b>			
Facilitator implements the evaluation process that has been agreed for the GRACE program. This evaluation form has been developed by the Clinical Placement Network (CPN) to promote consistency and opportunity to collate supervisor data and feedback.			<b>10 mins</b>
Facilitator thanks participants and opens the floor/answers any questions			<b>5 mins</b>
After the program evaluation forms are collated and results noted and distributed			
Facilitator collects name badges for reuse			
Finish...			



## References

- Alison Evans Consulting. (2008). *Competence Assessment in Nursing: A summary of literature published since 2000*. Cancer Australia: Melbourne.  
<http://www.edcan.org/pdf/EdCancompetenciesliteraturereviewFinal.pdf> (accessed 4 March 2013)
- Banning, M. (2008). The think aloud approach as an educational tool to develop and assess clinical reasoning in undergraduate students. *Nurse Education Today*, 28, pp. 8 – 14
- Harden, R., Laidlaw, J. (2013). Be FAIR to Students: Four principles that lead to more effective learning. *Medical Teacher*, 35; pp. 27 – 31
- Benner, Patricia (2004). Using the Dreyfus Model of Skill Acquisition to Describe and Interpret Skill Acquisition and Clinical Judgment in Nursing Practice and Education". *Bulletin of Science, Technology & Society*, 24(3); pp. 188–199. doi: 10.1177/0270467604265061
- Carraccio, C., Benson, B., Nixon, L., Derstine, P. (2008). From the Educational Bench to the Clinical Bedside: Translating the Dreyfus Developmental Model to the Learning of Clinical Skills. *Academic Medicine*, 83(8) pp. 761 – 767.
- Darcy Associates (2011). *BPCLE Framework Resource Development Project Final Report*. Department of Health: Victoria (accessed 4 March 2013) <http://www.health.vic.gov.au/vcpc/resources/index>
- Edwards, H., Best, D., Rose, M. (2005). *Understanding clinical knowledge and developing clinical expertise*. In: Rose M and Best D (Eds). *Transforming Practice through Clinical Education, Professional Supervision and Mentoring* Sydney: Elsevier, pp. 89-101
- Greer, L., Brogazzi, R. Bedi, A. (2006). Pendleton's rules [http://www.gp-training.net/training/educational\\_theory/feedback/pendleton.htm](http://www.gp-training.net/training/educational_theory/feedback/pendleton.htm) (accessed 7 March 2013)
- Harden, R., Laidlaw, J. (2013). *Essential Skills for a Medical Teacher: An Introduction to Teaching and Learning in Medicine*. Edinburgh: Churchill Livingstone Elsevier
- Hawkins P, Shohet R. (2006) *Supervision in the helping professions* Maidenhead: Open University Press
- Hounsell, D., McCune, V., Hounsell, J., Litjens, J. (2008). The quality of guidance and feedback to students. *Higher Education Research & Development*, 27(1), pp. 55-67  
doi:10.1080/07294360701658765
- Kaufman, D. (2003). ABC of learning and detaching in medicine: Applying educational theory in practice. *BMJ*, 326, pp. 213 – 216
- Health Workforce Australia. (2010). *National Clinical Supervision Competency Framework*.  
<http://www.hwa.gov.au/sites/uploads/hwa-national-clinical-supervision-support-framework-201110.pdf> (accessed 4 March 2013)
- Lake, F., Vickery, A., Ryan, G. (2005). Teaching on the run tips 7: effective use of questions. *MJA*, 182(3), pp. 126-127

Marriott, J., Galbraith, K. (2005). *Instructor, observer and provider of feedback in*: Rose, M. and Best, D.(Eds). *Transforming Practice through Clinical Education, Professional Supervision and Mentoring*. Edinburgh: Elsevier, pp. 58 -68

McMillan, W. (2011). Making the most of teaching at the chair side. *European Journal of Dental Education*, 15, pp. 63 – 68

Miller, GE. (1990). The assessment of clinical skills/competence/performance. *Academic Medicine*, 65, pp. 63 – 67

Molloy, E., Clarke, D. (2005). The positioning of physiotherapy students and clinical supervisors in feedback sessions. *Focus on Health Professional Education: A multi-disciplinary journal*, 7(1), pp. 79 - 90

Rose, M., Edwards, H., Best, D. (2012) *Educating Fieldwork Educators and Managers*: in McAllister L, Paterson M, Higgs J & Bithell C. (Eds.) *Innovations in Allied Health Fieldwork Education*; Chapter 25 pp. 283-296 Rotterdam, The Netherlands: Sense publishers

Shumway, JM., Harden, RM. (2003). AMEE Guide No. 25: The assessment of learning outcomes for the competent and reflective physician. *Medical Teacher*, 25(6), pp. 569–584  
<http://www.fmhs.uaeu.ac.ae/researchgroups/merg/assessment/amee.pdf> (accessed 4 March 2013)

Vickery, A., Lake, F. (2005). Teaching on the run tips 10: giving feedback. *MJA*, 183(5), pp. 267 -268

## Appendix 1

Mapping to HWA National Clinical Supervision Competency Resource: Foundation/Support ( <i>italics</i> ) & Intermediate Conduct (plain text)	
DAY 1	
Session content	Competency
	Introduction to the program Introduction to Experiential learning
Rewards and challenges of being a clinical educator	<b>1. Clinical Supervision</b> 1.1 Prepare and plan 1.1.1 Clarification of roles and the supervisory relationship
Developing clinical competence	<b>1. Clinical Supervision</b> 1.2 Facilitate learning 1.2.1 Involve the learner as appropriate, in decision making and problem solving activities. Challenge the learner in a constructive manner, gradually increasing their exposure to more complex situations and encouraging them to arrive at their own solutions to clinical problems.
	<b>3. Organisation</b> <i>3.1 Identify the learning opportunities that arise in clinical practice that will be instructive to the learner</i> Understand and integrate clinical supervision activities as part of patient-client care
Learning styles	<b>1. Clinical Supervision</b> 1.2.1 Explore Experiential learning 1.1.2 Construct individual learning plans with each learner, based on: the personal learning (preferred learning style) needs of the individual learner
Student perspectives	<b>1. Clinical Supervision</b> 1.2 Facilitate learning 1.2.1 Involve the learner as appropriate, in decision making and problem solving activities. Challenge the learner in a constructive manner, gradually increasing their exposure to more complex situations and encouraging them to arrive at their own solutions to clinical problems.
Management and administration of clinical placements	<b>1. Clinical Supervision</b> 1.1 Prepare and plan <i>Clarification of roles and the supervisory relationship</i> <i>Establish the supervisory relationship with the learner in the context of a patient client clinical environment including the importance to maintain appropriate personal and professional boundaries</i> 1.1.2 Contribute to planning of the clinical supervision program
	<b>3. Organisation</b> 3.1 Integration of supervision and learning activities in clinical practice 3.2 Organisational skills Organise and manage clinical practice utilising learners to enhance provision of clinical services to patients-clients

	<p>Ethical and Legal and Creation of a Safe clinical workplace</p> <p><b>2. Safety and quality in clinical education</b></p> <p>2.1.1 Ethical and professional legal standards</p> <p>2.1.2 Risk management</p> <p>2.1.3 Creation of a safe environment</p>
Communication skills	<p>Part A</p> <p><b>2. Clinical Supervision</b></p> <p>2.1 Clarification of roles and the supervisory relationship</p> <p>2.1.1 Establish the supervisory relationship with the learner in the context of a patient client clinical environment including the importance to maintain appropriate personal and professional boundaries</p> <p>Develop a working alliance with the learner that focuses on enhancing their clinical and interpersonal effectiveness in a patient-client focused clinical environment.</p>
	<p>Part B Questioning</p> <p><b>1. Clinical supervision</b></p> <p>1.2.1 Involve the learner as appropriate in decision making and problem solving activities</p> <p>1.2.3 <i>Support the learner in self-evaluation by asking questions that enable them to reflect on their learning experiences and enhance their own practice</i></p>
Giving effective feedback	<p><b>1. Clinical supervision</b></p> <p>1.2.2 Provide the learner with timely/regular feedback on observed performance of clinical activities using examples of observed behaviour. Provide feedback to the learner in a constructive and supportive manner, supporting the learner to make necessary adjustments in their practice.</p> <p>1.3 Problem solve</p> <p>1.3.1 <i>Provide constructive guidance to the learner on how to improve</i></p> <p>Create an atmosphere in which the learner feels comfortable discussing their concerns to analyse what is wrong and to try new options.</p>

<b>Mapping to HWA National Clinical Supervision Competency Resource: Foundation/Support (<i>italics</i>) &amp; Intermediate Conduct (<b>plain text</b>)</b>	
<b>Day 2</b>	
<b>Session content</b>	<b>Competency</b>
Teaching, learning, observing and giving feedback	<b>1. Clinical supervision</b> <i>1.1.2 Construct individual learning plans</i> with each learner, based on: <ul style="list-style-type: none"> <li>• The context and requirements; the specified learning outcomes; the learner’s stage of professional development and the learner’s personal attributes</li> </ul>
Assessing competence in a clinical setting	<b>1. Clinical Supervision</b> <i>1.2.4 Formative assessment</i> <ul style="list-style-type: none"> <li>• Use formative assessment to relay information to the learner regarding their performance on a periodic and episodic basis.</li> <li>• <i>Assist the learner to modify learning strategies in response to formative assessment</i></li> <li>• Assist the learner to monitor their progress towards learning outcomes accurately</li> <li>• Communicate assessment outcomes to the learner in an appropriate environment and manner.</li> </ul> <i>1.2.5 Summative assessment</i> <ul style="list-style-type: none"> <li>• <i>Use assessment instruments to undertake assessment of a learner’s performance.</i></li> <li>• <i>Report assessment outcomes, including supporting evidence, to learners and education providers.</i></li> <li>• Accumulate knowledge of the performance of each learner so that sufficient evidence is gathered to make sound judgments about their competency.</li> <li>• Communicate assessment outcomes to the learner in an appropriate environment and manner</li> </ul>
Parallel sessions – small group discussions	A. Managing Time <b>3. Organisation</b> <ul style="list-style-type: none"> <li>• 3.2 Organise and manage clinical practice utilising learners to enhance provision of clinical services to patients-clients.</li> <li>• 3.2 Guide learners to organise their time and gain optimally from clinical experience opportunities.</li> </ul> B. Cultural Safety <b>2.1.4 Cultural safety</b> <ul style="list-style-type: none"> <li>• Demonstrate culturally safe and sensitive clinical supervision practice by considering the values, beliefs and practices of the learner.</li> </ul> C. Working with other professions <b>2.1.5 Interprofessional Supervision</b> <ul style="list-style-type: none"> <li>• Work collaboratively with clinical supervisors and clinicians in other professions to develop and maintain productive, goal oriented supervision.</li> <li>• Develop capacity to undertake supervision of learners from other disciplines.</li> </ul>

<p>Dealing with challenging situations</p>	<p><b>1. Clinical Supervision</b>  <i>1.3.2 Management of performance issues</i></p> <ul style="list-style-type: none"> <li>Recognise and address factors that may contribute to a learner’s lack of engagement in clinical roles and tasks</li> <li>Identify issues in the clinical environment that may impact on the learner’s learning efficiency and effectiveness and formulate solutions</li> </ul> <p><i>1.4.2 Managing conflict</i></p> <ul style="list-style-type: none"> <li>Identify and apply a range of approaches to resolving conflict</li> <li>Facilitate the prevention and resolution of interpersonal conflict through early identification and appropriate intervention.</li> </ul> <hr/> <p><b>2. Safety and quality in clinical supervision</b>  <i>2.1 Safety</i>  <i>2.1.2 Risk management</i></p> <ul style="list-style-type: none"> <li>Identify all relevant risks to patients-clients, learners, and supervisors in clinical supervision</li> <li>Communicate and act on any identified risk and implement risk management and control strategies as required.</li> </ul> <p><i>2.1.3 Creation of a safe environment</i></p> <ul style="list-style-type: none"> <li>Monitor learners and the clinical environment for actual and potential risks to safety and wellbeing of patients-clients and learners.</li> <li>Recognise and intervene when a learner’s action, or non-action, is likely to compromise the safety of the learner, patient-client or others.</li> <li>Recognise a learner in emotional, physical or psychological difficulty and engage relevant persons in a timely manner.</li> <li>Engage in active supervision and determine the appropriate level of oversight to ensure patient-client, learner and supervisor safety.</li> </ul>
<p>Understanding learning in clinical settings</p>	<p><b>2. Safety and Quality in clinical education</b>  <i>2.2.2 Evidence-based practice</i></p> <ul style="list-style-type: none"> <li>Participate in training activities to ensure that clinical supervision is informed by educational theory and research.</li> <li>Identify improvements that could be made to learning, development and assessment coordination processes and develop strategies for achieving these improvements</li> </ul>
<p>Reflection as a clinical educator</p>	<p><b>1. Clinical Supervision</b>  <i>1.2.3 Reflection personal and professional</i></p> <ul style="list-style-type: none"> <li>Assist the learner to explore their own values and attributes, and their impact on patient-client care, developing learners’ reflective practice capability.</li> <li>Encourage and challenge each learner to reflect on their overall performance, to identify and act on areas for improvement, and to become more self-directed.</li> </ul> <hr/> <p><b>2. Quality</b>  <i>2.2.1 Self-awareness, local team reflection and professional development in clinical on own clinical supervision</i></p> <ul style="list-style-type: none"> <li>Seeking feedback from learners and supervisors and undertaking team based reflection to identify areas for improvement of own performance.</li> <li>Identify improvements that could be made to learning, development and assessment coordination processes and develop strategies for achieving these improvements.</li> </ul>

## Appendix 2

### Case studies for session 14

#### SCENARIO 1: MARIO

Mario is a final year student who is in the third week of a four-week acute care placement. This placement is his final clinical experience before graduating.

He is being supervised by Jenny who graduated about 4 years ago but is new to supervising students. Jenny checks if Mario has ever seen anyone with Chronic Obstructive Pulmonary Disease (COPD) before and asks him to describe the signs and symptoms. He tells her he has seen other patients with this condition and knows what to do. Jenny then asks Mario to get Bill, a 68 year patient with COPD, out of bed and evaluate his walking.

Jenny watches Mario place a chair in the corridor and help Bill put on his slippers and dressing gown. Mario checks Bill's resting oxygen saturation (92%) and removes the oxygen cannula. Jenny asks if there is anything else Mario might do before he begins. Mario says he has a chair positioned in the corridor just in case and is ready to get Bill out of bed.

Jenny insists that an oxygen cylinder also be placed in the corridor. Mario places the cylinder in the corridor next to the chair, but does not gather the rest of the oxygen equipment, which Jenny then collects. Mario assists Bill out of bed and has him walk up and down next to the bed a few times before walking him to the door and out into the corridor.

After a walking about five metres Bill starts to get very short of breath and when Mario checks his oxygen saturation it has dropped significantly to 83%. Jenny suggests to Mario that he should sit Bill down and hands him the rest of the equipment needed to provide Bill with supplemental oxygen.

Later Jenny asks Mario how things went, to which he replies: "The patient didn't do very well but it was all okay. Nothing went wrong."

- What are the issues?
- What would you say to Mario?
- What will you do next?















**SCENARIO 5: LESLEY**

Lesley is a third year double degree health professional student. She has participated in an inter-professional simulated client clinic with a medical student. The aim of the clinic is to interview a client in a collaborative manner involving the other student and the client, in order to ascertain which services or referrals the client would find supportive.

Kim is an Occupational Therapist and an experienced supervisor. She is enthusiastic about working in the interprofessional program.

Lesley's performance is barely acceptable. She has several long instances where she is unable to make eye contact with the client, preferring to ask multiple questions without glancing up from the paperwork. She speaks bluntly and looks out the window on several occasions, appearing disinterested.

During the feedback session after the clinic Kim presents observations of Lesley's performance in a non-threatening and neutral manner. Lesley becomes very defensive and aggressive, stating that she found the observations very hard to believe.

Identify the potential factors in this scenario that may impact on an effective and efficient learning process.

Select RELEVANT details related to student, supervisor and workplace.

Student	Supervisor	Workplace	Other



## Gippsland Regional Advancing Clinical Education (GRACE) Program

### GRACE Workshop Evaluation

(Insert) Date/s: \_\_\_\_\_ (Insert) times: \_\_\_\_\_

Thank you for taking the time to complete this form – your feedback is important.

Name (optional): \_\_\_\_\_ Role: \_\_\_\_\_

Institute / Organisation: \_\_\_\_\_

Please circle the appropriate response for the following statements

1. Have you previously been a clinical supervisor?

Yes ..... / ..... No

2. Have you previously undertaken a supervision training course?

Yes ..... / ..... No

b) If yes, what training have you undertaken?

\_\_\_\_\_

\_\_\_\_\_

3. How many years have you been in your current professional role?

0-1 year	1-2 years	3-5 years	6-10 years	more than 10
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4. Prior to attending the workshop I would rate my knowledge & skill as a supervisor as:

Poor	Developing	Average	Good	Excellent
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5. Prior to attending the workshop I felt knowledgeable and confident about clinical supervision:

Strongly Disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree
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6. The workshop improved my understanding of the knowledge & skills required for supervision:

Strongly Disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree
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7. Following the workshop I feel more knowledgeable and confident about clinical supervision:

Strongly Disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree
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## Gippsland Regional Advancing Clinical Education (GRACE) Program

### GRACE Workshop Evaluation

8. → There are aspects of my clinical supervision role that I will undertake differently as a result of attending the workshop?

Strongly Disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree
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Please give an example:

\_\_\_\_\_

\_\_\_\_\_

9. → After undertaking this program, in what way/s do you think you could help other colleagues to improve student supervision?

\_\_\_\_\_

\_\_\_\_\_

10. What did you enjoy most about the program?

\_\_\_\_\_

\_\_\_\_\_

11. The content of the course was suitable?

Strongly Disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree
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12. The pace of the course was suitable?

Strongly Disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree
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13. Are there any additional elements of supervision training you feel you need?

\_\_\_\_\_

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14. Are there any additional supports/resources that would assist your supervision role?

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15. Other comments:

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