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.

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Gippsland Regional Advancing Clinical Education (GRACE)
Program Overview

DAY 1	
8.45	Registration
9.00	Session 1: Introduction to the course
9.20	Session 2: Rewards and challenges of being a clinical educator
10.20	Break
10.35	Session 3: Developing clinical competence
11.30	Session 4: Learning styles
12.30	Lunch
13.15	Session 5: Student perspectives
13.45	Session 6: Management and administration of clinical placements
14.15	Session 7: Communication
15.15	Break
15.30	Session 8: Giving effective feedback
16.20	Session 9: Introduction to Day Two

DAY 2	
9.00	Session 10: Review of Day 1
9.10	Session 11: Teaching, learning, observing & giving feedback Includes morning tea
11.00	Session 12: Assessing competence in a clinical setting
11.45	Session 13: Parallel Sessions – Small group discussions
12.30	Lunch
13.10	Session 14: Dealing with challenging situations
14.30	Session 15: Understanding learning in clinical settings
15.15	Session 16: Reflection as a Clinical Educator
15.45	Session 17: Evaluation
16.00	Close of day

Session 1: GRACE – an Experiential Learning Course for Clinical Supervisors

Program DAY 1	
8.45	Registration
9.00	Session 1: Introduction to Course
9.20	Session 2: Rewards and Challenges of Being a Clinical Educator in Gippsland
10.20	BREAK
10.35	Session 3: Developing Clinical Competence
11.30	Session 4: Learning Styles
12.30	LUNCH
13.15	Session 5: Student Perspectives
13.45	Session 6: Management and Administration of Clinical Placements
14.15	Session 7: Communication Skills
	7a: Building the Relationship
	7B: Developing the Art of Questioning
15.15	BREAK
15.30	Session 8: Giving effective Feedback
16.20	Session 9: Introduction to Day 2

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

CONFIDENTIALITY OF DISCUSSIONS

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.

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

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

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.

Session 2: Rewards and Challenges of Being a Clinical Educator

In this session you discuss with others in the course the rewards and challenges of being a clinical educator.

During the discussion you might find a number of different terms being used to describe the role of clinical educator. These could include:

Preceptor

Clinical teacher

Clinical educator

Clinical supervisor

Fieldwork supervisor

Mentor

Professional supervision

What is your title? What is the difference between the different name/roles?

Session 3: Developing Clinical Competence

Dreyfus Model of Skill Development[1]

As used by Benner[2] (2004, Nursing) and Carraccio et al. [3](2008, Medicine)

1. Refer to the following descriptions of practice in your group discussion.
2. Discuss the match between the following practice descriptions with your awareness of your own practice
3. Share examples from your own practice
4. Share examples of student behavior
5. What does this mean for clinical supervisors?

Novice
Rule driven Uses analytic reasoning and rules to link cause and effect Little ability to prioritise or filter information Difficult to see the big picture

Advanced Beginner
Uses past experiences to sort through rules and information to decide on what is relevant Uses analytic and pattern recognition to solve problems Able to abstract from concrete experience

Competent
Emotional buy-in results in feeling of appropriate level of responsibility Increased experience Sees the big picture Resorts to analytic reasoning for complex and uncommon problems

Proficient
Amount of past experience allows for more pattern recognition and intuitive practice Uses analytic reasoning for problem management Comfortable with evolving situation Able to extrapolate from a known situation Able to live with ambiguity

Expert
Wise and clever Practice appears intuitive and integrates Thought feeling and action in problem recognition and management Notices the unexpected Perceptive in discriminating features that do not fit in a recognized pattern

[1]Dreyfus HL, Dreyfus SE. Mind Over Machine. New York, NY: Free Press; 1988.
[2]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): 188–199. doi:10.1177/0270467604265061.
[3]Carraccio CL, Benson BJ, Nixon LJ, Derstine PL (2008). From the educational bench to the clinical bedside: translating the Dreyfus developmental model to the learning of clinical skills. *Acad Med.* **83**:761–7. (Copy at back of book)

Guiding Principles for Teaching [1]

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 also encourage self-assessment and feedback from peers
6. Encourage reflection
7. Be a positive role model

From your experience of teaching and being taught, would you like to add anything to this list?

[1]Adapted from: Kaufman, D. (2003). ABC of learning and teaching in medicine: Applying educational theory in practice. *BMJ*, 326: 213-216

Developing learner competency in the clinical environment

GRACE Session 3

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)

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

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

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

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

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?**

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)

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

Novice to Expert

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

(Benner, 1984 cited in Carraccio et al., 2008)

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

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

What helped you to develop your professional expertise?

- Share your lists

- **What does theory tell us?**

Schön's Reflective Practice

Event/Experience

Surprise

Reflection–in-action

Experimentation

Reflection–on-action

Kaufman (2003)

Expertise in Clinical Reasoning

Based on:

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

Banning (2008)

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

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 (McMillan, 2011)

The importance of metacognition: Thinking about thinking

- Higher order thinking
- Clinical decision making

Banning (2008)

Clinical reasoning: different processes

Analytic	Non analytic
Hypothetico deductive reasoning	Pattern recognition

Banning (2008)

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).

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)

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?

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

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)

Session 4: Learning Styles

Scoring Sheet

You will be presented with nine sets of four words to rank your individual learning style

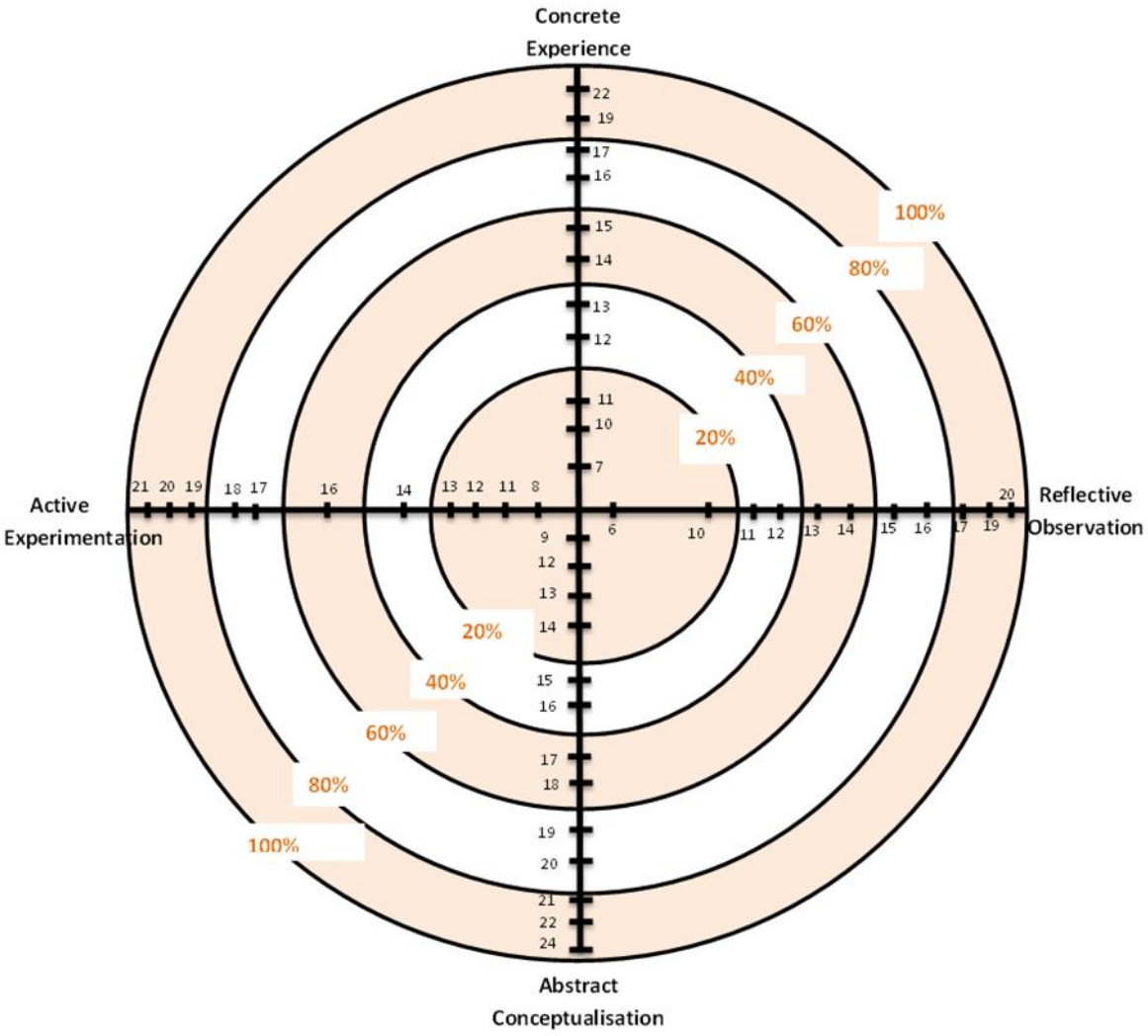
Please rank order each set of four words in the following manner:

4	the word which best characterises your learning style
3	the word which next best characterises your learning style
2	the word which is next most characteristic of your learning style
1	the word which is least characteristic of you as a learner

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

1				
2				
3				
4				
5				
6				
7				
8				
9				

Kolb Learning Style Inventory



Kolb, D., Osland, J., Rubin, I. (1995) Organisational behavior: An experiential approach 6th edn, Englewood Cliffs: Simon and Schuster

For teaching purposes only

Learning Styles

Scenario

Health Workforce Australia has selected the facility where you work - Gippsland Health - to trial a new clinical education tool. It involves real patients in different workplace contexts with aspects of simulation. You are to use this tool next week on a few of the patients in the ward whilst also supervising a student.

Workshops were run last week but you were unable to attend; however, you know a few people who attended the workshop and you have already received a user manual.

In small groups with others with a similar *learning style diagram* discuss the following:

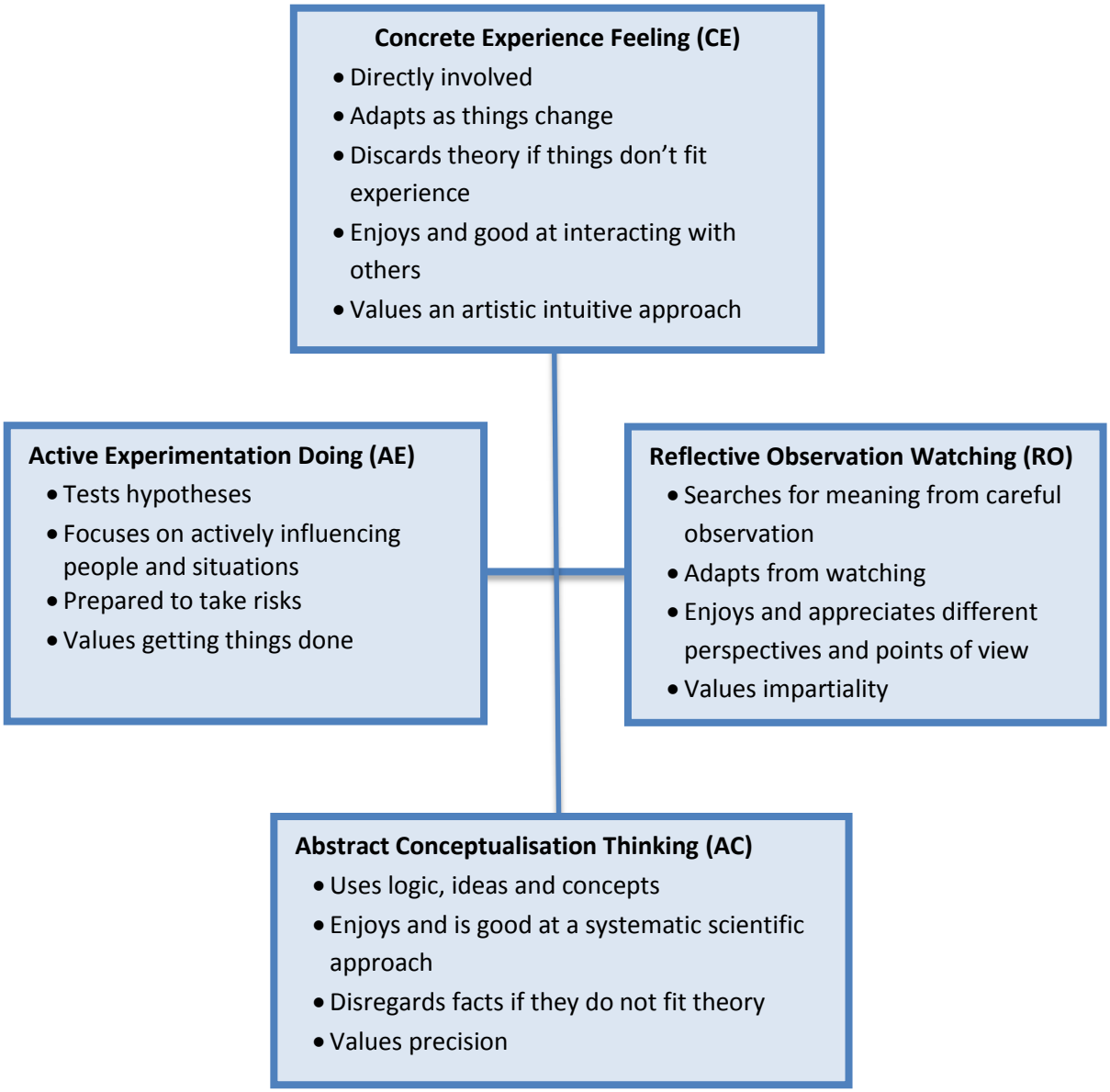
1. How do you feel about this situation?

2. What is the first thing you want to do?

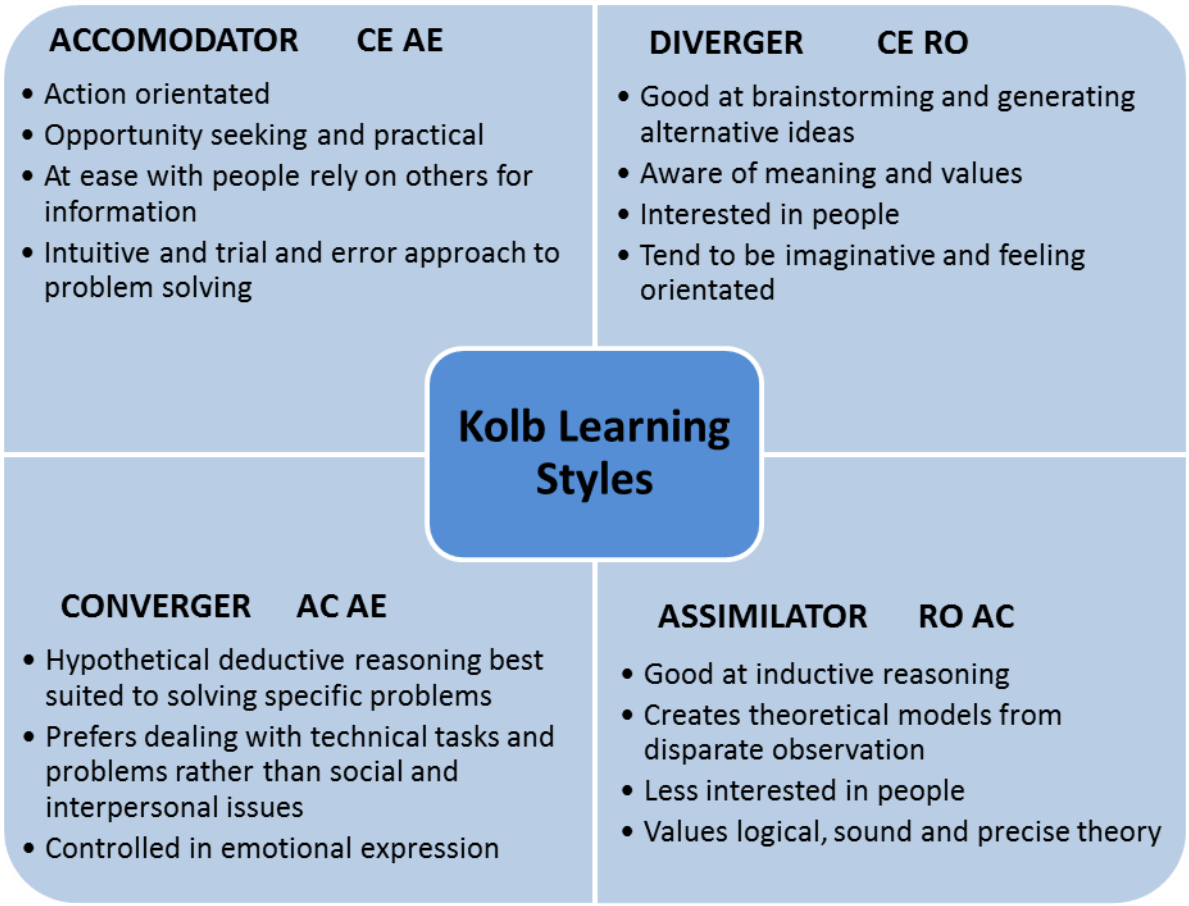
3. Develop a plan of action for how you would address this task

Prepare to share this group response with others

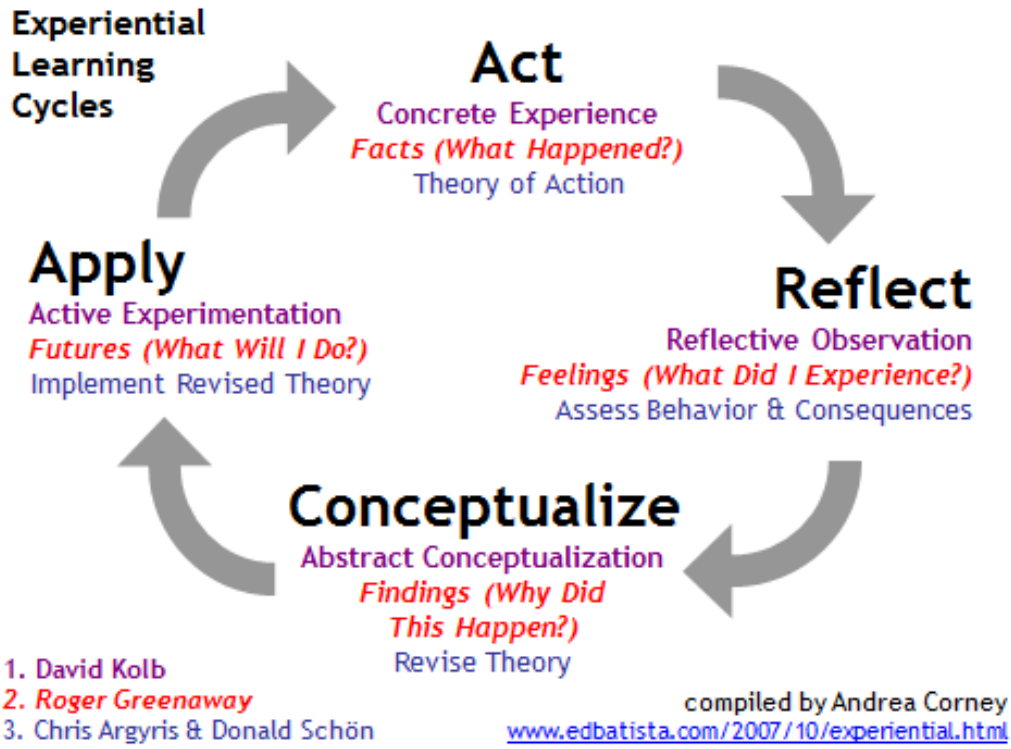
A Model of Experiential Learning



Learning Styles



Experiential Learning Cycle



Understanding Learning Styles

GRACE Session 4

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

Learning styles

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

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

Kolb's Model of Experiential Learning

Four different activities:

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

Predict your response

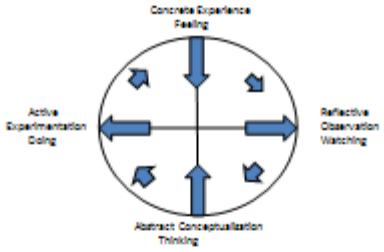
Think of an occasion when you had to go somewhere you haven't been for a long time. What would you usually do?

- 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

Predicting your learning style

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

Experiential Learning Cycle (Kolb, 1984)



LEARNING STYLES SCORING SHEET

You will be presented with 9 sets of 4 words.

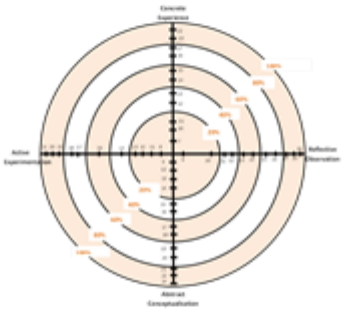
Please Rank Order each set of 4 words –
4 = the word which best characterises your learning style,
3 = the word which next best characterises your learning style
2 = the next most characteristic word
1 = the word which is least characteristic of you as a learner

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.				

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

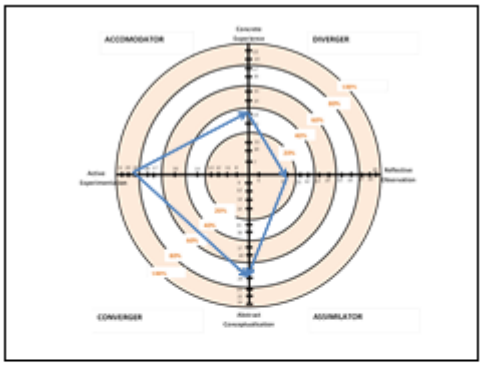
Happy	Tired	Excited	Bored



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



The Scenario

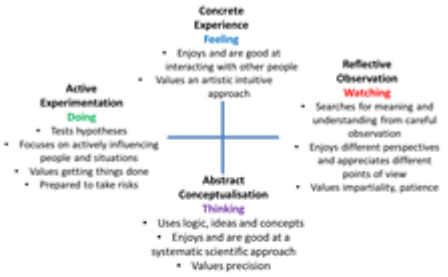
- HWA has selected Gippsland Health to trial a new clinical education tool: it combines real patients in different workplace contexts with aspects of simulation.
- You are to use this tool next week with your student and a few of your patients.
- Workshops were run in Melbourne last week but you were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

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

A Model of Experiential Learning



Kolb Learning Styles

ACCOMODATOR CE AE

- Action orientated
- Opportunity seeking and practical
- At ease with people rely on others for information
- Intuitive and trial and error approach to problem solving

DIVERGER CE RO

- Good at brainstorming and generating alternative ideas
- Aware of meaning and values
- Interested in people
- Tend to be imaginative and feeling orientated

CONVERGER AC AE

- Hypothetical deductive reasoning best suited to solving specific problems
- Prefers dealing with technical tasks and problems rather than social and interpersonal issues
- Controlled in emotional expression

ASSIMILATOR RO AC

- Good at inductive reasoning
- Creates theoretical models from disparate observation
- Less interested in people
- Values logical sound and precise theory

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

Session 6: Management and Administration of Clinical Placements

Health Workforce Australia (HWA) Clinical Supervision Support framework

The National Clinical Supervision Competency Framework has been developed to identify the generic competency requirements associated with the roles and functions of clinical supervisors across the educational and training continuum.

Key elements of the framework revolve around:

- **CLARITY**
- **QUALITY**
- **CULTURE**

CLARITY

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

QUALITY

- Patient care – overriding priority
- Clinical supervisor knowledge and skills
- Education program
    - Adult learning, role modelling, diversity of experiences
    - Exposure to scope of practice of the profession
    - Valid reliable student feedback
    - Assessment and reporting aligned to stated learning objectives
- Preparation and support for students and supervisors
    - Professional specific requirements
    - Site requirements
    - Resources
    - Training for supervisors in quality supervision
    - Adequate orientation for students
    - Ongoing support for student welfare

CULTURE

- Organisation
    - Strong and measurable commitment to clinical education
- Resources
    - Appropriate funding and resource base
- Relationships
    - Strong collaborative relationships – health and education; interprofessional, supervisor and student
- Learning Environment
    - Safe, supportive and appropriate resources
- Recognition
    - Recognise clinical supervision in workload

Best Practice Clinical Learning Environment (BPCLE)

BPCLE Framework – 6 Elements[1]

This framework is relevant to all those who deliver and are responsible for the provision of clinical education and training in health professional disciplines. It was determined that to be effective, clinical learning environments must provide learners with an opportunity to experience the reality of professional practice in a safe and supportive environment.

An organisational culture that values learning; for example – education is valued, educators are valued, students are valued, education is included in all aspects of health services planning.

Best practice clinical practice – includes an organisational commitment to quality of care and continuous quality improvement, the skill, knowledge and competency of clinical staff (continuing education), and the adoption of best evidence into practice.

A positive learning environment – includes a welcoming environment, a safe environment, appropriate learning opportunities, high quality staff, well-prepared learners, structured learning programs and assessment.

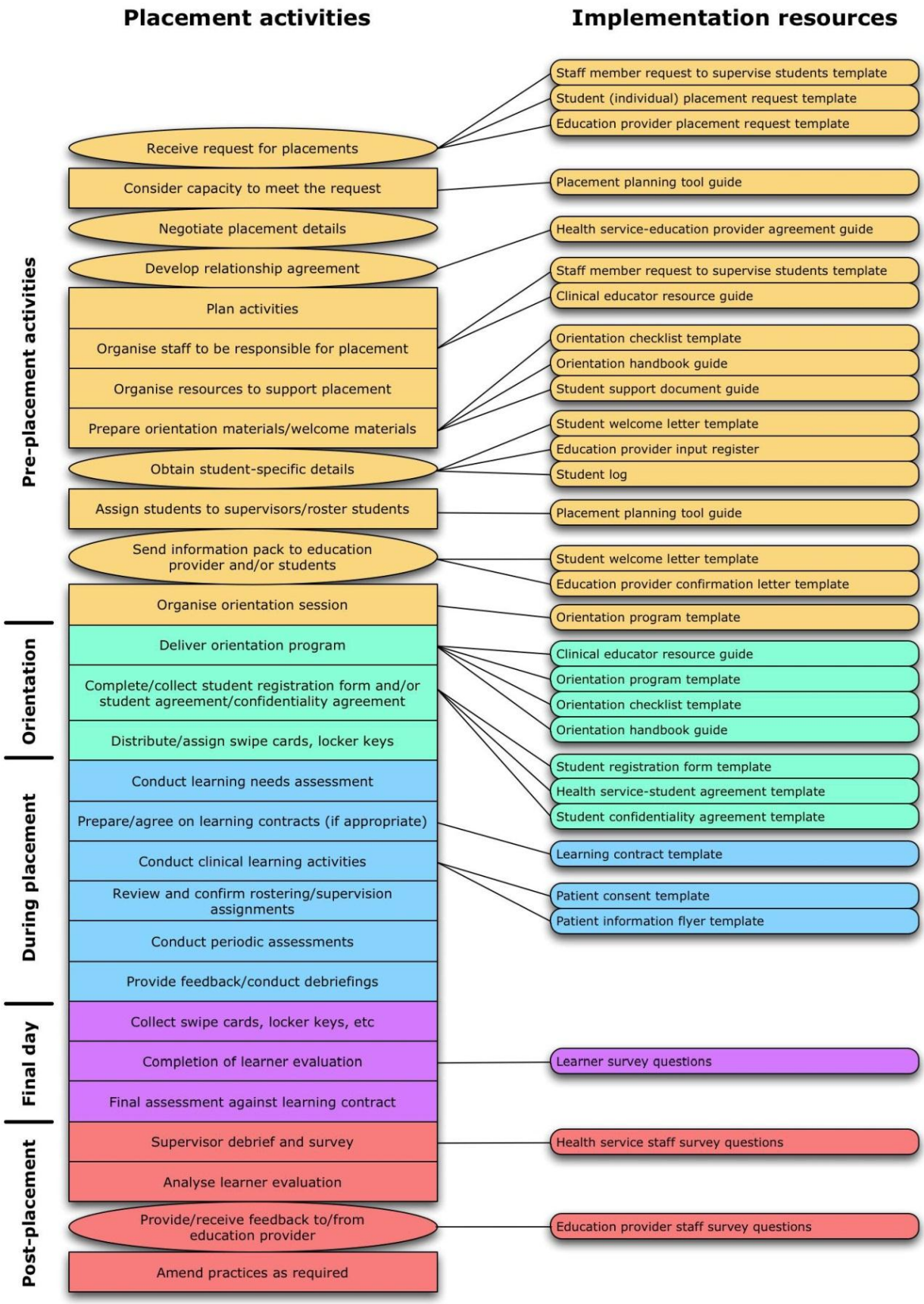
An effective health service-education provider relationship – clinical training should be a collaborative arrangement between stakeholders and draw on the skills, experience and resources of both sectors. As such this includes mutual respect and understanding, practical mechanisms, open communication, relationship agreements.

Effective communication processes – underpins all elements but specifically should focus on improving teaching and learning through the exchange of ideas and information, inform behaviours and actions by clarifying responsibilities and through the provision of feedback. This really focuses on maintaining an active dialogue between parties.

Appropriate resources and facilities – includes not just physical resources but also access and availability of personal resources, teaching and learning resources, IT and communication resources, amenities and accommodation, work and travel support.

[1]Darcy Associates (2010) for Department of Health Victoria

Clinical placement process flow, showing relevant implementation resources[1]



[1]Darcy Associates (2010) for Department of Health Victoria

As example:

[Organisation name]

Learning Contract Template

Student name: _____

Placement start date: _____ Placement end date: _____

Health service/Agency: _____

Supervisor: _____

Objectives
What am I going to learn?
Resources and strategies
What resources and strategies are required and/or available to meet this learning objective?
Timeframe
What time is required for this learning objective to be achieved?
Evidence
How will I know that I have achieved the learning objective?
Verification/Evaluation
How will I demonstrate to my supervisor that I have achieved the learning objective

Student Signature: _____ Supervisor signature: _____

Date: _____ Date: _____

As example:

[Organisation name]

Orientation Checklist

Student Name	
Educational institution	
Discipline	
Placement commencement date	

	Student to tick when completed
Organisation profile	
Organisation vision and values	
Organisational structure	
Organisation sites and services	
Key staff: roles and responsibilities	
Clinical educator(s)	
Student co-ordinator	
Occupational Health and Safety (OH&S)	
Overview of OH &S policies	
Internal emergency response and procedures	
Infection control	
Manual handling	
Bullying and harassment	
Human Resources (HR)	
Code of conduct	
National Police Records Check (NPRC)	
Working with Children Check (WWCC)	
Hours of work	
Identification badge/security	
Reporting of illness	
Grievance and dispute procedures	
Managing diversity	
Quality	
Incident report procedures	
Documentation and patient records	
Privacy and confidentiality	
Privacy policy	
Confidentiality agreement signed	
Student support services	
Clinical education unit/area	
Library	
Student lockers	
Information and Communications Technology (ICT)	
Computer and phone systems	
Email and internet protocol	
Intranet	
Discipline specific information	
Work unit specific information	

Signatures

Student: _____

Date: _____

Health service representative: _____

Date: _____

Management and Administration of Clinical Placements

GRACE Session 6

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

HWA National Clinical Supervision Support Framework

Clarity

Quality

Culture

CLARITY

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

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

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

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

Culture (cont...)

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

HWA National Clinical Supervision Competency Resource - Validation Edition

3 Domains of Clinical Supervision:

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

Clinical Supervision

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

Safety and quality in clinical supervision

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

Organisation

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

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

HWA National Clinical Supervision Competency Resource

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

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

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

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

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

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

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.

Element 4: An effective health service training relationship

Based on:

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

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

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

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

BPCLE Resources

For example:

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

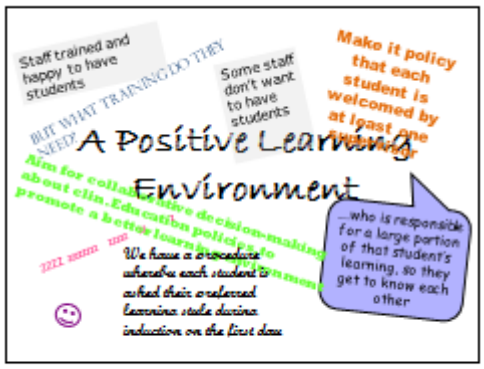
Your question

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

Your task

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

- Example:


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
A Positive Learning Environment
Aim for collaborative decision-making about clin. Education policies to promote a better learning
We have a procedure whereby each student is asked their preferred 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

Session 7:

Communication – Building the Relationship and the Art of Questioning

Session 7a: Building the Relationship

Be FAIR to Students: Four principles that lead to more effective learning

Feedback

Active

Individual

Relevant

ACTIVITY

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

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

PROCESS FOR FEEDBACK ACTIVITY

1. I like the way you…

2. Perhaps you might…

3. It was really good when you…

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

GRACE Session 7A

Getting started: Day 1

Involves:

1. What you say
2. How you say it

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)

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)

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

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

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….

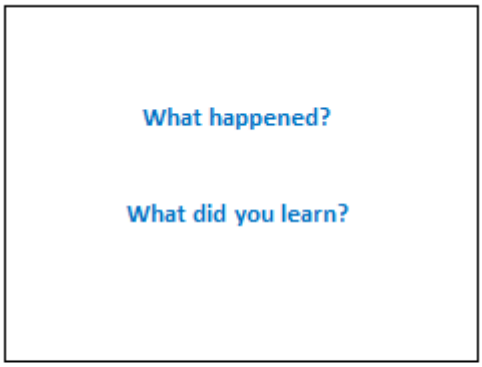
Practising your script:

Timing bells for each stage

A. Supervisor	B. New student
• Deliver your script to your partner (3 mins)	• Listen to the introduction (3 mins)
• Refer to FAIR principles to self evaluate and modify your script (1 min)	• Refer to FAIR principles to prepare feedback to the supervisor in the suggested framework (1 min)
• Listen to feedback (2 mins)	• Give verbal feedback using feedback process (2 mins)

Swap roles and repeat

A New student	B Supervisor
• Listen to the introduction (3 mins)	• Deliver your script to your partner (3 mins)
• Refer to FAIR principles to prepare feedback to the supervisor in the suggested framework (1 min)	• Refer to FAIR principles to self evaluate and modify your script (1 min)
• Give verbal feedback using feedback process (2 mins)	• Listen to feedback (2 mins)


What happened?
What did you learn?

Session 7B: Developing the Art of Questioning

Activity: planning questions for different levels of knowledge

- Work in groups of 2-3 people.
- Listen to the clinical example given by each person in your group.
- Construct questions for 3-4 levels of knowledge for each example

For example:

- Knowledge - name the main nerves in the body
- Comprehension – can you explain what each nerve does?
- Application – how is this information important when you are doing a neurological examination?
- Analysis – if you are doing a neurological exam and you find no sensation what does this mean?

1. Decide on 1 clinical example for your group to base this activity on. Share brief patient details (relevant to profession and workplace) e.g. age, condition, social situation, assessment, aims of treatment, management
2. Agree on the level of student you will develop questions for (circle)

   Beginning Advanced

3. Construct questions you might ask a student (of your agreed level of experience) related to the patient details above to encourage the student to develop different types of knowledge and higher order thinking

Evaluation
Analysis
Synthesis
Comprehension
Knowledge / Facts

Next time I question a student I will:

Developing the Art of Questioning

Grace Session 7 Part B

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)

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?

Supervisor skills for facilitating learning through questioning

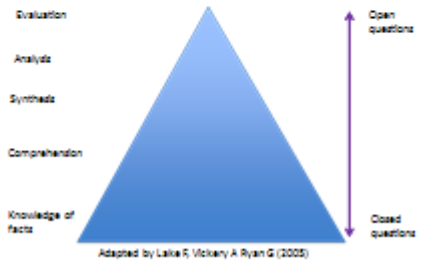
It depends on:

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!

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)

Hierarchy of Knowledge



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

Remember to wait for the answer!

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

Birmbaumer, 2004 in McMillan 2011

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?

Comprehension
to understand information

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

e.g.

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

Synthesis
use knowledge

VERBS: perform, put into action, construct, adapt

e.g.

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

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?

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…

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

Working in pairs

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

What did you learn from this activity?

- Your learning:

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

Session 8: Giving Effective Feedback

Feedback is an evaluative response: the return of information about the result of a process or activity. One of the most valuable contributions anyone can make to another person's learning is constructive feedback, which will help them to learn more effectively.

Effective feedback is:

- specific
- accurate
- objective
- timely
- usable
- balanced
- desired by the receiver
- checked for understanding

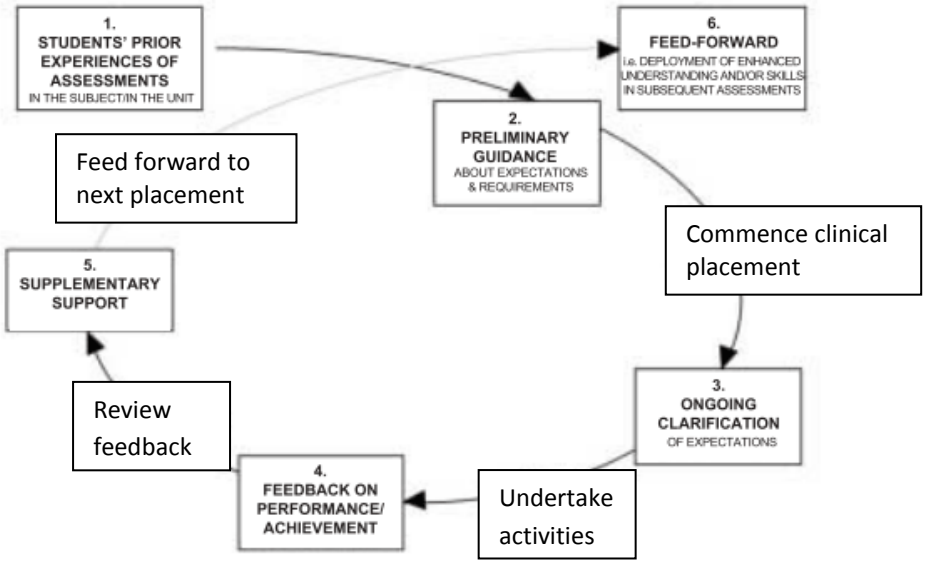


Figure 1: Guidance and feedback loop (adapted from Hounsell, McCune, Hounsell & Litjens, 2008, p.60)

Pendleton Steps to Feedback

- Ask the learner how they felt
- Ask the learner what went well and why
- Supervisor to describe what went well and why
- Ask learner what could be done better and how
- Supervisor to describe what could be done better and how
- Supervisor to summarise strengths and give up to 3 things to concentrate on improving

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.

Giving Effective Feedback

GRACE Session 8

Giving feedback

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

Effective Feedback

Should be:
- specific
- accurate
- objective
- timely
- usable
- balanced
- desired by the receiver

AND
- checked for understanding

Marriott and Gallbraith K (2005) in Rose and Best

Your theoretical framework

What do you use?

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

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

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?

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.

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.

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

Setting feedback into the wider learning context

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

Your learning

- Next time I give feedback I will…..

Session 9: Introduction to Day 2

There are two pieces of homework for day 2

1. Complete the Self Evaluation Tool for Educators and preceptors

This self-evaluation tool was developed for clinical educators in Gippsland and is based on the Best Practice Clinical Learning Environment (BPCLE).

This tool is for your own information. You will not have to share the results publically.

2. Understanding Learning in Clinical settings

There are a number of published educational papers relating to teaching and learning in clinical settings at the back of your booklet. The facilitators have already referred to some of them during day 1.

Please choose one paper and read it before day 2

Make notes on:

- Topics /ideas that interested you

- Areas you could apply to your own clinical teaching

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 learner	○ ○ ○ ○ ○	○ 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	○ ○ ○ ○ ○	○ Yes ○ No
I provide opportunities for learners to learn from other staff's expertise and knowledge	○ ○ ○ ○ ○	○ Yes ○ No
I am aware of learner's objectives and their goals for their clinical placement	○ ○ ○ ○ ○	○ Yes ○ No
I feel I have the personal attributes that make me a good educator	○ ○ ○ ○ ○	○ Yes ○ No
I prepare learners for their experience in my area	○ ○ ○ ○ ○	○ Yes ○ No
I provide learners with the opportunity to reflect on their experiences	○ ○ ○ ○ ○	○ Yes ○ No
I feel there is an appropriate number of educators to learners	○ ○ ○ ○ ○	○ Yes ○ No
I feel there is an appropriate number of learners to patients/clients	○ ○ ○ ○ ○	○ Yes ○ No
I provide a continuity of learning environment wherever possible	○ ○ ○ ○ ○	○ Yes ○ 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	○ ○ ○ ○ ○	○ Yes ○ No
I respect the contribution of training providers to my health service and I feel the training provider respects my contribution too	○ ○ ○ ○ ○	○ Yes ○ No
I foster support, trust and collaboration between myself and the training providers	○ ○ ○ ○ ○	○ Yes ○ 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	○ ○ ○ ○ ○	○ Yes ○ No
I feel that I have access to the facilities and materials needed for me to optimise the clinical education experience for my students	○ ○ ○ ○ ○	○ Yes ○ No

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

Program DAY 2	
9.00	Session 10: Review of Day 1
9.10	Session 11: Teaching Learning Observing & Giving Feedback Includes morning tea
11.00	Session12: Assessing competence in a Clinical Setting
11.45	Session 13: Parallel Sessions – Small Group Discussions
12.30	LUNCH
13.15	Session 14: Dealing with Challenging Situations
14.45	Session 15: Understanding Learning in Clinical settings: Theoretical Frameworks
15.15	BREAK
15.30	Session 16: Reflection as a Clinical Educator
16.15	Session 17: Evaluation
16.30	Close of program

Session 11:

Teaching, Learning, Observing and Giving Feedback

TLOF Task Sheet Round 1: 45 mins

TEACHER (T)

- **Select task** to teach
- **Task must be challenging** for the learner but appropriate for a short teaching session
- **Develop criteria** for success with learner (L)
- **Teach task** to learner (L)
- Write self-**evaluation** of teaching and evaluation of learner's performance. Give to Observer.
- Give verbal **feedback** to learner about his/her performance.
- **Listen** to feedback from learner about your teaching.
- **Listen** to verbal feedback from observer about your teaching. Repeat back to Observer what you heard from the feedback.
- **Listen** to observer as to any differences about how you heard the observer's feedback and how she/he intended it.
- General 3 way **discussion** about the exercise and modifications you want to make.

LEARNER (L)

- Assist with **developing criteria** for successful completion of the task.
- **Learn and perform** the task.
- Write self-**evaluation** of own performance and evaluation of teaching received and give this to the observer.
- **Listen** to the feedback from the teacher about your performance.
- **Give** verbal **feedback** to the teacher about his/her teaching.
- **Listen** to observer's comments.
- General 3 way **discussion** about the exercise and modifications you want to make

OBSERVER (O)

- **Observe** the process of learner and teacher carrying out learning/teaching exercise.
- Check completion of **ALL** steps in the process.
- **Collect** written evaluations from learner and teacher.
- Give **verbal feedback** to the teacher about his/her teaching.
- **Listen** to the teacher repeating back what she/he heard.
- **Report** if this doesn't match what you intended. Explore how this is occurring.
- **Compare** the written evaluations of learner and teacher with their verbal feedback. Discuss any differences. How might these be occurring?
- General 3 way **discussion** about the exercise and modifications you might want to make.

Teaching, Learning, Observation and Feedback Process

Process	Activity	Round 1	Round 2
PLANNING **5 minutes**	1. Decide who will be: • Teacher (T), • Learner (L) • Observer (O) 2. T selects a task that is novel to L and in which the T has more competence 3. T and L agree on criteria for successful task completion 4. O to tick off all steps of the process (see notes page)		
DOING **6 minutes**	5. T teaches L the task 6. L does the task 7. O observes the teaching learning process		
EVALUATING **6 minutes**	8. T writes an evaluation of L's learning of the task AND a self-evaluation of his/her teaching 9. L writes an evaluation of how well T taught and a self-evaluation of his/her performance 10. O receives all four written evaluations from T and L		
FEEDBACK **5 mins**	11. T gives verbal feedback to L about L's performance 12. L gives verbal feedback to T about T's teaching 13. O gives verbal feedback to T about T's teaching 14. O comments on the match between the written and verbal feedback		
DISCUSSION **5 minutes**	15. What went well? What could have been improved? 16. What did each of you learn from this task?		

Notes

Teaching Learning Observing and Giving Feedback

GRACE Session 11

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

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

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

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

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

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

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

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

Session 12:

Assessing Competence in a Clinical Setting

In this session you will

- Receive information about assessing competence in a clinical setting
- Rate a student's communication skills using the rating form provided

Performance Criterion:

Student communicates effectively and appropriately – verbal / non verbal

Please rate the student's communication skills:

1 = poor

2 = adequate

3 = good

4 = excellent

n/a = not able to assess

Performance Indicator	**Circle one number**				
Greets others appropriately	1	2	3	4	n/a
Questions effectively to gain appropriate information	1	2	3	4	n/a
Listens carefully	1	2	3	4	n/a
Gives appropriate positive reinforcement	1	2	3	4	n/a
Uses suitable language and avoids jargon	1	2	3	4	n/a

Comments:

Write down the actual words you might say when giving summative feedback to a student

Here are some examples of things you might say to students: you might want to practice the words beforehand.

Formative assessment:
To a student doing really well:
'Well done Jo. You are reaching competency in all areas.
I particularly liked the way you …….

Can you have a think about how you went with Mr Brown and suggest ways of improving his …..even more?

Well done!!'

To a student who is passing at the half way mark but still has areas where they can improve:
'Hello Chris. I'm pleased to tell you that you are passing the assessment. Your mark is 60%, which is a pass mark.

You do ….. , ….. and ….. well. Good work!

Other areas like ….., and ….. are at a borderline pass so you will need to work on them. Can you think of ways you can improve these areas of practice?
Yes, that's a good idea.

…And you will have to concentrate more on …..That's a crucial skill and competency for our profession and you'll get better as you get more practice. Be sure to practice as often as you can.'

To student who has not yet reached competence / has failed

'Well Pat, you've done some things quite well, like ….., ….. and ….. But overall I'm afraid you haven't reached the expected competency yet. I know you'll be disappointed with this result**.** Is this a surprise to you?

But let's see what happened: how do you think you went? What areas need work?
Yes, I agree with those. How could we improve them?

Also you may need to look at how you ….. and …..

If you can bring those up to standard and are able to consistently work with ….. patients then I'm sure you will pass.

It'll take time and hard work on your part. You'll need to concentrate particularly on ….. and …..

But I'm sure you can make it. Is there anything we can do to help you?

Assessing Competence in a Clinical Setting

GRACE Session 12

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?

Competency Standards

Normally cover the expected:

- Levels of knowledge
- Attitudes
- Skills
- Behaviours

Professional Clinical Competence

Should reflect:

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

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

Ensuring objectivity

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

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?

Methods of assessing competence

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

Methods of assessing clinical competence

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

- Observation
- Check lists

and

- Rating scales

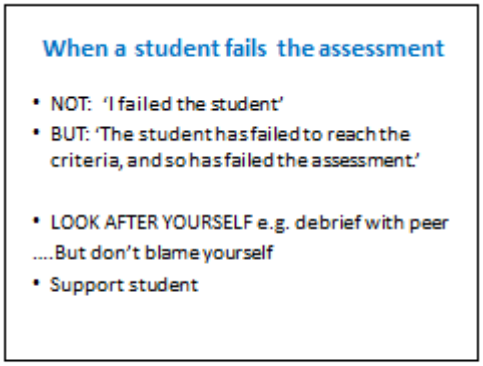
Miller's Triangle

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

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.


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

Session 14:

Dealing with Challenging Situations

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

Student	Supervisor	Workplace	Other

a. With the new information review and refine the identified potential problems

Student	Supervisor	Workplace	Other

b. Develop solutions /strategies addressing your identified issues.

c. Prepare a group presentation:
   1. Prepare a BRIEF outline of your scenario details and identified concerns (Flip chart)
   2. Plan a short conversation or conversations between key people, which will show your way of managing the situation you have identified
   3. Practice your creative presentation.

Session 15:

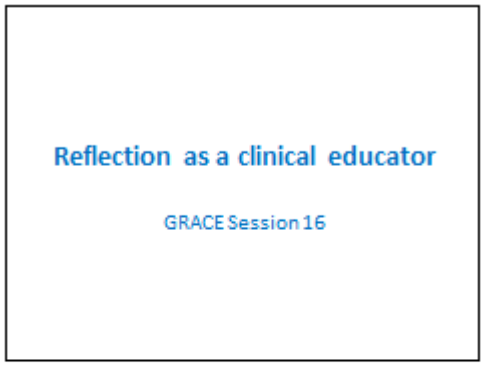
Understanding learning in clinical settings: theoretical frameworks

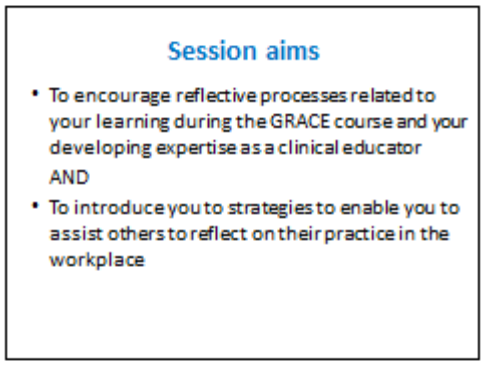
Share the main points from the paper(s) you read as homework. Note points from others

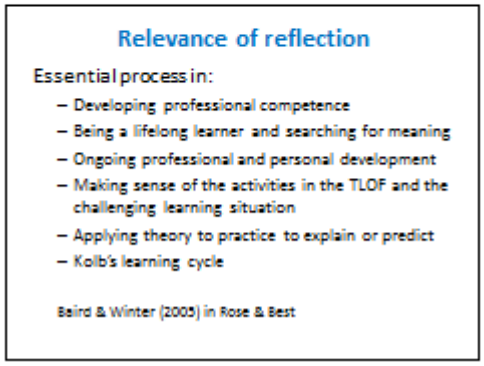
Make a list of tips from the literature on teaching and learning in clinical settings. Share these with others in the GRACE course.

Session 16:

Reflection as a clinical educator







Schön's Reflective Practice

Experience /event

Surprise

Reflection–in-action

Experimentation

Reflection–on-action

Kaufman 2003

Skills needed for reflection

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

- Boud Keogh & Walker 1985 in Wainwright et al 2010

Methods to encourage reflection

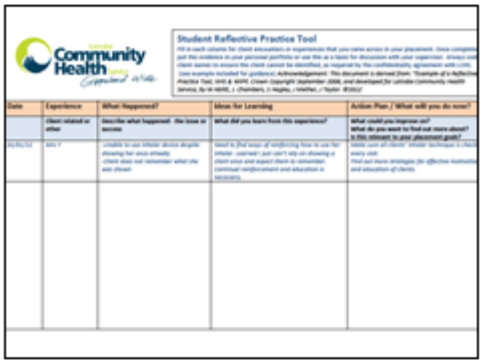
- Peer discussion
- Reflective writing: journals, diaries, templates
- Modeling the process
  - Self disclosure
  - Talking aloud
  - Sharing a journal

Baird & Winter 2005 in Rose & Best

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



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

Baird & Winter 2005 in Rose & Best

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!

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.

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?

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?

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!!

Student Reflective Practice Tool

Fill in each column for client encounters or experiences that you came across in your placement. Once completed put this evidence in your personal portfolio or use this as a basis for discussion with your supervisor. Always code client names to ensure the client cannot be identified, as required by the confidentiality agreement with LCHS. (see example included for guidance) *Acknowledgement: This document is derived from: "Example of a Reflective Practice Tool, NHS & WiPP, Crown Copyright September 2006, and developed for Latrobe Community Health Service, by M Ablitt, J. Chambers, S Hagley, J Mether, J Taylor. ©2012*

Date	Experience	What Happened?	Ideas for Learning	Action Plan / What will you do now?
	Client related or other	**Describe what happened - the issue or success**	**What did you learn from this experience?**	**What could you improve on? What do you want to find out more about? Is this relevant to your placement goals?**
01/01/12	*Mrs Y*	*-Unable to use inhaler device despite showing her once already -Client does not remember what she was shown*	*Need to find ways of reinforcing how to use her inhaler. Learned I just can't rely on showing a client once and expect them to remember. Continual reinforcement and education is necessary.*	*Make sure all clients' inhaler technique is checked every visit. Find out more strategies for effective motivation and education of clients.*

Session 16: Reflection 2

1. Check your response to the day 1 Self-evaluation homework task related to the BPCLE
2. Identify any changes between your responses at the end of the day 1 and now at the conclusion of the course
3. What will you do next to address your future development as a supervisor?

Questions to focus your reflection:

What were the highlights for you of the GRACE course?

Why?

Were there any bits you found difficult?

Do you know why?

What were the surprises for you during the course?

What ideas will you implement in your clinical education practice?

Notes

Session 16: Reflection 3

Final review

After my experiences during the GRACE course:

In my role as a clinical educator I think I will continue:

I will stop:

I will remember:

Next time I have a student I will

Signature: Date:

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