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Supervising the supervisors

Building supervision support capacity across the   
Barwon-South Western Clinical Placement Network

Submitted by:

Barwon Health

October 2013

Executive summary

The project provided supervision support workshop training for clinical supervisors at a novice and advanced level, and developed and implemented a Supervise the Supervisor program (Workplace learning for clinical education supervisors) across the Barwon-South Western Clinical Placement Network (BSW CPN).

The aims of the project were:

* To provide supervision support training for clinical supervisors across the BSW CPN; and

To develop and provide a Supervise the Supervisor program within the workplace for clinical education supervisors across the BSW CPN (Supervision for the Clinical Education Supervisors).

The objectives of the project were:

* To analyse outcome data from the BSW CPN Strategic project – Clinical Supervision Support Program to determine the supervision requirements (clinical supervision learning goals) for the allied health, nursing and medical clinicians across the BSW region reporting low self-efficacy in activities associated with clinical education supervision;
* To increase the number of supervisors who complete the Professional Development Planner – Clinical Education Supervision Tool to identify their supervision support learning needs;
* To provide clinical education supervision support training at a novice and advanced level across the BSW CPN;
* To provide a range of training programs of varying duration and by different providers;
* To develop a supervision model which incorporates a range of methodologies including site visits, electronic communication;
* To implement the clinical education supervision model based on available funding, across the BSW CPN;
* To investigate, plan and conduct a range of supervision activities to enable allied health, nursing and medical clinicians participating in supervision of students to acquire the skills required for independent practice as a clinical educator/supervisor;
* To gather and analyse information regarding the clinical supervision support requirements to inform recommendations of how education and training units could address these at local and regional levels;
* To evaluate the effect of workplace clinical supervision support activities on participants’ self-efficacy using the Professional Development Planner – Clinical Education Supervision;
* To validate the Professional Development Planner: Clinical Education Supervision Tool;
* To increase knowledge and understanding of the Best Practice Clinical Learning Environment (BPCLE) Framework;
* To identify the elements of the training programs that are most effective in changing self-efficacy; and

To engage an expert in evaluation methodology and statistics (statistician) to develop and implement a robust evaluation framework.

Clinical supervisors from allied health, nursing and medicine across the BSW CPN were invited to complete an online needs analysis using the Professional Development Planner – Clinical Education Supervision. Novice and advanced workshop training was provided to meet identified learning needs. Workshop training was available as half-day, full-day and two-day options and provided by five training providers. Workplace learning or supervision for the supervisor was available for those with continued low self-efficacy following novice workshop training. Workplace learning was conducted on two occasions of four and six week’s duration during the project.

Key outcomes and findings

Participation in workshop training and workplace learning increased self-efficacy rating of tasks required in clinical supervision for the majority of participants who completed the post training survey. A small proportion of participants had a reduction in their self-efficacy rating following attendance at training. Provision of the post-training survey on completion of the training would have increased the response rate. However this would not have provided time for reflection and practice of skills gained at the training.

Clinical supervisors who participated in Workplace learning following novice workshop training increased their self-efficacy in all clinical supervision tasks. Not everyone who was eligible for training was able to attend during the project period.

Workplace learning was an effective strategy to increase the confidence of clinical supervisor to provide clinical supervision when ongoing learning needs were identified following participation in novice workshop training.

Ninety-eight percent of participants agreed or strongly agreed the training program met their expectations and 73% strongly agreed the training was relevant to their work. Training programs were aligned to the identified needs of participants. Novice training covered five key domains of clinical supervision as described in the Professional Development Planner – Clinical Education Supervision (Finlay et al., 2011). Advanced training was more flexible in approach building on identified needs. Most training was provided face-to-face in a workshop format. Online novice clinical supervision training was offered for one cohort of clinical supervisors. Feedback received indicated that online training increased flexibility and opportunity to participate. A range of flexible training opportunities are required to meet individual learning needs.

Conclusions

The clinical supervision support model incorporates needs analysis, workshop training and workplace learning to build clinical supervisor capacity across the BSW CPN. Workplace learning (Supervising the Supervisor) was developed and implemented for clinical supervisors with continued low self-efficacy in clinical supervision tasks following participation in novice workshop training. Workplace learning proved an effective method for increasing self-efficacy.

Background and context

The project enabled the development and implementation of a model to build clinical supervision capacity across the BSW CPN. The model incorporated a needs analysis, novice and advanced workshop training and workplace learning. Two hundred and thirty-two clinical supervisors completed the needs analysis. One hundred and forty-two clinical supervisors participated in workshop training and eight clinical supervisors and three allied health assistants (AHAs) in the workplace learning supervision component.

Workshop training provided the theory component of clinical supervision training. The workplace learning developed and implemented the experiential component of clinical supervision for the workplace. Clinical supervisors with continued low self-efficacy following participation in the novice clinical education supervision training workshop program were eligible to participate in workplace learning (supervision).

Previous evaluation identified up to 90% of clinical supervisors increased their self-efficacy in clinical education supervision tasks following participation in workshop training. However 10–20% of clinical supervisors continued to report a lack of confidence to translate new skills and knowledge gained in clinical education supervision workshops to independent practice in the workplace (Finlay & Schulz, 2011). Further participation in workshops based in concepts and simulations of real life tasks was unlikely to enhance confidence in this group. New knowledge and skills related to education and supervision tasks would be most effectively translated from the workshop to the workplace with a supervisor to provide feedback and guided progression in the workplace (Milne et al., 2011).

Workplace learning for the project used a model of feedback, modelling and educational role play to address the identified clinical education supervision learning needs identified from the Professional Development Planner – Clinical Education Supervision.

Clinical supervision is standard practice for health professionals, based on perceived benefits to the clinician, the patient and the health care organisation. Clinical supervision is now considered a core professional competency within the mental health field (Falander et al., 2004) and has been identified as essential for patient and practitioner safety (Kilminster & Jolly, 2007). Appropriately trained and competent clinical educators have been identified as a key influencing factor in clinical learning environments in the BPCLE Framework (Victorian Government, Department of Health, 2011). Milne et al. (2011) conducted a systematic review of evidenced-based training for clinical supervisors and concluded there was clear empirical evidence for supervisor training based on the eleven included studies. Fifteen different educational methods were used across the eleven studies with feedback, role play and modelling supported by the available empirical evidence. Four clear capabilities emerged: a) skill acquisition and behavioural change; b) knowledge; c) generalisation of skill (from simulated to actual settings); d) supervisees satisfaction (increase in confidence, sense of independence) (Milne et al., 2011). Milne et al. (2011) findings were consistent with previous authors that identified supervisor training was comprised of didactic (theory) and experiential (practice and modelling) components (Russell & Petrie, 1994).

Aims

The aims of the project were:

* To provide supervision support training for clinical supervisors across the BSW CPN; and

To develop and provide a Supervise the Supervisor program within the workplace for clinical education supervisors across the BSW CPN (Supervision for the Clinical Education Supervisors).

Project activities and methodology

The project built on the BSW strategic project ‘Establishing a sustainable and effective BSW CPN’. A summary of the projects and associated key activities is provided in Figure 1.

Figure 1: Project activities

|  |  |  |
| --- | --- | --- |
| October 2011 to 30 June 2012 | 1 July to 31 December 2012 | 1 January to 16 October 2013 |
| BSW CPN Strategic Project  Establishing a sustainable and effective BSW CPN: Project 3 | CSSP Building Supervision Support capacity in the BSW CPN | |
| Round 1  (workshop training - novice) | Round 2  (workshop training – novice and advanced | Round 3  (workshop training – novice and advanced) |
|  | Round 1 (workplace learning) | Round 2 (workplace learning) |

A summary of the project methodology BSW CPN Clinical Supervision Support model is presented in Figure 2. The needs assessment, workshop training and workplace learning components are outlined. The concept of a BSW CPN clinical supervisors network is under consideration.

Figure 2: BSW Clinical Supervision Support model



Governance arrangements

A project steering committee was formed and met monthly for the duration of the project. The steering committee was comprised of representatives and key contacts from public and private health care services and education providers across the BSW CPN. The BSW CPN facilitator was an observer at the steering committee meeting. A progress report was provided monthly to the BSW CPN Executive meeting. See Appendix A for the project steering committee terms of reference. A summary of the key contacts role and responsibilities is provided in Appendix B.

Two project officers were employed for the two components of the project (workshop training and workplace learning). Monthly reports were provided to the project steering committee by each project officer.

Eligible participants and their managers were informed of training needs, project and training schedules, project objectives and key deliverables.

Workplace learning supervisors were oriented to the project and provided weekly supervision by the project officer responsible for workplace learning for the duration of their involvement in the project.

Stakeholder engagement

A range of strategies were used to ensure stakeholder engagement in the project including:

* Key contacts established to facilitate communication with allied health, nursing and medical staff within each organisation;
* Key contacts invited to join the project Steering Committee;
* Project Steering Committee conducted as a teleconference to maximise attendance;
* Project steering committee minutes circulated to all committee members;
* Monthly reports to the BSW CPN executive committee;
* Project updates provided through the BSW CPN newsletter;
* Liaison by project officers with key contacts for each phase of the project; and

Presentation of project at BSW CPN stakeholder event in June 2013.

Timelines

A summary of the project activities and timelines is presented in Table 1.

Table 1: Summary of key activities and deliverables

| Project objective | Project deliverable/target | Activity for the period | Status | Due date |
| --- | --- | --- | --- | --- |
| To analyse outcome data from the BSW CPN Project 3 supervision support project to determine the supervision requirements (clinical supervision learning goals) for the allied health, nursing and medical clinicians across the BSW region reporting low self-efficacy in activities associated with clinical education supervision. | Clinical education supervisors across the BSW region in allied health nursing and medicine are identified. | Data analysed from post training survey.  35 eligible participants across the region were identified and invited to participate in the WPL component of the project based on their individual learning needs. Managers were notified of participants’ eligibility.  WPL Round 1–6 participants across region undertook the WPL component while other interested eligible participants were unable to participate due to work or personal commitments.  Three AHAs participated in group supervision activities.  WPL Round 2–13 participants were identified from workshop training round 2. EOI was also requested from eligible Round 1 participants for Round 2 WPL.  3 participants registered and planned to undertake WPL round 2.  Only 2 participants were able to undertake the WPL sessions. Work and leave commitments prevented participation from the third interested participant. | Complete | March 2013 |
| To increase the number of supervisors who complete the Professional Development Planner Tool to identify their supervision support learning needs. | The learning needs of clinical education supervisors at a novice and advanced level are identified. | An additional 56 surveys were completed in round 2. A total of 232 surveys were completed. Learning needs identified for novice and advanced clinical supervisors across BSW CPN. | Complete | December 2012 |
| To provide clinical education supervision support training at a novice and advanced level across the BSW CPN. | At least 50% of clinical education supervisors participate in supervision support training. | Provided learning objectives to training provider to develop advanced clinical supervision training program. CSU/DU novice training revised to run over 2 days one month apart. Round 2 of Workshop Training provided October to November 2012.  65 supervisors attended either novice or advanced training in Geelong, Warrnambool, Portland or Hamilton.  39 clinical supervisors attended Round 3 advanced workshop training.  38 clinical supervisors enrolled in the online Advanced Clinical Educator Preparation Program (ACEPP).  61.2% of clinical supervisors participated in clinical supervision training | Complete | October 2013 |
| To provide a range of training programs of varying duration and by different providers. | A range of training programs are provided to meet learning objectives (varying duration and by different providers) at a novice and advanced level. | Advanced clinical supervision workshops developed.  1-day and 2-day workshops provided across the region.  A total of 8 workshops (3 x 2 day and 5 x 1 day) were provided in the Barwon and South Western subregions at novice and advanced levels.  38 clinical supervisors registered for the online ACEPP.  Five training providers involved (LearnPRN, CSU, Deakin University, Jane Wexler, ACEPP). | Complete | October 2013 |
| To develop a supervision model which incorporates a range of methodologies including site visits and electronic communication. | The ongoing learning needs (areas with continued low self-efficacy) of clinical education supervisors across the BSW region are identified following participation in novice level supervision training workshops. | Supervise the Supervisor Supervision Model and resources developed: Supervision toolkit, templates, project guidelines and orientation package for the supervisors.  Round 1 of WPL completed.  Round 2 WPL completed  BSW CPN Supervision model developed (see figure 2). | Complete | August 2012 (Round 1)  April 2013 (Round 2) |
| To implement the clinical education supervision model based on available funding, across the BSW CPN. | Supervise the Supervisor program with a range of strategies (including feedback, role-play and modelling) developed. | 2 supervisors recruited and matched to 6 participants (WPL Round 1); 1 supervisor recruited for 3 participants (WPL Round 2);  Supervisors oriented to supervision framework templates, guidelines. Templates reformatted and revised following feedback. | Complete | End March 2013 |
| To investigate, plan and conduct a range of supervision activities to enable allied health, nursing and medical clinicians participating in supervision of students to acquire the skills required for independent practice as a clinical educator/supervisor. | Supervise the Supervisor program with a range of strategies (including feedback, role-play, modelling) implemented for clinical education supervisors with low self-efficacy in their workplace following participation in a training workshop. | Supervision sessions conducted via face-to-face site visits, and group supervision sessions. Email and phone contact were additional supports.  Methodology included initial planning sessions, supervision scheduling, role-play, and feedback. Resources identified and developed when required included internet research on Gen Y, identifying learning styles, development of info sheet ‘Prompting self-reflection in students’.  Supervise the Supervisor program known as workplace learning. | Round 1 Complete  Round 2 Complete | October 2012  End March 2013 |
| To gather and analyse information regarding the clinical supervision support requirements to inform recommendations of how education and training units could address these at local and regional levels | Increase in self-efficacy measured using the Professional Development Planner – Clinical Education Tool following participation in the Supervise the Supervisor program | 42% response rate to online post training survey (sent at least two weeks after attending training).  Increase in self-efficacy scores recorded following training. | Complete | December 2012 |
| To evaluate the effect of workplace clinical supervision support activities on participants’ self-efficacy using the Professional Development Planner – Clinical Education Supervision. | Satisfaction of participants with the Supervise the Supervisor program using Values Exchange. | Have not progressed with using Values Exchange as did not meet requirements for administration of a survey. Satisfaction with WPL was assessed in the one to one sessions with the supervisors.  All workshop participants agreed or strongly agreed that training met expectations, was relevant to work, was well presented and enhanced understanding of the topic in some way.  All WPL participants recorded an increase in self-efficacy scores on conclusion of the WPL supervision. | Complete | June 2013 |
| To validate the Professional Development Planner: Clinical Education Supervision Tool. | Professional Development Planner: Clinical Education Supervision Tool validated. | Professional Development Planner sent to two expert review panels (clinical supervision and self-efficacy). Feedback received and tool revised accordingly.  Revised tool not used in BSW CPN due to impact on study design and impact on measuring change in self-efficacy scores. Validation of revised tool completed through Health Workforce Australia (HWA) CSSP fellowship (Schulz, 2013). | Complete | 30/6/2013 |
| To increase knowledge and understanding of the BPCLE Framework. | Increased knowledge and understanding of the BPCLE Framework by clinical education supervisors. | Learning objectives for advanced clinical supervisors provided to education providers to develop advanced program.  Principles of BPCLE Framework included within the learning objectives of the advanced clinical supervision programs. | Complete | December 2012 |
| To identify the elements of the training programs that are most effective in changing self-efficacy. | Elements of the training programs that are most effective in changing self-efficacy are identified. | Training providers revised training to meet learning objectives for novice and advanced CS and the logistics of releasing staff to attend training. Participants attended the full day workshop program. Training was not offered in elements or half days.  Significant change in post training self-efficacy ratings following workshop training and workplace learning. | Complete – revision to training program.  Complete | December 2012  June 2013 |
| Evaluation framework developed, implemented and evaluated. | To engage an expert in evaluation methodology and statistics (statistician) to develop and implement a robust evaluation framework. | Dr Elise Sullivan, DPar Consulting conducted evaluation workshops. Participants, their managers, key contacts and project officers invited to participate. Evaluation workshops conducted from 7 to 10 May in Geelong and Warrnambool. One-to-one interviews also conducted to enable participation.  31 participants attended evaluation workshop/ interviews.  Evaluation report received and discussed with Steering committee.  Recommendations discussed at BSW CPN stakeholder event. | Complete | June 2013 |

Outputs

List of project outputs:

* Model for Supervising the Supervisors – Workplace learning and associated resources including
* Position description for workplace learning supervisors;
* Training manual for workplace learning supervisors
* Invitation to participate in workplace learning (supervision);
* Memorandum of understanding for workplace learning;
* Evaluation forms for workplace learning supervisor and supervisee;
* Role description for key contacts;
* 139 clinical supervisors attended workshop training;
* Eight clinical supervisors completed workplace learning;
* Three AHAs completed four clinical supervision experiences;
* Two supervisors trained to provide workplace learning;
* Evaluation report and recommendations completed by Dr Elise Sullivan;
* Workshop training evaluation;
* Presentation for Clinical Placement Solution Series; and

Presentation for BSW CPN stakeholder event.

The following resources were developed to assist in the delivery and evaluation of training workshops:

* Workplace learning manual and resources; and

Workshop training evaluation form.

Outcomes and impacts

Training

To be eligible to participate in the project, clinical supervisors across the BSW CPN were invited to complete an online survey and Professional Development Planner – Clinical Education Supervision. The purpose was to identify learning needs based on a low or high self-efficacy rating and then provide relevant workshop training at a novice or advanced level.

Not everyone who completed the online survey and Professional Development Planner – Clinical Education Supervision was able to attend training. Training was offered as online, half and full days and at four locations across the BSW CPN to maximise participation. Scheduling staff to attend workshops remained an issue due to timing and other work commitments.

It is possible some clinical supervisors did not complete the online survey and were therefore not invited to participate in training. Workshop training and workplace learning was offered at various times during the project period to maximise participation over the course of the project.

While most respondents had previous experience in clinical supervision only 62% had received clinical supervision training and 60% had received supervision or support while in the clinical supervision role.

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Previous experience in clinical supervision | 188 (91%) | 11 |
| Facilitated learning and assessed performance | 167 (77%) | 50 |
| Received supervision or support in clinical supervision role | 114 (60%) | 77 |
| Completed previous clinical supervision training | 135 (62%) | 84 |

Of the 219 clinical supervisors who completed the initial online survey 158 were identified with learning needs at a novice level and 61 at an advanced level. Ninety-five percent of participants who attended training were from nursing/midwifery and allied health. Very few medical staff completed the needs analysis. While the link to the needs analysis was emailed to clinical supervisors it is possible not everyone checked their emails regularly or responded to the email.

The Professional Development Planner – Clinical Education Supervision grouped clinical supervision tasks into five key domains:

* Facilitating learning;
* Education planning;
* Providing feedback;
* Managing the student who does not meet expectations; and

Roles, relationships and power.

Clinical supervisors rated their confidence to complete the tasks using a seven point scale on the Professional Development Planner – Clinical Education Supervision.

Novice clinical supervisors recorded low self-efficacy ratings in one or more of these areas on the Professional Development Planner – Clinical Education Supervision. Forty-one percent (n=65) of novice clinical supervisors had learning needs in all five domains.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Clinical supervision | One domain | Two domains | Three domain | Four domains | Five domains |
| Frequency of learning needs for novice clinical supervisors identified from professional development Planner – CES (n=158) | 19 | 20 | 23 | 31 | 65 |

Self-efficacy rating

The survey and Professional Development Planner – Clinical Education Supervision was emailed to training participants at the conclusion of the last scheduled training session. The period of time between completion of training and receipt of the post training survey ranged from two days to eight weeks. The response rate for the post training survey was 42%.

There was an increase in self-efficacy rating for most of the clinical supervision tasks. The turnover of staff was significant during the project period with 10% of the eligible participants no longer with the organisation, on extended leave or unable to be contacted to complete the post training survey. Forty-five percent (n=33) of clinical supervisors identified as novice prior to training were confident will all areas of clinical supervision on completion of the post training survey, meeting the criteria for advanced clinical supervisor. Between 50% and 72% of novice clinical supervisors rated their self-efficacy with clinical supervision tasks in the specific domain as higher following training.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Learning needs post training (domains) | | | | | |  |
|  |  | 0 | 1 | 2 | 3 | 4 | 5 | Total |
| Novice CS learning needs pre-workshop training | 1 | 5 | 1 | 1 | 1 | 0 | 0 | 8 |
| 2 | 4 | 1 | 1 | 2 | 0 | 0 | 8 |
| 3 | 6 | 1 | 3 | 0 | 0 | 0 | 10 |
| 4 | 8 | 2 | 3 | 1 | 0 | 3 | 17 |
| 5 | 10 | 2 | 2 | 4 | 4 | 9 | 31 |
| Total |  | 33 | 7 | 10 | 8 | 4 | 12 | 74 |

Sixteen percent of novice clinical supervisors had learning needs in all five domains following participation in novice workshop training. Education planning and managing the student who does not meet expectations were the domains with lower improvement rates 42% and 45% respectively.

Reach

Seventy-five percent of clinical supervisors who completed the needs analysis were from the Barwon subregion. Clinical supervisors from 19 organisations attended the training. The majority or training participants were from nursing and allied health. Twelve doctors completed the online survey and Professional Development Planner – Clinical Education Supervision. However, only two doctors attended the training.

Key contacts were engaged at each location to increase reach within organisations and ensure all allied health, nursing and medical staff were informed and invited to participate.

Workplace learning

Not all clinical supervisors who attend workshop training were confident to perform all the tasks required in clinical supervision at the conclusion of the workshop training. The workplace learning component was developed in this project to provide additional support for clinical supervisors in the clinical supervision tasks with continued low self-efficacy. An individualised learning program was developed using the tasks listed in the Professional Development Planner – Clinical Education Supervision.

Less than 50% of those eligible for workplace learning accepted the invitation to participate. Timing and other work commitments impacted on the ability to engage. The feedback from those who did participate was very positive and all increased their self-efficacy ratings at the conclusion of the workplace learning.

AHAs as clinical supervisors

Five AHAs participated in the novice workshop training. They had had limited experience with students prior to attending clinical supervision training. Working with a local secondary school, a workplace learning opportunity was developed which enabled three of the AHAs to provide a structured workplace learning activity for senior secondary students. The AHAs were supervised by the Workplace Learning supervisor.

A further supervision opportunity was provided for two Barwon Health AHAs. Working with a local secondary school, two high school secondary school students specifically interested in an AHAs pathway spent five consecutive days on placement, being supervised by the AHAs. The format was changed to provide a more valuable opportunity for allied health staff and was tailored to students interested in pursuing this pathway.

Participant satisfaction

An evaluation was completed following each workshop training and workplace learning event. The responses were compiled and then reviewed for themes. All participants identified valuable components from the workshops that would be useful in future clinical supervision. The training was well received and rated highly with:

* 98% of clinical supervisors agreed or strongly agreed the workshop training met their expectations;
* 80% of clinical supervisors strongly agreed the program was well presented;
* 84% of clinical supervisors strongly agreed the quality of the educator was good;
* 73% of clinical supervisors strongly agreed the program was relevant to their work;
* 73% of clinical supervisors strongly agreed their understanding of the topic was enhanced in some way; and

78% of clinical supervisors strongly agreed they would recommend the program to a colleague or friend.

When asked ‘How will you change your clinical education and supervision of students as a result of attending this workshop, the key themes that emerged were:

* Better prepare and plan for students to improve the quality of the clinical placement;
* Undertake further training both informal and formal qualifications;
* Seek mentoring and advice from colleagues to support clinical supervision; and

Improve the relationship with the education provider.

Table 2: Capacity and quality outcomes

| Objective | Capacity/quality target | Outcomes |
| --- | --- | --- |
| To analyse outcome data from the BSW CPN Project 3 Supervision Support project to determine the supervision requirements (clinical supervision learning goals) for the allied health, nursing and medical clinicians across the BSW region reporting low self-efficacy in activities associated with clinical education supervision. | Clinical education supervisors across the BSW region in allied health nursing and medicine are identified. | 35 eligible participants identified and invited to participate in the WPL component of the project based on their individual learning needs following workshop training.  11 (31%) participated in WPL during the project period. |
| To increase the number of supervisors who complete the Professional Development Planner Tool to identify their supervision support learning needs. | The learning needs of clinical education supervisors at a novice and advanced level are identified. | 219 clinical supervisors completed the needs analysis.  61 identified with learning needs at an advanced clinical supervisor level.  158 identified with learning needs at a novice level. |
| To provide clinical education supervision support training at a novice and advanced level across the BSW CPN. | At least 50% of clinical education supervisors participate in supervision support training. | 65% of clinical supervisors who completed the needs analysis participated in supervision support training. |
| To provide a range of training programs of varying duration and by different providers. | A range of training programs are provided to meet learning objectives (varying duration and by different providers) at a novice and advanced level. | Advanced clinical supervision workshops developed and conducted  1 day and 2 day workshops provided across the region. A total of 8 workshops (3 x 2 day and 5 x 1 day) were provided in four locations across the Barwon and South Western sub-regions at novice and advanced levels. 38 clinical supervisors registered for the online ACEPP  Five training providers involved (LearnPRN, CSU, Deakin University, Jane Wexler, ACEPP). |
| To develop a supervision model which incorporates a range of methodologies including site visits, electronic communication. | The ongoing learning needs (areas with continued low self-efficacy) of clinical education supervisors across the BSW region are identified following participation in novice level supervision training workshops. | 42% completed the post training survey.  35 identified as eligible for workplace learning.  WPL program and resources developed. |
| To implement the clinical education supervision model based on available funding, across the BSW CPN. | Supervise the Supervisor program with a range of strategies (including feedback, role-play, modelling) developed. | Workplace Learning Manual and resources developed.  Two supervisors recruited and matched to 6 participants (WPL Round 1); One supervisor recruited for 2 participants (WPL Round 2);  Supervisors oriented to Supervision Framework templates, guidelines. Templates reformatted and revised following feedback from participants. |
| To investigate, plan and conduct a range of supervision activities to enable allied health, nursing and medical clinicians participating in supervision of students to acquire the skills required for independent practice as a clinical educator/supervisor. | Supervise the Supervisor program with a range of strategies (including feedback, role-play, modelling) implemented for clinical education supervisors with low self-efficacy in their workplace following participation in a training workshop. | Supervision sessions conducted via face-to-face site visits, and group supervision sessions. Additional support provided through email and phone contact.  Methodology included initial planning sessions, supervision scheduling, role-play, and feedback. Resources identified and developed when required included internet research on Gen Y, identifying learning styles, development of info sheet ‘Prompting self-reflection in students’.  Supervise the Supervisor program known as Workplace Learning. |
| To gather and analyse information regarding the clinical supervision support requirements to inform recommendations of how education and training units could address these at local and regional levels. | Increase in self-efficacy measured using the Professional Development Planner – Clinical Education Tool following participation in the Supervise the Supervisor program. | Evaluation workshops conducted to evaluate the impact of the supervision support project.  Evaluation workshop participants included clinical supervisors and managers. |
| To evaluate the effect of workplace clinical supervision support activities on participants’ self-efficacy using the Professional Development Planner – Clinical Education Supervision. | Satisfaction of participants with the Supervise the Supervisor program using Values Exchange. | Have not progressed with using Values Exchange as it did not meet project requirements.  All workplace learning participants increased their self-efficacy ratings in 100% of identified learning needs.  98% agreed or strongly agreed the program met expectations and 73% strongly agreed the program was relevant to their work. |
| To validate the Professional Development Planner: Clinical Education Supervision Tool. | Professional Development Planner – Clinical Education Tool validated. | Professional Development Planner sent to two expert review panels (clinical supervision and self-efficacy). Feedback received and tool revised accordingly.  Unable to use revised tool in BSW CPN as would have meant all participants to redo survey and not able to determine change in SE. Validation of revised tool completed through HWA CSSP fellowship (Schulz, 2013). |
| To increase knowledge and understanding of the BPCLE Framework. | Increased knowledge and understanding of the BPCLE Framework by clinical education supervisors. | Learning objectives for advanced clinical supervisors provided to education providers to develop advanced program.  Principles of BPCLE Framework included within the learning objectives of the advanced clinical supervision programs. |
| To identify the elements of the training programs that are most effective in changing self-efficacy. | Elements of the training programs that are most effective in changing self-efficacy are identified. | Training providers revised training to meet learning objectives for novice and advanced CS and logistics of releasing staff to attend training.  Significant change in post training self-efficacy ratings following workshop training and workplace learning. |
| Evaluation framework developed, implemented and evaluated. | To engage an expert in evaluation methodology and statistics (statistician) to develop and implement a robust evaluation framework. | Dr Elise Sullivan, DPar Consulting engaged to conduct evaluation workshops. Participants, their managers, key contacts and project officers invited to participate. Evaluation workshops conducted from 7 to 10 May in Geelong and Warrnambool. One to one interviews also conducted to enable participation  31 participants attended evaluation workshop/interviews.  Evaluation report received and discussed with Steering committee.  Recommendations discussed at BSW CPN stakeholder event. |

Challenges and risk management strategies

Ability to attend clinical supervision training when offered was the major challenge associated with the project. Attendance was impacted by other work commitments, periods of leave and changes in clinical supervision role. Timely notification of training events was required to enable rostering of staff. Providing a range of training options throughout the project was aimed to increase participation.

The Workplace Learning was a successful strategy to build clinical supervision capacity for clinical supervisors with continued low self-efficacy following novice workshop training. Workplace learning involved an additional time commitment for participants which may have impacted on the ability to participate. While central co-ordination of the workplace learning was appropriate for the project and to test the model, it was not an efficient ongoing strategy. Implementation of the workplace learning component would be best done using the existing supervision structures and informed by the ongoing learning needs following workshop training. Needs analysis prior to and following training was important to target training activities.

Table 3: Risk management

| Risk | Management strategy | Outcomes |
| --- | --- | --- |
| Unable to recruit supervisors for short term contract for workplace learning. | Project officer also able to provide supervision. Employed this person first to develop the supervision framework and tools. | Able to recruit supervisors to short term temporary contract for the periods of workplace learning. |
| Low workplace learning participation rate. | * Email communication to all clinical supervisors who were eligible for round 1 inviting them to participate in round 2 WPL * Update regarding eligibility provided to organisational key contacts * Project Lead spoke with Key contacts | 8 WPL participants  3 AHA participants |
| Resources unavailable to support workplace learning activities. | Online search to identify supervision model, tools and framework. | Workplace learning conducted with and without students using a range of methods as part of the supervision plan. |
| Participants are not supervising students during the WPL period time | Range of flexible options available to use in WPL if no students on clinical placement included site visits, inter professional opportunities where there are other student groups in the workplace requiring supervision. | Workplace learning conducted with and without students using a range of methods as part of the supervision plan. |
| * Unable to access/engage statistician to analyse data for validation of Professional Development Planner * Insufficient numbers of participants to statistically analyse outcomes from different training programs | Evaluation consultant engaged to conduct project evaluation | * Validation of Professional Development Planner – Clinical Education Supervision conducted as part of HWA CSSP Fellowship * Evaluation report provided |
| Low participation rate in evaluation workshops. | * Summary of eligible participants provided to key contacts to follow up and confirm if able to attend * Reminders also provided to eligible participants and their managers * Discussed at steering committee meeting * Offered support to attend workshops * Increased options to participate including 1:1 interview and open answer questionnaire | Achieved 31 participants representing range of CS, managers and contact with the project. Themes identified from the evaluation were repeated indicating a representative sample. |
| Low participation in workshop training across the region. | Introduction of Key contacts at each organisation. Key contacts were steering committee members. | Key contacts identified from organisation/clusters across the BSW CPN to provide contact point for project officers for workshop training and workplace learning components of project. |
| Low completion of post training online survey and Professional Development Planner – Clinical Education Supervision. | Link to survey emailed to participants and key contacts. Reminder provided two weeks later. | Not all participants completed the survey. |

Evaluation

A program logic was developed with qualitative and quantitative methods to evaluate the outcomes of the project. Key indicators included self-efficacy rating using the Professional Development Planner – Clinical Education Supervision and participant satisfaction with the clinical supervision training. The program logic is provided in Appendix C.

An evaluation consultant was engaged to undertake the qualitative evaluation to answer the following questions:

* What difference has the clinical supervision support program (CSSP) made at the individual, organisational and regional levels?
* What other conditions influenced participants’ clinical supervision practice?

What is needed to make the CSSP more effective, accessible and sustainable?

Key Findings and limitations

Participation in workshop training and workplace learning increased self-efficacy rating of tasks required in clinical supervision for the majority of participants who completed the post training survey. A small proportion of participants had a reduction in their self-efficacy rating following attendance at training. Not all clinical supervisors completed the post training survey. Provision of the post training survey on completion of the training would have increased the response rate, however this would not have provided time for reflection and practice of skills gained at the training.

Clinical supervisors who participated in Workplace Learning following novice workshop training increased their self-efficacy in all clinical supervision tasks. Not everyone who was eligible for training was able to attend during the project period.

Workplace learning was an effective strategy to increase clinical supervisor when ongoing clinical supervision learning needs were identified following participation in novice workshop training. However, only a small number of eligible clinical supervisors participated in the Workplace Learning. It is expected many local factors influenced capacity to participate. The project provided the opportunity to test the supervision support model and future Workplace Learning would be more effective when integrated into the local clinical supervision structure. Completion of learning needs analysis and provision of the results to the clinical supervisor would enable integration of specific clinical supervision goals into the individual development plan.

Ninety-eight percent of participants agreed or strongly agreed the training program met their expectations and 73% strongly agreed the training program was relevant to their work. A number of external education providers conducted the novice and advanced training. Training programs were aligned to the identified needs of participants. Novice training covered five key themes. Advanced training was more flexible in approach building on identified needs. Most training was provided face-to-face. Feedback received indicated that online training increased flexibility and opportunity to participate. Thirty-eight clinical supervisors enrolled in the online novice training program. A range of flexible training opportunities are required to meet individual learning needs.

The qualitative evaluation indicated the key differences the CSSP was believed to have made were related to:

Individual

* Improved understanding of the role, students and their learning needs;
* Improved confidence and reduced stress; and

Improved skill and ability to structure an effective clinical placement experience, and deliver constructive feedback and support struggling students.

Organisational

* Improved student and inter-professional relationships, communication and ability to support students;
* Recognition that supervising requires specialist skills and enhanced the legitimacy of the role; and

Enhanced the value and ability of the clinical supervision role to contribute to organisational outcomes such as retention and recruitment, meeting the criteria of the BPCLE, which will be linked to funding resource in the future.

Regional

Interdisciplinary/organisational collaboration resulting in:

* Enhanced awareness of other services;
* Working toward the same outcomes;
* Improved consistency;
* Reduced duplication and sharing of resources; and

Improved integration and continuity of patient care resulting.

The key issues identified in the qualitative evaluation that would reduce capacity to realise the benefits of CSSP were:

* Lack of organisational and management support;
* Not having the time to train or prepare for students;
* Prevalence of casual staff;
* Structural rigidities such as the EBA; and

The Program not being adequately explained, promoted or planned with sufficient notice to plan work around.

Transferability

The project enabled the development and implementation of the BSW CPN clinical supervision support model which incorporated needs analysis and reassessment, workshop training and workplace learning. The model is transferable to other CPNs and local agencies. Workshop training is readily accessible. The point of difference with the BSW CPN clinical supervision model is the provision of workplace learning providing a development pathway for the clinical supervisor.

Key learnings

Local champions were important to the success of a regional project. The challenge was to locate them within each organisation and to maintain an up to date list of key contacts. During the project period several key contacts changed organisations and were not replaced immediately. This impacted on the distribution of information related to the project at times.

Future directions and sustainability

The six recommendations identified from the qualitative evaluation were discussed by the Steering Committee and presented at the BSW CPN stakeholder event. Several of the recommendations will be addressed with the rollout of the BPCLE (Victorian Government, Department of Health, 2011). The BSW CPN provides the platform to communicate and coordinate future training activities to increase participation and ensure a wide range of activities are held across the region.

The BSW CPN clinical supervision support model and Workplace Learning Manual is available for use across the region.

Conclusion

The project provided supervision support workshop training for clinical supervisors at a novice and advanced level, and developed and implemented a Supervise the Supervisor program (Workplace learning for clinical education supervisors) across the BSW CPN.

The development and testing of the Clinical Supervision Support Model which incorporated needs analysis, workshop training and workplace learning to build clinical supervisor capacity across the BSW CPN. Workplace learning (Supervising the supervisor) was developed and implemented for clinical supervisors with continued low self-efficacy in clinical supervision tasks following participation in novice workshop training. Workplace learning proved an effective method for increasing self-efficacy.

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Appendix A

Building supervision support capacity across the Barwon-South Western Clinical Placement Network

Terms of Reference – Steering Committee

Steering Committee purpose

* To provide leadership to and oversee the Barwon-South Western Clinical Placement Network (BSW CPN) Clinical Support Supervision Program Supervise the Supervisor: Workplace learning for clinical education supervisors;
* To monitor progress of the project objectives and milestones against agreed timelines;
* To make recommendations to support the completion of the project within the agreed timeframe; and

To facilitate participation in the project within sectors across the BSW region

Project aim

To provide supervision support training for clinical supervisors across the BSW CPN; and

To develop and provide a Supervise the Supervisor program within the workplace for clinical education supervisors across the BSW CPN (Supervision for the clinical education supervisors).

Project objectives

* To analyse outcome data from the BSW CPN Project 3 Supervision Support project to determine the supervision requirements (clinical supervision learning goals) for the allied health, nursing and medical clinicians across the BSW region reporting low self-efficacy in activities associated with clinical education supervision;
* To increase the number of supervisors who complete the Professional Development Planner Tool to identify their supervision support learning needs;
* To provide clinical education supervision support training at a novice and advanced level across the BSW CPN;
* To provide a range of training programs of varying duration and by different providers;
* To develop a supervision model which incorporates a range of methodologies including site visits, electronic communication;
* To implement the clinical education supervision model based on available funding, across the BSW CPN;
* To investigate, plan and conduct a range of supervision activities to enable allied health, nursing and medical clinicians participating in supervision of students to acquire the skills required for independent practice as a clinical educator/supervisor;
* To gather and analyse information regarding the clinical supervision support requirements to inform recommendations of how education and training units could address these at local and regional levels;
* To evaluate the effect of workplace clinical supervision support activities on participants’ self-efficacy using the Professional Development Planner – Clinical Education Supervision;
* To validate the Professional Development Planner: Clinical Education Supervision Tool;
* To increase knowledge and understanding of the BPCLE Framework;
* To identify the elements of the training programs that are most effective in changing self-efficacy; and

To engage an expert in evaluation methodology and statistics (statistician) to develop and implement a robust evaluation framework.

The Building supervision support capacity across the BSW CPN project builds on the BSW Clinical Placement Strategic Project Establishing a sustainable and effective BSW CPN Project 3 supervision support.

Membership

* The Executive Committee will include:
* Debra Schulz, Director of Allied Health Barwon Health (Chair)
* Nancy Finlay, Project Officer, Project 3 Supervision Support, Barwon Health
* Ruth Barton, Co-ordinator, BSW CPN
* Megan Smith, Sub Dean Professional Placements, Charles Sturt University
* Greg Waddell, Director, Living Well enterprise, The Gordon
* Jenice Smart, Education Manager South West Healthcare (SWHC), Warrnambool
* Sue Baudinette, Nutrition & Dietetics, SWHC
* Jane Fitzgibbon, Terang & Mortlake Health Service
* Libby van Leeuwin, Learning and Development Manager, St John of God Hospital, Geelong
* Pauline Wright, Executive Manager, Families and Communities, Bellarine Community Health Ltd
* Kellie Britt, Deakin Medical School, Deakin University
* Deborah Smith, Learning and Education Manager, Western District Health Service
* Mary-Anne Betson, Manager Nursing Services, Casterton Memorial Hospital
* Kate Rafferty, Cobden District Health Service
* Ronan O’Sullivan, Workforce Development, Colac Area Health
* Toby Vague, Allied Health and Rehabilitation Co-ordinator
* Lyn Batson, Director of Nursing, Hesse Rural Health
* Kate Gillan, Director of Clinical Services, Lorne Community Hospital
* Maree McCosh, Lyndoch Warrnambool
* Margaret Carter, Lyndoch Warrnambool
* Judy Nichols, Portland cluster
* Adrian Benson, Allied Health Services Co-ordinator, St John of God, Warrnambool
* Kate Morrissy, Nursing, St John of God, Warrnambool

TBA, Timboon and District Healthcare Service

Other members may be co-opted as required by the Steering Committee.

Term of appointment

The term of appointment for all positions, including the Chair, is until 16th October 2013 when final project report is due.

Minutes

Minutes will be completed on a rotating basis and circulated following the meeting

Quorum

Members unable to attend may appoint attending members as proxies

Frequency and Timeframe of Meetings

Monthly

Reporting

The CSSP project Steering Committee Chair will provide a written progress report to the BSW Clinical Placement Executive monthly.

The BSW CPN CSSP project Steering Committee Terms of Reference have been endorsed by the Committee.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Chair) Date:­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_

Appendix B Key contact role and responsibilities

Health Workforce Australia Clinical Supervision Support Program

Building Supervision Support Capacity across the Barwon-South Western Clinical Placement Network project

Project aim

* To provide supervision support training for clinical supervisors across the Barwon-South Western Clinical Placement Network (BSW CPN); and

To develop and provide a Supervise the Supervisor program (workplace learning) within the workplace for clinical education supervisors across the BSW CPN (Supervision for the clinical education supervisors).

Target group

The project is targeting allied health, nursing and medical staff involved in student supervision who:

Facilitate student learning in the clinical setting and assess achievement of capability or competency against national standards.

Barwon Health is the lead agency for the BSW CPN project that will be conducted in two stages:

* Workshop training (WST) for clinical supervisors/preceptors/facilitators with low self-efficacy (Nancy Finlay, Project Lead); and

Workplace learning (WPL) (supervision in the workplace) for those with continued low self-efficacy following participation in workshop training (Diane Billing, Project Lead).

Key contact

A key contact is required at an organisational level or for a cluster of organisations to ensure the project opportunities are realised across the BSW CPN.

Key contact role and responsibilities

* Act as key contact for the project team at the organisation or cluster level and vice versa;
* Identify and engage local organisation managers (allied health, nursing and medicine) to ensure the target group has access to training opportunities and maximise participation in evaluation activities;
* Provide information, updates on the project received from the project team to relevant allied health, nursing and medical staff in organisation or cluster;
* Encourage local staff to complete the Clinical Supervision Capability survey pre and post training;
* Provide logistics support with the provision of training as required and negotiated with the project team; and

Member of the Project Steering Committee.

Duration

The project will conclude on 16 October 2013

Steering Committee meeting

First Tuesday of month (generally) 1400 to 1500, Deakin University, Waurn Ponds. Teleconferencing and videoconferencing available.

Key contacts

| Organisation | Key Contacts |
| --- | --- |
| Barwon Health | Debbie Schulz, Director Allied Health |
| Bellarine Community Health | Pauline Wright  Executive Manager, Families and Communities |
| Casterton Memorial Hospital | Mary Anne Betson |
| Cobden District Health Service | Kate Rafferty |
| Colac Area Health | Ronan O’Sullivan |
| Geelong Private Hospital | Toby Vague, Allied Health and Rehabilitation Coodinator |
| Hesse Rural Health | Lyn Batson |
| Lorne Community Hospital | Kate Gillan |
| Lyndoch Warrnambool Inc. | Maree McCosh  Margaret Carter |
| Portland District Hospital  Dhauwurd-Wurrung Elderly & Community Health Service  Winda-Mara Aboriginal Corporation  Active Health  Heywood Rural Health | Judy Nichols, Judy Nichols & Associates for Dhauwurd Wurrung Elderly & Community Health Service |
| St John of God, Warrnambool | Adrian Benson, Allied Health Services Co-ordinator  Kate Morrissy, |
| St John of God, Geelong | Libby van Leeuwin, Learning and Development Manager |
| South West Health Care, Warrnambool | Jenice Smart, Education Manager  Sue Baudinette, Nutrition and Dietetics |
| Terang and Mortlake Health Service | Jane Fitzgibbon |
| Timboon and District Healthcare Service | TBA |
| Western District Health Services, Hamilton | Deb Smith, Learning and Education Manager |

Appendix C Program Logic: Building supervision support capacity across the Barwon-South Western Clinical Placement Network project

Impacts

* Increased capacity of the health service for CP or students

Outcomes

* Participants satisfactions with training (WS and WPL)
* Increased knowledge and skills of participants in the CS of students on CP
* Increased SE of participants across all domains of CS
* Increased knowledge about relevant/ appropriate and effective methods for CS of students
* Model of CS for BSW CPN

Outputs

* Project steering committee established
* Key health service contacts across the region identified and oriented to role
* Electronic survey completed and analysed
* List of clinicians eligible for training (novice and advanced)
* Profile of supervisors across the region, prior training, level of experience and student numbers
* Learning needs report generated and distributed to managers and eligible participants
* Training provided according to scheduled plan
* Feedback report to training providers
* Outcomes report training attendance, eligibility for WPL (training summary report)
* Contract and development plan in place for WPL participants
* Supervision support (WPL) activities report
* WPL evaluated and provided according to plan
* Final outcomes report on WPL with matrix of training activities
* Evaluation framework developed
* Final project report with strategies for sustainability

Activities

* Establish project steering committee
* Engage key contacts in health services
* Survey development and distribution
* Collate survey and survey analysis
* Identify training providers
* Develop training packages (revised novice and advanced)
* Develop training plan and schedule for the region
* Deliver/conduct training
* Collect/collate feedback from training
* Resurvey and analyse change in SE
* Generate and distribute outcome report (high and low SE) to managers and participants (low SE)
* Invite participants with low SE following training to participate in WPL
* Recruit supervisors for WPL
* Conduct supervisor orientation to WPL model
* Match WPL supervisor and supervisee
* WPL supervisors plan and conduct supervision support (WPL) activities
* Reassess SE in identified CS tasks
* Generate and distribute outcome report to manager

Inputs

* Funding (training development and provision, project staff, supervisors)
* Project team
* Supervisors
* Steering committee
* Time (managers, clinicians, education providers)

Situation

* Lack of information of CES workforce capability for providing high quality CS
* Wide variation in CS capabilities across the BSW region
* Lack of information of relevant and accessible training options (formal and information) for the region
* Significant demand for clinical placements
* Lack of information and health service capability for staff development in CS
* Transferability of existing CES Professional Development Planner to broader allied health, medicine and nursing
* Lack of information on how CS activities are organised in health services and managed across the region
* Need for clarity on the most effective method of building CS capability

Assumptions: definition of CS has targeted a specific group across the BSW region, CSCSE tool measures change in self efficacy following training, CS have experience with CS, there is capacity across the region to engage in the project, there is a succession plan in place related to CS

Abbreviations

|  |  |
| --- | --- |
| CES | Clinical education supervision (student supervision) |
| CP | Clinical placement |
| CS | Clinical supervision |
| CSC | Clinical supervision capabilities |
| EP | Education provider |
| HS | Health service |
| PD | Professional development |
| SE | Self-efficacy |
| WPL | Workplace learning |