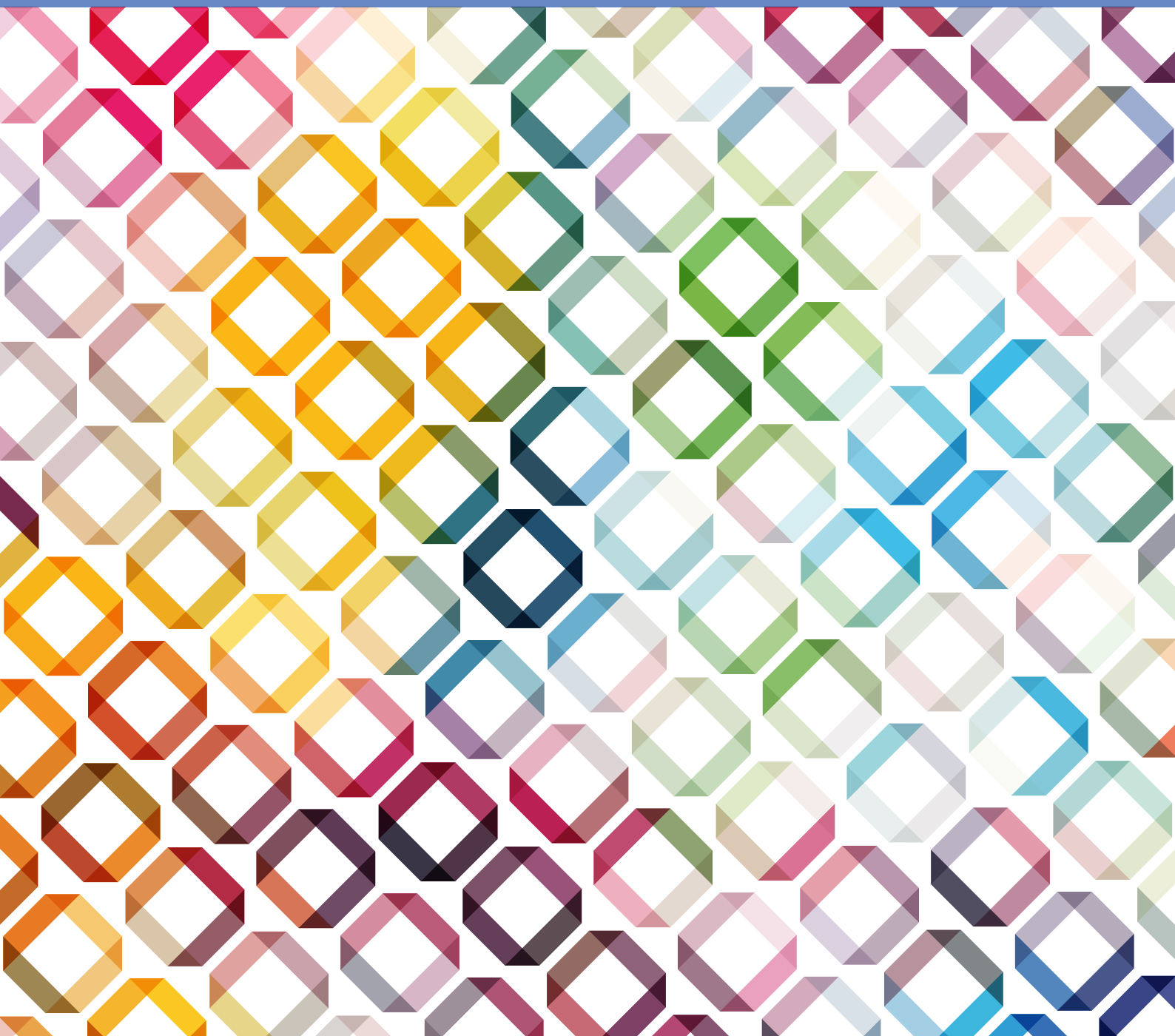


The Resource Guide

Implementing the National Clinical Supervision Competency Resource
and the Clinical Supervision Skills Review Tool



Acknowledgement

Thank you to the many health practitioners across Victoria who assisted with the development of the Guide. Their input was invaluable.

Developed by:

Precision Consultancy

www.precisionconsultancy.com.au

On behalf of the Department of Health & Human Services.

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Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

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Where the term 'Aboriginal' is used it refers to both Aboriginal and Torres Strait Islander people.

Indigenous is retained when it is part of the title of a report, program or quotation.

ISBN 978-0-7311-6800-2 (Print)

ISBN 978-0-7311-6801-9 (pdf)

Available at <https://vicknowledgebank.net.au>

Printed by Digital House, South Melbourne on sustainable paper (1505021)

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Overview

This document has been developed to assist the health sector to plan for the development of skills in clinical supervision. The skills for clinical supervision are articulated in the *National Clinical Supervision Competency Resource* (the Resource)¹, which provides a national benchmark that works across all disciplines in Australian health services.

In May 2015, the Victorian Department of Health & Human Services (the department) funded a project to develop a suite of resources to provide information about the competencies and how they can be used in Victorian health settings, along with a Clinical Supervision Skills Review Tool (the Skills Review Tool) to help determine the training and development needs of clinical supervisors working within Victorian health settings.

This project is one of several initiatives that have been carried out under the department's comprehensive strategy to improve the capacity and quality of clinical education and training for the health workforce in Victoria.

The context

Across the health sector there are variations in how clinical supervision is performed. Different professions have their traditional ways of working, and their own methods of ensuring that discipline-specific skills are developed. Yet what is common across all disciplines is that clinical supervision focuses on the transfer of knowledge and skills and enhancing professional practice, so that health outcomes improve and patients-clients and staff are safe.

The competencies in the Resource take an interdisciplinary approach. The health sector is rapidly changing, and many practitioners work in multi-disciplinary teams or in partnership with colleagues from other disciplines, so the competencies have been designed with reference to what is core or central to clinical supervision in a wide range of health contexts. After extensive consultation and validation – with health practitioners, academics and representatives from peak bodies and colleges from across the country – these competencies are robust and reflective of contemporary approaches to clinical supervision.

As the pace of change increases, so too does the demand for updated skills and knowledge. The notion of life-long learning, or continuing professional development, is supported by clinical supervision. The competencies relate to supervisors working with a broad spectrum of learners², so whether the person being supervised is a student on placement, or a highly experienced clinician, the skills for clinical supervision described in the competencies will be relevant.

Clinical supervision has its own skill set, which is distinct from clinical skills. It has links with mentoring and coaching, and learning and development. Clinical supervisors need to review their practice, because being a good clinician does not necessarily equate with being a good clinical supervisor. This Resource Guide (Guide), and the suite of accompanying resources, will assist health practitioners to think deeply about their clinical supervision skills and to plan for building on those skills.

¹ Health Workforce Australia 2014, *National Clinical Supervision Competency Resource*.

See www.hwa.gov.au/our-work/clinical-supervision-support-program/national-clinical-supervision-competency-resource.

² Includes any individual in a clinical setting for the purpose of gaining basic, intermediate or advanced knowledge, skills and attributes under the direct or indirect supervision of a more advanced practitioner.

Who is the audience for this Guide?

This Guide, and its companion resources, is aimed at:

Clinical supervisors — to analyse their skills and knowledge and find out ‘where they’re at’ along the clinical supervision continuum, and to identify opportunities for developing clinical supervision skills.

Managers and team leaders — to gather data about the clinical supervision skills of individual practitioners and teams, and to plan for professional development.

Educators and learning and development specialists — to review and develop curricula, and to evaluate training outcomes.

Health workforce planners and human resource practitioners — may also find the resources and data generated from the Skills Review Tool useful to guide decisions about investment in clinical supervisor training.

Products to support skills development

The department has developed a suite of products to assist with the implementation of the Resource.

Figure 1: Products to support implementation of the Resource



The Clinical Supervision Skills Review Tool

This tool will assist clinical supervisors to review their skills in clinical supervision. It draws from the Resource to define the requirements of clinical supervision at two levels: Foundational and Intermediate. The tool is easy to use and provides people with information about their strengths in clinical supervision, and any areas that may need further development.

A leaflet about the Clinical Supervision Skills Review Tool

This leaflet provides a brief introduction to the tool and how to use it.

A leaflet about the Resource

The purpose of this leaflet is to provide an introduction to the Resource, its applications and structure.

Video clips about the Clinical Supervision Skills Review Tool

These videos can be used for staff training and education, to assist with the implementation of the tool and give some ideas about how data generated by the tool can be analysed and used. There are also some examples of organisations implementing the tool.

A video clip about the Resource

This video clip provides another way of presenting content that will assist with explaining the competencies and their application.

The Resource Guide

You are reading it! The Guide has been developed to provide more detailed information about how to implement the Resource and the Skills Review Tool.

What's included in this Guide?

The next two sections of this guide cover:

- 1: An introduction to the National Clinical Supervision Competency Resource** – the core competencies that define the professional expectations of a clinical supervisor.
- 2: Using the Clinical Supervision Skills Review Tool** – to review skills and knowledge, relevant to the competencies.

The resources are not intended to override any local arrangements, guidelines or models that may apply in specific settings, sites or professions, but to support existing arrangements and enable clinical education and training for health professionals.





Section 1: Introduction to the National Clinical Supervision Competency Resource

The *National Clinical Supervision Competency Resource* (the Resource) was developed by Health Workforce Australia in 2014. It provides a framework that describes the core competencies of a clinical supervisor.

The Resource was produced to assist in understanding and defining what makes a good clinical supervisor. The Resource:

- identifies and describes the professional expectations of current and future clinical supervisors
- provides a baseline for quality and potential to further develop clinical supervision for the Australian health system
- contributes to interprofessional learning, teamwork and interprofessional understanding for clinical supervisors across all health disciplines.³

It brings together the common elements of clinical supervision competency across all health disciplines and provides a framework against which clinical supervision training and development can be planned. Its ultimate aim is to support the development of a high quality, sustainable clinical supervision workforce across all settings, to meet the current and future challenges of developing competent health practitioners.

The Resource also serves as a framework for clinical supervision in sectors and disciplines where no competency standards exist, and to support quality clinical supervision.

Competencies for clinical supervisors are identified at three levels in the Resource. The supporting tools (see Section 2) can be used by clinical supervisors to identify their own levels of competence and to identify training and development needs. The completed tool can be used as a starting point for a discussion with a manager or team leader about development needs and how they may be addressed.

The Resource could also be used more broadly to assist with planning clinical supervision development, setting objectives for good practice and planning for a sustainable workforce. It could be used by:

- Health services or environments in which clinicians supervise learners, particularly where the health service is committed to the creation and maintenance of quality clinical learning environments through the implementation of the Best Practice Clinical Learning Environment (BPCLE) Framework.⁴
- Education providers (including colleges, vocational education and training providers, universities), who employ clinical supervisors and support clinicians to train students.
- Professional associations and regulatory authorities, who promote clinical supervision through recognition of training, and who facilitate communities of practice, providing a focus on clinical competence through resources and frameworks.
- Clinical Training Networks, who facilitate clinical training opportunities across regions.
- Health workforce planners (state, territory and Commonwealth agencies) who are actively involved in health workforce planning and investment.⁵

³ Health Workforce Australia 2014, *National Clinical Supervision Competency Resource*, p.4.

⁴ The *Best Practice Clinical Learning Environment (BPCLE) Framework* is a guide for health services, in partnership with education providers, to coordinate and deliver high-quality clinical placements for health learners. It is located at www.health.vic.gov.au/placements/resources. The BPCLEtool helps health organisations assess and improve their performance against best practice in clinical learning environments. It can be found at www.bpcletool.net.au.

⁵ Health Workforce Australia 2014, *National Clinical Supervision Competency Resource*, p.24.

Competence and levels

The Resource identifies levels of competence of clinical supervisors. Competence describes the ability to effectively carry out a task, or to a set standard, in different situations or circumstances.

The Resource defines the standards of competence for clinical supervisors at different levels:

Foundational level clinical supervision describes the requirements of the majority of people in clinical supervision work roles. It represents the building blocks of good clinical supervision, and the clinical educational aspect of the job role may or may not be documented in position descriptions. At a Foundational level, clinical supervision is provided in a known or stable context; it may be supported with checklists or observation recording sheets, pro formas for assessment, and advice from others with more experience or expertise in clinical supervision, if required. This level includes ‘buddying’ and is also applicable to people who are new to clinical supervision. Foundational level clinical supervisors may also access support and assistance with their supervisory role. The Foundation level is considered the minimum standard for clinical supervisors.

Intermediate level clinical supervision describes the requirements of people whose job role may involve managing or leading others in a clinical supervision role, or who provide clinical supervision for work that is intrinsically complex or unpredictable. At this level, the clinical supervisor has less need for support – they exercise their professional judgement more independently. Intermediate level supervisors would typically have substantial periods of time to develop relationships with learners.

Advanced level clinical supervision describes the requirements of people who lead and influence the work of clinical supervisors. They typically carry responsibility for policies, procedures and reporting on clinical supervision, and will often be required to ensure the fit between clinical supervision and other learning and development activities.

The levels reflect an increasing degree of autonomy, complexity and strategic involvement in clinical supervision. In the Resource (page 8) they are described in the following way:

Figure 2: Health Workforce Australia 2014, *National Clinical Supervision Competency Resource*, page 8

| Foundational (support) | Intermediate (conduct) | Advanced (lead and influence) |
|---|---|---|
| Support clinical supervision as a fundamental element of clinical practice, working within a known and stable context and consulting when anomalies arise before taking action. | Conduct clinical supervision independently within a defined context and established parameters and respond to anomalies within scope of role. | Lead and influence clinical supervision autonomously within changing contexts and responding to complex anomalies and situations. Develop systems, processes, resources and individuals to enhance learning outcomes. |

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Different job roles have different requirements around clinical supervision. Health practitioners should ensure that they have the clinical supervisory skills that equate with the expectations of their role. Given the diversity in the health sector, it is difficult to make generalisations about roles and levels. However, for example, a Grade 2 or 3 registered nurse would be expected to confidently display the Foundational level skills, while a Grade 3 social worker would be expected to demonstrate the Intermediate level skills. The difference arises because of the type and structure of clinical supervision provided. A nurse at Foundational level might supervise learners who are on placements and working on wards with different personnel each shift. The supervision might require some formative assessment, or feedback on how the learner has performed. A Grade 3 social worker might have a learner on placement for an extended period and, as their sole supervisor, be responsible for summative assessment decisions. Additionally, the social worker might be required to provide clinical supervision to other qualified colleagues in the team as part of a supervised practice pathway.

The majority of health practitioners will have job roles that expect Foundational level supervisory skills, that is, they will be responsible for laying the foundations of good clinical practice for the learners they supervise. Where this is the expectation, practitioners should ensure that they maintain and enhance these skills, and not necessarily seek to achieve higher level skills, unless they plan to move into a different job role with a stronger focus on clinical education and staff development.

The Skills Review Tool focuses on the Foundational and Intermediate levels, as these levels cover almost the entire clinical supervision workforce. Section 2 provides more information about the Skills Review Tool and the levels.

Structure of the Resource

There are many skills that are required for effective clinical supervision. The levels show the hierarchy of skills, and the competencies are organised and grouped to provide a logical structure. Each of these groupings is called a domain, and there are three domains of competence. The domains are:

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

“ Clinical supervisors should ensure that they maintain and enhance these skills. ”



The following diagram, from page 7 of the Resource, summarises the three domains and the elements within each domain.

Figure 3: Health Workforce Australia 2014, *National Clinical Supervision Competency Resource*, p.7



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You can locate a copy of the Resource at <https://vicknowledgebank.net.au>.

Take some time to download it and read it through.

Putting the Resource into practice

In 2015, the Victorian Department of Health & Human Services funded the development of an assessment tool to support the implementation of the Resource in the Victorian health settings. Note that the Skills Review Tool is different to the Clinical Supervision Self Assessment Tool developed by Health Workforce Australia.

Read on to find out more!



Section 2: Using the Clinical Supervision Skills Review Tool

The Clinical Supervision Skills Review Tool (Skills Review Tool) converts the competencies outlined in the Resource into a series of statements that are linked to practice. Completing the assessment requires clinical supervisors to rate their performance. Using the tool is voluntary – the intention is to create a positive process for identifying opportunities for developing skills and knowledge related to the clinical supervisor role.

It can be used in a number of different ways.

By **individuals** to:

- identify their knowledge and skills in clinical supervision, and opportunities for further development
- foster reflective practice.

By **clinical educators** to:

- plan learning pathways for clinical supervisors.

By **managers** to:

- design job roles for clinical supervisors
- build organisational capacity in teams for clinical supervision and to develop interprofessional knowledge
- foster reflective practice within a team.

By **planners** to:

- guide investment in clinical supervision training
- guide deployment of clinical supervisors and resources.

The design of the Clinical Supervision Skills Review Tool

The Skills Review Tool was developed in consultation with representatives of the nine Clinical Training Networks in Victoria. Four networks contributed to the development of the tool and five networks participated in the validation process. Over 130 clinical educators, clinicians and experts were also consulted throughout the development and validation process.

The Skills Review Tool incorporates two levels from the Resource, the Foundational level and the Intermediate level. The Advanced level has not been included in the Skills Review Tool because there are fewer people operating in these types of job roles, and the focus for Victoria is to develop clinical supervisors at Foundational and Intermediate levels.

The two levels are provided side-by-side in the tool, so that clinical supervisors can see the range of skills and capabilities used across both levels, and so that those operating at the Foundational level can see a development pathway.



The tool requires the clinical supervisor to rate their performance against elements and statements in each of the domains, using the five-point rating scale that is explained at the start of the tool. The tool is flexible and allows for the options of supplementing numerical ratings with qualitative comments.

The process of working through the Skills Review Tool and rating performance aims to assist clinical supervisors to identify their current level of skills, and highlight any skills or knowledge gaps that need to be developed.

Once completed, the scores for each area will be tallied and the results can be interpreted for each area.

The tool also includes an optional column to be completed by either:

- a learner, who the clinical supervisor is supervising
- a colleague or peer, who has good knowledge of the clinical supervisor's skills
- a clinical educator
- a manager or team leader, familiar with the work being carried out by the clinical supervisor.

This option allows the clinical supervisor to receive some feedback about their performance that can assist in reinforcing good practice and also to assist with identifying areas in need of development. It is an opportunity for the clinical supervisor to understand how others view their work – to see their own practice from a different viewpoint. Feedback from others can often be a good way to build confidence and validate performance, and sometimes others can see gaps that are difficult to identify as individuals, such as in the example below.

The column on the right allows space for notes about examples of work relating to the competency, or levels of confidence in this area.

Figure 4: Sample from a completed tool

| | | | | | | | |
|-------------------------------|---|--------|--------|---|--------|--------|---|
| 2.2 Quality | | | | | | | |
| Self awareness and reflection | I review my personal and professional practice, participate in team-based reflection on the learning environment and seek opportunities to improve my clinical supervision performance. | 4 | 5 | I reflect on my own clinical supervision, seek feedback from learners and participate in team-based reflection to identify areas for improvement in my own performance. | | | I don't really feel confident about asking the learner to tell me about their supervisory experiences or their impressions of me as a supervisor. |
| | I seek feedback from the learner about their supervisory experience and reflect on this feedback to improve my supervisory performance. | 3 | 3 | I engage in ongoing professional development and professional networks relevant to supervisory activities. | | | |
| Evidence-based practice | I participate in professional development activities to ensure that clinical supervision is informed by educational theory and research. | 4 | 5 | I monitor developments in educational theory and practice, and establish and maintain professional networks, to facilitate improvement in supervision. | | | |
| | | | | I identify and action improvements in learning, development and assessment coordination processes. | | | |
| Total | | 11 /15 | 13 /15 | | 12 /20 | 12 /20 | |

Using the Clinical Supervision Skills Review Tool for self-assessment (for clinical supervisors)

The first step in completing the Skills Review Tool is for clinical supervisors to use it for self-assessment.

If you are a clinical supervisor about to complete the tool, think about your work in relation to the statements on the tool. How would you rate each statement in each domain? Try and be as honest as you can, and think about your performance in different contexts.

Once completed, think about asking another person to complete the Skills Review Tool, to gain a different perspective on your work. This person could be someone that you supervise, your team leader, a clinical educator, or perhaps even a manager who knows about your practice. As suggested above, feedback from others is often very useful to validate work done well and to assist with identifying any gaps.

If you have completed your rating at the Foundational level, you might consider rating yourself against the Intermediate level as well in those areas where you have scored 4 or 5. And conversely, if you commenced your rating at the Intermediate level, it's advisable to also check that you have the underpinning or Foundational level skills, as you work through the tool.

At the end of the tool you will be asked to summarise your strengths in clinical supervision and areas for further development.

The results of the tool should be discussed with your manager, so that you can plan your approach to skills development, and include agreed actions into other development planning processes. If you have a number of areas for development, then these should be prioritised with your manager, and if you have several strong and well-developed skills in clinical supervision, then perhaps you can be of assistance to others needing advice and support. There is a simple plan for learning and development at the back of the tool, or you can use your organisation's performance development planning processes to record your priorities for development.

Ideally, the Skills Review Tool would be completed every two or three years, to map out a program of professional development and ensure currency of skills.

Scenario – Individual review and reflection

Casey is a general practitioner in a busy private practice in Melbourne's inner northern suburbs. Recently she had a student on placement for the first time. Although inexperienced as a supervisor herself, she remembered how well she was supervised in a similar practice when she was an undergraduate. Casey filled out the Skills Review Tool, being as honest as she could, but she felt a bit disappointed when the total numbers came up lower than she anticipated. She decided to give the Skills Review Tool to Janet, one of the senior doctors who is also a partner in the practice, to get her perspective. Janet had not seen Casey in her clinical supervisory role, so felt she could not rate her, but sat with Casey and worked through the tool asking her questions about her approach to each element. They agreed that there were some specific changes to be made to the way Casey provided feedback to the student who was a bit defensive and disinclined to listen to feedback – and decided that Casey should go on a training program about having difficult conversations. Overall, Casey felt much clearer about her role and performance as a clinical supervisor. The tool and conversation had helped her to focus her ideas about clinical supervision and to plan for some skill development.



Implementing the Clinical Supervision Skills Review Tool (for managers and team leaders)

Managers or team leaders may be asked to complete the Skills Review Tool, rating the supervisor's performance with the same numerical scale used by the supervisor.

If you are a manager or team leader, you may choose to do this independently, and then use the comparisons between the scoring as a basis for a conversation about performance. Or you may choose to complete the tool in conversation with the clinical supervisor, using the prompts on the tool as a starting point to talk about performance.

Whichever way, it is important that the process is treated with respect and that you provide an environment where the clinical supervisor feels they are being listened to, and that their opinions are valued. The intention of the process is to generate informed data that will assist you and your staff to make good decisions about learning and development.

There may be times when you have differences of opinion about the performance of a clinical supervisor. These conversations can be difficult, but it is important that the differences are raised and discussed so that issues can be addressed – avoiding differences won't make the issue go away. In these situations, it is important that you listen to the clinical supervisor's point of view, and then provide your own view, with examples that demonstrate your meaning. And where appropriate, try to offer a way forward by suggesting ways to develop the particular skill being discussed.

The results from the Skills Review Tool can be used to feed into other processes. Most health services have annual development planning processes. Including clinical supervision as part of a clinician's annual development plan will send a message to staff that the educational role is considered to be an important part of their work.

You can also review the data from your team once everyone has completed the tool. Most managers find that there are themes or trends in areas where people need development, and the data can be used to provide professional development that is targeted to address specific needs.

Scenario – Development planning

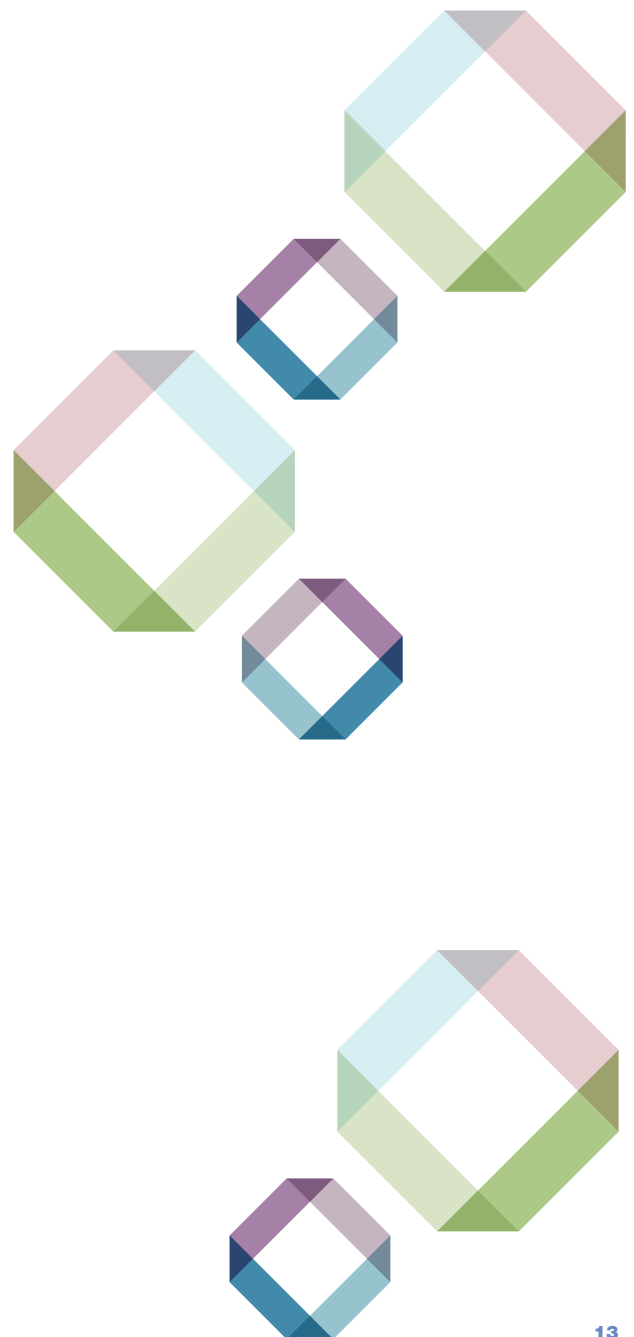
Domenic is a nurse unit manager in an oncology ward of a large public hospital. The work is intrinsically demanding and Domenic is confident that he has a highly skilled and experienced nursing team, who consistently provide high level care to patients. Some nurses however are reluctant supervise students, and Gloria in particular claims that it is not what she was hired for, although it is clearly stated in her position description. Third year nursing students have provided feedback that Gloria does not allow them to perform any real nursing duties, and relegates them to watching her and 'staying out of the way'. Domenic asks Gloria to use the Skills Review Tool to rate herself. He then sits with her and goes through her self-rating – he discovers that Gloria finds the questions the students ask her confronting, that sometimes she feels judged as being old-fashioned by the students, because she was trained differently. They agree that some training around clinical supervision and educational theory would help, and include it in Gloria's annual Performance Development Plan, so that it will be reviewed and actioned. Domenic decides that the conversation with Gloria was so valuable that he will ask all nurses to complete the tool and use the data for putting a case to the hospital for resources for professional development.

Using the Clinical Supervision Skills Review Tool with a team

The Skills Review Tool can also be used to address team skills. Sitting down as a group and discussing how the team rates itself against each statement can assist with reflective practice. The process can assist with identifying strengths and weaknesses around clinical supervision across a team, and highlight gaps that may be addressed through training or recruitment. Some managers find that this approach is useful in generating discussion about differences in how clinical supervision is provided, and how it can be improved.

Scenario – Team review

Miranda is a social worker, and team leader of allied health in a regional Aboriginal Health Service. All of the team have a role in clinical supervision: Level 3 clinicians supervise Level 2 clinicians, and so on. Level 1 clinicians are still involved in supervision, as they supervise allied health assistants and the some allied health assistants supervise trainees from the local TAFE. For some time, Miranda has been concerned that staff do not prioritise their professional supervision sessions, claiming that they are too busy with case loads, meetings and the administration required for reporting. Miranda decides to make clinical supervision the focus of an extended staff meeting. She explains that the busier they are, the more they need their supervision, to ensure that staff are supported and can effectively deal with the demands of their case loads. She uses the Skills Review Tool to focus the discussion and commences with 'Roles and relationships'. They have a rich discussion and Miranda feels that this is itself is a highly educative process – it clarifies her expectations about clinical supervision and its importance, and she reinforces some key points about its part in reflective practice. The session also indicates some areas where the team needs further development.



Using the Clinical Supervision Skills Review Tool for workforce planning and staff development

The competencies presented in the Skills Review Tool and the Resource are national benchmarks and can be used to:

- review training programs to determine whether the content adequately covers areas where there are obvious skill gaps
- review training outcomes: by implementing the tool at three or six months following training, organisations can assess whether the training has produced the behavioural changes they expected
- focus discussions with trainers, to highlight areas that should be addressed in more detail
- develop interview questions and selection criteria for people who will be employed in educational roles
- review position descriptions to check how clinical supervision roles are described.

The data generated by the tool can be readily aggregated, and can be analysed to look at strengths and areas for development across:

- team or work area
- disciplines
- sites or geographic area
- the organisation as a whole.

The tool is available as a paper-based product, but can also be used in Microsoft Excel® or in online applications, such as SurveyMonkey. The best format will be the one that is firstly, preferred by staff and secondly, capable of generating the type and format of data that is required. Here is a sample of how the tool can be translated into a SurveyMonkey application.

Figure 5: SurveyMonkey example

Clinical Supervision Skills Review Tool

1. 3. Problem solve - Foundational level

| | Strongly disagree | Disagree | Unsure or undecided | Agree | Strongly agree |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I provide constructive guidance to the learner about how to improve. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I confidently discuss performance issues with the learner, when they arise, and refer the learner to sources for support where personal issues arise in the course of supervision. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I liaise with colleagues to identify a learner in difficulty, and engage the learner in problem solving where there are barriers to them achieving their learning objectives. | <input type="radio"/> | | | | <input type="radio"/> |

Using the Clinical Supervision Skills Review Tool for quality improvement

Most quality systems require organisations to provide evidence that they have established procedures for collecting data that will assist with continuous improvement. Additionally, most quality systems require evidence that staff have the required skills for their role and access to professional development. Use of the Skills Review Tool, and the data that this generates, can contribute to quality reporting. For example, health services committed to the creation and maintenance of quality clinical learning environments through the implementation of the BPCLE Framework, could use the Skills Review Tool, to assist in meeting Indicator 27 which requires the '*Proportion of staff currently involved in clinical education activities that have educational training, experience or qualifications*'.

Options for skill development

There are many ways to develop clinical supervisor's skills and knowledge. Adults learn in different ways and have different preferences for their learning. The obvious options for clinical supervisors to build skills and knowledge would be to attend professional development workshops or formal training programs. Workshops are sometimes available through the department. Some education providers that send students on placement at health services, and many health professional associations, offer programs focused on clinical supervision. Universities and vocational training organisations also offer options to build on undergraduate qualifications.

Information about professional development options is available at <https://vicknowledgebank.net.au>.

There are also informal pathways that can be used to develop skills and knowledge to become competent or to refine professional skills, and clinical supervisors might use many different options throughout their career. Alternative professional development options could include:

- using role plays or simulation as a way of practising skills to build confidence
- observing high-level practice
- a discussion with an expert about an aspect of work
- a short course from a source outside of the clinical training environment
- online learning
- attending conferences and forums
- self-directed reading, e.g. journal articles and newsletters from professional associations
- mentoring or coaching.



Contextualising the Clinical Supervision Skills Review Tool

The Skills Review Tool can be used to suit the needs of particular organisations or work settings. There are variations in terminology across the sector and there is no reason why the tool cannot be contextualised so that the language is reflective of the specific work context – as long as the intent of the competencies and statements in the tool are not changed. Terms that in some contexts are used interchangeably with ‘clinical supervision’ include:

- preceptorship
- buddying
- professional supervision
- mentoring.

This is just one example of terminology that might require contextualisation.

Managers implementing the Skills Review Tool should ensure that the language will make sense to end users. For this reason it is available as a Microsoft Word® file that can be contextualised, printed and circulated in hard copy. Similarly, the contextualised text can be put into a Microsoft Excel® file.

General guidelines for use

Here are some general points that should be considered when using the Skills Review Tool.

- Be respectful – of others’ opinions of your practice and in your opinions of your colleagues’ practice.
- See the occasion to identify development opportunities as positive.
- Be honest – over-rating and under-rating are equally unhelpful.
- Contribute to making your workplace a culture of shared learning and development.



“ The Skills Review Tool can be used by clinical supervisors across all health disciplines, settings and sectors. ”

Glossary

Terminology used in the resources is designed to be as inclusive as possible. The way that specific terminology is to be understood in this document is detailed below.⁶

Assessment

An activity that engages a learner and a supervisor, with the purpose of making a judgement about the level of competency (including knowledge, skills and attributes) demonstrated by the learner, before, during and after the activity.

- **Formative assessment:** assessment conducted for the purpose of providing feedback (verbal and written) to the learner, usually prior to any summative assessment, and generally conducted throughout the clinical placement period.
- **Summative assessment:** assessment conducted for the purpose of making a final judgement regarding the level of competency of a learner. This might include profession-specific exams, report writing or a real patient-client related activity (observed).

Clinical placement agreement

Clinical placement agreement refers to the documentation developed between education providers and service providers to formalise arrangements and conditions about the planning, delivery and management of clinical placements. A clinical placement agreement is intended to be an overarching legal document. Documents prepared by the education provider for the benefit of their students and clinical supervisors, for example, clinical educator manuals and student handbooks – may be used to support an agreement or be referenced in an agreement.

Clinical supervision

This involves the oversight – either direct or indirect – by a clinical supervisor of professional procedures or processes performed by a learner or group of learners within a clinical environment for the purpose of guiding, providing feedback on, and assessing personal, professional and educational development in the context of each learner's experience of providing safe, appropriate and high-quality patient-client care.

Clinical supervisor

An appropriately qualified and recognised professional who guides learners' education and training in a clinical environment. The clinical supervisor's role may encompass educational, support and organisational functions. The clinical supervisor is responsible for ensuring safe, appropriate and high-quality patient-client care.

Competence/competency

Competence is the ability of an individual to do a job (in this case clinical supervision) properly. A competency is a set of defined behaviours that provide a structured guide to the identification, evaluation, and development of particular skills and knowledge in individual workers. A person is deemed competent when they have acquired sufficient competencies to perform the (clinical supervision) work required of them to an acceptable and agreed standard.

Given this is a competency resource the term competency is employed almost exclusively, the exception being where the more holistic term competence is appropriate.

⁶ Adapted from Health Workforce Australia 2014, *Clinical Supervision Competency Resource*, p. 22-23.

Education provider

Refers to a registered higher education provider as defined in the *Tertiary Education Quality and Standards Agency Act 2011* and a registered training organisation as defined in the *National Vocational Education and Training Regular Act 2012*.

Feedback

Feedback is a two-way respectful and mutually beneficial process between supervisors and learners. It occurs through communication (written or verbal) between the supervisor and the learner, before, during and after a supervisory or other learning event, and objectively provides the learner with a clear understanding of the level of competency at a particular time. It also occurs between the learner and the supervisor to enable the learner to express views about the learning experience which will enable a supervisor to reflect on and improve their supervisory skills and performance.

Interprofessional

Interprofessional education: occasions when two or more professions learn from, with and about each other to improve collaboration and the quality of care.

Interprofessional learning: learning arising from interaction between members (or learners) of two professions. This may be a product of interprofessional education or happen spontaneously in the workplace or in education settings.

Learner

Includes any individual in a clinical setting for the purpose of gaining basic, intermediate or advanced knowledge, skills and attributes under the direct or indirect supervision of a more advanced practitioner.

Learning plan

A learning plan is a document that is used to plan and facilitate learning of an individual or group, usually over an extended period of time (for instance, the length of a clinical placement).

Patient-client

Any individual who is in a setting in which they are provided with care or treatment by an authorised clinical healthcare professional or learner in those professions. Such settings will include: hospitals, day facilities, outpatient departments, health practitioners' surgeries or offices, and the individuals' home setting.



