

Clinical supervision training in the Loddon Mallee

Submitted by:

Bendigo Health

In partnership with:

Monash University

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Executive summary

Aims and objectives

This project aimed to develop, deliver and evaluate a four-tier clinical supervision training model that builds the capacity of Loddon Mallee health services to provide quality supervision and mentoring to students on clinical placement. The project objectives were:

- To establish a coordinated approach to clinical supervisor training for the Loddon Mallee Region;
- To design and implement a shared interdisciplinary clinical supervisor training program for the Loddon Mallee Region;
- To train up to five hundred clinical supervisors across the Loddon Mallee Region in clinical supervision concepts and practical application techniques;
- To train ten trainers to be able to deliver the Clinical Supervision Support Program (CSSP) as designed;
- To provide participants with a practical guidebook they can refer to after completing the course.

Project activities and methodology

This was a collaborative project between Bendigo Health (BH) and Monash University (Monash), working closely with the Loddon Mallee Clinical Placement Network (CPN). The program was delivered through four modules.

- Module 1 – Clinical concepts: provided the foundation for clinical staff to learn how to best supervise and support students.
- Module 2 – involved a case scenario to reinforce the practical application of clinical supervision and support.
- Module 3: Active clinical supervision and assessment: provided participants with a deeper understanding of the complexities involved in providing clinical supervision and support.
- Module 4 – Clinical supervision and assessment ‘train the trainer’: developed to enhance sustainability of the program post-project through up-skilling those involved most closely with clinical supervision and support of students.

In Module 4, a select team of clinical support and education staff undertook a train the trainer program to enable them to provide clinical supervision and support training to others on an ongoing basis, increasing clinical supervision and support capacity across the region.

An additional strategy to enhance sustainability was the development of a guidebook for workplace-based teaching for rural and regional clinical supervisors. The guidebook was designed to provide a resource for clinical supervisors to refer back to for reminders of practical teaching strategies and for support in providing supervision and teaching within their own organisation.

Key outcomes and findings

- Over five hundred and seventy-six participants have completed the CSSP training:
 - Seventeen Module 1 sessions were conducted in seven different regional locations, with two hundred and sixty-two participants.
 - One hundred and fifty-seven participants completed the Module 2 self-directed learning package.
 - Eleven Module 3 sessions were conducted in six different regional locations, with one hundred and fifty-seven participants.
- Sixteen participants undertook Module 4 training to provide trainers across the region.
- Guidebook ‘Workplace-based teaching for rural and regional clinical supervisors’ developed. One thousand copies have been printed and are being distributed across the region.

Conclusions

This project achieved its aim which was to develop, deliver and evaluate a four-tier clinical supervision training model that builds the capacity of Loddon Mallee health services to provide quality supervision and mentoring to students on clinical placement. Collaboration between BH and Monash's Bendigo Regional Clinical School provided both the clinical and academic expertise to develop and deliver the different tiers of clinical supervision training to an interdisciplinary audience. Evaluation feedback supports the program as a suitable method for clinical supervision support. The train the trainer Module 4 program and the guidebook for 'Workplace-based teaching for rural and regional clinical supervisors' will enhance sustainability of project outcomes.

Background and context

This project aimed to develop, deliver and evaluate a four-tier clinical supervision training model that builds the capacity of Loddon Mallee health services to provide quality supervision and mentoring to students on clinical placement. This was a collaborative project, with BH and Monash providing the clinical and academic educators to develop and deliver the different tiers of clinical supervision training to an interdisciplinary audience.

Loddon Mallee health services provided over 54 358 clinical placement days in 2009 and over 65 509 clinical placement days in 2010 (viCProfile 2012). This represents a 20% growth in clinical placement activity and data from training and development reporting suggests that this 20% growth will likely be reflected in 2011 and 2012 figures once included in viCProfile.

A 20% growth in clinical placement activity year on year is likely to result in a commensurate need to invest in clinical supervision training, and potentially a review of supervision methodologies. A review of supervision methodologies however would not likely result in a single approach between disciplines or even each organisation and would likely require a large investment of time and resources to make the necessary changes.

An increase in the number of clinicians participating in clinical supervision training through the project period will support this growth and the objective of increasing the quality of clinical supervision provided throughout the region.

There are 2754 FTE clinicians working across twenty-two discipline types throughout the Loddon Mallee Region (viCProfile). To meet the growth in clinical placement days each year with an equal investment in clinical supervision training the region would likely need to train five hundred and fifty (20%) clinicians each year. In addition to this, over 28% of the population in the Loddon Mallee are aged fifty-five and over and over 23% of Loddon Mallee nurses (enrolled and registered) are over the age of fifty-five. An ageing clinical population is therefore likely to result in clinicians nearing retirement reducing their hours of work or retiring altogether. This workforce is renewed annually with new graduates, who have not often had clinical supervision training but are very quickly expected to mentor and or supervise students.

It is this growth in clinical placement activity and the departure of skilled supervisors and arrival of new graduate clinicians with no formal training or experience that demonstrate the need for investment in clinical supervision and trainers to deliver this training throughout the region.

There were a variety of clinical supervision training models across the health science disciplines identified across the Loddon Mallee. Some models had been developed by universities and are supported by formal curriculum; others were developed in-house by health service providers using a more informal, workplace-based, train the trainer method. The approach to delivery was not standardised and the content was not uniform. There were no supervision training programs that were delivered uniformly to all sites in the region, or across all disciplines and many health services do not receive funding for clinical supervision training; consequently access to clinical supervision training is sporadic, often expensive and inconsistent.

A challenge in providing an inclusive regional approach to clinical supervision training was to identify where existing educational programs and support resources sit on the best practice continuum, identifying the gaps and recognising the particular clinical supervision and training needs in rural and regional health services. By developing a best practice CSSP using a regional framework, appropriate pathways into clinical teachers training can also be improved.

Aims

To develop, deliver and evaluate a four-tier clinical supervision training model that builds the capacity of Loddon Mallee health services to provide quality supervision and mentoring to students on clinical placement.

Project activities and methodology

A Loddon Mallee clinical supervision and support project agreement was developed between BH and Monash. This agreement clearly outlined the responsibilities and duties of each agency and the associated reporting and invoicing processes. The Operations Manager of BH's Collaborative Health Education and Research Centre (CHERC) oversaw the project. Educators from both BH and Monash were recruited to develop and deliver the content. A 'Clinical supervisor training and curriculum development working group' was established and progress updates submitted to the CPN Clinical Leadership Committee.

The program was delivered through four modules.

- Module 1 – Clinical concepts: provided the foundation for clinical staff to learn how to best supervise and support students.
- Module 2 – involved a case scenario to reinforce the practical application of clinical supervision and support.
- Module 3: Active clinical supervision and assessment: provided participants with a deeper understanding of the complexities involved in providing clinical supervision and support.
- Module 4 – Clinical supervision and assessment train the trainer: developed to enhance sustainability of the program post-project through up-skilling those involved most closely with clinical supervision and support of students.

In Module 4, a select team of clinical support and education staff undertook a train the trainer program to enable them to provide clinical supervision and support training to others on an ongoing basis, increasing clinical supervision and support capacity across the region.

An additional strategy to enhance sustainability was the development of a guidebook for workplace-based teaching for rural and regional clinical supervisors. The guidebook was designed to provide a resource for clinical supervisors to refer back to for reminders of practical teaching strategies and for support in providing supervision and teaching within their own organisation.

Table 1: Summary of key activities and deliverables

Project objective	Project deliverable/target	Activities undertaken to achieve target/objective	Date completed
1. To establish a coordinated approach to clinical supervisor training for the Loddon Mallee Region	Signed Memorandum of Understanding	Loddon Mallee clinical supervision and support project agreement has been developed between BH and Monash	10 February 2012
	Position description, project and key personnel key performance indicators and work plan	BH acute educators and two Monash educators have been recruited and briefed. Work plan has been agreed to.	27 February 2012
	Regular schedule and minutes of Curriculum Development Working Group (CSTD) Working Group with participation by BH and Monash	Clinical Supervisor Training and CSTD established and meets regularly	1 March 2012
	Project curriculum plan completed	BH and Monash clinical supervisor curriculum and support resources reviewed by CPN Clinical Leadership Committee	31 March 2012
2. To design and implement a shared interdisciplinary clinical supervisor training	<ul style="list-style-type: none"> • Supervision training modules and educational support resources developed and documented 	Clinical supervisor training modules and bridging project content have been developed	31 March 2012

program for the Loddon Mallee Region	• Bridging project activities developed		
	Presentation of the project curriculum and materials to the CPN Clinical Leadership Committee for review and comment	<ul style="list-style-type: none"> Curriculum and support resources reviewed by CPN Clinical Leadership Committee Key stakeholders from both BH and Monash have reviewed the curriculum 	1 April 2012
	Schedule developed and venues/ catering booked in consultation with stakeholder agencies	Supervisor training schedule for the Loddon Mallee Region being negotiated with stakeholder agencies	30 May 2013
3. To train up to five hundred clinical supervisors across the Loddon Mallee Region in clinical supervision concepts and practical application techniques	Training modules implemented	<ul style="list-style-type: none"> Seventeen Module 1 sessions were conducted Eleven Module 3 sessions were delivered 	30 May 2013
	Participant completions	<ul style="list-style-type: none"> Two hundred and sixty-two participants completed Module 1 One hundred and fifty-seven participants completed Module 2 One hundred and fifty-seven participants completed Module 3 	30 May 2013
	Program participant evaluation summaries	Participant evaluations were entered, analysed and reported using Survey Monkey	30 May 2013
4. To train ten trainers to be able to deliver the CSSP program as designed	Develop Module 4 curriculum	Module 4 curriculum was developed	30 April 2013
	Feedback and endorsement of module 4 curriculum provided by the Loddon Mallee CPN Clinical Leadership Committee	Curriculum and support resources reviewed by CPN Clinical Leadership Committee	30 April 2013
	Deliver Module 4 training	Module 4 delivered 16 May 2013 with fifteen participants	16 May 2013
5. To provide participants with a practical guidebook they can refer to after completing the course	Develop framework for teaching strategies guidebook	First draft of guidebook completed	30 September 2013
	Feedback and endorsement of guidebook framework and content areas provided by the Loddon Mallee CPN Clinical Leadership Committee	Feedback obtained and guidebook revised	30 January 2013
	Teaching strategies guidebook printed	Guidebook with graphic designer for publishing	30 May 2013
	Teaching strategies guidebook distributed	Guidebook published	31 July 2013

Outputs

- Project agreement established between BH and Monash
- Project staff recruited: this included a clinical educator from BH and two educators from Monash. Project management and administration was undertaken by staff within CHERC. Clinical educators from BH shared the responsibility of the workshops as two educators were needed to run these successfully.
- Working group established
- Curriculum and support resources developed and ratified
- Over five hundred and seventy-six participants have completed the CSSP training:

- Seven Module 1 sessions were conducted in seven different regional locations, with two hundred and sixty-two participants
- One hundred and fifty-seven participants completed Module 2 self-directed learning package
- Eleven Module 3 sessions conducted in six different regional locations, with one hundred and fifty-seven participants
- Sixteen participants undertook Module 4 training to provide trainers across the region
- Guidebook 'Workplace-based teaching for rural and regional clinical supervisors' developed. One thousand copies have been printed and are being distributed across the region.

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

- Curriculum plan
- Module 1: PowerPoint presentation, evaluation survey
- Module 2: Case scenario and worksheet
- Module 3: PowerPoint presentation, evaluation survey
- Supervisor guidebook
- Module 4: PowerPoint presentation, evaluation survey.

Outcomes and impacts

Table 1: Outcomes and impacts

Expected outcome/impact	Actual outcome/impact
An overall increase in the number of trained supervisors throughout the Loddon Mallee Region.	Five hundred and seventy-six Loddon Mallee clinical supervisors were trained throughout the course of this project.
More supportive clinical placement environments.	This is a longitudinal measure and BH has implemented the BPCLE student evaluation to monitor progress in this regard. Each health service throughout the Loddon Mallee will need to implement the collection of this data independently.
Increased supervisor satisfaction with educational supports to assist them in their role as clinical supervisors/assessors.	Over 84% of participants evaluated throughout the course of the project rated the training as entirely relevant to their roles as clinical supervisors.
Increased clinical students satisfaction with placement experiences	This is a longitudinal measure and BH has implemented the BPCLE student evaluation to monitor progress in this regard. Each health service throughout the Loddon Mallee will need to implement the collection of this data independently.
Establishment of ongoing educational partnerships among clinical supervisor training providers in the Loddon Mallee Region.	BH and Monash will continue to deliver the CSSP program in 2013/14 in line with Health Workforce Australia's (HWA's) subsequent program.
An increase in trainers capable of delivering clinical supervision training throughout the region.	Sixteen participants who completed all three prerequisite modules were then eligible to participate in the train the trainer/master class session provided in May 2013.
A greater number of trainers able to deliver the CSSP program throughout the Loddon Mallee.	The Loddon Mallee CPN now have sixteen more trainers capable of delivering the training than prior to the CSSP projects commencement.

Table 2: Capacity and quality outcomes

Objective	Capacity/quality target	Outcomes
To establish a coordinated approach to clinical supervisor training for the Loddon Mallee Region	Establishment of ongoing educational partnerships among clinical supervisor training providers in the Loddon Mallee Region	Clinical supervisor training delivered through the CSSP program in the Loddon Mallee was coordinated by BH's CHERC, in collaboration with Monash, using established networks to coordinate the program in nineteen different sites throughout the region. The BH/Monash educators have established a strong and ongoing working relationship.
To design and implement a shared interdisciplinary clinical supervisor training program for the Loddon Mallee Region	Increased supervisor satisfaction with educational supports to assist them in their role as clinical supervisors/ assessors	<ul style="list-style-type: none"> • A shared interdisciplinary clinical supervisor training program for the Loddon Mallee Region was designed and implemented • Approximately 53% of participants in Module 1 were from nursing/ midwifery and approximately 47% were from allied health disciplines • Approximately 66% of participants in Module 3 were from nursing/ midwifery, and approximately 34% were from allied health
To train up to five hundred clinical supervisors across the Loddon Mallee Region in clinical supervision concepts and practical application techniques	<ul style="list-style-type: none"> • An overall increase in the number of trained supervisors throughout the Loddon Mallee Region • More supportive clinical placement environments • Increased supervisor satisfaction with educational supports to assist them in their role as clinical supervisors/assessors 	<ul style="list-style-type: none"> • Five hundred and seventy-six clinical supervisors were trained throughout the project period • 78% of participants felt that the training they received met their learning needs and 21% identified that the training partially met their learning needs
To train ten trainers to be able to deliver the CSSP program as designed	<ul style="list-style-type: none"> • An increase in trainers capable of delivering clinical supervision training throughout the region • A greater number of trainers able to deliver the CSSP program throughout the Loddon Mallee 	Sixteen clinical supervisors were trained in the delivery of clinical supervision training via the train the trainer master class
To provide participants with a practical guidebook they can refer to after completing the course	Increased supervisor satisfaction with educational supports to assist them in their role as clinical supervisors/ assessors	Guidebook 'Workplace-based teaching for rural and regional clinical supervisors' developed. One thousand copies have been printed and are being distributed across the region.

Challenges and risk management strategies

Whilst Aboriginal Community Controlled Health Organisations (ACCHOs) and medical staff were approached to be involved in this education program, none took up the offer. For future programs relationships with these groups of health care providers need to be fostered to encourage participation.

Some challenges were encountered in the setting of workshop times and health services ability to free staff up for the required periods of time. In the early stages of the project this resulted in cancellations and rescheduling of workshops but as the program was delivered and positive feedback received and reported through word of mouth, this issue resolved itself and later workshop attendances had to be watched for overbooking. Ideal numbers of attendees were established early on in the project to address the issue of under or overbooking of the workshops. This is an ongoing issue in rural and regional health services as there are limited staff available to replace for any leave that occurs.

Table 3: Risk management

Risk	Management strategy	Outcomes
Participation of medicine in the CSSP program	Medicos were included in advertising via email, web news and events and newsletters	No clinical supervisors from medicine participated in the program
Participation of ACCHOs in the CSSP program	ACCHOs were included in advertising via email, web news and events and newsletters	No clinical supervisors from ACCHOs participated in the program

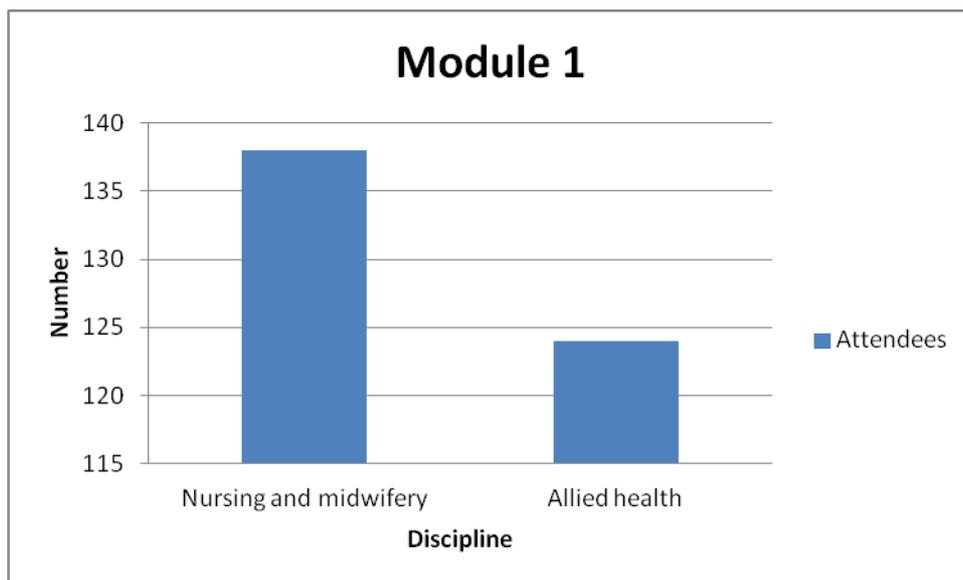
Evaluation

Five hundred and seventy-six clinicians from a broad range of disciplines and from across the region participated in the training. Feedback from the program participants was very positive. The CSSP project partners developed the project evaluation for each module and participants were asked to complete paper evaluation forms at the end of each module. The evaluation forms were collated and analysed using Survey Monkey.

Evaluation results identified the following:

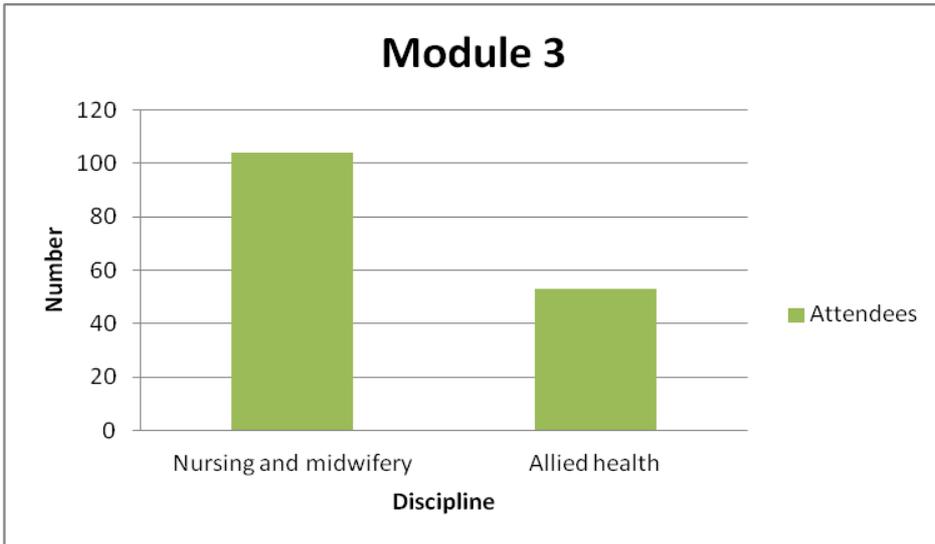
As shown in figure 1, approximately 53% of participants in Module 1 were from nursing/midwifery and approximately 47% were from allied health disciplines.

Figure 1: Module 1 participant disciplines



As shown in figure 2, approximately 66% of participants in Module 3 were from nursing/midwifery, and approximately 34% were from allied health.

Figure 2: Module 3 participants



The CSSP program was targeted to regional and rural nurses, midwives and allied health professionals across the Loddon Mallee region. The above data reflects that these target groups accessed the program.

The following graphs provide more information relating to the specific work settings of participants.

Figure 3: Module 1 participant work setting

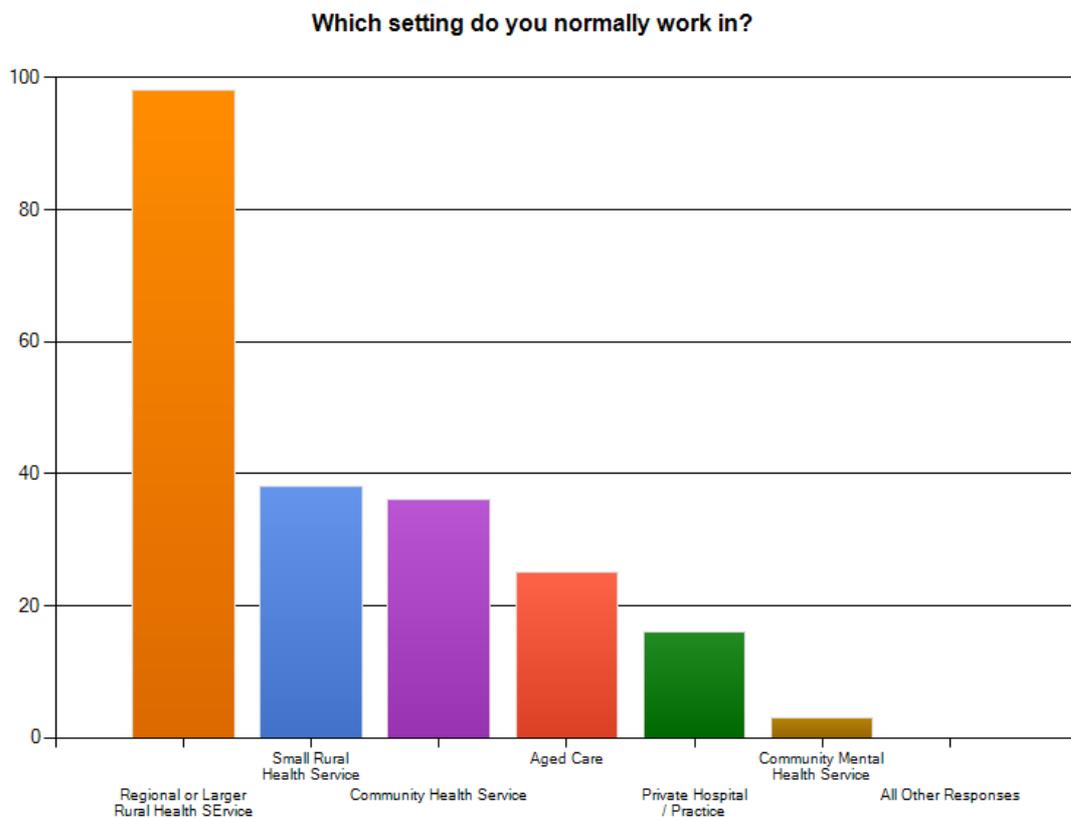
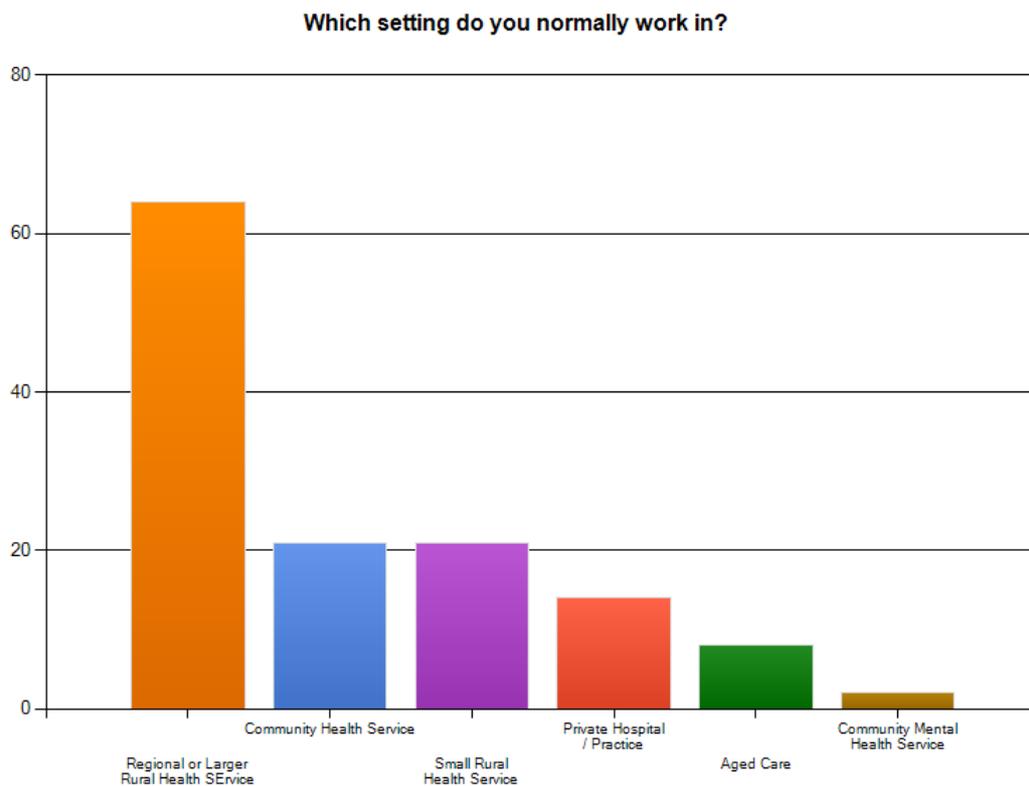


Figure 4: Module 3 participant work setting



Evaluation feedback for all modules has been positive. Below are some of the strengths of the Modules as identified by participants:

Module 1 feedback

“Good variety of teaching methods used.”

“Catered for a variety of areas, nursing, OT, physio etc., Cultural activity excellent, in delivering messages regarding respecting other cultures and barriers.”

“I liked the activities/games to supplement the theory.”

“Balanced content, the strategic use of activities, multidisciplinary group, well balanced/organised program, folder with notes, being a small group sitting around the table, the general learning atmosphere.”

“Appropriate group learning activities that are relevant and dynamic in both their delivery and participation.”

Module 3 feedback

“Sharing ideas, brainstorming”

“Networking opportunities with supervisors from a variety of disciplines. Great to discuss strategies”

“Participation activities”

“Interactive. Practical. Multidisciplinary.”

“Facilitation of interaction and use of open ended questions...and regular encouragement for us to ask questions”

Module 4 feedback

“Good role models on many levels. Relaxed. Attentive to everyone in the group and kept group focused on tasks in a nice way.”

“Well organised, structured and delivered.”

“Informal, felt comfortable participating”

“Excellent, engaging”

- Module 2 was a self-directed learning activity which participants completed ready to discuss in Module 3, therefore this module was not formally evaluated for participant satisfaction but did contribute to the overall satisfaction recorded in Module 3.
- As paper evaluations were collected, participants were not forced to record an answer to all evaluation questions, which meant CSSP project officers had to go back to resolve data gaps. You cannot make people fill out evaluation forms and this will always be an issue if you require honest feedback.
- The program has demonstrated its transferability across disciplines given the breadth of disciplines involved across the region. There remain some engagement opportunities for ACCHOs and medical disciplines, however there may be other compounding factors for these stakeholders preventing their participation such as an expectation that they be paid to attend such education sessions (as is often the case for medicine) and more accessible ACCHO advertising. This project was not able to resolve these issues and so it remains an opportunity to investigate the engagement of these disciplines/organisation types.
- A major factor that contributed to the project’s success was the existing relationships and contacts with the health services across the region. Both the Loddon Mallee CPN team and the CHERC team had established positive working relationships with regional health services which assisted in the promotion of, and engagement in, the program.
- A challenge for the project was the amount of coordination and administration time required. Coordinating the venue, catering, promotion/marketing, registrations, travel and accommodation for seventeen Module 1 sessions in seven different locations and for eleven Module 3 sessions in six different locations; and sending out the self-directed learning packages for Module 2 to one hundred and fifty-seven clinicians took up a significant amount of time. Each participant received a folder containing the module presentations and other resources; printing and compiling five hundred and seventy-six folders was time consuming. Each participant also completed a hard copy evaluation form that was then entered into Survey Monkey by an administration assistant which was also time-consuming.
 - Lesson learnt/recommendation for future work: ensure adequate resourcing for the coordination and administration of such programs.

Future directions and sustainability

BH and Monash’s Bendigo Regional Clinical School have both put in submissions to deliver the course developed during the first iteration of the CSSP project. It is the intention of the project partners to see the participants of the train the trainer course co-deliver any future clinical supervision training work should the project partners be successful in being identified on the HWA multi-user list for supervision training.

Conclusion

This project achieved its aim which was to develop, deliver and evaluate a four-tier clinical supervision training model that builds the capacity of Loddon Mallee health services to provide quality supervision and mentoring to students on clinical placement. Collaboration between BH and Monash’s Bendigo Regional Clinical School provided both the clinical and academic expertise to develop and deliver the different tiers of clinical supervision training to an interdisciplinary audience. Evaluation feedback supports the program as a suitable method for clinical supervision support. The train the trainer Module 4 program and the guidebook for ‘Workplace-based teaching for rural and regional clinical supervisors’ will enhance sustainability of project outcomes.