

WORKPLACE-BASED TEACHING FOR RURAL AND REGIONAL CLINICAL SUPERVISORS

Natalie Radomski and Pam Harvey

ENVIRONMENT

PLANNING

PRACTICAL SKILLS

COMMUNICATION

PATIENTS AND CARERS

LINKING LEARNING AND TEACHING

READINESS TO PRACTICE

SOURCING OUR WORKPLACE-BASED TEACHING STRATEGIES

The Loddon Mallee Clinical Supervision Support Program (CSSP) consisted of three workplace-based training modules held over two days. The advanced clinical supervisor participants who completed Module 3 were asked to consider under-utilised learning opportunities in their health service settings.

This guidebook is a compilation of the practical learning and teaching opportunities suggested by these advanced educators, and cover a range of themes. We have endeavoured to keep the same phrases that the educators used, and that we wrote on the whiteboard during this part of Module 3.

Thank you to the 130 Module 3 participants for sharing their thoughts and experiences, thereby producing material to assist other rural and regional clinical supervisors in their roles as educators.



DEFINITIONS:

We have used the following definitions for the terms 'patient' and 'learner':

Patient: used in a humanistic way to distinguish the person in a particular health care encounter from the health practitioners involved. This is not to suggest a narrow view of health care or to view individuals in a passive way.

Learners: includes students, practitioners and groups engaged in health care practice across all stages of the vocational education and training continuum.

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INTRODUCTION

In the workplace, students and clinicians learn through their participation in day-to-day healthcare activities - by observing, reflecting and working with others (including their peers, more experienced colleagues and patients/clients). In complex health environments, learners may not recognise the depth or breadth of their learning experiences. Potential teaching moments may also be missed. Making learning and teaching opportunities more explicit helps learners unravel what is happening and why, putting practical tasks into a richer context for understanding.

Guiding your learners through the nuances of a clinical encounter helps make important concepts and practices accessible for learning. You can encourage active learning by:

- **Identifying the prior knowledge and experience of your learners and building on it**
- **Inviting learners to participate in healthcare activities**
- **Signposting learning opportunities when they arise**
- **Identifying agreed learning priorities and how these can be progressed**
- **Discussing your own clinical reasoning and problem-solving processes**
- **Providing timely feedback - including opportunities for learners to ask questions and reflect on their progress**

Workplace-based learning can be challenging for students and junior staff as they learn to adapt their skills for real practice situations. When making the transition from the classroom to the workplace, learners not only have to learn how to use their formal knowledge in the situations they encounter, they have to learn how to navigate complex professional cultures and team-working relationships.

This practical handbook aims to help you make the most of the rich learning and teaching opportunities available in your health setting. It provides a starting point for educational discussion and exploration. We encourage you to add your own teaching ideas and try something new with your clinical learners and teaching colleagues.

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HOW TO USE THIS GUIDEBOOK

The learning and teaching opportunities generated by our Module 3 participants have been organised into seven themes. Each theme has:

- A brief introduction
- Key learning and teaching points (how to make learning more explicit)
- A clinical supervision story
- Practical examples of learning and teaching activities that you can use and adapt for your own healthcare setting.

LOOK OUT FOR THESE ICONS TO DIRECT YOUR READING:



**MAKING
LEARNING
EXPLICIT**



**CLINICAL
SUPERVISION
STORY**



**PRACTICAL
LEARNING
AND TEACHING
TASKS**



NOTES

The notes space at the end of each section is for your teaching team to use to identify and share other unique learning and teaching opportunities in your workplace.

one

“ I think for me
the biggest part
is closing the gap between
you as a student and the
people that you’re learning
from and the bigger that
gap is, the harder it is for
the information to
filter down. **”**

(Health Professional student)

CREATING A LEARNING ENVIRONMENT IN YOUR WORKPLACE

Whether the learners in your health setting are undergraduate students, post-graduate students, junior staff or more experienced clinicians, creating a supportive learning environment is important for ongoing professional development. The clinical environment, including the day-to-day tasks, patient situations and interactions that occur, can encourage or limit opportunities for active learning and participation. Adapting your workplace to promote a culture of shared learning for staff and students may only need small environmental changes.



MAKING LEARNING EXPLICIT

- Take a few moments to observe your clinical environment as an educational setting. What do you notice? What structures and supports might a learner need to gain confidence in this environment?
- Make time for staff to meet for educational discussions about the ways in which the team can assist learners and each other.
- Encourage staff members to share their knowledge to encourage learning amongst staff and students by making it a valued part of everyday practice.



CLINICAL SUPERVISION STORY

Adam works in the Intensive Care Unit, where they have undergraduate and post-graduate students from medicine, nursing and physiotherapy. When clinical work is quiet, Adam uses this learning opportunity to arrange for the three students to read a patient history in preparation for an inter-professional case presentation to the intensivist as part of the ward round. Considering the patient's needs from three health professions' points of views was a useful experience for the students and staff members.



BUILDING A CULTURE OF SHARED LEARNING AND TEACHING

GIVE
ENCOURAGE
CHECK
BUILD
INVOLVE
MODEL

- Give learners permission to ask questions, or approach you, as you go about your work. Discuss professionalism and how to learn while also caring and respecting the patient.
- Encourage learners to 'speak up' if they are unsure about performing tasks or if they would like to learn something new. Model this in your own practice too.
- Check a learner's understanding of information or a situation before introducing new material. Too much information can lead to overload. Too little doesn't challenge or extend learning, either.
- Build in appropriate performance feedback so that it becomes a constructive way of checking and progressing learning.
- Involve learners in the staff development opportunities in your workplace including formal in-services or more informal ward demonstrations.
- Staff may be an 'expert' in a particular area, or may have researched new ways of doing things. They may bring in relevant articles or clinical objects to discuss.
- Build supervisors' confidence in teaching. Have regular professional development sessions (even if they are brief) on managing the learners in your workplace and working on team-focused goals for learning and teaching.
- Use the ward communications book to suggest tasks for learners, identifying and designating what learners need to learn so that other staff members are aware.

CUSTOMISING LEARNING OPPORTUNITIES FOR CHANGING WORK SITUATIONS

Give learners strategies to use in 'down times', that is, when they aren't busy with clinical work. Suggest that they research particular conditions or management options relevant to patients that they've seen; follow up therapeutic guidelines or clinical pathways; observe the way a patient record is correctly documented; prepare summary or cheat sheets on managing particular conditions; prepare reports or presentations to give at handover or case conferences.

Ask learners to do appropriate tasks manually rather than using technology to consolidate their procedural skills and enhance their interpretation of patient signs and symptoms. For example:

- measuring blood pressure using the manual sphygmomanometer rather than the electronic one
- taking heart rate manually rather than using readings from the pulse oximeter
- taking pedal pulses manually as well as using the Doppler.

Emphasise the professional knowledge that can be gained from manual practice. For example, asking a learner to check for quality, regularity and strength of flow while taking heart rate is clinically relevant. Other clinical observations, such as checking skin turgor, can be linked to other tasks for the learner.

Catch up with learners at the end of their shift for reflection and de-briefing. Discuss their experiences with them and find out if they have any issues they would like to talk about. If there is no present time for it, arrange a time for them to meet with you later.

Keep clinical objects like de-identified investigations, surgical prostheses and treatment plans in a teaching 'toolkit' on the ward. You can use the items to demonstrate or teach about patient management without having to chase up appropriate items.

two

“ Far from compromising spontaneity, planning provides structure and context for both teacher and students, as well as a framework for reflection and evaluation ”

(Spencer, J, Learning and teaching in the clinical environment. *BMJ*. Vol 326, 15 March, 2003, pp. 591-594.)

PLANNING YOUR TEACHING ENCOUNTERS

Clinical teaching mainly takes place in busy practice settings where time is at a premium. Planning your educational encounters helps align and integrate teaching opportunities with day-to-day work activities. By identifying who you are teaching, what you are aiming to teach and how you can help learners achieve specific educational objectives, many of the stresses involved in teaching as you work can be reduced. Clarifying learning and teaching priorities and how you plan to involve learners in your setting, may also make it easier to involve other members of the healthcare team in planned and informal teaching activities.

Even if the learner is unexpectedly placed in your work area, you may find that by having a system of quickly assessing a learner's needs, connecting them with appropriate tasks is a much easier process.



MAKING LEARNING EXPLICIT

- Prior to the arrival of your students, request the learning objectives for the clinical placement from the tertiary institution and the approximate stage that the learner will be at. You will get a better idea of the learner's capabilities once they arrive and you have observed their performance.
- Spend time with learners in your clinical area to observe and guide their practice. Plan specific tasks and times for feedback.
- Think about how you can help your learners create clear links between past, current and future learning experiences.
- Try different learning and teaching methods to highlight important concepts, skills and values such as: one-to-one instruction, focused observation, practical demonstrations and small group work.



CLINICAL SUPERVISION STORY

Chris works in the Hospital Admissions Risk Program (HARP) in a small rural hospital and is regularly asked to supervise final year nursing and allied health students for short one or two weeks assignments as part of their complex care placements. At first Chris found it difficult to involve the students in the HARP community practice environment during these brief placements. Although most students had some understanding of continuity of care concepts, their appreciation for patient experiences of living with a chronic health issue tends to be limited. To address this, Chris changed her teaching plan to include opportunities for students to attend the weekly HARP case management meetings, review the case notes for a particular patient and accompany the HARP worker on a home visit.



STARTING POINTS FOR LEARNER ENGAGEMENT AND PARTICIPATION

HELP
PLAN
DRAW
BRING
CHECK
ALERT

- Help learners identify their learning goals and plan ways of meeting them. Work together to establish realistic goals for the time of the placement.
- Plan the learner's shift or workload according to the important tasks of your area but don't forget to include an orientation. Orientation is important for aiding the learner's understanding of the physical environment, the roles of various staff members and the policies and guidelines of the health organisation.
- Draw attention to occupational health and safety. Other things to consider during orientation are communication expectations and scope of practice concerns.
- Bring staff members together regularly to talk about the best way of allocating patients to students. Discuss which processes work best and how decisions are made. Get student feedback on the process as well.
- Specific tasks, such as treatment or discharge planning, involve healthcare activities that the learner may not be aware of. Having a checklist of criteria that includes the most important aspects of a task may help learners to not only complete the task correctly but to also consider the patient's ongoing management in a holistic sense. Treatment planning could consider the importance of preparation beforehand, accurate notes and red flags. Discharge planning may include patient safety aspects, Activities of Daily Living (ADL), medications and patient-orientated goals.
- Alert the learner to staff resources that they can access eg. the hospital library, government organisations like Commonwealth Carelink or Veteran Affairs and journals/text books on the ward.

EXPANDING LEARNING OPPORTUNITIES

Ask students to research topics that come up

(eg. kidney function) but remember to follow up. Discuss the topic the next day and learn together.

Organise times off the ward for learners to experience specialised areas relevant to patient care

eg. District Nursing, HARP and Aged Care Assessment Services (ACAS). Utilise areas that may not have had students but offer unique learning opportunities.

Utilise the different 'hats' staff members wear.

One staff member may have previously worked in a different area and would be able to show the learner how the two areas link together. Another may have a special interest in patients with a particular condition and be able to help learners advance their thinking.

Buddy up preceptors and allocate two to each learner while on placement so that they feel well supported.

This helps when the learner is on different shifts and exposes the learner to different ways of doing things correctly. It also means that both preceptors can assess and sign off on learner tasks and competencies

Encourage peer learning. Have students teach other students a task. Have students teach you and other staff a task. Have two students work together with patients. Have students practice tasks together – history taking, examination and treatment. De-brief in groups so that many student experiences are on the table.

three

“ Clinical reasoning is embedded in the context of professional practice and is, therefore, best learned in the very same context where individuals are developing and becoming members of the profession. ”

(Ajjawi R, Loftus S, Schmidt HG, Mamede S. Clinical reasoning: the nuts and bolts of clinical education. In: Delany C, Molloy E, editors. *Clinical Education in the Health Professions*. Australia: Elsevier; 2009.)

WORKPLACE- BASED PRACTICAL SKILLS AND CLINICAL REASONING

Often learners have been preparing for their clinical placements by studying content and theory, and practicing in simulated environments. Clinical work allows them to integrate their practical skills and develop their clinical reasoning ability while being safely supervised. Procedural skills, practical treatments and clinical interviewing need rehearsal and practice within the confines of patient safety and best practice.



MAKING LEARNING EXPLICIT

- Keep a list of day-to-day practical tasks in the wards that different learners may be able to perform.
- Ask learners to critically observe and focus on one aspect of a clinical encounter.
- Compare clinical reasoning to solving a mystery - and assist students to work in a deductive way towards problem solving.



CLINICAL SUPERVISION STORY

Lisa is a third year physiotherapy student. She comes to you asking about Mrs Jones' imminent discharge from the acute ward to home. Lisa is concerned about Mrs Jones' Chronic Obstructive Pulmonary Disease (COPD) action plan that involves starting medication as soon as her symptoms deteriorate without consulting a health professional. You use this learning opportunity to help Lisa understand concepts about self-management for chronic illness by:

- giving her a list of references related to asthma and COPD management including the website to The National Asthma Council of Australia
- linking her with the HARP physiotherapist involved in Mrs Jones' care
- getting her to read Mrs Jones' patient-centred care plan and discuss the goals listed with Mrs Jones.



PRACTISING HEALTH PROFESSIONAL SKILLS:

CONSIDER
REHEARSE
EXPAND
ROLE-PLAY
RECOGNISE
DISCUSS

- Practical skills are part of day-to-day activities on the ward. Consider offering learners the chance to practice tasks from opening medication and vials, to taking ECGs and inserting IV lines. As they become more familiar with tasks, ask them to consider why they are doing it and of what benefit it is to the patient. If a task is too complex, break it into parts, to allow the learner to achieve small elements before putting it all together.
- Clinical interviewing, taking a history and listening to patient stories are all skills that form part of the clinical reasoning process. These tasks need rehearsing and practice just like practical procedures.
- Once learners can perform focused tasks, expand their practice skills until they can consider other aspects surrounding the task eg. hydrotherapy treatment is a program set by therapists but also includes elements of communication; patient safety before, during and after the session; physiological consequences; adherence to policies; and documentation.
- If a student is not ready to perform tasks or treatment on patients, get them to rehearse and practice using role-play or simulation. You may have access to simulation equipment either on the ward or in dedicated areas. Simulation educators may be able to assist you with learners.
- Practical skills performed on the ward are often quite different when done in the community or expanded practice settings. Help learners recognise that skills can be adapted safely for performance in different contexts eg. the patient's home.
- Hold an equipment expo – bring items to a central area for staff members and students to discuss.
- Use the 'plus one' system: add another learning point to the task such as 'what conditions might the patient have to need this investigation?'

EXPANDING CLINICAL REASONING CAPABILITIES:

Build elements of clinical reasoning into the tasks you do with your learners. Discuss questions like: Why are we doing this? Why is this patient on this medication? How might we progress their treatment?

Ask students to 'talk through' their reasoning, starting with their early observations.

Take learners through the way you think through a patient issue. Work through some common scenarios together eg. the deteriorating patient.

Learners may have learned about, but not used, patient assessment tools eg. risk assessment forms. Link this often-adapted workplace tool to the original theory behind why it was created.

four

**“ Communication is
a core clinical skill
essential to clinical
competence. ”**

(Kurtz S, Silverman J, Draper J. *Teaching and Learning
Communication Skills in Medicine*. 2nd Edition Oxon:
Radcliffe Publishing; 2005.)

DEVELOPING PROFESSIONAL COMMUNICATION SKILLS

Learners in clinical settings have to negotiate working with a range of people – staff members, patients and families. Good communication skills are not only needed when interacting face-to-face with people, but also in writing progress notes, referrals, discharge letters and treatment plans; talking on the telephone; and in email contact. Communication also extends to how learners work in a team among other health professionals within a healthcare organisational context.



MAKING LEARNING EXPLICIT

- Ask learners to make focused observational notes of effective communication encounters between health professionals and others in the workplace.
- Instruct learners about what specific points need to be made in certain communications eg. ward handover.
- Explain the contextual nuances of the communication encounter to your learners.



CLINICAL SUPERVISION STORY

Matthew is a final year nursing student on a rural rotation from the city. He is preparing a case study for his university supervisor about Bert, an injured farmer, and asks you to read the draft. His report contains little understanding about the work tasks related to farming and how they will be restricted until Bert recovers. You use this learning opportunity to help Matthew understand Bert's rural work context by:

- Giving Matthew time to talk to Bert about what tasks Bert usually performs himself on the farm on a daily basis
 - Linking Matthew with the WorkSafe Victoria website subsection 'Farming'
 - Encouraging Matthew to attend local community events while he is on placement such as field days, agricultural shows or farmer's markets and talk to people attending about their work.



NOTICING EFFECTIVE COMMUNICATION

OBSERVE
LISTEN
CONSIDER
EXPLAIN
TALK

- Ask learners to observe communication between staff, and between staff and patients. Quiz them on what they thought were effective communication strategies. Ask them about what they feel they need to improve on, and give them opportunities to practise. For example, learners may feel they have difficulties explaining certain procedures to a patient and would like to practice doing so – role play first may be an effective way of rehearsing this skill.
- Observing how good communication works is a very positive experience. Expose learners to efficient meeting practice, examples of excellent communication (eg. a referral letter or a care plan) and good administrative practice (eg. patient records).
- During case conferences or other multi-discipline meetings, ask students to note what sorts of interactions are occurring and why. You may ask them to specifically note how others express their points of view, listening in a respectful way. You could also ask students to consider the policies and guidelines staff have to work within; each discipline's scope of practice; and how the actions of the meeting are documented.
- Explaining or just talking to people in a 'language' that they understand is a vital element of appropriate communication. Learners can observe, and then practice, how different 'language' (technical or otherwise) is used according to the context.

PRACTICING GOOD COMMUNICATION SKILLS:

Learners may need to have the situational context made explicit to them. For example, rural communities have particular local issues relating to culture, government area policies (especially when negotiating state border work), building rapport and relationships with other workers within and outside your organisation, working with limited resources and managing workload in times of rural health workforce shortages.

Patient handover is a regular meeting time where learners may be able to present their patients in an informal, instructive way. Try a bedside handover and involve the patient as part of the presentation process.

Give learners a framework and communication guidelines so they have a template to work with that shows they understand the patient and their management, rather than just reading from a list of isolated information.

five

“ Making sure the patient is at the heart of medical education is a particular challenge during the undergraduate years. ”

(Bleakley A, Bligh J, Browne J. *Medical Education for the Future*. United Kingdom: Springer; 2011.)

WORKING WITH PATIENTS AND CARERS

While learners acknowledge that there are many aspects to learning and teaching, learning from and with patients and carers is often seen as the most valuable clinical placement experience. Gaining consent from patients before involving them with learners or teaching situations, and being respectful of their decision, is vital. Patients may respond to learners differently according to their health encounter setting (eg. hospital, community or home) so it is always important to help learners understand this and keep the context of the encounter in mind.



MAKING LEARNING EXPLICIT

- Assist learners in their understanding of how the personal circumstances of patients effect care and health management.
- Ask learners to talk to the carer as well as the patient.
- Listening to patients is a learned skill – learners may need to practise this.



CLINICAL SUPERVISION STORY

Michelle is a final year speech pathology student observing her first videofluoroscopy on Mrs Fletcher. Afterwards, Michelle appears quite distressed by what she saw. She asks whether Mrs Fletcher would have felt any pain or anxiety during the investigation. You use this learning opportunity to help Michelle understand how and why videofluoroscopy is used in the investigation of swallowing disorders by:

- listing what other investigations may have been done instead of or as well as this procedure, and their contraindications
 - reviewing the step by step process in preparing a patient emotionally and medically for videofluoroscopy
 - having her talk to Mrs Fletcher, or another patient, about what they felt during the investigation.



PATIENT AND CARER JOURNEYS:

TALK
LISTEN
FOLLOW
DE-BRIEF
CONSIDER
VIEW

- As a starting point, getting learners to talk to patients informally can be a more relaxed way of learning how to introduce yourself, start a conversation and listen to what the patient says. Listening to a 'life story', and then studying a patient's record, may help contextualise a patient's presenting or coexisting conditions. Stories without a strong medical history allow learners to consider the influences on people's lives and what would be an appropriate management plan.
- Following a patient on their medical journey exposes students to a diversity of health and management processes with the patient at the centre of the care. Along the way, the learner may better understand the links between hospital and community-based services, and access and equity issues for the patient. Learners may follow patients into consultations with a range of health professionals.
- De-briefing with a learner after a patient encounter assists the learner to reflect on the patient's perspective.
- Ask the learner to consider what differences there will be in a patient's management when they go home.
- Talking or interviewing carers can give learners a broader view of the issues patients and their carers face.

LEARNING FROM AND WITH THE PATIENT:

Make patient involvement in the teaching of the learner explicit

eg. explaining why particular procedures are being done to teach the patient and the learner.

Have the patient explain what they know about their treatment to the learner then discuss this understanding together.

THE COMPLEXITIES OF REAL PATIENT CARE:

Build in time during patient handover for students to discuss how they would have managed patients and decisions they would make about future management.

Patients with complex problems may have particular communication or management needs that the learner needs to consider. Safety issues – for the learner and the patient – may have to be considered beforehand.

Learners working with patients and their carers in difficult circumstances may be exposed to previously unconsidered elements such as medico-legal complications, cultural awareness, patient advocacy, pain management and end of life planning.

“ ...it is practices, how they are navigated and negotiated, questioned and developed...that need to be part of the picture.”

(Edwards, A. *Being an Expert Practitioner: The Relational Turn in Expertise* (Vol. 3). Heidelberg, Germany: Springer; 2010, p.5.)

LINKING LEARNING AND TEACHING OPPORTUNITIES IN THE WORKPLACE

If you have links and networks beyond your immediate work area, why not utilise them to broaden your learner's workplace experience and highlight different aspects of practice? It may be a visit to another health service, or an opportunity to work with a member of staff or learner in another department. Expanding opportunities for community-based engagement can help your learners understand how the health care system operates as a whole.



MAKING LEARNING EXPLICIT

- Check your clinical placement guidelines
 - Are there specific learning objectives, tasks or encounters that could be achieved in a related work area or community health setting?
- Help learners think outside the box with 'experimental' or creative solutions to health care problems.
- Discuss potential learning and teaching links with clinical supervisor colleagues from different disciplines - Are there ways you could help each other?



CLINICAL SUPERVISION STORY

Terri is an experienced diabetes educator with a background in district nursing. She often does health assessments in the community and is known for her supportive work with older people. Andrew, a clinical supervisor at the local hospital, arranges for two nursing students to interview Terri and accompany her on a patient home visit. Andrew encourages the students to find out how Terri approaches her assessments with people who seem to be experiencing difficulties managing their medications at home. When the students return, Andrew asks them to write a short report to include in their clinical folios.



MAKING THE MOST OF EXPANDED LEARNING SETTINGS

- Seize unexpected learning opportunities for your learners such as a chance to go into theatre, attend a consultation session or see a baby born.
- Invite others to be involved with your learners such as community-based health services, carer organisations, palliative care practitioners and residential facility lifestyle coordinators.
- Ask skilled staff from other work areas to give an in-service on topics of shared interest.
- Swap learners into other work areas or other discipline areas eg. student nurses into the physiotherapy department.
- Learners can attend meetings either as an observer or to contribute. If observing, suggest explicit things for them to focus on eg. how the chair manages various speakers.

MODEL REFLECTIVE LEARNING AND HOLISTIC THINKING

- Share your experiences with your learners - tune them in to different ways of thinking, including cultural elements and geographical differences that impact on health access.
- Talk about the conditions a patient may have - but expand this to how it might be if your patient was older/younger/disabled etc.

seven

“ As you develop in your practice, you start to find that even if you’re not actively involved in the patient situation, if you’re able to observe the same things as the other clinicians, you can follow what they are doing. Even if nothing is being said this picture is unwinding in front of you. ”

(Health Professional student)

READINESS TO PRACTICE AND PROFESSIONAL FORMATION

An important part of clinical teaching is to help prepare a learner for the 'real world'. This includes many activities, from structuring a placement timetable to modelling professionalism in your own interactions. All clinical settings influence professional formation in powerful, but subtle ways - through the underlying practice values, customs and assumptions about what it is to think, be or act as a professional. This set of influences is sometimes called the hidden curriculum.



MAKING LEARNING EXPLICIT

- Encourage and motivate your learners to reflect on their work achievements and professional challenges encountered.
- The way people communicate and work together in a particular practice context - including the language they use, kinds of knowledge valued, contributions made and questions asked - influences professional learning.
- Make time to talk about some of the ethical issues that arise during clinical work.



CLINICAL SUPERVISION STORY

David is a final year nursing student on placement in the acute care ward. On checking his clinical logbook you discover that several core clinical competencies haven't been yet been signed off by his ward preceptor. You find this surprising as David performed very well when you worked with him on the ward earlier on in the placement. When you ask David how things are going, he hesitates, but then says he feels like he's a bit in the way. Staff don't seem have time to work with him, especially when the shift gets busy - which it often does.

You discuss with the ward preceptors some strategies for supervising students in a busy clinical environment, and assist them in making a clear supervision plan for David.



FACILITATING PROFESSIONAL FORMATION

- Role-model being professional in different situations and contexts. You may have to explicitly explain to learners how you are acting and why.
- Help learners integrate themselves into the workplace culture. Show how debriefing or reflection occurs, explain the 'rules' about lunchtime (eg. don't talk about work or take the chance to talk about work).

MAKING THE TRANSITION TO REAL WORLD PRACTICE

- Check your learner's understanding of their scope of practice. Use professional and organisational guidelines to plan appropriate clinical encounters.
- Help your learner plan their day, taking into consideration prioritisation of tasks, meetings and treatment regimes. If a full workload is not appropriate, indicate to your learner what percentage might be realistic for their stage of learning eg. 'This is 50% of a graduate nurse's workload'.
- If you can, expose students to different health organisations in the public and private sectors and explain how the different systems work.
- Have a conversation with your learners about career planning.
- Encourage learners to develop management and leadership skills among the many practical tasks they need to learn.

KEY CONCEPTS

Clinical Supervision: a formal process of professional support and learning.

Community-based learning: educational programs that utilise community settings as the main environment for learning and teaching activities. Immersing learners in community settings over time, allows the social, bio-medical and political elements that influence health care and service development to be identified.

Curriculum: all of the planned and unplanned experiences that a learner completes under the guidance of the educational institution - including clinical placements.¹

Evaluation: Seeking evidence in a systematic way that the educational experiences designed for learners are effective.

Expanded clinical placement settings: health services that are non-public or non-acute or not traditionally utilised for clinical placements.

Experiential learning: learning by doing through action and reflection.

Formative evaluation: used to assist the development of a program, activity or innovation. Questions tend to focus on 'how activities are progressing', 'what is going on' and 'what to change or adapt'.

Hidden curriculum: informal learning that occurs outside the formal curriculum and which is often unarticulated or unexplored – includes the underlying values, cultures and assumptions that influence professional practice.

Interprofessional learning (IPL): the formal and informal learning interactions that occur between members of two or more professions (including students).

Professional socialisation: learning basic skills, knowledge and values necessary for professional practice as well as developing appropriate clinical decision-making skills.

Signposting: making key concepts and processes explicit to learners eg. through discussion and shared planning.

Situated Learning: learning that occurs with a particular activity, social context and culture.

Summative evaluation: used to make decisions about the effectiveness and impact of teaching strategy, program or activity at the end of the program. The focus is on the outcome.

Workplace-based learning: learning explicitly through the experiences and activities of the workplace rather than formalised or pre-structured content.

¹ Smith, D & Lovat, J. *Curriculum action on reflection. 4th ed.* Tuggerah, NSW: Social Sciences Press; 2003

FURTHER RESOURCES FOR LEARNING AND TEACHING

BOOKS

Boud, D. & Molloy, E. (eds) (2013) *Feedback in Higher and Professional Education* Oxon: Routledge

Delany, C. & Molloy, E. (eds) (2009) *Clinical Education in the Health Professions*. Chatswood: Elsevier

Higgs, J., Jones, M., Loftus, S., Christensen, N. (eds) (2008) *Clinical Reasoning in the Health Professions* Third Edition Sydney: Elsevier

Lave, J. & Wenger, E. (1991) *Situated Learning* Cambridge: University of Cambridge Press

McKenna, L. & Stockhausen, L. (2013) *Introduction to Teaching and Learning in Health Professions* Sydney: Lippincott Williams & Wilkins

Rainbird, H., Fuller, A., & Munro, A. (eds). (2004) *Workplace learning in context*, London: Routledge

WEBSITES

The Australian Government, Office for Learning and Teaching Resources Library:
<http://www.olt.gov.au/resources>

Department of Health Victoria. Best Practice Clinical Learning Environment Framework
<http://www.health.vic.gov.au/placements/resources/index.htm>

Department of Health Victoria: <http://www.health.vic.gov.au/placements/planning.htm>

The London Deanery: <http://www.faculty.londondeanery.ac.uk/e-learning>

Monash University School of Rural Health, North West Rural Medical Education Unit. Resources for Rural Clinical Educators (Red): <http://www.med.monash.edu.au/srh/medical-education/documents/>

The Patient Voices Project: <http://www.patientvoices.org.uk/>

University of Western Australia. Faculty of Medicine, Dentistry and Health Sciences:
Teaching on the Run Tips Series: <http://www.meddent.uwa.edu.au/teaching/on-the-run/tips>

Clinical Education Resource Portal: <https://vicportal.net.au/vicportal/>

National Clinical Supervision Standards Competency Resource: <https://www.hwa.gov.au/sites/uploads/HWA-National-Clinical-Supervision-Competency-Resource-VE-201305.pdf>

OTHER

Organisations:

Australian and New Zealand Association of Health Professionals Educators (ANZAHPE)
<http://anzahpe.org/>

Victorian Simulation Alliance: <http://www.vicsim.org/>

TED talks:

A physician discusses the importance of directly observing and examining the patient
http://www.ted.com/talks/abraham_verghese_a_doctor_s_touch.html

LEARNING AND TEACHING TEAM CHECKLIST

WHEN NEW STAFF AND STUDENTS ARE IN OUR WORKPLACE...	VERY OFTEN	OFTEN	OCCASIONALLY	RARELY	NEVER
Planning and Orientation					
We understand the curriculum/transition requirements of our learners					
We give our learners orientation information about our health service					
We build on the prior experiences of our learners					
We ask our learners about their goals and how these can be achieved					
Immersion					
We discuss, as a team, the opportunities for learning and teaching in our day-to-day activities					
We Invite learners to participate in healthcare activities					
We provide explicit guidance for learners in the clinical environment					
We signpost learning opportunities					
We role model good practice					
Reflection					
We encourage our learners to ask questions					
We give timely action-oriented feedback to our learners					
We discuss our own clinical reasoning and problem-solving processes with our learners					
We give our learners time to reflect on their experiences in our workplace					
Connection and Extension					
We monitoring the progress and achievements of our learners over time					
We look for opportunities to expand learning and teaching activities beyond our immediate work environment					

