

Establishing a sustainable and effective Barwon South Western Clinical Placement Network

Project summary

The project refined an existing self-efficacy tool, the Clinical Education Supervision Professional Development Planner (PD Planner), to evaluate clinical education and supervision capabilities and identify learning needs of clinicians across allied health, nursing and medicine in the Barwon South Western Clinical Placement Network (BSW CPN).

Using the refined tool, the project sought to develop and implement a training plan that targeted identified learning needs of clinicians related to education and supervision of students on clinical placement. Following training, evaluation explored key aspects that influenced the capabilities of the clinical educator workforce.

Drivers and challenges

The BSW CPN is facing growing demands for clinical placements. Key to meeting these demands is the workforce however, little is currently known about their experience, capabilities and learning needs related to clinical education supervision (CES).

Management and development of the CES workforce has previously occurred within the specific discipline resulting in highly variable activities, systems and nomenclature. Project 3 provided the opportunity to identify common ground across allied health, medicine and nursing in terms of the CES workforce's capabilities, learning needs and the educational resources that were relevant and accessible across the geographically large region.

Arriving at a solution

Previous work within allied health had produced a self-efficacy tool that identified learning needs and a training program developed as a bespoke strategy to target specific tasks within five domains of CES activity at the novice level.

The nomenclature used to describe clinicians' roles and their training activities was explored through meetings with education coordinators from medicine, nursing and allied health.

Gaps in information were resolved with an initial survey of participants. Information collected gave some baseline data regarding the participants including their location, experience, prior training and their level of self-efficacy for CES tasks. Details provided by participants of relevant training they had completed, informed the identification of potential training programs for use in the project.

Implementation process

A hub-and-spoke methodology was used to invite clinicians to participate in the project. Key contacts in health organisations across BSW CPN were asked to distribute the invitation to relevant allied health, medicine and nursing staff.

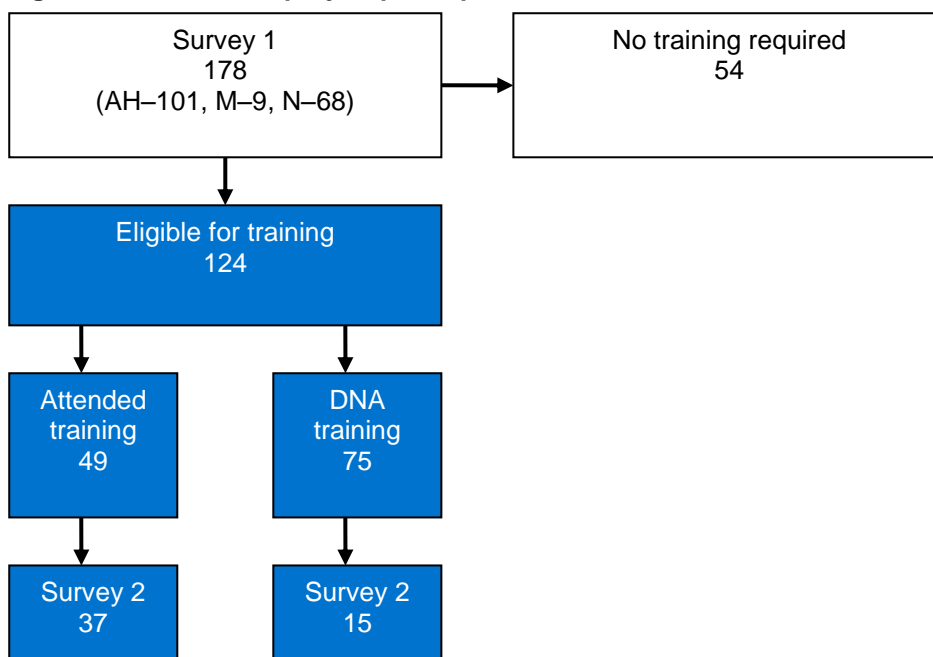
Using information gathered regarding the clinical educator workforce and training options in BSW, the project developed a training plan with three options: half-day, one-day and two-day workshops. Twelve workshops were delivered in Geelong (all three options) and Warrnambool (one-day workshop). Following completion of the training program, participants were invited to complete a second survey and PD Planner.

Outcomes and impacts

The specific set of tasks described by the PD Planner was found to be relevant to clinical educator supervisors across allied health, medicine and nursing; who were defined as: clinicians who facilitate student learning in the clinical setting and assess achievement of student capability or/ competence against national standards.

The project reached clinicians in the target group and their response rate matched or exceeded estimates in allied health and nursing. The distribution of responses to the project, reflected clinical placement day data, indicating that the majority of activity (80%) occurred in the Barwon subregion. Available data on which to base estimates for medicine was very limited and the survey response from this discipline did not reach satisfactory levels.

Figure 1 Flowchart of project participation



The project has enabled a baseline profile of the CES workforce in the BSW region to be described.

Participants were identified as eligible for training if they scored their self-efficacy as low for any task, within a specific domain of functioning. Individual learning needs relating to each of the five task domains were reported back to each participant with relevant training options. Most clinicians (73%) in the Barwon subregion and just over half (53%) the clinicians in the south western subregion were eligible for training. Clinicians were most frequently eligible for training in tasks related to education planning, performance evaluation and feedback and managing marginal performance.

Approximately half of the clinicians eligible for training attended workshops provided through the project. Most attended half-day workshops and satisfaction with the training was very high. The project identified training courses that were accessible for the clinical educator workforce in the BSW region. An education resource has been produced detailing courses, their duration, format, requirements, contact links and degree to which their learning objectives match task domains outlined in the self-efficacy tool.

Training significantly enhanced self-efficacy in tasks related to CES. The proportion of clinicians with high self-efficacy in at least one task domain rose from 52% pre training to 87% following training.

Workshop training in the current project was effective in its ability to enhance self-efficacy; however for some clinicians it may not ensure the adoption of new behaviours in the workplace. The follow-up measurement of self-efficacy was also able to identify individual clinicians with persistent low self-efficacy following training, who may benefit from ongoing professional development and workplace learning.

Limitations and management strategies

The hub-and-spoke approach to communication worked well in allied health and nursing disciplines where key roles exist within clear organisational structures for education related to clinical placements. Information pertaining to medicine was limited and this was reflected in available data on which to base estimates and number of key stakeholders identified. Where estimates of the target group in medicine were possible, the response to the survey and project reach failed to reach satisfactory levels.

The specific set of tasks described by the PD Planner was found to be relevant to a novice clinical educator supervisor who facilitates student learning in the clinical setting and assesses achievement of student capability or competence against National Standards.

Project timelines precluded training options (other than the existing half-day workshops) being developed as bespoke strategies to address clinician's learning needs and location in the region. Generic training options were matched as closely as possible to learner's needs and training providers were sent a copy of the PD Planner to optimise potential modification of their course to meet the task descriptions.

Only 50% were able to take up the opportunity to attend workshops provided through the project. The lowest uptake occurred in the two-day workshop format. Scheduling leave and work allocation to attend the two-day workshop in the timeframe of the project may have contributed to the low uptake of this option. Feedback from participants noted that a three-month lead time was required to allocate time for staff to attend training.

Future directions

Following completion of the PD Planner, the respondent and their manager are provided with a report outlining their ongoing CES learning needs. This may be used to inform future workplace learning and professional development activities as part of the annual performance development and review process.

The use of the PD Planner to identify learning needs, plan training and evaluate the outcome of training is the basis to the model that is being developed in a collaboration of Barwon Health, Charles Sturt University and Deakin University. Work is currently underway to establish the content and face validity of the PD Planner. The development of an evaluation framework for the model is planned.

The activities of the defined target group described by the self-efficacy tool, do not include CES activities involved in buddy type activities (where students shadow and observe clinicians working), or the senior educator/coordinator roles in the workforce. Developing self-efficacy tools to describe these task domains would enable similar programs to be developed across all levels of activity by clinicians involved in clinical placements.

Clinicians with continued low self efficacy following attendance at workshop training associated with this project will be invited to participate in a workplace learning project 'Supervise the supervisor: Workplace learning for clinical education supervisors' funded by Health Workforce Australia through the Victorian Department of Health. The results of this project will assist in the further development of the CES development and training model.

Further information

Nancy Finlay

Project Manager

Barwon South Western Clinical Placement Network

nancyf@barwonhealth.org.au