

CPN Strategic Project

Case study

Novel approaches to clinical supervision in the private sector

Project summary

It was intended that this project would:

- Increase supervision capacity in the private health care setting;
- Increase placement numbers and capacity of private hospitals to take professional-entry clinical students for surgical placement;
- Create and pilot an approach to clinical supervision that meets the specific needs of the private health care sector;
- Make recommendations as to a preferred model of supervision for professional entry-level clinical students and the possibility for the expansion of this model.

Drivers and challenges

Anecdotal evidence suggested that very few students were being immersed in the private sector and that this was an area for expansion, especially in the discipline of medicine. Based on this notion, this project was developed to look at creating a supervision model that would enhance the clinical experience for pre-entry students and assist in the expansion of clinical placements. The area of surgery was chosen as it was recognised as one of the most difficult areas in medicine to supervise and educate in the private sector.

Arriving at a solution

Through the formal university appointment of dedicated supervisors, students were provided with increased perception of the level and quality of supervision that they received while on clinical rotation in the private sector for a surgical rotation.

Implementation process

This project included four main stages:

Stage one: Pre-implementation data collection

This included the creation of a survey and collection of data to gain an understanding of the pre-implementation perceptions of supervision and education in the private hospital sector for students completing a surgical placement.

Stage two: Literature review

A systematic literature review was undertaken to look at the current research into supervision models for pre-entry professionals.

Stage three: Creation of toolkit

A toolkit that provided supervisors with theory and skills in the following areas was developed:

- The role of the supervisor
- Education versus clinical supervisors
- Assessment
- Appraisal
- Feedback
- Teaching clinical skills.

Stage four: Post-implementation data collection

This included the creation of a survey and collection of data to gain an understanding of the post-implementation perceptions of supervision and education in the private hospital sector for students completing a surgical placement in order to ascertain whether there had been any changes in perception of the students relating to supervision and education.

Outcomes and impacts

Increased capacity for medical student clinical training in the non-traditional setting of the private hospital

This project has demonstrated an increased level of supervision and support to medical students through the formal appointment of supervisors responsible for the students. It has created a better clinical experience and the possibility of increasing clinical placement numbers in the private sector as their clinical exposure and education may be improved through better supervision. This may have the long-term impact of increasing the capacity of clinical placement in the private sector in the Northern Metropolitan Clinical Placement Network (NMCPN).

Appointment of trained clinical leads in surgery to provide a coordinated approach to the teaching and supervision of students

The two main appointments in the private sector provided enough positive data and feedback to suggest that this model is worth pursuing.

Identification of areas for increased capacity in other private settings for a range of disciplines and a model for supervision tailored to the requirements of the private sector

There is potential to continue the expansion of medical student numbers within the private sector and this could flow on to a greater number of private sector junior doctors. This model could potentially be expanded beyond medicine and may be looked at by other disciplines. The key to expansion of clinical placements in the private sector would be having well-trained and constant supervision.

Creation of a model for supervision in a clinical discipline which often encounters many barriers to clinical supervision

If successful in the areas of surgery, which has traditionally been difficult, the possibility of a similar model being transferred into other professions and other clinical settings outside of the traditional setting. This model is successful for medicine and in particular surgery and should be investigated a potential method of expansion into other disciplines.

Limitations and management strategies

The major limitation on this project was the unexpected change to the number of students that were rotated through St Vincent's private hospitals in both Fitzroy and East Melbourne. In 2012, the Vincent's Clinical School was directed to increase the number of students rotating to the Epworth Hospital and St Peter MacCallum Cancer Centre. This decreased the pool of students/participants to collect data from relating to their perceptions on supervision and education. Although there are some very positive findings in this study, the finding cannot be considered absolute due to the low numbers of participants available for data collection.

Evaluation

- Students do not feel that they receive enough formal education and supervision;
- Students felt that having a dedicated supervisor improved the level and quality of supervision available in the private sector;
- Supervisors feel that they are providing sufficient supervision and education;
- Participants feel that a placement in the private sector is of great value as there is good access to patients. They also feel that being guided and having a better structure through a dedicated supervisor assists them in making the most of the clinical placement.

Future directions

Together with the St Vincent's and University of Melbourne Clinical School, supervisors for the surgical specialities have been made which include positions in all nine surgical specialities. These appointments crossover into the private hospital sector and the current supervision will continue in their role in supervision and education in an effort to sustain improvements that have been achieved and continue to grow the supervision and clinical placement capacity for surgical rotations in the private sector.

Further information

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