

Novel approaches to clinical supervision in the private sector

Submitted by:

St Vincent's Hospital

In partnership with:

St Vincent's Private Hospital

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Executive 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.

In order to achieve this, the following four stages were undertaken:

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 a 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.

The key outcomes and conclusions from this project are:

- That there is very little research that has been undertaken into models of supervision of medical students in the private hospital sector.
- More research should be undertaken to analyse the effectiveness of supervision within the private hospital sector and in particular, in the area of medicine.
- The allocation of a dedicated supervisor to a surgical rotation provides the perception to students that they are receiving more effective supervision and education.
- The allocation of a dedicated supervisor to assist in access to theatre and exposure to more procedures for students than not having a dedicated supervisor.
- The appointment of supervisors with a university appointment assists in formalising supervision and education for students within the private sector.

Background and context

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.

Objectives

It is 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.

Activities and methodology

Advisory group

An advisory group was formed that included members from a range of public and private health providers. Included in this advisory group were members from various health disciplines in an effort to gather the opinions of those outside of medicine and the organisations involved. The group met on two occasions and then were followed up project through a number of emails as bringing the group together was logistically difficult. The purpose of the group was to offer direction on the literature review, development of questionnaire and content of the toolkit.

The group included the following members:

- Associate Professor Robert O'Brien: Chair
- Professor Peter Choong: Professor of Surgery, St Vincent's Clinical School
- Ms Anna Clarke: St Vincent's Private
- Ms Tess Vawser: Epworth Hospital
- Ms Jackie Behan: Project Officer until April 2012
- Mr Matthew William: Project Officer

Collection and analysis of baseline data

Prior to the supervisors being appointed, baseline data was collected from students that had completed a surgical rotation as part of the medical degree at St Vincent's Private. At this point students were not rotating to the East Melbourne campus. The data was collected via the creation of a survey that was discussed by the advisory group to assist in collecting data that was deemed necessary to better inform the project. The survey was then circulated by the administration in the clinical school via Survey Monkey, an online survey tool. The data was then collated and analysed to gain an insight as to the perceptions of students on the current education opportunities and clinical supervision whilst undertaking a surgical placement in the private hospital system.

Literature review

A systematic literature review was undertaken that investigated the research that had been undertaken in regards to supervision of pre-entry students in a range of disciplines. This was not limited to supervision of students in the private hospital sector. This literature search included both published and grey literature. The review demonstrated that there is very little literature in either published or grey literature that discusses clinical supervision of pre-entry students. It did suggest that there is a need for dedicated supervisors for students to enable the perception of students to feel that they are well directed and supervised within the clinical setting.

Stakeholder feedback

Stakeholder feedback and input was collected through small group interviews undertaken by the project officer. Nurse unit managers and surgeons were invited to meetings to discuss the project and their perception of the two groups as to current levels of supervision and clinical education collected. This assisted in informing the creation of the toolbox in order to create a resource that would be of use to supervisors.

Creation of a toolkit

A toolkit was created that is available for supervisors of pre-entry medical students. The availability of this is not only limited to those on a surgical rotation. Topics covered in the toolkit include:

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

The toolkit includes theoretical content and practical tips for supervisors to put in place in their own work.

Collection and analysis of post-implementation data

In a similar way to the pre-implementation data collection, a survey was created and implemented at the completion of the 2012 academic year. Data was collected from students that had undertaken a surgical rotation at either St Vincent's Private Fitzroy or East Melbourne. This data was used to ascertain whether there was a measurable improvement in supervision and education due to the implementation of the dedicated supervisors.

Project management

A project advisory group was developed to assist in guiding the project. In addition, a project steering committee was developed that included Anna Clarke, Robert O'Brien and the project officer. This group met on either a fortnightly or monthly basis depending on the stage of the project. This group was responsible for reporting to the Northern Metropolitan Clinical Placement Network (NMCPN) on progress and completing traffic light reports. They were also responsible for the management of the project budget and allocating tasks in order to meet the overall timeline of the project for the December 2012 completion.

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 that are responsible for 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 placements in the private sector in the 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

This project was evaluated via the collection of data from the pre and post-implementation of the supervisors. The purpose of this was to gain an insight into their perceptions as to whether the students believed there was a greater level of supervision and education due to the implementation of the dedicated supervisors. In-line with other projects associated with supervision, the results indicated the following:

- 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.

Further work to collect more data on this supervision model is recommended. In addition, further expansion of a dedicated supervisor with a university appointment in other health-related disciplines would further inform as to whether this model is effective.

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.

Conclusion

Although overall numbers of participants limit the conclusions, the following conclusions can be made:

- There is very little research that has been undertaken into the models of supervision of medical students in the private hospital sector.
- More research should be undertaken to analyse the effectiveness of supervision within the private hospital sector and in particular, in the area of medicine.
- The allocation of a dedicated supervisor to a surgical rotation provides the perception to students that they are receiving more effective supervision and education.
- The allocation of a dedicated supervisor to assist in access to theatre and exposure to more procedures for students than not having a dedicated supervisor.
- The appointment of supervisors with a university appointment assists in formalising supervision and education for students within the private sector.