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Supervising the supervisors

Building supervision support capacity across the Barwon-South Western Clinical Placement Network

Project summary

The Clinical Supervision Support Project (CSSP) was comprised of two elements – workshop training and workplace learning. The case study provides a summary of the workplace learning component of the project. A Supervising the Supervisor: Workplace learning for clinical education supervisors program (WPL) was developed and delivered within the workplace. Clinical education supervisors with continued low self-efficacy following participation in novice clinical education supervision workshop training were eligible to participate in WPL.

Drivers and challenges

Workshop training is the standard delivery method of education and training provided to assist clinical supervisors with increasing their skills in relation to the supervision of students. Workshop training alone, however, does not provide the solution for all participants. Previous evaluation identified up to 90% of participants increased their self-efficacy in clinical education supervision tasks following participation in workshop training. However, approximately 10% of participants continued to report a lack of confidence to translate new skills and knowledge gained in clinical education supervision workshops to independent practice in the workplace (Finlay & Schulz, 2011).

Further participation in workshops based in concepts and simulations of real life tasks is unlikely to enhance confidence in this group. New knowledge and skills related to education and supervision tasks will be most effectively translated from the workshop to the workplace with a supervisor to provide feedback and guided progression (Milne et al., 2011).

Milne et al. (2011) findings were consistent with previous authors that identified supervisor training was comprised of didactic (theory) and experiential (practice and modelling) components (Russell & Petrie, 1994).

Arriving at a solution

A program was developed to provide the experiential components of student supervision within an agreed supervision framework for the supervisor. The learning needs of clinical education supervisors across the Barwon-South Western region were identified pre and post workshop training using the Professional Development Planner – Clinical Education Supervision Tool. Participants with continued low self-efficacy scores following novice level supervision training workshops were identified and were eligible for WPL.

Implementation process

A number of tools were created to provide a structure for the WPL experience and to enable supervision to be undertaken in a consistent a manner. Tools developed included a position description for supervisors, supervision guidelines, Training Manual complete with glossary of terms and all templates required for WPL supervision, and a Memorandum of Understanding and letter to participating agency for endorsement of external supervision.

Two rounds of WPL were conducted. Supervision was provided without cost to the clinical supervisor, health service or organisation. Two supervisors were recruited to provide WPL. There was a commitment of a minimum of 3–12 hours per participant. The Professional Development Planner – Clinical Education Supervision and Training Manual provided the structure for all workplace learning experiences.

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| Round | Characteristics | Type of WPL | Process |
| 1a. August – September 2013. | WPL allied health assistants (AHA):   * 3 participants * 1 Supervisor | Group experience as no previous experience of supervising students. Initial planning sessions with AHA’s, followed by WPL sessions with students. All sessions were structured, supported and held at McKellar Centre. | A group supervision contract was signed by the AHA’s. MOU & School Volunteer  Group Visiting form required, as AHA’s were providing a workplace learning experience for the Sacred Heart students who were completing the Certificate III AHA as part of the VET in Schools program. |
| 1b. September – October 2012 | Clinical supervisors:   * 3 participants, * 1 Supervisor | Held in participant’s workplace with manager support. Supervision was scheduled weekly in one hour sessions. Supervision activities in the workplace included face-to-face, modelling, electronic communications, educational role-play. | Supervisor contacted supervisee and arranged initial meeting. Supervision agreement signed; learning needs clarified (based on results of PD planner) and supervision appointments planned for the duration of the timeframe. |
| 2. February – March 2013 | Clinical supervisors:   * 2 participants, * 1 Supervisor | As above with 1.5 hour sessions due to timeframe | As above in component 1b and including:   * Templates revised as determined by supervisor evaluation results from round 1. * An expression of interest was also sent to eligible participants from round 1 to assist in potentially increasing participation rates. |

Outcomes and impacts

* All WPL participants increased their self-efficacy to be confident with all tasks on the Professional Development Planner – Clinical Education Supervision; and
* WPL resources are available for other agencies, both locally and nationally, to support clinical supervision skill development.

Challenges and management strategies

Challenges and management strategies included:

* Recruitment of Supervisors – Key contacts were asked to assist in the identification of appropriate supervisors in their organisations. Short term contracts were not attractive to supervisors who were unable to change their work arrangements for the periods involved. Supervisors were all from Barwon Health and provided WPL supervision across the region;
* Competing responsibilities of participants and supervisors i.e. work commitments, school holidays, no back fill for participating either as a supervisor or participant – Supervisors were flexible in their supervision times, managers were supportive of the WPL program and the time required by participants and supervisors;
* Tight timeframes – Supervisor and participant time management and commitment to the WPL experience;
* Participation rates low – Invitations sent to all eligible participants, however while interested a range of factors limited involvement. Key contacts informed through the Steering Committee meetings of progress; and

Key contacts were essential in ensuring effective communication and flow of information regarding the project across the region.

Conclusions

* Supervising the Supervisor – Workplace learning for clinical education supervisor enabled the development of individualised programs using experiential methods and workplace supervision to build clinical supervision skills and confidence;
* WPL was supported by a number of resources and ensured a positive experience for participants and the supervisors;
* Significant increase in self efficacy scores measured using the Professional Development Planner – Clinical Education Supervision; and

WPL is an effective method of building clinical supervision capacity and can be included in current supervision relationships with the workplace.

Future directions and sustainability

The project enabled the model of WPL to be tested. It is recommended WPL is incorporated into current workplace supervision structures. Self-efficacy ratings following workshop training can be used to identify further learning needs for addressing within the workplace.

Further information

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References

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