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Trialling an online clinical supervision
education program

Submitted by:

Gateway Community Health

In partnership with:

Ovens and King Community Health Service

Mungabareena Aboriginal Corporation

Beechworth Health Service

Indigo North Health Service

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Executive summary

Aims and objectives of the project

The aim of the project was to trial an online clinical education program across five community health services in the Hume Clinical Placement Network (CPN) with novice clinical supervisors who are currently supervising undergraduate university or TAFE students but have no formal training in this role.

The project objectives were to:

* Increase the number of clinical supervisors in community health services with a qualification in clinical supervision;
* Evaluate whether online learning is an accessible, flexible and appropriate option for clinicians in rural community health services and if it could be considered a cornerstone of any future coordinated supervisor education model in the Hume CPN;
* Evaluate whether the online program itself is an appropriate, relevant and cost-effective option for novice clinical supervisors in community health services in the Hume CPN;

Evaluate if the online learning program improves the skills, knowledge and confidence of novice clinical supervisors in community health services to provide supervision to students.

Project activities and methodology

A steering committee was established comprising representatives from Gateway Community Health (GCH), Ovens and King Community Health Service (O&KCHS), Beechworth Health Service (BHS), Mungabareena Aboriginal Corporation and the Project Coordinator. The group was updated via emails and consulted regularly for input.

Novice clinical supervisors were identified from within the participating agencies. These staff enrolled in the Australian Clinical Educator Preparation (AECP) Program, which was offered online through Monash University. A Project Coordinator was employed by GCH, to support participants and evaluate the training as outlined in the project objectives. Evaluation activities included pre and post-training surveys conducted via Survey Monkey, supplemented by a focus group and qualitative interviews with all novice clinical supervisors. As a result of the feedback received through the qualitative interviews, a further training workshop was offered through the Bouverie Centre. This was provided as a face-to-face session, to further enhance the ACEP course content and to strengthen networks and supports for the supervisors.

The project commenced in May 2012 and finished in July 2013, with the final report and evaluation findings being completed in October 2013. Project outcomes were reported back to the Department of Health and in a range of Hume region networks and regular meetings within the Hume CPN.

Key outcomes and findings

Of the sixteen staff enrolled in the course, nine graduated with a certificate of competence. Clinicians’ feedback was that the course gave a good understanding of the concepts of setting up, facilitating and evaluating a student placement. Those that did not complete the course cited reasons of time constraints, program not suitable for their needs, difficulty balancing work and study commitments and personal issues. The feedback also reflected that the course provided an opportunity for clinicians to build their competence supervising a student placement; and to reflect on and identify their knowledge and skills as clinical supervisors. It was reported that the course built participants’ confidence to assist students to set learning goals, give verbal and written feedback to students and evaluate their performance. The post evaluation survey and qualitative interviews with participants indicated that providing face-to-face learning opportunities would further enhance the clinician’s skill acquisition and the effectiveness of the online learning module, as well as providing support and building networks.

Conclusions

The trial has demonstrated that online learning can be a very useful method for clinical supervision training if integrated and managed by services. It is further enhanced by additional face-to-face learning opportunities complementary to the course content. This also allows an opportunity for support and networking amongst the clinicians. To complete the course clinicians need to prioritise their time and take responsibility for undertaking the study. Organisations need to support their clinicians to undertake the course by allowing for time to complete the modules within working hours. It’s important that organisations coordinate the program for clinicians so that it can be undertaken in line with other professional development. The evaluation feedback from graduates was affirmative that the course had merit in terms of relevancy, flexibility and appropriateness because of its online modus. To be cost-effective to organisations the study needs to be included in agency professional development budgets.

Background and context

This project trialled an online clinical supervision education program in the Hume CPN with novice clinical supervisors, some of whom are currently supervising undergraduate university and TAFE students but have no formal training in this role. The online training was supplemented by a one-day peer supervision training session which was delivered, face-to-face to fifteen participants.

The need for this project has been identified through the ‘Education for Supervisors’ project, a Hume CPN strategic project, which identified that:

* The training provided to clinical supervisors in the Hume region is variable. Although all education providers reported the ability to offer courses and modules, very few are provided on a regular basis.
* Nursing and allied health educators reported that there was no coordinated approach to supervisor training in expanded settings such as community health.

Online learning was chosen as an appropriate modality for the training, as it was identified as a low-cost option that can also overcome geographical distance associated with attending face-to-face training, particularly for rural and regional practitioners.

Aims

The aim of the project was to:

* Increase the number of clinical supervisors in community health services with a qualification in clinical supervision;
* Evaluate whether online learning is an accessible, flexible and appropriate option for clinicians in rural community health services and if it could be considered a cornerstone of any future coordinated supervisor education model in the Hume CPN;
* Evaluate whether the online program itself is an appropriate, relevant and cost-effective option for novice clinical supervisors in community health services in the Hume CPN that require clinical supervision training;

Evaluate if the online learning program improves the skills, knowledge and confidence of novice clinical supervisors in community health services to provide supervision to students.

Project activities and methodology

A steering committee was established comprising representatives from Gateway Community Health (GCH), Ovens and King Community Health Service (O&KCHS), Beechworth Health Service (BHS), Mungabareena Aboriginal Corporation and the Project coordinator.

The stakeholders are the Hume Clinical Placement Network (CPN) members, novice clinical supervisors who supervise clinical placements, Gateway Community Health in partnership with Ovens and King Community Health Service, Beechworth Health Service, Mungabareena Corporation and Indigo North Health Service. Planned consultation activities included pre and post evaluation and qualitative interviews of all novice clinical supervisors in relation to their participation in the trial. Project outcomes were reported back to the Department of Health and in a range of Hume region networks and regular meetings within the Hume CPN.

The project was to originally commence 1 February 2012 and finish 30 October 2012. Due to ill-health and resulting staff changes, the start date was delayed and amended to 21 May 2012 and finishing on 21 May 2013 with an extension date to complete the project of 16 October 2013 granted by the Department of Health.

Table 1: Summary of key activities and deliverables

| Project objective  | Project deliverable/target | Activities undertaken to achieve target/objective | Date completed |
| --- | --- | --- | --- |
| Objective 1:Increase the numbers of novice clinical supervisors in two community health services in the Hume CPN with a qualification in clinical supervision. | Coordinator employed | Initial recruitment unsuccessful. Readvertising culminated in successful recruitment | May 2012 |
| Development of evaluation plan for objective 1 | Evaluation plan developed | May 2012 |
| Liaise with ACEP coordinators about their program |  | May 2012 |
| Support the five community health services in identifying appropriate clinicians to undertake training. | Four of the five community health organisations nominated participants eligible for training. The fifth was unable to continue participating due to internal organisational issues. | September 2012 |
| Develop and administer a quantitative baseline survey instrument that relates to Objective 4 to measure the skills, knowledge and confidence of clinicians regarding clinical supervision prior to undertaking training. | Identified that Hume CPN supervision workshop survey is appropriate to use. Survey administered. | September 2012 |
| Support novice clinical supervisors for duration of study period. | Training commenced on the 8 October 2012 and participants completed the course on 14 January 2013. | April – May 2013 |
| Objective 2:Evaluate whether online learning is an accessible, flexible and appropriate option for clinicians in rural community health services and if it could be considered a cornerstone of any future coordinated supervisor education model in the Hume CPN. | Develop an evaluation plan based on the following evaluation methodology:* Qualitative interviews with clinicians who undertake training to determine the viability clinical education via online learning.
* Develop a rubric by which to assess clinician responses and provide recommendations regarding online learning.

Evaluation undertaken:* Write report on the evaluation, including recommendations regarding online learning and its value as a cornerstone of a future coordinated supervisor education model in the Hume region.
 | * All participants completed post evaluation survey. Additionally a focus group was facilitated to gather further qualitative feedback about the course from participants.
* Rubric was developed and included in evaluation survey design. All participants completed post evaluation online survey.
* Post evaluation survey posted to participants late February 2013.
 | February, March, April and May 2013  |
| Objective 3: Evaluate whether the online program itself is an appropriate, relevant and cost-effective option for novice clinical supervisors, in community health services in the Hume CPN, that require clinical supervision training. | Develop an evaluation plan based on the following evaluation methodology: |  | January 2013 |
| Qualitative interviews with agencies and with clinicians undertaking the online training | A focus group was conducted for participants in April 2013.  | February, April and May 2013 |
| Develop a rubric by which to assess agency and staff responses and provide recommendations regarding the ACE program for clinicians in the Hume CPN as per appropriateness, relevance and cost-effectiveness. | This has been included in the post evaluation survey (see response above). | February 2013 |
| Evaluation undertaken | Completed |  |
| Write evaluation report including recommendations regarding the ACEP program as an appropriate, relevant and cost-effective option for clinicians in the Hume CPN that require clinical supervision training. | This has been the major task since participants have completed the course late January 2013.Feedback from the participants will help to better inform the post evaluation survey and report. | May 2013 |
| Objective 4:Evaluate if the online program improves the skills, knowledge and confidence of novice clinical supervisors in community health services to provide quality supervision to students. | Develop an evaluation plan based on the following methodology: |  |  |
| Quantitative surveys to measure the skills, knowledge and confidence of clinicians to provide quality supervision to students post-training. | Quantitative surveys were administered at completion of course in January 2013.  | January 2013  |
| Qualitative interviews to probe further into how clinicians feel about their skills, knowledge and confidence in relation to providing quality supervision to students. | Qualitative interviews were conducted in March and April 2013 | March and April 2013 |
| Evaluation undertaken:Write evaluation report about the skills, knowledge and confidence of clinicians post-training. |  | April – May 2013 |
| Collate reports for all four objectives into one final report. |  | Final report due 16 October 2013 |

Outputs

In total, sixteen staff were enrolled in the course and nine completed the course with a certificate of competence. Those that did not complete the course cited reasons of time constraints, program not suitable for their needs, difficulty balancing work and study commitments and personal issues. The ‘time out’ function built in to the program design was not communicated to participants at the commencement of the program. This led to lost work as well as a sense of wasted time and frustration; some participants even withdrawing from the course.

Of the original sixteen study places, two were taken up by allied health practitioners outside of GCH and our partner community health organisations. All original participants were invited to attend a follow-up one-day clinical education workshop facilitated by Bouverie. This invitation was extended to other staff who were interested in further developing their student supervision skills. Twenty people expressed an interest in this workshop, with fifteen people attending. All participants were supervisors of students or novice supervisors with pending student placements.

The following resources were developed to assist in the delivery and evaluation of training workshop:

Pre and post-training evaluation survey: see below for details of outcomes

Outcomes and impacts

Of the sixteen staff enrolled in the course, nine graduated with a certificate of competence in The APEC Program via Monash University. Clinicians’ feedback was that the course gave a good understanding of the concepts of setting up, facilitating and evaluating a student placement. The feedback also reflected that the course provided a professional development opportunity for clinicians to build their competence supervising a student placement; and to reflect on and identify their knowledge and skills as clinical supervisors. It was reported that the course built participants confidence to assist students to set learning goals, give verbal and written feedback to students and evaluate their performance. The post evaluation survey and qualitative interviews with participants indicated that providing face-to-face learning opportunities would further enhance the clinician’s skill acquisition and the effectiveness of the online learning module.

Table 2: Capacity and quality outcomes

| Objective | Capacity/quality target | Outcomes |
| --- | --- | --- |
| Objective 1:Increase the number of novice clinical supervisors in the five participating community health services in the Hume CPN with a qualification in clinical supervision. | Five community health services were involved in the project by recommending clinicians to participate in the trial.Nine graduated from the course with a certificate in The APEC Program via Monash University.  | As a result of the program, 80% of participants stated they know enough about learning style to adapt their teaching style to the individual student.  |
| Objective 2:Evaluate whether online learning is an accessible, flexible and appropriate option for clinicians in rural community health services and if it could be considered a cornerstone of any future coordinated supervisor education model in the Hume CPN. | Qualitative interviews were conducted with all clinicians who completed the course. Additionally pre and post evaluation via Survey Monkey was completed by all clinicians to gather qualitative information to inform understanding. | The course was accessible and flexible because of its online modem. Clinicians reported back that the opportunity to complete the course within their working day made it more flexible. 80% of participants said online learning was accessible; 87.5% said the learning modem was flexible; and 60% said was an appropriate way to learn.“Although there was flexibility in this as a learning tool, my work day has very little flexibility so fitting this into my work day was difficult.” |
| Objective 3:Evaluate whether the online program itself is an appropriate, relevant and cost-effective option for novice clinical supervisors, in community health services in the Hume CPN, that require clinical supervision training. | To provide a clinical education qualification that gives good understanding of the concepts of setting up, facilitating and evaluating a student placement. | 50% said the course was very relevant to supervising students.In terms of cost effectiveness:* 60% said it was cost-effective because they could do it in their work time, did not have to travel to a venue and allowed them access to accredited training.
* 30% felt it was not cost-effective, because they had technical difficulties or needed other supports to complete the modules.

“It has some value to do it online… and (no cost) but may not be as effective as face-to-face seminars/workshops/training.”“Learnt as much as I would have in a face-to-face learning environment.” |
| Objective 4: evaluate if the online program improves the skills, knowledge and confidence of novice clinical supervisors in community health services to provide quality supervision to students. | To provide a professional development opportunity for clinicians that builds their competence in supervising a student placement. To improve the quality of supervision provided by clinical supervisors to students. To build participants confidence to assist students to set learning goals and strategies. To build participants confidence to give students verbal/written feedback and evaluate a student’s performance on placement.To build participants understanding of learning styles.Develop participant’s overall confidence in supervising students and managing a placement.To provide professional development to participants so they can reflect on/ identify their knowledge and skills as clinical supervisors.  | As a result of the training: * 80% said they feel more confident to help students identify their current level of skill in clinical tasks.
* 70% said they felt confident to assist students to set learning goals
* 70% said they felt confident to evaluate a student’s performance
* 70% said they feel confident to supervise a student and provide verbal/written feedback
* 50% said they felt confident to deal with a student whose performance is below expectation

“The different learning styles were well covered but most of the course content are a big trunk of readings(Theory based) which sometimes may not be easily related to every day practice. More case studies would be good to illustrate how to put all these theories into practice.”“The format was easy to understand, I’m a beginner but comprehensive for my needs too.”“I’ve had lots of students before but had no formal training in clinical supervision. The course motivated me. I now supervise staff. The course helped develop my skills, clarified I’m on the ‘right track’ and gave me ideas about supervising student placements.” |

Challenges and risk management strategies

There were two main challenges for this project. One was in the area of project staff turnover. The other was in the area of technical design of the program, which timed-out after a period of inactivity. This meant that participants would lose the work already completed and would have to redo the work for it to be submitted (see Table 3 below for details).

Table 3: Risk management

| Risk | Management strategy | Outcomes |
| --- | --- | --- |
| Resignation of original project coordinator meant that GCH had to recruit. Poor response to the advertisement meant no suitable applicants. This resulted in concerns that the project may fall further behind schedule in identifying and enrolling clinicians in the program.  | GCH ran an internal recruitment to fill the position and secured a project coordinator. | The new coordinator was comprehensively briefed to commence without delay in May 2012. However there was a further resignation and the position was permanently filled in September 2012. This lead to a delay in the project start and finish dates.  |
| There was a natural attrition of three participants, who resigned from the course. Their reasons included course not suitable to needs/ time restraints/ balancing work pressures with study commitments. Delay in commencing the project meant the course ran into the end of the year period. | The Project Coordinator established strong relationships with the course provider Monash University, ACEP and participants during the project, providing active support and encouragement to participants.  | These vacancies were filled by people who had initially enrolled in the program, but subsequently deferred, allowing these participants to complete the program without the initial barriers to their learning.  |
| Training program design issues. The program has a timeout function which had not initially been communicated to participants and consequently several lost some of their work. | Feedback information via the course and participants progress was relayed to Monash University to problem shoot technical difficulty The project coordinator was responsive to enquiries and frustrations of participants as they completed the modules to make the process as trouble free as possible. | The online moderator from Monash University provided extra support to students who were experiencing difficulties.  |
| Lack of time release for clinicians to participate in online training in the workplace, meant that some staff were trying to squeeze the course into an already busy schedule. | Talked to individual clinicians about booking out time in their work calendars and setting time limits to complete modules.  | Consequently some students did more learning (completing course work) at home by arrangement with their respective employers. While others completed the course modules in work hours.  |
| Completion of online training medium didn’t support workers to increase their skills in becoming competent supervisors. It was identified that there was a lack of ongoing support networks for supervisors to maintain skills developed via the online training. | Peer supervision training was identified as a professional development opportunity for participants. The extra supervision training was an opportunity to strengthen networks and supports for novice supervisors within the region | The participants accessed a face-to-face 1 day peer supervision training workshop facilitated by The Bouverie Centre to complement the ACEP course content. This was delivered in July 2013 and was promoted as an opportunity to strengthen networks and supports within the broader region |

Evaluation

The evaluation methodology employed was quantitative surveys to measure the skills, knowledge and confidence of clinicians to provide quality supervision to students both pre and post training. Qualitative interviews and focus groups were used to probe further into how clinicians feel about their skills, knowledge and confidence in relation to providing supervision.

Key findings and limitations

Objective 1: Increase numbers of novice clinical supervisors across the four participating community health services in the Hume CPN with a qualification in clinical supervision

Nine clinicians graduated from the AECP Program with a certificate of competence.

Objective 2: Evaluate whether online learning is an accessible, flexible and appropriate option for clinicians in rural community health services and if it could be considered a cornerstone of any future coordinated supervisor education model in the Hume CPN

Sixty percent of participants said online learning was useful; 80% of participants said online learning was accessible; 87.5% said online learning was flexible because they could do the course at their own pace “easy to access”, 44.4% said they could submit answers online within their working day, while 33.3% had technical difficulty submitting answers to questions “timeout function not conducive for workers that are completing modules between other work tasks..”, while 66.7% reported no difficulty. “The course was flexible ... with time to complete the modules”, 60% of participants had difficulty balancing the course with workload “found it difficult to prioritise when time poor as it was not face-to-face...” Thirty percent reported no difficulty in balancing study and work commitments.

Objective 3: Evaluate whether the online program itself is an appropriate, relevant and cost-effective option for novice clinical supervisors, in community health services in the Hume CPN, that require clinical supervision training

Sixty percent of participants reported online learning to be appropriate learning tool, while others said it was not appropriate for them because “online learning can be lacking in interaction with other learners...” 60% of participants said the training was relevant to supervising students. Sixty percent said online learning was cost-effective because they could complete the course in work time, did not have to travel to a venue and it allowed them “access to accredited training...” Ten percent of participants said that it was not a cost-effective way to learn for them because they needed face-to-face input to complete the modules and 20% of participants commented that it was not cost-effective for them because of the technical difficulty submitting answers.

Objective 4: Evaluate if the online program improves the skills, knowledge and confidence of novice clinical supervisors in community health services to provide quality supervision to students

As a consequence of the training, 80% of participants said they know enough about learning styles to adapt their teaching style to the individual; 80% felt more confident in helping a student reflect/identify their current level of skills and knowledge in clinical tasks: “the course was helpful for me to build my confidence as a supervisor of students...”; 70% of participants felt confident about assisting a student to set learning goals/strategies for achieving skill acquisition: “have good clear structure for setting learning goals with students and as supervisors understanding the value of this…” Seventy percent of participants said they had a better understanding and more confidence in evaluating a student’s performance against objective criteria; 70% said they felt more confident to provide constructive verbal/written feedback to a student; 50% of participants said they felt more confident to deal with a student whose performance is below expectation: “The course was helpful to explore the theory and practice/theoretical constructs of practice in supervising a student..”

The key themes from the evaluation are that online learning is an accessible, flexible learning medium in that it offers a good grounding in the theoretical concepts of clinical supervision and gives a framework for setting up, facilitating and evaluating a student placement. Further that the course offers the opportunity for a clinical supervision qualification to rural health clinicians. The evaluation indicated that online learning is flexible and appropriate in that workplaces can offer it in their organisations and support clinicians to undertake the course, but it was identified that participants need to be released from their normal working duties in order to complete the modules. The course was seen to be cost-effective in that offering an online course to clinicians means that travel to a venue or learning institution to undertake the course is not an issue. The cost effectiveness is somewhat circumnavigated by the fact that the training has been subsidised via a project grant from the Department of Health which enabled clinicians to participate at no cost. If organisations were unable to meet this outlay in paying for the course the accessibility and cost effectiveness for each participant may change.

Self-efficacy feedback in the evaluation reflected a greater confidence in clinicians sense-of-self as a supervisor of students, that the course did consolidate skills and add knowledge in that it increased clinicians belief in their ability to set up, facilitate and evaluate a student placement.

Future directions and sustainability

All course graduates were offered the opportunity to participate in a workshop about Clinical Supervision and Peer Supervision facilitated by The Bouverie Centre in July 2013, three months after completing the course. This was undertaken by all graduates and included those clinicians that had deferred or postponed the course. The aim of this was to provide a face-to-face learning opportunity for clinicians to complement the ACEP course content and to strengthen networks and supports within the broader region. It was envisaged that clinicians from the respective community health organisations could link into peer supervision models already established to further support their clinical practice and supervision of students.

Conclusion

The trial has demonstrated that online learning can be a very useful method for clinical supervision support if integrated and managed by services. It is further enhanced by additional face-to-face learning opportunities complementary to the course content. This also allows an opportunity for support and networking amongst the clinicians. To complete the course clinicians need to be committed to learning, prioritise their time and take responsibility for undertaking the study. Organisations need to support their clinicians to undertake the course by allowing for time to complete the modules in individual working calendars. It’s important that organisations coordinate the program for clinicians so that it can be undertaken as professional development. The affordability/cost effectiveness of the course could be met by organisations meeting the cost of the course via individual workers professional development budgets or overall organisation training programs. The evaluation feedback from graduates was affirmative that the course had merit in terms of relevancy, flexibility and appropriateness because of its online modus. To be cost-effective to organisations the study needs to be included in agency costs per training otherwise it is not sustainable. It may be possible to get clinicians to contribute to the cost of the course with the agency. This would make it more sustainable financially to organisations and require individuals to also to a have a vested interest in completing the course.