



ENABLING CLINICAL SUPERVISION SKILLS (ECSS)

NSW North Coast ICTN

LEARNING PACKAGE: This package provides a summary of a selection of excellent clinical education resources that currently exist across a wide range of providers. The learning resource is intended to be a guide for allied health clinical educators in the North Coast region of New South Wales. We encourage users to use this learning resource as a supplement to university manuals and to provide direction to relevant source documents for more in-depth information. Although developed specifically for the professions of Exercise Physiology, Occupational Therapy, Physiotherapy and Speech Pathology, this package could be utilised as a generic interdisciplinary resource for clinical education.

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Preface

SUMMARY OF LEARNING PACKAGE

This learning package has been developed to support clinical education/supervision, as part of a project entitled Enabling Clinical Supervision Skills (ECSS). The project has targeted allied health professionals (focusing specifically on exercise physiologists, occupational therapists, physiotherapists and speech pathologists) working in the North Coast of New South Wales.

Contents of the package were determined after an initial needs analysis, literature review and Internet search. They are aimed at meeting the needs of clinical supervisors/educators in the region. The document is divided into chapters relating to supervision, learning, frameworks and preparation for placements. It also has local contacts for the supervisors and a detailed reference list.

This document is designed for two purposes:

1. As a stand-alone document which can be utilised by clinical supervisors on an as-needs basis.
2. As a summary of existing resources which directs supervisors to more detailed information on a range of topics. This enables the clinicians, who are time poor, to read chunks of information that are easily identifiable instead of having to source and read the entire document or access other documents for more in-depth information.

Several key terms of reference are used interchangeably throughout this document based on literature reviewed at the time of writing. This literature is detailed in Chapter 5. Please refer to Chapter 5 for definitions of the key terms of reference, including the terms Clinical Educator/Supervisor/Co-ordinator and Clinical Placement/Practicum/Fieldwork Placement.

1 CLINICAL SUPERVISION

1.1 Overview

Welcome to the rewarding and challenging role of the student supervisor. You may be an experienced practitioner or fresh from university. Regardless of your years of experience you have the ability to inspire and guide students, maximising their learning experience.

This chapter is designed to give you an introduction to the main practical concepts a clinician should consider when taking on student supervision. Attention to these concepts when preparing for your new role should make the supervisory process much more enjoyable and effective, both for yourself and your student. Contents include your supervisory role and responsibilities, supervisory processes, facilitating learning and managing the student in difficulty; as well as overarching models of clinical education and supervisory practice.

1.2 Introduction to Clinical Supervision

This section is a brief introduction to clinical supervision, outlining issues specific to the supervision process. Topics covered in this section include:

1. The Supervisor's Role
2. Orientation
3. Communicating Expectations
4. Active Supervision and Patient Safety
5. Feedback
6. Facilitating Learning
7. Clinical Handover
8. Assessment
9. Managing a Student in Difficulty
10. Professional Development as a Supervisor
11. Rural or Remote Supervision

The information in this section is primarily sourced from the Health Education and Training Institute's *The Superguide: a handbook for supervising allied health professionals* (2011) and will be referred to as 'the Superguide' throughout this chapter. The document can be accessed via the following link: <http://www.heti.nsw.gov.au/Global/HETI-Resources/allied-health/Superguide-May-2012.pdf>.

Directions to sections of the Superguide that are particularly relevant to your supervision practice are provided. The student's university should also provide you with specific guidance as to their processes.

1.2.1 The Supervisor's Role

The obvious role of the supervisor is to help students develop competent clinical skills and knowledge by integrating theory into practice. In addition, a supervisor is responsible for guiding the development of a set of characteristics vital to the practicing clinician, including:

- clear communication (avoiding jargon, documentation)
- professional behaviour (including working collaboratively cross-discipline)
- workload management (prioritisation, scheduling)
- emotional management (e.g. support with job-related stress, professional self-worth).

Health Education and Training Institute, 2011.

Wilson (2013) outlines three main stakeholders in the fieldwork process. They are the student, the university (represented by the clinical educator) and the placement agency (represented by the student supervisor). A successful fieldwork placement results from a partnership where all stakeholders are clear regarding the three R's: roles, rights and responsibilities (Wilson, 2013). It is imperative that each role is clearly defined, each responsibility met, and that rights are protected to ensure a productive learning experience occurs. Wilson (2013, p. 16) provides a summary table below:

Three R's	Stakeholders		
	University	Agency	Student
Role	Placement parameter identifier and organiser	Facilitator of student learning	Active learners
Responsibility	Ensure an appropriate agency is organised Ensure academic rigour Provide clear information regarding placement parameters Ensure safety of students	Orientate and induct student to agency Provide learning opportunities Provide feedback to the student and university regarding student performance	Inform themselves of the placement parameters and the agency requirements Self-manage their own learning while on fieldwork placement Use initiative in learning Seek and utilise feedback on placement performance Treat the fieldwork placement as if it were employment Observe university statutes, regulations and policies, and behave accordingly as a representative of the university
Rights		Protect core business	Ensure an appropriate, stimulating learning experience

1.2.2 Orientation

Orientation is the process of introducing the student to the clinical area or facility. In addition to the practical knowledge of location of facilities, staffing structure, procedures and policies,

orientation should aim to make the student feel comfortable, welcome, and a useful part of the team. Use of an orientation checklist, such as the one found below, may help the supervisor consistently cover all the necessary areas.

Checklist for orientation

Orientation should include:

- ✓ the major focus and goals of the clinical team and the expectations of the clinician's role
- ✓ roles and responsibilities of the clinician and other members of the department
- ✓ three-month review (or as per organisational requirements)
- ✓ expected daily tasks
- ✓ hints for successful interactions with other staff members, e.g. who is on the team and key team members and their roles
- ✓ procedures for making referrals to internal and external service providers
- ✓ other administrative procedures, including documentation
- ✓ supervision needs
- ✓ learning objectives and skills-training goals
- ✓ information about professional development opportunities
- ✓ general information about work practices, protocols and guidelines as they apply
- ✓ key principles of clinical handover (NSW Department of Health 2009a).
- ✓ the process of annual formal review.

Health Education and Training Institute, 2011, p. 63.

1.2.3 Communicating Expectations

The working experience will be most enjoyable and efficient if both the student and the supervisor have clear expectations of their role and responsibilities. A 'clinical contract' is an effective and easy way to establish expectations. Please refer to the appendices in the Superguide (Health Education & Training Institute, 2011, pp. 72–80) for examples of supervision contracts and supporting documents.

Items covered in a supervision contract may include:

- the learning objectives of the placement, i.e. what the student should be able to do by the end
- the frequency and time allocation for supervision (realistic and respected time)
- parameters of confidentiality, including open discussion of errors or lack of capability
- the evaluation/assessment process
- what to do if either party feels the supervisory relationship is not working or that the contract has been broken.

For practical hints on setting expectations, refer to p. 16 in the Superguide (Health Education & Training Institute, 2011).

1.2.4 Patient Safety Comes First! Active Supervision

Effective supervision reduces errors and improves the quality of patient care. Inadequate supervision is a contributing factor in critical incidents (Kirk, Eaton & Auty, 2000, as cited in Health Education & Training Institute, 2011, p. 63).

Steps in providing effective supervision include:

- discussion of the intervention plan, with particular attention to clinical reasoning
- routinely overseeing patient care to ensure competent application of the plan
- being accessible when assistance is sought or ensuring there is someone else to go to when the supervisor is absent.

Active supervision involves the supervisor being vigilant in supporting staff/student when help is needed, whether or not a request for help is made. New practitioners will not always recognise situations that are beyond their current abilities where patient safety may be at risk (Health Education & Training Institute, 2011).

1.2.5 Feedback

Providing regular, effective feedback to your student is one of your most important roles as a supervisor. Numerous opportunities for giving feedback should occur during a clinical placement, including:

- informal feedback: part of the normal day-to-day interaction
- 'formative' feedback, i.e. feedback that is specifically designed to reflect on the student's current performance, *relative to learning objectives*, with guidance on strategies for improvement *that is not assessed*
- formal feedback associated with assessment.

Giving effective feedback is a skill to be learnt. In short, feedback should be:

- *Timely*: It should be as close as possible to the event, but with care to pick a good moment (not when you or the staff member is exhausted, distracted or upset).
- *Specific*: Vague or generalised praise or criticism is difficult to act upon. Be specific, so that the student will know what to do.
- *Constructive*: Talk in terms of what can be improved. Avoid dampening positive feedback by qualifying it with a negative statement, e.g. "You did well in choosing the correct intervention for Mrs Smith, but . . ."
- *In an appropriate setting*: Positive feedback can be effective when given in the presence of peers or patients. Negative feedback (constructive criticism) should be given in a private and undisturbed setting.
- *Use attentive listening*: Supervisees should be given the chance to comment on the fairness of feedback and to provide explanations for their performance. A feedback session should be a dialogue between two people.

Health Education & Training Institute, 2011, p. 34.

1.2.6 Facilitating Learning

There are many ways to facilitate learning in a student. Skills that are valuable to the learning process include:

- building relationships that support learning
- communicating effectively
- facilitating discussion
- developing professionals along the continuum of learning
- facilitating clinical reasoning
- facilitating an evidence-based practice approach
- giving effective feedback to learners
- managing challenges in the learning process.

Health Education & Training Institute, 2012, p. 23.

Ten top tips for the teaching supervisor

- 1 Every little bit helps:** Seize the teaching moment. Even if you don't have the whole package worked out, it's still worthwhile sharing what you can, as best you can. Don't have time to run through a process or procedure in full? Draw the staff member's/student's attention to one key aspect of the task. No time for a complete debrief immediately after a difficult case? Ask a few key questions to check the staff member's/student's understanding of what occurred and give quick feedback. Follow up later when there is time.
- 2 Teach by guided questioning:** Ask questions to discover the state of the clinician's knowledge and understanding. Encourage independent thinking and problem solving. Effective questioning uncovers misunderstandings and reinforces and extends existing knowledge. Questions keep staff engaged, 'on their toes', listening and thinking.
- 3 Invite staff/student to set the agenda:** Adult learners should be involved in decisions about the direction and content of learning. Your ultimate objective as a supervisor is to foster the staff member's ability for self-directed lifelong learning.
- 4 Encourage questions:** Questions from staff/students should always be treated with respect. You may be shocked at what they did not know, but on closer inspection, may discover that others are just keeping quiet. The three most important words in teaching and learning are "I don't know."
- 5 Focus the learner:** Start any teaching by setting up the importance of the session. Teaching is more effective if it is tailored to learners' interests, ambitions and current levels of knowledge and ability. Answer the question: why should they pay attention to what you are about to teach them?
- 6 Focus the learning:** Don't try to teach too much at once. Try not to repeat what is already known. Clinical situations are complex but limit the learning to the key aspects that form the learning edge of your audience's knowledge base. Procedures and processes can be broken down into steps, not all of which have to be covered at once.

- 7 Encourage independent learning:** Don't try to teach everything; give enough information to set the staff/student on track, and then ask them to complete the task themselves. Set tasks that require the staff/student to act on the information you have provided. Keep learning open ended. Encourage staff to seek other educational opportunities and report back on their learning.
- 8 Teach evidence-based practice:** Build a lifelong learning attitude in your staff/student. Even more important than knowing the current best answer to a clinical problem is having the skills to identify a clinical question, search the clinical literature, appraise the evidence and form an evidence-based plan.
- 9 Check the understanding of staff:** Have staff/students actually understood what has been taught? Can they demonstrate clinical reasoning and put knowledge and skills into practice? If not, perhaps revisit specific topics or skill areas until staff/students feel confident and can show that they have learnt.
- 10 Evaluate your own practice as a teacher:** How well did your staff/student learn from the information you provided? Every time you teach, you have a chance to learn how to do it better (and more easily) next time. Try different methods and compare staff/student outcomes. Seek feedback from your staff/student. Compare notes with your peers.

Health Education & Training Institute, 2011, p. 44.

1.2.7 Clinical Handover

Students need to learn how to communicate key patient information effectively in a handover. Failures in handover have been identified as a major preventable cause of patient harm. ISBAR is the NSW Health accepted methodology for clinical handover (introduction, situation, background, assessment and recommendation) and should be practiced, where possible, by the student in presenting cases to the supervisor (Health Education & Training Institute, 2011, pp. 48–51).

1.2.8 Assessment

The university should provide you with clear guidance on assessment procedures for the students, aligned with learning goals for the placement. Understanding the assessment processes from the start of the placement will help you direct student learning towards these goals and recognise where student performance is relative to these goals. If your role and responsibilities are not clear or the relationship between the learning objectives and assessment are not evident, please contact the university immediately for clarification (Health Education & Training Institute, 2011).

1.2.9 Managing a Student in Difficulty

If you identify a student who is not performing or progressing as they should, or appears to have inappropriate emotional responses, immediate management is the best approach. For guidance, please refer to Section 1.4. If the issues are serious or attempts to resolve the issues are failing, communicate with the university immediately to initiate remedial procedures.

1.2.10 Professional Development as a Supervisor

Supervision skills are learnt, not inherent. Evaluation of your own practice is core to your professional development. Please contact your associated universities to discuss opportunities for professional development and performance evaluation, with respect to supervision. Options include:

- feedback from the students
- personal reflection/self-assessment tools
- mentoring (may be available through the university)
- networking (e.g. online)
- university-based clinical educator programmes
- short courses
- the Maastricht Tool. This is discussed in Section 1.3, and a copy is included in the Appendix.

Health Education & Training Institute, 2011.

1.2.11 Rural/Regional Supervision

If you are supervising students within a rural or regional area of practice, you are already aware that the student will have additional needs to those placed in metropolitan regions. Often students are isolated from family and friends, may have limited student contact on placement and find themselves in a community culture which is unfamiliar (National Rural Health Student Network, 2011). Special attention to their needs will make their and your experience more enjoyable. A positive student experience may also improve recruitment to rural/regional areas in the future.

Basic Needs

Communicate with your student prior to arrival to ensure their basic living needs have been arranged, i.e. transport, accommodation and communication. Please note that the North Coast University Department of Rural Health can assist with this. (Refer to Chapter 4 for more information.)

Inclusion in the Community

For some students, there may be a degree of culture shock when living in a town or community different from what they are used to. If possible, support or arrange social support for your student within the community, so that they get to enjoy their remote or rural experience, e.g. invitations to community events, sporting activities or activities exploring the local area.

Cultural Awareness

All communities have their own culture, whether mining, farming, tourist or Aboriginal and Torres Strait Islander communities. If possible, arranging a cultural mentor from the local population or contact with an Indigenous Health Worker or Aboriginal Liaison Officer may help the student deepen their cultural understanding. Unwitting errors and embarrassments may occur that negatively impact on the provision of health care. Please support your student

in turning these into learning experiences. If possible, the student should be encouraged to undertake cultural awareness training before placement.

Creating Expectations

Prepare your student for their remote or rural experience by outlining local practices or responsibilities, in addition to the routine 'expectations and orientation' as discussed earlier. This may include:

- likely tasks and caseload
- facilities, such as a computer or library
- personnel they will be working with (staff and students)
- any additional resources they should bring with them.

Mandatory Reporting Obligations

Ensure students understand the local laws and practices requiring reporting of violent incidents, such as rape or abuse. Should a student be exposed to these situations, take the time to talk about it and refer on to support services, if necessary, to manage emotional distress.

Student Preparation

You may wish to direct your students to the National Rural Health Students Network document *Rural Placements Guide: How to make the most of your rural placement* (2011) for a comprehensive overview.

Summary Statement

We hope you enjoy your supervisory experience. When time permits, we strongly encourage you to read the Health Education and Training Institute's *The Superguide: a handbook for supervising allied health professionals* (2011) and the adjunct *The Learning Guide: a handbook for allied health professionals facilitating learning in the workplace* (2012) in their entirety, to develop a more comprehensive understanding of clinical supervision processes and facilitation of learning in the workplace.

1.3 Facilitating Learning in the Workplace

The workplace is a vital and rich environment in which student practitioners take their first steps in real-life learning, applying their knowledge and skills in practice. Most clinicians helping students on their learning journey discover the need for additional skills and support to fulfil this valuable role effectively.

This section aims to build on clinicians' teaching and learning concepts and provide practical ideas to facilitate students' learning in the workplace. It is largely based on *The Learning Guide: a handbook for allied health professionals facilitating learning in the workplace* (Health Education & Training Institute, 2012) and will be referred to as 'the Learning Guide' throughout this document. You are strongly encouraged to read the Learning Guide in detail; it can be accessed via the following link: <http://www.heti.nsw.gov.au/Global/HETI-Resources/allied-health/allied-health-learning-guide.pdf>

Topics to be covered in this section include:

1. What Is Workplace Learning?
2. How Do Adults Learn?
3. Learning Styles
4. What Skills Do I Need to Facilitate Learning?
 - (a) Relationships That Support Learning
 - (b) Effective Communication: Active Listening, Effective Explanations, Facilitating Discussion
 - (c) Facilitating Skill Acquisition
 - (d) Facilitating a 'Deep' Approach to Learning
 - (e) Addressing Learning Objectives in Practice
 - (f) Advanced Questioning Techniques
 - (g) Facilitating Reflective Practice
5. Facilitating Learning in Context
 - (a) Facilitating Inter-professional Learning
 - (b) Teaching in the Presence of Patients
 - (c) Modes of Learning
6. Evaluation of Workplace Learning

1.3.1 What Is Workplace Learning?

Work responsibilities act “as the DRIVER of learning and development” (Manley, Tichen & Hardy, 2009). Learning opportunities are inherent in every patient–therapist interaction, from the planning of the intervention to enacting the treatment and reflection on the outcome. This is where the transition from theory to practice occurs. Learning directed by workplace context and needs is most effective. Feedback from the supervisor or educator has a vital educational role at every stage (Health Education & Training Institute, 2012).

Workplace learning works as a ‘two-way street’, with students bringing with them the latest learning, possibly challenging current practice and encouraging the implementation of evidence at the local level.

Effective workplace learning relies on:

- recognising learning opportunities
- communicating and sharing professional knowledge.

Health Education & Training Institute, 2012.

1.3.2 How Do Adults Learn?

Adults tend to learn best when allowed to take responsibility for the learning process. The educator’s role is to *facilitate* self-directed learning, rather than *teach*. For student health professionals, the ability to drive one’s own learning is an essential skill, to learn to manage the varied and unpredictable clinical scenarios that are encountered throughout their careers.

Tips to foster self-directed learning include:

- The clinician and student collaboratively identify opportunities and resources to support the achievement of learning objectives.
- Use workplace opportunities to engage in self-directed learning, e.g. select a client/patient, dedicate time for the student to independently plan the assessment and intervention options, and discuss the plan together, before application. The student will be expected to explain the rationale behind decisions and the pros and cons of alternative possibilities, and the educator will question the student to ensure a deep understanding of the issues.
- Encourage engagement in ongoing reflection and self-evaluation, e.g. dedicate time at the end of the morning/day to reflect on one or two specific cases linked to the learning objectives. Key elements of reflection will be covered later.

Health Education & Training Institute, 2012, p. 21.

Hands-on and interactive approaches to learning activities are most attractive to adult learners. Learning is most effective if it builds on past understanding. If possible, acknowledge and value the past experiences of the adult learner and look for opportunities to apply this experience to their current learning (Health Education & Training Institute, 2012).

1.3.3 Learning Styles

A key thought to keep in mind is “Not everyone learns the same way I do.” Individuals have learning preferences, i.e. students may favour one mode of teaching over another. This is not fixed in all situations and can change depending on task and context. To optimise learning experiences, it is preferable to use a variety of methods that will appeal to different individuals (Health Education & Training Institute, 2012).

Some educationalists suggest educators assess the learning styles of their students and adapt their classroom methods to fit each student’s learning style. Critics say there is no evidence that identifying an individual student’s learning style produces better outcomes, and others suggest strengthening underutilised styles in order to become better equipped to learn from a wide range of everyday experiences (Honey & Mumford, 2006).

There are many different models of learning styles. The following are examples of well-known models with associated questionnaires to assess a learner’s style.

Honey and Mumford’s model (2006) classifies a learner as a:

- *Reflector* – prefers to learn from activities that allow them to watch, think and review what has happened.
- *Theorist* – prefers to think problems through in a step-by-step manner; likes systems, case studies, models and readings; talking with experts is normally not helpful.
- *Pragmatist* – prefers to apply new learnings to actual practice to see if they work; likes clinical placement, with feedback and coaching.
- *Activist* – prefers the challenges of new experiences, involvement with others, assimilation and role-playing; likes anything new, problem solving and small group discussions.

The VARK Questionnaire assesses a learner's preference for the use of sensory modalities that are used for learning information. The acronym VARK stands for Visual (graphic), Aural, Read/write (text), and Kinesthetic (concrete experience: simulated or real) sensory modalities. Within this categorisation, a learner may be multimodal (i.e. gives equal preference to all, swaps from one preference to another depending on context, or requires input from all to make a decision).

So what does a clinician do with this knowledge?

If the student knows they have a learning preference, you may wish to teach difficult concepts in their preferred style. **However, teaching should include all formats to reflect real-life learning across different contexts.**

Review your personal teaching approach and practices. Ensure a variety of approaches are utilised, not just those that reflect your own preferences or learning experiences, i.e. "We teach as we were taught."

If you and a student are struggling to connect when teaching, you may wish to apply a learning-style questionnaire to determine their preferences. You might wish to discuss the accessibility of questionnaires with the student. Most questionnaires are available online at a cost.

1.3.4 What Skills Do I Need to Facilitate Learning?

A key concept to consider is the supervisor's role as a coach, encouraging the student to find out or talk/think through the answer, rather than telling them as a teacher. The supervisor should ask guiding questions to encourage the student to test options, analyse risk and consider limitations and innovations. These concepts are expanded in the subsections below and within deep and adult learning.

1.3.4.i Building Relationships That Support Learning

Key components to consider when building a relationship to facilitate learning are:

- Collaboration. Jointly determine how learning needs are to be achieved, with both the educator and student having responsibilities in the outcome.
- Respect – in action. Showing commitment by being available, open to feedback and by following through with agreed-upon actions.
- Being an effective role model. Your professional behaviour and attitude to learning will directly influence the students.
- Flexibility. Tailoring to needs of individual student, as is reasonable.
- Setting expectations. Please refer to Chapter 1 or the Superguide (Health Education & Training Institute, 2011) for details on setting expectations, including the possible use of a supervision contract, covering issues of mechanisms of feedback, support requirements, and confidentiality in the relationship.

Health Education & Training Institute, 2012, p. 22.

1.3.4.ii Communicating Effectively

Effective communication is essential to education, but takes practice and dedicated personal reflection. Strategies listed below will enhance communication.

Active listening is a skill that greatly enhances the efficacy of feedback, reflective practice and facilitation of clinical reasoning. It demands alertness on the part of the listener (Trevithick, 2000, as cited in Health Education & Training Institute, 2012), aiming to understand the intended message as well as the content. Tips for practicing active listening include:

- Allow student time to articulate thoughts.
- Summarise or paraphrase to ensure understanding.
- Seek clarification if necessary.
- Ask questions or give feedback to facilitate learning.

Tips for giving effective explanations include:

- Emphasise the key points.
- Do not talk too fast, and use pauses.
- Choose words or terms that are clear and precise.
- Ask for a summary (reword . . .).

Health Education & Training Institute, 2012, p. 25.

Tips for facilitating discussion:

1. Ask questions that promote deep and continuous discussion (open, focus or probing questions).
2. Maximise participation, e.g. use a common experience or area of interest as the basis of discussion; use non-verbal encouragement such as leaning forward, head-nods and looking expectant; use active listening.
3. Create a positive learning environment by acknowledging/rewarding responses, e.g. say “thank you” or “well said”. Build on what is said by using discussion points as a springboard for further discussion.
4. Outline the aims of the discussion and use a key discussion question.

Muller & Urby, 2005, as cited in Health Education & Training Institute, 2012, p. 27.

1.3.4.iii Facilitating Skill Acquisition

Match the Learner’s Level and Needs

One of the challenges for the educator is to target the learning material and activities to match the level and needs of the learner. ‘Scaffolding’ is a term describing the process of progressively withdrawing or changing assistance as expertise is developed (Smith & Blake, 2005). “The trick to scaffolding is knowing what stage the learner is at and adjusting your instruction, teaching or facilitation accordingly.” (Smith & Blake, 2005.)

The Skill of Teaching Skills

Lake and Hamdorf (2004) outline a four-step approach to teaching skills:

1. Demonstration: Supervisor demonstrates the skill at normal speed, without commentary.
2. Deconstruction: Supervisor demonstrates the skill while describing the steps required.
3. Comprehension: Supervisor demonstrates the skill while the student describes steps required.

4. Performance: Student demonstrates the skill and describes steps while being observed by the supervisor.

These steps do not all need to occur within the one session, but rather may be spread over a number of treatment sessions as student confidence and skills develop.

Tips for Teaching Clinical Skills

- Remember the fundamentals: hygiene, infection control, patient communication, consent and introductions.
- Demonstration.
- Integrate theory and practice.
- Teach selectively. Resist the urge to teach everything at once.
- Provide opportunities to practice skills.
- Use collaborative problem solving.
- Give feedback.
- Provide appropriate learning resources.

Health Education & Training Institute, 2011, p. 53.

1.3.4.iv Facilitating a ‘Deep Approach to Learning’

Within the world of education, you will be exposed to the concepts of ‘deep’ and ‘superficial’ approaches to learning.

In the Learning Guide (Health Education & Training Institute, 2012, p. 30), a superficial approach to learning is described as doing ‘what you need to do to get by’, often associated with rote learning and reproduction of ‘facts’, not uncommonly associated with meeting assessment requirements. Students will struggle to apply this knowledge to real-life or complex scenarios.

A deep approach to learning is one in which the learner is engaged with the task, critically analysing new ideas and linking them to already known concepts and principles in a desire to create ‘understanding’. This leads to a long-term retention of concepts that can be used for problem solving in unfamiliar contexts, essential for all practicing clinicians.

A deep approach to learning may be facilitated by:

- use of teaching methods that foster active engagement by the student, such as giving students opportunities to discuss, debate and compare their understandings with each other and yourself (the supervisor)
- avoiding learning methods that only require recall of information
- allowing adequate time for active learning opportunities, i.e. avoiding content overload.

1.3.4.v Addressing Learning Objectives in Practice

Learning objectives for student clinical placement should be provided by the affiliated university. Review these learning objectives and determine practical situations in which these objectives may be met. Discuss these with the student when setting expectations.

When determining how to practically address the learning objectives within the workplace, considering the SMART principle should help, as outlined in the following table.

Specific (clear and unambiguous)	What do you want to accomplish? Who will be involved? Where will it occur?
Measurable	How much? How many? How will you know when you have reached your goal?
Achievable	How will your goal be achieved? Are there factors likely to limit achievement of your goal?
Realistic	Do the expectations meet the needs/capacity of the student?
Timely	Can it be achieved today? In 2 weeks?

Doran, 1981.


An example of a SMART goal template can be found in Appendix F of the Superguide (Health Education & Training Institute, 2011, p. 78).

1.3.4.vi Advanced Questioning Techniques

When possible, rather than 'telling students what to do' when confronted by a clinical problem, an educator should attempt to help the student solve the problem by asking them specific questions. This helps develop clinical reasoning skills and professional competence and confidence.

Advanced questioning refers to the skill of asking questions that require the student to think and respond in increasingly more challenging (deeper) ways.

- Bloom's Taxonomy (1956, cited in Health Education & Training Institute, 2011, p. 33) provides practical examples of the progressive sequencing of cognitive demands.

<p>Highest level of thinking</p> 	Creating, e.g. "What would happen if . . .?"
	Evaluating, e.g. "Is there a better solution to . . .?"
	Analysing, e.g. "How was this similar to . . .?"
	Applying, e.g. "How are you going to do this in practice?"
	Understanding, e.g. "What do you think?"
	Remembering, e.g. "What happened after?"

A comprehensive table of questions to develop each category of thinking can be found in Appendix A of the Learning Guide (Health Education & Training Institute, 2011, p. 73).

- Probing questions are used to help learners think through their responses more thoroughly. Examples include:
 - Can you be more specific?
 - In what ways is that relevant?
- Metacognition, i.e. encouraging the student to 'think about how/why they think', incorporates self-regulation and self-monitoring:
 - What makes you think that?
 - Why did you make that decision? What were the influences?

The Superguide (Health Education & Training Institute, 2011, p. 47) refers to other guided questions that encourage independent thinking and problem solving, such as:

1. What approach are you taking in this situation and why?
2. Can you explain the steps of the task/treatment/intervention and why they are completed in this way?
3. What outcomes do you want and how can they be achieved?
4. What is your action plan if this approach does not work?
5. What values, attitudes, knowledge and/or skills are being challenged in this situation?
6. How would you approach the situation next time?

Irwin, 2008, as cited in Health Education & Training Institute, 2011.

1.3.4.vii Facilitating Reflective Practice

Reflective practice (Health Education & Training Institute, 2011, pp. 21–23) is a key skill for the student to learn and the supervisor to facilitate. The student is encouraged to become more self-aware, identifying their strengths and weaknesses and determining strategies for improvement. Developing reasoning skills enhances the delivery of safe patient care. The ability to reflect on practice and 'learn from experience' is considered an 'essential characteristic for professional competence' (Mann, Gordon & MacLeod, 2009). This contributes to becoming a 'life-long learner', creating a clinician who can manage unique situations and continue to develop into the future, independently. A supervisor who is able to consciously and visibly reflect on their own practice provides a valuable role model.

Tips for facilitating reflective practice:

- Use guided and advanced questioning techniques, within both formal and informal teaching opportunities.
- Encourage the use of a reflective journal (as often supplied by the university).
- Model reflective practice by being open about your own practice and past learning experiences.

For a reflection model and practical examples, please refer to p. 21 of the Superguide (Health Education & Training Institute, 2011).

1.3.5 Facilitating Learning in Context

Facilitating Inter-professional Learning

Learning to work with, about and from other professions is integral to the health care student. Inter-professional educational (IPE) activities can:

- enhance the learner's understanding of other professionals' roles and responsibilities
- foster mutual respect
- promote teamwork and collaboration.

A supervisor should seek out opportunities for the student to experience inter-professional learning, such as case conferences or 'rounds'. A clinical-scenario-based IPE activity can be found on p. 61 of the Superguide (Health Education & Training Institute, 2011).

Teaching in the Presence of Patients

An integral part of supervision is facilitating learning directly during the patient/client interaction. The following tips aim to ensure the rights of everyone are respected and all parties are comfortable in the interaction (Health Education & Training Institute, 2011, p. 46).

- If possible, provide advance notice to the patient and obtain consent in private.
- Ensure introductions are made.
- Explain all procedures, discussions and communications.
- Thank the patient and invite questions.

Modes of Learning

Guidance on facilitating learning utilising different modes, such as one-on-one, case scenarios, workshops, using simulation, group discussion, journal club, presentation/lecture, inservice and through electronic media can be found on pp. 47–59 of the Learning Guide (Health Education & Training Institute, 2011).

1.3.6 Evaluation of Workplace Learning

How do you know your teaching has been effective? A process of evaluation needs to be established to ensure that students have achieved their learning objectives and patient/client services are optimal. Evaluation is part of an ongoing cycle of development, whereby opportunities for improvement are identified (process, organisational, personal), action taken and outcomes re-evaluated. Typical means of evaluation may be:

- formal academic results of students
- feedback from learners
- reflection on and analysis of processes and practices.

Self-directed Informal Evaluation

You may wish to address local or personal issues of relevance by creating your own survey or questionnaire. Morrison, 2003 (as cited in Health and Education Institute, 2012) has suggested questions you might consider when assessing the processes that impact on learning:

Physical environment:

- Did the workplace environment facilitate or hinder your learning?
- What are the pros and cons of learning in this environment?
- Do you have any suggestions for improvement?

Education methods and facilitator performance:

- Can you share your thoughts about the way I showed you how to . . . ?
- Was I clear in my instruction/explanation/demonstration?
- Did I provide you with adequate time to reflect?
- Did I provide you with adequate opportunity to practice?
- Was the discussion we had about . . . useful? In what way?
- Was the feedback provided helpful?

Administrative arrangements:

- Is the time/session length/frequency suitable?
- Would you like anything to change?

Formal Evaluation of Clinical Supervision

The Maastricht Clinical Teaching Questionnaire (CTQ) is an easy-to-use questionnaire, enabling student evaluation and self-evaluation of supervision. The questions are derived from teaching methods suggested by the cognitive apprenticeship model (Collins, 1989, as cited in Stalmeijer et al., 2008), including items addressing modelling, coaching, scaffolding, articulation, reflection, exploration and general learning climate. We would encourage supervisors to trial the use of this validated instrument to gather feedback and inform future development of the quality of clinical supervision (Appendix 1.1).

National Clinical Supervision Competency Resource (HWA 2013)

The National Clinical Supervision Competency Resource has been developed by Health Workforce Australia to document the core competencies of a clinical supervisor across all health disciplines. Please refer to the Frameworks section (Chapter 2) for more information.

Summary Statement

Evaluation of one's teaching can be challenging, because of the uncontrollable and unknown. Most often, it can be a very positive experience for the supervisor to hear students comment on the aspects of supervision that have inspired them or influenced their learning and future clinical practice. Criticism, if students have been instructed in constructive feedback, frequently guides improvement in teaching practice, to the satisfaction of both the supervisor and future students.

1.4 Working with the Student in Difficulty

Despite the best planning and preparation, clinical educators are often faced with difficult situations to work through with their students. Managing the challenges of clinical supervision can provide the best opportunities for learning for both the educator and student.

Challenging behaviours can be defined as any behaviour, clinical performance or health status that is impacting on a student's ability to meet the requirements of the placement, profession or workplace code of conduct (Australian Learning and Teaching Council, 2010). Examples of behaviour that a clinical educator may observe that demonstrate a student is experiencing difficulty include:

- emotional problems, including high anxiety or stress
- difficulty linking theory to practice
- challenging behaviours (i.e. dominating, shy/quiet, disengaged, disruptive, etc.)
- lack of interest in clinical area of placement
- poor communication skills (with staff or patients)
- poor organisational, prioritisation and administrative skills
- lack of self-direction

- conflict with clinical educator
- overconfidence.

Australian Learning & Teaching Council, 2010; Health Education and Training Institute, 2012; Queensland Occupational Therapy Fieldwork Collaborative, 2007.

The above behaviours should be addressed as soon as possible to prevent a crisis. Crises may occur if there is a risk to patient safety, or to the well-being of the student or other staff members. The clinical educator should be aware that difficulties may arise due to many factors, including:

- personal stress
- stress relating to other commitments (work, family, university deadlines)
- cultural conflict
- culture shock
- unclear expectations
- lack of confidence
- inadequate feedback regarding performance in previous placements
- limited clinical experience
- negative experience in previous clinical placement
- readiness for learning.

National Rural Health Students Network, 2011; Queensland Occupational Therapy Fieldwork Collaborative, 2007; Nemeth & McAllister, 2013.

Clinical educators must be aware of their own skills and limitations when addressing difficulties, and seek support from their line managers or university placement co-ordinator if they do not feel equipped to address the issues with the student. Most difficulties encountered by clinical educators can be defined as unsatisfactory or poor performance and can be managed early using the strategies to be discussed in this guide; however, circumstances may arise where a student is demonstrating unprofessional conduct, professional misconduct, or notifiable conduct which requires the immediate attention of the university and possible suspension of the student. Notification may also need to be made to the profession's regulatory agency, e.g. Allied Health Practitioner Regulation Agency, as appropriate. It is recommended that clinical educators be familiar with relevant university supervisor fieldwork manuals and discipline-specific requirements for reporting the behaviour.

1.4.1 Managing Students in Difficulty

Many organisations and learning institutions have their own frameworks in place to assist clinical educators in taking action to identify and manage students in difficulty. The following strategies and considerations are suggested by the Queensland Occupational Therapy Fieldwork Collaborative (2007) when addressing concerns that are impacting on a student's ability to perform on placement:

- *Identify the problem*
 - Raise the concerns you have early, and provide the student with specific examples of the behaviour you have observed. This includes providing timely feedback throughout the placement.

- *Explore the background to the problem*
 - Provide opportunity for the student to reflect on the feedback provided, and discuss the background and contributing factors of any difficulties. Use of active listening and open questions are useful skills to demonstrate in discussion with the student.
- *Be supportive*
 - Provide the opportunity for the student to explore solutions to the issues raised before commencing problem solving.
 - Consider the student's preferred learning style and any fears or anxiety they may have.
 - Direct the student to formal counselling support through their university if the need is identified and the student expresses readiness for this support. Contact the specific university placement co-ordinator for guidance.
- *Develop a strategy*
 - Once the issue has been isolated, brainstorm solutions with the student. Strategies and outcome measures should be established so the student has clear expectations and opportunity to gain competency in the desired skill.
- *Maintain confidentiality*
 - Universities require that confidentiality relating to academic and clinical performance, university grades and personal issues raised during supervision is protected while on placement.
- *Document the process*
 - Include all important observations, discussions and decisions in minutes of the supervision sessions, ensuring the supervisee and clinical educator have a copy of the documents, including agreed strategies and timeframes.
- *Seek support*
 - Clinical educators can seek the support of other clinicians or the supervisor at their workplace regarding their concerns, being mindful of confidentiality.
 - Throughout the process of working with a student in difficulty, it is vital to remain in contact with the placement co-ordinator at the university. The clinical educator may feel the issues can be remediated during the course of the placement; however, communication with the university can assist the placement co-ordinator in planning subsequent placements and ensure the student has demonstrated their ability to implement the skills they have been taught (Stagnitti et al., 2013).
- *Review and evaluate outcomes*
 - Ensure that dates for review and final evaluation are agreed on with the student, and that feedback regarding the specific issue is provided in a timely manner. Strategies may require review and modification, depending on the student's progress.

If the student continues to underperform and not implement the agreed strategies, the clinical educator may need to fail the student. Failing a student is difficult for the student and the clinical educator, and the response from the student may vary depending on their readiness to learn from the experience. Nemeth and McAllister (2013) describe readiness to learn as

a student's "readiness to use the experience of failure in fieldwork placement as a catalyst to alter perceptions of themselves and their worldview . . . The experience of failure . . . can become a transformative learning experience" (p. 117). Students who are not ready to learn from the experience and accept the failure can become angry, depressed or remain in denial and blame their clinical educator (Queensland Occupational Therapy Fieldwork Collaborative, 2007; Nemeth & McAllister, 2013). Intervention from the university placement co-ordinator is required to ensure supports and strategies are put in place to provide the student with their options, and to support the clinical educator.

1.4.2 Troubleshooting

Preventing observed difficulties becoming a crisis is key to the management of a challenging clinical education experience. *The Griffith University Physiotherapy Clinical Education Resource Manual* (2013) lists some advice gathered from students on ways for clinical educators to troubleshoot difficulties with students, including:

- Be friendly.
- Be approachable.
- Let students know from day one that you want questions to be asked.
- Let students know they are there to learn, not to be examined.
- Find out what the student wants from the placement.
- Make sure the student knows that it does not matter if they answer a question incorrectly.
- Do not be intimidating.
- Give positive feedback as well as constructive criticism.
- Find out the way the student likes to learn – if they need observation first or if they like to get in and try first.
- When possible, give tutorials.

Griffith University, 2013, p. 68.

Barriers to supervision by the clinical educator are outlined by the Health Education and Training Institute (2012) and include being absent, rigid, intolerant or irritable, telling instead of coaching, and exhibiting a 'blaming' attitude. These behaviours can lead to student avoidance, anxiety and poor performance, and can impact on patient care and safety.

Clinical education frameworks recommend that an agreement or preventative plan is made between educator and student at the commencement of placement on how conflict will be resolved if it arises (Cunningham Centre, 2011). Including the opportunity to discuss conflict on the agenda for supervision sessions keeps communication open (Western Australian Country Health Service, 2009).

Siggins Miller (2012) outlines a list of enablers to successful placement. A clinical educator can ask themselves the following questions before and during a placement, to enable a successful experience for both the student and themselves:

- Does the placement provide a culture of quality (quality relationships, learning and best practice)?

- Am I providing effective supervision?
- Is the placement providing the student with learning opportunities that include direct patient care in a supportive environment?
- Is there effective communication and collaboration between students, the academic institution and placement site?
- Are there adequate resources and facilities to conduct placement activities?

Asking these questions prior to the commencement of the student placement can assist the clinical educator in identifying areas for their own professional development in clinical education. In addition, Siggins Miller (2012) identifies that occupational stress and workplace incivility and aggression are shown to have a significant impact on the quality of a student placement and can lead to underperforming due to stress and anxiety. A clinical educator can assist in preparing the student for workplace factors in the initial stages of the placement, and monitor the impact on the student and provide opportunity to debrief.

Summary Statement

Managing a student in difficulty is one of the most challenging situations a clinical educator can encounter. The types of difficulties encountered by the student can be as a result of multifaceted internal or external factors. A level of empathy and commitment from the clinical educator and university to work with the student is required to achieve the goals of placement. Successful negotiation through the difficulty requires early identification, open communication, skilled reflective practice, and development of a clear plan of action with regular reviews between the student and clinical educator.

1.5 Models of Clinical Education

In the light of fiscal and workforce constraints driving investigations to determine the most effective model of clinical education, Lekkas et al. (2007) conducted a systematic review of the literature with respect to allied health disciplines. They concluded that “there is no ‘gold standard’ model of clinical education. The perception that one model is superior to any other is based on anecdotes and historical precedents, rather than on meaningful, robust, comparative studies.” (Lekkas et al., 2007.) An edited summary of their findings is outlined below.

COMPARISON OF CLINICAL EDUCATION MODELS (Lekkas et al., 2007)			
Model	Advantages	Disadvantages	Recommendations for implementation
One educator to one student (1:1)	<ul style="list-style-type: none"> • Individual • Guided attention for student • Department productivity not adversely affected 	<ul style="list-style-type: none"> • Students are dependent on one educator for their learning requirements • Absence of peer and collaborative learning • Greater time commitment of educator (relative to other models) 	<ul style="list-style-type: none"> • Adequate delegation of clinicians' caseload to work colleagues and the supervised student

COMPARISON OF CLINICAL EDUCATION MODELS (Lekkas et al., 2007) <i>continued</i>			
Model	Advantages	Disadvantages	Recommendations for implementation
One educator to multiple students (1:2, 1:3, 1:4)	<ul style="list-style-type: none"> • Positive net effects on service delivery • More desirable to students • Enhances clinical competence and independence • Facilitates active learning • Facilitates teamwork 	<ul style="list-style-type: none"> • Students' concerns regarding adequate supervision • Model may not be applicable to all clinical areas (e.g. physical restriction on student numbers) • Compatibility and competitiveness between students • Organisational and administrative workload for supervisor 	<ul style="list-style-type: none"> • Active facilitation of peer learning strategies by supervisor • Individual and collaborative clinical experiences need to be arranged for the students • Fair delegation of caseload and time between students
Multiple educators to one student (2:1)	<ul style="list-style-type: none"> • Student exposure to multiple educators • Shared workload for educator • Increased placement provision capacity 	<ul style="list-style-type: none"> • Need for increased collaboration between staff for purposes of assessment and planning • Multiple educators can foster a sense of fragmentation amongst students 	<ul style="list-style-type: none"> • Delineation of roles and distribution of normal workload between staff • Communication to reduce duplication of teaching content
Peer Learning	<ul style="list-style-type: none"> • Students' teaching support skills developed • Students required to work at higher cognitive level and transfer learning to new situations 	<ul style="list-style-type: none"> • Peer competition • No regulation or accuracy of information 	<ul style="list-style-type: none"> • Preparation of the students as educators, including concepts of leadership, conflict management and principles of adult learning • Ongoing academic oversight to ensure consistency of approach and information dissemination • Mechanism for peer-tutors to debrief and clarify questions needs to be established

Summary Statement

Regardless of the supervisory model adopted, the supervisor should ensure that adequate one-on-one supervision is provided to the student, taking into account their experience, confidence and readiness to learn, to enable them to achieve the required competencies of the placement.

1.6 Approaches to Supervisory Practice

Some supervisors find it helpful to categorise their approaches to supervisory practice. Egan and Testa (2013) suggest the following approaches as a guide to developing styles of supervision to provide a way of "linking assumptions about practice, learning and teaching" (p. 47). When reviewing the following approaches, you might wish to consider which resonate with you and why.

APPROACHES TO SUPERVISION		
Approaches	Concept	Considerations
<i>Learning by doing</i>		
Apprenticeship (Knowles et al., 2005, as cited in Egan and Testa, 2013)	<ul style="list-style-type: none"> Modelling one's behaviour on observation of experienced professional at work 	<ul style="list-style-type: none"> Limited to fieldwork educator's practice wisdom, with task focus Omits reflective and conceptual activities
Growth therapeutic (Siporin, 1982, as cited in Egan and Testa, 2013)	<ul style="list-style-type: none"> Focus on personal growth via reflection on practice experience 	<ul style="list-style-type: none"> Risk that insufficient attention paid to educational content Exacerbates the power differential between educator and student
Role systems (Kadushin & Harkness, 2002, as cited in Egan and Testa, 2013)	<ul style="list-style-type: none"> The student and educator negotiate the structure, process and content on fieldwork, in context of the educator's explicit beliefs and approaches 	<ul style="list-style-type: none"> Negotiation of role expectations occurs in the context of unequal relationships
<i>Learning by integrating theory and practice</i>		
Competency-based (Bogo et al., 2002, as cited in Egan and Testa, 2013)	<ul style="list-style-type: none"> Learning objectives are defined in terms of specific, observable behaviours. Educators assess student performance for each competency, based on observing these behaviours 	<ul style="list-style-type: none"> Provides clear guidelines for assessment and evidence of student's performance Reduces the unique practice opportunities offered by specific organisations
Critical Reflection (Bogo & Vayda, 1986; Schon 1991, as cited in Egan and Testa, 2013)	<ul style="list-style-type: none"> 'Learning from experience' Enables student to develop links between theory, personal interpretation, experience and culture, and the impact on practice Leads the student to a deeper level of learning Needs to be followed by translation into action 	<ul style="list-style-type: none"> May be challenging for students

Summary Statement

It is recognised that there is overlap across the models summarised in this chapter and an assumption that most clinical educators will use a combination of approaches, depending on the context. Approaches to supervision need to be dynamic and evaluated, depending on the supervisor's relationship with the student and individual supervisory style (Egan & Tester, 2013).

2 CLINICAL EDUCATION FRAMEWORKS

2.1 Overview

"Frameworks are documents, guidelines and handbooks offering guidance to placement sites, educational institutions, clinical supervisors and students about quality clinical placements and effective supervision." (Siggins Miller, 2012, Executive Summary, page v.) As such, they can be used as checklists or guidelines at all levels of involvement in clinical education to ensure thoroughness and quality.

This chapter contains summaries of existing frameworks in table format, including a general statement regarding their use and the principles/aims of this document, with links to the source documents for more detailed information.

2.2 Inclusion of Frameworks

The frameworks included in this document were recommended by the work produced by Siggins Miller (2012), *Promoting quality in clinical placements: Literature review and national stakeholder consultation*. The Siggins Miller document was produced by Health Workforce Australia (HWA) and is summarised in table 2.2.1.

Table 2.2.1 Promoting Quality in Clinical Placements (Siggins Miller, 2012 – Promoting Quality in Clinical Placement: Literature review and national stakeholder consultation)	
Publication date	2012
Availability (hot link)	http://www.hwa.gov.au/sites/uploads/Promoting-quality-in-clinical-placements-report-20130408.pdf
Statement	<ul style="list-style-type: none"> • This report was commissioned by the HWA to inform the potential development of a national plan for promoting quality in clinical placements.
Principles/aims	<ul style="list-style-type: none"> • Identify elements of quality in clinical placements (cited by peer-reviewed research). • Identify existing quality clinical placement frameworks. • Recommend one framework that can be adapted for use in the Australian clinical placement environment.
Enablers of a quality clinical placement experience	<ul style="list-style-type: none"> • A culture for quality (develops positive relationships; actively supports learning and rewards best practice). • Effective supervision (good supervisory relationship, facilitated through supervisor characteristics, supervisor development, and appropriate recognition and reward of desirable supervisor behaviours). • Learning opportunities (diverse and appropriate for student competence, and comprise at least in part supported participation in direct patient care).

Table 2.2.1 Promoting Quality in Clinical Placements (Siggins Miller, 2012 – Promoting Quality in Clinical Placement: Literature review and national stakeholder consultation) *continued*

Enablers of a quality clinical placement experience	<ul style="list-style-type: none"> • Effective communication and collaboration between students, academic institutions and placement sites. • Sufficient resources and facilities to conduct placement activities.
Barriers to a quality clinical placement experience	<ul style="list-style-type: none"> • Occupational stress. • Workplace incivility and aggression.
Other Issues affecting quality clinical placement experience	<ul style="list-style-type: none"> • Innovation to increase patient quality and capacity in areas such as mode of supervision, length of placement, inter-professional placements and learning technologies (for detailed discussion of these, please read pages 14–18 of this document). • Consideration of rural and remote issues (outlined on pages 18–20 of this document). • Issues of diversity (please refer to pages 20–23 of this document).
Recommendations	<ul style="list-style-type: none"> • The above should inform a national plan for promoting quality in clinical placements. • The national plan should be based on the Victorian Department of Health's Best Practice Clinical Learning Environments (BPCLE), which is an Australian evidence-based framework with extensive resource support and evaluation data.

2.3 Summary of Frameworks

The frameworks summarised in this section include:

- Best Practice Clinical Learning Environment Framework (BPCLE) – developed by the Department of Human Services (2010).
- National Clinical Supervision Support Framework – developed by Health Workforce Australia (2011).
- Best Practice Governance Framework for Allied Health Education and Training – developed by the Health Education and Training Institute (2012).
- National Clinical Supervision Competency Resource – developed by Health Workforce Australia (2013).

The frameworks developed by HWA are part of a work in progress, and as such we recommend that you continue to monitor the HWA website as further work is produced. The HWA website can be accessed via the following link: <http://www.hwa.gov.au/>.

The frameworks relate to the following topics:

- The Learning Environment
- Support of Clinical supervisors
- Best Practice
- Competency of Supervisors

Table 2.3.1 The Learning Environment – Best Practice Clinical Learning Environment Framework (BPCLE)		
Publication date	2013	
Availability (hot link)	http://www.health.vic.gov.au/placements/resources/index.htm	
Statement	This framework provides guidance in relation to the development of a high-quality clinical learning environment by informing policies, practices and behaviours. It is not intended to be prescriptive. It recognises that many effective models of education and training exist, and that discipline and specific requirements need to be met.	
Expected benefits	<ul style="list-style-type: none"> • Improvements to the clinical learning environment, resulting in better experiences for all learners and for staff involved in delivery of education and training. • Efficiencies and improvements in clinical education activities and processes, resulting in less wasted effort by staff. • Better relationships between health services and their education provider partners, resulting in more support for health service staff in the delivery of clinical education and improved teaching programmes that produce work-ready graduates. • Enhancement of the organisational learning culture, resulting in improved patient care and health outcomes. 	
Underpinning principles/aims	<ol style="list-style-type: none"> 1. Patient (or client) care is an integral component of quality clinical education. 2. Learning in clinical environments is an essential component of training all health professionals. 3. Registration, accreditation or competency standards set down by professional bodies (when these exist) are the appropriate mechanism for ensuring that clinical education arrangements meet minimum standards for educational or training outcomes. 4. Many different models of clinical education and training exist and successfully produce health professionals of required competency and standard. 	
Elements	<p>The BPCLE Framework has six elements that are the essential underpinnings for a quality clinical learning environment. Several elements overlap or are interrelated:</p> <ol style="list-style-type: none"> 1. An organisational culture that values learning 2. Best-practice clinical practice 3. A positive learning environment 4. An effective health service–training provider relationship 5. Effective communication processes 6. Appropriate resources and facilities <p>Each element has a number of features and related sub-objectives. Please refer to 'hot link' above for further information.</p>	
Factors influencing clinical learning environments <i>Note: There is considerable interdependence between these two sets of factors.</i>	<p>Internal (controlled by the Health Service):</p> <ul style="list-style-type: none"> • Facilities • Staffing levels • Allocation of resources • Educational skill level (and level of preparedness) of educators • Cultural attitudes towards education • Enabling structures and policies • Communication practices 	<p>External (not controlled by the Health Service):</p> <ul style="list-style-type: none"> • Levels of funding • Key performance Indicators • Availability of skilled staff • Academic practices of education. providers • The way learners are prepared • Social, political and economic climate • Accreditation requirements • Professional standards • Patient case load

Table 2.3.1 The Learning Environment – Best Practice Clinical Learning Environment Framework (BPCLE) *continued*

Roles and responsibilities	<p>Hospital/health services aim to:</p> <ul style="list-style-type: none"> • implement framework • work with other services to communicate good ideas and share experiences • identify key educational contacts • establish educational networks • ensure funds are spent appropriately and transparently • work in collaboration with training providers to foster development of courses. 	<p>Training providers aim to:</p> <ul style="list-style-type: none"> • recognise their role in funding part of the clinical education process • work with health services to identify the best educational activities and resources to fund and support • work with health services to match learners to placements • provide up-to-date information to health services about learning objectives, assessment and curriculum content • assist health service-based educators to develop their educational skills • Work with health services to maintain their active learning culture • work with health services to create inter-professional learning opportunities • invite health service-based educators to contribute to university educational forums • seek input from employers regarding the needs and competencies for work-ready graduates, in order to appropriately tailor curricula.
Roles and responsibilities	<p>Governments have a responsibility to:</p> <ul style="list-style-type: none"> • build educational performance targets into the performance measures for health services and fund health services appropriately to achieve the desired outcomes • resolve policy conflicts that create a disincentive to health services to place a high priority on educational activities • ensure new policies include adequate consideration of any educational impacts • ensure any new health service planning incorporates clinical learning requirements. 	<p>Learners have a responsibility to:</p> <ul style="list-style-type: none"> • understand their role as a learner (including their responsibility for self-directed learning) and be prepared to participate in the two-way flow of information • prepare themselves adequately at the commencement of each new rotation and throughout the placement • demonstrate professional behaviour towards clinical and non-clinical colleagues, patients/clients and other learners • be prepared to adapt their learning styles and respond to a dynamic learning environment.
Monitoring implementation of the framework	<ul style="list-style-type: none"> • This will facilitate the development, strengthening and maintenance of a high-quality clinical learning environment. • Monitoring is not intended to place an undue burden on health services; rather the aim is to establish a number of valid and reliable measures that can be developed and refined over time to meet the needs of all the stakeholders. 	

Table 2.3.2 Support of Clinical Supervisors – National Clinical Supervision Support Framework

Publication Date	2011	
Availability (hot link)	http://www.hwa.gov.au/sites/uploads/hwa-national-clinical-supervision-support-framework-201110.pdf	
Statement	This framework guides and supports clinical education and training activity in the Australian health sector. It aims to promote high standards of clinical supervision, to expand capacity and capability, and to cultivate public trust in the education and training of health professionals.	
Principles/aims	Clarity	<ul style="list-style-type: none"> • Roles and responsibilities of all participants involved should be clearly stated, communicated and documented as appropriate. • Expectations of supervisors, students and placement sites and learning objectives should be clearly articulated.
	Quality	<ul style="list-style-type: none"> • Patient care provided during clinical placements must be safe, of high quality, appropriate and effective, and be the overriding priority. • A recommended core set of clinical supervisor knowledge, skills and attributes should be defined. • The education programme underlying the clinical placement should be based on contemporary teaching methods, reflect a diversity of experience, provide adequate exposure to the relevant scope of practice for the profession, and incorporate and support valid, reliable student feedback, assessment and reporting tools and processes aligned to the stated learning objectives.
	Preparation and support	<ul style="list-style-type: none"> • Clinical supervision is most effective when clinical supervisors and students are adequately supported. • Supervisors should have access to or be provided with training in the core set of knowledge, skills and attributes necessary for quality clinical supervision. • Students should have access to or be provided with adequate orientation to clinical placement setting.
	Culture	<ul style="list-style-type: none"> • The objectives of the organisation providing clinical education and training should include a strong and measurable commitment to clinical education and training, innovation and improvement. • Appropriate funding and resource base strengthen and promote the status of clinical education and training in the health sector. • Clinical supervision capacity and capability and their expansion should be supported by strong, collaborative relationships among participants involved. • Clinical placements should facilitate education and learning in a safe, supportive and appropriately resourced work environment. • Explicitly recognising clinical supervision in the workloads of health professionals improves clinical education and training capacity and quality. • Clinical supervision should be acknowledged and valued by the health and education sectors.

Table 2.3.3 Best Practice – Best Practice Governance Framework for Allied Health Education and Training

Publication Date	2012	
Availability (hot link)	http://www.heti.nsw.gov.au/resources-library/allied-health-best-practice-governance-framework/	
Statement	The framework was developed to provide a set of best-practice guidelines for allied health professionals, educators, managers and executives to establish or enhance systems of governance for allied health education and training.	
Principles/aims	Education and training should be:	<ul style="list-style-type: none"> • driven by patient/client needs • aimed at the provision of high-quality and safe patient/client care that is evidence based • a shared responsibility between the organisation, clinicians and managers • embedded as core business within health care organisations • aligned with state and national priorities, with joint planning occurring between health and educational institutions and stakeholders • supported through the development of learning organisations.
	Education and training should lead to:	<ul style="list-style-type: none"> • improved patient/client care • skilled, confident and competent clinicians • an organisation that is responsive to the education and training needs of its staff • an organisation that has appropriate education peak committees in place • partnerships developed between LHDs/speciality networks, the vocational education and training sector, tertiary institutions, research institutes, pillars and ministry of health • a culture of learning, teaching and professional development embedded within organisational values.
Best-practice guidelines	<ul style="list-style-type: none"> • Health services have a robust system of governance for education and training for allied health professionals. • Planning of education and training for allied health professionals is driven by the health-care needs of the population and local service requirements. • Structures and processes are in place and tools are available to support learning, teaching and continuing professional development of allied health professionals in the workplace. • Allied health professionals have access to clinical supervision appropriate to their qualifications and level of experience. • Stakeholder relationships pertaining to allied health education and training are developed and fostered. • Allied health professionals are advocates for their education and training needs. • Please refer to pages 10–21 of this document (access via hot link above) for indicators and practice examples for individuals, managers and organisations for each guideline. • A self-assessment checklist is contained in Appendix A (pages 24–29) of this document (accessed by the above link) for individuals, managers and organisations. 	

Table 2.3.4 Competency of Supervisors – National Clinical Supervisions Competency Resource

Publication date	May 2013	
Availability	https://www.hwa.gov.au/sites/uploads/HWA-National-Clinical-Supervision-Competency-Resource-VE-201305.pdf	
Statement	This resource aims to support the continuation and further development of a high-quality, sustainable clinical supervision workforce across all settings, to meet the current and future challenges of developing competent health practitioners for the Australian health system.	
Principles/aims	This resource aims to support and enable consolidation of existing local arrangements and relationships for the clinical education and training of health professionals.	
Domains (resource structure)	Clinical supervision	<ul style="list-style-type: none"> • Prepare and plan <ul style="list-style-type: none"> – Clarity of roles – Clarity of learning outcomes • Facilitating learning <ul style="list-style-type: none"> – Experiential learning – Feedback – Reflection – Formative assessment – Summative assessment • Problem-solve <ul style="list-style-type: none"> – Identify and prevent problems – Manage performance issues • Communication <ul style="list-style-type: none"> – Workplace communication – Manage conflict
	Safety and quality in clinical supervision	<ul style="list-style-type: none"> • Safety <ul style="list-style-type: none"> – Ethical, professional and legal standards – Risk management – Safe environment – Cultural safety – Inter-professional collaboration • Quality <ul style="list-style-type: none"> – Self-awareness, local team reflection and professional development – Evidence-based practice
	Organisation	<ul style="list-style-type: none"> • Integration of supervision and learning in clinical practice • Organisational skills/time management

Please refer to pages 9–19 (access via hot link above) of this resource for detailed descriptors within each domain, broken down into Foundational (support), Intermediate (conduct) and Advanced (lead and influence) levels.

Summary Statement

The above frameworks have been summarised to indicate the contents to the reader. It is recommended that if the framework is relevant, the reader access the entire document via the hot link.

3 PREPARING FOR A CLINICAL PLACEMENT

Each fieldwork placement setting differs in how clinical education is organised and delivered. It is not possible to have a comprehensive template or provide more than an overview of information that should be included in each document. This chapter's information is found in the Clinical Education Resource Guide which is contained in the BPCLE Framework Resource Kit (access via <http://www.health.vic.gov.au/placements/resources/index.htm>).

3.1 Supervisor/Co-ordinator Checklists

The structure and content of supervisor/co-ordinator checklists will depend largely on how responsibility for organising clinical placements is allocated amongst staff. Your facility may have a checklist available; otherwise it would be beneficial to create a checklist for your workplace. The following is a list of suggested activities that could be included:

Activities to be completed before the placement:

- Communication with educational institution about:
 - agreements between health service and educator provider
 - invoice submissions
 - rostering requirements
 - knowledge and proficiency level of incoming students.
- Organise roster (timetable) for student.
- Communicate to ward/site about incoming students (include names, learner level and the institution the student is attending).
- Communicate with educators about incoming students.
- Organise orientation day.
- Organise student identifications/swipe cards (if required).
- Organise student IT access and passwords with IT service.
- Organise locker keys.
- Collect/collate orientation package for students.
- Ensure required checks completed, e.g. police check, working with children check.

Activities to be completed at commencement of placement:

- Provide students with appropriate documents and paperwork, including orientation kit and various checklists and agreements.
- Conduct orientation programme.
- Discuss goals for placement.
- Ensure correct identification card/uniform.
- Distribute locker keys, swipe cards, etc.
- Tour of health service.
- Collect any documentation required from student.
- Ensure student details are entered into student log.

Activities to be completed during the placement:

- Periodic progress checks/debriefs with educators.
- Regular feedback with student.
- Arrange assessment of students.
- Review student rosters/timetables.

Activities to be completed at the end of the placement:

- Collect assessments.
- Debrief for both student and educator.
- Collect student identification card, swipe card, locker keys and other health service property from students
- Distribute evaluation forms and collect completed forms.
- Communicate with education provider.

Educator Guide

This is a reference for all educators and should include, as appropriate:

- Copies of workplace policies and procedures.
- Summary of placement learning objectives, expected/required activities.
- Assessment pro forma.
- Checklists and forms.
- Contact information for key individuals.
- Guidance on:
 - educator responsibilities
 - student responsibilities
 - providing and receiving feedback, as well as other communication skills
 - conducting assessments
 - managing substandard clinical performance
 - managing conflict and difficult behaviours
 - quality supervision
 - time management.
- General information about:
 - models of clinical teaching and learning
 - principles and concepts of adult learning
 - professional matters, including legislation, codes of conduct and competency standards.

4 CONTACTS/SUPPORT IN THE NORTH COAST NSW REGION

4.1 Partner University Clinical Education Co-ordinators

Griffith University			
Profession	Name	Telephone	Email
Exercise Physiology	Beth Sheehan	(07) 5552 7006	b.sheehan@griffith.edu.au
Physiotherapy	Garry Kirwan	(07) 5552 9316	g.kirwan@griffith.edu.au
Speech Pathology	Simone Howells	(07) 5552 7659	s.howells@griffith.edu.au

Bond University			
Profession	Name	Telephone	Email
Exercise Physiology	Glen Tunks	(07) 5595 5497	gtunks@bond.edu.au
Physiotherapy	Nikki Milne	(07) 5595 4155	nmilne@bond.edu.au

Southern Cross University			
Profession	Name	Telephone	Email
Exercise Physiology	Sonja Coetzee	(02) 6626 9290	Sonja.coetzee@scu.edu.au
Occupational Therapy	Maggie Scorey	(07) 5589 3229	maggie.scorey@scu.edu.au

4.2 University Department of Rural Health

4.2.1 Overview

The University Department of Rural Health supports Allied Health student placements in the North Coast of NSW. They provide support for both the clinical supervisor and the student on placement. We recommend that supervisors working in the North Coast of New South Wales contact them directly to discuss the support available.

4.2.2 History

The Northern Rivers University Department of Rural Health (NRUDRH) was established in 2001 as a joint venture of the University of Sydney and Southern Cross University, supported by the Australian Government Department of Health and Ageing and the North Coast Area Health Service. The universities of Sydney, Wollongong and Western Sydney entered a subsequent partnership with the Commonwealth for long-stay medical students.

Collaboration across the universities of Western Sydney and Wollongong with the established University of Sydney University Department of Rural Health has made a major

contribution and created expanded opportunities for medical education in the North Coast of New South Wales. Around 700 students from a variety of disciplines and universities have now been placed by an active education unit. Medicine, comprising 300, is the largest group. (We have changed our focus for medical students as much as possible towards long-stay placements; however, short-stay medical students are accommodated when placement opportunities permit.)

In 2010, the University Centre for Rural Health – North Coast evolved as a result of the commitment and good will of four universities and an area health service, collaborating to progress the rural health workforce recruitment and retention agenda.

We continue to provide a multidisciplinary centre of excellence in education of students for clinical practice in rural health, and to conduct research relevant to the health needs of rural communities situated within the Northern Rivers region of New South Wales and elsewhere. The Northern Rivers Centre for Rural Health provides excellent rural experience in programmes for medical, nursing, postgraduate public health and undergraduate allied health students. We also supervise postgraduate research students and provide continuing professional education for local clinicians. The Centre has well-established research streams and has been successful in gaining a number of NHMRC and ARC grants.

4.2.3 Contacts

Web page: <https://www.ucrh.edu.au/home>

Telephone: (02) 6620 7570

Mail: PO Box 3074

Lismore, NSW 2480

5 TERMS OF REFERENCE/REFERENCES

Key Terms of Reference

Note: Several terms used throughout this document are based on the literature reviewed at that time, and are used interchangeably.

Clinical educator/supervisor/co-ordinator: The person who provides the same type of service to upcoming students as one's supervisor provided to oneself. Includes setting clear learning goals and expectations; provides feedback (formal and informal); facilitates self-directed learning opportunities; and undertakes an evaluation before the final evaluation to enable monitoring of progress (Stagnitti, Schoo & Welch, 2013, p. 404).

Clinical placement/practicum/fieldwork placement: The placement of students in professional fields where they can gain hands-on experience before graduating. It (a) can occur at different levels of courses – for example, expectations for fieldwork placement at first year are very different from those required in a final year of placement; (b) can occur in a variety of settings that have differing expectations; and (c) has specific requirements imposed by some professions (Stagnitti, Schoo & Welch, 2013, p. 404).

Facilitation: A process of teaching in which the teacher endeavours to create a learning environment which is conducive to learning and aims to enable or empower the learner (McAllistair, 2004, p. 219, cited in Health Education & Training Institute, 2012, p. 11).

Health Education & Training Institute (HETI): Provides state-wide leadership and co-ordination in education, and training of clinical and non-clinical health professionals working in NSW Health, to ensure that the workforce has the necessary skills and knowledge to deliver high-quality patient care to the people of New South Wales (Health Education & Training Institute, 2012, p. 3).

Health Workforce Australia (HWA): An initiative of the Council of Australian Governments to address the challenges of providing a skilled, flexible and innovative health workforce that meets the needs of the Australian community, now and into the future (Health Workforce Australia, 2011).

Peer learning: A learning experience involving pairs or small groups of students, providing constructive student-driven feedback, aligned with specific learning goals of one's peers (Stagnitti, Schoo & Welch, 2013, p. 410).

Student practitioners/supervisees/students: The student attending the clinical practicum.

Supervisory relationship: The professional relationship between clinical educator and student, facilitating the learning process throughout the clinical placement.

Teaching through training: Discrete planned events used to instruct people how to perform specific, defined skills or procedures (Marsick & Volpe, 1999, cited in Health Education & Training Institute, 2012, p. 11).

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APPENDIX

1 Maastricht Self-assessment Tool

1.1 Supervisor Version

Clinical Supervisors: SELF-ASSESSMENT FORM

Maastricht Clinical Teaching Questionnaire¹

This is a TWO-sided form.

Name: _____

Date: _____

Years of specialist practice: 0–4 5–9 10–14 14+

Primary practice location:

Previous experience in **clinical supervision/teaching development**:

- None
- Basic professional development: workshops/training <20 hours in total
- Advanced professional development: workshops/training >20 hours in total
- Qualification (e.g. CERT IV, Master of Nursing Education, Graduate Certificate of Health Professional Education)

Please indicate your level of agreement with the following statements:	Fully disagree					Fully agree					Unable to comment
	1	2	3	4	5	1	2	3	4	5	
1. I consistently demonstrate how to perform clinical tasks.											
2. I clearly explain the important element for the execution of a given task.											
3. I create sufficient opportunity for the student to observe me.											
4. I serve as a role model as to the kind of health professional students would like to become.											
5. I observe students multiple times during patient encounters.											
6. I give useful feedback during or immediately after direct observation of the student's patient encounters.											
7. I help the student understand which aspects they need to improve.											
8. I adjust my teaching activities to the level of experience of students.											

Please indicate your level of agreement with the following statements:	Fully disagree					Fully agree					Unable to comment
	1	2	3	4	5	1	2	3	4	5	
9. I offer sufficient opportunities to students to perform activities independently.											
10. I support students in activities that they find difficult to perform.											
11. I gradually reduce the support given, to allow students to perform certain activities more independently.											
12. I ask students to provide a rationale for their actions.											
13. I help students become aware of gaps in their knowledge and skills.											
14. I ask students questions aimed at increasing their understanding.											
15. I encourage students to ask me questions to increase their understanding.											
16. I stimulate students to explore their strengths and weaknesses.											
17. I stimulate students to consider how they could improve their strengths and weaknesses.											
18. I encourage students to formulate learning goals.											
19. I encourage students to pursue their learning goals.											
20. I encourage students to learn new things.											
21. I create a safe learning environment.											
22. I take sufficient time to supervise students.											
23. I am genuinely interested in the students.											
24. I show respect to students.											

Rate yourself on an overall assessment (1–10) of your own clinical supervision performance (10 = excellent):

___/10

What are your strengths as a clinical supervisor?

What areas would you like to improve on as a clinical supervisor?

¹ Stalmeijer R., Dolmans D., Wolfhagen, I., et al. (2010). 'Combined student ratings and self-assessment provide useful feedback for clinical teachers', *Advances in Health Sciences Education*, 15(3), pp. 315–28

1.2 Student Version

Multisource Feedback for Clinical Supervisors: STUDENT FORM Maastricht Clinical Teaching Questionnaire¹

This is a TWO-sided form. All responses will be collated and returned to the clinical supervisor.

Clinical Supervisor's Surname: _____

First name: _____

Date: _____

Health profession **you** are studying (e.g. nursing, physiotherapy, medicine, etc.):

Your year of study: _____

Length of time **you** have worked with this clinical educator: _____
(indicate days or weeks or months)

Please indicate your level of agreement with the following statements:	Fully disagree			Fully agree		Unable to comment
	1	2	3	4	5	
This clinical supervisor:						
1. consistently demonstrated how different tasks should be performed						
2. clearly explained the important elements for the execution of a given task						
3. created sufficient opportunities for me to observe them						
4. was a role model as to the kind of health professional I wish to become.						
This clinical supervisor:						
5. observed me multiple times during patient encounters						
6. provided me with useful feedback during or following direct observation of patient encounters						
7. helped me understand which aspects I needed to improve.						
This clinical supervisor:						
8. adjusted teaching activities to my level of experience						
9. offered me sufficient opportunities to perform activities independently						
10. supported me in activities I find difficult to perform						
11. gradually reduced the support given, to allow me to perform certain activities more independently.						
This clinical supervisor:						
12. asked me to provide a rationale for my actions						
13. helped me to become aware of gaps in my knowledge and skills						

Please indicate your level of agreement with the following statements:	Fully disagree			Fully agree		Unable to comment
	1	2	3	4	5	
14. asked me questions aimed at increasing my understanding						
15. encouraged me to ask questions to increase my understanding.						
This clinical supervisor:						
16. stimulated me to explore my strengths and weaknesses						
17. stimulated me to consider how I might improve my strengths and weaknesses.						
This clinical supervisor:						
18. encouraged me to formulate learning goals						
19. encouraged me to pursue my learning goals						
20. encouraged me to learn new things.						
This clinical supervisor:						
21. created a safe learning environment						
22. took sufficient time to supervise me						
23. was genuinely interested in me as a student						
24. showed me respect.						

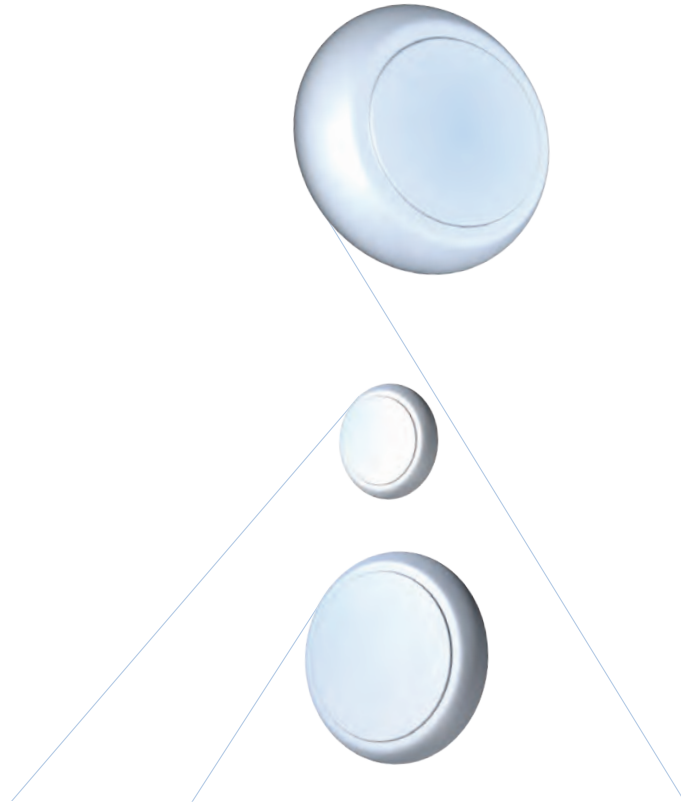
Overall, give this clinical supervisor an overall assessment (1–10) of their clinical teaching performance (10 = excellent):

___/10

What are the strengths of this clinical supervisor?

Which aspects of the performance of this clinical supervisor can be improved?

¹ Stalmeijer R., Dolmans D., Wolfhagen, I., et al. (2010). 'Combined student ratings and self-assessment provide useful feedback for clinical teachers', *Advances in Health Sciences Education*, 15(3), pp. 315–28



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