**Clinical Supervisor Support Program (CSSP)**

**Discussion Paper Submission Template**

**Submission Process:**
Interested parties are requested to provide a submission addressing each of the policy options raised in the CSSP Discussion Paper. Submissions should be emailed to cssp@hwa.gov.au in Word format only by COB 3 September 2010.

**CSSP Discussion Paper Policy Options and Questions:**

<table>
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<tr>
<th>Clarity</th>
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<tbody>
<tr>
<td><strong>Policy Option 1:</strong> Develop national principles for education and training in the health sector.</td>
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<tr>
<td>Do you support this policy option?</td>
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**Question 1:**
Does your organisation have clinical education and training principles that could be applied to health services nationally?

- If yes, please include in your submission.
- If no, what are the key action areas that you would like included in national principles developed for clinical education and training in Australia?
Response:

The registered professions (e.g. Physiotherapy and from 2012 will include also Occupational Therapy, and Radiation Science) have particular requirements to meet. All our courses must also meet accreditation requirements. Many disciplines have explicit competencies specified in the accreditation requirements. Would not necessarily recommend transfer of these to other professions.

What could be included are the following principles:

1. Clinical educators should understand and be able to implement evidence about how and what students learn in workplace settings. This includes: a need for students to understand the various fieldwork contexts within which they are placed; how this changes over time; how different individuals react to the same situation; that problem identification, rather than the simpler problem solution is vital; how the affective domain is interwoven with the cognitive in most situation and so on.

2. Clinical placements should be an integral part of a professional curriculum and the relationship between the two clearly understood by students

3. Clinical experiences should be part of a developmental sequence which take the student from novice in the early years to competence levels in later years. Clinical educators need to understand this development of depth and complexity of knowledge, skills and attitudes and adopt a teaching model that moves from supporting students in intensive ways to allowing them increasing autonomy.

4. Final judgements about students progress in clinical units should be informed by opinions of clinical educators, but remain the responsibility of the university academics.

5. Increase emphasis on patient-centred care.

Already included:

Ethical and professional practice;

Emphasis on communication, teamwork, reasoning and knowledge as well as practical skills - apply academic knowledge, skills, attitudes in real situations

Patient management across the lifespan and a range of conditions and settings
**Policy Option 2:**
*Develop a nationally agreed statement of role and function supervisor/supervision.*

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<th>Do you support this policy option?</th>
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**Question 2:**
Does your organisation have agreed terminology and definitions for the role and function of “clinical supervisor” or “clinical supervision”?  
- If yes, please include the definitions in your submission.  
- If no, what terminology does your organisation use to describe these functions? What cross-profession terminology do you think should be used in the National Clinical Supervision Support Strategy and Framework?

**Response:**
Terminology: We use clinical educator. It would be highly desirable to have common terminology. Clinical educator is preferred over clinical supervisor, although both are acceptable, because educator implies knowledge of educational theories and practices and suggests that they are part of the team facilitating education/learning, rather than being separate from the academic learning.

Role: The clinical educator is responsible for students' clinical/fieldwork learning to develop and implement clinical knowledge and interpersonal skills. They must also ensure appropriate care for patients and their families. Our different disciplines variously diagnose, plan treatment and work with patients and their families to recommend and apply treatment. Importantly, the clinical educator socialises the student to the profession and the interface with the health and disability sector.

Formative assessment is provided by the clinical educator throughout a fieldwork/clinical placement, with formal assessments usually at the middle and end of the placement.
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<th>Policy Option 3: Develop an agreed competency framework that defines the knowledge, skills and attributes necessary for quality supervision.</th>
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<tr>
<td>Do you support this policy option? Yes ☒ No ☐</td>
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</table>

**Question 3:** Are there core generic competencies you would like added/deleted? If so, please provide details.

**Response:**
Recommend that none be deleted. Recommend addition of:

1. An understanding of the theory and practice of workplace learning (this goes beyond a knowledge of adult learning though is a subset of it)
2. Include as a subset of assessment the need to develop in the students the capacity to self-assess
3. Consideration should be given to two levels of competence: i) for those dealing with more junior students or part time mentors, and ii) an advanced level for clinical educators who spend a majority of their time in educating students

**Question 4:** For organisations delivering professional entry training or other curricula, to what extent are the skills already included in current curricula? Do you support greater coverage of these skills in entry to practice courses? To what extent could this replace post-entry to practice supervision skills development?

**Response:**
The list of competencies are not well-developed in current curricula nor could they be given the already overcrowded curriculum. Although some components of being an educator are included in curricula of some of our professions, the kind of skills and knowledge needed should be developed in post graduate courses. These could be short courses of the type outlined in the document, but preferably should be a university course in education, especially for those who might become full time health educators.

**Question 5:** For professional associations and registration boards, does education and training form part of the current CPD program?

**Response:**
Some professions have CPD programs (e.g., physiotherapy) and for these education forms a voluntary part of the current program.
**Policy Option 4:**

**Develop best practice guidelines and templates for clinical placement agreements between health services and university.**

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<th>Do you support this policy option?</th>
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<th>No ☐</th>
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**Question 6:**

Do you currently have clinical placement agreements in place?  
- Yes ☒  
- No ☐

- If yes, please include a copy with your submission.  
- If no please indicate what should be included in the best practice guidelines.

**Response:**

We have some clinical placement agreements in place. It would be desirable to have common agreements for all placements, but given the number of private clinical settings used for our students, this might not be possible. Such agreements also clarify expectations of clinical educators, and therefore serve a number of purposes.

**Question 7:**

Do you currently have agreements in place in relation to student documentation?  
- Yes ☒  
- No ☐

- If yes, please include a copy with your submission.  
- If no please indicate what should be included in the best practice guidelines.

**Response:**

For several professions, there are manuals for each clinical placement. There are also manuals for each academic unit of study.
**Policy Option 5:**
Develop a generic training program aligned to agreed core competencies.

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**Question 8:**
Do you provide, or are you aware of, courses that are currently available that address some or all of the generic skills outline above? If so, please provide details.

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<tr>
<th>Yes ☒</th>
<th>No ☐</th>
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**Response:**
The University of Sydney offers from 2011 a Masters degree (and Grad Dip/Grad Cert) in education, specialising in health professional education, run by the faculties of health in association with the Faculty of Education and Social Work. This is aimed specifically at clinical supervisors amongst other groups.

UTS offers courses in adult education that would also be suitable though less so.

In addition, the teaching on the run modules are a good first step to the development of a course to develop, albeit at a minimal level, the competencies outlined.

**Question 9:**
Are you aware of a course that could be adapted to align to agreed core competencies that should be considered as part of this project? If so, please provide details.

| Yes ☒ | No ☐ |

**Response:**
The reason that both yes and no are checked is that the teaching on the run modules are a useful first step but they are far too narrow to encompass the full list of competencies.
### Policy Option 6:
**Support health services to deliver training locally that builds capacity.**

| Do you support this policy option? | Yes ☒ | No ☐ |

**Question 10:**

Does your organisation have “dedicated clinical educator” positions? If yes, how is this position funded?

**Response:**

A very small number of hospitals have dedicated clinical educator positions. Our faculty also employs a small number of clinical educators in speech pathology and exercise physiology from faculty funds.

**Question 11:**

Are there other strategies that build local capacity that you would like HWA to consider? If so, please provide details.

**Response:**

Increased workforce or increased number of dedicated clinical educators. Most of our clinical education is undertaken by practising clinicians for whom it is an additional role. It should be acknowledged that the greatest barrier to increased capacity is inadequate staffing levels and workplace support for clinical educators (ie release time from other duties).
**Policy Option 7:**
Develop consistent clinical placement assessment tools within disciplines.

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**Question 12:**
Are there consistent clinical placement assessment tools in place for your discipline? If so, please provide details.

**Response:**
Some professions do have assessment tools that are used nationally, including speech pathology, occupational therapy, physiotherapy and radiation therapy. Many other disciplines do not have such assessment tools. The development of national assessment tools is not a simple matter and funding from an agency such as ALTC would be extremely helpful to facilitate the conduct of an appropriate research and development project in each profession. A superficial or invalid approach will not be useful.

**Question 13:**
What education and training activity would you like to see measured in health services?

**Response:**
Educational competence developed from attending training course for clinical educators including educational skills, clinical competence, professional attitudes and competence, ethical behaviour, communication and interpersonal skills.
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<td><strong>Policy Option 8:</strong> Implement a reward and recognition program.</td>
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<td><strong>Do you support this policy option?</strong></td>
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<td><strong>Question 14:</strong> Does a national award program exist for supervisors in your profession? If so, please provide details.</td>
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<tr>
<td><strong>Response:</strong></td>
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<td><strong>Question 15:</strong> For universities, is there scope to standardise supervisor supports in your organisation? If so, please provide details.</td>
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</table>
| **Response:** Yes. For some of our professions, we give library access, research support, titles and certificates. We anticipate that we will extend this program next year.
| Policy Option 9:  
| Integrate and recognise supervision as a core component of the clinical role.  
| ---  
| **Do you support this policy option?**  
| Yes ☒ | No ☐  

**Question 16:**  
Does your organisation currently include education and training as a core function within position descriptions?  
Yes ☐ No ☐  

Does your organisation explicitly recognise the philosophy that education is a part of health practitioner roles? Please provide details below.  
Yes ☐ No ☐  

**Response:**  
Most organisations in which clinical education of allied health students takes place do not have specific roles dedicated to clinical education. Clinical education is included in very few position descriptions.
**Policy Option 10:**
Integrate and recognise supervision as a core component of the clinical role.

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<tr>
<td><strong>Question 17:</strong></td>
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<td>As a supervisor do you see benefit in developing an online resource to support supervisors? If yes, what information would you like made available online to assist with this role?</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td><strong>Response:</strong></td>
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<tr>
<td>This is a very important initiative</td>
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## General Comments

It is intended that the strategies contained in the CSSP National Clinical Supervision Support Framework will be applicable across professions and throughout the education and training learning continuum. Do you have any comments or issues that you would like taken into consideration in the development of this framework that have not been covered in previous sections?

Given the small amount of money available to improve both the quality and quantity of clinical placements there is a need to focus on where the money have the greatest impact. In NSW the greatest impediment to capacity and quality of supervision is time for staff, both front line supervisors and their managers. Devising a system to overcome this is both vital and urgent.

Any other general comments