Clinical Supervisor Support Program (CSSP)
Discussion Paper Submission Template

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Date of Submission:

Submission Process:
Interested parties are requested to provide a submission addressing each of the policy options raised in the 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:

Clarity

Policy Option 1: Develop national principles for education and training in the health sector.

Do you support this policy option?: yes

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:

Sydney Medical School upholds several principles for clinical education and training. They comprise:

- specific principles that determine the design and delivery of the Sydney Medical Program; and
- values and standards that determine the overall philosophy of the Program.

The specific principles are as follows.

- Emphasis on problem-based learning and the development of a capacity for clinical reasoning with a strong foundation in the basic medical sciences.
- Emphasis on the development of (a) skills in, and an orientation towards, the critical evaluation of information from diverse sources, and (b) the ability to incorporate appropriate information in decisions on all aspects of health care.
Very early introduction to the clinical setting. This gives students a context for their study of basic clinical sciences, an ability to integrate basic sciences with clinical phenomena, and the time to accumulate skills and acquire confidence in clinical encounters. ‘Clinical skills’ include not only procedural skills but also clinical history-taking, physical examination, diagnosis and communication.

Provision of an ethical and practical framework for the delivery of safe, high-quality health care.

Recognition of limits of competence, both as students and as licensed practitioners.

Emphasis on the importance of assessment in both fostering and demonstrating the acquisition of the required level of competence, i.e. mastery of a body of knowledge and a set of skills. We ensure that our assessment processes are valid, reproducible and logistically sustainable.

Provision of constructive feedback to students and staff on their performance.

We make a substantial investment in evaluation of our Program and we apply the results of evaluation in continuing improvements.

We aim to inculcate the following values and standards in our graduates:

The needs and rights of individuals and communities:

- A commitment to compassionate health-care practice that recognises and respects the social, cultural and personal needs of individuals and their diversity.
- A commitment to effective communication with patients, colleagues and the community.
- Respect for the rights of patients and the community with regard to information, choice among health-care options and the freedom to give and withdraw consent for interventions.
- Respect for the rights of patients and the community with regard to privacy and confidentiality.
- An understanding of the ethical expectations of health care and a commitment to promote and sustain ethical practice.

The value of research:

- A commitment to scholarship and the advancement and renewal of knowledge that leads to improvements in practice and the outcomes of health-care.
- A commitment to apply the best contemporary research-based evidence in all aspects of health-care practice.
- A spirit of critical enquiry into, and a capacity for rigorous analysis of, all aspects of the organisation and delivery of health-care.
- A commitment to evaluation and subsequent improvement of the health care that they and others provide.

The health and health-care expectations of the population:

- An understanding of occurrence of health-related phenomena in populations and of the opportunities to improve the health of individuals and their communities by means of population-based interventions.
- An appreciation of the value of the resources that are used in health care and a commitment to the optimal use of these resources.
- A recognition of the importance of equity of access to health care for all Australians and a commitment to promote the equitable distribution of health-care resources.

Health care and the law:

- A pragmatic understanding of the legal basis of health-service delivery and the legal obligations of Australian medical practitioners.
Global health:
- An appreciation of international variations in health status and health care and an orientation towards health improvement on a global scale.

**Policy Option 2: Develop a nationally agreed statement of role and function supervisor/supervision.**

Do you support this policy option: yes and no

**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:**

The term ‘clinical supervisor’ refers to senior clinicians who are responsible for the overall supervision of Year 3 and Year 4 students in Sydney Medical Program clinical placements. In practice day-to-day clinical supervision may be delegated to other clinicians, such as registrars, resident medical officers or other members of clinical teams in the respective placements. We have therefore invoked the concept of the ‘clinical learning support team’ for the provision of clinical supervision. Thus the terms ‘clinical supervisor’, ‘clinical supervision’ and ‘clinical learning support team’ all have currency in Sydney Medical School. Because the nature of clinical supervision is broadly similar across the clinical professions and for both medical students and junior doctors, these terms are widely applicable.

**Policy Option 3: Develop an agreed competency framework that defines the knowledge, skills and attributes necessary for quality supervision.**

Do you support this policy option: yes

**Question 3:**

Are there core generic competencies you would like added/deleted?

**Response:**

It may be helpful to identify domains of the generic competencies for clinical supervisors that incorporate the competencies listed on page 34.

We suggest the following domains and we list the generic competencies that they might embrace.

1. **Content expertise:** clinical skills and knowledge; capacity to demonstrate the logic of clinical reasoning.
2. **Personal qualities and attributes:** communication skills; interpersonal skills.
3. **Skills in educational methods:** adult teaching and learning skills; ability to give and receive feedback; capacity for appraisal and assessment; ability to provide remediation for poorly-performing students.
4. **Program knowledge:** familiarity with the scope of students’ curricula, assessment requirements, training calendars and timetables.
5. **Relationships:** capacity to maintain effective relationships with educational and training program directors and diverse clinicians who might provide teaching.
6. **Modelling:** capacity to model desirable attributes (e.g. communication styles and professionalism) and desirable skills (e.g. physical examination techniques).
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:

Sydney Medical School encourages students to develop their skills in giving feedback to each other and to teaching staff as an integral part of the program at all stages:

- In Problem Based Learning (PBL) sessions students are expected to give constructive feedback to each other as part of the group learning process.
- In small-group bedside tutorials students’ provision of constructive feedback to their peers on clinical skills is an integral part of the process. Clinician tutors assist students in developing feedback skills through modelling of effective delivery of feedback themselves and by offering suggestions on how the peer feedback can be improved.

Students are expected to offer constructive written feedback on clinical tutors throughout the course.

In addition, ‘Teaching on the Run’ training programs are run regularly at both the Central Clinical School (Royal Prince Alfred Hospital) and the Western Clinical School (Westmead Hospital). They are attended by medical staff at various levels and Stage 3 students in the Sydney Medical Program.

In principle, Sydney Medical School recognises the problems associated with the duration of specialist training after graduation, and the overlap in educational material in the continuum from medical student through basic training. The School is working with the various professional Colleges to reduce repetition and overlap, reduce training times, and improve pedagogy in speciality training.

Question 5:

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

Response:

Not applicable.
Policy Option 4: Develop best practice guidelines and templates for clinical placement agreements between health services and university.

Do you support this policy option: yes

Question 6:

Do you currently have clinical placement agreements in place? If yes, please include a copy with your submission, if no please indicate what should be included in the best practice guidelines.

Response:

No formal agreements currently exist with public-sector health services and hospitals. Longstanding relationships with the large hospitals in which some of our Clinical Schools are based have a created mutual understanding of ongoing arrangements and a spirit of cooperation.

The NSW Department of Health has sought to introduce new agreements between the State’s schools for health professionals and Area Health Services or hospitals, encompassing all sites and all professions. The proposed agreements include schedules which require stipulation of precise numbers of student encounters. As medical schools deploy students to numerous activities in multiple sites, often on a rotating basis, individual students’ timetables are difficult to generate in practice. A requirement to quantify student encounters may reduce the spontaneous behaviour of students in following patients through their hospital stay – an activity of high educational value.

New agreements with private-sector hospitals, however, have been signed or are under development

Question 7:

Do you currently have agreements in place in relation to student documentation? If yes, please include a copy with your submission, if no please indicate what should be included in the best practice guidelines.

Response:

Sydney Medical School is currently developing policies and practices in this regard. The introduction of electronic student records allows for more complete and more secure documentation of individual students’ academic progression, need for support and need for remediation.

Our aim is to provide a comprehensive system of support for students across three areas: academic progression, professional behaviours, and conduct and health and well-being. We encourage all staff to make a record on the system when they encounter a student who may be having difficulties. Access to information on individual students’ health and personal issues is securely limited to a small number of staff; ‘flags’ in the system will allow for the identification of students in difficulty but will not permit access to the nature of the difficulty or other personal information. This information is linked to records regarding professional behaviours and academic failure.

Our intent is to achieve early identification of students in difficulty and provide appropriate responses – i.e. remediation, health or psychological services, professional guidance and/or mentorship – for students who are experiencing difficulties. We are also required to
demonstrate that Sydney Medical School is fulfilling its duty of care as codified by the University of Sydney.

Sydney Medical School keeps detailed records of reports of unprofessional behaviour by students and data on remediation initiatives that have been completed. This information is provided to examination committee when questions arise about a student’s academic performance and eligibility for progression.

Finally, like other medical schools in NSW, Sydney Medical School is required to provide documentation of students’ immunisation status before students are permitted to go to their Clinical Schools and enter other clinical placements.

Quality

Policy Option 5: Develop a generic training program aligned to agreed core competencies.

Do you support this policy option: yes

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?

Response:

Sydney Medical School is in the process of establishing a Master of Education (Health Professional Education) degree. The MEd program aims to equip those who have teaching responsibilities in medicine or health sciences with the knowledge, skills and attitudes needed to plan and deliver undergraduate, postgraduate and continuing medical education programs. The MEd program will promote a broad understanding of contemporary, internationally-recognised educational practices based on the best available evidence. It is designed to prepare future educational leaders in medicine and the health professions.

In addition to ‘Teaching on the Run’ which (as mentioned in our response to Q4) is offered by the Central and Western Clinical Schools, our Northern Clinical School has developed a module – Effective Supervision and Feedback – which is part an on-site course specifically designed for advanced trainees and consultant-level participants. Engagement and interaction of participants is encouraged through use of role play and video and the session itself models fundamental principles of good supervision.

The University of Sydney also offers an on-line certificate course for supervisors of postgraduate students – the Development Program for Research Supervision. Supervisors are required to complete the course as credentialling for independent supervision of PhD students.

Sydney Medical School was involved in the Commonwealth Government-funded Bridging Project which developed a competency framework for the role of ‘Doctor as Educator’ across the spectrum from medical students to independent practitioners. The project was completed in December 2008. One of the ‘sub-roles’ contained in the framework is that of a clinical supervisor. This project also developed educational modules addressing the competencies, as an extension of the ‘Teaching on the Run’ Program. (see http://www.thebridgingproject.com.au/thebridgingproject/20081205/default.asp)
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?

Response:
The University of Sydney’s Development Program for Research Supervision is an appropriate model to use as a basis for clinical supervision. Details of the course are available online: http://www.itl.usyd.edu.au/supervision

Policy Option 6: Support health services to deliver training locally that builds capacity.
Do you support this policy option: yes

Question 10:
Does your organisation have “dedicated clinical educator” positions? If yes, how is this position funded?

Response:
Each Clinical School of Sydney Medical School has dedicated clinical educators with clinical as well as education backgrounds. Their positions are funded by the Sydney Medical School, usually from the budgets allocated to individual Clinical Schools

Question 11:
Are there other strategies that build local capacity that you would you like the HWA to consider?

Response:
Sydney Medical School proposes a model that provides each major medical discipline with a clinical educator – preferably at senior registrar level – who is supported academically by a full-time academic medical educator and whose time is split equally between clinical duties and clinical education. This model would not only assist students (and Junior Medical Officers) working in the Clinical Schools, but also develop students’ teaching and supervisory skills via supported practice.

Sydney Medical School has achieved excellent results with cross-professional training, e.g. the provision of training in obstetrics for medical students by midwives. Students have also benefited from tutorial-style ‘cross-generational’ teaching provided by senior clinicians, typically those who have retired from full-time practice or at the stage of reducing their clinical commitments.

Further capacity development could be achieved by providing incentives to encourage all supervisors to attend training programs aimed at improving the standard of supervision, examinations skills and training. ‘Teaching on the Run’ is an example of such a program.

There are particular issues that arise from training and supervision in indigenous healthcare which occurs in AMS, related to clinical workload of the usually non-medical practitioners who act as clinical supervisors. Capacity building in that setting would require some investment in both training and provision of back-up clinical support for the trainers.
Policy Option 7: Develop consistent clinical placement assessment tools within disciplines.

Do you support this policy option: yes

Question 12:
Are there consistent clinical placement assessment tools in place for your discipline?

Response:
Sydney Medical School has a consistently-used tool for assessing students’ performance in clinical placements. It combines student self-assessment with supervisor assessment and comment.

Evaluation of teaching and student satisfaction within the clinical schools, including clinical placements, is carried out in a continuing fashion by the Evaluation Unit of Sydney Medical School’s Office of Medical Education. The same questionnaires and data-analysis methods are used on successive cohorts of students, enabling longitudinal trends to be monitored.

Develop a teaching and learning organisational culture

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

Response:
Staff of Sydney Medical School would like to see the following education and training activities measured:

- The number of accredited supervisors
- The availability of online course(s) for new supervisors
- Whether the clinical site evaluates the quality of supervision from
  - the learners’ perspectives or
  - the supervisors’ perspective or
  - both
- The availability of clinical supervisors.
- Whether learners receive timely and appropriate feedback about performance.
- Whether formal orientation occurs for supervisors.
- Whether orientation occurs for learners.
- Whether the supervision site has support for clinical teachers.
- The number of full-time equivalent medical educators in each discipline (i.e. those with clinical experience and formal accredited academic education qualifications)
- The evidence that the core curriculum is delivered by each discipline, the method of delivery, attendance, formative assessment during each student’s placement by appropriate supervisor.
- Access to night-time supervision for junior staff, including junior registrars.
Culture

**Policy Option 8: Implement a reward and recognition program.**

Do you support this policy option: yes

**Question 14:**

Does a national award program exist for supervisors in your profession?

**Response:**

Sydney Medical School is not aware of any national award programs for supervisors. Sydney Medical School presents annual awards for Outstanding Teaching, Excellence in Research Supervision, Support of the Student Experience and Systems that Achieve Collective Excellence.

The University of Sydney also has several awards which recognise staff who have demonstrated outstanding skills and achievements in teaching, e.g. the Vice-Chancellor's Award for Outstanding Teaching.

**Question 15:**

For universities: is there scope to standardise supervisor supports in your organisation?

**Response:**

Yes. The following initiatives could be considered.

- It would be very useful for individual clinical departments (e.g. Cardiology) within clinical teaching institution (e.g. teaching hospitals) to nominate a clinician within the department whose duties would include organising and overseeing supervision of students.

- The clinical school, in conjunction with the hospital, could establish an annual award for the most outstanding student supervisor, whose name would be recorded on an honour board within the institution.

- Clinical schools, in conjunction with their respective medical faculties, could establish a training program to assist with the development of the supervisory skills of clinical supervisors based in the clinical departments of hospitals. These could be delivered as, for example, as one-hour weekly evening sessions (with refreshments) scheduled over one month of each year. The sessions could be delivered by invited speakers who would discuss important elements of high-quality student supervision and suggest supervisory techniques.

These initiatives could build on existing supports for supervisors. In Sydney Medical School Clinical Schools, these supports are currently provided through Clinical Schools, and the supervisory experiences are shared through clinical school liaison committees.

Any new supervisor support initiatives (such as those described above) should provide for clinical supervisors working at sites away from the teaching hospital, e.g. specialist clinicians who take students in their private rooms, clinicians working in 'super clinics' to which students are allocated, and clinicians within private hospitals that take students.
Policy Option 9: Integrate and recognise supervision as a core component of the clinical role.

Do you support this policy option: yes

Question 16:

Does your organisation currently include education and training as a core function within position descriptions? Does your organisation explicitly recognise the philosophy that education is a part of health practitioner roles?

Response:

Education and training are of course core functions of Sydney Medical School and its affiliated institutions. The position descriptions of almost all clinicians employed by Sydney Medical School and most of the health-service-employed clinicians who teach students include education and training as mainstream duties.

Sydney Medical School endorses the philosophy that education is a role of health practitioners. To this end, the School is committed to the development of students’ capabilities to be teachers. Goals within the School’s current (2010-15) Strategic Plan clearly reflect a recognition that education is one of the roles of health practitioners. For example, the School plans to provide training in small-group teaching methods and assessment techniques. The Strategic Plan also refers to the need to ensure that staff are well-supported to deliver high-quality teaching and the need to increase the engagement of clinical academics and conjoint-title holders in teaching.

Policy Option 10: Develop national support mechanisms for clinical supervisors.

Do you support this policy option: yes

Question 17:

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?

Response:

Yes. Sydney Medical School has developed a student-support website to assist students in finding resources to solve their own problems or to direct them to people and services inside and outside the university. A similar resource should be available to supervisors and should include information on the role of the supervisor and on appraisal and assessment techniques as well as assistance in recognising and providing support for students in difficulty.

General Comments: