HealthWorkforce AUSTRALIA



National Clinical Supervision Support Framework

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An Australian Government Initiative

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The quality of clinical supervision is the key influence on the quality of the clinical placement and, ultimately, on the calibre of the health practitioner.

Contents

The 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.

Introduction

This Framework document has been developed by Health Workforce Australia (HWA) to guide and support clinical education and training activity in the health sector.[1] In particular, it informs and underpins projects and activities undertaken as part of the Clinical Supervision Support Program (CSSP). The Framework aligns to the National Health Workforce Innovation and Reform Strategic Framework for Action 2011-2015.[2] The CSSP is a $28 million program funded under the National Partnership Agreement on Hospital and Health Workforce Reform. The Framework 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. Details of the CSSP and other work programs of HWA can be found on our website: www.hwa.gov.au.

About Health Workforce Australia

An initiative of the Council of Australian Governments (COAG), HWA was established 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.

Its establishment followed the development of a $1.6 billion National Partnership Agreement on Hospital and Health Workforce Reform by the Commonwealth and State and Territory Governments in November 2008.

HWA reports to the Health Ministers of the Commonwealth, States and Territories and operates across health and education sectors to devise solutions that integrate workforce planning, policy and reform with complementary reforms to education and training.

HWA's functions include:

- provision of comprehensive, authoritative national workforce planning, policy and research advice to Ministers, governments and key decision makers in the health and education sectors
- improving and expanding access to quality clinical education placements for health professionals in training across the public, private and non-government sectors. This will be achieved through programs that expand capacity, improve quality and increase diversity in learning opportunities.

Strategies include:

- a national network of simulated learning environments (SLEs) to enhance the quality, safety and efficiency of clinical training
- developing and implementing a national program of health workforce innovation and reform. This will encourage the development of new models of health care delivery, facilitate inter-professional practice and equip health professionals for current and emerging demands on the health care sector
- facilitating a nationally consistent approach to international recruitment of health professionals to Australia.

Structure of paper

The Framework section outlines the context, purpose, intended audience, and scope of the Framework. In the following Background section, information is provided on why and how the Framework was developed. The Terminology section defines key terms used in this document. Finally, the Principles section contains a statement of the principles provided to guide and support clinical education and training in the health sector.

1. The HWA *National Health Workforce Innovation and Reform Strategic Framework for Action* provides overarching guidance for the development of policy and delivery of programs in clinical education and training. The focus of this Framework is specific to the clinical supervision aspects of health sector education and training.
2. HWA National Health Workforce Innovation Reform Strategic Framework for Action 2011-2015.

The Framework

The contribution of clinical supervisors in Australia, currently and in the past, is acknowledged and recognised. This Framework not only provides a foundation for the expansion of capacity and competence in clinical supervision through the CSSP but also reinforces the ongoing support for existing capacity and processes in clinical supervision.

Although the focus of this Framework is on the clinical education and training of students, more broadly it encourages a commitment by health service organisations to promote a learning environment, regardless of whether the organisation is explicitly involved in the education and training of students.

Purpose

This Framework seeks to:

- provide an overarching structure to link all projects within the CSSP, so that consistent planning methodologies can be applied to each project
- reinforce the importance of the teaching and learning culture in the health sector, including support for inter-professional practice and collaboration
- provide a platform for dialogue across professions, jurisdictions and educational institutions
- facilitate a common understanding of the terminology used by HWA for clinical education and training within the health sector.

Information contained in this Framework is not intended to supersede any local arrangements, guidelines or clinical supervision models that may apply in specific clinical placement settings, sites and professions. Rather, it aims to support existing local arrangements and relationships for the clinical education and training of health professionals.

Intended audience

This document is intended as a reference for individuals and their organisations involved in the clinical education and training of health care professionals. This group includes educators, students, staff, managers, health professionals and the public, as well as professional organisations, universities, regulatory bodies and health service providers.

Scope

This Framework applies across the health sector education and training continuum inclusive of the vocational education and training (VET) sector, professional entry level to postgraduate students and vocational trainees in medicine, nursing and midwifery, dental and allied health. It encompasses workers who provide health services to particular segments of the population such as Aboriginal Health Workers. The Framework covers the full spectrum of organisations, sites and settings involved in health education and training activities, including the public and private sector, government and non-government organisations, the higher education sector, not-for-profit organisations and Aboriginal Community Controlled Health Services.[3]

The Framework provides a foundation for the expansion of capacity and competence in clinical supervision through the Clinical Supervision Support Program (CSSP) and reinforces ongoing support for existing capacity and processes in clinical supervision.

3. An Aboriginal Community Controlled Health Service may also be referred to as an Aboriginal Medical Service.

Background

This section provides information on why and how the Framework was developed. It looks at the Clinical Supervision Support Program, Simulated Learning Environments Program, Integrated Regional Clinical Training Networks and information sources used to develop this Framework document.

Clinical Supervision Support Program

As outlined in the 2008 National Partnership Agreement on Hospital and Health Workforce Reform, the objective of the CSSP is to implement reforms to expand clinical supervision capacity and competence by supporting measures:

- to prepare and train clinical supervisors
- to support and develop a competent clinical supervision workforce, which delivers quality clinical training.[4]

The three focus areas of the CSSP are clarity, quality and culture.

- 'Clarity' aims to achieve agreement and accountability across professions, jurisdictions and educational institutions in relation to the role and function of a clinical supervisor.
- 'Quality' aims to improve the quality of clinical supervision, build local capacity, reduce the tension between service delivery and teaching, and to make the most effective use of clinical supervisors' time.
- 'Culture' aims to recognise and reinforce the value and contribution of clinical supervisors and to enable collaboration within and across professions.

Strategies developed under the CSSP focus on underserviced areas and new settings. For example, underserviced areas may include rural and remote, primary care, mental health, aged care and dental; new settings may include private sector settings.

Simulated Learning Environments Program

The Simulated Learning Environments (SLE) program aims to develop a national network of SLEs to enhance the quality, safety and efficiency of clinical training.

The SLE project includes a focus on accessibility to regional and rural centres and encompasses both high- and low-technical training needs. Development of the SLEs is expected to positively impact on aspects of clinical supervision, including capacity and processes.

Integrated Regional Clinical Training Networks

Integrated Regional Clinical Training Networks (IRCTNs) have been established as a mechanism to coordinate and facilitate clinical placements across all types of service providers at a regional level.

Implementation of a majority of CSSP projects and activities will be supported through the IRCTNs.

The IRCTNs will also deliver other HWA programs, including some aspects of the Workforce Innovation and Reform and the Simulated Learning Environments programs.

The Networks will build on existing local relationships and connections among participants in the clinical supervision process, including education institutions, health service providers, placement sites, and professions.

This Framework was developed to provide a foundation for the projects and activities undertaken as part of the CSSP. The principles in this Framework are intended to guide and support clinical training activities, regardless of the environment in which the clinical training is conducted.

Information sources

The main information sources[5] used to develop this document include:

- the HWA CSSP Environmental Scan and Research Report
- the CSSP Discussion Paper
- the 134 stakeholder submissions received by HWA in response to the CSSP Discussion Paper
- the CSSP Directions Paper.

4. The CSSP complements the National Training Plan (NTP) being developed by HWA. The NTP has a goal of achieving self-sufficiency in the supply of doctors, nurses and midwives by 2025 while recognising that Australia exists within a global health labour market and there may be many reasons for the international movement of health professionals.
5. For further details about these information sources, see the HWA website, www.hwa.gov.au.

Terminology

The aim of this section is to establish a common understanding of the terminology used for the purposes of the CSSP. These definitions are not intended to override the specific language, terminology and other definitions used by individuals or organisations within the health sector when referring to education and training roles or functions within professions, health care service providers, facilities, sites and local areas. The HWA-adopted definitions simply are presented to facilitate dialogue with stakeholders on all HWA projects and activities.

Student

For ease of reference, this Framework uses the term 'student' to refer to a person undertaking education and training in a clinical placement within the health sector. The term is intended to encompass the VET sector, professional entry to postgraduate students and vocational trainees in medicine, nursing and midwifery, dental and allied health.

Clinical placement

Clinical placements provide opportunities in a relevant professional setting for the education and training of health sector students for the purposes of:

- integrating theory into practice
- familiarising the student with the practice environment
- building the knowledge, skills and attributes essential for professional practice, as identified by the education institution and/or external accrediting/licensing body.[6]

During clinical placements the provision of safe, high-quality patient care is always the primary consideration.

It is recognised that a clinical placement may be conducted in any number of locations, including non-healthcare settings for some allied health professions, and that the setting or location of a placement may vary both within and across professions.

Clinical supervision and clinical supervisor

Clinical supervision and clinical supervisor are terms defined by their context. While the specifics of the terms vary among professions and across local settings and models, the role of clinical supervisors and the function of clinical supervision share a similar set of attributes across the spectrum of professions, settings and models.

Clinical supervision. This involves the oversight – either direct or indirect[7] – by a clinical supervisor of professional procedures and/or processes performed by a student or a group of students within a clinical placement for the purpose of guiding, providing feedback on, and assessing personal, professional and educational development in the context of each student's experience of providing safe, appropriate and high-quality patient care.[8]

Clinical supervisor. A clinical supervisor is an appropriately qualified and recognised professional who guides students' education and training during clinical placements. The clinical supervisor's role may encompass educational, support[9] and managerial functions. The clinical supervisor is responsible for ensuring safe, appropriate and high-quality patient care.

6. Source: The Australian Clinical Educator Preparation Program, Glossary. Accessed 22 August 2011, www.clinicaleducation.info/.
7. Direct supervision means that the clinical supervisor is present, observes, works with and directs the person who is being supervised. Indirect supervision means that the clinical supervisor is easily contactable but does not directly observe the activities. Adapted from Australian Nursing Federation definitions. See Australian Nursing Federation 2005, *Competency Standards for Nurses in General Practice: Professional Supervision of Enrolled Nurses*, p. 2. Accessed 22 August 2011, www.anf.org.au/nurses_gp/resource_16.pdf.
8. S. Kilminster, D. Cottrell, J. Grant & B. Jolly 2007, 'AMEE Guide No. 27: Effective educational and clinical supervision', *Medical Teacher*, 29(1): 2–19.
9. 'Support' functions may include, for example, pastoral care, mentoring and other forms of guidance.

Explanatory information

As the above definitions are intended to be flexible and applicable across a range of professions and settings, the definitions should be read in conjunction with the following three explanatory comments.

- The focus of the definitions is on the provision of clinical supervision to the student. Whether the role of clinical supervisor and the functions of clinical supervision include the managerial or administrative aspects associated with organising or coordinating the placement itself will depend on local arrangements.
- The role of clinical supervisor and the functions of clinical supervision may be provided by more than one individual. The number of individuals performing the role and functions would necessarily differ locally, and may also vary by health profession, setting, and model. For example, direct supervision may be conducted by one or more individuals, and formal assessment of students may be done by others. The roles and functions of clinical supervision may also be shared across professions, for example, in inter-professional placements.
- The definitions encompass situations where the clinical supervisor is simultaneously conducting his or her own professional practice and also situations where the education and training element is conducted independently of professional practice, for example, by someone in a dedicated educator role.

Health Workforce Australia (HWA) adopted definitions are flexible and applicable across a range of professions and settings; they are not intended to override specific language, terminology or other definitions used by individuals or organisations within the health sector.

Principles

The following principles provide guidance to support clinical education and training in the health sector, and inform and underpin projects and activities undertaken as part of the CSSP. The principles promote consistent high standards, expansion of capacity and capability, and creation of a culture that supports best practice within the clinical learning environment of the health sector.

The principles are flexible enough to apply across a wide range of settings, models and professions in which the clinical education and training occur. They recognise and accommodate variations in settings, models and in the requirements of different professions.

The principles are categorised into the three key focus areas of the CSSP, namely, clarity; quality; and culture.

Clarity

Roles and responsibilities. The roles and responsibilities of all participants involved in the clinical supervision process should be clearly stated, communicated, and documented as appropriate. For this purpose, participants in the process include students, clinical supervisors, managers and staff at placement sites, and relevant staff from educational institutions.

Expectations of supervisors, students and placement sites. To guide the clinical supervision process, expectations and learning objectives of clinical placements should be clearly articulated. To ensure health service delivery requirements are met, expectations of the clinical placement site should be clearly articulated.

Quality

Patient care. Patient care provided during clinical placements must be safe, of high quality, appropriate and effective, and be the overriding priority.

Clinical supervisor knowledge and skills. A recommended core set of knowledge, skills and attributes for clinical supervisors to deliver quality clinical supervision should be defined.[10]

Education program attributes.[11] The education program underlying the clinical placement should:

- be based on contemporary teaching methods, including role modelling and adult learning principles
- reflect a diversity of experience, including opportunities for inter-professional learning and exposure to non-traditional settings,[12] where appropriate
- provide adequate exposure to the relevant scope of practice for the profession
- incorporate and support valid, reliable student feedback, assessment and reporting tools and processes aligned to the stated learning objectives.

Preparation and support. Clinical supervision is most effective when clinical supervisors and students are adequately prepared and supported. They should be provided with an understanding of profession-specific requirements and learning objectives, clinical placement site requirements and ongoing support and access to relevant resources throughout the clinical placement experience.

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 the clinical placement setting. Ongoing support for student welfare[13] must also be emphasised, to enhance student participation and retention.

10. An agreed competency framework will be developed as part of the CSSP.
11. Applicable accreditation standards for the education and training program or courses may address these factors.
12. Non-traditional settings may include, for example, simulated learning environments.
13. Student welfare may include personal, social and learning needs of students, within the context of their clinical placement.

Culture

Organisations. The objectives of organisations providing clinical education and training should include a strong and measurable commitment to clinical education and training, innovation and improvement.

Resources. An appropriate funding and resource base strengthens and promotes the status of clinical education and training in the health sector.[14]

Relationships. Clinical supervision capacity and capability, and its expansion, should be supported by strong collaborative relationships among participants involved in the supervision process, including between the health and education sectors, on an inter-professional basis, and between the supervisor and the student.

Learning environment. Clinical placements should facilitate education and learning in a safe, supportive and appropriately resourced work environment.

Recognition. Explicitly recognising clinical supervision in the workloads of health professionals improves clinical education and training capacity and quality. While some professions have dedicated positions with clinical education and training responsibilities, other health professionals take on the clinical supervision role in addition to their usual workload. Clinical supervision should be acknowledged and valued by the health and education sector.

Patient care provided during clinical placements must be safe, of high quality, appropriate and effective, and be the overriding priority.

14. National funding for CSSP projects and activities, aimed at expanding clinical supervision capacity and competence based on local requirements, will be provided through HWA's IRCTNs.

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