# PROJECT FINAL REPORT

Pilot Network Program Project to the Western Interdisciplinary Clinical Training Network (ICTN) Local Project Fund

<table>
<thead>
<tr>
<th><strong>Project Name</strong></th>
<th>Development of a Clinical Supervisor Team Network in Clinical Placements using blended interprofessional strategies: Dentistry and Health Sciences in a pilot network program.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Release</strong></td>
<td>Final Date: 31st May 2013</td>
</tr>
<tr>
<td><strong>Project Investigator:</strong></td>
<td>A/Professor Tania Gerzina&lt;br&gt;<a href="mailto:tania.gerzina@sydney.edu.au">tania.gerzina@sydney.edu.au</a>&lt;br&gt;University of Sydney</td>
</tr>
<tr>
<td><strong>Project Co-Investigator:</strong></td>
<td>Mr Andrew Kilgour&lt;br&gt;<a href="mailto:akilgour@csu.edu.au">akilgour@csu.edu.au</a>&lt;br&gt;Charles Sturt University</td>
</tr>
</tbody>
</table>
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1. Executive Summary

1.1 Overall Perception

In overall terms the project can be considered to be successful in that the principle objectives set out within the Funded Proposal had been achieved in the 10-week life of the project and completed under the awarded funded budget.

The project delivered a Clinical Teacher Conference and a dedicated Website for Clinical Teacher forging a new collaboration between clinical teachers at the front line of teaching from three health professions, Medical Radiography, Dentistry and Oral Health, two universities, the University of Sydney and Charles Sturt University and from several metropolitan and rural areas in NSW. This all was beyond the initial proposal, but occurred as a natural progressive result.

Feedback from Clinical Teachers, was almost universally enthusiastic, that the project was a strong achievement with good impact amongst them in terms of enhancing their capacity and competency and connectivity in an interprofessional way.

The conference brought faces to names and to email addresses. The sense of community amongst the very generous clinical teachers, delegates to the conference, was outstanding and their engagement in the lectures and workshops was excellent.

The website is an easily sustainable tool that can be progressively developed, has high feasibility, little ongoing, can promptly respond to even remotely located clinical teachers especially with faster broadband NBN connectivity. There is an obvious option to extend the website to as many users as are interested, across multiple ICTNs. Resources posted to the site can be instantly shared by users with little administrative input for CMS managers. Communication through the site can elaborate partnerships between University, health LD and NGO partners who can together shape IPL programs and target support to any isolated groups. The site is easily integrated with the developing Oral Health Superguide and with ClinConnect to broaden function further. The initiative has been called ClinTeach.
Future? The evaluation of ClinTeach, points strongly to the development of an accredited National Consortium of Interprofessional Clinical Teachers that would use a suite of educational and research offerings based on the excellent resources developed by HETI, amongst others.

1.2 Outputs

ClinTeach Conference


Highly favourably evaluated by delegates to the conference, see section 3.

ClinTeach Website

www.clinteach.com

Purpose built, interprofessional, interactive, multi-affiliated, community and forum site for Clinical Teachers. See section 4.

Google Analytics used for evaluation of user data.

Project Successes / What went well

<table>
<thead>
<tr>
<th>Key Issue &amp; Impact</th>
<th>Lesson Learnt</th>
<th>Action that has been taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 1 – Project initiation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Need for specialised help</td>
<td>Approach key persons</td>
<td>Establish Project group of specialists</td>
</tr>
<tr>
<td>Enthusiasm of Project Team</td>
<td>Validated needs analysis findings.</td>
<td>Champions identified</td>
</tr>
<tr>
<td>Managing overall very tight timeline</td>
<td>Value of planning timeline, Gantt chart</td>
<td>Regular weekly meetings</td>
</tr>
<tr>
<td>Section 2 – Development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meeting project stage deadlines</td>
<td>Need to early identify time-sensitive stages</td>
<td>Careful articulation of priorities</td>
</tr>
<tr>
<td>Quality of each stage</td>
<td>Allow time for critical review</td>
<td>Double-checking quality</td>
</tr>
<tr>
<td>Section 3 – Implementation and evaluation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exposition and implementation</td>
<td>Prepare a roll-out procedure</td>
<td>Communicate plans</td>
</tr>
</tbody>
</table>
### Design of evaluation tool
- Delegate responsibility early
- Use established tools

### Areas for Improvement / What didn’t go that well

<table>
<thead>
<tr>
<th>Key Issue &amp; Impact</th>
<th>Lesson Learnt</th>
<th>Action taken</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Section 1 – Project initiation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delay to access funding</td>
<td>Direct contact F2F required.</td>
<td>Contact key financial manager early, often and directly.</td>
</tr>
<tr>
<td>Lack of awareness of project by stakeholders</td>
<td>Cannot over-communicate</td>
<td>Established wide regular and updates communications about project</td>
</tr>
<tr>
<td><strong>Section 2 – Development</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of understanding of project amongst senior academics</td>
<td>Analyse reasons</td>
<td>Meet unmet needs</td>
</tr>
<tr>
<td>Managerialism of senior stakeholders</td>
<td>Understand why this occurs.</td>
<td>Minimise effect on project</td>
</tr>
<tr>
<td><strong>Section 3 – Implementation and evaluation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marketing</td>
<td>Keep the message simple</td>
<td></td>
</tr>
</tbody>
</table>

### 2. Project Background

#### 2.1 Brief Description of the Project

The core goal of the project was to expand clinical supervision capacity and competency by providing a Clinical Supervisor Team Network using interprofessional (IPL) team-building strategies delivered in a blended educational mode. The network was supported by a dedicated “ClinTeach” website and “ClinTeach” conference.

The effectiveness of the network was piloted and tested during the project in a new collaborative partnership between: three health professions: Medical Radiography, Dentistry and Oral Health, two universities: the University of Sydney (USydney) and Charles Sturt University (CSU) and clinical teachers from: metropolitan and rural areas across New South Wales.
Evaluation about ClinTeach was sought from clinical teaching communities. Members of the project team, who developed both the website and conference, were also asked to provide feedback about the completed project in terms of the meeting project key objectives and identification of both successful and less successful aspects of the process.

The findings of evaluation of ClinTeach are recorded within this report with a view to provide a basis from which future development may be smartly built extending this interprofessional initiative to other health professions.

2.2 Project Objectives

1. Enhance access and engagement of supervisors to previously unavailable support from the university sector in clinical training, curriculum resources and supervision techniques. Awarding of educational qualifications and opportunities for Continued Professional Development units as mandated under health practitioner registration requirements will also be explored.

2. Contribution to the elaboration and facilitation of interprofessional practice by clinical supervisors and thus enhance placement capacity, and developing the integrated interdisciplinary approach to enhance patient care and safety.

3. A new collaboration between the faculties of Dentistry and Health Sciences, with possible future inclusion of faculties such as Nursing, Medicine, and Pharmacy.

4. Increased connectivity of clinical supervisors to each other across regional and rural clinical centres, due to the availability of access to eLearning modules, and the constructive use of social media, on line forums and teleconferencing.

This report is the summation of evaluations and discussions held about these project objectives and outputs along with an analysis of the significant issues that arose from it and recommendation for the future.

2.3 Constraints

There were three main constraints on the project progress. The long delay to funding access, and despite this the very fixed endpoint date and finally poor support of the project by senior university stakeholders.
3. The ClinTeach Conference

3.1 Format of the conference

The ClinTeach 2013 conference was held in Canberra ACT on Saturday 25th May, 2013 in the Hyatt Hotel Canberra, within the parliamentary triangle. This location was selected to equitably allow both rural and metropolitan clinical teachers to attend.

Clinical Teachers from both CSU School of Dentistry and Health Sciences and Sydney Faculty of Dentistry and Faculty of Health Sciences, Medical Radiography, were invited to participate and the final list of attendees comprised delegates from all these groups.

Four key note addresses, interprofessional, and two workshops, discipline-based, were held in the Conference. The Speakers at the conference represented two professions, two universities, the Western HETI and the Sydney Local Health District:

- Professor Robert Davison, Associate Head of School and Professor in Medical Imaging, School of Dentistry & Health Sciences, Charles Sturt University.
- A/Professor Tania Gerzina, Dental Education, Jaw Function and Orofacial Pain Research Unit, Faculty of Dentistry, University of Sydney.
- Ms Jane Beach, Western ICTN Coordinator, Health Education and Training Institute
- Mr Andrew Kilgour, Lecturer in Medical Imaging, School of Dentistry & Health Sciences, Charles Sturt University.
- Ms Natalie Charlton, Associate Lecturer and Lead MRS WIL Academic Work Integrated Learning, Faculty of Health Sciences, University of Sydney.
- Dr Alan Reid, Head, Oral Surgery in Department of Oral Surgery and Diagnostic Imaging, Oral Health Services Sydney Local Health District.

The final Conference Agenda is shown in Appendix B:

3.2 Conference evaluation

Evaluation of the conference by delegates to the conference was determined by voluntary written survey provided at the end of the conference. The survey was a set of questions drawn from the Conference and comprised a total of: 42 agree/disagree questions, 3 open-ended questions, 11 limited response questions. The Survey is included in Appendix C. A response rate of 95% was achieved based on completions of 37 surveys from a targeted population of 39. The survey took an average of 24 minutes to complete. Results were highly favourable across all questions. Full survey evaluation results are shown in Appendix C; example of typical comments made are shown below:
<table>
<thead>
<tr>
<th>ClinTeach Conference May 2013 Qualitative evaluation</th>
</tr>
</thead>
</table>

### What did you like most about the conference?
- I felt this was one beginning of a more complicated conversation.
- I felt this was just a beginning or an introduction to ... a pedagogy.
- Interdisciplinary gathering.
- Well-organised, good cross discipline.
- Very relevant to our profession. Good guidance to clinical supervisors.
- A structured assessment procedure which progresses with experience of the student is welcomed.
- Networking, professionalism.
- Well organised, good speakers, new and fair assessment for students.
- Interaction with colleagues.

### What specific thing did you like least about the conference?
- I liked the practical information rather than the theoretical.
- Location-long way to come for a single day.
- Lectures too compressed, subjects needed more time, with Q. and A.
- Not enough time to talk with colleagues.

### Any other comments?
- Has made me think more (and act) on clinical placement. Intend to organise a structured program for placement at our site.
- Interactive forms are beneficial.
- Well done on organising a content-rich and relevant conference. It was a great launch of the program to educate us on. The program and tools, so we can advocate ClinTeach to our peers and students. Workshop demonstrated that clinical supervisor feedback HAS BEEN incorporated and taken seriously.
- Loved the multidisciplinary approach across multiple platforms. High quality clear and timely. I feel that I’m part of a profession that truly cares. So glad to be part of a ground level project I really believe in and am passionate about. I nodded so much in agreement with Andrew and Natalie. I feel reassured that I’m on the right track. I’m really pleased to be part of something that can truly make a difference. Thankyou. Great being part of an expanding community also.
- At last education for the clinical educator, fantastic relevant information. Looking forward to more in the future. Website looks excellent. Ongoing "unwell" patient scenarios/training would be valuable. Especially on the website. It was good to have thought provoking questions and scenarios rather than the standard information. Made me realise that there is so much yet to learn. That I need lots more education! Thank you. Well done. An excellent Day.
4 ClinTeach Website

4.1 Design

Primary Goal of the ClinTeach Website was to facilitate and sustain shared communication and contact of clinical teachers with materials and resources that support their teaching scholarship and development. Secondary goals were to provide a forum for exchange of information in clinical teaching, and discipline content; to educate users in the evidence for good teaching and finally, to support other faculty and school needs, goals, and where applicable, activities.

The ClinTeach site is interactive, multi-affiliated site with both static and dynamic components. A keyword search engine facilitates quick searching on the site. Site engineering including graphic and interface design and standardised coding and search engine optimization professionally completed by recommended web-designers from “B-side”, Ms Jayne Ion and Mr Nick Lockwood. Front-end design of the website including writing mark up and authoring was, and continues to be completed by the Project Investigators who have CMS administration for their professional disciplines, Andrew Kilgour (for Radiography) and Tania Gerzina (for Dentistry and Oral Health).

Design of the site was primarily informed by the findings from the Needs Analysis completed with clinical teachers in Dentistry and Oral Health in an early stage of the project. Google Analytics is used for evaluation of user data.

Site content is interprofessional with discipline-specific pages. It includes teaching strategies, curriculum documents, dental presentations, feedback and discussion areas and quizzes. A discussion on National Assessment Standards in Medical Radiography is being currently run in the “Radiography” area of the site. The website address is www.clinteach.com

Domains “dot.org” and “dot.net” have also been registered for one year (to April 2014). Future development of the site will be according to the client preferences, for example, CPD-linked activities, RSS feed subscriptions and video podcast views.

4.3 Evaluation

The Website was launched on May 25th, 2013 during the ClinTeach Conference in Canberra by Ms Jayne Ion (B-side). Evaluation by the Clinical Teachers at this time is very limited. The following are comments from the Project Group.
Positive aspects:
- Excellent partnership ethos in Project Group: respect, dignity, value, friendship.
- Hands-on approach by User/Client.
- Good understanding of quality through Project Group.
- Achieved good build quality on tight budget achieved in spite of tight time constraints.
- Real ‘can-do’ attitude amongst Project Group.
- Amazing enthusiasm in Project Group.

Do Differently:
- Articulate website address and ownership of website more clearly and more widely.
- Articulate educational standards and their impact on pedagogy more effectively.
- Communicate user advantages on the website better.
- Recognise differences between specific discipline needs.
- Master plan the Project rather than doing it piecemeal to enhance wide understanding.
- Project team was time-poor – were not able to pay necessary attention to detail in order to prevent issues before they arise.
- Better co-ordination between project team members.
- Early stages there was skepticism/ defensive from academic line managers which took effort and time to resolve;
  - Could be sped up by more definite team building session
  - Even do pre-contract meeting
  - Grey areas - information missing
- Communication of how project planned back to design team - do better - More reporting, How to balance ‘doing’ and giving confidence by making forward programming more visible
- Clinical teachers needed more feedback on the Project Performance.
5 Future Direction and Progress

The Community of Clinical Teachers who were engaged in the ClinTeach Conference and ClinTeach website were asked their views on future conferences. The Project Team also provided direction for the future of the website. These are provided below.

### Suggestions for future Conferences by Conference Delegates

<table>
<thead>
<tr>
<th>Suggestion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supporting assessment [completed by] supervisors.</td>
</tr>
<tr>
<td>A student’s perspective.</td>
</tr>
<tr>
<td>Best ways to approach assessment marking. Clearer instructions on ALL paperwork/assessment tactics/forms to be completed while a student is on placement.</td>
</tr>
<tr>
<td>What’s available for clinical supervisors? I had no idea about [this]. Types of workshops to educate and inspire potential and current clinical supervisors.</td>
</tr>
<tr>
<td>Clinical education-All aspects/levels currently we have none.</td>
</tr>
<tr>
<td>Developing assessment rubrics to standardise our student evaluations.</td>
</tr>
<tr>
<td>Rubric module development.</td>
</tr>
<tr>
<td>Objective standards for each discipline.</td>
</tr>
<tr>
<td>Guidelines for assessment of students, objectives of learning clinical sessions, to create some standards of clinical teaching and assessment. Find courses and people that can advance me in my professional career. Excellent!</td>
</tr>
<tr>
<td>Workshop on graduate attributes of BOH and DMD and how these are to be interpreted in curriculum design for BOH and DMD.</td>
</tr>
</tbody>
</table>

### Suggestions for the Website by Project Group

<table>
<thead>
<tr>
<th>Suggestion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional resources placed on website, including all presentations from conference.</td>
</tr>
<tr>
<td>Developed to include additional professions- many rural and remote practitioners from other professions have expressed that they wish this were available for them.</td>
</tr>
<tr>
<td>Advertise the website more widely, once it is finalised, to get people using it.</td>
</tr>
<tr>
<td>Addition of content to the website which will in turn encourage existing users to return and new members to join and contribute.</td>
</tr>
<tr>
<td>Enhancement of the site functionality based on community feedback in order to provide more useful tools to the community.</td>
</tr>
<tr>
<td>Include a Student Section that addresses the relationship of teacher and student in the clinic.</td>
</tr>
<tr>
<td>Address the patient, what are their perceptions and how are their needs best understood?</td>
</tr>
<tr>
<td>More, deeper interprofessional engagement.</td>
</tr>
<tr>
<td>Road trip across all health faculties demonstrating the website.</td>
</tr>
<tr>
<td>Address self-assessment by teachers.</td>
</tr>
</tbody>
</table>
The project yielded an unexpected strong and deep engagement with an interprofessional community of clinical teachers. The evaluation of the two project outputs, namely the ClinTeach Conference and the ClinTeach Website, have allowed the development of proposal of the development of an accredited National Consortium of Interprofessional Clinical Teachers that use a suite of offerings based on the excellent resources developed by HETI, amongst others. Clinical teachers across all health professions could be linked into an Clinical Education Open Online Hub with the goal of achieving Accreditation as a certified Clinical Teacher.
**Accreditation as a Clinical Educator**

<table>
<thead>
<tr>
<th>Learning Components</th>
<th>Year 1: Clinical Teaching Fellow</th>
<th>Year 2: Clinical Educator</th>
<th>Year 3+: Senior Clinical Educator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendance</td>
<td>Annual 2-3 day Clinical Educator Conference</td>
<td>Completion Online Modules 3,4</td>
<td>• Annual Contribution to Conferences</td>
</tr>
<tr>
<td>Experiential Training</td>
<td>Clinical teaching Mentor sessions</td>
<td>Mentor to one Clinical Teaching Fellow</td>
<td>• Contribution to Module Updates</td>
</tr>
<tr>
<td>Summative Assessment</td>
<td>• Successful completion of Modules 1,2 • Completion of assessment • Recommendation by a Clinical Educator • Favourable Student Evaluation</td>
<td>• Successful completion of Modules 3,4 • Completion of assessment • Completion of Mentor reports • Recommendation by Senior Clinical educator • Favourable Student Evaluation</td>
<td>• Clinical Educator for all years • Mentor to two Clinical Educators • Contribution to lecture to Faculty</td>
</tr>
<tr>
<td>Teaching roles</td>
<td>Clinical teaching Junior years only</td>
<td>Clinical Educator for all years</td>
<td>Clinical Educator for all years</td>
</tr>
<tr>
<td>CPD</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Faculty Accreditation</td>
<td>as a Clinical Teaching Fellow</td>
<td>as a Clinical Educator</td>
<td>as a Senior Clinical educator</td>
</tr>
<tr>
<td>Faculty Certification</td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>
APPENDIX A – NEEDS ANALYSIS

Title Page

Article Title

A Needs Analysis from Clinical Supervisors for their Professional Development: A Case Study from Dental and Oral Health Education

Author

Tania Gerzina

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Introduction

Glennys Parsell and John Bligh (2001) approached the issue of clinical teaching in medicine from the view of five questions that are important for any clinical educator:

- What do I need to know to be an effective clinical teacher?
- What role(s) will I need to adopt?
- What attributes do I need to possess?
- What teaching strategies do I need to apply, and in what circumstances?
- How do I know that my clinical teaching is effective?

Any development program for clinical educators, should seek to support the answers to each of these questions. In so doing, clinical educators need to master a range of teaching skills to engage students effectively.

McLean et al., 2008\(^1\) describe forces driving the introduction of staff development initiatives as either \textit{internal} (of benefit to the individual / Faculty: e.g. orientating new faculty members; supporting individuals to improve; encouraging career progression) or \textit{external} (conforming with University expectations; accountability requirements). Whilst the external drivers may be the strongest, having potential penalties attached for non-compliance, it is important to ensure that Clinical Educators see the benefit to themselves of taking part or uptake will be low.

Steinert et al. (2006)\(^2\) conducted a systematic review of faculty development initiatives and identified a number of features of effective interventions based on their analysis of 53 published papers reporting faculty development programs. Whilst in medical education, this review holds value for dental education. Interesting key findings were that educators who participated in development reported increased knowledge of educational principles and gains in teaching skills. In addition, where formal tests of knowledge were used, significant gains were shown and changes in teaching behaviour were consistently reported by participants and were also detected by students. Key features of effective faculty development included those programs that included use of experiential learning, provision of feedback, effective peer and colleague relationships, well-designed interventions following principles of teaching and learning and use of a diversity of educational methods within single interventions.


These key publications, together with the invaluable input by current clinical educators participating in the survey have guided the design of the following program model.

**Table 1: Theoretical basis for clinical educator development program.**

- Linking of theory (particularly theories of learning) and educational principles in the design and development of faculty development program with practice.
- Provide understanding of teachers’ educational practices and the real problems that teachers encounter.
- Acknowledge the importance of cultural context and characteristics of teachers.
- Develop more programs that extend over time, to allow for cumulative learning, practice and growth.
- Develop programs that stimulate reflection and learning among participants, raising their awareness of themselves as teachers.
- Include ongoing self-directed development with ‘teacher-directed’ interventions.
- Re-examine the question of voluntary participation. Participation is expected and required.
- Evaluation using Kirkpatrick’s model of evaluating educational outcomes that describes four levels of outcome participant reaction, participant learning, change in participant behaviour and impact of changed behaviour on students.
- FUTURE: develop program variations that support clinical educators to move in and out of academia with minimal disruption to the progression of their clinical careers.

In academic Dentistry and Oral Health, clinical educators (that is, teachers, supervisors, tutors, mentors etc.) face challenge in the intensive learning environment of the clinic or hospital where additional stressors of patient outcome, student confidence/competence and facility service goals co-exist. Preparing dentists and oral health practitioners for teaching as clinical educators by faculty development programs is regarded as essential to enhancing teaching effectiveness. Such programs generally include professional orientation for the new teacher, teaching renewal and development, curriculum development and development of skills in scholarship.


Henzl et al (2006)4 reviewed student’s perspectives about their clinical education responses from 23 of the 65 dental schools in North American and found that student’s strongest perception of their clinical education was their relationships with faculty staff but also reported that the dental clinic was often an efficient learning environment. Student associated clinical teaching excellence with positive patient interaction and knowledgeable supervising staff but found insufficient numbers of teaching staff;

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insufficient, inconsistent or belittling feedback; heavy workload in administrative tasks and stress in meeting procedural requirements were strong concerns in their clinical education.

Clinical educators in dentistry all possess a qualification to practice dentistry, a dental speciality, dental hygiene, dental therapy or oral health therapy in NSW, Australia. If in active professional practice, that practice may be or may have been (if retired), located in private practices or public sector hospital clinics. Other additional qualifications include dental specialisation, research-based degrees and degrees in other disciplines. A small minority of educators have additional qualifications such as in business, medicine, psychology, education or law. If this community is considered constituted of “dental and oral health clinicians” who also teach in their profession, their choice to contribute to university teaching tends to reflect a stage in their career,

- Early career clinical educators are those transitioning from student to a part time teaching role, possibly pre-academic or possibly pre-specialisation.
- Mid-career clinical educators, are those clinicians with and without ongoing clinical practice activity and with and without aspiration for a university academic career.
- End career clinical educators are those transitioning from full time practice to a part time teaching role, pre-retirement and active/post-university academic career.

Clinical educators employed by the faculty are appointed full-time, part-time, or sessionally; provide education to students in Dentistry, Oral Health, Speciality Programmes and Continuing Education Programmes. Teaching may be based at patient care sites located at metropolitan/ rural/regional or a combination of these sites; may or may not provide additional educational services like assessment of written work, lectures, tutorials; may or may not be provided office amenities for their use in the faculty teaching sites and may or may not be employed by the faculty in times of the year when students are not in clinical practice.

Most clinical educators report receiving some preparatory advice for their clinical teaching usually provided by discipline leaders. Existing educational opportunities in the Faculty of Dentistry, at the University of Sydney, for example, are shown in Table 2.
Table 2. Faculty of Dentistry initiatives in place

<table>
<thead>
<tr>
<th>Provider</th>
<th>Initiative</th>
<th>Format</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operative Dentistry</td>
<td>In-house Faculty speakers, held at WCOH All clinical educators</td>
<td>½ -1 day lectures Dental content and teaching policy</td>
<td>Not evaluated Well attended</td>
</tr>
<tr>
<td>Tooth Conservation</td>
<td>In-house Faculty speakers held at WCOH All clinical educators</td>
<td>½ -1 day lectures Dental content and teaching policy</td>
<td>Informal evaluation Well attended</td>
</tr>
<tr>
<td>Academic Staff, Disciplines</td>
<td>Informal sessions, Discussion Small groups</td>
<td>½ -1 hour briefing before clinical session, Dental content topics</td>
<td>Generally excellent attendance</td>
</tr>
<tr>
<td>University central professional development unit</td>
<td>Principles &amp; Practice of University Teaching &amp; Learning</td>
<td>3 day lectures and workshops Generic teaching topics</td>
<td>Low uptake amongst faculty staff</td>
</tr>
<tr>
<td>University central professional development unit</td>
<td>Graduate Certificate in Educational Studies (Higher Education)</td>
<td>Year long, fortnightly attendance, workshops, assignments Generic teaching topics</td>
<td>Low uptake amongst faculty staff</td>
</tr>
</tbody>
</table>

The primary source of in-house staff development is through listed presentations offered in Orientation Week, annually or in each semester in clinical departments, or in regular informal sessions, and facilitated by academic staff with an interest in faculty development. Subject matter is almost exclusively clinical practice up-dates or aspects of teaching/hospital content and policy. Ad hoc hands-on sessions are infrequently held in new techniques or instrumentation, usually held following request by clinical educators. Interest in and uptake of these staff-presented sessions is usually good. However, there appears to be minimal consultation with educators or students on needs, no multidisciplinary or Dentistry/Oral Health combined content, no on-line offerings, little formal evaluation and no follow-up.

Lately, Continuing Professional Development (CPD) points are being issued for some sessions. Training opportunities provided on the main university campus are poorly attended by faculty staff; anecdotally reasons include geographical difficulties of attending off-site training, related both to travel time and need to be on-site in case of clinical emergencies; perceptions that generic training did not adequately address specific needs of dental teachers; and poor communication between the main University and the faculty.

In order to most effectively produce a development programme for clinical supervisors, a situational and needs analysis of what clinical supervisors would prioritise for the own development was a sound start. This article presents that findings of such an analysis from the case of the Faculty of Dentistry at the University of Sydney.
Methods

A naturalistic mixed methodological approach was adopted to address the objectives of the project based on stages suggested by LeCompte and Preissle (1993) (Table 3).

Table 3. Methodological approach used, after LeCompte and Preissle (1993)

<table>
<thead>
<tr>
<th>Methodological approach used, after LeCompte and Preissle (1993)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Framing a focus of study as the clinical learning environment</td>
</tr>
<tr>
<td>Defining the sampling as convenient and typical for clinical educators</td>
</tr>
<tr>
<td>Recursive engagement of participants by self-selection</td>
</tr>
<tr>
<td>Developing and maintaining field relationships by socially situating process</td>
</tr>
<tr>
<td>Data collection by unobtrusive non-interventional means</td>
</tr>
<tr>
<td>Data analysis by pre-hoc coherent domain</td>
</tr>
</tbody>
</table>

This approach was chosen to provide a context-rich axiom that would carry deep meaning for the clinical educators as a result of their engagement in project processes beyond being invited as participants. An added objective was to tap into the tacit and intuitive understanding considered to be possessed by clinical educators.

An online survey was designed. The survey had three elements. The first was focussed on areas of relevance in development of clinical educators in dentistry and oral health in a quantitative preference construct (Table 4).

Table 4. Elements of Clinical Teaching

<table>
<thead>
<tr>
<th>Aspects of Clinical Teaching</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scholarship of Teaching</td>
</tr>
<tr>
<td>Leadership in Teaching</td>
</tr>
<tr>
<td>Clinical Educator Development Activities</td>
</tr>
<tr>
<td>Topics for Clinical Educator Development</td>
</tr>
<tr>
<td>Topics for Discipline-specific Content</td>
</tr>
<tr>
<td>Clinical Educator Development Session Preferences</td>
</tr>
</tbody>
</table>

The second survey element had a qualitative construct, with open-ended questions to allow participants to report their social reality of clinical teaching and, in analysis, capture a collective narrative of their experience (Table 5).

Table 5. Open-ended questions used.

<table>
<thead>
<tr>
<th>Open-ended questions used</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many years have you been teaching in clinical dentistry or oral health?</td>
</tr>
<tr>
<td>What are your qualifications, and where and when did you receive these qualifications?</td>
</tr>
<tr>
<td>Where and with what group of students do you currently teach clinical dentistry or oral health?</td>
</tr>
<tr>
<td>In which discipline, program and/or cluster and/or theme are you currently classified in your clinical teaching?</td>
</tr>
<tr>
<td>What prompted you to consider teaching as a clinical educator and how does this teaching benefit you?</td>
</tr>
<tr>
<td>What do you think students most value about your teaching as a clinical educator?</td>
</tr>
<tr>
<td>What are your personal goals in the next few years in taking a role as a clinical educator in Dentistry and Oral Health?</td>
</tr>
</tbody>
</table>
A final element in the investigation was the correlative study exploring interplay between an authentic reflexive assessment by the clinical educators of their own capability as educators against the judgement of these educators of faculty priorities for clinical educator development.

**Survey design**

An online survey was developed to examine the current position and research the needs of the target audience in Dentistry and Oral Health: all clinical educators in the Faculty. The surveys aimed to identify perceived training needs for the clinical teachers' educational roles, attitudes to training, preferences for delivery of training and barriers to training within the teaching environment. The survey identified a number of educational areas where educators felt training would be valuable, and also indicated that their preference for delivery was via short workshops or a blended approach incorporating a mix of face-to-face delivery and self-directed study. Perceptions of programs provided by the Faculty included concern that programs are “not based on contemporary concepts of learning”, are “inadequate”, or are “too few and far between”.

The 60 item online survey instrument was developed and reviewed by a professional panel for content validity. Minor language changes were subsequently made. After the design of the first draft, the survey was trialled with volunteers who were asked to attempt the survey and comments on its design and content to ensure readability and content relevance. It was piloted amongst a group of educators and non-educators which improved construct validity by providing valuable modifications. Questionnaires were further tested for reliability using Cronbach’s Split Half reliability analysis (0.79). Data was entered into SPSS version 15.0 for descriptive analysis and examined for frequency distribution. Cross tabulations were performed using Fisher's Exact Test (as several cell counts were <5) to identify associations between groups of data collected. A Wilcoxon signed rank test was performed on matched pair responses from responses from clinical educators about themselves and about faculty priorities. The level of significance was set at p < 0.001.

**Results**

*Characteristics of respondents*

Qualifications and teaching experience of the respondents is shown in Table X.
Table 6: Professional background of respondents

<table>
<thead>
<tr>
<th>Qualification</th>
<th>% Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental degree</td>
<td>35</td>
</tr>
<tr>
<td>Specialist Dental degree</td>
<td>24</td>
</tr>
<tr>
<td>Dental degree and dental higher degrees or fellowships</td>
<td>17</td>
</tr>
<tr>
<td>Oral Health/Dental Therapy/Dental Hygienist degree/qualifications and degrees</td>
<td>10</td>
</tr>
<tr>
<td>Other degrees or fellowships</td>
<td>10</td>
</tr>
<tr>
<td>Non-dental degree</td>
<td>4</td>
</tr>
<tr>
<td>Educational degree in addition to any of the above</td>
<td>4</td>
</tr>
</tbody>
</table>
| Total                                                                        | 100           

Table 7: Current teaching of respondents

<table>
<thead>
<tr>
<th>Qualification</th>
<th>% Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>BDent 4</td>
<td>32</td>
</tr>
<tr>
<td>BDent 3,4</td>
<td>10</td>
</tr>
<tr>
<td>BDent 2</td>
<td>10</td>
</tr>
<tr>
<td>BDent 3</td>
<td>7</td>
</tr>
<tr>
<td>BOH3</td>
<td>7</td>
</tr>
<tr>
<td>BOH2</td>
<td>7</td>
</tr>
<tr>
<td>BOH2 and BOH 3</td>
<td>3</td>
</tr>
<tr>
<td>BDent 4, BOH 1</td>
<td>3</td>
</tr>
<tr>
<td>BDent 4, Rural Placement</td>
<td>3</td>
</tr>
<tr>
<td>BDent 2, DMD 1</td>
<td>3</td>
</tr>
<tr>
<td>BOH3, BDent 3</td>
<td>3</td>
</tr>
<tr>
<td>BDent 2, DMD1, BOH 2,3</td>
<td>2</td>
</tr>
<tr>
<td>BDent 2,3,4 and DMD1</td>
<td>2</td>
</tr>
<tr>
<td>BDent 1,2,3,4 and BOH 1,2,3</td>
<td>1</td>
</tr>
<tr>
<td>None currently</td>
<td>1</td>
</tr>
</tbody>
</table>
| Total                                                                         | 100           

Clinical educator perceptions.

In specific findings, respondents considered the following aspects of clinical teaching were a high priority in Clinical Educator Development:

- assessing learner needs
- providing reliable and valid assessment
- communicating constructive assessment to learners
- identifying learners who are at risk of failing
- identifying learner need for more guidance
- incorporating active learning strategies
- assessing changes in learner competence
- teaching dental techniques and fine skills
- teaching patient care

In regard to the scholarship of teaching, the following aspects were a high priority in Clinical Educator Development:
- understanding expectations of a teacher
- developing myself as an educator
- exposure to teaching and learning theory
- preventing burnout in teaching skills

In regard to the leadership in teaching, the following aspects were a high priority in Clinical Educator Development:

- being "on board" with faculty vision for teaching
- collaborating in group processing of teaching skills
- understanding mentoring of junior clinical educators
- skills in managing conflict during teaching
- being a source of advice for junior clinical educators

Respondents were generally interested in a diverse range of possible clinical development activities, but they expressed high interest in the following:

- peer-to-peer exchange of ideas
- in-clinical observation of my teaching with feedback and consultation with professional educators
- student/teacher combined discussion sessions
- short course run in collaboration with other Health faculties

Respondents were generally interested in a diverse range of possible topics for clinical development activities, but they expressed high interest in the following:

- restorative and dental therapy techniques
- dental or oral health clinical topics
- periodontics and oral hygiene
- recognising students at risk of failing
- interprofessional learning and teaching in health

Respondents added to this list with the following:

- giving descriptive feedback patient-centred care
- assessment requirements [including] accepted teaching methods [and] pathways for advancement
- emergency dental treatment which involves many facets of dentistry including medical, diagnostic & treatment as well as understanding patients & their many stresses
- Importance of occlusion in all aspects of dental treatment Aesthetics in dentistry
Table 8. Barriers that prevent good practice in clinical teaching:

“There is a lack of acknowledgement that effective clinical teaching requires more than knowledge of the assessment grades and knowledge of the curriculum (ie which procedures/materials applicable to particular circumstances). There is a perception that the clinical tutors may not be interested in developing their own teaching practice.”

“Lack of recognition as importance ie remuneration, pathways for improvement and advancement, lack of support especially from the university, no assistance at all about how to teach, expectations. Very much a thrown in at the deep end and sink or swim. The only support I have found is from the other educators on the floor.”

“Different attitudes to teaching & no encouragement to at least question the ‘party line’.”

“Finding the right balance between departmental ‘teachings’ and pragmatic approach.”

“No standardisation between educators especially the specialists.”

(Open ended responses: July 2012 Survey Faculty of Dentistry Clinical Educator Development in Dentistry and Oral Health)

There was a strong preference for association of the development sessions with Continuing Professional Development requirements and those that were conducted by both Faculty of Dentistry teachers and University educators.

Preference for Clinical Educator Development sessions for which the respondents were prepared to attend were:

- during the day, on a weekend, once a semester
- include an assessment component
- be associated with a certificate
- be located at SDH or WCOH

Table 9: Clinical educator perception of their own teaching skills.

Mastery, could teach others:
Teaching patient care
Acting as a clinical role model
Teaching dental techniques and fine skills
Teaching recognition of patient diversity

Low, need much development
Using assessment schemas
Incorporating active learning strategies
Understanding learner’s learning style
Using technology and applications in teaching

High priority for Faculty
Communicating constructive assessment to learners
Teaching dental techniques and fine skills
Teaching patient care
Identifying learners who are at risk of failing
Providing reliable and valid assessment

**Low priority for Faculty**
- Promoting experiential learning
- Using assessment schemas
- Understanding learner’s learning style
- Recognising learners readiness for independence

**Table 10: Clinical educator perception of the SCHOLARSHIP OF TEACHING in Clinical Dentistry.**

**Low, need much development**
- Contributing to scholarly discussion about teaching
- Attending teaching development forums
- Contributing to developing educationally-based research
- Availing oneself of opportunities for peer review of my teaching
- Exposure to teaching and learning theory
  (nil mastery)

**High priority for Faculty**
- Understanding the use of educational evidence in teaching
- Developing myself as an educator
- Exposure to teaching and learning theory
- Motivation to think about my teaching
- Contributing to scholarly discussion about teaching

**Low priority for Faculty**
- Attending teaching development forums
- Understanding expectations of teacher to improve their teaching skills
- Contributing to developing educationally-based research
- Preventing burnout in teaching skills
- Availing oneself of opportunities for peer review of my teaching

**Table 10: Clinical educator perception of the LEADERSHIP IN TEACHING in Clinical Dentistry.**

**Mastery**
- Being a source of advice for junior clinical educators
- Having emotional intelligence skills
- Managing teaching in stressful circumstances
- Managing time in regard to teaching

**Need improvement**
- Understanding budgetary planning in regard to teaching
- Being "on board" with Faculty vision for teaching
- Collaborating in group processing of teaching skills

**High priority for Faculty**
- Understanding mentoring of junior clinical educators
- Being "on board" with Faculty vision for teaching
- Managing teaching in stressful circumstances
- Being mentored by experienced clinical educators
- Skills in managing conflict during teaching

**Low priority for Faculty**
- Having emotional intelligence skills
Managing relationships between clinical educators
Understanding budgetary planning in regard to teaching
Collaborating in group processing of teaching skills
Managing time in regard to teaching

Discussion

In the current work, clinical educators in dentistry were asked what their professional development should be like, what skills they already felt they confidently had and what more development they needed.

Clinical settings are the unique learning and teaching environment where the teaching occurs in the presence of the patient perhaps even whilst that patient is under active care, including the hospital, long-term care facility and the clinic setting. Teaching at the hospital/clinic presents additional challenges and opportunities for the educator. The clinical setting–located educator is often working with a team of learners and frequently has inadequate facilities for teaching. On the other hand, the clinical setting also provides opportunities to expose the learner to a body of knowledge and skills that cannot be taught at the campus.

As a health care professional and educator you strive to maintain and improve your knowledge and skills in order to provide the highest quality of care possible. This passion for excellence spills into other areas of lives and professional work, and the evidence is seen in the high quality of teaching provided by community-based educators.

Health care providers face many challenges in the day to day pursuit of their careers, and those who choose to teach health profession students face the further challenge of efficiently and effectively engaging learners. No matter what type of learner and no matter what their level of skill or training, engaging students in their own development of skills in patient care remains a challenge. Fortunately tools and techniques have been developed to assist the clinical educator. Studies have indicated that on average, these interactions between teacher and student in a clinical setting take approximately 10 minutes and the time is divided into several different activities: Presentation by student (6 minutes), Questioning (3 minutes) and Discussion (1 minute).

The clinical setting is a busy place. At the same time, this setting is the most authentic site for training health professionals. With patients in hospital for shorter stays, or conversely, patients in longer-term situations, and a mandate for health faculties to produce graduates who are more skilled in community-based care, learners are spending more of their clinical training in outpatient settings.

For the community-based clinical educator, teaching may not a full-time job. When there are long periods of time between student placements, it can take a few days to get back into the routine of teaching. Yet those first days of a placement are critical for helping a learner adapt to a new practice environment and a new educator.

Developing a system for orienting and clarifying expectations with a learner can help each placement get off to a good start. While the first day of a placement (usually Monday) is almost always hectic, taking the time to orient the learner on that first day saves the educator time and energy the rest of the placement by preventing learner
mistakes and unintended transgressions of office norms. A systematic orientation also helps an educator tailor the placement to different learners' particular needs. And it provides a framework for giving learners feedback and evaluating them.

The vast majority of learning encounters between educator and learner proceed smoothly with significant benefit for the learner and often a sense of reward and accomplishment for the educator. On occasion, however, there is a learning situation where things do not run smoothly. This is usually the result of many different factors involved in the interaction of individuals in a complex medical educational system. The truth is that the vast majority of times things go just fine. An additional truth is that sometimes they don’t.

Evaluation is a valuable process that begins before the placement starts and integrates fully with the entire learning experience. The result of a well-integrated evaluation process is an enhanced learning experience for the student and increased satisfaction for the educator. Integrating evaluation into the entire educational experience and linking it with other important teaching skills, such as setting expectations and providing effective feedback, can actually make a difficult task easier and more effective.

Sir William Osler (1849-1920), a renowned medical clinician and teacher in Canada, England and the United States, became a strong proponent of teaching on rounds and stressed the importance of teaching at the bedside. In 1903 he stated, "How can we make the work of the student...practical...? The answer is, take him [sic] from the lecture room, take him from the amphitheatre — put him in the outpatient department — put him in the wards." He also expounded that there should be "no teaching without a patient for a text, and the best is that taught by the patient himself."
References:


Clinical Educators setting Priorities for Professional Development in Dental and Oral Health Education

Abstract Background: Methods: Results: Conclusions:

Keywords: dental, oral health, professional development, faculty, priority
Needs Analysis Clinical Teachers Online Survey: Case Study Dentistry

For Participants: Listed below are some skill and knowledge areas in dental education. Please think about your current level of expertise and ability in each area and CIRCLE the corresponding number on the scale. Then ASSIGN a priority rank to reflect the importance of the topic for your own personal professional development; then a priority rank to reflect the importance of addressing the topic collectively, in the Faculty of Dentistry, in order to improve as a whole, and move us toward meeting both your own development as a valued clinical educator and the educational mission of the Faculty of Dentistry.

1. Demographics:
   - How many years have you been teaching in academic clinical dentistry? _____
   - Please list your age/gender____________
   - Please list your qualifications____________
   - Please list all the areas where you currently teach in the Faculty________
   - Please list your discipline__________________________________

2. CLOSED ITEMS
   Please use the following scale when assessing your skill/knowledge level.
   (provided online as "radio buttons").

   **SCALE**

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low, need much development</td>
<td>Medium, good but could still improve</td>
<td>Mastery, could teach others.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   Example of survey for one item in teaching

   **Range of Skills & Knowledge**

   **Self-Assessed Skill/ Knowledge Level.**
   Circle: Using above scale

   **Priority for Self.**
   Circle: Low, Medium, High

   **Priority for Faculty.**
   Circle: Low, Medium, High

   **TEACHING ITEMS**

   Setting expectations with learners  1 2 3 4 5  L M H  L M H
   etc, items as listed over page.
   ...  ...  ...  ...
   ...  ...  ...

   Items for TEACHING:
   1. Setting expectations with learners
   2. Observing student care of patient
   3. Giving constructive feedback during the appointment
   4. Teaching in small groups
   5. Using technology in teaching
   6. In-clinic teaching skills in content and technique
   7. In-clinic teaching skills in patient care and focus
   8. In-clinic teaching skills in professional identity
   9. Understanding adult learners; learning styles
   10. Identifying learners “at risk” of failing
   11. Incorporating active learning strategies
   12. Methods of teaching responding to multiculturalism, Indigenous identity, or diversity
   13. Promoting experiential learning
   14. Promotion of community-engaged professional practice
15. Establishing a mentor/mentee relationship with students
16. Assessing learner needs
17. Providing reliable and valid assessment of student work
18. Communicating constructive assessment
19. Giving constructive feedback at the end of the appointment
20. Using assessment grades
21. Providing assessment of student performance
22. Understanding mentorship of students
23. Understanding and practicing be a clinical role model
24. Engaging interprofessionally (ie with Dental Assistant, reception, student)
25. Other: (please add your ideas): Three lines allowed

Items for SCHOLARSHIP
(What is scholarship of teaching? : “Educator Paul Ramsden (1992) said that the aim of teaching is to make learning possible. The scholarship of teaching, in turn, aims to make transparent how this was achieved by applying theoretical perspectives from the teaching and learning literature and collecting and presenting rigorous evidence of its effectiveness in different disciplines”. Ramsden, P. (1992). Learning to teach in higher education. London: Routledge.)

1. Motivation to engage in scholarship activities
2. Understanding scholarship of teaching
3. Understanding clinical practice outcomes as clinical scholarship
4. Developing my own teaching portfolio
5. Contributing to scholarly discussion, manuscripts or conference
6. Contributing to designing and conducting educational-based research
7. Attending Learning and Teaching conferences
8. Self-evaluation of teaching skills
9. Preventing professional burnout in teaching skills
10. Understanding University of Sydney educational culture and expectations of teachers
11. Understanding learning and teaching theory in general
12. Other: (please add your ideas): Three lines allowed

Items for LEADERSHIP SKILLS
1. Establishing a focus/career goal planning
2. Being “on board” with the Faculty vision, mission, goals
3. Understanding budgetary and financial planning in the Faculty
4. Group process skills (i.e. at meetings)
5. Understanding mentoring of junior educators
6. Being mentored by senior educators
7. Time management
8. Conflict management
9. Stress management
10. Emotional Intelligence skills
11. Managing relationships
12. Other: (please add your ideas): Three lines allowed

Items for FACULTY DEVELOPMENT ACTIVITIES
1. Peer-to-peer exchange of ideas
2. In-Clinic Observation of other educators with feedback and follow-up consultation
3. Discipline-specific workshops on clinical teaching
4. Faculty-wide educational Retreats (1-2 days)
5. Web-based resources available through the Faculty website or a university platform
6. Blended learning sessions combining web-based resources and tutorials
7. Informal discussions with colleagues about teaching challenges, tips, and teaching techniques over a lunch or short session
8. Structured discussion, focused around pre-reading provided before the discussion
9. Students/teachers combined sessions/panels
10. Other: (please add your ideas): Three lines allowed

Items for TEACHING DEVELOPMENT TOPICS FOR EDUCATOR DEVELOPMENT SESSIONS
1. Developing learner-centred teaching
2. Using eLearning to enhance student learning
3. Best practices and tips for teaching
4. International aspects of dental education
5. Student learning styles
6. Active learning sessions
7. Recognizing students at risk of falling behind
8. Methods for teaching in diverse communities
9. Multidisciplinary and interprofessional learning
10. Work-integrated learning
11. Other: (please add your ideas): Three lines allowed

Items of: Other:

Please rate (tick level of agreement, 1= most preferred, 5= Least preferred (Likert, radio Buttons):

1. which of the following are the best ways for the Faculty to inform you of Learning and Teaching Development Initiatives:
   • Faculty Intranet, specific LT site area
   • Broadcast email
   • Mail /letter note
   • Other: (please add your ideas) : Three lines provided

2. What are the ways you would like to see a Professional Development Program be presented?

3. Other: (please add your ideas): Three lines allowed

OPEN ITEMS: (three open lines provided for each of the following items)

• What do you think prevents clinical educators from thriving or performing at their best?
• What are the barriers to improvement?
• What do you think is the best format/structure of delivery of Faculty development efforts?
• What do you think enhances the efforts of clinical educators from thriving or performing at their best?
• Please share any suggestions you have for the Faculty to help us better meet our needs in supporting your development as a dental clinical educator. Would you be willing to engage in either a focus group discussion, or an interview on any of the above issues?
• Are there any other comments you wish to make about any of the areas presented in this survey?
## APPENDIX B – CONFERENCE AGENDA

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Presenter/Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrival</td>
<td>Tea and Coffee: Centenary Pre-Function Room</td>
<td></td>
</tr>
<tr>
<td>9.30</td>
<td>Welcome and Introduction</td>
<td>Conference Convenors</td>
</tr>
<tr>
<td></td>
<td><strong>Centenary 1</strong></td>
<td></td>
</tr>
<tr>
<td>9.40</td>
<td>Update in Pain Mechanisms</td>
<td>Greg Murray, Professor and Tania Gerzina, Associate Professor, Dental Education, Jaw Function and Orofacial Pain Research Unit, Faculty of Dentistry, University of Sydney</td>
</tr>
<tr>
<td>10.10</td>
<td>Standards- How Do They Relate To Clinical Assessment?</td>
<td>Andrew Kilgour, Lecturer in Medical Imaging, School of Dentistry &amp; Health Sciences, Charles Sturt University</td>
</tr>
<tr>
<td>10.50</td>
<td>Exercise Briefing.</td>
<td>Tania Gerzina</td>
</tr>
<tr>
<td>11.00</td>
<td>MORNING TEA: Centenary Pre-Function Room</td>
<td></td>
</tr>
<tr>
<td>11.20</td>
<td>Report back.</td>
<td>Conference Convenors</td>
</tr>
<tr>
<td>11.30</td>
<td>Cone Beam Computed Tomography</td>
<td>Rob Davidson, Associate Head of School and Professor in Medical Imaging, School of Dentistry &amp; Health Sciences, Charles Sturt University</td>
</tr>
<tr>
<td>12.10</td>
<td>Work-Integrated Learning: Implications for Clinical Teachers.</td>
<td>Natalie Charlton, Associate Lecturer and Lead MRS WIL Academic Work Integrated Learning, Faculty of Health Sciences, University of Sydney</td>
</tr>
<tr>
<td>12.40</td>
<td>LUNCH: Centenary Pre-Function Room</td>
<td></td>
</tr>
<tr>
<td>1.10</td>
<td>LAUNCH: The ClinTeach Website.</td>
<td>Jayne Ion (b-side)</td>
</tr>
<tr>
<td></td>
<td><strong>Centenary 1</strong></td>
<td>Andrew Kilgour, Lecturer in Medical Imaging, School of Dentistry &amp; Health Sciences, Charles Sturt University</td>
</tr>
<tr>
<td></td>
<td>Standards for Assessment of Students in Medical Imaging.</td>
<td>Alan Reid, Head, Oral Surgery in Department of Oral Surgery and Diagnostic Imaging, Oral Health Services Sydney Local Health District.</td>
</tr>
<tr>
<td>3.30</td>
<td>AFTERNOON TEA: Centenary Pre-Function Room</td>
<td></td>
</tr>
<tr>
<td>4.00</td>
<td>Final Comments and Evaluation</td>
<td>Conference Convenors</td>
</tr>
<tr>
<td>4.30</td>
<td>Close</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX C – CONFERENCE EVALUATION

ClinTeach Conference May 2013 Quantitative evaluation

<table>
<thead>
<tr>
<th>Question</th>
<th>% Agreement with statement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LECTURES: OBJECTIVES</strong></td>
<td></td>
</tr>
<tr>
<td>Each Lecture met the stated objectives...Pain...</td>
<td>84</td>
</tr>
<tr>
<td>Each Lecture met the stated objectives...Standards-based assessment...</td>
<td>94</td>
</tr>
<tr>
<td>Each Lecture met the stated objectives...Cone Beam CT</td>
<td>83</td>
</tr>
<tr>
<td>Each Lecture met the stated objectives...Work-integrated Learning</td>
<td>80</td>
</tr>
<tr>
<td><strong>LECTURES: SPEAKERS</strong> (generally)</td>
<td></td>
</tr>
<tr>
<td>Knowledgeable in content areas</td>
<td>100</td>
</tr>
<tr>
<td>Content consistent with objective</td>
<td>90</td>
</tr>
<tr>
<td>Clarified content in response to questions</td>
<td>94</td>
</tr>
<tr>
<td><strong>LECTURES: CONTENT</strong></td>
<td></td>
</tr>
<tr>
<td>Appropriate for intended audience</td>
<td>97</td>
</tr>
<tr>
<td>Consistent with stated objectives</td>
<td>94</td>
</tr>
<tr>
<td><strong>LECTURES: TEACHING METHODS</strong></td>
<td></td>
</tr>
<tr>
<td>Visual aids, handouts, and oral presentations clarified content</td>
<td>94</td>
</tr>
<tr>
<td>Teaching methods were appropriate for subject matter</td>
<td>100</td>
</tr>
<tr>
<td><strong>LECTURES: RELEVANCE</strong></td>
<td></td>
</tr>
<tr>
<td>Information could be applied to practice</td>
<td>90</td>
</tr>
<tr>
<td>Information could contribute to achieving personal, professional goals</td>
<td>94</td>
</tr>
<tr>
<td><strong>LECTURES: FACILITY</strong></td>
<td></td>
</tr>
<tr>
<td>Was adequate and appropriate for session</td>
<td>97</td>
</tr>
<tr>
<td>Was comfortable and provided adequate space</td>
<td>97</td>
</tr>
<tr>
<td><strong>WORKSHOP: OBJECTIVES</strong></td>
<td></td>
</tr>
<tr>
<td>met the stated objectives...</td>
<td>93</td>
</tr>
<tr>
<td><strong>WORKSHOP: FACILITATOR</strong> (generally)</td>
<td></td>
</tr>
<tr>
<td>Knowledgeable in content areas</td>
<td>100</td>
</tr>
<tr>
<td>Content consistent with objective</td>
<td>97</td>
</tr>
<tr>
<td>Clarified content in response to questions</td>
<td>100</td>
</tr>
<tr>
<td><strong>WORKSHOP: CONTENT</strong></td>
<td></td>
</tr>
<tr>
<td>Appropriate for intended audience</td>
<td>97</td>
</tr>
<tr>
<td>Consistent with stated objectives</td>
<td>97</td>
</tr>
<tr>
<td><strong>WORKSHOP: TEACHING METHODS</strong></td>
<td></td>
</tr>
<tr>
<td>Visual aids, handouts, and oral presentations clarified content</td>
<td>97</td>
</tr>
<tr>
<td>Teaching methods were appropriate for subject matter</td>
<td>97</td>
</tr>
<tr>
<td><strong>WORKSHOP: RELEVANCE</strong></td>
<td></td>
</tr>
<tr>
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<td>97</td>
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<tr>
<td>Was comfortable and provided adequate space</td>
<td>93</td>
</tr>
<tr>
<td><strong>General Conference</strong></td>
<td></td>
</tr>
<tr>
<td>Understanding of areas of knowledge relevant to my teaching</td>
<td>90</td>
</tr>
<tr>
<td>Skills development in clinical teaching</td>
<td>94</td>
</tr>
<tr>
<td>Increases knowledge in the area</td>
<td>90</td>
</tr>
<tr>
<td>Awareness of other clinical teachers</td>
<td>90</td>
</tr>
<tr>
<td>Information on expected standards</td>
<td>94</td>
</tr>
<tr>
<td>Knowledgeable of clinical teachers</td>
<td>97</td>
</tr>
<tr>
<td>Increased sense of community as a clinical teacher</td>
<td>97</td>
</tr>
</tbody>
</table>
ClinTeach Conference May 2013 Qualitative evaluation

What did you like most about the conference?

Standards lecture, interaction in workshop.
Interdisciplinary gathering.
Workshop: standard of assessing radiography students.
The assessment component.
Well-organised, good cross discipline.
Very relevant to our profession. Good guidance to clinical supervisors.
The overall content.
A structured assessment procedure which progresses with experience of the student is welcomed.
Networking, professionalism.
Well organised, good speakers, new and fair assessment for students.
Interaction with colleagues.
The workshop, the enthusiasm of the whole team.
Level of interest and thoughtfulness of participants and facilitators.
Interaction with other professionals.
The content, the interaction with peers and networking. Putting faces to names you only deal with via email.
Informative, conversational, relaxed, comfortable.
The workshop was aimed just at radiographers. Improvement in submitting assessment forms and clearer guidelines for criteria-great ideas with the grid system.
The scope of assessing students and what is available.
How engaging and authentic the presenters were. How much work and effort went into the meeting with other people with similar goals.
Good collegiality.
Everything especially the comparison between the professions.
Excellent presentations, very knowledgeable, thanks.
Liked the mixture of professions.
Networking—meeting other clinical educators. Interprofessional networking, info about ClinTeach website.
<table>
<thead>
<tr>
<th>What specific thing did you like least about the conference?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some topics were irrelevant eg the dental talk.</td>
</tr>
<tr>
<td>None- a positive experience.</td>
</tr>
<tr>
<td>I liked the practical information rather than the theoretical.</td>
</tr>
<tr>
<td>Location-long way to come for a single day.</td>
</tr>
<tr>
<td>I though the &quot;pain&quot; presentation was a generic presentation about a generic topic. Wish it represented more about either dental or radiography.</td>
</tr>
<tr>
<td>Lunch break a bit short.</td>
</tr>
<tr>
<td>Lectures too compressed, subjects needed more time, with Q. and A.</td>
</tr>
<tr>
<td>Not enough time to talk with colleagues.</td>
</tr>
<tr>
<td>Intimacy/mixture of dentistry and radiography.</td>
</tr>
<tr>
<td>All fine/food/facilities also excellent.</td>
</tr>
<tr>
<td>Distance to travel.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Any other comments?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has made me think more (and act) on clinical placement. Intend to organise a structured program for placement at our site.</td>
</tr>
<tr>
<td>Interactive forms are beneficial.</td>
</tr>
<tr>
<td>Thank you Andrew for great content and very well set up conference.</td>
</tr>
<tr>
<td>Thankyou for the opportunity,</td>
</tr>
<tr>
<td>Well done on organising a content-rich and relevant conference. It was a great launch of the program to educate us on. The program and tools, so we can advocate ClinTeach to our peers and students. Workshop demonstrated that clinical supervisor feedback HAS BEEN incorporated and taken seriously.</td>
</tr>
<tr>
<td>I found it very informative and interesting.</td>
</tr>
<tr>
<td>Content at a level which challenged and was thought-provoking. Most of these med emergencies courses [are] either over or under required knowledge. Thankyou. I met and exchanged ideas with other educators- a real positive.</td>
</tr>
<tr>
<td>I understand the need for research funding for universities, however I feel cone beam CT was somewhat irrelevant to the day. I understand the dentistry department needs researchers. Lovely place for a conference. I believe I have been educated and feel more confident in my abilities as an educator and am looking forward to the interactions with the ClinTeach Website.</td>
</tr>
<tr>
<td>Website is an excellent added bonus.</td>
</tr>
</tbody>
</table>
Loved the multidisciplinary approach across multiple platforms. High quality clear and timely. I feel that I’m part of a profession that truly cares. So glad to be part of a ground level project I really believe in and am passionate about. I nodded so much in agreement with Andrew and Natalie. I feel reassured that I’m on the right track. I’m really pleased to be part of something that can truly make a difference. Thankyou. Great being part of an expanding community also.

At last education for the clinical educator, fantastic relevant information. Looking forward to more in the future. Website looks excellent. Ongoing "unwell" patient scenarios/training would be valuable. Especially on the website. It was good to have thought provoking questions and scenarios rather than the standard information. Made me realise that there is so much yet to learn. That I need lots more education! Thank you. Well done. An excellent Day.

Today was great, thanks.
Excellent presentation, very knowledgeable, thank you.
I felt this was one beginning of a more complicated conversation. I felt this was just a beginning or an introduction to the field of pedagogy.
More "table" interaction between attendees to encourage participation by all.
Excellent presentations, audience participation, learning material ie questionnaires and answers-fantastic.
Chairs were a bit too close together.

Email feedback on the Conference
I really found this conference beneficial.
Radiographer/Clinical Facilitator, Sydney Adventist Hospital, NSW
Thanks for an informative and stimulating day, that was well organised.
Look forward to utilising this great resource.
Clinical teacher Oral Health, Westmead Hospital
I wish to thank you and your team for organising a very special event in Canberra last weekend. The atmosphere of a community inspired with increased enthusiasm and commitment was inspirational. Thank you for your own drive, energy and vision which were pivotal in this project.
Clinical teacher Dentistry, Westmead Hospital

Lucy Whitaker
Clinical Teacher, Dentistry, Westmead Centre for Oral Health

Report provided to University of Sydney by Conference Delegate
The conference was well attended by delegates from Dentistry and Medical Radiation Sciences. Dentistry represented at least half of the group, consisting of mentors, clinical educators and academic staff. On arrival each delegate received a warm, personal welcome by Tania along with supporting documentation and a goodie bag. The entire group were very enthusiastic about the project and the resounding sentiment was ‘this is just what we need’.
The lectures presented demonstrated careful selection of topics that would appeal to both
Dentistry and MRS. As pain is a frequent patient presentation to both professions, this was a good way to show commonality. This was also true of the presentations on standards and WIL. On a personal note, I found the presentation on cone beam and the cross-faculty research (Dentistry and MRS) being conducted at Charles Sturt University of particular interest. The interactive workshop on Medical Emergencies (Dentistry specific) was excellent in refreshing the identification of situations where a patient is failing, which (thankfully) is seldom applied, but can lead to fatality if not recognised or incorrectly managed.

The website was also introduced and while it is currently under development, it presents as a very user-friendly platform for staff to access. It will have security measures with password protection to ensure that only staff with access can view certain areas. It is intended that in the future, it will not only provide a repository of information, but also provide an interactive blog. A representative of HETI also spoke of the organisations huge support for this project. She was from a nursing background and is based at Dubbo – she saw this project as having great potential to expand across all areas of Health and was particularly impressed with the opportunity for engagement by remote staff.

The conference venue was superb, as were the refreshments. The scheduling of the day was precise – all sessions kept to time and there was ample provision for delegates to network with each other. In all, it was an extremely positive experience and am grateful for the opportunity to attend. On reflection, I am in awe of the mammoth undertaking that Tania has so successfully managed. I think that putting together a conference in such a tight time frame would be challenge enough, without the added element of a website.

I attended this conference with very little background understanding of the ClinTeach project – and I feel that this is probably true for most of our faculty staff. In my opinion, we need our staff to be on board with this project to bridge the theory to practice divide and to better calibrate our clinical staff. I wholeheartedly support this initiative and request opportunity to present (oral or written) through the L&T or other avenue as you see appropriate.

Lecturer, Faculty of Dentistry
THE UNIVERSITY OF SYDNEY

Comments from University of Sydney

The conference sounds as though it was a great success and that’s a credit to the hard work by both Tania and Andrew. Well done to you both.

Tania: To progress this great initiative, it would be good for you to present at the next L&T meeting a brief report and future directions for the professional development of clinical educators.

Professor, Faculty of Dentistry
THE UNIVERSITY OF SYDNEY

Congratulations Tania for organizing such a successful event. From a professional staff point of view – I am happy to organize staff to support such faculty events from a logistical point of view, and acknowledge you have done this without any faculty administrative support on this occasion.

I am happy to support any ongoing activities as advised, in order to support ‘getting our staff on board’.

Manager, Faculty of Dentistry
THE UNIVERSITY OF SYDNEY
Comment from a Senior Academic, Charles Sturt University

Thanks for organising a great event, it went off very well and heard nothing but good comments.

School of Dentistry and Health Sciences
Faculty of Science
Charles Sturt University

Comments from Project Team

What was most successful in the ClinTeach Initiative?

- encouraging members of the clinical teaching community to join and log in to the site.
- provision of a ‘brand’ for ClinTeach that gives the initiative a unique and positive identity to share and encourage new members to join.
- The conference itself. Very well organised and well received
- Feedback about the website idea- people felt that it was long overdue
- IPL between the two disciplines

What was least successful?

- it is perhaps too early to provide a response on this - review of the Analytics of the website will provide solid data about the most and least popular areas of the website.
- I think that maybe we could have advertised the web address a bit more. Although it was on the mugs, people seemed a bit confused as to how to log on

What is different now as a result of ClinTeach?

- the website provides a vehicle for the Clinical Teaching community from all areas of Australia to connect, learn and share knowledge.
- this can be further shaped and customised based on community feedback, input and participation.
- Greater sense of community between the disciplines
- Access to on line resources for CPD
- Reference Group initiated for trial of new clinical assessment in radiography

What needs to be done next and why?

- addition of content to the website which will in turn encourage existing users to return and new members to join and contribute
- enhancement of the site functionality based on community feedback in order to provide more useful tools to the community.
- Additional resources placed on site, including all presentations from conference
- Developed to include additional professions- many rural and remote practitioners from other professions have expressed that they wish this were available for them
- Advertise site more widely, once it is finalised, to get people using it