Continuous improvement and innovation in clinical supervision for supervisors in aged and non-acute health care settings.

Workshop 3: *The Adult Learner*

Workshop 4: *Effective Feedback*

These workshops will support supervisors / educators in maintaining a program of continuous improvement and innovation in clinical supervision. It will assist in the clinical management of students undertaking Certificate III, IV and Diploma Health courses in aged and non-acute health care settings.

Objectives of the workshops

- To recognise, value and better support clinical supervisors.

- To equip health professionals meet current and emerging demands of the health care sector

- To educate clinical supervisors about the minimum standards of skills and knowledge required before a student commences a placement

- To provide an overview of the placement including the objectives and theoretical components

- To support clinical supervisors with the provision of training including undertaking assessment and giving feedback

- To support clinical supervisors develop educational knowledge about training methods including role modelling and mentoring

- To act as a conduit between TAFE and the health service to ensure that students and clinical supervisors are supported throughout the duration of the student placement.

The content of these workshops has been adapted from the original content of: *The super guide: a handbook for supervising allied health professionals*, *Health Education and Training Institute (HETI), 2012, Sydney and* TAFE NSW resources: *Communicate And Work Effectively in Health HLTHIR301B*, *Apply reflective practice, critical thinking and analysis in Health HLTEN508B*, Provide *mentoring support to colleagues CHCORG627B*.

	Core Supervision Skills
Workshop 1	Effective Supervision (Contextual practice)
Workshop 2	Interpersonal communication skills
Workshop 3	**The Adult Learner**
Workshop 4	**Effective feedback**
Workshop 5	Clinical teaching & learning
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Workshop 3: The Adult Learner

Facilitating the learning process

There are several approaches to learning that can occur within the context of supervision. Most people learn by a combination of deductive (learning through structure) and inductive (learning by experience) approaches. When facilitating learning, it is important to consider principles of adult learning, different learning styles and a mix of modalities.

Principles of adult learning

- Adult learners need to be respected, valued and acknowledged for their past experience and have an opportunity to apply this experience to their current learning

- Adults learn best in environments that reduce possible threats to self-concept and self-esteem and provide support for change and development

- Adult learners are highly motivated to learn in areas relevant to their current needs, often generated by real life tasks and problems

- Adult learners need feedback to develop

- Adult learners have a tendency towards self-directed learning and learn best when they can set their own pace

- Adults learn more effectively through experiential techniques (e.g., discussion and problem solving).

(Brundage & MacKeracher 1980; Brookfield1998)

Identifying different learning styles

Many models exist which describe different learning styles (Kolb 1999 and Honey & Mumford 2000). Learning styles can be determined through administering learning style questionnaires (e.g., Myers-Briggs Type Indicator in Myers et al. 1998) or discussing with the supervisee how they learn best (e.g., preferred learning style, environment and methods).

Reflector: Prefers to learn from activities that allow them to watch, think, and review (time to think things over) what has happened. Likes to use journals and brainstorming. Lectures are helpful if they provide expert explanations and analysis.

Theorist: Prefers to think problems through in a step-by-step manner. Likes lectures, analogies, systems, case studies, models and readings. Talking with experts is normally not helpful.

Pragmatist: Prefers to apply new learning to actual practice to see if they work. Likes observations, feedback, coaching, and obvious links between the task-on-hand and a problem.

Activist: Prefers the challenges of new experiences, involvement with others, assimilations and role-playing.

Reflective practice

One of the most important skills health professionals can develop is the ability to critically reflect on their own practice. This includes identifying their strengths and weaknesses, determining actions required to improve their skills and developing clinical reasoning skills to ensure the delivery of safe client care.

Reflective practice is an effective process to develop self-awareness and facilitate changes in professional behaviour. Reflection can occur before, during or after an event (Sandars 2009). When reflection occurs in supervision, it can be in relation to reflecting on day to day clinical practice, triggered by a challenging clinical encounter or managing a complex situation. It is imperative that reflective practice is conducted in a supportive environment to allow individuals to freely share information that promotes learning.
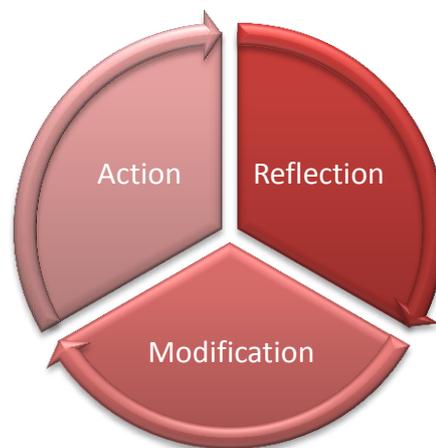
Examples of how reflective practice is conducted include:

During structured supervision sessions the supervisee provides the supervisor with an overview of an issue or incident and the supervisor uses questioning to encourage reflection on its meaning.

Reflective journal/record keeping is a self-directed activity, where the clinician is guided by a template of key questions to record their experiences, work through the issues and reflect on their learning. They can then use this as a tool for discussion with their supervisor or to keep as a record of continuing professional development.

Unit of Competency	Observe:	Example of what you observed	Date
CHCAC319A CHCCS411B CHCICS301A CHCCOM302	A range of communication techniques used in a variety of situations with various staff and patients including: • Communication with culturally diverse persons • Conflict and problem solving • Written and verbal instructions • Use of appropriate medical terminology in oral and written communication • Online Communication		
Reflection and comments (e.g. how did you feel? Did you gain additional knowledge? Has it led to a change in your practice?)			

Example of Student clinical logbook with reflective practice

Promoting a culture of life-long learning

Supervision provides an ideal forum to promote a culture of lifelong learning. Lifelong learning refers to the continuous building of skills and knowledge through experiences encountered over the course of a lifetime. It encompasses not only structured learning through education but also learning through personal experience. Lifelong learning is linked to the pursuit of personal or professional knowledge and is voluntary and self-directed.

Linked to the concept of life-long professional learning, discipline specific professional associations and professional registration boards have guidelines regarding specific education requirements for their profession. This includes meeting continuing professional development (CPD) requirements and maintaining CPD portfolios. However, self-directed and lifelong learning is an attitudinal approach which should be modelled by all health professionals over the course of their career.

Mentoring

> A "developmental, caring, sharing and helping relationship where one person invites time, know-how and effort in enhancing another person's growth knowledge and skills" (Shea 1999, p. 3, cited in McCloughen, O'Brien & Jackson 2009).

Mentoring is a way in which clinicians can obtain additional support to facilitate learning in the workplace. It is someone (e.g. nurse, doctor or other health professional, who may or may not be more experienced) who assists a colleague by providing encouragement, advice, and/or feedback on action they have taken or plan to take in the practice setting. A mentor may act as a role model, a guide, or a sounding board.

Mentoring is:

A voluntary professional relationship: It is unpaid, and both the mentor and person being mentored need to be freely willing to participate.

Example: A nurse new to a ward area might ask another more experienced nurse in their facility whether s/he is willing to provide advice in a mentoring role in relation to identifying and handling ethical issues that arise with clients.

Based on mutual respect and agreed expectations. The mentor and person being mentored need to agree on the purpose of their mentoring relationship and what is expected of each of them.

Example: Two nurses may agree to mentor each other in relation to managing new technology introduced in the clinical area.

Mutually valuable: Effective mentoring benefits all involved, including the mentor, person being mentored, and the employer.

Example: A nurse mentoring a group of student nurses in relation to professional development opportunities can help identify training courses to enhance their nursing practice. The mentor may likewise benefit by finding out about professional development activities relevant to her/himself and broadening her/his network.

Qualities needed in a mentoring relationship

Trust
- Be honest and open when sharing experiences and providing feedback

Respect
- Respect each other's time and other commitments

Commitment
- Be committed to spending agreed upon time together in mentoring roles

Accessibility
- Make yourself available to meet or talk with each other

Confidentiality
- Agree not to disclose information discussed within the mentoring relationship with other persons

Flexibility
- Be able to adapt to changing circumstances or needs within the mentoring relationship or the general practice in which the mentoring takes place.

Heartfield, D, Gibson, T, Nasel, D, 2005,

Mentoring can be formal or informal

Informal mentoring is an unplanned informal relationship, in which the person seeking mentoring might ask for assistance over a period of time from someone else.

Formal mentoring is a planned and structured mentoring program that is established in the ward environment. It may include training for mentors, arranged introductions between mentors and persons being mentored, with specific expected outcomes, and assessment of expected outcomes.

To be a good coach or mentor

Do

- Create a safe and supportive environment

- Establish a professional relationship built on mutual respect and trust

- Establish the focus of your coaching/ mentoring relationship, including an agreement for working together

- Collaboratively identify, agree upon and realise the mentoring or coaching goals

- Empathise, show patience and allow the staff member to express feelings

- Provide constructive feedback and clarify how the staff member would like feedback conveyed

- Ask appropriate and relevant questions that facilitate communication and clarification

- Identify and encourage strengths in the staff member

- Encourage the staff member to think reflectively and critically explore options together.

Don't

- Dominate or control the staff member (physically, verbally, psychologically)

- Allow interruptions to your coaching/ mentoring time or be distracted/ interrupted by "more important" issues

- Assume what you think the staff member wants to hear or learn

- Assume that staff members are used to being given constructive feedback

- Take-over, show the staff member what to do, show off your knowledge or insist on the staff member doing things your way

- Create dependency on you

- Show irritation, impatience or annoyance

- Talk more than you listen

- Forget what you experienced when you were learning and developing

- Breach confidentiality

(Cohen 2005, Rose 1999)

Aspects of a mentoring relationship

Goals and objectives

These may be suggested by the person being mentored in relation to her/his needs, but must be mutually agreed upon by the mentor and person being mentored. In a formal mentoring program specific goals and objectives for mentoring may be provided by an organisation.

Example: A nurse may wish to discuss with a mentor the implications of changes to funding at their facility for specific nurse roles.

Sharing of resources and networks

The mentor and person being mentored need to work together collaboratively to benefit each other. This may include helping one another access each other's resources (e.g., professional literature, information sources, and networks).

Example: Nurses in a mentoring relationship may introduce each other to colleagues working in different general practices.

Time and a process for reflection

Reflection may take place formally, as when specific outcomes of mentoring are evaluated by a facility/professional body/organisation, and formal feedback is provided. Informal mentoring may involve making time for reflection and ongoing feedback between the mentor and person being mentored throughout the mentoring process.

Example: Nurses in a mentoring relationship need to make time to discuss what they find helpful and unhelpful in the mentoring relationship, and discuss each other's experience of the relationship as they progress towards goals.

The benefits of mentoring programs

Structured mentoring programs provide a more transparent selection process to match mentors and mentees. They provide career development opportunities to employees that can be linked to meeting clear objectives for the agency, the mentee and mentor.

Benefits to the mentee

> increased skills and knowledge
> increased potential for career mobility and promotion
> improved understanding of their roles in the organisation
> insights into the culture and unwritten rules of the organisation
> a supportive environment in which successes and failures can be evaluated in a non-confrontational manner
> a powerful learning tool to acquire competencies and professional experience

> potential for increased visibility
> networking opportunities
> development of professional skills and self-confidence
> recognition and satisfaction
> empowerment
> encourages different perspectives and attitudes to one's work, and develops greater appreciation of the complexities of decision-making within the organisational framework

Benefits to the mentor
> opportunities to test new ideas
> enhanced knowledge of other areas of the agency
> renewed enthusiasm for their role as an experienced employee
> higher level recognition of their worth and skills through encouragement to take on a mentoring role
> challenging discussions with people who have fresh perspectives and who are not already part of the organisational thinking
> satisfaction from contributing to the mentee 's development
> opportunities to reflect upon and articulate their role
> cultural awareness
> develop deeper awareness of their own behaviours
> improved inter-personal skills in counselling, listening, modelling and leading, and improved ability to share experience and knowledge

Benefits to the agency
> Improved delivery of services through more informed and skilled staff
> Application of knowledge gained from mentoring
> Reduced recruitment and selection costs as a result of higher employee retention
> improved communication between separate areas of the agency
> support networks for employees in times of organisational change
> managers with enhanced people management skills
> successful mentees often become mentors and better people managers
> promotes the concept of a learning environment where employees are encouraged to be developed more committed and productive staff
> can contribute to succession planning, employment equity planning, and
> transmitting of cultural values and norms that can contribute to a change in workplace culture

(Spencer K, 2004)

Coaches and Buddies

Coaching is a solution-focussed approach used to assist people to retrieve and utilise their personal experiences, skills, intuition and expertise in order to find creative, individual solutions to work and personal life situations (Greene & Grant 2003).

Buddies are pairings of clinicians (usually one who is more experienced than the other) for similar purposes. Informal mentoring, coaching and buddy relationships can naturally form in the clinical environment. They can also be formalised and deliberately fostered by supervisors as a support to clinical supervision. These relationships can also form the basis of a peer supervisory relationship.

Coaching and mentoring can be used to complement an existing supervisory relationship or when the supervisor feels he or she does not have specific knowledge, skill and expertise in a particular area of the supervisee's interest or a specific therapeutic modality.

Providing a mentor, coach or buddy can be an effective way of:
➢ introducing a staff member to a new facility or a new clinical area
➢ supporting personal and professional growth and development
➢ helping a staff member in difficulty by giving an extra avenue of support
➢ building closer links within and between clinical teams

It is important to note, mentors, coaches and buddies do not necessarily need to be from the same discipline as the staff member. Generally speaking, a formal mentor, coach or buddy to a staff member should not be the supervisor of that staff member, as the roles can conflict.

Setting expectations

When establishing a relationship between a supervisee and supervisor, it is important to ensure from the very beginning that clear boundaries are set and both parties have clear expectations of the process. Staff that are new to a department or clinical area need a comprehensive orientation.

An effective way to set expectations from the very beginning is to discuss:

- perceived strengths of both parties
- current concerns or fears
- areas the supervisee would like to develop
- how the supervisee learns best (recognition of different learning styles)
- what level of support the supervisee currently feels they require
- what the supervisee expects from the supervisory relationship
- what has worked/not worked for the supervisee in supervision in the past

The supervisor should also discuss with the supervisee:

- ➤ the frequency of one-to-one supervision sessions
- ➤ expectations of the supervisee regarding the supervisory relationship
- ➤ availability and willingness to be contacted as assistance is required
- ➤ the best way to access advice on a day-to-day basis

This will assist both parties to manage potential issues or concerns as they arise because a point of reference regarding expectations has been established. It is important that the supervisor does not perceive or project to others that supervision is a burden. Supervision is an opportunity to support the development of staff and ensure the delivery of high quality client care. Supervisors should ensure the staff they are supervising feel genuinely supported and that their role as a supervisor is taken seriously.

Confidentiality

Confidentiality is vital to supervision. Agreeing on the parameters of confidentiality protects personal and sensitive information and upholds professional integrity (Country SA 2009).

Confidentiality should be discussed as part of establishing the supervision contract.
This includes:

- ➤ mutually agreed reporting procedures if duty of care issues are raised by the supervisee
- ➤ mutually agreed reporting procedures if the supervisor has duty of care concerns pertaining to the supervisee
- ➤ agreement in relation to what feedback can be given to the line manager
- ➤ ensuring discussions are held in private and documentation is kept in a secure place

Fostering interprofessional collaborative practice

Learning interprofessionally, when two or more professions learn with, from and about each other to improve collaboration and the quality of care (Freeth et al. 2005) can have many benefits to both clients and health professionals. This marks a significant departure from the ways in which health care workers are traditionally educated and supervised: each discipline training or learning separately to work separately.

Interprofessional teaching and supervision can prepare health professionals to question taken-for-granted professional assumptions and explore different professional perspectives. It also prepares health professionals for team-based care or interprofessional collaborative practice (IPCP).
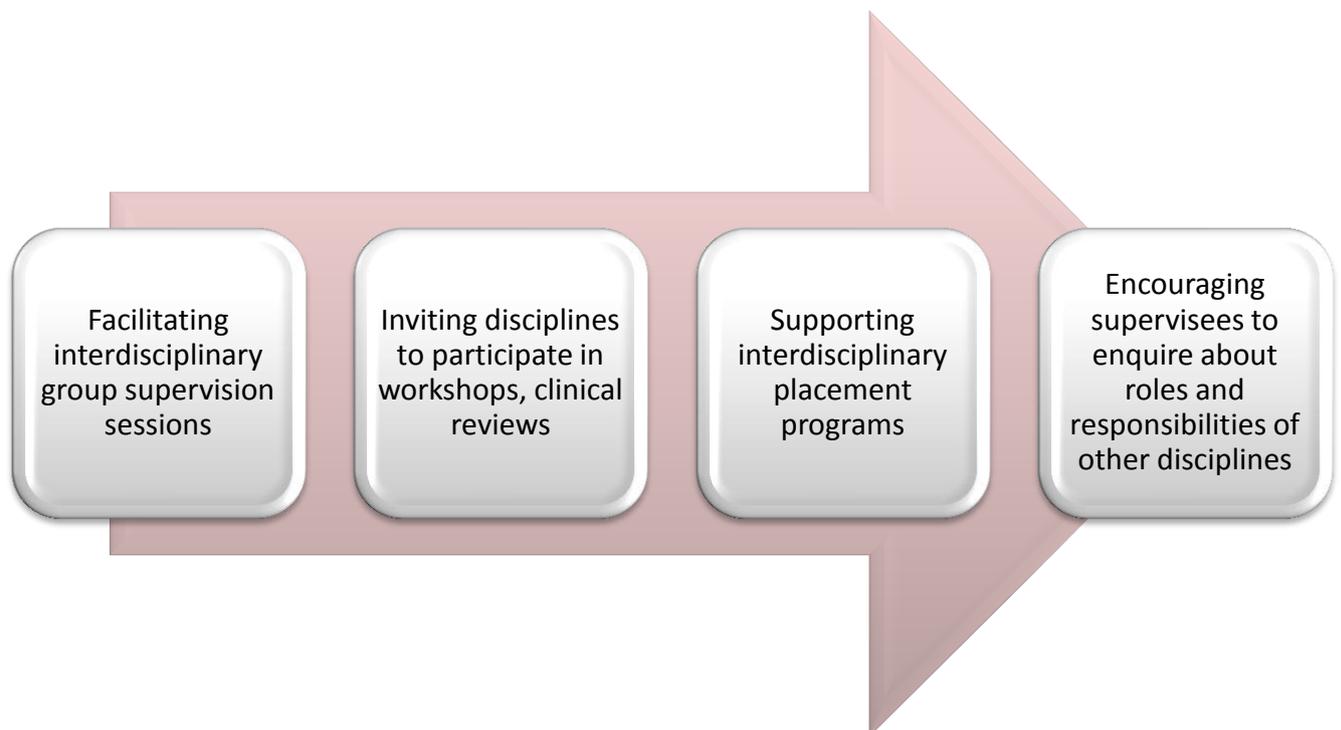
A growing amount of evidence has emerged outlining the benefits of IPCP which include:

➢ increased staff motivation, well-being and retention
➢ decrease in staff turnover
➢ increased client and carer satisfaction
➢ increased client safety
➢ increase in appropriate use of specialist clinical resources
➢ reductions in client mortality and critical incidents, and
➢ increase in access to and coordination of health services

(WHO 2010)

Supervision and clinical education that facilitates greater awareness of the roles and responsibilities of others (doctors, nurses, other allied health staff and clients), and that motivates health professionals to engage and communicate with those from other professions, can better prepare health professionals for work in today's public health system.

Supervisors can consider fostering interprofessional collaborative practice by:

| Facilitating interdisciplinary group supervision sessions | Inviting disciplines to participate in workshops, clinical reviews | Supporting interdisciplinary placement programs | Encouraging supervisees to enquire about roles and responsibilities of other disciplines |

Workshop 4: *Effective feedback*

Purposes of feedback

➢ to facilitate learning

➢ to see whether learning has taken place

➢ to provide feedback to supervisors … on how students are progressing, clarifying for the supervisor what can be done to improve, extend or enhance learning

➢ to provide feedback to students concerning their own progress, clarifying for the student what he or she needs to do to improve, extend or enhance learning

➢ to diagnose students' needs or barriers to learning and help inform necessary changes to the teaching

➢ to encourage emancipation by alerting the student to possibilities which they may not have hitherto discerned … [moving] the student into richer intellectual territory" (Knight and Yorke 2003, p. 35-36)

Forms of feedback

Feedback that is given by supervisors and not acted upon by students has no impact on the staff members' learning. Short term external rewards such as team points, etc. have been shown to encourage a comparative focus (competing with others) rather than a learning focus (improving one's own understandings). Feedback should focus on detailed comment on how to develop an idea further or help with particular problems.

"Comment only" formal feedback	Comment only formal feedback assists the staff member to focus on improving their work through the formative feedback comments as a measure of their work quality.

Feedback for understanding	For encouraging deep understanding the feedback should involve "detailed comments on ideas, evidence and techniques. The goal is understanding and feedback should reflect it." (Brown and Knight 1994, p. 110)

Giving feedback

Feedback is an essential component of supervision and must be clear so that the staff member is aware of their strengths and weaknesses and how they can improve (Kilminster & Jolly 2000).

Be timely:

Give feedback as close as possible to the event. However, pick a good moment for feedback (not when you or the staff member is exhausted, distracted or upset). Feedback on performance should be a frequent feature of your relationship with your supervisee.

Be specific:

The first hurdle for the staff member is to understand the message. Unless that happens, feedback is almost certain to be ineffective. If it is couched in language they are not familiar with, they obviously cannot connect it with the strengths or weaknesses of their own work. Because supervisors have experience and knowledge which the staff member lacks, it is often assumed that they have already developed an appropriate assessment vocabulary and will be able to see where and how the message applies to their work.

Vague or generalised praise or criticism is difficult to act upon. Be specific and the staff member will know what to do. Adopt a straightforward manner, be clear and give examples where possible.

Be constructive:

Focus on the positive. Avoid dampening positive feedback by qualifying it with a negative statement ("You did well in choosing the correct intervention for Mrs Smith, but ..."). For constructive criticism, talk in terms of what can be improved, rather than what is wrong. Ask the supervisee for a self-assessment of their performance. Try to provide feedback in the form of solutions and advice. Also, if the staff member makes an error, feedback needs to clear.

Be in an appropriate setting:

Positive feedback can be effective when given in the presence of peers or clients. Negative feedback (constructive criticism) should be given in a private and undisturbed setting. If lengthy feedback is required, identify the situation and invite the staff member to discuss it with you.

Use attentive listening:

Supervisees should be given the chance to comment on the fairness of feedback and to provide explanations for their performance. A feedback session should be a dialogue between two people. (Cohen 2005; Lake & Ryan 2006)

Strategies for Developing Effective Feedback for Your Staff

If there are recurring weaknesses, identify these as problems to be avoided in future works.
Although specific feedback refers to the work being appraised, it should be framed in a way that enables staff members to see its implications in broader terms as well. This foreshadowing makes it easier for them to internalise the feedback and apply it as they create responses to later tasks.

Keep feedback about the quality of work separate from comments about affective aspects, such as effort or improvement.
Staff members deserve to know why their work deserves the appraisal made about its quality. This includes comment on aspects done extremely well, and aspects done not so well. Mixing a strict appraisal of the quality of a staff members work with praise for effort, encouragement for future work or concessions for weaknesses sends a confused message.
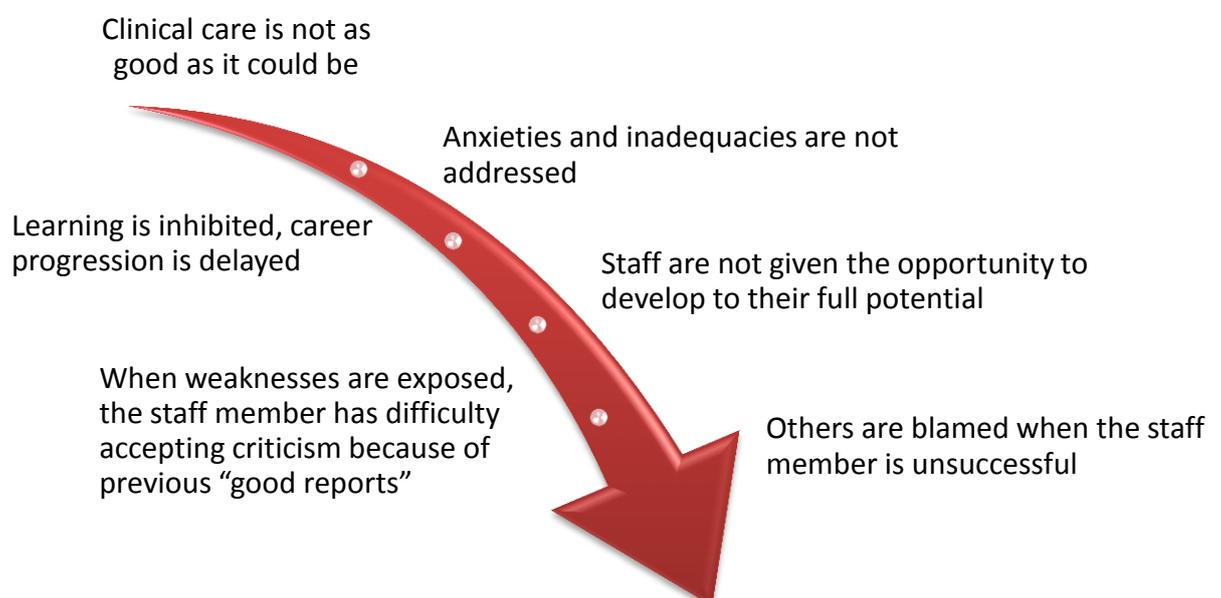
Ensure that staff members understand the personal position from which you provide feedback.
Explain that the feedback you provide relates to the work that a staff member has produced, and does not reflect your view of that staff member as a person or as a learner. Your role as a supervisor involves helping each staff member improve the quality of their work and develop their knowledge and skill. Letting staff members know that you recognise that they may feel disappointed, frustrated or even angry with your appraisal still allows you to be straightforward and up front with them about the standard of their work. Personal relations need not suffer.

Although providing feedback is important for staff, it is not the full story.
Giving staff member's feedback is a desirable component of teaching and learning. Ultimately, however, they need to become capable of self-monitoring their own work. Equipping the supervisee to engage in appraisals through different ways is also important.

Consequences of a lack of feedback to underperforming staff

Clinical care is not as good as it could be

Anxieties and inadequacies are not addressed

Learning is inhibited, career progression is delayed

Staff are not given the opportunity to develop to their full potential

When weaknesses are exposed, the staff member has difficulty accepting criticism because of previous "good reports"

Others are blamed when the staff member is unsuccessful

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