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

Workshop 5: **Clinical teaching & Learning**

Workshop 6: **Managing Performance**
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.*

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Workshop 5: Clinical teaching & Learning

Developing learning goals

Good supervision underpins individual professional development and can positively influence the career path of health professionals. Students should have an individual learning plan with specific learning objectives detailing what it is they are working towards. This provides a framework for learning and a reference to reflect upon in subsequent supervision sessions.

When developing learning goals, the supervisor needs to ensure that appropriate educational objectives reflect the activities and clinical context of the supervisee. Learning goals should be documented, discussed with the line manager and retained in the supervision record. They should be regularly reviewed and updated in line with the acquisition of skills and knowledge as the clinician develops. Learning goals should be SMART: i.e., they should be Specific, Measurable, Achievable, Realistic and Timely (Doran 1981).

**SPECIFIC**

*Goal must be well defined, clear and unambiguous.*
- What do you want to accomplish?
- Why?
- Who will be involved?
- Where will it occur?

**MEASURABLE**

*Define a criterion for measuring progress toward the goal.*
- How much?
- How many?
- How will you know when you have reached your goal?

**ACHIEVABLE**

*Goal must be achievable.*
- How will your goal be achieved?
- What are some of the constraints you may face when achieving this goal?

**REALISTIC**

*Goal needs to be relevant.*
- How does the goal fit with your immediate and long term plan?
- How is it consistent with other goals you have?

**TIMELY**

*Goal should be grounded within a timeframe.*
- What can you do in 6 months from now?
- What can you do in 6 weeks from now?
- What can you do today?
The supervisor’s role in clinical teaching

Supervision also encompasses education. The purpose of the educational component of supervision is to develop each individual in a manner that enhances their full potential, ensure client safety, effective and ethical practice. This may be complemented by the provision of education in other teaching forums such as in-service education or case discussion.

In addition to clinical skills, the supervisor should also teach the non-clinical skills needed to manage workload, interprofessional practice, team dynamics and the demands of the rapidly changing health care environment.

It is particularly important to recognise the stress experienced following the transition from the education environment, which is highly structured, to the workplace environment which requires the ability to work under pressure in a resource-constrained environment (Smith & Pilling 2008).

Some of the main challenges are:

- managing a full caseload (including both complex and straightforward clients)
- having full responsibility for clients
- being confident in decision making and exercising authority
- managing time effectively
- completing paperwork

(Smith & Pilling 2008; Tryssenaar & Perkins 2001)

Teaching in a clinical setting should therefore include assisting new clinicians to develop non-clinical skills to cope with workplace demands, teaching specific clinical skills and providing knowledge through formal education.
What makes effective clinical teaching?

Collaboration and active involvement
- Ascertain what staff member is interested in & direct teaching to this motivation
- Adults like input into their learning

Relevance to clinical duties or their future careers
- Develop skills and confidence by encouraging staff to take on more complex work
- Provide ongoing coaching and support

 Appropriateness to level of staff member
- Lectures are most effective when you know the knowledge base of your audience
- Ask first to avoid teaching staff what they already know

Teaching by guided questioning – asking & encouraging thinking
- Guided questioning reveals what staff members know and invites them to extend their knowledge
- Don't turn questions into grilling. Allow time for them to think and reflect about responses

Setting clear learning goals so expectations are clear
- Document SMART learning goals: Specific, Measurable, Attainable, Realistic, Timely
- Telling people what you expect them to learn will focus their attention in a clinical encounter

Giving and seeking feedback so staff know how they are going
- Feedback given & received lets everyone know whether intended outcomes are being achieved
- Adult learning is a collaborative process

Adult learning is a collaborative process
Ten top tips for the teaching supervisor

1 Every little bit helps: Seize the teaching moment. Even if you don’t have the whole package worked out, it’s still worthwhile sharing what you can, as best you can. Don’t have time to run through a process or procedure in full? Draw the staff member’s attention to one key aspect of the task. No time for a complete debrief immediately after a difficult case? Ask a few key questions to check the staff member understands what occurred and give quick feedback. Follow up later when there is time.

2 Teach by guided questioning: Ask questions to discover the state of the clinician’s knowledge and understanding. Encourage independent thinking and problem-solving. Effective questioning uncovers misunderstandings and reinforces and extends existing knowledge. Questions keep staff engaged, “on their toes”, listening and thinking.

3 Invite staff to set the agenda: Adult learners should be involved in decisions about the direction and content of learning. Your ultimate objective as a supervisor is to foster the staff member’s ability for self-directed lifelong learning.

4 Encourage questions: Questions from staff should always be treated with respect. You may be shocked at what they did not know, but on closer inspection, may discover that others are just keeping quiet. The three most important words in teaching and learning are “I don’t know”.

5 Focus the learner: Start any teaching by setting up the importance of the session. Teaching is more effective if it is tailored to learners’ interests, ambitions and current level of knowledge and ability. Answer the question: why should they pay attention to what you are about to teach them?

6 Focus the learning: Don’t try to teach too much at once. Try not to repeat what is already known. Clinical situations are complex but limit the learning to the key aspects that form the learning edge of your audience’s knowledge base. Procedures and processes can be broken down into steps, not all of which have to be covered at once.

7 Encourage independent learning: Don’t try to teach everything – give enough information to set staff on track, then ask them to complete the task themselves. Set tasks that require staff to act on the information you have provided. Keep learning open-ended. Encourage staff to seek other educational opportunities and report back on their learning.
8 Teach evidence-based practice: Build a lifelong learning attitude in your staff. Even more important than knowing the current best answer to a clinical problem is having the skills to identify a clinical question, search the clinical literature, appraise the evidence and form an evidence-based plan.

9 Check the understanding of staff: Have staff actually understood what has been taught? Can they demonstrate clinical reasoning and put knowledge and skills into practice? If not, perhaps revisit specific topics or skill areas until staff feel confident and can show that they have learned.

10 Evaluate your own practice as a teacher: How well did your staff learn from the information you provided? Every time you teach you have a chance to learn how to do it better (and more easily) next time. Try different methods and compare staff outcomes. Seek feedback from your staff. Compare notes with your peers.

Teaching in the presence of clients

Clinical teaching at the point of care is the place where theoretical knowledge is made practical in the real world, with real clients. Supervisors can use opportunities to teach in the presence of clients by identifying clients from their own case load who would provide a beneficial learning opportunity to clinicians, or work with a client from the supervisee’s caseload. In preparing to teach in the presence of clients the following principles should be applied.

Ensuring client comfort:

- If possible, provide advance notice to the client.
- Obtain consent wherever possible & before teaching session.
- Ensure introductions are made.
- Communication should be explained to client during teaching session.
- Thank the client and invite questions.

Note: Client safety, comfort, privacy and confidentiality are paramount and should be monitored at all times.
Tips for teaching in the presence of clients

- Start small, and stay within your comfort zone as a teacher.
- Remember what is routine to you may be new to the clinician.
- Allocate sufficient time for point of care teaching.
- Involve the staff member. Negotiate the goals. Let them select the focus of teaching.
- Orient the staff member to your plans prior to the session, including clarifying their role and what you hope they will learn from the experience.
- Skills/procedures can be modelled first by the supervisor and then demonstrated by staff or staff may perform all or part of the interview, procedure or intervention.
- Teaching by guided questioning is generally better than just telling, because it allows you to determine the person’s level of knowledge and understanding. Ask the staff member to report back to check understanding.
- If the staff member appears to be struggling or is off track, make a smooth transition to take over the clinical interaction.
- Don’t criticise at the point of care, debrief elsewhere constructively.
- Afterwards seek feedback from the staff member. Reflect on the effectiveness of the session and prepare for next time.

Teaching during case discussion

Case discussion may occur during the formal one-to-one supervision session or periodically during day-to-day interactions and discussion regarding client care. Supervisors can use these discussions to provide additional information or to impart skills and knowledge that explain the need for specific interventions. It is also an opportunity to encourage reflective practice.

Using guided questioning to find out why the clinician feels a particular problem exists or should be solved in a certain way further develops strong clinical reasoning skills and confidence in clinical practice.

Teaching by guided questioning

Teaching by guided questioning encourages independent thinking and problem solving. It allows the supervisee to test options, analyse risk and consider limitations and innovations. (Irwin 2008)

Examples of guided questions:
- What approaches are you taking in this situation and why?
- Can you explain the steps of the task and why they are completed in this way?
- What outcomes do you want and how can they be achieved?
- What is your action plan if this approach doesn’t work?
- What values, attitudes, knowledge and/or skills are being challenged in this situation?
- How would you approach the situation next time?
**Teaching at handover**

Well-structured handover is an excellent learning experience that integrates communication, professionalism and clinical management. Staff members learn techniques of clinical description and case organisation when involved in the handover of a client to others. Handover is also an important team-building exercise.

Clinical handover is important to effective clinical care. The practical operation of health services, including aged care facilities and hospitals, means that client care might be handed over from team to team in various situations including:

- following on-call and weekend shifts
- transfer of clients from one clinical setting to another
- discharge planning

Supervisors should discuss principles of good clinical handover to build the skills of clinicians and facilitate the safe transfer of clients from team to team. Clinical staff may experience challenges with handover, in particular if they are on the receiving end of information about clients they are required to look after on an afterhours or weekend shift. This creates a risk for the client as it is not possible for the staff member to check information with the treating clinician or ask additional questions once the day shift has gone home.

**The challenge of handover**

- Being confident to speak up and be an active participant in the handover process.
- Staff must feel able to ask questions if they are unsure of details in someone’s handover.
- Providing the most critical and relevant information in sufficient detail to ensure the issues are clear (just enough versus not too much). This is vital to continuity of care and safe clinical practice.
- Ensuring time is prioritised in the daily schedule for handover of client information, with consideration of all the points where handover may occur, such as from shift to shift or transfer situations.
- Being punctual and consistently turning up on time to handover sessions.
- Being organised and planning for absences such as periods of leave.
- Ensuring effective and accurate documentation of client issues occurs in handover notes, medical records and discharge summaries.
- Maintaining client confidentiality and privacy while providing appropriate clinical handover, particularly if referring to agencies outside NSW Health.
Other clinical teaching opportunities

Critical responses
When there is a critical incident, and there is no time for explanations, it is important to make time to review the event afterwards.

After-hours episodes
A lot of clinical activity occurs “after hours,” which includes work conducted after business hours and on weekends. For some health staff, their experience is drawn from episodes of care provided “after hours” on an episodic or on-call basis. Supervision and training needs after hours are important and require monitoring and support by senior clinicians. After-hours clinical situations can be a source of anxiety for clinicians, as the clients and their conditions may be unfamiliar. The supervisor must be alert to this unfamiliarity and provide a supportive environment. Staff working after hours should have access to senior staff supervision as required. Providing support to reason through a clinical problem together can enhance client safety and the person’s ability to manage independently in future.

Teaching clinical skills
Skills training can begin with virtual experience (e.g., texts, scripts, videos, online tutorials, simulations, role plays) but it has to be completed in the workplace with real clients. Supervisors need to be ready to teach a skill when the opportunity arises. A four-step approach to teaching skills described by Walker and Peyton (1998) and adopted in Teaching on the Run (Lake & Ryan 2006), is:

- **Demonstration:** Trainer demonstrates the skill at normal speed, without commentary.
- **Deconstruction:** Trainer demonstrates the skill while describing the steps required.
- **Comprehension:** Trainer demonstrates the skill while the staff member describes steps required.
- **Performance:** The staff member demonstrates the skill and describes steps while being observed by the trainer.
Tips for teaching clinical skills

- **Don’t forget fundamentals**: hygiene and infection control; client communication, consent and introductions.
- **Demonstration**: make sure the learner can clearly see what you are doing. Demonstration by the supervisor can be combined with performance by the learner.
- **Integrate theory with practice**: that is, not only demonstrating skills but explaining the logic and the evidence behind the practice. This helps to develop clinical reasoning.
- **Don’t teach everything at once**: particularly for the demonstration of more complex skills or procedures, not every step needs to be taught in every encounter. Begin by establishing what the staff member already knows. Review the unknown steps in more detail.
- **Provide opportunities to practice skills**: making time and space available for the staff member to be hands-on, breaking procedures into steps, providing direction and sharing care. Repetition is the key to skills training, with the focus of teaching building on competency.
- **Use collaborative problem solving**: give staff a clinical problem and work with them towards a solution.
- **Give feedback**: that is timely, specific, and constructive. Ensure feedback is given in an appropriate environment. Good givers of feedback also invite feedback from the staff member, with a view to improving their teaching technique.
- **Provide appropriate learning resources**: knowing what is available to help staff develop a deeper level of understanding.

Teaching non-clinical skills

**Time management and setting priorities**

One of the hardest skills to master is the effective prioritisation of clinical work to meet the needs of clients and service demands. This is a skill which takes time to develop and is often difficult even for the most experienced clinicians. An inability to effectively prioritise workload can leave clinicians feeling overwhelmed and overlooking essential tasks which need to be completed to facilitate the delivery of safe client care.

In addition, being a productive member of a discipline specific or multidisciplinary team also requires completion of administrative tasks, projects and quality improvement activities on top of day-to-day clinical work.

In assisting the staff member to develop skills in time management and prioritisation, the supervisor can guide the person to implement some of the following strategies:

- quarantining specific sections of the day for direct client contact activities and back of house activities
- managing unexpected interruptions and learning to say “no” or “at another time” when appropriate
- prioritising clients in order of urgency/risk
creating “to do” and client activity lists
> scheduling time during each day to complete documentation tasks
> being flexible to reprioritise work on a daily or even hourly basis

**Developing skills in teaching and education**

Skills in clinical education must be clinical practice. Years of experience in clinical practice alone does not in itself make a great clinical teacher (Strohschein, Hagler & May 2002.)

Clinical supervisors should be actively seeking to improve their knowledge and skills surrounding:
> principles of adult learning
> current evidence in clinical education
> delivering effective presentations
> benefits of blended learning
> providing constructive feedback
> facilitating reflective practice and clinical reasoning
> utilising broad based evidence to inform practice

Skills and knowledge can be obtained through blended learning methods including:

- self-directed learning
- sharing of information and resources
- review of literature
- simulated learning environment
- online learning packages
- face-to-face courses in clinical supervision & education

**Formal teaching**

As a clinician, you may be required to give in-service training and presentations, and the one clear advantage is that your subject will probably match your expertise.

Practice these tips to make your presentations effective:
> Consider your audience and shape your material to make it relevant to their current knowledge, clinical responsibilities and objectives. If in doubt, consider using questions at the start of your presentation to establish where to pitch your talk.
> The first five minutes are vital. Capture interest with a compelling start (why should the audience listen?) and explain what you intend to cover in your talk. If you have one key point above all, make it early.
> When using PowerPoint slides, don’t dump all the information on the slide. White space, use of images and uncluttered slides with few words will ensure the audience pays attention to what you are saying.
➢ Don’t read your presentation — most of all, don’t read your PowerPoint slides. Talk to your audience and maintain eye contact.
➢ Stories, jokes and analogies are useful tools to make facts memorable.
➢ Respond to visual cues from the audience to change pace. Ask a question if you are not sure that the audience is with you.
➢ Vary your delivery and technique. Consider breaking the presentation with questions to or from the audience, or an activity to be carried out by the learners.
➢ Close your presentation strongly, with a summary of what you hope the audience will take away.
➢ Avoid overstuffing your presentation with material. It is better to be succinct and cover key points than trying to teach everything in one session.
➢ Obtain feedback in order to evaluate the effectiveness of your teaching and make improvements next time.

**Beyond the in-service**

Don’t forget the broad spectrum of teaching methods available to you as a teacher as alternatives or adjuncts to providing in-services:

- Simulation and role plays
- Videos to demonstrate techniques or behaviours
- Computer based education
- Group discussions, case studies and problem based learning

Even the simplest departures from the standard in-service format will make the content of your education sessions more memorable.
Workshop 6: Managing Performance

Managing for performance

In health, managing for performance is generally undertaken by the line manager, which may include a unit head, team leader, head of department or service manager. This may be the clinical supervisor if they are also the line manager. However, if the clinical supervisor is not also the line manager they may also be involved in this process. This provides an opportunity for collaboration to occur for the benefit of the supervisee.

“Managing for performance is a process that commences with the recruitment and orientation of an individual and involves an on-going cycle of planning, coaching and reviewing individual, work, team and organisational performance within the context of the organisation’s goals and strategies” (NSW Department of Health 2005a, p. 4).

It is important to note that managing for performance is not disciplinary action but is about ongoing two way feedback to promote development. It also involves a formal review often referred to as the annual performance review (NSW Health 2005a). The process of clinical supervision links into the formal review as it is based on individual learning goals relating to clinical practice.

If supervision has been effective, there should be no surprises at the formal review. The staff member should be well aware of the progress they have made and the opportunities for further improvement. This should be achieved through regular:

- Feedback on performance
- Review of learning goals
- 1:1 supervision sessions to discuss progress & improvement opportunities
- Reflective practice to develop increased self-awareness
Purposes of the formal review

Feedback:

• To provide staff members with feedback about their performance and facilitate their learning and development.

Review:

• To review evidence that staff members are progressing and achieving their learning objectives. A good review system should assure senior staff that health professionals are meeting certain standards of practice and competence before advancing to higher levels of responsibility.

Forward planning:

• To set objectives and identify areas for professional development in line with service needs and the staff member’s career aspirations.

Orientation

Orientation is the key to effectively introducing a new staff member into the clinical area or facility and setting the supervisory relationship. Supervisors are often responsible for organising or participating in orientation for new staff members, even if they delegate parts of the orientation to other staff. Multidisciplinary orientation should be considered where possible as it immediately begins to meld the staff member into the clinical team.

Not orienting a staff member sends some strong negative messages about the professionalism of the team they are joining. Lack of orientation is often a root cause of later problems that staff members may experience as they settle into their new role. It is useful to have a checklist to ensure that orientation is comprehensive.

Wherever possible, include a face-to-face handover to a new staff member. A succinct orientation package is an excellent welcome gift. Such packages need regular updating. Orientation provides the supervisor with the opportunity to review the staff member’s current level of knowledge and experience and to develop a plan to meet their particular learning goals. Benefits of a successful orientation extend to the whole clinical unit. With a multidisciplinary, interprofessional collaborative practice approach, teamwork and collaborative relationships are promoted and staff can be better supported. In addition, clinical care of clients will benefit from the use of standard procedures and protocols by all members of the team.
Barriers to effective supervision

It is important to identify the components which do not contribute to high quality supervision and address these where possible.

**Being absent or unavailable:**
- This creates anxiety amongst staff. It also has a direct impact on the delivery of high quality and safe client care.

**Being rigid:**
- Giving instructions without an explanation does not contribute toward a positive supervisory relationship. Supervisors have to make time for explanations.

**Intolerance and irritability:**
- This leads staff to avoidance (e.g., hiding errors and gaps in their capability).

**Telling instead of coaching:**
- This can lead to staff feeling unsupported and unable to develop their skills within the context of their learning styles and education needs.

**Having a negative attitude or “blaming”:**
- Publicly criticising the staff member’s performance or seeking to humiliate the staff member leads to adverse relationships.

**Not managing staff in difficulty:**
- This could be due to poor orientation or poor supervision. Not supporting staff in difficulty has a direct impact on the quality of client care delivery.

Common challenges for supervisors

The goal of supervision is to bring out the best in every staff member. There are often challenging moments on the way to this goal. The challenges are unique to the individual and require solutions tailored to the circumstances. Many problems can be avoided by carefully orienting the clinician to their role and to the organisation, setting clear expectations and establishing a supervision contract. This will go a long way towards preventing any misunderstandings and alert the supervisor to issues that may need management.

It is recognised that most clinicians receive little or no formal training in managing staff issues and often acquire these skills through experience and/or modelling other senior staff behaviour. It is
important that supervisors and managers invest in their own professional development and supervision to improve confidence in managing complex issues.

Many factors may affect a clinician’s performance. Some of the more common issues (and potential responses) are listed below. The first response to any problem should involve a face-to-face discussion with the clinician. If the issues involved are sensitive, this should be conducted in a private location, free from interruptions and at a time when neither is distracted or overstressed. If the issues are serious or if attempts to resolve the issues are failing, it is appropriate to seek additional assistance. In particular, if supervision is provided separate to line management responsibilities, the line manager should be consulted.

**Challenges and solutions**

**The clinician with communication problems:** Does the clinician recognise that communication is a problem? If yes, remediation can be relatively straightforward (e.g., conversational practice, providing scripts or templates to model effective communication practices, providing a mentor or buddy, use of audio-visual equipment). If no, then the issue is more complex, because the solution has to begin with the clinician gaining insight into the problem. Readjusting the clinician’s perceptions involves developing his or her empathic ability and, if identified as a problem, should become the focus of supervision.

**The clinician who is uninterested in the area of clinical work:** It is best to identify this early and plan accordingly. In some instances, the clinician’s lack of interest will be based on a misconception of the content of the work or on a failure to appreciate its relevance to their area of interest. In many cases, the supervisor can highlight aspects of the work that will be of interest to the clinician. In others, an appeal to the clinician’s sense of responsibility to the team may motivate them.

**The reluctant supervisee:** Where the clinician has no interest or cannot see the benefit of supervision. The supervisee needs to be encouraged to see the importance of supervision as part of professional development and delivery of safe client care. Ensure the supervisory relationship and process appropriately meets the needs of the supervisee.

**The overconfident clinician:** Overconfidence is potentially dangerous and it is important to provide a reality check at an early stage. Consider highlighting the potential consequences of overconfident practice in relation to a real client. This should never be done in a way that will belittle or embarrass the clinician.

**The perfectionist clinician:** Some clinicians are so determined to do everything perfectly that they cannot meet realistic deadlines and are in danger of burning themselves out. It is important with these staff to develop an appropriate priority list and work on realistic time management skills.
Managing a staff member in difficulty

Any of the challenging situations described may become a “clinician in difficulty” — somebody who is not progressing as they should and potentially placing themselves and others at risk.

A clinician in difficulty may be supported by both the supervisor and operational line manager. Clear processes defining the role of each person are required in the case where the line manager is not the clinical supervisor. Where there are specific clinical practice issues, a suitably qualified senior clinician from that discipline should be involved in the process.

It is important to recognise that, in the case of less experienced staff, being a junior health professional with limited experience can be challenging. Most problems can be resolved if they are appropriately identified and managed. The general approach to dealing with clinicians in difficulty rests on three principles:

1. Patient safety should always be the primary consideration
2. Clinicians in difficulty require ongoing supervision and support
3. Prevention, early recognition and early intervention are always preferred over a punitive approach in dealing with identified issues.

The saying “prevention is better than a cure” applies here. Being astute and responding to issues early prevents a situation escalating to a major incident. When a supervisor encounters a clinician in difficulty, he/she should seek advice without delay. Experience has shown that simple interventions can be very effective if made early enough. Seek advice early from your line manager, other senior colleagues or workforce services department. Other units such as the employee assistant program and professional practice unit may also be of assistance to both supervisors and supervisees.
CONCERN EXPRESSED ABOUT STAFF MEMBER
Assess the severity:
Patient safety, Staff member safety, Misconduct

PRELIMINARY ASSESSMENT OF CONCERN
Consider potential underlying issues
Consider need for further investigation

SPEAK WITH STAFF MEMBER
Listen and assess
Consider advice from manager or Human resources

FURTHER INVESTIGATION
Note findings:
Consider referral to expert

AGREE ACTION PLAN AND REVIEW DATE
Seek agreement with staff member
Document in action plan

IMPLEMENT ACTION PLAN AND REVIEW
Ensure staff member is supported
Review by reaching conclusion (resolved or further review)
Having a “crucial conversation” with a supervisee

You have noticed that a supervisee is having difficulty with workload management. You know this because you have noticed that he/she is frequently staying back to get work done and looks exhausted and overwhelmed. You are also taking note of the issues the supervisee brings to supervision and you are finding that the supervisee is taking on too much extra work. You suspect that the supervisee is doing “above and beyond” the work that is required because he/she does not understand their role and is unsure about boundaries. You decide to address this in the next supervision session. This entails having a ‘crucial conversation’ with the supervisee.

Steps in a crucial conversation

- Setting the scene
- Be transparent.
- Discuss and mutually agree upon what will be on the agenda for discussion.
- Discussing the evidence as a basis for your concerns
- Focus on observable facts and behavioural evidence.
- Be constructive, timely and specific
- Exploring the issues
- Use active listening skills (empathy, questioning and open body language) and show genuine interest when trying to find out the cause of the issues.
- Looking for solutions/support
- Discuss strategies and support options to help address the issue - In this case it could be scheduling more regular supervision sessions, teaching time management skills
- Steps and timeline for improvement
- Responsibility should be shared when looking for solutions.
- Mutually agree on one or two steps, strategies, solutions or support options that are realistic and achievable within a timeframe.
- Develop a SMART goal

Workplace conflict

Here we will learn about workplace conflict and discuss ways to resolve issues that might otherwise result in two or more people clashing. You will learn how to deal with conflict with colleagues as well as customers.

It is important for you to understand and deal with different kinds of conflict so that you can:

- help defuse situations and issues as they arise
- assist with the resolution of these issues

Workplace conflict can be defined as a situation of differing ideas or opinions involving clients or staff and resulting in two people clashing.
Conflict amongst colleagues

When it comes to the way we treat and deal with our colleagues, we should always remember the following which will help to prevent conflict in the workplace.

How can I help?

- Treat fellow workers with the same amount of respect that you expect from them.
- Always have good lines of communication.
- Help out fellow staff when necessary particularly if they are busy and you have spare time.
- Never talk behind colleagues' backs.
- Air grievances before the matter gets out of hand.
- Listen to grievances and try to get to the bottom of the problem by asking questions.
- Try to keep your personal problems away from your workplace.
- Use feedback to discuss issues with staff.

Conflict resolution skills with clients

To establish good communication skills you will need to express warmth, empathy and respect. Ideally you should obtain the following specific information from clients to help with maintaining good communication.

- Obtain information about client's previous visits:
- Make sure client does not have hearing difficulties.
- Do not allow for judgement or criticism to affect the result. Implement the best solution.
- Advise of when the solution will be implemented and identify the responsible person.
- Monitor and evaluate its effectiveness.
- Check to make sure that all parties are happy with the resolution; clients will always be impressed with a follow up call to make sure they are happy with the resolution to a problem.
Conflict resolution

<table>
<thead>
<tr>
<th>Angry person</th>
<th>Negotiation. The negotiation technique may vary from one issue to another.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don't react</td>
<td>Don’t get mad, pause and reflect.</td>
</tr>
<tr>
<td>Don’t argue — reassure</td>
<td>Ponder their propositions honestly. Agree where possible. Understand what they want to get and what you want.</td>
</tr>
<tr>
<td>Don’t reject — reframe positively</td>
<td>Ask problem solving questions. Ask for their advice. Use fairness to persuade. No one should be cheated or coerced. Suspend judgement</td>
</tr>
<tr>
<td>Don’t push</td>
<td>Make sure they own the outcome. In other words, avoid telling the person what to do or what you think is the best solution. Instead provide all the information and options—and help them arrive at the best decision.</td>
</tr>
<tr>
<td>Don’t escalate</td>
<td>Ask reality-testing questions. Think how you would feel in their situation.</td>
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</tbody>
</table>

Negotiation checklist

- Find out the underlying issue
- Actively listen, dialogue is a learning conversation
- Be soft on people, hard on problems
- Be unconditionally constructive
- Strive for mutual respect
- Assess the best alternatives
- Devise solutions, not problems
- Use objective criteria that are fair for all.

Problem solving steps

1 Identify the problem: Clearly and succinctly define the problem, sometimes there are several issues rather than just one.

2 Investigate the problem: Confirm what information is available and identify the source. Consider the information you have, decide what other information is required to adequately address the problem.

3 Specify the problem: Clarify exactly what you want to achieve.

4 Generate solutions: Do not allow for judgement or criticism to affect the result.

5 Implement the best solution: Advise when the solution will be implemented and identify responsible person.
References:

Community Services and Health Industry Skills Council 2012, *HLTHIR301B Communicate and work effectively in health*, Commonwealth of Australia


NSW Department of Education & Training 2007, *Communicate effectively in a health setting (Audiometry)*, DET, NSW.


