



Clinical Supervision Support Partnership Project

Fourth Progress Report

March 2014

Overview

This is the fourth report of the Clinical Supervision Support Partnership Project developed through Medical Deans and with the partners CPMEC and CPMC.

The Project commenced on 1 March, 2012. This fourth Report documents achievements against the project's key performance indicators for the period from the first Progress Report to 14th February 2014.

The major achievements of this project period include:

- Establishing that the outputs from this project as being fully sufficient as foundational generic supervisor training across the span of medicine, meeting AMC standards and covering the HWA supervision content domains.
- The Supervisory Curriculum (as **Entrustable Professional Activities of Supervision**) for medicine completed. Extensive consultation on this framework has indicated it is highly acceptable to the various groups consulted. It includes a focus on trainee learning whilst keeping patients safe, the tensions and supporting processes to enable safe and competent care delivered through the context of supervisory supervision and trainee learning.
- A supporting website has been developed; www.clinicaleducators.org. All the elements of the curriculum are developed. There is an introductory module, available for all to view on the website, and a learning management system (Moodle based) with six on-line e-modules.
- Each of the on-line modules has a quiz, with the ability of the participant to print out a completed certificate if they have answered the quiz satisfactorily.
- To support the on-line modules, a series of face-to-face workshops are fully developed, tested and evaluated. The framework for these includes Group FICS (group work **F**ocused **I**ntervention for **C**linical **S**upervision) and Team FICS (the clinical team, being multi-professional undertaking a Focused

Intervention for Clinical Supervision).

- Development and delivery of a national supervision summit, to bring together a range of health professionals and others to discuss and bring clarity to the context and options for greater cohesion in the delivery of supervisory training.
- Agreement from the three partner organisations; CPMC, CPMEC and MDANZ, to a set of Principles of Supervision. Hence this project has supported the development of agreed policy on supervision, as well as implementation of an on-line comprehensive foundational training package
- Readiness for this project to go nationally and provide supervisor support through a full suite of on-line resources, supplemented by face to face workshops.

A. Achievements against Aims of this Project

A2

- *Establish a partnership with ClinEdSA, a part of SA Health, of the South Australian Government, to audit current supervisory materials, undertake a needs analysis of supervisors and develop support resources:*

This project worked closely with ClinEdSA. ClinEdSA took roles locally in supporting supervision of health professionals other than in medicine, the agreement locally being that this project would provide the focus in medicine. Hence we have worked alongside ClinEdSA but with a focus within medicine.

In parallel, we have had extensive discussions, with the support of ClinEdSA, on stepwise expanding the scope of this project to include allied health and nursing supervision support. These discussions have been occurring even up to the recent past. We have recently met with the new Director of ClinEdSA, with full agreement on this strategy, including nursing

linkages. The Director of Nursing and Midwifery for South Australia has expressed much interest in the resources of this Supervision resource being adapted for use by nursing. This is a positive move, although beyond the scope of the current project, so not implemented at this time. There remains the possibility, in the future, for adaptation to nursing.

We have through this project undertaken a needs analysis of supervisors (medicine) locally, plus interstate. We have also undertaken a needs analysis from the medical education sector, specifically working with the Network of College Educators and the Education Subcommittee of CPMC, and the Directors of CPMEC establishing resources of a foundational/generic nature and processes used by Colleges and PMCs to support supervisors. An additional needs analysis was undertaken through on-line searching of resources available internationally, and processes used in training medical supervisors in the UK, Canada and the US.

- *Establish a Steering Committee with representatives from the three national medical education bodies to inform developments of this project and ensure their organisations are informed. A HWA representative will attend the Steering Committee as an observer.*

A Steering Committee, drawn from the three medical education sectors, has been formed and provided governance for the directions and outcomes from this project. The Steering Committee elected a Chair at its first meeting, Prof Justin Beilby (the then Chair of Medical Deans). In addition an AMC representative was appointed to the Steering Committee. The Steering Committee met quarterly by teleconference, with a face-to-face meeting in Melbourne, to clarify the outcomes from the Supervision Summit and agree on the Supervision Principles document.

- *Develop a supervisory curriculum that support supervisors and evaluate its effectiveness.*

See below

- *Develop on-line support materials as 'reusable learning objects', enabling uptake by*

other health professional supervisor support programs.

This is the underlying principle and approach that has been taken. The Supervision curriculum and its on-line resources are available for other health professionals. We have been in active discussion with allied health and nursing regarding this. In our view, we would like the other health professional groups to have editorial control on the gateway and resources linked to this curriculum. Some additional resources would be required, for example video examples that are filmed within the profession—these are readily patched onto the supervision framework discipline by discipline. Even within medicine, there are differing cultures and clinical processes between surgery, medicine, paediatrics, psychiatry as examples. The project has been progressively developing resources that portray this variety of cultures and ways of working.

- *Deliver local interprofessional face-to-face workshops on key themes of supervision:*

Inter-professional workshops have been run using our TeamFICS methodology (explained below). These have been run in the rehabilitation sector and in a rural location in South Australia (Mt Gambier Health Service). These inter-professional workshops have utilized the same supervision framework as has been developed for use for supervisors in medicine. Prior to attendance at these interprofessional workshops, attendees have been requested to go through the foundational training on the website, so they have some familiarity with the material. The workshops then expand the interactive and interpersonal material in a way that a website cannot. We have found that the issues raised (giving feedback, managing the failing or difficult trainee) are health profession independent.

- *Ensure resources developed support and compliment resources developed for clinical supervision amongst other health professional training programs.*

In our discussions with Allied Health and Nursing, it is clear that there is much synergy between the medicine resources we have developed and those of these other health professions. Hence the supervisory EPAs (entrustable professional activities) developed within the medicine framework relate well with supervision needs in allied health and

nursing. Video scenarios, and the gateway into the e-modules, needs to be modified to have greater relevance for these other health professions. We have worked closely with an Allied Health project (specifically psychology and podiatry) on a needs analysis, and found remarkable similarities with medicine.

A7: Key Performance Indicators:

1. Development of an agreed supervisory curriculum, on-line supervisor training modules, face to face workshop content and an on-line community of practice for Supervisors.

a. Develop a Supervisory Curriculum.

The development of a Supervisory curriculum framework is complete. This framework consists of six domains of Professional Activities of Supervision, described as **Entrustable Professional Activities (EPAs)** of Supervision. Details of this Curriculum are provided at Attachment 1.

b. Develop on-line training materials.

There is an Introductory module available to all who view the website. In addition there are six modules, each module corresponding to one of the Entrustable Supervisory Activities of Supervision. These modules are within a Moodle Learning Management System. A reduced in scope pdf version of the content of the modules is available as Attachment 2-please note this is a printable version of the modules in reduced size and with reduced content, designed for printing rather than on-line viewing.

c. develop face-to-face workshop content.

The face-to-face workshops are developed around two key frames;

1. Group FICS (Group Focused Intervention for Clinical Supervision). These workshops take the EPAs of Supervision and expand them in a face-to-face

intervention, particularly providing feedback and role playing in difficult supervisory situations. All the EPAs are worked through interactively.

2. Team FICS (an inter-professional healthcare team Focused Intervention for Clinical Supervision). Details on this inter-professional health unit intervention is provided at Attachment 3.

d. develop an on-line community of practice for supervisors.

Advice from the Steering Committee of this project recommended that this aspect of the project not be pursued at this time. At the national supervision summit, there was a recommendation that such an initiative should be pursued, although the nature and character of such a Community of Practice was not defined or developed. This is also within the Supervision Principles policy, but not enacted at this point. Much interest has been expressed by key medical educationalists in a grouping that unites and supports them. In their view, the website might be a useful beginning of this process. Our intent is to wait at this point in time, giving consideration to this matter, along with other stakeholders.

2. Evidence of delivery of training materials to Supervisors

- a. The on-line modules have had 58 people undertake the training through to completion, as of mid-November. Please note that we have not promoted the website or the modules, given the uncertainty of its future.
- b. There have been six workshops run. There have been 54 participants at these workshops. Participants are asked to complete an evaluation form at the end of the session which includes a number of Lickert scale questions with additional space for free text commentary. Areas covered include relevance of training to participant's clinical experience, quality of facilitation and perceived impact on participant's confidence in their role of assessing and providing feedback.

The course has been presented to senior medical consultants, medical trainees and inter-professional audiences. Evaluation to date has provided evidence of the usefulness of the content with 100% of participants agreeing or strongly agreeing that the content was useful and relevant to their practice and they felt more confident to provide feedback to students and trainees as a result of participating in the workshop. The program scored an overall 4.5 out of a possible 5 on a Lickert scale rating. Evaluation data is provided at Attachment 4.

3. Evidence of consultation and engagement with national medical training organisations and State and Commonwealth Health Departments

- a. All three medical training sectors (Medical Deans, CPMEC and CPMC) are kept informed of this project and its developments. The Steering Committee is drawn from these sectors, as well as the AMC (with HWA as observer).
- b. SA Health are kept informed and supportive of this project. Meetings have been held with the Chief Nurse, the Chief Allied Health officer and the Chief Medical Officer of SA. All are highly supportive of this project. There have been on-going discussions with these principals. The Head of ClinEdSA is also supportive of this project, discussions continuing with him and his office.

There have been consultation and information sharing meetings with all CE's of all the Health Regions in SA, with the College Chairs of SA, with the SA branch of the Medical Board of Australia, with the Medical Education and Training Health Advisory Council of SA, with the two Medical Deans of SA, with the Education Subcommittee of CPMC, with the Directors of CPMEC, with the CEO of RACS, with the Network of Medical Educators of the Colleges, with the Victorian Medical Education Officers and the Victorian PMC. Such meetings have been about informing them of developments, receiving their recommendations, establishing dialogue and awareness of the project by them.

- c. The Commonwealth Health Department has been approached. There have been discussions with the Commonwealth CMO (Professor Chris Baggoley), Professor John Horvath, Dr Andrew Singer and Penny Shakespeare. All are supportive of this initiative.

4. *Presentation at National conferences*

- a. Medical Deans 2012 meeting, Sydney. The project was presented and discussed by the medical educators of Medical Deans. The key comment was 'well, this is all very good, just get on with it and implement'.
- b. CPMEC national meeting, Perth, November 2012. This project was presented in a number of different forums at this meeting. There was particular interest from New Zealand, who are keen to consider how this project might interface with their programs of supervisory support.
- c. CPMEC prevocational forum, November 2013. The project and its outcomes were presented at this national conference. Of interest, Dame Lesley Southgate, one of the international speakers at the conference, stated at this meeting that it would be such a tragic waste if these foundational supervisory support materials were not taken up nationally, promoted and adopted.
- d. The project was presented at the National Supervision Summit, Melbourne, May 2013.

5. *Documentation of evidence-based processes that foster horizontal and vertical harmonisation of training programs*

Discussion with the three training sectors has included an understanding that increasingly there is a need to demonstrate harmonisation of training programs vertically and horizontally. That this curriculum is built on EPAs is important. EPAs are the best available structures to facilitate such vertical and horizontal harmonization. It is hoped that adoption of the EPAs across the training sectors will facilitate smooth linkage between the training sectors.

The development of agreed supervision policy across the three medical training sectors is an example of promotion of vertical integration and harmonisation. As far as this author is aware, this is the first time there has been agreed education policy across the three training sectors.

6. *Recommendations regarding developing a sustainable funding model that has the capacity to expand the supervisory support model, curriculum and support resources to be expanded to other jurisdictions and health professions.*

This project was developed out of a recognised large unmet need in training and supporting current and new supervisors. Capacity of the health system to train its workforce is largely dependent on sufficient numbers of trained supervisors in all components of the health system. Extensive consultation across all the medical education training sectors has identified that generic foundational skills of supervision are common and required by all. It is recognised that there is no systematic approach to such foundational supervision training. It is also recognised that accreditation bodies such as the AMC are increasingly requiring evidence of trained supervisors, most of whom are clinicians with little educational expertise.

This project, funded to develop a curriculum and on-line resources with evaluation of local workshops, has been undertaken in SA. However the applicability is national (or bi-national with NZ in the case of the College training programs). This project has had a focus on development of a new and innovative curriculum built around EPAs, and development and resource support of on-line

modules to support the EPA-based Supervision curriculum. Additionally the project has evaluated its work and outputs to fine-tune the product. This has been done, and is ready for extensive national implementation across the three medical education sectors. The project was not tasked with an implementation agenda for broad dissemination. Hence thoughts in this section arise from extensive discussion over the life of the project, but are opinions and conjecture, rather than agreed business processes.

All the Specialist Medical Colleges have agreed that the on-line program attracts CPD points, and are considering the on-line material as adequate for their Fellows as Foundational supervisor training.

There is some risk around this project. It has had extensive communication and airing across medicine, with the AMC, the AMA, and Doctors-in-training. The National Supervision Summit is an example of where this was discussed. All groups have raised expectations of outcomes, aware of the large unmet need. Failure of progression to extensive implementation is likely associated with adverse responses from some of these groups, perhaps limiting future supervisor engagement, recruitment and hence training capacity.

An external business consultant with experience of the medical training sector was engaged to consider possible business model options. This work is provided as Attachment 5. This business paper was discussed by the Steering Committee. It was not considered that this work produced a clear identifiable pathway forward for broad implementation. Possibly a mixture of some of the options identified in the Business scoping paper might be viable. One of the difficulties is the observation that this project covers all clinicians who provide supervision in the clinical sector to the full pathway of trainees, from medical student supervision to final year vocational trainee supervision. There is no organizational form in Australia or New Zealand which covers this span, with the exception of the AMC (which has a purely regulatory role) and HWA. There is the possibility that the on-line materials could sit on the proposed HWA website, but this assumes that HWA

enters a new space of training provision. Medical Deans focus is on the medical student and the imperative of the Universities, CPMEC might be an option, but at this point in time is primarily an organization that links the various PMCs. Similarly for CPMC, which links the Colleges, but does not have the infrastructure to become a training support enterprise.

At this point in time, the website URL and its tools will be promoted widely to all stakeholders and more broadly for maximum utility. This will be done through the medical education organisations and a publication in due course (subject to HWA approval).

Medical Deans have subcontracted Bright Cookie to host the web site for 2 years as per agreement with HWA. Should this site wish to be developed further by a third party this could then be considered by Medical Deans and HWA. During this 2 year period, no on-line support will be provided to users of the site except for technical as per Bright Cookie

In addition to the above, there might be a number of options to consider going forward:

1. The project is considered of value, but with no apparent funding stream to sustain or further develop it, is left without extensive implementation.
2. The project actively pursues strong links with other health professional supervisor training programs, particularly nursing and allied health, so increasing the potential 'market share' of this resource. There have been elements of this to date with much support conceptually, but such an approach would need a full strategy, plan and funding stream.
3. The project seeks bridging funding to enable the development of a **user-pays** implementation model. A model of user-pays might be the best medium-to-long term strategy. However this would involve extensive discussion with Departments of Health, Medical Schools and Colleges. Whether there is individual user-pays or done as a group (for example the private sector organisations, a Department of Health for its employees) is far from certain.

Recommendation: The Steering Committee have not specifically recommended next steps in this initiative. The three medical education sectors are supportive of the work done, but without an organisational form across the continuum of training, it is difficult to establish a structure and process to continue this work.

It is recognised that developments such as these take time to embed, take time to find their natural 'home' and receive high uptake. A decision therefore to sustain the website for the next 2 years, to enable the material to stay 'alive' and accessible, whilst continuing considerations of next steps, is welcome and highly useful.

B. Other new activities not covered above:

National summit on Supervision

There have been two previous national meetings related to this project, both run from the College of Anaesthetists in Melbourne. As a further consultation mechanism, particularly to enhance engagement with the Commonwealth, with the State Health departments, with the PMCs and with clinicians from the three training sectors, it was decided to hold a one day Supervision Summit March 20, 2012.

This meeting had 120 attendees drawn from all sectors of medicine. It was clear that there is an urgent need for supervision of junior doctors at all levels of training. Co-ordination of training and provision of generic supervisor training, reducing fragmentation of medicine and training and enhancing the status of supervision and medical education came through as powerful themes. Although the meeting provided a number of recommendations, Attachment 6, it is unclear how best to advance some of the key recommendations. The Steering Committee of this project met and developed a set of Supervision Principles (Attachment 7). It is beyond the

scope of this project to advance the required coordination.

Mapping of the Supervisory Curriculum EPAs to the HWA competency resource.

To ensure that the material developed in this project harmonised with the HWA developments on supervision, we undertook a mapping exercise, demonstrating the overlap and synergy with the HWA material, attachment 8.

Conclusions:

This project has developed a set of Supervisory EPAs as a Supervisory Curriculum, along with a Principles of Supervision policy agreed to by the three medical training sectors. It has developed a comprehensive on-line foundational training program for supervisors, and workshop frameworks to support the on-line materials. The next steps, to ensure broad implementation and the form this might take, require additional consideration.

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