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|  **AHCEN *Key skills for clinical supervision* modules: Overview and guidelines for use** |

**Background and overview of modules**

The *AHCEN Key Skills for Clinical Supervision* module series were developed during the COVID-19 pandemic to support the transition of existing face to face clinical supervision training programs to online and virtual modes of delivery. The scope of the modules is clinical supervision of allied health staff, however, some elements are relevant for clinical supervision of students. These modules have been developed for use by AHCEN members in the first instance.

The four *Key skills for clinical supervision* modules developed are:

* Setting up a clinical supervision relationship
* Effective feedback
* Clinical reasoning
* Supporting wellbeing through clinical supervision

All modules have been designed to enable a blended learning approach, with each module containing:

* An online, pre-learning component built in Rise, generally of 10-15 minutes duration;
* A teaching plan and associated resources for a virtual (e.g. MS Teams, Zoom etc) or face to face session, generally of around 45 minutes duration.

The AHCEN skills modules have been designed to be complementary to the state-wide online Victorian Allied Health Clinical Supervision Training modules aligned with the Victorian Allied Health Clinical Supervision Framework (VAHCSF), due for release in the second half of 2021. The state-wide modules will be a course of overarching modules focusing on *knowledge and theory* for clinical supervision practice. The AHCEN modules focus on *skills* to perform clinical supervision effectively and once the state-wide modules are release will serve as an additional supporting resource to extend training in the specific skills covered. The relationship between the two training modules is presented below.

**Overview of AHCEN Key Skills for Clinical Supervision modules**

*Online modules*

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| **Module**  | **Learning outcomes for online modules** | **Link to Rise module** |
| Setting up a clinical supervision relationship | 1. Define clinical supervision.
2. Describe the benefits of clinical supervision.
3. Identify the key elements of a supervision agreement.
4. Outline the ways in which clinical supervision differs from line management.
 | [Click here to access](https://urldefense.com/v3/__https%3A/rise.articulate.com/share/kxemSjje-xK6jUxUrenlhj0yyBfVnHf___;!!GHMCuE2BZP0!d58Z0RmY2Vjyq3rkhUasfPFTRslyUugd_5g5sRR2DeZ_TYNPqLoNdJbpY0v_MgvFJh43lpY$)   |
| Providing Effective Feedback | 1. Understand the importance of explicitly aligning expectations.
2. Understand the characteristics that make up effective feedback.
3. Be familiar with Pendleton's model of feedback.
 | [Click here to access](https://urldefense.com/v3/__https%3A/rise.articulate.com/share/B2bjNURv05oRz7bQGVvlgOrmiAi7Nnjl__;!!GHMCuE2BZP0!d8ibMNEmegqF_UAKzw23Uf7ZKgFXOaZMHIblDHmK7DeybyoS8t6zNdfu13PD-cvPTcmbE7c$) |
| Developing Clinical Reasoning through Supervision | 1. Define clinical reasoning and link it to evidence based practice.
2. Identify differences between novice and expert clinical reasoning.
3. Reflect on strategies that will enable you to facilitate clinical reasoning in others.
 | [Click here to access](https://urldefense.com/v3/__https%3A/rise.articulate.com/share/7ir2oF0teGL4RENwQESMCM1XlV3h40kN%2A/__;Iw!!Eazh1jsY7uADovUh0Ro!oZE8p31QNw0_9onPiXhX16CIIOBr0loZz45W8M9gHW86MWpN4gbIRIDAYBEssO_zwwM$)   |
| Supporting Well-being through Clinical Supervision | 1. Define well-being as it applies across various ‘domains’ of life.
2. Reflect on examples of frameworks for promoting well-being in supervision.
3. Recognise examples of strategies that supervisors and supervisees utilise to promote well-being during supervision.
 | [Click here to access](https://urldefense.com/v3/__https%3A/rise.articulate.com/share/x4tn5WoRLAqtMWmrU_VjOUoXGRYOn1qa__;!!Eazh1jsY7uADovUh0Ro!r4K0s5GM5O-cYR7Knv6HtxqEB4kN5ciAX2u44zxKMKNTMTTPbr4uwBswcJBPhIgpJi4$) |

*Face to face/virtual modules*

The face to face/virtual sessions focus on applying the concepts introduced in the online modules. All modules have a detailed session plan with learning outcomes and teaching activities that can be adapted for face to face or virtual teaching. Some modules have additional resources such as PowerPoint presentations and supporting articles.

These resources are saved on the AHCEN Google Drive. <https://drive.google.com/drive/folders/1KXOT4u-NnWfp7e3MMKKRobGcotDsb7r1?usp=sharing>

**AHCEN acknowledgement**

These modules have been developed collaboratively by members of AHCEN and are intended to be used by AHCEN members for education of their staff. Content has been curated and adapted from existing education programs from AHCEN organisations and other sources. When using the modules it is expected that educators will provide acknowledgement to AHCEN for the use of intellectual property. To support this, each online module provides an acknowledgement of AHCEN and other sources where relevant.

**Guidance for using the modules**

Resources for the course (online modules developed in Rise, session plans and associated resources) are available to AHCEN members on the AHCEN Google Drive.

*Accessing online (Rise) modules*

Organisations can provide access to the **online (Rise) modules** for their learners in two ways.
1. Uploading the module SCORM file on to the organisation’s Learning Management System (LMS)

* This approach will enable recording and tracking of module completion and utilising other functionality in the LMS
* If those responsible for your LMS administration have any questions regarding module settings that impact loading the modules onto your LMS, please contact the lead educator/organisation for that module in the first instance.

2. Providing access to the link to the relevant Rise module

* With this approach you are unable to record and track module completion and if learners partially complete the module and try to come back to it, they will have to restart the module.

*Implementing the blended learning model of delivery*

It is intended that learners will complete the online module as pre-learning for the virtual/face to face session. As such they should be provided with access to the online module in advance (at least one week) of the virtual/face to face session. Most online modules should take up to 15 minutes to complete, but some may take longer depending on whether the learner completes all optional learning activities. The virtual/face to face sessions are designed to be of around 45 minutes in length, although this may vary depending on the learners and the amount of discussion facilitated during the session.

The modules have not been designed as a complete course. Organisations can implement the modules in any order, considering the alignment with organisational training needs and other existing clinical supervision training and resources. If organisations are starting from scratch or targeting the modules to new clinical supervisors, it is recommended that the “Setting up the clinical supervision relationship” is the first module implemented as this module provides an introduction and context for clinical supervision that will assist learners with completion of the other modules (please note that there will be some overlap between this module and the VAHCSF modules that will be reviewed after the VAHCSF modules are released).

*Certification of completion for learners*

It is recommended that certification of completion of the modules is provide (where necessary) after learners have completed both the online and virtual/face to face session. Organisations should refer to their local processes for providing certificates or records of training.

**Review and update of modules**

It is anticipated that the modules will be review and updated over time by the AHCEN working group responsible for developing this course. Such review will incorporate:

* Feedback from AHCEN members who have piloted the modules
* Review of scope and content against the content of the state-wide online allied health clinical supervision training modules aligned with the VAHCSF (once these are released)
* Need for additional modules to be developed

**For more information**

For more information about these modules please contact alliedhealtheducation@bendigohealth.org.au

If you have a question relating to the content of a specific modules please contact a member of the working party for the relevant module.

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| **Module**  | **Members (lead in bold – as of March 2021)** |
| Getting started with clinical supervision | **Kathryn Vick (Barwon Health)**, Joan Leo (Mercy Health), Daniella Tassoni (Royal Children’s Hospital), Stacey Palmer (Central Gippsland Health) |
| Effective feedback | **Andrea Verde (Austin Health)**, Kathy Maggs (Austin Health), Jane O’Shanassy, Kathryn Vick (Barwon Health) |
| Clinical reasoning | Rod Sturt (Alfred Health), **Chris O’Brien (Bendigo Health)**, Marcus Gardner (Bendigo Health) |
| Supporting wellbeing through clinical supervision  | **Rod Sturt (Alfred Health)**, Molly Gallea (Northern Health) |