



Clinical Supervisor Support Program (CSSP) Discussion Paper Submission Template

Organisation: Speech Pathology Australia

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Submission Process:

Interested parties are requested to provide a submission addressing each of the policy options raised in the Discussion Paper. Submissions should be emailed to CSSP@hwa.gov.au in Word format only by COB **3 September 2010**.

CSSP Discussion Paper Policy Options and Questions:

Clarity

Policy Option 1: Develop national principles for education and training in the health sector.

Do you support this policy option?: **YES**

Question 1:

Does your organisation have clinical education and training principles that could be applied to health services nationally? **NO** If yes, please include in your submission, if no, what are the key action areas that you would like included in national principles developed for clinical education and training in Australia?

Response:

Speech Pathology Australia (the Association) recognises the critical importance of clinical education to the ongoing viability of the profession. The Association views student supervision as a professional responsibility and strongly encourages members of the profession to embrace the benefits of student supervision in terms of development, expansion and indeed the future viability of the profession.

Speech Pathology Australia as the peak body representing speech pathologists does not have nationally agreed clinical education and training principles. Speech Pathology Australia does have a position statement entitled *Clinical Education – The Importance and Value for the Speech Pathology Profession* (2005). (Attached to email).

The Association coordinates and manages an extensive Continuing Professional Development Program in which members can gain points for Professional Self Regulation. The Association provides the opportunity at Professional Development events for specific topics related to clinical education and training aimed at practising speech pathologists and the Universities take a major role in developing and running clinical education and supervision forums.

Speech Pathology Australia and the Universities support the development of principles of clinical educator professional training (Continuing Professional Development) as a critical component of the Universities' clinical program. The Universities provide formal training and support for both on site (internal) and workplace (external) clinical educators on a regular basis and content is updated to reflect current practice and research available in the literature. For example, La Trobe University in Victoria offers an Advanced Clinical Education course.

As an example, Clinical Education QLD and QLD Health operate using guiding principles outlined in the 2007 Ministerial Taskforce in Clinical Education and Training document to guide clinical education and training practice.

Our response to the development of key action areas that should be included in the national principles for clinical education and training:

- Clinical education and training as a core job requirement for all health professionals with at least one year's postgraduate experience.
- Appropriate recognition both in the workplace and the training institution for contributions made to student learning
- Competency assessment, especially for entry level practice, should be conducted by discipline specific clinical educators who are eligible for membership/ registration of professional associations
- The principles to be based around adult learning and the developmental models of clinical education (i.e., have a strong theoretical basis)

Policy Option 2: Develop a nationally agreed statement of role and function supervisor/supervision.

Do you support this policy option: **YES.**

Question 2:

Does your organisation have agreed terminology and definitions for the role and function of "clinical supervisor" or "clinical supervision"? **NO.**

If yes, please include the definitions in your submission, if no, what terminology does your organisation use to describe these functions? What cross-profession terminology do you think should be used in the National Clinical Supervision Support Strategy and Framework?

Response:

Speech Pathology Australia supports work to develop a nationally agreed definition of clinical supervision that includes statements defining role clarity and function. In undertaking this work, it is critical to remember that clinical supervision for a range of allied health professions occurs in a variety of settings and jurisdictions outside the health arena. Speech Pathology student placements occur in hospital, community health settings and aged care facilities but also in other facilities such as education settings (e.g. schools, pre-schools), disability organisations, NGOs and private settings such as hospitals and private practices. Gaining national agreement needs consideration of other jurisdictions as key stakeholders that provide clinical placements.

Speech Pathology Australia supports the view from the tertiary training organisations where speech pathology students are trained, that the prevailing term in use, for a professional who provides clinical education, is “clinical educator”.

This term is used to refer to a Speech Pathologist in either an internal or external facility who provides clinical education to Speech Pathology students. The Clinical Educator will provide the student with an orientation at the start of a placement, supervision throughout the placement, feedback on their clinical performance regularly throughout the placement, teaching and remediation if required and assessment throughout the placement and a summative assessment at the end. The term “educator” is seen to be a more comprehensive and inclusive term than supervisor and the profession expect that its clinicians will take an educative role as opposed to a purely supervisory role.

However the term “clinical supervisor” is in common usage and the profession does recognise that the term 'practice educator' is increasingly used in international publications within this field.

In compiling this response, Speech Pathology Australia will use the term “clinical supervisor” as it is embedded in the heading of the discussion paper.

Policy Option 3: Develop an agreed competency framework that defines the knowledge, skills and attributes necessary for quality supervision.

Do you support this policy option: **YES**

Question 3:

Are there core generic competencies you would like added? **YES**

Response:

Speech Pathology Australia agrees with the option of developing an agreed competency framework and notes that it is important to build inherent flexibility into the framework as clinical supervision occurs across a broad group of health professionals from medicine and nursing to a multiplicity of other health professional groups and across jurisdictions that include health, community, aged care, education, disability NGOs and the private sector. This is reinforced in the Discussion Paper where the comment is made that “understanding the core competencies required to undertake the clinical supervisor roles is influenced by the perspective of the stakeholder.” (Page 15)

Speech Pathology Australia supports the principle of developing an agreed framework that defines the knowledge, skills and attributes required for quality clinical supervision and notes that the current agreed competencies are broad and require more consideration to adequately describe all the aspects required for quality clinical supervision. Suggested additions could include “evaluation of the quality of the clinical supervision” and “supporting personal well-being”.

There is an opportunity to define two levels of competence – a minimum level for beginning clinical supervisors – and a higher level that could specify more advanced skills in the agreed core competencies.

Another issue to consider in defining the core competencies for clinical supervision is the implication that there will be a requirement to assess the competencies of the supervisors to ensure attainment. Speech Pathology Australia does not have the capability or resources to manage the assessment of such core competencies. The Association relies on evidence provided by tertiary institutions that clinical supervisors

have completed appropriate training and this training is reviewed and updated in a timely manner.

The competencies should reflect the agreed national principles for education and training so that clinical supervisors have an understanding of the theories underpinning education and training and could apply them to clinical supervision.

Question 4:

For organisations delivering professional entry training or other curricula: to what extent are the skills already included in current curricula? Do you support greater coverage of these skills in entry to practice courses? To what extent could this replace post-entry to practice supervision skills development?

Response:

The Competency Based Occupational Standards for Speech Pathologists (CBOS) Speech Pathology Australia (2001), developed by the Association in 1996, details the minimum knowledge, skills and attributes required for graduate entry into the profession of speech pathology. These standards, similarly, are applied to those with qualifications as a speech pathologist gained overseas and those who are re-entering the profession and do not meet the requirements for recency of practice.

The Competency Based Occupational Standards for Speech Pathologists (CBOS) Speech Pathology Australia (2001) specifies that a speech pathologist at entry level “demonstrates an understanding of principles and practices of clinical education” (CBOS Element 6.4).

In addition, we also support the notion of the agreed competencies being incorporated into professional entry training and continued professional development wherever possible.

The Accrediting Panel (for University courses) set up by Speech Pathology Australia looks for evidence that the examiners and clinical supervisors/educators who carry out the assessment of the students in clinical placements have training in the use of the profession’s student clinical assessment tool: *COMPASS® - Competency Assessment in Speech Pathology* (McAllister et al, 2006, Speech Pathology Australia).

This tool is a psychometrically validated competency based assessment tool that is used across participating Australian, New Zealand and Singaporean universities to assess speech pathology students’ competency against the profession’s competency based occupational standards.

As an example, Universities in Queensland provide an overview of clinical supervision requirements to pre-entry speech pathologists. It is considered that this basic level of supervision training is appropriate for pre-entry clinicians, and that further more comprehensive training to address each competency is appropriate at post-entry level. This training would be best provided at the point where speech pathologists were going to engage in clinical supervision for the first time. It is generally accepted in the Speech Pathology profession that one (1) year of professional practice (minimum) is required prior to engaging in a clinical supervisor role for facilitating students’ education and learning.

A further example from the University of Sydney reveals that all undergraduate students complete a unit of study entitled “Clinical Mentoring” which includes the practical

component of mentoring one novice student clinician for a semester. This provides graduates with excellent foundation knowledge in adult teaching/learning, an ability to give feedback and in communication and interpersonal skills. At subsequent Clinical Education workshops the students are better prepared than graduates from universities without this understanding. There is still a role for further training once the students have further clinical understanding and workplace experience before they take on student supervision in the workplace.

At Charles Sturt University (CSU) their approach is to engage students in some of the theory about clinical education in Years 3 and 4. It is not an assessable subject, but it forms part of the students' clinical education preparation seminars. CSU concentrate on presenting the information in a way that highlights how students can maximise their learning.

At entry level, speech pathologists do not need clinical education competencies but those competencies are desirable within a short time of entering and working in the profession. (i.e., once new graduates have consolidated their other skills).

Question 5:

For professional associations and registration boards: does education and training form part of the current CPD program?

Response:

Speech Pathology Australia does not routinely offer clinical supervision training as part of the annual program for Continuing Professional Development however clinical supervision modules/topics are generally offered at the annual conference. Clinical supervision/education and training, and associated Professional Development, are accepted by the profession as contributing to Continuing Professional Development. Student supervision is attributed points in the Association's Professional Self Regulation (PSR) program and is regularly a module at the Speech Pathology Australia's National Conference.

The academic institutions provide regular workshops on clinical supervision/education. Clinical supervisors/educators who are employed by the universities are mandated to undertake professional development in clinical supervision/education. It is not mandated for clinical supervisors who work in external organisations but the take up rate of attendance and participation is high at around 95%.

Policy Option 4: Develop best practice guidelines and templates for clinical placement agreements between health services and university.

Do you support this policy option: **YES** provided there is room for adaptation.

Question 6:

Do you currently have clinical placement agreements in place? **YES** If yes, please include a copy with your submission, if no please indicate what should be included in the best practice guidelines.

Response:

The tertiary institutions have clinical placement agreements with providers of clinical placements. Speech Pathology Australia will include electronic copies of the placements available to us.

As examples, The University of Queensland School of Health & Rehabilitation Sciences Division of Speech Pathology enters into annual written clinical placement agreements with Queensland Health and some other agencies. Agreements are seen as overarching legal documentation, rather than detailed descriptions of specific placement requirements or learning objectives.

Formally, Queensland Health establishes Student Deeds and Student Schedules with universities. Informally, universities in Queensland provide comprehensive Course Descriptions to Speech Pathology clinical supervisors that outline their role/responsibilities, the current knowledge/skills of students based on areas already covered in the curriculum, and the expectations for the students.

In terms of best practice guidelines, it would be useful to incorporate a statement that student supervision/education is a shared responsibility of both the workplace and the university.

Question 7:

Do you currently have agreements in place in relation to student documentation? **NO** If yes, please include a copy with your submission, if no please indicate what should be included in the best practice guidelines.

Response:

Speech Pathology Australia feels that a national approach to this issue would be helpful. Currently due to student privacy issues the universities largely cannot disclose information to sites about specific student issues such as their academic progression, previous clinical experience and performance, or if there is any level of disability that may need to be accommodated.

It appears from feedback that the Universities do not have formal agreements in place around student documentation but there are a range of other documents that are used:

- Agreements for confidentiality etc. Students follow the guidelines in place at the particular facility they are at on placement.
- More general information relating to learning objectives, the position of the placement within overall curricula, assessment criteria and administrative detail are provided.
- Student Deeds and Student Schedules.
- Clinical educator handbooks which detail the academic program for standard students as well as outlines the expectations for each placement.
- The COMPASS® instruction information.

The best practice guidelines will need the flexibility to support course and profession requirements. The guidelines can indicate that universities and/or professional organisations need to provide information detailing what, how, and who, and that the students should check with clinical supervisors about the supports they might require to achieve it.

Quality

Policy Option 5: Develop a generic training program aligned to agreed core competencies.

Do you support this policy option: **YES**

Question 8:

Do you provide, or are you aware of, courses that are currently available that address some or all of the generic skills outline above? **YES**

Response:

The Advanced Clinical Education Course (ACE) run by La Trobe University covers all generic skills but obviously not discipline specific skills and knowledge.

The University of Queensland provides training in two formats. Firstly, interprofessional introductory clinical educator training is provided to novice educators in either face-to-face or video-conference mode. Training is also provided in a discipline specific format (e.g., COMPASS® training and advanced training in targeted areas). The University of Queensland provides a graduate certificate in Health Sciences (with an optional major in clinical education) http://www.uq.edu.au/study/plan.html?acad_plan=CLNEDX5431).

The University of Queensland and James Cook University have developed programs for Multidisciplinary (OT/PT/SP) and Discipline-specific (SP) University-level training for clinical supervisors.

The University of Sydney currently provides introductory, intermediate and advanced level training in clinical education. Many aspects of this training, particularly the introductory course, could be considered generic to all health professionals as they cover many of the core competencies listed on Page 34 of the Discussion Paper.

Question 9:

Are you aware of a course that could be adapted to align to agreed core competencies that should be considered as part of this project? **YES**

Response:

Advanced Clinical Education Course at La Trobe University.

The University of Queensland multidisciplinary clinical supervisor training.

The generic competencies contained within COMPASS® could be extrapolated to other disciplines. Current research within the profession is also exploring the application of data benchmarking as a quality improvement process to identify strengths and weakness in learning and teaching practices, and indicate whether resulting curriculum changes are having a positive impact on student performance. It is also anticipated that benchmarking will assist in identifying areas requiring further research, which will specifically test hypotheses regarding teaching practices and student performance in the workplace as measured by COMPASS®.

Policy Option 6: Support health services to deliver training locally that builds capacity.

Do you support this policy option? **YES**

Question 10:

Does your organisation have "dedicated clinical educator" positions? **YES** If yes, how is this position funded?

Response:

The Universities have different arrangements. A few examples are cited below:

La Trobe University is funded as a joint contribution to a partial EFT with the health facility and the Faculty of Health Sciences. For some funded placements, health facilities use the funds to back fill staff to provide other staff with the time to provide dedicated clinical supervision/education.

The University of Queensland has dedicated clinical educator positions in its internal clinic. These positions are funded through income obtained from clinic client services and through more general UQ funding.

Clinical Educator positions in Queensland Health are funded from Statewide funds and commence following the HP Agreement, Phase 1.

The University of Sydney has an onsite clinic in speech pathology which also provides outreach services in the community. This clinic and the skill of the clinical educators/speech pathologists were commended in our recent re-accreditation of both undergraduate and masters programs. The costs of these positions is funded by fee-paying clients or services (e.g. schools), and topped up by the university.

Charles Sturt University (CSU) has arrangements with two (2) Student Units, both in health services. One is fully funded by the health service and located locally; the other is located elsewhere and mostly funded by the health service, with some top-up from CSU to cover half of the difference from Grade 2 to Grade 3 for the Student Unit Supervisor. They also have casual contracts to directly employ speech pathologists part time as clinical educators, to support some aspects of the clinical program.

Queensland Health has implemented "clinical educator" positions. These positions are not the same within or across professions with some employed in "student clinic" type arrangements and others providing more of an overall capacity building approach for other clinicians.

The Department of Education and Training in Queensland does not have dedicated clinical supervisor positions but do take student clinicians which are an extra responsibility that requires extra time, funding and support from within the organisation.

Question 11:

Are there other strategies that build local capacity that you would you like the HWA to consider? **YES**

Response:

Health Workforce Australia should look at innovative strategies and drive leadership and best practice, but not seek to centralise and control initiatives which otherwise can be most effectively delivered at a local level.

Health Workforce Australia should not invest heavily in training as a core function because this is not the greatest barrier to student supervision in speech pathology. The universities are best placed to continue to contribute significantly in this way. The greatest barriers to student supervision are staffing levels and workplace support for clinical supervision/education as a core workplace responsibility.

Speech Pathology supports the proposition that positions are funded within workplaces. These positions could have a role not only in direct education/supervision, but also the expertise to support a number of clinicians to take students in their

workplace settings. The development of these new clinical supervision/education positions should be based on best practice evidence regarding models and practices in clinical supervision/education e.g. the importance of utilising peer learning opportunities and simulated learning experiences.

As an example, the University of Queensland employs a clinical education liaison manager (0.8 FTE) whose role includes building local capacity by developing partnerships with facilities and their educators and supporting them in student clinical placements.

Multidisciplinary Clinical Education Networks positioned in different geographic areas that include University representatives and Allied Health Managers could facilitate the identification of areas where clinical placement capacity could be increased & increase the accountability of Managers for providing clinical placements in their areas.

Other strategies to build local capacity in the health work force, include expanding scope of the clinical supervisor support program to encompass health professionals working in education, disability and NGO sectors. Failure to recognise health workers outside of hospitals and health facilities is a major risk to sustainability of this workforce.

Policy Option 7: Develop consistent clinical placement assessment tools within disciplines.

Do you support this policy option: **YES**

Question 12:

Are there consistent clinical placement assessment tools in place for your discipline? **Yes**

Response:

COMPASS®: Competency Assessment in Speech Pathology (McAllister et al, 2006, Speech Pathology Australia) is a psychometrically validated based assessment tool that is used across participating Australian and New Zealand universities to assess speech pathology students' competency against *Competency Based Occupational Standards* (CBOS) (Speech Pathology Australia 2001) during field placements. Clinical competencies assessed include profession specific as well as generic competencies. The initial paper-based tool began its use in 2006 and in 2009 a web-based application *COMPASS® Online* was developed that provides online functionality to the processes of student placements and assessment incorporated in the *COMPASS®* tool. It is designed to electronically manage, collect, and store the competency scores for all speech pathology students in Australia, New Zealand and Singapore undergoing clinical placements (e.g. for the duration of their course).

The *COMPASS®* tool has been met with great interest by the profession locally and internationally. There has also been considerable interest expressed by other professions, with the speech pathology profession in Australia being regarded very highly for its innovation in the area of standardised, competency based assessment of students.

COMPASS® is used as the pre-entry clinical evaluation tool at undergraduate and graduate entry Masters' level programs.

COMPASS® is used by all speech pathology programs as the assessment tool for intermediate and advanced student placements.

Speech Pathology Australia fully supports the development of national tools for disciplines - however an issue will still remain when interdisciplinary placements are organised as students will have different assessment tools for the various professions.

Develop a Teaching and learning organisational culture

Question 13:

What education and training activity would you like to see measured in health services?

Response:

As a starting point it would be good to see all placement agencies accountable for the quantity of clinical supervision/education that they provide. There are currently many 'teaching hospitals' that provide very few clinical placements for students. In time, it would be good to measure the quality of the learning experience but we do not feel this should be an early focus.

Speech Pathology Australia believes that counting numbers is not an adequate measure of the effectiveness of training activities within an organisation. A focus on learning outcomes and the development of students' competencies to enter the profession are seen as important. Ongoing research into models of clinical supervision/education and monitoring of placement quality is essential.

Quantitative and Qualitative data on the number of placements offered, number of recently graduated staff supported, and methods of providing this support and maximising quality.

Culture

Policy Option 8: Implement a reward and recognition program.

Do you support this policy option: **YES**, as long as a valid, open and transparent program is developed?

The University of Queensland has a clinical educator recognition and rewards program.

Question 14:

Does a national award program exist for supervisors in your profession? **NO**

Response:

Some universities offer "honorary" university appointment as recognition of the contribution of clinical educators.

Question 15:

For universities: is there scope to standardise supervisor supports in your organisation?

Response:

This has been done to some extent with the faculty multidisciplinary workshops at La Trobe University.

The University of Sydney have a draft policy for the faculty which they hope will be implemented shortly.

Policy Option 9: Integrate and recognise supervision as a core component of the clinical role.

Do you support this policy option: **YES**

Question 16:

Does your organisation currently include education and training as a core function within position descriptions? Does your organisation explicitly recognise the philosophy that education is a part of health practitioner roles?

Response:

Speech Pathology Australia recognises that supervision/education and training form core elements of position descriptions and would support speech pathologists and organisations to embed these into the written documents.

Policy Option 10: Develop national support mechanisms for clinical supervisors.

Do you support this policy option: **YES**

Question 17:

As a supervisor do you see benefit in developing an online resource to support supervisors? **YES** if yes, what information would you like made available online to assist with this role?

Response:

An online resource to support supervisors is valuable, however it should not be seen to replace the face-to-face or video-conference mode of delivering clinical supervision training. We support a diverse approach to clinical supervision support and training.

Self-directed modules could have application in helping supervisors work through (common) issues they may be having with students e.g. the student doesn't seem to be changing in response to feedback; exploring issues such as learning styles, feedback approaches etc. It would also be good to have examples of useful resources such as how to set up student orientation.

These modules could also serve to provide updates to materials that may have been provided in an initial clinical supervisors' training course so that clinical supervisors have easy access to current materials.

General Comments:

Speech Pathology Australia is committed to ensuring appropriate and sufficient clinical supervision/education opportunities are made available to all students in a variety of contexts that best reflect the diversity of client groups and needs.

It should be recognised that clinical supervision is a partnership between the university and service providers, but that assessment of entry-level competencies for students remains the responsibility of the University. Universities must reach accreditation standards as set by the profession and/or the accreditation body.

It is important to recognise that the health sector represents just one area of placement allocations (approx. 50%) with other placements provided by education, the disability sector and non-government organisations.

Multidisciplinary training will be useful. The move to interprofessional learning, teaching and education is welcomed as it will greatly impact on delivering better outcomes to consumers. It will not negate the value of further discipline-specific training.

Issues around language/terminology should be inclusive of a variety of work environments. Reference to the 'health sector' throughout the document needs to be expanded to all contexts in which clinical supervision/education is provided so that the benefits that flow from the outcomes of this project will extend to all health professionals in all settings.