Strategies for effective clinical supervision

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Clinical Supervision

is the oversight of learners to facilitate development of skills and knowledge to perform professional processes or procedures in the workplace while simultaneously ensuring a high quality of service and patient care

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What do they do?

ASA Guideline: A Sonographer's guide to clinical supervision

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Functions of supervision

| Administrative | Educational | Supportive |

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Adult learners

- Need to know
- Experience
- Self concept
- Internal motivation
- Problem oriented
- Feedback

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Adult Learning Theory Concept	Clinical Practice Questions
Need to know (WIIFM)	Have you made the importance of the topic clear? Is there relevance to the clinical context?
Experience (they come with experience)	Have you established the learner's level of knowledge and experience so that you can pitch at the right level? How can you relate the new knowledge to something they already know?
Self concept – self directed and responsible for learning decisions	Do you allow your students to help set goals and outcomes as part of their learning?
Internal motivation	Find their internal motivator. These intrinsic motivators are things like knowing something makes them feel better about themselves or will give them more opportunities to grow professionally. Do you show an interest in the learner's thoughts and opinions? Do you lead you learner to inquiry before supplying them with facts?
Problem orientation – learn thru problem solving	Do you encourage reflection n practice? Do you explain your clinical reasoning and invite questions?
Feedback	Do your students know how they are going? Have you told them what they are doing well and what they could improve?

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Fitts and Posner Stages of Motor Skill Learning

Cognitive	Associative	Autonomous
Learner is intellectually aware of everything they are doing. Learner requires total focus. They follow a series of steps (first I do this, then I do that …). Nothing is intuitive. This step is largely academic or intellectual. If you're currently applying this skill at all, it's with the aid of a mentor or a tutorial. This is the hardest stage — you don't really know what you're doing. It's easy to feel stupid or powerless.	Learner has a bit more flexibility. They can begin practicing the task. Not just while having your hand held, but in the 'real world'. Learner can begin to notice environmental feedback — and begin adjusting your approach based on that feedback. (First I did this, then this happened. So maybe if I change X ….). This is the phase where Deliberate Practice takes place..	At this point the learner can perform the skill effectively and efficiently without thinking about it. You don't even necessarily need to be paying attention to what you're doing at all. Once you get to this phase — your skill plateaus.
Movements are slow, inconsistent and inefficient Considerable cognitive activity required	Movements are more fluid, reliable and efficient Less cognitive activity is required	Movement is largely controlled automatically. Attention is focused on tactical choices.
Takes attention to understand what must move to produce a result. Movements are controlled consciously.	Some parts of movement are controlled consciously, some automatically.	Focus on a greater range of motion, speed, acceleration and use of skills in a new situation
Practice session are more performance focused, less variable and incorporate a clear mental image	Practice sessions link performance and results. Conditions can be varied.	Practice sessions are more results oriented

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Dreyfus Model of Skill Acquisition

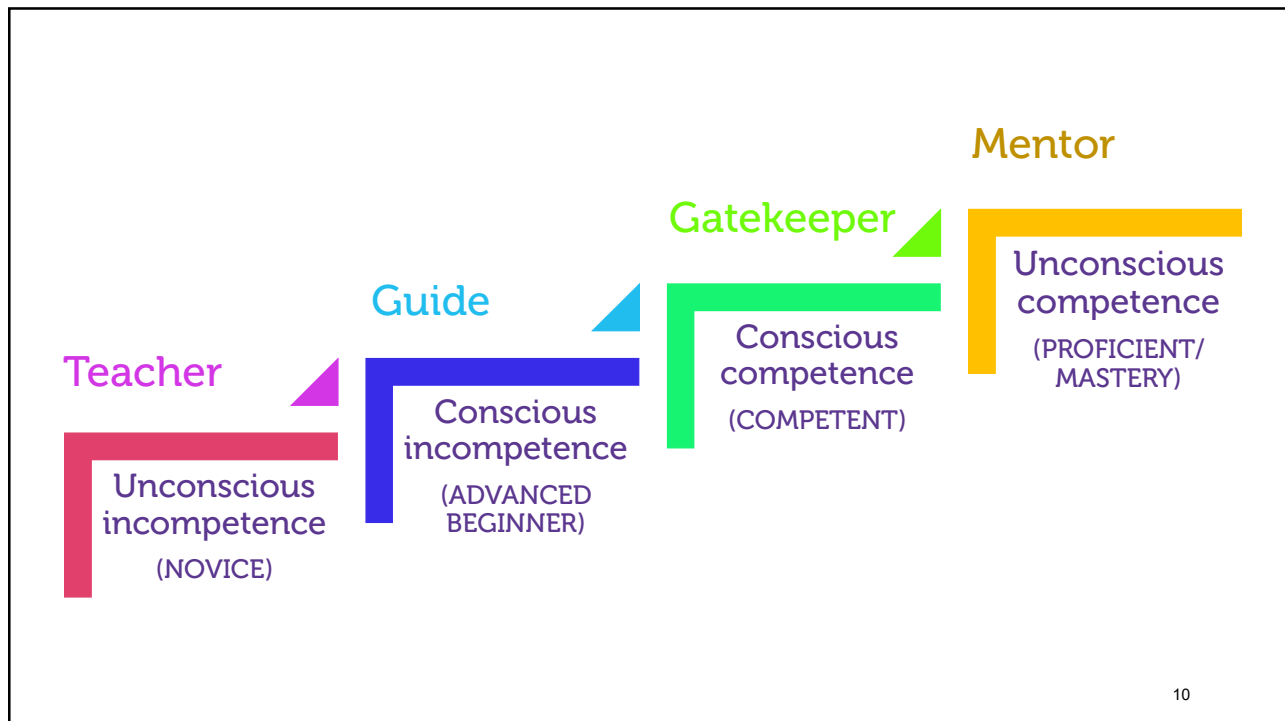| Novice	Advanced Beginner	Competent	Proficient	Expert
Minimal or textbook knowledge without connecting it to practice	Working knowledge of keys aspects of practice	Good working and background knowledge of areas of practice	Depth of understanding of discipline and area of practice	Authorative knowledge of discipline and deep understanding across areas of practice
Needs close supervision	Able to achieve some steps using own judgement but supervision needed for overall task	Able to achieve most tasks using own judgement	Able to take full responsibility for own work (and that for others if required)	Able to take full responsibility and can go beyond existing standards to create own interpretations
Little or no concept of dealing with complexity	Appreciates complex situations but only able to achieve partial resolution	Appreciates complex situations through deliberate analysis and planning	Deals with complex situations holistically, decision making more confident	Holistic grasp of complex situations, moves between intuitive and analytical approach with ease
Tends to see actions in isolation	See actions as a series of steps	Sees actions at least partially in terms of longer term goals	Sees overall picture and how individual actions fit within	Sees overall picture and alternative approaches
Unlikely to be satisfactory performance without close supervision	Straightforward tasks likely completed to acceptable standard	Performance of task is fit for purpose though may lack refinement	Fully acceptable standard achieved routinely	Excellence achieved with relative ease

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DREYFUS Model of skill acquisition	Novice	Advanced Beginner	Competent	Proficient	Expert
FITTS AND POSNER Stages of motor skill learning	Cognitive		Associative	Autonomous	
TAIBBI Stages of supervision	Teacher	Guide	Gatekeeper	Mentor	

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Teacher — Unconscious incompetence (NOVICE)

Guide — Conscious incompetence (ADVANCED BEGINNER)

Gatekeeper — Conscious competence (COMPETENT)

Mentor — Unconscious competence (PROFICIENT/ MASTERY)

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Supervisory Roles

Teacher   Guide   Gatekeeper   Mentor

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Stages of Supervision

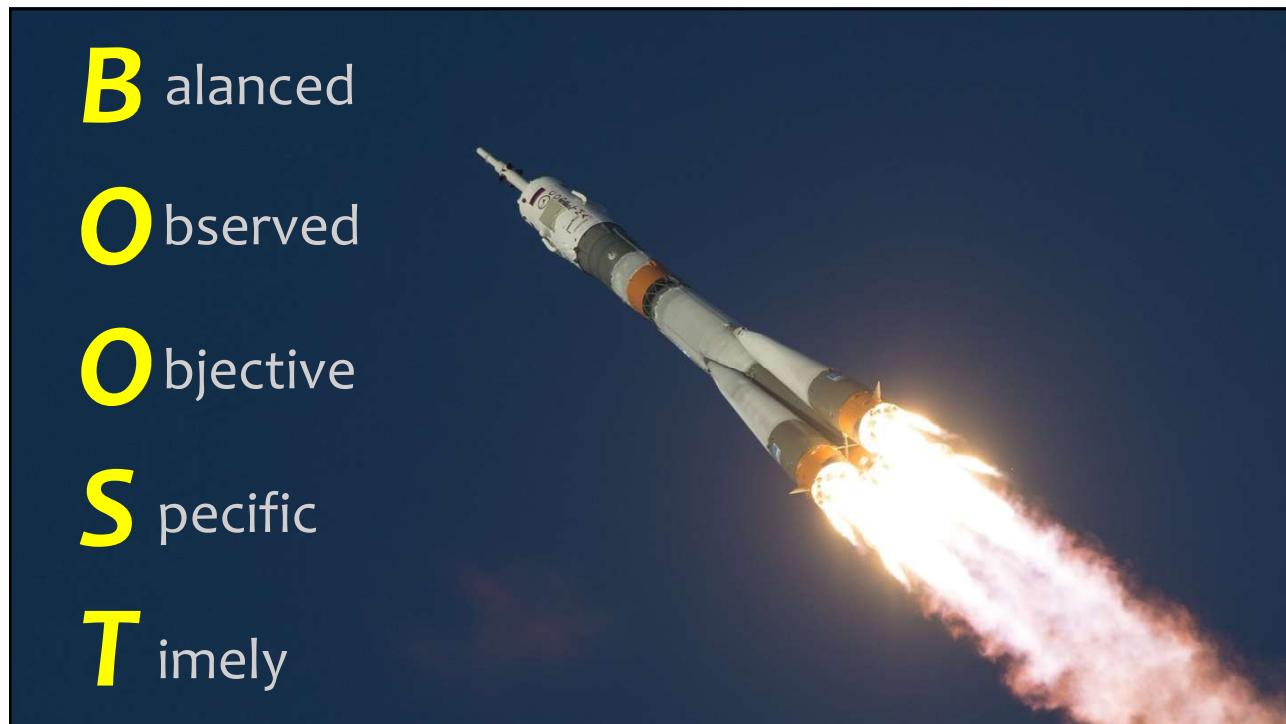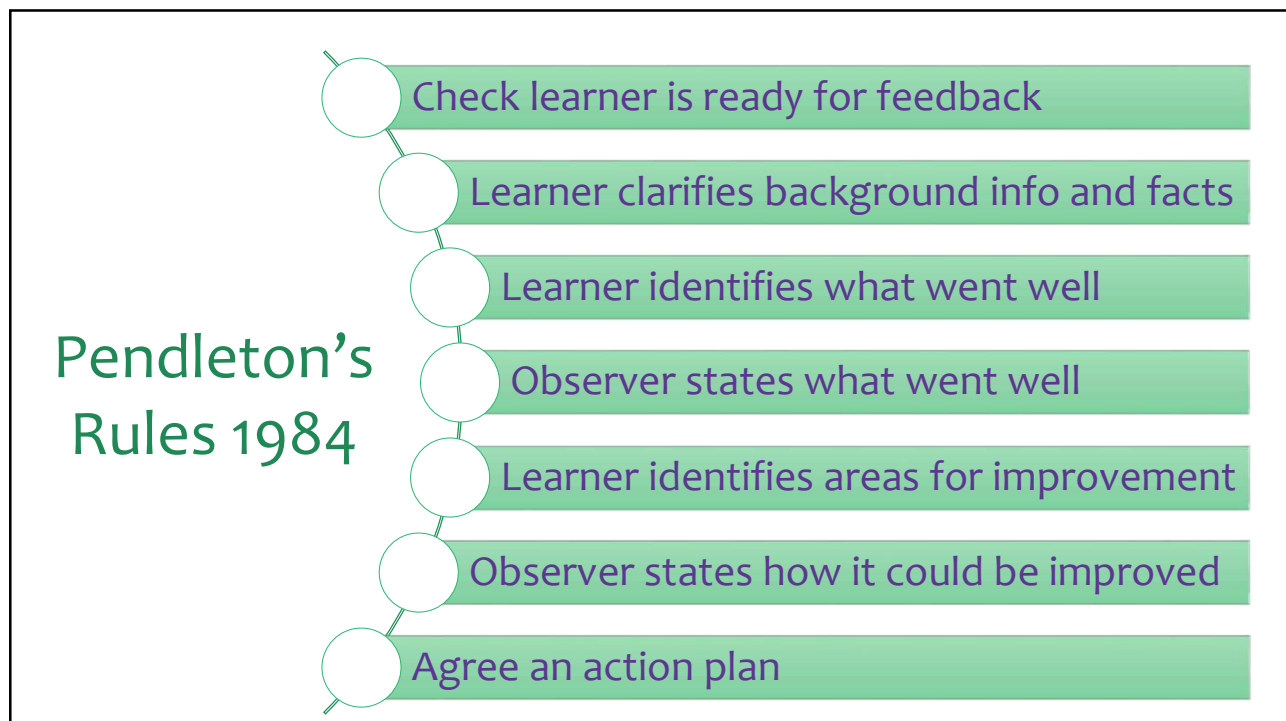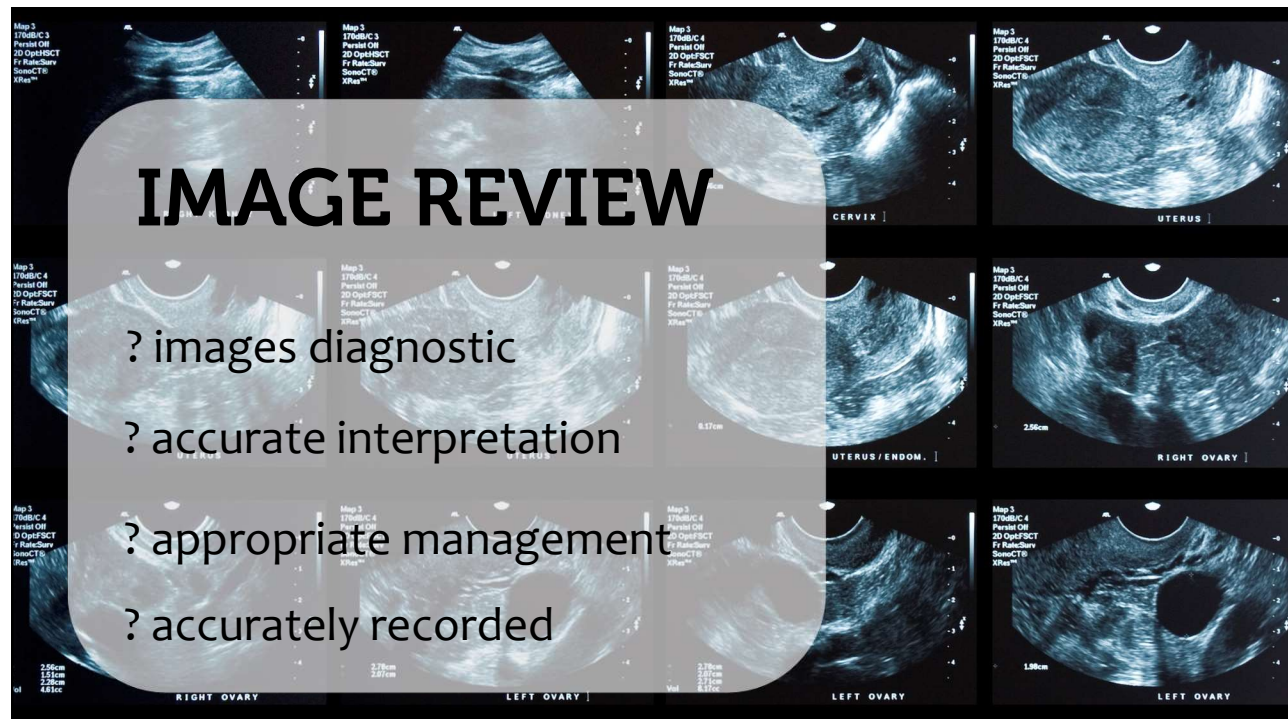| Teacher	Guide	Gatekeeper	Mentor
Get the fundamentals learnt to make big skills easier Teach the one way that works for most people – establish some rules or step by step instructions e.g. move probe to x landmark, then do y then do z) Task deconstruction into smaller chunks Teach by instruction - define instructions Keep language simple – rock, slide, sweep, fan, rotate, pivot Focus the learning Set specific goals on individual tasks Provide opportunities for practice and training Get the window Optimising the view Teach what is a good view, what is not a good view and why Get it, get it again Deconstruct the examination key views	Use guided questioning Language shifts from specific probe move instructions to guided questions for what you want the result to be eg instead of slide towards the head it is put x structure in the middle of the picture Introduce plan B and C for alternate windows or methods Train the probe moves – experiment with isolating the probe moves and exaggerating each move to consolidate action and consequence Check for understanding Group together views	Feedback on exam or image review at a later date Performing the whole exam Check pattern recognition Check understanding of pathology and other steps Check worksheet writeup Positive critique – 4 steps 1) Ask trainee what went well 2) List what you think went well 3) Ask trainee to identify areas for improvement 4) Supervisor adds anything else for improvement and summarise key points for next time	Be a role model Motivate learner – set goals Provide support Be an advisor Career pathway development Give new perspectives Give tips and tricks Sustain morale Deal with trainee stress Validate ideas, feelings and experiences Support work life balance

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B alanced

O bserved

O bjective

S pecific

T imely

13

Pendleton's Rules 1984

- Check learner is ready for feedback
- Learner clarifies background info and facts
- Learner identifies what went well
- Observer states what went well
- Learner identifies areas for improvement
- Observer states how it could be improved
- Agree an action plan

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Reflective practice prompts

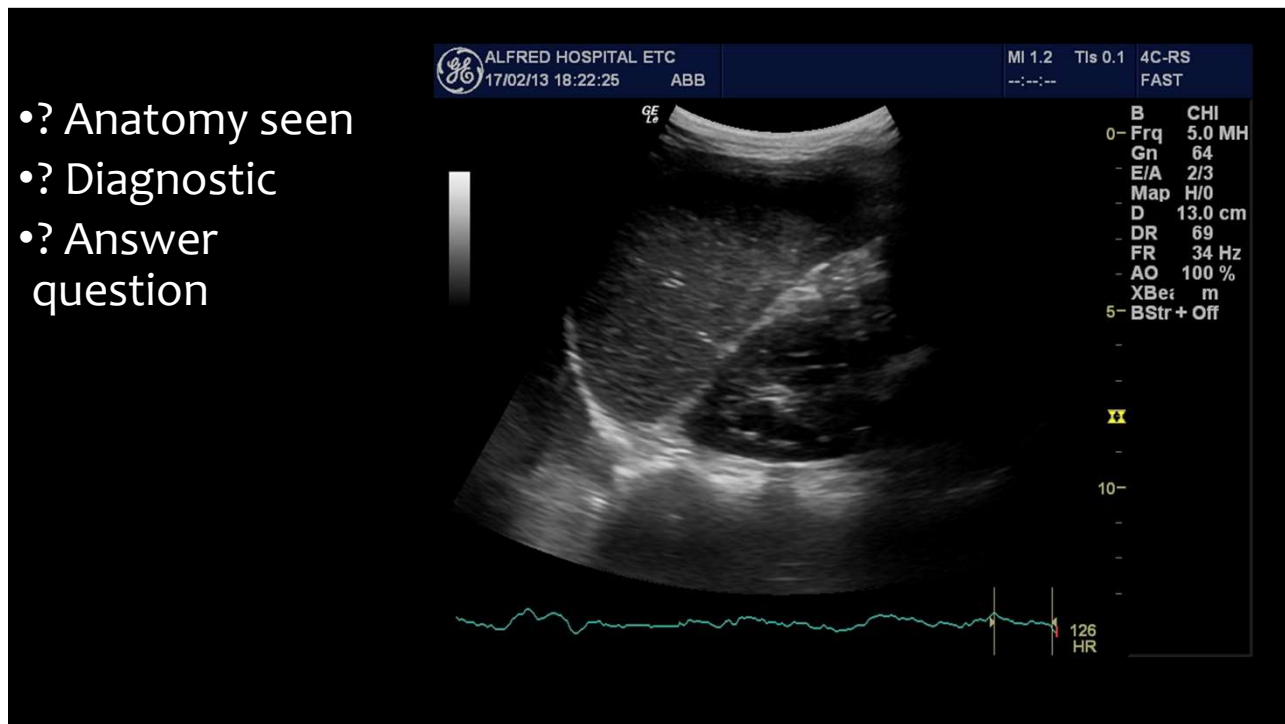| | What surprised you today? |
	What is the most important thing you learned today?
	What do you want to learn more about?
	When were you at your best today?
	Where should you start tomorrow?
	What can you do with what you know?

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IMAGE REVIEW

? images diagnostic

? accurate interpretation

? appropriate management

? accurately recorded

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- ? Anatomy seen
- ? Diagnostic
- ? Answer question

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? Measurement technique

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Bonus tip

ASA GUIDELINE:
A SONOGRAPHER'S
GUIDE TO CLINICAL
SUPERVISION

the peak body and leading voice for sonographers

November 2015

AUSTRALASIAN SONOGRAPHERS ASSOCIATION
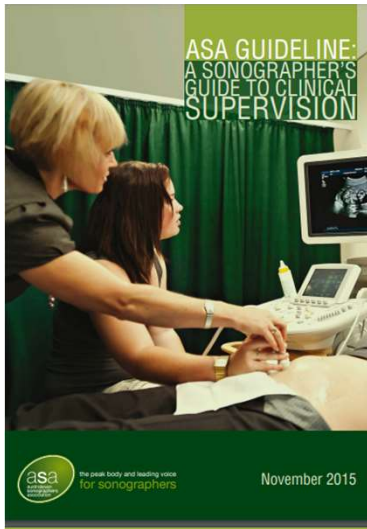
Template: Learning agreement

Workplace:		Date: Date the meeting was held to draft this document
Student:		Supervisor:
Nominated 3rd Person e.g. team leader, independent colleague		
Supervision period: Start date:		Finish date:

Documentation
Who will document the content of the meeting? The meeting record should be duplicated so both parties hold a copy.

Meetings
How often will you have meetings? How long will they be? Allocate times in advance.

Agreed content of supervision
• Plan daily, weekly, monthly goals to coincide with course subjects
• Daily verbal feedback
• Monthly written feedback using the feedback template
• Keep a logbook of all studies
• Hours of one-on-one training per day
• Frequency and duration of tutorials, case study reviews
• Timing and frequency of formative clinical assessments

Supervisor expectations	**Student expectations**
• Follow departmental protocols	• Work on examinations currently being studied with course
• Don't let a patient leave before checking with me	• Give clear guidance on what is expected on a daily/weekly basis
• Ask when you are not sure about something	• Provide assistance when in difficulty
• Discuss the course material and university expectations	

Student concerns (examples)
• Breaking bad news, how to tell patients of a missed miscarriage
• Missing pathology
• Working with staff who all do things differently (keeping everyone happy)

Clinical assessments
• How often will these be undertaken?
• What format will these assessments take? e.g. patient examinations, image interpretation, case study quizzes

Evaluation of supervision
• What is the evaluation process?
• How often will this process happen?

Confidentiality
A statement of confidentiality can be included. For example: The content of the supervision meeting is confidential between the parties, except when there are issues regarding patient care and safety. In these instances this information will be shared with the appropriate personnel. In terms of student performance, an agreement needs to be reached regarding the parties involved in this discussion and whether the supervisor can communicate directly with the university. Please review privacy policies for your organisation and the educational institution involved.

Signature:	**Signature:**
Student: Date:	Student: Date:

Note: This learning agreement is not a legally binding document. It is purely to promote discussion and clearly outline the roles and responsibilities of both parties.

Source: Adapted from Foundations to Supervision, WA Country Health Service

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