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The Art of Clinical Supervision: strategies to assist with the delivery of student feedback

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KEY WORDS

Clinical supervision, student nurse, clinical teaching, clinical feedback

PREAMBLE

Objective
The Art of Clinical Supervision (ACS) seminar was developed to provide health professionals with the essential knowledge, skill and attitude to support student clinical learning. This paper provides an outline of the strategies provided to participants to support the delivery of feedback to students on clinical placement.

Setting
Western Australian health services.

Primary argument
The provision of timely and descriptive feedback to students on clinical placement is essential for learning and achievement of competence. Health professionals working with students in the delivery of patient care, termed clinical supervisors, require effective strategies to support this communication technique.

Conclusion
ACS participant feedback supports the use of both strategies to formulate the delivery of feedback. This ensures that the student and supervising health professional have discussed the required learning needs, strategies for learning and evaluation.

INTRODUCTION

The Art of Clinical Supervision (ACS), a one-day seminar for nurses and health professionals, provides a safe learning environment for the sharing and reflecting of clinical supervision practice. The seminar was designed as an intervention strategy for a Dr of Philosophy (2010), and with Health Workforce Australia funding was extended for a further three years (2011 – 2014) covering the state of Western Australia (WA). The seminar continues to date as a form of professional development, provided through the University of Notre Dame, Australia to health professionals in WA. This article focuses on one key aspect provided within the ACS, the delivery of feedback to health professional students.

BACKGROUND

In the context of entry to practice health professional education, clinical supervision is the relationship between a student, and the registered health professional responsible for their clinical practice. Health Workforce Australia defines a clinical supervisor as:

> *an appropriately qualified and recognised professional who guides learners' education and training during clinical placements. The clinical supervisor's role may encompass educational, support and organisational functions. The clinical supervisor is responsible for ensuring safe, appropriate and high quality patient-client care (2014, pp.22).*

Other terms used to describe this relationship include preceptor, mentor, coach, buddy and facilitator (Dimitriadou et al 2015).

The clinical supervisor provides student opportunities for practice, incorporating a number of clinical teaching strategies, inclusive of feedback. Feedback provides closure to the student learning experience, which enables an understanding of competence, and supports targeted learning.

Feedback has various definitions, however for the purpose of this seminar, feedback is defined as:

> *a two-way respectful and mutually beneficial process between supervisors and learners. It occurs through communication (written or verbal) between the supervisor and the learner, before, during and after a supervisory or other learning event, and objectively provides the learner with a clear understanding of the level of their competency at a particular time. It also ... enable(s) the learner to express views about the learning experience which enable a supervisor to reflect on and improve their supervisory skills and performance (Health Workforce Australia 2013, pp. 23).*

Feedback supports students to close the gap between current and required performance (Allen and Molloy 2015; Burgess and Mellis 2015; Schartel 2012) to attain competence (Allen and Molloy 2015). Delany and Molloy (2018) describe feedback as vital for teaching and correcting learners, revealing learners' blind spots, reinforcing learning, motivating learners, identifying gaps, improving patient care, and collaboration (p.307). However, despite its importance, feedback is inherently an emotive conversation for both the supervisor and student, which can be seen to threaten relationships, and therefore difficult to effectively engage in (Delany and Molloy 2018).

The literature articulates insufficient and superficial feedback is common on student placements. Consequently, students are left confused and unsure about their level of practice, achieved learning, and skills requiring consolidation. In contrast students provided with informative and descriptive detail are able to reflect on their performance and enact change or reinforce behaviour to consolidate competence (Allen and Molloy 2015; Schartel 2012).

Various barriers are cited to providing feedback, in particular health professionals being time poor in busy clinical environments in which patient care is a priority; and supervisors lack of confidence in their ability to provide feedback (Ford et al 2016; Plakht et al 2013), in particular when there is concern about student performance (Plakht et al 2013). Regardless, clinical supervisors can ill afford to doubt the undeniable link between clinical supervision and student learning (Ford et al 2015), and the role of feedback in this process (Burgess and Mellis 2015). Clinical supervisor education for health professionals is lacking in entry to practice training, therefore its delivery in the workplace is essential to support ability and confidence in clinical teaching, assessment and feedback (Russell et al 2016).

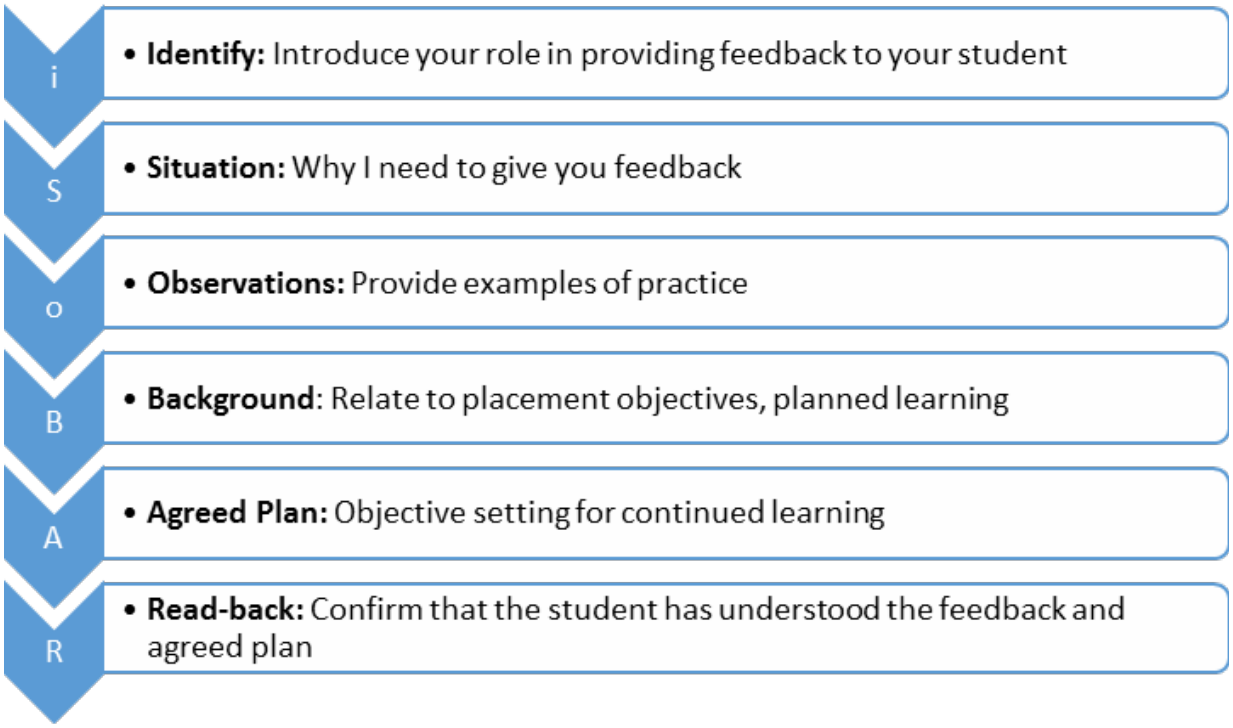
ACS: Effective strategies for the delivery of student feedback

The ACS seminar provides tips for success for health professionals, inclusive of feedback. The seminar acknowledges that supervisors may have no formal qualifications in education, nor desire to, due to their speciality practice being patient care. To avoid educational jargon, and to ensure that health professionals can easily recall strategies for success, the ACS deliberately avoids adding additional acronyms for professionals to learn and remember. As such for the delivery of feedback the iSoBAR method was chosen along with Blooms Taxonomy of learning, both well-recognised sets of terms used within health services and entry to practice programs. Additionally, Bloom's taxonomy, is embedded within the seminar as a framework to plan, deliver and evaluate learning, which closes with feedback.

iSoBAR

iSoBAR is the Western Australian Health clinical handover tool (Government of Western Australia 2013) that is incorporated across health service documentation. There are a variety of versions of isobar in use that are advocated by the National Safety and Quality Framework, (2017). The below figure 1 articulates the application of the iSoBAR acronym in the context of student feedback.

Figure 1: iSoBAR for student feedback (adapted from iSoBAR, Government of Western Australia 2013, pp.7)



Examples of Feedback

Application of the iSoBAR tool for the delivery of feedback is provided in the following four examples to ACS participants. Each example highlights common forms of feedback by clinical supervisors.

Feedback types

Example 1. Immediate – 'positive/achieved' feedback

Example 2. Immediate – 'consolidating/working towards' feedback

Example 3. Summary (end of shift/week/placement) – 'positive/achieved' feedback

Example 4. Summary (end of shift/week/placement) – 'consolidating/working towards' feedback

Within this paper two examples have been provided, Example 1 (figure 2) and Example 4 (figure 3).

BLOOM'S TAXONOMY OF LEARNING

There are three domains of learning according to Bloom et al (1956), later revised (Anderson et al 2001):

1. Knowledge (cognitive, mental skills)
2. Skills (psychomotor, manual or physical skills)
3. Attitude (affective, growth in feelings)

The clinical environment is a place for students to practice and gain both confidence and competence in all three of these domains. The clinical environment supports this process through experiential learning that is learning through practice (Delany and Molloy 2018)

During the ACS, participants are introduced to structured clinical learning around these three domains to facilitate student development of knowledge, skill and attitude. This framework can then be used to provide feedback. The following example in table 1 and table 2 articulates this into practice with the three domains applied to the example of blood pressure. In table 1 Bloom's domains are applied to the clinical teaching and assessment of blood pressure, whilst table 2 describes considerations for the provision of feedback about the student's competence related to blood pressure.

Table 1: Clinical Teaching using Bloom's domains of learning – blood pressure, example

Domain	Teaching/learning considerations
Knowledge questioning	What is the student's knowledge level about blood pressure, for example use questioning to determine their understanding of: what is a blood pressure the measurement of, when/why it should be measured, what other information it can be used with to determine clinical assessment and care decisions? Ask questions of increasing difficultly to determine level of knowledge through to evaluation, refer to Blooms 6 levels of cognitive domain.
Skill observing	What level of skill does the student possess in performing the procedure – can they apply the skill in different situations e.g. (paediatric versus adult patient, obese patient, manual versus machine operated). You will need to observe the student, and ask clarifying questions about different scenarios that are not able to be observed.
Attitude observing	Does the student display an appreciation for the appropriate application of the knowledge and skills obtained? In this instance does the student display acceptance about the importance of a blood pressure and its relationship to patient health status. You will need to observe that the student incorporates the knowledge and skill into everyday practice with an appreciation for its use and benefit, you may support this with questions about application in different scenarios.

Figure 2: Example 1. Immediate – 'positive/achieved' feedback

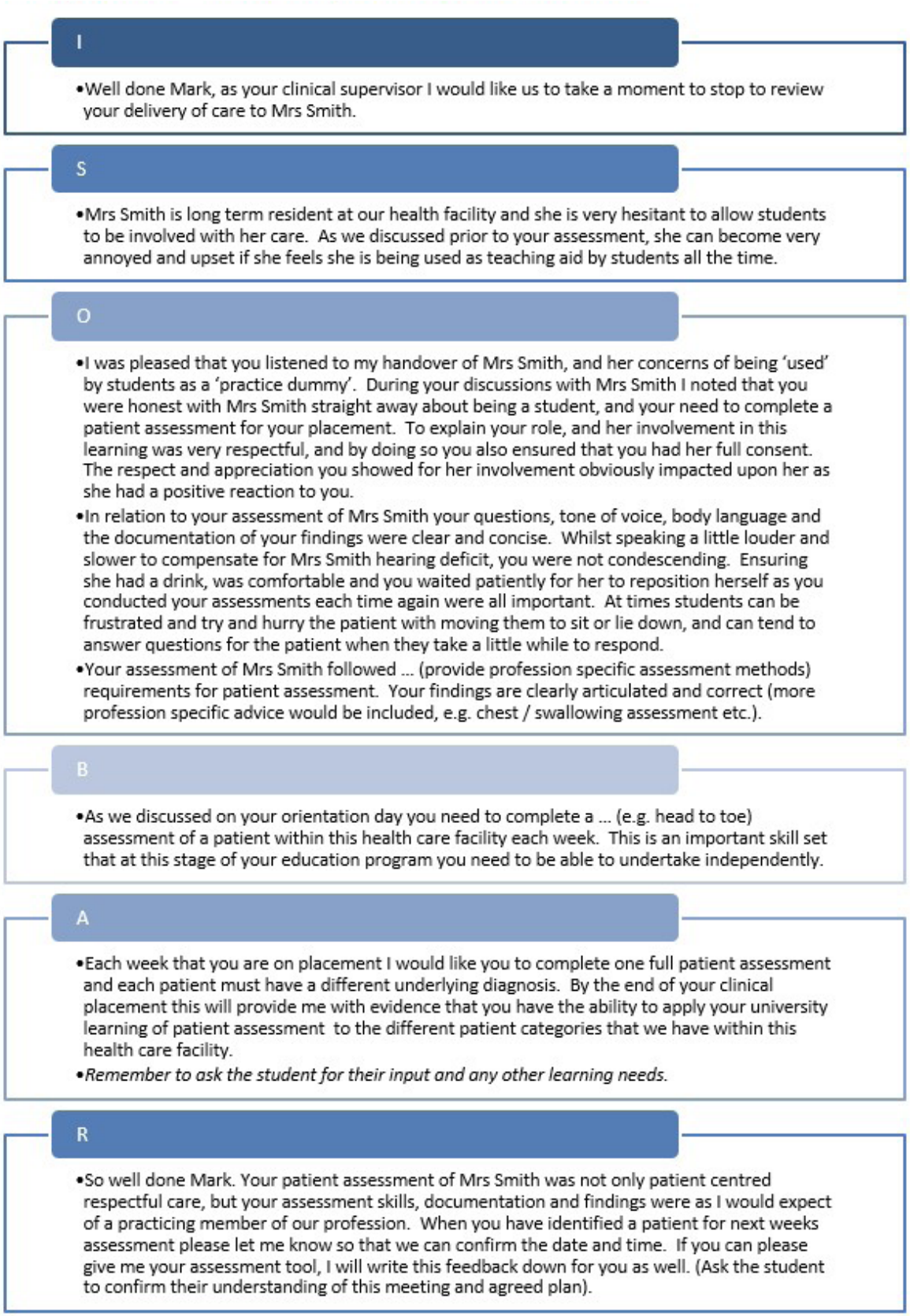


Figure 3: Example 4. Summary (end of shift/week/placement) – 'consolidating/working towards' feedback

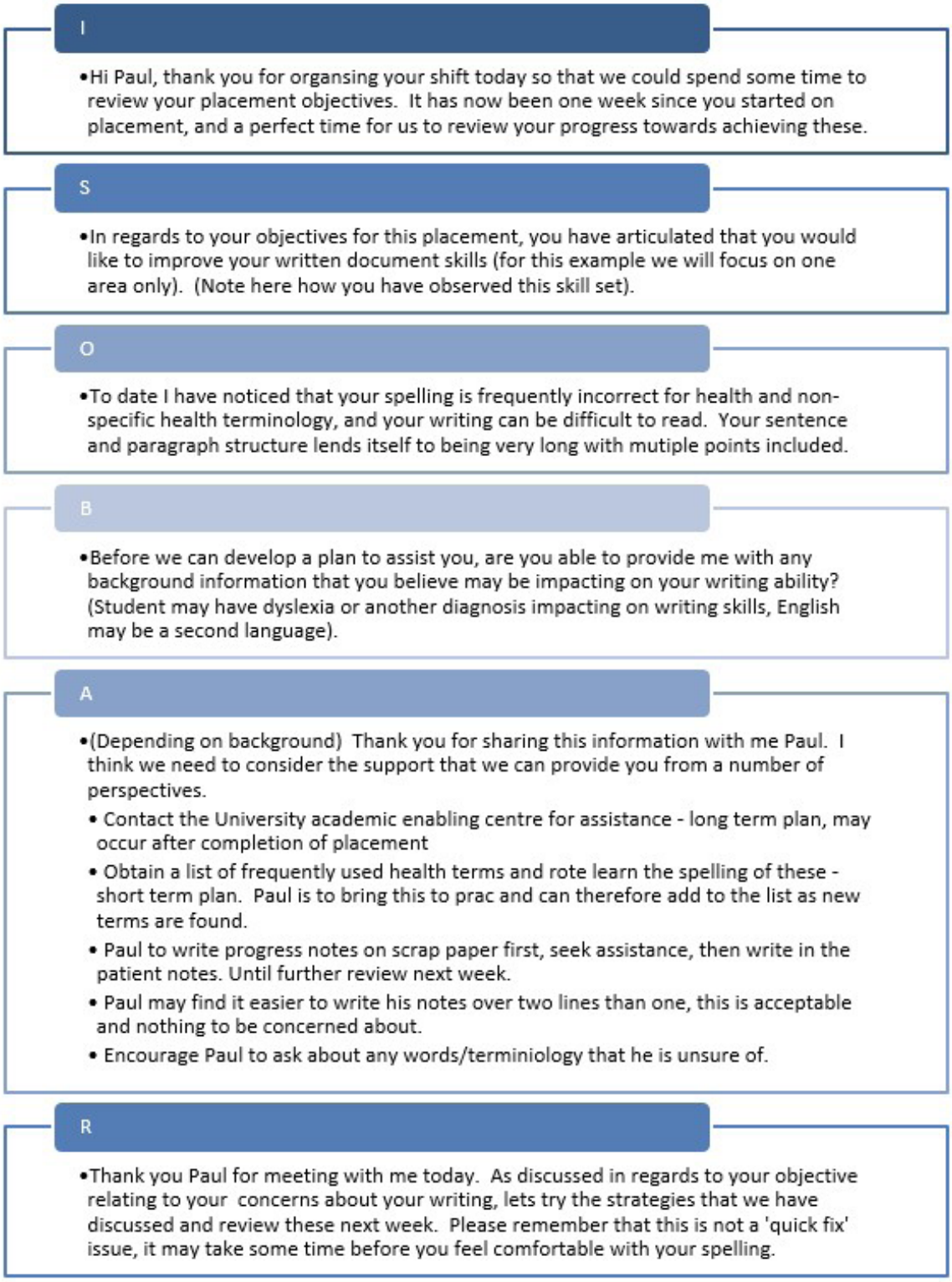


Table 2: Feedback example using Bloom et al's (1956) domains of learning – blood pressure, example

Domain	Feedback
Knowledge	Relate information to the student about their knowledge – do they need to read further, you may refer to texts, journal articles, and policy and procedure manuals.
Skill	Provide specific detail about the skill, completed steps, missed steps, and any incomplete steps. This should also include their style of communication with the patient during the procedure, was it appropriate, did they inform the patient appropriately of the care to be delivered.
Attitude	Provide clarification about their application of knowledge and skills. Does the student naturally undertake the procedure without prompting? Have they incorporated blood pressure as a necessary form of patient assessment?

This delivery method can also be used for skills that do not involve a manual or physical skill set, for example communication: Knowledge would relate to the best practice of communication, whilst the skill relates to the application of these communication styles.

FEEDBACK

Participants of the ACS have articulated that these two processes of delivering feedback are appropriate and helpful for fulfilling the role of the clinical supervisor. Ongoing evaluation of the seminar has provided support for these strategies. Examples of feedback include:

> *"Teaches us how to provide feedback in a constructive way" (2018)*

> *"Useful tools we can use as a framework for feedback" (2018)*

> *"Valuable insight into giving feedback" (2018)*

In addition, ongoing evaluation of the ACS continues to demonstrate the seminar's value:

> *"Thank you for organising a very useful workshop. It was excellent and has helped me to refocus on the most important things we need to undertake for the benefit of the students who come to our hospitals for their practical placements" (2018).*

DISCUSSION

Engaging with health professionals to improve their knowledge, skill and attitude as a clinical supervisor is essential for the continued graduation of safe and competent health professionals (Burgess & Mellis 2015). The literature overwhelmingly supports the concept that feedback promotes student engagement with learning, achievement of clinical competencies and engagement with self-evaluation, whilst insufficient or inappropriate feedback can hinder student progress (Burgess & Mellis 2015; Plakht et al 2013; Schartel 2012).

The delivery of professional development education to support clinical supervisors that is relevant, meaningful and effortlessly implemented is essential in a time when employees are overwhelmed by continuing changes to the health care system. Additionally, the literature articulates that teaching how to deliver feedback should be centred on student 'knowledge, behaviours or actions' (Schartel 2012, pp. 86). Utilising Bloom's domains of learning provides such a model to direct both learning and feedback, providing a streamlined approach for health professionals. This supports timely feedback that is also patient care centred, to improve student practice (Burgess & Mellis 2015; Plakht et al 2013).

CONCLUSION

For students to successfully achieve their learning objectives, they require informative feedback that is timely and descriptive. Clinical supervisors, working with students at the point of patient care, are best equipped to provide this timely feedback for continued student reflection and growth. Supporting health professionals to deliver feedback that is meaningful enables students to practice and progress through their learning. Investing in health professional development as clinical supervisors is not only essential, but crucial to support student competence.

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