The art of Clinical Supervision Program for registered nurses

Kylie P. Russell
The University of Notre Dame, Australia

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References


Western Australian Country Health Service. (2013). *Scoping study of clinical supervision education in WA*. Government of Western Australia, WA.


14 March 2012

Kylie Russell
7B Alcester Street
East Fremantle WA 6158

Dear Kylie

The School of Nursing and Midwifery Research Committee has met to consider your research proposal and independent Reader reports, and has recommended you be permitted to move to full candidacy in your doctoral studies.

The Research Office congratulates you on this achievement and wishes you well for your research program. Please do not hesitate to contact the Research Office or your Supervisor if you have any questions about your candidacy.

Yours sincerely

[Signature]

Professor Richard Berlach
Acting Pro Vice Chancellor - Research

cc  Professor Selma Aliex, Dean, School of Nursing and Midwifery
     Dr Adrian Morgan, Chair, SRC
     Dr Heather Gluyas, Supervisor
17 April 2012

Ms Kylie Russell
78 Alcester Street
East Fremantle WA 6158

Reference Number: 012019F

Dear Kylie,

I am writing to you in regards to your Low Risk Application for Ethics Clearance for your proposed research, to be undertaken as a student project at The University of Notre Dame Australia. The title of the project is: “The effect of clinical supervision training on registered nurses’ attitude and knowledge.”

Your proposal has been reviewed by the University’s Human Research Ethics Committee, and based on the information provided has been assessed as meeting all the requirements as mentioned in the National Statement on Ethical Conduct in Human Research (2007). I am therefore pleased to advise that ethical clearance has been granted for this proposed study.

All research projects are approved subject to standard conditions of approval. Please read the attached document for details of these conditions.

On behalf of the Human Research Ethics Committee, I wish you well with what promises to be a most interesting and valuable study.

Yours sincerely,

[Signature]

Dr Natalie Giles
Executive Officer, Human Research Ethic Committee
Research Office

cc: Prof Elaine Allen, Dean, School of Medicine; Prof Adrian Morgan, SRC Chair, School of Nursing.
From: Kylie Russell <kylie.russell@nd.edu.au>
Date: 24 February 2012 8:47:35 AM AWST
To: "Hobson, Ann" <Ann.Hobson@health.wa.gov.au>

Dear Ann,

Many thanks for confirming access to these sites.
Kind regards

Kylie

---

Kylie Russell

PhD Candidate
School of Nursing and Midwifery
Fremantle Campus
The University of Notre Dame, Australia

---

Sent: Thursday, 23 February 2012 10:10 AM
To: Kylie Russell
Subject: RE:

Hi Kylie

Just confirming that you have access to [Redacted] Hospital for your PhD project. All areas have approved your participation in the project. Please forward your university research committee and ethics approval for our records and to these hospital sites.

We are looking forward to having your input and evaluation.

Regards
Ann

Ann Hobson
Project Coordinator /Clinical Supervision Project
Department of Health
189 Royal Street
East Perth WA 6000
Phone 08 92222187
Email ann.hobson@health.wa.gov.au
Mobile 0413902141
11 April 2012

Ms Kylie Russell  
PhD Student, School of Nursing & Midwifery  
University of Notre Dame  
PO Box 1225  
FREMANTLE WA 6959

Dear Ms Russell

Re: The Effect of Clinical Supervision Training on Registered Nurses’ Attitude and Knowledge (Our ref No: 533)

Thank you for forwarding the above project for review by the St John of God Health Care Ethics Committee (“the Committee”).

I am in agreement with the assessment of your project as “low risk.” It has been reviewed by a sub-group of Committee members out of session and no ethical issues have been identified. I also acknowledge that your project has the prior approval of Notre Dame University Human Research Ethics Committee.

Accordingly, I am pleased to advise that ethical approval of your project has been granted under an expedited review process, as per section 5.1.7 of the National Health and Medical Research Council’s National Statement on Ethical Conduct in Human Research (NHMRC, 2007) (“the National Statement”). Your project will be tabled for the information of the full Committee, at its next scheduled meeting on 9 May 2012. Please find attached a signed and dated Committee membership list.

MercyCare will now write to you directly to confirm final study approval and authorise the commencement of your research on their site. You are reminded that this letter constitutes ethical approval only. You must not commence this research study at MercyCare until separate authorisation from MercyCare has been obtained.

The Committee is a Human Research Ethics Committee (HREC) that is constituted and operates in accordance with the National Statement. In line with the National Statement requirements, researchers need to keep the Committee and the institution (specifically, the participating site: MercyCare) promptly and regularly informed on the progress of their approved research including:

1. any serious, and suspected, unexpected serious adverse events, any unforeseen events, any significant protocol deviations or violations, any withholding or withdrawal of study approval by another HREC/institution, and any allegation or suspicion of research misconduct, that may affect continued ethical approval of the study.
2. any proposed changes to the research/research documentation as previously approved by the Committee, including any proposed study extensions.
3. when the study is completed, abandoned, terminated, suspended or withdrawn.

The Committee and the participating site (ie MercyCare) would also appreciate receiving at a minimum an annual study progress report as well as a final report on the study results and/or any subsequent publications.

I wish you well with your study.

Yours sincerely

Professor Con Michael  
Chairman, St John of God Health Care Ethics Committee
## Appendix 2: Clinical Supervision Program—Study Day Agenda

### The Clinical Supervision Program

**for Registered Nurses**

### Study Day Program

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<th>File Chapter</th>
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<td>The Big Picture</td>
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<tr>
<td>Clinical Supervision</td>
<td>1</td>
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<td>Roles of the Clinical Supervisor</td>
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<td>Morning Tea</td>
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<td>Adult Learning and Learning Styles</td>
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<td>Critical Thinking, Clinical Reasoning and Reflection</td>
<td>5</td>
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<tr>
<td>Lunch</td>
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<td>Belongingness</td>
<td>6</td>
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<tr>
<td>Competency and Assessment</td>
<td>7</td>
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<tr>
<td>Afternoon Tea</td>
<td>-</td>
</tr>
<tr>
<td>Provision of Feedback</td>
<td>8</td>
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<tr>
<td>Summary and Close</td>
<td>9</td>
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</tbody>
</table>

You will find material for each section within your work-file
Appendix 3: Clinical Supervision Program, Teaching Plan

TEACHING PLAN: CLINICAL SUPERVISION SEMINAR FOR REGISTERED NURSES

Administrative Details
Duration: 8 hours
Date: TBC
Time: 0800 – 1630
Room: Seminar or Classroom
Equipment: PowerPoint presentation facilities
Resources: White Board/pens/butcher paper

Additional notes are provided on the Power Point presentation on the notes pages.

0800 - 0810 Registration
0800 - 0830 Pre Program Knowledge and Attitude survey to be completed
0830 - 0845 Introduction
0845 - 1545 Days lectures, per attachments
1545 - 1600 Summary and Close
1600 - 1630 Post Program Knowledge and Attitude surveys to be completed
**SESSION ONE: INTRODUCTION**

**Administrative Details**
- **Duration:** 15 minutes
- **Time:** 0830 – 0845
- **Resources:** Power Point

**Session Plan**

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</table>
| Introduction | 15 mins | 1. Slide 1  
2. Slide 2  
3. Slide 3 | 1. Introduce the program title and welcome everyone to the study day. Briefly introduce self as the facilitator of the program. Outline any OS&H requirements.  
2. Ask each person in the room to briefly introduce themselves, including their current involvement with students, why they choose to attend, and what they would like to achieve in today's program (that is their learning objectives). Then introduce self, and experience with students to gain participants' credibility with the program contents  
3. Outline the days contents, including break times and finish time. These can be fluid depending on the group discussions. **Remind group that any examples provided in the session are for learning and must be respected and treated as confidential.** |
SESSION TWO: BIG PICTURE

Administrative Details
Duration: 30 minutes
Time: 0845 – 0915
Resources: Power Point

Learning Objectives
By the end of this session it is anticipated that the learner will be better able to:
1. Explain, in class discussion, the role of the clinical supervisor according to the national guidelines for supervision by the Nurses Board of Australia and Health Workforce Australia
2. Outline their own role in the current national strategies for clinical supervisors and student placements
3. Understand the current national policy on student placement requirements

Session Plan

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<tbody>
<tr>
<td>Bigger Picture</td>
<td>20 mins</td>
<td>1. Slide 4</td>
<td>1. Read and discuss slide points</td>
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<td>– Ensure you have a thorough understanding of HWA and their role, relate this to what the national strategies are and how these impact on clinicians</td>
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<td>– Explain who CTN are in WA and their role</td>
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<td>– The impact on current recruitment and retention policies</td>
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SESSION THREE: CLINICAL SUPERVISION/ROLES OF THE CLINICAL SUPERVISOR/BENEFITS AND BARRIERS

Administrative Details
Duration: 45 minutes
Time: 0915 - 1000
Resources: Power Point, White Board/pens, Professional documents (in Work-file)

Learning Objectives
By the end of this session it is anticipated that the learner will be better able to:
1. Understand the differences between the terms Clinical Facilitator and Clinical Supervisor
2. Define the role of the clinical supervisor according to the national guidelines for supervision by Health Workforce Australia
3. Explain the relevant professional codes of practice that govern clinical supervision
4. Apply the principles of secondary mentorship to the clinical supervision relationship
5. Identify the roles of the clinical supervisor
6. Apply the roles of the clinical supervisor to the work environment
7. Determine the role of the clinical supervisor to assist students to become workforce ready graduates
8. Identify the barriers in the workplace in relation to clinical supervision
9. Identify strategies to overcome the barriers to clinical supervision in the workplace

Session Plan
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| Clinical Supervision | 5 mins | 1. Slide 5, 2. Slide 6, 3. Slide 7 | 1. New section slide  
2. Read the definition of clinical supervision. Note that there is a lot of different terms currently used, however this is the HWA preferred terminology that WA has agreed to accept.  
3. These are the current terms used in health to describe the role of a clinical supervisor or a clinical facilitator. Confirm that a clinical facilitator is an employee of an education provider responsible for providing a link between them and the health care facility. They may or may not be involved with supervising students directly during their clinical placement. |
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| Terminology             | 5 mins | 1. Slide 8 & 9  
2. Slide 10 | 1. Define mentorship, and relate how clinical supervisors, whilst not mentors, can use some of the qualities of mentorship to provide a richer more meaningful clinical placement for students. Secondary Mentorship relates to a short term relationship, this principle can be applied to clinical supervision  
2. Preceptorship, is in particular a nursing term and used by some allied health professions. It is now used more commonly to describe the support of a first year nurse or new nurse to an area, then a model for supporting students. |
| Application             | 5 mins | 1. Slide 11 | 1. Encourage participants to think about who they supervise in the workplace: RN students from the different education providers both from within and outside of WA, EN students, AIN students, medical students and allied health. Use this opportunity to determine the groups understanding of these different programs, and briefly outline them. Outline the national standards for RN and EN training.  
– RN 800 clinical hours = 20 weeks  
– EN 400 clinical hours = 10 weeks  
– Placements often 2 weeks. What is the aim of these placements? What can we expect a student to learn in 2-3 weeks? Are you overteaching… setting expectations too high?  
– This begins to explain the student journey |
| Role of the Clinical Supervisor | 15   | 1. Slide 12  
2. Slide 13  
3. Slide 14, 15, 16, 17, 18 and Professional documents included in work-file  
4. Slide 19 – activity 1  
5. Slide 20 | 1. New section slide  
2. Read out slide, link the students learning to life long learning as a health professional. This also means we can have students anywhere on this continuum.  
3. Discuss each of the roles – role model, educator, assessor, social agent. Use this time when discussing these to refer participants to the ANMAC and AHPRA documentation included in the work-file: Domains of Practice, Competency standards etc.  
4. White board what the participants’ expectations are of their graduates (first year nurses), then reverse this, and ask what is their role to ensure students gain this knowledge, skill and attitude when with them on clinical placement. Provoke them to think about what they currently do, and what could they be doing better.  
5. Summarise the different roles and responsibilities of those involved in a students |
- Health care facility: has a positive culture to accept and support students
- Provision of a clinical facilitator to provide clinical supervisors with support to meet the learning requirements of the education provider. Assist with barriers to learning, student performance management, documentation etc.
- Permission from the family for the student to practice, often taken for granted
- Clinical Supervisor, a pivotal role in the success of the placement. A clinician who provides appropriate learning and reflection opportunities for students to assist them meet their learning objectives in a safe and supportive environment

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<tr>
<td>Benefits and Barriers</td>
<td>25</td>
<td>1. Slide 21</td>
<td>1. New section slide</td>
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<td>2. Slide 22</td>
<td>2. Ask the participants to present to the group their current barrier, and as a facilitator and group offer potential strategies to overcome these.</td>
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<td>3. Slide 23</td>
<td>3. Read the benefits to the clinical supervisor, give examples to the dot points</td>
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<td>4. Slide 24</td>
<td>4. Read the benefits to the students, provide examples of student feedback</td>
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<td>5. Slide 25</td>
<td>5. Highlight the resources available, remembering this is a team approach to clinical supervision</td>
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<td>6. Slide 26</td>
<td>6. Summarise the morning sessions</td>
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Slide 27, Morning Tea: 15-20 minutes
SESSION FOUR: ADULT LEARNING AND LEARNING STYLES

Administrative Details
Duration: 50 minutes
Time: 1020 – 1110
Resources: Power Point, Learning Style Survey handouts (in work-file)

Learning Objectives
By the end of this session it is anticipated that the learner will be better able to:
1. Define the principles of adult learning
2. Identify the different styles of adult learning
3. Explain how different learning styles can be incorporated into clinical teaching
4. Identify different teaching styles that can be incorporated into the clinical environment
5. Explain the importance for clinical supervisors to adapt their teaching to assist students learning in the clinical environment
6. Describe the principles of workplace learning and the challenges that this creates for students and their supervisors
7. Identify strategies to assist supervisors and students to overcome the challenges of workplace learning

Session Plan

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</table>
| The Cup that is Full  | 5 mins | 1. Slide 28        | 1. New section slide  
2. Slide 29  
2. Story of Zen - Read from work file and discuss its meaning. Then relate this to the principle of the leaking bucket - the importance of life long learning (will later link in to critical thinking) we must let go of the old and take in the new. Also as RNs we need to understand the bigger picture as this influences nursing delivery e.g., state and federal polices, budgets etc. We need to encourage our students to take note of the role of health care in our society, and our consumers expectations. Therefore it is not just about teaching the role of the RN, but about the health care industry |
<p>| Adult Learners        | 5 mins | 1. Slide 30        | 1. Read and discuss slide, provide examples                                                                                                                                                                                  |</p>
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<tr>
<td>Learning Styles</td>
<td>40mins</td>
<td>1. Slide 31 &amp; Work-file for learning survey</td>
<td>1. Participants to complete the learning style survey in the work-file (less than 5 minutes to complete). Explain to the participants how to do this.</td>
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<td>2. Slide 32</td>
<td>− Once completed, divide the participants into groups according to their results.</td>
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<td>3. Slide 33</td>
<td>− Ask each group to write on the butcher paper their preferred ways to learn, and what about these strategies makes them feel comfortable in their learning, and that their learning is correct and safe, allocate 15 minutes. Then read each groups characteristics according to the learning survey, and ask them to read to the group their comments.</td>
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<td>2. Summarise the groups’ findings, highlighting that just like the picture, we all</td>
<td>2. Summarise the groups’ findings, highlighting that just like the picture, we all have different ways that we approach learning, and participate in learning, and makes us feel secure in our learning. What are the implications for clinical supervisors? Prompt the group to determine that we need to adjust our teaching style, and ask our students how they like to learn.</td>
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<td>have different ways that we approach learning, and participate in learning, and</td>
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<td>makes us feel secure in our learning.</td>
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<td>makes us feel secure in our learning.</td>
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<td>3. Summarise the section, and relate to next section of critical thinking, clinical</td>
<td>3. Summarise the section, and relate to next section of critical thinking, clinical reasoning and reflection as strategies to assist with student learning</td>
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<td>reasoning and reflection as strategies to assist with student learning</td>
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SESSION FIVE: CRITICAL THINKING, CLINICAL REASONING AND REFLECTION

Administrative Details
Duration: 1 hour
Time: 1110 – 1210
Resources: Power Point, Work-file article ‘clinical reasoning instructor resources’

Learning Objectives
By the end of this session it is anticipated that the learner will be better able to:
1. Describe the principles of critical thinking, clinical reasoning and reflection
2. Relate the role of critical thinking, clinical reasoning and reflection to assist students to develop their professional practice
3. Apply the principles of critical thinking, clinical reasoning and reflection to teaching in the work place to assist students clinical development

Session Plan

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<tbody>
<tr>
<td>Definitions and application of critical thinking and clinical reasoning</td>
<td>30 mins</td>
<td>1. Slide 34 2. Slide 35 3. Slide 36 4. Slide 37 5. Slide 38 Work-file for Article: 6. Slide 39</td>
<td>1. New section slide 2. Read slide points 3. Read slide points 4. Explain and apply the clinical reasoning process using an example of your own, or ask for an episode of care example from a participant. Refer participants to the Teaching Clinical Reasoning, teacher resource, found in the work file. Use the table 1 example if uncomfortable using your own example. 5. Summarise the definitions again. Suggest to participants to read the article in detail after the study day for practical suggestions to teaching clinical reasoning. 6. Strategies for teaching clinical thinking and clinical reasoning also include the use of case studies and reflection. Education facilities use case studies in written form and simulations. In the clinical placement supervisors should encourage reflection of patient cases.</td>
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<tr>
<td>Reflection</td>
<td>30 mins</td>
<td>1. Slide 40, 41</td>
<td>1. Definition - Read and discuss slide. Reflection can be used for enhancing clinical reasoning, and also as a debrief tool for students after experiencing confronting episodes of patient care, or any time where a student feels overwhelmed/depowered etc.</td>
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<td>2. Slide 42</td>
<td>2. Group activity, read slide and ask participants how they would respond to this. Remind the group about the resources available to them, and follow up care for students once they leave the health care facility (Education provider counselling services and academic staff).</td>
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<td>3. Slide 43</td>
<td>3. Discuss Gibb’s model of reflection, there are many different models, this is just one that participants may like to use as a guide to ensuring that the reflection process is effective. Use the previous example to go through the application of the Gibbs reflection, and for general application to patient care to enhance clinical reasoning.</td>
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Slide 44, Lunch: 40 minutes
**SESSION SIX: BELONGINGNESS**

**Administrative Details**
Duration: 1 hour 10 minutes  
Time: 1250 – 1400  
Resources: Power Point, ‘Belongingness’ articles from work-file, butcher paper and marker pens

**Learning Objectives**
By the end of this session it is anticipated that the learner will be better able to:
1. Define the term ‘Belongingness’
2. Explain the importance of ‘Belongingness’
3. Outline how ‘Belongingness’ can be promoted in the clinical arena for students

**Session Plan**

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</table>
| Belongingness | 1 hour 10 minutes | 1. Slide 45  
2. Slide 46 and articles from work-file on belongingness | 1. New section slide  
2. Complete Belongingness activity:  
– Divide the group into smaller groups (max 4-5 per group), 3-4 groups required.  
– Allocate each group a journal article related to Belongingness from the work-file  
– Ask each participant to read their allocated article and highlight the 5 main points. Write these in the allocated space in their work-file. Then in their groups agree to the 5 main points and write these down on butcher paper (allocate 40 minutes)  
– Using a white board, ask each group to give a summary of their article, and read out their 5 main points, write these on the white board (allocate 10 minutes)  
– Then ask the whole group as to how they can incorporate belongingness into their workplace. Write these down on a butcher paper/another white board (allocate 10 minutes) |

Slide 47, Afternoon Tea: 10 minutes
### Session Seven: Competency and Assessment

#### Administrative Details
- **Duration:** 50 minutes
- **Time:** 1410 - 1500
- **Resources:** Power Point

#### Learning Objectives
By the end of this session it is anticipated that the learner will be better able to:

1. Explain the term ‘Competence’
2. Outline the principles of Bloom’s Taxonomy of Learning
3. Apply the principles of the Conscious Competent Learning Model
4. Define the term ‘Assessment’
5. Understand the Delegation Framework
6. Explain the application of competence to student evaluation tools

#### Session Plan

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<tbody>
<tr>
<td>Competency</td>
<td>15 mins</td>
<td>1. Slide 48 2. Slide 49</td>
<td>1. New section slide 2. Definition of competency</td>
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</table>
SESSION EIGHT: PROVISION OF FEEDBACK

Administrative Details
Duration: 45 mins
Time: 1500 - 1545
Resources: Power Point

Learning Objectives
By the end of this session it is anticipated that the learner will be better able to:
1. Describe the process of providing feedback to students in the clinical arena
2. Relate the importance of providing students with clinical and professional feedback
3. Outline strategies for managing feedback in difficult situations
4. Explain the process of managing the struggling and/or failing student

Session Plan

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<tbody>
<tr>
<td>Provision of Feedback</td>
<td>45 mins</td>
<td>1. Slide 57</td>
<td>1. New section slide</td>
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<td>2. Slide 58</td>
<td>2. Types of feedback, define these according to the slide</td>
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<td>3. Slide 59</td>
<td>3. Considerations when giving feedback</td>
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<td>4. Slide 60</td>
<td>4. Responding too students in difficult circumstances. Ask members of the group to provide examples that were difficult for them, and use these as examples to provide future strategies for.</td>
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<td>5. Slide 61</td>
<td>5. Tips and Tactics for giving feedback</td>
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<td>6. Slide 62</td>
<td>6. Remember to document and consider feeding back to the Education Provider</td>
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SESSION NINE: SUMMARY AND CONCLUSION

Administrative Details
Duration: 15 mins
Time: 1545 - 1600
Resources: Power Point

Learning Objectives
By the end of this session it is anticipated that the learner will be better able to:
1. Describe, in class discussion, the application of supervision principles to the workplace

Session Plan

<table>
<thead>
<tr>
<th>Heading</th>
<th>Time</th>
<th>Learning Resources</th>
<th>Content/Learning Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Summary</td>
<td>10 mins</td>
<td>1. Slide 63</td>
<td>1. Read and discuss slide</td>
</tr>
</tbody>
</table>
Dear participant

Thank you for taking the time to complete the following survey. You will be asked to complete this survey on three occasions. Please tick the relevant box for this survey:

Please tick:
- Pre program survey
- Immediate post program survey
- Eight-week post program survey

Instructions

Please circle the most appropriate response to each question, e.g.

SA  A  Undecided  D  SD

If you make an error, place a cross X through the error, and circle your answer, e.g.

SA  A  Undecided  D  SD
Please circle the response which best describes how you feel about each question as it relates to nursing students

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>I believe nursing students respect nurses as practitioners</td>
<td>SA</td>
<td>A</td>
<td>U</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>2.</td>
<td>Nurses consider nursing students as part of the nursing team</td>
<td>SA</td>
<td>A</td>
<td>U</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>3.</td>
<td>The nursing students are too friendly with their instructors</td>
<td>SA</td>
<td>A</td>
<td>U</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>4.</td>
<td>With nursing students who are new on the unit, nurses have time to do other things.</td>
<td>SA</td>
<td>A</td>
<td>U</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>5.</td>
<td>Nursing students accept constructive criticism</td>
<td>SA</td>
<td>A</td>
<td>U</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>6.</td>
<td>With nursing students who are familiar with the unit, nurses have time to do other things.</td>
<td>SA</td>
<td>A</td>
<td>U</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>7.</td>
<td>We were all students once, so we should be nice to nursing students</td>
<td>SA</td>
<td>A</td>
<td>U</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>8.</td>
<td>You cannot tell nursing students anything because they know everything</td>
<td>SA</td>
<td>A</td>
<td>U</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>9.</td>
<td>Nursing students willingly help nurses to get things done</td>
<td>SA</td>
<td>A</td>
<td>U</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>10.</td>
<td>Nurses should not have to do the teaching that clinical instructors are paid to do</td>
<td>SA</td>
<td>A</td>
<td>U</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>11.</td>
<td>Nursing students become overwhelmed if they have to care for more than 1 or 2 patients</td>
<td>SA</td>
<td>A</td>
<td>U</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>12.</td>
<td>There is too much to do to have to worry about students</td>
<td>SA</td>
<td>A</td>
<td>U</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>13.</td>
<td>Nursing students ask too many questions</td>
<td>SA</td>
<td>A</td>
<td>U</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>14.</td>
<td>Nursing students rely on their instructor more than the ward nurses</td>
<td>SA</td>
<td>A</td>
<td>U</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>15.</td>
<td>Nursing students are too dependent on the ward nurses</td>
<td>SA</td>
<td>A</td>
<td>U</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>16.</td>
<td>Nursing students are too chummy with the doctors</td>
<td>SA</td>
<td>A</td>
<td>U</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>17.</td>
<td>Nursing students help other students to get things done</td>
<td>SA</td>
<td>A</td>
<td>U</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>18.</td>
<td>Nursing students do not have enough confidence in themselves</td>
<td>SA</td>
<td>A</td>
<td>U</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Undecided</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>----------------</td>
<td>-------</td>
<td>-----------</td>
<td>----------</td>
<td>-------------------</td>
</tr>
<tr>
<td>19.</td>
<td>When I was in nursing school, I had more clinical experience than the nursing students do now.</td>
<td>SA</td>
<td>A</td>
<td>U</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>20.</td>
<td>I enjoy working with nursing students</td>
<td>SA</td>
<td>A</td>
<td>U</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>21.</td>
<td>Nurses learn new information from nursing students.</td>
<td>SA</td>
<td>A</td>
<td>U</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>22.</td>
<td>I had it tough in nursing school, so nursing students of today should too.</td>
<td>SA</td>
<td>A</td>
<td>U</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>23.</td>
<td>Nursing student's questions stimulate new ways of doing things</td>
<td>SA</td>
<td>A</td>
<td>U</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>24.</td>
<td>Today's nursing schools provide quality education</td>
<td>SA</td>
<td>A</td>
<td>U</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>25.</td>
<td>Overall, nursing students provide good patient care</td>
<td>SA</td>
<td>A</td>
<td>U</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>26.</td>
<td>Decisions are made too hastily by nursing students</td>
<td>SA</td>
<td>A</td>
<td>U</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>27.</td>
<td>I would never have dreamed of calling my instructors by their first name</td>
<td>SA</td>
<td>A</td>
<td>U</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>28.</td>
<td>Nursing students ask good questions</td>
<td>SA</td>
<td>A</td>
<td>U</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>29.</td>
<td>Nursing students are more trouble than they are worth</td>
<td>SA</td>
<td>A</td>
<td>U</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>30.</td>
<td>I would not have to spend extra time with nursing students, if the instructor would supervise the nursing students.</td>
<td>SA</td>
<td>A</td>
<td>U</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>31.</td>
<td>Nursing students look professional</td>
<td>SA</td>
<td>A</td>
<td>U</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>32.</td>
<td>Nursing students have time to attend to patients needs</td>
<td>SA</td>
<td>A</td>
<td>U</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>33.</td>
<td>Nursing students are eager to learn</td>
<td>SA</td>
<td>A</td>
<td>U</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>34.</td>
<td>Nursing students do only what they are assigned</td>
<td>SA</td>
<td>A</td>
<td>U</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>35.</td>
<td>Nursing students lack in common sense</td>
<td>SA</td>
<td>A</td>
<td>U</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>36.</td>
<td>Nursing students admit when they do not know something</td>
<td>SA</td>
<td>A</td>
<td>U</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>37.</td>
<td>It is about time instructors eased up on the nursing students</td>
<td>SA</td>
<td>A</td>
<td>U</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>38.</td>
<td>Nursing students practice assertiveness</td>
<td>SA</td>
<td>A</td>
<td>U</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>39.</td>
<td>Nursing students do not get enough clinical experience</td>
<td>SA</td>
<td>A</td>
<td>U</td>
<td>D</td>
<td>SD</td>
</tr>
</tbody>
</table>
Appendix 5: Permission from Stagg to Use Survey

From: Sharon Stagg <sstagg@shorehealth.org>
Subject: RE: request to use survey tool - attitude towards nursing students
Date: 2 February 2012 10:54:36 PM AWST
To: Kylie Russell <kylie.russell@nd.edu.au>

Kylie.
Your study sounds very interesting. You have my permission to use the survey. I would be interested in your finding when you complete your study.
Best of luck.
-Sharon

Sharon Stagg, RN, DNP, MPH, FNP-BC, | Director | Shore Wellness Partners
Shore Health System | University of Maryland Medical System
505 Byrn Street | Cambridge, Maryland 21613
☎ 410-228-5511 ext. 8162 | ✉ sstagg@shorehealth.org

"A Magnet Recognized Organization"

From: Kylie Russell [mailto:kylie.russell@nd.edu.au]
Sent: Tuesday, January 31, 2012 10:20 PM
To: Sharon Stagg
Subject: request to use survey tool - attitude towards nursing students

Dear Dr Stagg,

I am writing to you regarding your Master’s thesis on Staff Nurses attitudes toward nursing students in 1992. I am currently enrolled in my PhD at the University of Notre Dame, Australia and would like to use your survey tool used in this study. My PhD proposal is currently with the School of Nursing and Midwifery ethics committee for approval. I will be implementing a new education program for registered nurses titled the ‘Undergraduate Clinical Supervision Program for Registered Nurses’. This program aims to improve the attitude of nurses who precept/supervise nursing students in the clinical area. The program includes content related to the principles of adult learning, critical thinking, clinical reason, reflection, clinical teaching, providing feedback etc, however the undertone of the day through workshops and other activities is to also promote participants to reflect on their attitude towards students and use the strategies presented and discussed during the day to improve this. Work in Australia by Tracey Levett-Jones links a sense of student belongingness to improved student placements, and I hope to achieve this. I would like to use your survey both immediately pre and post the program and at 8 weeks post program. There will be another survey related to the content of day, an online reflective feedback tool for 8 weeks, and for those willing a short interview at 10 weeks. I hope to use your tool in conjunction with these other data methods to determine if there is any impact of the program on the attitude of the participants towards nursing students. The program will be presented on 10 occasions with between 20-25 participants. This program has now also been accepted by the Department of Health in Western Australia, and will be presented statewide over the year. I hope that you will be able to support me in this project by consenting to the use of your tool. Of course it will be referenced and acknowledged. Only two questions will be removed due to Australia having only one program for registration as a RN (not bachelor and diploma as referred to in the tool). I am happy to send you my candidacy statement when I receive it, which hopefully will be the end of next month.
I look forward to your response.

Kind regards
Kylie Russell
Appendix 6: Pre-program Knowledge Survey

RESEARCH SURVEY – PRE ATTENDENCE TO PROGRAM
Clinical Supervision Program for Registered Nurses

I.D NUMBER: _______________________________________________

1. Which category best describes your current role/area of practice?

(Please list all areas of employment if employed in more than one area)

<table>
<thead>
<tr>
<th>Category</th>
<th>Please</th>
<th>Full time or Part time</th>
<th>Length of service</th>
<th>Level (e.g. RN, CN, SRN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community/Clinic/GP practice/Surgicentre/Diagnostic</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical/Surgical/DPU</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Theatres/Recovery</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Critical Care/HDU</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paediatrics/Maternity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic Units</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educator/Staff Development Nurse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agency/Casual Call</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Are you employed in regional Western Australia? (please circle correct response): Yes/No

3. Are you employed in private or public health care? (for your main position)?

4. How long have you worked as a registered nurse?
5. Please circle your age group
   A  20-30   B  31-40   C  41-50   D  51-60
   E  61-70   F  71-80

6. What was your reason/s for attending this program?

   ____________________________________________
   ____________________________________________
   ____________________________________________

7. Have you attended any education for supervising students in the past, if yes please describe. Did you find this useful? Have you been able to apply what you learnt?

   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
8. On average, how frequently have you worked with a student in the last six months (please circle the most accurate response)?

A. Most days (more than 50% of your weekly shifts)
B. Some days (less than 50% of your weekly shifts)
C. Infrequently (on occasions each month)
D. Rarely (once or twice in the last six months)
E. Not at all

The following questions relate to the content of this study day. This is designed to provide a pre attendance knowledge level of the group.

1. **What do you understand by the term Secondary mentorship?**
   (Please circle your chosen response)

A. The relationship between two staff of the same organisation at a senior management level designed to assist with career progression
B. The relationship between two staff at a senior management level designed to assist with career progression
C. A short term relationship between two individuals, one the mentor the other the mentee, to assist with professional growth and development
D. A short term relationship between two individuals designed to assist with career progression

2. **What do you understand by the term Critical Thinking?**
   (Please circle your chosen response)

A. Involves the ongoing commitment of the individual to examine any belief or knowledge in the light of the evidence that supports it
B. Involves forming conclusions, making decisions drawing inferences and reflecting
C. Is based on experience and pattern recognition processed at a subconscious level
D. Involves accurately solving problems

How do you apply critical thinking in the clinical setting with students?
3. **What do you understand by the term Clinical Reasoning**
   *(Please circle your chosen response)*

   **A**  A health professional implementing Best Practice for the clinical care of a patient

   **B**  The thought processes that occur when a health professional engages in clinical problem solving

   **C**  The thought process used by health professionals to analyse data

   **D**  The thought process used by health professionals to plan patient care

   How do you apply Clinical Reasoning with students?

   ________________________________

   ________________________________

   ________________________________

   ________________________________

4. **What does the term Reflection mean to you?**
   *(Please circle your chosen response)*

   **A**  An individual reviewing past experiences

   **B**  A process in which we analyse a situation

   **C**  Developing a new framework for future practice

   **D**  How we explore our actions

   How do you apply the principles of Reflection with students?

   ________________________________

   ________________________________

   ________________________________

   ________________________________

   ________________________________

   ________________________________
5.  Can you explain the following terms?

<table>
<thead>
<tr>
<th>Term</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educator</td>
<td></td>
</tr>
<tr>
<td>Socialiser</td>
<td></td>
</tr>
<tr>
<td>Advocate</td>
<td></td>
</tr>
<tr>
<td>Assessor</td>
<td></td>
</tr>
<tr>
<td>Role Model</td>
<td></td>
</tr>
<tr>
<td>Belongingness</td>
<td></td>
</tr>
</tbody>
</table>

6. How do you currently provide feedback to your students?

**Positive:**

- 
- 
- 
- 

**Negative:**

- 
- 
- 
- 

7. Define the term Competence?

- 
- 
- 

THANK YOU FOR COMPLETING THIS SURVEY
Appendix 7: Post-program Knowledge Survey

Clinical Supervision Program for Registered Nurses

RESEARCH PROJECT SURVEY – POST ATTENDENCE TO PROGRAM

I.D: ________________________________

Please tick:

Immediate post survey ☐

Eight-week survey ☐

Have you supervised RN students since attendance to the program:

Yes/No (please circle)

1. Did the program meet your expectations (please circle)? Yes No

Why?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

2. Would you recommend this program (please circle)? Yes No

Why?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

3. What did you like the most about the program?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
4. What, if any, changes would you recommend?

5. What do you understand by the term Secondary mentorship?
(Please circle your chosen response)

A  The relationship between two staff of the same organisation at a senior management level designed to assist with career progression
B  The relationship between two staff at a senior management level designed to assist with career progression
C  A short term relationship between two individuals, one the mentor the other the mentee, to assist with professional growth and development
D  A short term relationship between two individuals designed to assist with career progression

6. What do you understand by the term Critical Thinking?
(Please circle your chosen response)

A  Involves the ongoing commitment of the individual to examine any belief or knowledge in the light of the evidence that supports it.
B  Involves forming conclusions, making decisions drawing inferences and reflecting
C  Is based on experience and pattern recognition processed at a subconscious level
D  Involves accurately solving problems

How do you apply critical thinking in the clinical setting with students?
7. **What do you understand by the term Clinical Reasoning?**
*(Please circle your chosen response)*

A A health professional implementing Best Practice for the clinical care of a patient
B The thought processes that occur when a health professional engages in clinical problem solving
C The thought process used by health professionals to analyse data
D The thought process used by health professionals to plan patient care

How do you apply Clinical Reasoning with students?

8. **What does the term Reflection mean to you?**
*(Please circle your chosen response)*

A An individual reviewing past experiences
B A process in which we analyse a situation
C Developing a new framework for future practice
D How we explore our actions

How do you apply the principles of Reflection with students?
9. Can you explain the following terms?

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educator</td>
<td></td>
</tr>
<tr>
<td>Socialiser</td>
<td></td>
</tr>
<tr>
<td>Advocate</td>
<td></td>
</tr>
<tr>
<td>Assessor</td>
<td></td>
</tr>
<tr>
<td>Role Model</td>
<td></td>
</tr>
<tr>
<td>Belongingness</td>
<td></td>
</tr>
</tbody>
</table>

10. How do you currently provide feedback to your students?

<table>
<thead>
<tr>
<th>Type</th>
<th>Feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type</th>
<th>Feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11. Define the term Competence?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Has this program resulted in a change of how you believe you will supervise students in the workplace? In what way?


12. Can you please provide feedback in regards to the different teaching methods used during the program, did you find these teaching methods helpful in understanding the content?

<table>
<thead>
<tr>
<th>White board</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Group discussion</td>
<td></td>
</tr>
<tr>
<td>Case study/examples</td>
<td></td>
</tr>
<tr>
<td>Role Play</td>
<td></td>
</tr>
<tr>
<td>Power point slides</td>
<td></td>
</tr>
<tr>
<td>Workbook</td>
<td></td>
</tr>
<tr>
<td>Articles (wk 8 only)</td>
<td></td>
</tr>
</tbody>
</table>

13. Would you be willing to participate in a one to one interview?
I welcome any further comments you would like to make

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

THANK YOU FOR COMPLETING THIS SURVEY
Appendix 8: Online Reflection Feedback Instructions for Research Participants

Clinical Supervision Program

ON-LINE REFLECTIVE FEEDBACK INSTRUCTIONS

Dear Participant,

If you are willing to be involved in the ongoing on-line reflective feedback following this program for eight weeks please place your name and email address on the ‘Consent to participate in the Clinical Supervision Program On-Line Reflective Feedback’. This will be passed around at completion of the Clinical Supervision Program study day.

You will be contacted by email to confirm your participation in the on-line reflective feedback process. Participants will then be contacted each week, for eight weeks, by email from Kylie Russell, the program facilitator and PhD student.

The following points are a guide for you to follow when sending an on-line reflection.

- Write a narrative of your interactions with students. This may be a summary of a shift or a particular instance of teaching, providing feedback, interactions with student and/or other staff.
- You may wish to relate these experiences to your personal growth and development as a supervisor, and/or what you would like to know more about.
- The more detail of the event/experience provided will assist the researcher to understand the moment/event.
- Please use full sentences and minimise abbreviations to assist the researcher to understand your intent.
- Do not include names or the student’s university details.
- Reflections can only be received by email.

Thank you for considering being a part of the On-line Reflective process, and for attending the Clinical Supervision Program.

Kylie Russell
Program Facilitator, and PhD Candidate
School of Nursing and Midwifery
The University of Notre Dame, Australia
Appendix 9: Interview Questions for Research Project Participants

Clinical Supervision Program, Research Project: Interview Questions

Research by Kylie Russell, PhD Candidate
Facilitator: Kylie Russell
Participant: 
Date: 
Venue: 

Prior to commencement confirm:

O Informed consent received and confirmed

O Consent to audiotape confirmed

Post interview

O Participants preferred format of data for review (circle)

Email  Post  Meeting
1. Welcome and thank the interviewee for participating in the surveys and interview
2. Explain the interview process

**Interview Questions**

1. What experiences in your career have you had being a mentor/preceptor/buddy to nursing students?
2. Can you comment on your experiences supervising students since attending the program?

**Examples of Probing Questions**

- Has this improved your understanding of the clinical supervisor role?
- Has this helped you understand how to provide the optimum learning environment for students?
- Has this helped you to promote reflective practice/critical thinking/clinical reasoning/belonging/feedback
- Can you tell me a bit more about the last time you experienced that or felt that way?
- Can you give me an example of ....?
- Do you feel that way?
- Is that something you have experienced?
- Can you tell me more?
- Can you explain your answer?

(Notes pages attached)
Clinical Supervision Program, Research Project

Dear Colleague,

Thank you for agreeing to participate as a member of the expert group for this PhD research project: **The impact on the knowledge and attitude of Registered Nurses who attend the ‘Clinical Supervision Program’**.

The intent of this research is to design, implement and evaluate the impact of a new education program for nursing staff that will assist them to develop the necessary knowledge and attitude to meet the requirements of a clinical supervisor to nursing students. The Clinical Supervision Support Paper (2010, p. 15) report discusses that supervisors require the core skills of:

1. Clinical skills and knowledge
2. Adult teaching and learning skills
3. Ability to give and receive feedback
4. Communication
5. Appraisal and assessment
6. Remediation of poorly performing students; and
7. Interpersonal skills.

The cores skill, point 1, regarding the development of clinical skills and knowledge is provided through clinical workshops, seminars and in-service already provided within the health care facilities unique to each area of practice. This will not be addressed in this research project.

The Clinical Supervision Program study day was designed to meet points two through to seven. After an extensive review of the literature, and from the personal experiences of the researcher, the researcher determined that the program will provide participants with these core skills through the underlying philosophy of secondary mentorship. The sessions will incorporate, through the principles of adult learning, the relevant core skills, in a practical approach to provide examples of practice.
To master each of the areas included in the Clinical Supervision Program and outlined by the CSSP (2010) would require extensive education. It is therefore the intent of this program to provide participants with a foundation level of information that they can use to improve their clinical supervision. The program will utilise case studies, discussion, storytelling and reflection to promote experiential learning (Kolb, 1984). These stories and cases then provide resources/real examples for participants to relate to. It is envisaged that this information will assist nurses to provide a positive learning experience in which students feel supported in their learning, as the nurses relate their clinical care to theory and provide opportunities for reflection and feedback.

The program will utilise the work of Tracey Levett-Jones and her research on Belongingness (2007, 2008 & 2009). The importance of belongingness and its impact on student learning in this research has highlighted that the attitude of the clinical supervisor has a significant impact on the ratings of clinical placement satisfaction by students. The intent of this program and research is not only to improve the knowledge of participants regarding the requirements of supervision, but to have an impact on the attitude of the participants.

This concept of belongingness will be applied through the principles of secondary mentorship. Secondary Mentorship is the development of a short-term relationship designed to assist with the professional development of an individual. It focuses on the development of a positive relationship aimed at assisting the professional growth and development of the student (Johnson, 2002).

It is envisaged that the content and delivery method of this program will assist nursing staff to develop the knowledge and attitude to work effectively in the role of a clinical supervisor. This is the desired “impact” of the program; it refers to a change in knowledge and practice (Moon, 2004, p. 4). To meet industry demands for succinct education in a climate where staff can be released from the workplace for a limited time, the program will consist of an intensive one-day program and resource manual.

The program will incorporate a number of teaching strategies based on the principles of adult learning. The program will assist participants to gain insight into their current supervision behaviour and attitude, and explore avenues for potential change and growth (Moon, 2004). Program attendance will be no greater than 20 participants to promote group interaction and discussion.

To achieve this the program will incorporate a number of learning activities. This involves a combination of theory and then its application through role-play, case studies,
group discussion and group activities. These are designed to assist nursing staff to understand the role of the clinical supervisor and how to apply this to their practice.

Consumer input into the development of the program will be sought (through you). This will be through the development of the expert groups for content validity, a review of the literature, as well as augmented by the experience of the author who has extensive experience in this area evidenced by completion of Masters in Health Science, Education (including mentorship, principles of adult learning, clinical reasoning, clinical teaching and supervision), previous experience in preceptorship and mentorship education (Coordinator of Preceptorship Program Fremantle Hospital and Health Service (FHHS) 2006-2008, Coordinator of Undergraduate Mentorship Training Program, School of Nursing, University of Notre Dame Australia, Fremantle 2009 – 2013) and completion of previous Team Leader Model for Clinical Supervision research project 2006-2009 (in conjunction with FHHS and Curtin University of Technology, Perth WA), presented at three international conferences and published (The Australian Journal of Advanced Nursing, March 2011).

Kylie Russell
PhD Candidate
The School of Nursing and Midwifery
The University of Notre Dame, Australia
EXPERT GROUP FEEDBACK FORM

Thank you for agreeing to participate as an expert member for the review of the Clinical Supervision Program for Registered Nurses. Please use this form to provide your feedback. Please email to – kylie.russell@nd.edu.au or fax (08) 9433 0227

If you have any questions, please do not hesitate to contact Kylie Russell on (08)9433 0183 or email kylie.russell@nd.edu.au

PROGRAM REVIEW (e.g. do you believe the contents will meet the CSSP core skills, is there anything you would add or remove, are time frames appropriate?)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

SURVEY TOOL FEEDBACK (please consider the clarity of the tool, was it easy to comprehend, was it unambiguous, did you find it easy to answer)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Time taken to complete the survey: _______________________________
Do you believe the pre and post implementation survey tool will answer the research questions?

1. What is the knowledge of nursing staff pre program in relation to the principles of clinical supervision?
2. Is there a change in knowledge related to the principles of supervision after attending the program? If so, what is the perceived change of participants?
3. What nursing staff perceive on completion of the program about their knowledge and attitude towards providing effective student supervision has changed?
4. Do participants perceive a different impact from this program compared to other clinical supervision education? If so why, if not why not?
5. Do nursing staff believe that the program assisted them to undertake this role more effectively? If so why, if not why not?
6. Do participants perceive that they have changed their attitude towards nursing students after attending the program?
7. Is there a change in the participants' attitude towards nursing students after attending the program?

Thank you for your time and expertise in assisting with this research.
## EXPERT GROUP FEEDBACK

<table>
<thead>
<tr>
<th>Question</th>
<th>Program Feedback</th>
<th>Action taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1. The program is comprehensive, well written and logically sequenced. There appears to be ample time for lecture content and discussion groups. This allows for the adult learner to acquire new skills according to their needs. The program not only meets but it exceeds the core skills as the program allows group interaction and discussion which will open interesting discussion topics and perhaps new concepts.</td>
<td>Nil required</td>
</tr>
<tr>
<td></td>
<td>2. A comprehensive Program that covers CSSP core skills and utilises a range of teaching/learning methods. Time frames appear to be appropriate. It is great that longer times have been allocated for group discussions and role play etc. X1 typo in outline highlighter.</td>
<td>Correction made to typed error</td>
</tr>
<tr>
<td></td>
<td>3. The program addresses all the requirements to address the core skills as discussed in the CSSP. The slides all display clear information. They address all core skills in a clear and concise manner. The format will suit the needs of both experienced and novice nurses.</td>
<td>Nil required</td>
</tr>
<tr>
<td></td>
<td>4. The program seems extensive and appears to meet core content and skills required. Session length is appropriate and teaching strategies vary to keep participants engaged. Learning objectives for each session are measurable and achievable. The progression of the topics throughout the day seems logical and I like the idea of the final session to bring everything together and summarise. Content and presentation of PowerPoint slides is professional and accurate. Looks good!</td>
<td>Nil required</td>
</tr>
<tr>
<td></td>
<td>5. The content is appropriate and relevant to all nursing staff regardless of level. The frequency of activities is good and will aid with engagement. In relation to the slides: I would prefer less words/slide</td>
<td>Nil required</td>
</tr>
<tr>
<td>2</td>
<td>1. Would recommend numbering questions. More lines needed for positive/negative feedback.</td>
<td>Questions numbered and more space provided</td>
</tr>
<tr>
<td></td>
<td>2. Easy to answer. X1 typo circled. Perhaps include further questions about feedback, e.g. what are some points to consider when giving feedback.</td>
<td>Feedback addressed in question 12.</td>
</tr>
<tr>
<td></td>
<td>3. The feedback tool was very clear in what the participants were asked. There was no underlying ambiguity and the participants can easily follow what is needed.</td>
<td>Nil required</td>
</tr>
<tr>
<td></td>
<td>4. The survey tools were easy to complete and understand. It was good having a mix of MCQ and short answer questions. I also thought it good that you are asking them to relate the theory to practice, by asking how they apply the concepts. All the content questions asked are clearly covered in the content for the day, which is good.</td>
<td>Nil required</td>
</tr>
<tr>
<td></td>
<td>5. The tool was easy to use and follow. Sequence of questions made sense. Q: Is it mandatory for people to add their names. Maybe comment on how this information will be used. Is it anonymous?</td>
<td>Names not use, participants will be allocated a ID.</td>
</tr>
<tr>
<td>3</td>
<td>1. 20 minutes</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>-----------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>4.</td>
<td>1. I believe the survey tool meets all of the above criteria 1-5. Unsure how 6 can be answered from the questionnaire.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Yes the participants should be able to display pre and post knowledge clearly. The questions above are very clear in what is required from the program.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Yes I feel the pre and post implementation survey tool will allow the research questions to be answered. In relation to numbers 5 &amp; 6, No 5 is addressed by the question in the [post survey asking them if they have changed how they believe they will supervise students and question 6 I assume will be evaluated by the researcher comparing their pre and post surveys answers to all questions.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5. Not sure that your question is comparing to other programs? Q5&amp;6: not sure if you can see a change in attitude? Otherwise yes to all questions</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 11: Attachments for Validation Expert Group

Please refer to Appendix One for the program outline and Appendix Three for the teaching plan.

Due to the size of this PowerPoint it has been supplied on Thumb Drive. If you would prefer a hard copy please contact the researcher or supervisors for this to be arranged.
Appendix 12: Clinical Supervision Program Work File

Due to the size of this document it has been supplied on Thumb Drive. If you would prefer a hard copy please contact the researcher or supervisors for this to be arranged.
Appendix 13: Expert Group for Program Validation, Participants’ Details

1. Lecturer, The University of Notre Dame, Australia and facilitator of the undergraduate nursing mentorship program
2. Director of Staff Development, WA South Metropolitan Area Health Service, with previous experience as the Nursing Graduate Program Coordinator, and presenter of clinical supervision education at the hospital preceptorship program
3. Project Manager for WA HWA clinical supervision training project, seconded from: Undergraduate Program Coordinator, WA South Metropolitan Area Health Service & coordinator of the hospital preceptorship and clinical training program
4. A/Undergraduate Program Coordinator, WA South Metropolitan Area Health Service, and committee member for HWA clinical supervision program regional health online learning package
5. Assistant Professor/Lecturer, University of Western Australia – facilitator of Teaching on the Run program
Dear Colleague,

My name is Kylie Russell and I am a current research student at the University of Notre Dame, Australia within the School of Nursing and Midwifery. My research relates to my current work role of Clinical Coordinator, in which I am responsible for all aspects of the School of Nursing and Midwifery Clinical Practicum Program. My project is the introduction of a new education program for registered nurses to assist in the supervision of student nurses.

As an attendee at today’s program I would appreciate any feedback you would like to provide regarding the content and presentation style of the day. This information will be utilised to review the program’s teaching plans prior to further presentation. This information will be utilised and referred to in the research thesis purely as feedback regarding the program in this initial stage. No identifying information is required from you.

Kylie Russell, PhD Candidate, The University of Notre Dame, Australia

If participants have any complaint regarding the manner in which a research project is conducted, it should be directed to the Executive Officer of the Human Research Ethics Committee, Research Office, The University of Notre Dame Australia, PO Box 1225 Fremantle WA 6959, phone (08) 9433 0943.
# Appendix 15: Pilot Project Participants’ Feedback

Pilot Program, 23 participants: 20 nursing, 3 Occupational Therapists

<table>
<thead>
<tr>
<th>FEEDBACK FROM EACH PARTICIPANT</th>
<th>ACTION TAKEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Good varied style</td>
<td>Workbooks have been reformatted into a file</td>
</tr>
<tr>
<td>• Would be better if workbook flowed presentations</td>
<td>N/A</td>
</tr>
<tr>
<td>• Content good, also applicable to junior staff</td>
<td>N/A</td>
</tr>
</tbody>
</table>

The challenge in [BLANK] is that we have many students at the same time and not enough nurses to precept on an ongoing basis – the staff get very tired of teaching and fatigue quickly decreasing their own motivation in the workplace. Increased study days for supervisors/mentors/preceptors would increase motivation and excellent practice with their students.

<table>
<thead>
<tr>
<th>FEEDBACK FROM EACH PARTICIPANT</th>
<th>ACTION TAKEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>• I found the day and course content very easy to follow and it followed a formal and practical process.</td>
<td>N/A</td>
</tr>
<tr>
<td>• Excellent content and very informative and gave realistic solutions to perceived issues and problems to workplace assessment</td>
<td>N/A</td>
</tr>
<tr>
<td>• Well presented, good use of work situations to make people think</td>
<td>N/A</td>
</tr>
<tr>
<td>• Good concepts of teaching students and grads</td>
<td>N/A</td>
</tr>
</tbody>
</table>

The clinical reasoning tool and conscious competent learning model were a great source of information or educations tools that can be used in my area of nursing and delivering nursing education to students, graduates and all nurses.

<table>
<thead>
<tr>
<th>FEEDBACK FROM EACH PARTICIPANT</th>
<th>ACTION TAKEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Thank you for the enthusiasm shown, it has helped me look at our roles as nurses and what our performance and how our attitudes and performances reflect on our nursing students, thank you</td>
<td>N/A</td>
</tr>
</tbody>
</table>

I would appreciate maybe a pre-reading material. I do not generally deal with students in my area of work but post graduates are who are dealt with mostly. But I found this study day beneficial as the info I got also works with post graduates. The facilitator and the teaching aids used today were very good and helpful, thank you.

<table>
<thead>
<tr>
<th>FEEDBACK FROM EACH PARTICIPANT</th>
<th>ACTION TAKEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Lovely relaxed atmosphere which highlighted that we do a good job. We just need to make sure someone is doing it. Very comfortable, many thanks</td>
<td>N/A</td>
</tr>
<tr>
<td>• Use of recent resource articles/journals. High aspect of reflective examples/increase knowledge</td>
<td>N/A</td>
</tr>
</tbody>
</table>

I have only been nursing for just over 12 months and I found this session to be very reassuring. I did not feel confident in my ability to mentor a student as my knowledge and skills as far as I was concerned was not adequate enough to enhance the development of the students. However today’s session has given me the confidence and courage to work with students in the future, thank you.

<table>
<thead>
<tr>
<th>FEEDBACK FROM EACH PARTICIPANT</th>
<th>ACTION TAKEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Work stations/group work was helpful, except the role play</td>
<td>N/A</td>
</tr>
<tr>
<td>• Highlighting points in articles was very informative</td>
<td>OT</td>
</tr>
<tr>
<td>• Great all round feedback on student supervision. Very knowledge presenter who was able to adopt presentation to make relevant for all health professionals</td>
<td>N/A</td>
</tr>
</tbody>
</table>
- Specific examples very helpful and easily applied to practice
- Very interactive. Helpful workbook/informative/great resource
- Presented very effectively
- Enjoyed the practical sessions, lots of them which broke up the day
- Presenter knew lots on clinical supervision, sharing experiences with us
- Good resources to take away, readings etc
- Good use of activities and participation to reinforce learning
- Workshop structure flowed well.
- Enjoyed have journal articles incorporated
- Very much appreciated that it wasn’t nursing only, felt included by the presenter seeking OT examples, highly relevant to allied health professionals

| OT | Found today really helpful and great discussion. The information on feedback, clinical reasoning were relevant and great as can be put into current practice. Great presentation |
| OT | I think that what was covered today was very comprehensive and useful. It outlined in a logical way what RNs should be more aware of and work towards when being part of clinical supervision |
| N/A | I found the program effective in the sense that it applies practically to current issues around clinical placements and as the role of mentors, preceptors in the ward |
| N/A | I have a better understanding of the competency framework actually referring and replacing the previously used scope of practice. Thank you for sharing your knowledge, insight and time |
| N/A | I found the day very useful. Going through the clinical reasoning cycle has been excellent as it reminds me that this needs to be highlighted each time contact with student supervision is made. As a clinical instructor over the past few years I have found the standard of student RNs has been outstanding. They are professional, passionate and use imitative and critical thinking. Thanks for the good insights. |
| N/A | Well presented, non threatening environment Would be suitable for staff who have not had much previous education |
| N/A | The book resource provided is excellent and comprehensive however I would like it up front as pre reading 1 week prior |
| N/A | Thank you for a very informative day and the amount of resource you are giving out. I particularly enjoyed the information of preceptorship and insights into forming well educated and competent students. I am sure we will adopt some of the ideas presented and some may lead to new ideas that will work for us, or not, thank you again |
| N/A | Registered nurses need more preparation to become effective preceptors. Most of the time the RNs refuse to have students as they consider the student as a burden, they feel that they can’t finish their talks in time and they don’t want to involve student in the important aspects of care. Most of the time RN are good care fivers but they are not good preceptors, student should up in the hands of good models and should be accepted, motivated and should get the sense of belonging |
Appendix 16: Request to Participate in Reliability Expert Group

Dear Colleague,

My name is Kylie Russell and I am a current research student at the University of Notre Dame, Australia within the School of Nursing and Midwifery. My research relates to my current work role of Clinical Coordinator, in which I am responsible for all aspects of the School of Nursing and Midwifery Clinical Practicum Program. My project is the introduction of a new education program for registered nurses to assist in the supervision of student nurses.

As a part of this research I will be asking participants that attend the study day program to complete a survey based on their knowledge and understanding of clinical supervision. This will be completed before and after participants attend the study day.

As this is a new survey that I have developed, I need to determine that participants can easily understand the survey, and that the survey gathers the information that will assist with answering my research questions.

In order to determine this, I require 30 nurses to complete this tool on two occasions, at least two weeks apart. I then mark the survey and give it a score. I then compare these scores to see if the survey was successful in gaining the same level of information from you at two different periods of time. I would also be appreciative of any comments you might like to make about the survey.

If you are happy to be involved, you will find attached the first survey. Please complete this and return. I will take this as your consent to be involved in completing the form again after two weeks. I will forward the second form to at this time.

Please note at no time will you be individually referred to in this research. You do not need to use your name on the survey; I just need to able to link your two surveys. You may therefore choose to place a nickname, or a number, that you will remember when completing the tool for the second time. When you have completed the survey, can you please either:

- Scan and email the completed survey to: kylie.russell@nd.edu.au
- Fax to: Attention Kylie Russell – (08) 9433 0227
- Or if at __________ Hospital, please leave in the yellow envelope placed at the ward clerks desk on the ______ and I will call in to collection these.

Thank you for taking the time the time to read this request.

Kind Regards
Kylie Russell
PhD Candidate
The School of Nursing and Midwifery
The University of Notre Dame, Australia
Appendix 17: Expert Group, Reliability of Knowledge Survey, Feedback Form and Feedback

EXPERT GROUP FEEDBACK FORM
Thank you for agreeing to participate as an expert member for the reliability testing of the knowledge survey for participants of the Clinical Supervision Program for Registered Nurses.

Attached to this form is the first of the two copies of the knowledge survey that you are asked to complete. You will complete these two surveys two weeks apart. After completing the first survey please do not refer to the survey or research any of the contents. After two weeks I will forward the survey again. Please email or fax to Kylie Russell at – kylie.russell@nd.edu.au or fax (08) 9433 0227.

The first form you will be given has a number ‘1’ in the right top hand corner, and the second form will have a number ‘2’, this is so I can identify the forms on their return.

If you have any questions, please do not hesitate to contact Kylie Russell on (08) 9433 0183 or email kylie.russell@nd.edu.au

SURVEY TOOL FEEDBACK (please consider the clarity of the tool, was it easy to comprehend, was it unambiguous, did you find it easy to answer)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Time taken to complete the surveys: 1: __________ 2: __________

Thank you for your time and expertise in assisting with this research.
Dear Colleague,

Thank you for participating as a member of the reliability expert group. It is now been two weeks since I forwarded the first email, and I would kindly ask that you could complete the survey attached again. Please forward through via email or fax as per the instructions below.

Many thanks for your time and participation in this project, without your support the project could not have been possible.

Kind Regards
Kylie

Kylie Russell
PhD Candidate
School of Nursing and Midwifery
Fremantle Campus
The University of Notre Dame, Australia
Kylie.russell@nd.edu.au

(NB. Original email request also attached to email)
## Appendix 19: Reliability Testing Results, Feedback and Participants’ Details

<table>
<thead>
<tr>
<th>Participant</th>
<th>Survey Tool Feedback</th>
<th>Time to complete</th>
<th>ACTION TAKEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>• Questions would be easier to follow if numbers</td>
<td>20mins 20mins</td>
<td>1. Numbering added 2. Q3 reworded 3. More space provided for feedback</td>
</tr>
<tr>
<td></td>
<td>• Question 3 should be broken into each question (3Qs in one paragraph)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• More space required for feedback re +ve and –ve (last page)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Questions relate to the topic very well</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Did not return</td>
<td>40 30</td>
<td>Verbal feedback in person regarding time</td>
</tr>
<tr>
<td>3</td>
<td>Multiply choice really tricky. This tool made me think whether I really knew the differences between clinical reasoning and critical thinking</td>
<td>25 25</td>
<td>N/A</td>
</tr>
<tr>
<td>4</td>
<td>• Did not like completing the form before the training, unsure if answers are right, will be easier to complete after training.</td>
<td>25 15</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Had to think too much about the questions, the first time to clarify what my understanding of the questions were. Would have been easier to say critical thinking is this...(definition). How do you apply this to students in the clinical setting. But that may not be testing the effectiveness of the pre course questionnaire.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>• Easy to follow</td>
<td>5 5</td>
<td>Check formatting for online completion</td>
</tr>
<tr>
<td></td>
<td>• Difficult to mark all areas of practice if practicing across several areas</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Text boxes changed font at times</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>• Overall, I found it easy enough to understand and didn’t find it ambiguous.</td>
<td>20 15</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>• The only point I found a little confusing was the secondary mentorship MCQ. This may be because I wasn’t entirely sure of the answer given. There seemed lot similarities between options.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>• I felt that the tool was clear and unambiguous. As I work at UNDA as a tutor and am currently doing research involving nurse education it may have been easier for me to answer the questions quickly and feel more comfortable with the tool</td>
<td>20 30</td>
<td>All information is de-identified. This was outlined in the initial email inviting participants to partake in the expert group. This email was attached the reminder email.</td>
</tr>
<tr>
<td></td>
<td>• I appreciated that enough time had passed that I could not remember what I had written on the last survey</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• I felt a slight discomfort at the thought they I may have been incorrect in my definitions and the effect that could have on my</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
reputation as an educator. It was very tempting to look up a dictionary.
- As a researcher I appreciated the confidentiality of the information and that with large quantities of information that is de-identified my reputation is not effected. I am sure if this was expressed clearly to participants in the first survey. It wasn’t in the second one.

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>• Clarity – very clear. Obviously looking at understanding tenants of clinical supervision.</td>
<td>10</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>• Very straight forward to use – quick and easy to answer although it would be simple to Google some of the responses in order to get right answers</td>
<td></td>
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</tr>
<tr>
<td>9</td>
<td>• Biggest difficulty was completing form as a clinical supervisor who had not attended the study day program. The tool focuses on at beginning. I felt at times due this I may have been ‘stabbing in the dark’ with some of my answers.</td>
<td>20</td>
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<tr>
<td></td>
<td>• Some answers I felt do not fully encompass what the question may be looking for. My answers are purely from the point of view as a clinical supervisor and are assuming how I apply this question to my work in the particular role.</td>
<td></td>
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</tr>
<tr>
<td>10</td>
<td>• Not completed</td>
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<td>11</td>
<td>• The tool was easy to use and answer</td>
<td>40</td>
<td>10</td>
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<tr>
<td></td>
<td>• It was clear cut</td>
<td></td>
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<td>-</td>
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<tr>
<td>24</td>
<td>No comment</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>25</td>
<td>• I have not formally read or learnt about many of the terms used. I used my knowledge and experience to describe my understanding of them.</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>• Allows for snapshot ‘where I am’ in level of understanding and attitude</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Survey not ambiguous</td>
<td></td>
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<tr>
<td>26</td>
<td>• Difficult to use if haven’t done course/study but tried to answer from experience</td>
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<tr>
<td>28</td>
<td>• Felt like an exam I hadn’t studied for. Time consuming</td>
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No comment
### TOOL RELIABILITY – participant scores and time to complete the survey

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### Participant List

<table>
<thead>
<tr>
<th></th>
<th>Title</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Lecturer and clinical facilitator</td>
<td>16 RN &amp; TAFE lecturer</td>
</tr>
<tr>
<td>2</td>
<td>Clinical Facilitator</td>
<td>17 RN</td>
</tr>
<tr>
<td>3</td>
<td>Lecturer and Clinical Facilitator</td>
<td>18 RN</td>
</tr>
<tr>
<td>4</td>
<td>Clinical Facilitator</td>
<td>19 Clinical Nurse</td>
</tr>
<tr>
<td>5</td>
<td>Director of Nursing, private sector</td>
<td>20 RN</td>
</tr>
<tr>
<td>6</td>
<td>Lecturer and Clinical Facilitator</td>
<td>21 RN</td>
</tr>
<tr>
<td>7</td>
<td>Clinical Facilitator</td>
<td>22 CN</td>
</tr>
<tr>
<td>8</td>
<td>Lecturer and Clinical Facilitator</td>
<td>23 RN</td>
</tr>
<tr>
<td>9</td>
<td>Clinical Facilitator</td>
<td>24 RN</td>
</tr>
<tr>
<td>10</td>
<td>Lecturer and Clinical Facilitator</td>
<td>25 A/Clinical Nurse</td>
</tr>
<tr>
<td>11</td>
<td>Lecturer and Clinical RN</td>
<td>26 RN</td>
</tr>
<tr>
<td>12</td>
<td>Clinical Nurse</td>
<td>27 RN</td>
</tr>
<tr>
<td>13</td>
<td>Staff Development Educator</td>
<td>28 RN</td>
</tr>
<tr>
<td>14</td>
<td>Staff Development Educator</td>
<td>29 RN</td>
</tr>
<tr>
<td>15</td>
<td>RN</td>
<td>30 RN</td>
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</tbody>
</table>
Appendix 20: Marking Tool for Knowledge Surveys

MARKING TOOL FOR KNOWLEDGE SURVEY

- **Multi-choice:** Correct questions have been highlighted
  - All other questions have a marking guide criteria included within this form
  - Allocation of marks included within text boxes
  - Total score of 24

What do you understand by the term Secondary mentorship?  
A. The relationship between two staff of the same organisation at a senior management level designed to assist with career progression
B. The relationship between two staff at a senior management level designed to assist with career progression
C. A short term relationship between two individuals, one the mentor the other the mentee, to assist with professional growth and development
D. A short term relationship between two individuals designed to assist with career progression

What do understand by the term Critical Thinking?
A. Involves the ongoing commitment of the individual to examine any belief or knowledge in the light of the evidence that supports it.
B. Involves forming conclusions, making decisions drawing inferences and reflecting
C. Is based on experience and pattern recognition processed at a subconscious level
D. Involves accurately solving problems

How do you apply critical thinking in the clinical setting with students?

*Encouraging Self Reflection of known knowledge, what are the gaps*

<table>
<thead>
<tr>
<th>Case Study analysis/patient care analysis</th>
<th>Story Telling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review current literature/policies/procedure manuals</td>
<td></td>
</tr>
<tr>
<td>Encourage students to discuss ideas in small groups, or review journals/policies etc.</td>
<td></td>
</tr>
<tr>
<td>Critical incident debrief/analysis</td>
<td>question care delivered, why?</td>
</tr>
</tbody>
</table>

½ mark for each point, max mark of 2
**What do you understand by the term Clinical Reasoning?**

A  A health professional implementing Best Practice for the clinical care of a patient
B  The thought processes that occur when a health professional engages in clinical problem solving
C  The thought process used by health professionals to analyse data
D  The thought process used by health professionals to plan patient care

**How do you apply Clinical Reasoning with students?**

Encouraging Self Reflection of the information

- Case Study analysis and/or patient simulation
- The five rights of clinical reasoning
- Review current context and relate known information
- Discuss concept/care with student

**What does the term Reflection mean to you?**

A  An individual reviewing past experiences
B  A process in which we analyse a situation
C  Developing a new framework for future practice
D  How we explore our actions

**How do you apply the principles of Reflection with students?**

Guided reflection – supervisor with student

- Encouraging the student to right down their thoughts and actions and explain these
- Discussing an episode of patient care with the student
- Reflection in action, as well as reflection on action
- Guided reflection – supervisor with student
14. **Can you explain the following terms?**

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
</table>
| Educator   | A person who teaches or educates  
A person who passes on knowledge and/or skills  
A person with a qualification, able to teach others |
| Socialiser | Providing an individual with the knowledge and skills to participate within a group  
Invite, welcome, involve an individual into a team |
| Advocate   | A supporter or a defender  
One that argues for another |
| Assessor   | A person who evaluates performance  
A person who provides feedback regarding performance |
| Role Model | A person regarded by others  
A good example to follow, model of excellence  
A person who inspires  
A guide |
| Belongingness | Belongingness relates to the relationship between a student nurse and the nurse supervising their practice and the ward’s level of support. A positive sense of belongingness provides motivation, confidence, promotes self-direction and questioning |

15. **How do you currently provide feedback to your students?**

**Positive:** immediately/as soon as possible, allow opportunity for reflection to assist the student to realise the positive features of their practice and how to continue to improve and develop as a professional

**Improvement Required:**
- **Why:** are you giving it
- **When:** are you giving it
- **What:** are you going to say
- **How:** are you going to say it
- **Who:** is going to be present
- **Where:** are you going to say it
- **Documentation**

Set objectives and strategies for future practice

Will the university/TAFE be informed

16. **Define the term Competence?**

The essential knowledge, skill and attitudes required for effective performance at the required level

½ mark for each point, max mark of 2
Appendix 21: Reliability of Knowledge Survey Results

From: Max Bulsara
To: Kylie Russell
Subject: RE: PhD reliability testing of survey

Reliability Statistics

<table>
<thead>
<tr>
<th>Cronbach's Alpha</th>
<th>N of Items</th>
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<tr>
<td>.976</td>
<td>2</td>
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</table>

Intraclass Correlation Coefficient

<table>
<thead>
<tr>
<th>Intraclass Correlation</th>
<th>95% Confidence Interval</th>
<th>F Test with True Value 0</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Lower Bound</td>
<td>Upper Bound</td>
</tr>
<tr>
<td>Single Measures</td>
<td>.953</td>
<td>.904</td>
</tr>
<tr>
<td>Average Measures</td>
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<td>.949</td>
</tr>
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</table>

Two-way random effects model where both people effects and measures effects are random.

a. The estimator is the same, whether the interaction effect is present or not.
b. Type C intraclass correlation coefficients using a consistency definition-the between-measure variance is excluded from the denominator variance.

Professor Max K. Bulsara, PhD, MSc, BSc(Hons)
Chair in Biostatistics
(Adjunct Professor UWA School of Population Health
Visiting Professor University College London)
Institute of Health and Rehabilitation Research,
University of Notre Dame,
19 Mouat Street,
P.O Box 1225, Fremantle, WA 6959
Tel: (08) 9433 0297
Fax: (08) 9433 0210
Email: max.bulsara@nd.edu.au
CRICOS code: 01032F
Appendix 22: Email to Health Care Facilities to Promote the Clinical Supervision Program for Registered Nurses

Dear colleagues,

As you may be aware I am completing my PhD, which involves the introduction of a new education program titled ‘The Clinical Supervision Program for Registered Nurses’

This study day program will be available for free on campus at Notre Dame on the 8th and 9th May and the 5th of June. If you have any staff that would like to attend the day can you please either ask them to complete the attached application form, or alternatively forward their name and email address to me.

Participants will be given a certificate of attendance from the university and provided with morning and afternoon tea.

The day is particularly for registered nurses and staff development nurses. The aim of the day is provide staff with the essential knowledge and attitudes to supervise students in the workplace.

The study day contents include:

- Clinical supervision
- Principles of adult learning
- Application of critical thinking and clinical reasoning
- Belongingness
- Competency and assessment
- Provision of feedback.

The day does involve a research component, and I have attached the information sheet and consent that participants will be asked to sign on the day.

I am also currently working with the DoH and presenting this day at Hospital, Hospital and hospital. This is therefore an opportunity for staff to attend this day outside of these sites.

PROGRAM DETAILS: 0800-1600

<table>
<thead>
<tr>
<th>Date</th>
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<tbody>
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<td>Tuesday 8th May</td>
<td>0800-1600</td>
<td>ND43/301</td>
</tr>
<tr>
<td>Wednesday 9th May</td>
<td>0800-1600</td>
<td>ND36/102</td>
</tr>
<tr>
<td>Tuesday 5th June</td>
<td>0800-1600</td>
<td>ND 43/201</td>
</tr>
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</table>

(I have attached a map of the university also for the room details.)

I appreciate your assistance with forwarding this information on to interested staff.

Kind Regards
Kylie

Kylie Russell, PhD Candidate
School of Nursing and Midwifery, Fremantle Campus, The University of Notre Dame,

Attachments: Participant Information Sheet – Appendix 27, Participant Consent – Appendix 28, Application flyer – included, Application form – included, Map of University – not included
THE CLINICAL SUPERVISION PROGRAM FOR REGISTERED NURSES

The Clinical Coordinator for the School of Nursing and Midwifery at Notre Dame University as a part of a research study will be presenting programs in 2012 for REGISTERED NURSES working within the hospital or community care sector who provide direct supervision to RN students.

This 1-day program is designed to assist nursing staff to undertake the role of clinical supervision with student nurses in the workplace.

For further information and enrolment please contact:
Kylie Russell RN

Kylie.russell@nd.edu.au
or call 9433 0183

These sessions will be presented at the University of Notre Dame, School of Nursing and Midwifery, Fremantle Campus.

2012 Dates
- Tuesday 8th May
- Wednesday 9th May
- Tuesday 5th June
Course Registration Form

The Clinical Supervision Program for Registered Nurses

Please print clearly and fully complete.

Registration confirmation will be forwarded to applicants within 2 weeks of registration received. If you do not receive confirmation please contact Kylie Russell on 9433 0183 or email kylie.russell@nd.edu.au

**APPLICANT DETAILS**

<table>
<thead>
<tr>
<th>Family Name:</th>
<th>Given Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer:</td>
<td>Area:</td>
</tr>
<tr>
<td>Contact Number:</td>
<td>Contact email:</td>
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<tr>
<td>Years of Nursing experience:</td>
<td></td>
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</table>

**DATE PREFERENCE** *(Please tick preferred date, or both if available for either)*

- Seminar 1 May 8th
- Seminar 2 May 9th
- Seminar 3 June 5th

- All seminars will be presented at the School of Nursing and Midwifery at the University of Notre Dame Australia – Mouat Street Fremantle.
- This study day is involved in a research project conducted by Kylie Russell RN. An Information Sheet and Consent form will be sent to you on application. Please read these carefully.
- If you have any queries please contact Kylie Russell on 9433 0183, or email kylie.russell@nd.edu.au
- The program will run between 0800 to 1630.

Please ensure that you apply to your employer for any necessary leave requirements to attend this program.

**Please send completed form to:**

- **EMAIL** (scanned form) kylie.russell@nd.edu.au
- **FAX** (08) 9433 0227
- **POST**
  Kylie Russell
  School of Nursing and Midwifery
  The University of Notre Dame, Australia
  PO Box 1225
  Fremantle WA 6959
Appendix 23: Program Details/Logistics for Health Care Facilities

Dear Colleague,

Your health care facility has agreed to the presentation of the Clinical Supervision Program. This one day study day program has been designed to assist staff acquire the necessary knowledge and attitudes to supervise a nursing student.

This program is a part of a research project, and as such participants will be asked to consent to the projects data collection methods. Can I please ask that you forward to participants a copy of the research project consent and information sheet (attached). My details are included within these fact sheets if participants have any queries or concerns. The research approval and ethics approval have been forwarded to the Director of Staff Development.

Session Details:

Date:

Time: 0800 – 1630

Requirements:

- Seminar Room with tables for 20 participants
- Multimedia projector
- White Board

Lollies, morning and afternoon tea will be provided. I will also bring butcher paper, highlighters, pen and the participants work files. Certificates for the participants will be posted at a later date. Participants will need to provide their own lunch.

Can I please ask that you send me a copy of the flyer for the program, and that this includes information about the research component of this day.

Thank you for your assistance with organising the study day.

Kind Regards

Kylie Russell

Kylie.russell@nd.edu.au

0407386102
Appendix 24: Participants’ Consent for Online Reflections

CONSENT FOR ON-LINE REFLECTIVE FEEDBACK PARTICPATION

Dear Participant,

If you are willing to be involved in the ongoing on-line reflective feedback following this program for eight weeks please place your name and email address below.

You will be contacted by email to confirm your participation and the on-line reflective feedback process.

In summary, participants will be contacted each week, for eight weeks, by email from the program presenter. The following dot points are a guide for you to follow when sending an email.

- Write a narrative of your interactions with students. This may be a summary of a shift or a particular instance of teaching, providing feedback, interactions with student and/or other staff.
- You may wish to relate these experiences to your personal growth and development as a supervisor, and/or what you would like to know more about.
- The more detail of the event/experience provided will assist the researcher to understand the moment/event.
- Please use full sentences and minimise abbreviations to assist the researcher to understand your intent.
- Do not include names or the student’s university details.

<table>
<thead>
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Appendix 25: Example of Weekly Email for Online Reflection Participants

From: Kylie Russell <kylie.russell@nd.edu.au>
Subject: On line reflective feedback - week one
Date: 30 July 2012 11:06:11 AM AWST

Dear participant,

Thank you for agreeing to participate in the on-line reflective feedback sessions after attending the study day "Clinical Supervision Program for Registered Nurses".

Your feedback will assist with the evaluation of the impact of the study day, and therefore assist us to ensure that we provide quality education that supports registered nurses in their role of supervisor to student nurses.

If you wish to provide any feedback for this week 1, of the eight-week reflective feedback cycle, all you need to do is click the ‘reply’ button, and my email address will be there for you.

Remember your involvement with the supervision of students may be as the result of you supervising a student (even for a few hours), you witnessing another colleague supervising a student, as a coordinator allocating students or as a resource person (Staff Development Nurse/Manager) assisting others supervising a student.

When addressing your feedback, I have listed some suggestions for you as to how you may write your thoughts.

- Write a narrative of your interactions with students
- This may be a summary of a shift or a particular instance of teaching, providing feedback, interactions with student and/or other staff.
- You may wish to relate these experiences to your personal growth and development as a supervisor, and/or what you would like to know more about.
- The more detail of the event provided will assist the researcher to understand the moment/event.
- Please minimize abbreviations to assist the researcher to understand your intent. The researcher will email participants for clarification if the reflection entry is not understood.
- Do not include names or the student’s university details.

All feedback will be confidential, and your personal details (name, email address) will be removed prior to the data being used for the research project.

If you have any queries or would like to be removed from this email distribution list please do not hesitate to contact me via email or phone 9433 0183.

Again thank you for your commitment to this research.

Kind Regards

Kylie Russell
PhD Candidate
School of Nursing and Midwifery, Fremantle Campus
The University of Notre Dame, Australia
19 Mouat Street, Fremantle WA 6959
Appendix 26: Letter of Appreciation for Research Program Participants

DATE

Dear ______

RE: Clinical Supervision Program for Registered Nurses

I would like to take this opportunity to thank you for your time and sharing of your thoughts and ideas in relation to the Clinical Supervision Program for Registered Nurses.

This research project would have not been possible without the support of nurses like yourself who were willing to donate their time in completing the surveys, online reflections and speaking to me for the research interviews.

I am now in the final stages of analyzing the research data, and I believe that the findings of this research have the potential to have a significant impact on the delivery of clinical supervision education in Western Australia.

As promised at the study day, I will let all participants know when the project is fully completed and a summary of the findings will be forwarded by email.

Again thank you for volunteering, and I wish you all the best in your nursing career and clinical supervision experiences.

Kind Regards

Kylie Russell
PhD Candidate
School of Nursing and Midwifery
Fremantle Campus
The University of Notre Dame, Australia
19 Mouat Street, Fremantle WA 6959
Appendix 27: Information Sheet for Program Participants

RESEARCH PROJECT INFORMATION SHEET
To be used in conjunction with the attached consent form

CLINICAL SUPERVISION PROGRAM FOR REGISTERED NURSES

Dear Colleague,

My name is Kylie Russell and I am a current research student at the University of Notre Dame, Australia within the School of Nursing and Midwifery. My research relates to my current work role of Clinical Coordinator, in which I am responsible for all aspects of the School of Nursing and Midwifery Clinical Practicum Program. My project is the introduction of a new education program for registered nurses to assist in the supervision of student nurses.

You are receiving this information because you have registered your interest to attend this new education program.

WHY INTRODUCE THIS PROGRAM.

The HealthWorkforce Australia, Clinical Supervisor Support Program-Discussion Paper (2010) has called upon hospitals and universities for all health professions to review the current education and support provided to health professionals working with students. The paper has suggested the creation of a multidisciplinary package for all staff followed by profession specific education. This program has been designed to provide nursing staff with the information required for the clinical supervision of students.

THE PROGRAM

The program has been designed from my experience in managing both graduate and undergraduate programs within the hospital and university sector and the literature.
What does this research involve?

You are invited to participate in the research project evaluation. This will involve the completion of:

1. A pre survey questionnaire – completed on the day of the program
2. 2 post survey questionnaires - completed on the day of the program and at eight weeks later (by post or email)
3. Provide regular feedback for eight weeks outlining your experiences supervising after the program - via email
4. And the possibility of an interview – 2 to 3 months post the program day. This interview will be taped and converted into written text

It is anticipated that the questionnaires will take between 5-10 minutes to complete. You will be contacted by phone or email (per your preference) regarding the dates and times for interviews. These will take place at the University (or your workplace if preferred, depending on meeting space availability) and at regional centres for regional presentations, this will take approximately 1 hour to complete.

Voluntary Participation and Withdrawal from the Study

Participation in this study is purely voluntary. If you choose to participate and then wish to withdraw from this study at any time, you may do so for whatever reason.

Privacy, Confidentiality and Disclosure information

If you agree to participate in the research study, any information collected will only be used by the researcher and will not be disclosed to anyone else. No information that might identify you will be used in either the analysis or any publication. All information will be stored at the University in a locked cabinet, and will be destroyed 5 years after completion.

If you have any further questions concerning the study contact Kylie Russell: 9433 0183

Thank you for your consideration.

Kylie Russell, PhD Candidate

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If participants have any complaint regarding the manner in which a research project is conducted, it should be directed to the Executive Officer of the Human Research Ethics Committee, Research Office, The University of Notre Dame Australia, PO Box 1225 Fremantle WA 6959, phone (08) 9433 0943.
Appendix 28: Research Program Participants’ Consent

CLINICAL SUPERVISION PROGRAM FOR REGISTERED NURSES

INFORMED CONSENT FORM

I, (participant’s name) ________________________________________ hereby agree to being a participant in the above research project.

- I have read and understood the Information Sheet about this project and any questions have been answered to my satisfaction.
- I understand that I may withdraw from participating in the project at any time without prejudice.
- I understand that all information gathered by the researcher will be treated as strictly confidential, except in instances of legal requirements such as court subpoenas, freedom of information requests, or mandated reporting by some professionals.
- I understand that if I consent to an interview this will be audio recorded. This is for the use of the research student and supervisors, and is to be converted into written text.
- I understand that the protocol adopted by The University of Notre Dame Australia Human Research Ethics Committee for the protection of privacy will be adhered to and relevant sections of the Privacy Act are available at http://www.nhmrc.gov.au/
- I agree that any research data gathered for the study may be published provided my name or other identifying information is not disclosed.

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Appendix 29: Letter Sent to Program Participants with Eight-week Survey and Certificate

CLINICAL SUPERVISION PROGRAM FOR REGISTERED NURSES

Dear colleague,

Please find enclosed your certificate of attendance to the ‘Clinical Supervision Program for Registered Nurses’. I hope that you found the study day rewarding and it assisted you in your role as a clinical supervisor to students.

You will also find enclosed two follow up surveys. These are designed to determine if the study day has had a longer term impact in regards to participants understanding of the supervisor role. I would be very grateful if you could take the time to complete this and return. I have placed on the form your unique id code. Once this final stage is completed your name will be removed from all data sources linking you to this code.

If you wish to indicate on the form that you are happy to be interviewed for a part of this research, can you please ensure that you write your preferred contact details on this letter and return by either:

- Fax – 9433 0227  
- Scan and email – kylie.russell@nd.edu.au  
- Or use the reply paid envelope.

Thank you for your time and effort in assisting with this project.

Kind Regards

\[signature\]

Kylie Russell, PhD Candidate,  
The University of Notre Dame, Australia

I am happy to be interviewed for this research project,  
Name: __________________________________________  
Preferred contact: __________________________________________
Certificate of Attendance

2012

Insert name

attended
The Clinical Supervision Program for Registered Nurses
(8 hours), and
participated in the adjoined research project (2 hours)

Kylie Russell
PhD Candidate
School of Nursing and Midwifery
2012
Appendix 30: Conference Presentations of Research Project

- Accepted for Australasian Nurse Educators conference Wellington, October 2013
  - The Art of Clinical Supervision, The implementation and evaluation of a clinical supervision program for registered nurses in Western Australia

- ANZAHPE June, 2013
  - Poster: The Art of Clinical Supervision, its impact on nursing staff knowledge and attitude

  - The development of the ‘Clinical Supervision Program for Registered Nurses’
Appendix 31: The Art of Clinical Supervision Advertising Poster

The students of today will be our leaders of tomorrow. Our future health professionals are in your hands.

The program includes discussion and activities on:
- Clinical Supervisor Roles
- Adult Learning
- Belongingness
- Assessment and Feedback
- Critical Thinking and Clinical Reasoning
- Reflective Practice
- Supporting Students
- Implementation Into Practice
- Putting the heart back into learning

For further information and applications, please contact your Ward/Unit Manager.

our students, our future

This project was possible due to funding made available by Health Workforce Australia.

Health Workforce Australia
An Australian Government Initiative