

Clinical educators' self-reported personal and professional development after completing a short course in undergraduate clinical supervision at Stellenbosch University

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Background. In 2007, a Supervision Course in Undergraduate Clinical Supervision was developed at the Faculty of Medicine and Health Sciences at Stellenbosch University in South Africa. The target group was inter-professional clinical educators that are involved in student education on the clinical platform. Although the course participants were professionals and specialists in their own fields, the majority of clinical educators have very little or no knowledge of adult education. The Supervision Course aims to develop clinical supervision skills of clinical educators by exposing these supervisors to basic principles of education and specifically clinical teaching, resulting in quality education for undergraduate students. The aim of this study was to determine the impact of this short course on the personal and professional growth of the clinical educator.

Methods. A qualitative study was performed, including an open-ended questionnaire that provided opportunity for the clinical educators to elaborate freely on their strengths, weaknesses and areas of desired improvement before and after the Supervision Course, and a semi-structured individual interview after the Supervision Course. The questionnaire data were categorised according to strengths, weaknesses and areas of desired improvement. An inductive approach was used to analyse the qualitative data. Key themes that emerged from the interviews were identified and grouped together in categories.

Results. The results are summarised in table format to identify themes with supporting quotes.

Conclusion. Although a small sample, this study demonstrates the personal and professional growth reported by attendees of a clinical supervision short course.

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Background

In 2007, a Short Course in Undergraduate Clinical Supervision (Supervision Course) was developed at the Faculty of Medicine and Health Sciences (FMHS) at Stellenbosch University (SU) in South Africa, that has subsequently also been presented nationally.^[1] This Supervision Course is one of the faculty development initiatives to renew or assist faculty to perform their various roles effectively and aims to develop clinical supervision skills of clinical educators.^[2] The FMHS offers five undergraduate programmes in Health Sciences and therefore it was decided to follow a multidisciplinary team approach in the planning, constructing and implementation of this Supervision Course.

Clinical teaching is seen as a student-centred learning process which involves the translation of theory into the development of clinical reasoning skills.^[3] Effective clinical educators use several distinct, and sometimes overlapping, forms of knowledge during clinical teaching.^[4] In addition, clinical teaching typically incorporates affective domains necessary for ethical client care and professionalism.^[3] Clinical educators therefore require more than just subject expertise to be effective in facilitating the transformation of students into professionals in the clinical setting.^[1,2,4]

Clinical educators who are invited to attend the Supervision Course are from the multidisciplinary programmes of BSc Dietetics, B Occupational Therapy, BSc Physiotherapy, B Speech-Language and Hearing Therapy and MB ChB.

The Supervision Course consists of 1 contact session of 8 hours presented over 1 day. Topics that are discussed include the roles of the clinical educator,^[5] how adults learn, learning in the clinical environment, techniques of facilitating learning, assessment and feedback to students.^[1] A study guide is provided for self-study, and within 6 weeks after attendance the clinical educator has to submit a reflective assignment on a recently completed supervision session. The clinical educator receives a certificate on completion of the assignment with continuous professional development points.^[1] Material provided in the Supervision Course includes recent literature, discussions and activities such as role play of the newly acquired teaching skills that encouraged the development of professional and personal growth of the participants.

After the first presentation of the Supervision Course, a study was done to establish the relevance and appropriateness of the course.^[1] The results indicated that the course participants were of the opinion that the course was appropriate and valuable. No drastic changes were suggested.^[1] The aim of this follow-up study was to describe the clinical educators' perceptions before and after attending the Supervision Course. We were specifically interested in the professional and personal development of clinical educators in the clinical context, defined as growing in the perceived competence of skills and the characteristics related to clinical teaching.

Methods and analysis

All clinical educators who attended the last two Supervision Courses in 2010 were invited to participate in this study. This included a pre-post

Table 1. Themes that emerged from the open-ended self-assessment questionnaire, with examples of supporting quotes

Strengths/ weaknesses	Area of activity of the clinical educator	Sub-components of the area	*Quotes – before the Supervision Course	*Quotes – after the Supervision Course	
Strengths	Role model	Satisfying patients	Having extensive clinical experience to draw from as a supervisor	Mutual respect	
			I aim to be a good role model	Enjoying my job	
			Honesty and openness	I care about helping students to reach their potential	
		Punctual	Being on time with marking assignments	Encouraging students	
		Enthusiastic	Enthusiastic and motivated to channel subject matter	Willingness to put in extra effort	
	Information provider	Approachable	Good listener	I enjoy being with the students and facilitating their professional growth	Availability to students; approachable
			I am approachable	Being approachable	
		Lecturing, directing, motivation	Lecturing, directing, motivation	Knowledge of the field	
			Enthusiastic and motivated to channel subject matter		
	Facilitator of learning	Lecturing	To advise on practical issues in clinical setting, informal discussions and guiding students, thus aiming that they apply knowledge	Significant clinical experience	
			Leader, I'm able to create a learning environment for students		
		Directing	A desire to encourage students to do their best ...	Fostering a rewarding and professional relationship with students	
			Ability to break information into smaller chunks and explain in a user-friendly format		
		Organising	Good experience and knowledge in subject matter		
Planner	Planning	I'm able to guide students	Planning and good time management		
	Motivating	The ability to help students build bridges between theoretical knowledge and practical application; basically guiding their insights through prompts	Motivating students		
		Organisational skills and planning	I am consistent and put high value in my responsibilities; I plan ahead		
Assessor/examiner	Feedback	Good at providing feedback to students; I am assertive	Planning and good time management, able to give feedback		
		Giving positive feedback	... my ability to do continuous assessment of the student as the affiliation progresses		
		Good listener, fair and equal evaluation	Objective feedback not related to students' personality		
		Acknowledging students' strengths and limitations	'weaknesses' helps focus the student		

continued...

Table 1. (continued) Themes that emerged from the open-ended self-assessment questionnaire, with examples of supporting quotes

Strengths/weaknesses	Area of activity of the clinical educator	Sub-components of the area	*Quotes – before the Supervision Course	*Quotes – after the Supervision Course	
Weaknesses	Assessor/examiner	Up to date with lecture notes	Lack of formal training, lack of curriculum knowledge	Still need to put in more planning	
			Need to make expectations clear prior to the clinical content; time management		
			Journal clubs		
		Feedback	Feedback – don't know when to give it to students, always scared that I may hurt their feelings		... negative feedback – tend to always sugar-coat things which may lead to confusion/misunderstanding; not always structured enough
			I am often worried that feedback might be 'de-motivational' to students – especially if they are experiencing difficulties		My feedback skills improved, but I feel that there's still room for improvement
		Assessment	Assessment of students		
			Assessment – adjusting expectations to the level of a student	'Spoon-feeding' – I tell them the answers if they don't know it	
			Inexperience, especially regarding assessment [<i>sic</i>]	Assessments of students	
	Planner	Assertiveness		Can be more assertive	Not always assertive enough
			Patience	Patience levels with students who do not co-operate	Impatient; trying to do too much at a time
		Sometimes a little impatient with the process of learning; too lenient with students at times	Being overly protective of students		
		I need some assistance in planning techniques; problem solving needs some assistance	Perfectionist and expect that of them		
Time management		Time management	Time management		
		Tendency to spend too much time with students			

* Some quotes have been translated from Afrikaans to English for the purpose of this manuscript.

questionnaire consisting of three open-ended questions that provided opportunity for the clinical educators to elaborate freely on their strengths, weaknesses and areas of desired improvement before and after the Supervision Course, and a semi-structured individual interview after the Supervision Course.

The questionnaire data were categorised according to strengths, weaknesses and areas of desired improvement while an inductive approach was used to analyse the qualitative data. Key themes that emerged from the interviews were identified and grouped together in categories.

Open-ended questions

The three open-ended questions were completed by clinical educators before and after completion of the Supervision Course. Thirty participants completed the open-ended questions before attending the Short Course and 19 participants completed the open-ended questions after the Supervision

Course. Due to unforeseen commitments in the clinical settings as well as time-related issues, not all the clinical educators who completed the open-ended questionnaire initially, completed it again. The questionnaire data were categorised according to strengths, weaknesses and areas of desired improvement.

Semi-structured individual interviews

After the Supervision Course all the clinical educators were invited to take part in semi-structured individual interviews. Fifteen clinical educators took part in the individual semi-structured interviews. Due to logistical difficulties, six of the clinical educators answered the semi-structured individual interviews electronically. One person conducted the interviews with the clinical educators. The interviews were digitally recorded and transcribed verbatim. These data were analysed by one of the authors, using an inductive approach to identify key themes and patterns. The key themes that emerged were confirmed by one of the

clinical educators who took part in this study after the themes were tabulated.

Ethical approval for this study was obtained from the Health Research Ethics committee of Stellenbosch University (N10/03/067). Informed consent was requested from all participants prior to commencement of the study, and anonymity of the Supervision Course participants was respected throughout the study procedures.

Results

A total of 30 clinical educators completed the informed consent forms initially.

Open-ended questions

It is clear that 'encourage', 'advise practical issues', 'outcome based', 'students apply knowledge', 'acknowledge student strength and limitations', 'break information into small chunks' and 'guiding' are particularly viewed as strengths before the training. After the training, phrases like 'relationship with students', 'mutual respect', 'facilitation' and 'leader' are quoted more often. The phrases between the column headings 'Before: Strengths' and 'After: Strengths' were quoted by some as strengths before the training and by others (or the same participants) as strengths after the training.

Similarly, 'curriculum knowledge', 'unclear expectations', 'patience', 'journal clubs' and 'prepared demos' feature as weaknesses in the questionnaire before training. Weaknesses and areas for improvement are fairly similar (in close proximity on the plot). After the training the main weaknesses mentioned were 'new techniques', 'time management', 'flexibility', 'overly protective of students', 'delegating', 'teaching skills', 'perfectionist' and 'discussion skills'.

The phrases that were used by some as strengths, others as weaknesses and both before and after the training are 'role model', 'directing', 'communication', 'teaching', 'problem solving', 'level of student', 'demonstration' and 'punctual'. Harden and Crosby identified 12 roles of the teacher that can be summarised in 6 areas of activity.^[5] The six areas include: teacher as information provider, the teacher as role model, the teacher as facilitator, the teacher as assessor, the teacher as planner and the teacher as resource developer.^[5] These areas of activities were used for analysis of the open-ended questions.

The themes that were identified from the open-ended questions, with supporting quotes, are presented in Table 1. Some phrases were quoted as strengths prior to the Supervision Course and by others (or the same clinical educators) as strengths after the Supervision Course.

Semi-structured individual interviews

The themes that were identified from the semi-structured individual interviews, with supporting quotes, are presented in Table 2.

Discussion

The aim of this study was to explore and describe clinical educators' perceptions before and after a Supervision Course intervention. We were specifically interested in the professional and personal development of clinical educators in the clinical context, defined as growing in the perceived competence of skills and the characteristics related to clinical teaching. This is congruent with literature, where participants reported an increase in knowledge and educational principles and gains in teaching skills,^[2]

which confirms that faculty development serves to develop competence in members of staff.

The open-ended questions referred to strengths and weaknesses. It was interesting that the strengths and weaknesses could overlap, or in fact be the same. We suggest that clinical educators develop over time or they are at different levels of their own supervising journey. Another issue refers to the 12 various roles of the clinical educator that are written about in Harden and Crosby and categorised into 6 areas of activity of the teacher.^[5] From our study 5 areas of activity were clearly identified as part of the strengths: role model, information provider, facilitator of learning, assessor/examiner and planner. The areas of activity that were identified as weaknesses included assessor, assertiveness and time pressures. Time pressures are mentioned as a challenge of clinical teaching in Spencer, as well as competing demands, being clinical, administrative and research.^[4]

Some clinical educators highlighted summative assessment and time management as weaknesses. These areas are not directly addressed in the material of the Supervision Course, although formative assessment is. The importance of faculty development encompassing a whole variety of training opportunities to address all the needs of educators can thus not be over-emphasised. Literature confirms that we should continue to build on the success of such an initiative and develop programmes that extend over time to allow for cumulative learning, practice and growth.^[2] Also, due to time constraints, many of the clinical educators could not take part in the full research study. This underlines the issue of time-related commitments.

Some of the feedback received from clinical educators during the semi-structured individual interviews indicated that their own supervision skills developed and improved from giving too much information or spoon-feeding, to facilitating. Reilly mentions that in talking to learners, the educator's own clinical reasoning is the most powerful predictor of a learner's satisfaction and that this is not the same as talking off the top of one's head, a habit common among ineffective teachers.^[6] Bearing this in mind, it was deduced that these clinical educators were indeed growing into being more effective teachers.

Conclusion

Clinical educators experienced change and personal growth after completion of the Supervision Course. The importance of broad faculty development at Stellenbosch University is accentuated in these themes as not one course can cover all the relevant roles and expectations of clinical educators. We therefore recommend a development plan for all clinical educators and to utilise all opportunities to enhance the learning of clinical educators and eventually the learning and teaching of students. It would be interesting to investigate longitudinal cases of individual clinical educators over a longer period of time.

We experienced some limitations that deserve expanding on. Our sample size was small because of the small number of participants accommodated during the Supervision Course. The questions used in the semi-structured individual interviews had limited scope and can be developed for future use. The inclusion of multidisciplinary clinical educators diluted some of the data. In future studies it would be interesting to also compare same disciplines with each other as well as the multidisciplinary group.

Table 2. Themes that emerged from open-ended individual semi-structured interviews, with examples of supporting quotes

Questions	Themes	*Quotes from clinical educators
What were your expectations of the Supervision Course and have they been met?	To increase knowledge and improve skills	... we actually only have knowledge in our own subject, but we don't have any knowledge in terms of educational techniques or the correct way of doing things You do something every week and you do the same thing, and I did want to be exposed to more innovative ways of supervising and tutoring
	CPD points	I expected to get CPD points, and sorry, I'm being honest
What is your view of Clinical Supervision?	Positive	
	Teaching skills and learning methods	... it's a scientific skill we have to acquire ... Often people graduate and they are just told to supervise students and no one has taught them, no one has modelled behaviours for them and they go and do their own thing, and often you are just doing the wrong thing all the time It's vitally important and underestimated You can make or break a student
	Motivation	... so I motivate them positively ...
	Student relationship	It's actually quite exciting to see that happen, to see the students take the stuff and grow and quickly, quickly get skills and so on under their belt
	Negative	
	Time management, delegation	Being pressurised: no time, rushing, rushing!
	Negative feedback	Feedback: sometimes you don't always know how to say something to a student, especially in my case, because I am scared; I do not want to get the student into trouble so I say nothing
How would you describe your previous supervision sessions? (before Supervision Course intervention)	Too much talking/lecturing	Giving student too much info
	Uncertainty due to lack of knowledge	Not letting students participate more in the process ... I'm a bit of a spoon-feeder ... dominating, not facilitating ...
	Own limitations	Regret most: at that stage, my own lack of subject knowledge was probably the biggest problem with the supervision
How would you describe your relationship with students during supervision? (after Supervision Course intervention)	Professional	I try very hard to have a good professional relationship with all the students
	Role model	... students are motivated and see you as motivating and inspiring and so on ...
	Approachable	I'm very relaxed, so I like to be approachable and I hope that they would see me in that way and that they could ask me anything
How would you describe your supervision sessions after completion of the Supervision Course?	Too friendly	Too good sometimes, a bit too friendly
	Importance of role model	I think that I strive to have a relationship of respect and professional relationships with students, and I try to motivate them to do more and to think more and to read more and to be interested in a case and not just seem interested in the material It's about being interested myself and pointing out other little things about it and telling them what they need and what the implications are and so on The other thing that I've also learnt is that you are a role model, that what you do will have impact on what the students do at the end of the day

continued...

Table 2 (continued). Themes that emerged from open-ended individual semi-structured interviews, with examples of supporting quotes

Questions	Themes	*Quotes from clinical educators
	Planned	... I am more structured now; I'm not a very structured person generally
	Feedback	I have become a lot more aware of the importance of feedback and how I give feedback
	Student responsibility	Being more aware of guiding students to think about the answer/ find the answer by asking themselves the right questions instead of just telling them the answer
	Indicators of change	I try to facilitate more than to teach, get them involved and responsible for their own learning ... moving away a bit from spoon-feeding, bit more facilitating ... it's a work in progress
What are your goals for future supervision sessions?	Skill	To incorporate even more techniques
	Assessment	I think I would definitely like to improve on my assessment of the students ... formative assessments earlier in the block so that you've got more time to fix things, and if you need to do it again, you can do it again
	Planning	So, I have found that I tend to plan, actually sit down and have a block plan
How would you define your own personal growth after completion of the Supervision Course?	Role model	... to be a good role model
	Confidence	I feel more comfortable and confident teaching the students or demonstrating techniques to the students
	Growth/learning	I feel like it's just begun I think I see a bit more the bigger picture ... My understanding of learning has much improved and that changed the ways I am teaching
	Skills	Gaining some skills that I have not thought of before
	Literature	The articles just gave you a different insight of your role and how you can improve ...

*Some quotes have been translated from Afrikaans to English for the purpose of this manuscript.

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