

Fellowship Report

Application of a clinical staff development model (*Teaching on the Run*) to allied health and multi-professional audiences and to rural and remote settings

Fellowship team
Professor Fiona Lake, ALTC Associate Fellow
Dr Margaret Potter
Derrick Webley
Chris Norman

Collaborating institutions
Curtin University of Technology
The University of Queensland
Murdoch University
Health departments of Western Australia and Queensland

2009



THE UNIVERSITY OF
WESTERN AUSTRALIA

FACULTY OF

Medicine, Dentistry & Health Sciences



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2009



Fellowship Program

Application of a clinical staff development model (*Teaching on the Run*) to allied health and multi-professional audiences and to rural and remote settings.

Fellowship Team

Professor Fiona Lake, ALTC Teaching Fellow, The University of Western Australia
Dr Margaret Potter Research Fellow, Educational Developer
Derrick Webley (Program Coordinator)
Chris Norman (video production)

Collaborating Institutions

Curtin University of Technology
The University of Queensland
Murdoch University
Health Departments of Western Australia and Queensland



Executive Summary

This Fellowship was directed to the adaptation and expansion of a staff development program, *Teaching on the Run*, from the original focus which was doctors, to a broader group of health professionals including nurses, allied health professionals and veterinarians. It was based on the premise that there are substantial similarities and challenges in the way health professionals teach and supervise whilst working in a clinical setting. The work took the interactive workshops and associated resources and adapted them to the various settings, taking into account the priority areas or challenges in the discipline, the context of learning and the usual educational environment. In addition, workshops for multi-professional groups, including to specifically foster inter-professional learning, were developed and run.

Through identifying a disciplinary lead, reviewing the literature and current available resources, we developed workshops and videos and implemented the program with a variety of collaborators. The focus differed from the original in regard to disciplinary focus, because of availability of people and urgent need for staff development in others (vets).

Nurses

Three modules developed, (*Clinical Teaching, Skills, and Feedback, Assessment and Supporting Trainees*) with workshops run in Perth (5) and Queensland (2), addressing new areas of working in multicultural settings and teaching with various levels of nurses (registered, enrolled, aides).

Physiotherapists

Two modules developed (*Clinical Teaching, Skills and Giving Feedback*) with workshops run at Royal Perth Hospital (2) and Sir Charles Gairdner Hospital (2). The priority areas of working with patients, staff shortage, young staff, and implementation of a new Australia-wide assessment form were included (the latter continuing collaboration as part of an ALTC funded project).

Veterinarians

Three modules developed (*Clinical Teaching, Skills, Assessment and Feedback*) with three workshops run (with a further three planned). Priority areas addressed were working in the emergency setting; teaching alongside veterinarian nurses, high pressure of work, how to build on prior learning, risk of involving students in high stakes care (racehorses).

Multi-professional

Three modules developed (*Clinical Teaching, Skills, Feedback and Assessment*) and workshops run in British Columbia, Canada (50 participants) and two in Albany, WA. The workshops allowed exploration of the viability of running a large group session and to develop generic scenarios as a focus for discussion.

Inter-professional

Two modules developed (*Clinical learning with an inter-professional group of learners, Skills and giving feedback*) with three workshops run (further workshops planned).

Collaboration is continuing with Curtin University (inter-professional focus, Faculty of Health Sciences, Margot Brewer and Sue Jones, ALTC grant), WA Department of Health (nursing education), Queensland Health (nursing education), Megan Dalton (physiotherapy, ALTC Project) the Rural Clinical School and country health services (inter-professional and nursing) and Murdoch University (Veterinarian School). Dissemination will continue. For interested groups, this involves attendance at a workshop and engagement with the



developers, and for a basic cost, provision of all the material (including IP) and continuing support through the network of facilitators that now exists around Australia. Further workshops are being developed to address current need (nursing, Inter-professional learning).

Evaluation has demonstrated the new material was well received and workshops continue to be requested. Longer term evaluation is continuing. Information will be available at <http://www.meddent.uwa.edu.au/teaching/on-the-run>

0.0 Background

Teaching on the Run is a staff development program for doctors, aimed to increase their skills and confidence teaching and supervising in the clinical setting. It has been recognised as an excellent resource, because of the material which is highly practical and relevant, the extensive support material which makes it easy to use by facilitators and the collaborative way it has been shared across organisations. The program is running around Australia using local resources. It has also been adapted for dentists at UWA.

It was felt the material had great relevance for many other groups teaching in the clinical workplace and could be adapted and made available to other disciplines using a similar collaborative approach. These groups included for example, physiotherapists, occupational therapists, nurses and speech pathologists. Although the material was felt to be relatively easy to transfer across disciplinary groups, while maintaining the interactive and practical nature of the material, it was important the context in which various disciplines were learning and taught was addressed.

1.0 Program Development

The approach taken was to;

- Find local leaders who confirmed a need for staff development programs and who provided advice and contacts
- Perform a literature and web review of experience with clinician staff development within those disciplines and look for existing resources.
- Spend time observing the workplace, talk to those who taught and assessed on a daily basis and use leaders to review profession specific material
- Through contacts organise, run and evaluate local workshops.

We focused on physiotherapy, nursing, veterinarians and multi-and inter-professional groups, which were slightly different from those proposed in the original aims (Physiotherapy, Occupational Therapy (OT) and multi-professional: Appendix 1). Some proposed collaborators went on extended leave, the group was small so was incorporated in to a multi-professional workshop (OT) and others identified themselves after hearing about our program (Murdoch Vet School, Nurses). It was essential to have a keen disciplinary head whom identified a real need and demonstrated a desire to collaborate.

When looking for pre-existing resources, there were either no staff development workshops available (vets), or they existed at a local level but were not designed to run in a self sustaining way (where it relied on a few individuals who only had the capacity to run a

workshop one-two times a year (mixed groups, Curtin University). Additionally, some were not pitched at the clinician teacher, being too long, theoretical and not flexible (nursing). A range of organisations were involved in teaching and supervision, including Universities, TAFEs, professional organisations and health services. It was often at the local level these groups came together. Therefore the disciplinary heads were chosen because of their ability to best engage the target audience, clinical teachers, even when their connection with the Universities was through adjunct appointments.

The literature review revealed little substantial written about the allied health groups, for example in physiotherapy, the focus being on peer teaching and on supervision in more remote areas. Nursing described a range of models, but locally, staff development was based on a Vocational Education Training (VET) model. In the veterinarian area, no local resources were available and there was little published that was helpful. Although there is a substantial literature about inter-professional learning, less related to how to teach in that setting and no local workshops covered the topic.

Observation of how each discipline taught and discussion with experts allowed definition of priority learning areas which included. Although many health disciplines work together in the same setting, for example a hospital, not only their learning needs and the way they interact with patients is different, but the educational environment differs in terms of staff and organisations (university versus health services) responsible for teaching and assessment. The nursing assessment is largely competency based with specific staff development nurses overseeing the task. In the medical area, no person exclusively carries out an educational role and assessment is far more global.

So an understanding of disciplines priority areas, workplaces and educational environment led to the following being identified:

- Nurses
 - Specific topics – working in multicultural settings; working with various levels of nurses (registered, enrolled, aides).
 - Environment – teaching usually involves patient; competency based assessment.
- Physiotherapists
 - Specific topics – consent from patients, students providing physical care.
 - Environment – teaching involves working with patients, staff shortage, young staff, a new Australia-wide assessment form is to be used (dissemination part of an ALTC funded project).
- Veterinarians
 - Topics – working in the Emergency setting; Teaching alongside veterinarian nurses.
 - Environment – high pressure of work, curriculum being reviewed, need to improve integration across years so teachers understand and build on prior learning, risk of involving students in high stakes care (racehorses).
- Multi-professional
 - Challenges – developing generic scenarios that engaged all professional groups in a meaningful way. This usually meant focussing on professional behaviour or communication.
 - Environment – varied with one on one to group learning experiences.

- **Inter-professional**
 - Challenges – as before, engaging all professional groups in a meaningful way; getting teachers who had little or no experience in IPL to consider the relevance for themselves and explore how they would do it.
 - Environment – little understanding of other professionals knowledge or skills.

The next step was to create the material (workshops, slides, case scenarios, videos, role plays) and run workshops. The following outlines the workshops which were developed and run and the key contact people (see Appendix 2 for summary of material).

- **Nurses**
 - Three modules developed: *Clinical Teaching, Skills, and Feedback, Assessment and Supporting Trainees*
 - Workshops run: five in Perth, two in Queensland
 - Contacts:
 - Fremantle Hospital & Health Service: Penny Keogh, Director Staff Development, and Anissa Emeran, Project Officer (Nurses from Curtin University, University of Notre Dame Australia, Edith Cowan University).

- **Physiotherapists**
 - Two modules developed - Clinical Teaching and Skills and Giving Feedback
 - Workshops run - two at RPH, two at SCGH
 - Contacts
 - Margaret Potter, President APA,(WA).
 - Carol Watson, Royal Perth Hospital, past president APA (WA) and Head Physiotherapy, SCGH.
 - Megan Dalton, Senior Lecturer, Clinical Education Health Group, School of Physiotherapy and Exercise Science, Griffith University, Gold Coast Campus, QLD

- **Veterinarians**
 - three modules developed - Clinical Teaching, Skills and Assessment and Feedback
 - Workshops run – three (with a further three to start on 8/4/09)
 - Contacts:
 - Drs Katrin Swindler and Melinda Bell, Kathryn Southall, Murdoch Vet School
 - Sharanne Raidal, Senior Lecturer in Veterinary Physiology, Charles Sturt University, NSW

- **Multi-professional**
 - three modules developed – Clinical Teaching, Skills, Feedback and Assessment
 - Workshops run: one in BC, Canada (50 participants), two in Albany, WA. The workshop at UBC allowed me to explore whether running such a session for a large group of people was viable and to develop generic scenarios as a focus for discussion. A workshop to the group of 50 was well received however the facilitator was unable to engage with the whole group, and therefore could not address individual's needs. A group of 24 is manageable.

- **Inter-professional**
 - two modules developed – Clinical learning and Skills and giving feedback with an inter-professional group of learners,
 - Workshops run two (further workshops planned)
 - Curtin University
 - Patricia Caswell-Karvelis, Medical Education Officer, TPCB, Brisbane, QLD.



The material on the DVDs for nurses has been fully formatted, however the DVD for inter-professional settings (shot but not provided), generic health professional settings and veterinarians is currently being formatted. Workshop material also needs to be placed on a formatted disc and lesson plans for facilitators added.

2.0 Evaluation

Evaluation of the program focused on the response to the material and workshops and uptake of the material. A better outcome would have been whether the workshops brought about change in teachers behaviour or students feedback as to the educational environment. However, workshops involved a diverse group of people, who only represent a small number of clinical teachers in any institution. Therefore, with the resources available, we had to use evaluation which was low on Kirkpatrick's levels of evaluation (i.e. reaction to the workshop, and self assessment before and after the workshops). In nursing, pre and post knowledge were studied and this will be done with the Vet programs. Continuing projects in nursing and with the Veterinarian School are also looking at pre and post (4-6 months) self assessment of ability and confidence and student feedback.. All workshops were evaluated as shown in Appendix 3.

Overall the feedback was very positive with 52% stating overall the workshops were excellent, 46% rated them as good and only 2% rating them average or less. There was a shift in self assessed ability before to after the workshops.

3.0 Continuing Collaborations and Dissemination

• Nurses

- Lorraine McMurtrie and Patricia Caswell-Karvelis – the three nursing workshops will be implemented in Queensland and we will be collaborating to develop the other three modules (Planning learning, Effective Group Teaching, Supporting Trainees).
- Other health Services in Perth and Rural areas (Albany) are planning to use the programs
- Dissemination – Planned presentation at nursing meetings. Currently writing papers for nursing journals

• Physiotherapists

- Dissemination – presented at the National Physiotherapy Conference, Perth 2008 and Educators Group, WA in March 2009 – multiple contacts made.
- Peter Hamer (Head, Physiotherapy) and Gavin Frost (Dean, Medical School), University of Notre Dame Australia.
- Megan Dalton (ALTC Project on national assessment tool for physiotherapy) linking implementation of the assessment tool with TOTR staff development workshops
- Papers currently being prepared for journals.

• Veterinarians

- Drs Katrin Swindler and Melinda Bell, Kathryn Southall, Murdoch Vet School
- Material to be made available to Sharanne Raidal, Senior Lecturer in Veterinary Physiology, Charles Sturt University, NSW.



- Through the Dean, Prof John Edwards, it will be suggested it be presented to the Deans of Vet Schools for dissemination, after two moiré sets of workshops have been run and facilitators trained.
- **Multi-professional**
 - Following a workshop run in Perth focussing on inter-professional learning, it became clear engaging and practical workshops on IPL are not available. A collaboration between Margot Brewer (IPL Project Officer) and Sue Jones (Associate Dean, T&L, Health Sciences), Curtin University and the Fellowship group has formed to develop a workshop on *Inter-Professional Learning: What is it?*, which will then link to the Clinical Teaching in an IP setting which we ran. Some videos have been developed looking at IP teaching, but more are planned, focussing on team works in a chronic care setting.

4.0 Further Dissemination

Dissemination of material produced with the support of the ALTC is suggested as follows:

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Our approach to disseminating TOTR has been collaborative, that is people can have the material at cost price, but has required individuals or organisations to attend workshops first and discuss them with the developer before using them in their own setting. Some do not feel confident to do this immediately and request further support as co-facilitators.

Additionally, having an external person come and run workshops, may be better for organisations, in particular when it is a junior or new academic who takes the lead in education. Recovering costs to ensure the time required by the Fellowship team is covered is important for sustainability and means groups have continuing access to our expertise. In addition, we maintain links with all collaborators and can refer a new person to someone local who can give support. All information can be made available on the ALTC website and is also available on the TOTR website, <http://www.meddent.uwa.edu.au/teaching/on-the-run>

5.0 Challenges

The challenges to completing the Fellowship in the planned time included

- For a clinician, with a range of academic responsibilities, being able to get a block of time away to complete the program. Personal issues also weighed in to delay completion.
- With collaborators, staff movement (collaborators taking extended leave) and competing priorities of collaborators, slowed implementation of workshops.
- For the program, workshops needed to be planned well ahead. For some of the smaller groups of professionals, they were unable to attend in large groups on any day because of the need to continue to provide clinical cover.



Appendix 1

Outcomes compared with original aims

Aim 1. To modify TOTR for allied health areas (physiotherapy, occupational therapy);

- Staff development package (material, facilitator training, evaluated workshop) in physiotherapy and OT.
 - developed for Physiotherapy; OT in a multi-professional setting. Additionally developed for nurses and veterinarians and Inter-Professional settings
- Two sets of three workshops run and evaluated for each discipline, with training of facilitators in each discipline.-
 - Completed as above.
- Resources (“package”) will be made freely available to trainers in these areas for dissemination.
 - promoted in WA through professional groups, Curtin University and the Health Dpt; In Australia, presented at national meetings and material further evaluated and improved. Further resource development planned.
-

Aim 2: To provide workshops for mixed allied health and medical audiences (medical, nursing, occupational therapy, physiotherapy, dental)

- Staff development package (material, facilitator training) in Assessment and Appraisal and Clinical Teaching.
 - Multi-professional workshops developed and run as above. Additional workshop on Clinical Learning in an Inter-professional setting.
- Two evaluated workshops on Assessment and Appraisal and at least one on Clinical Teaching (Geraldton and Albany with the RCS, CUCRH and WA Health Services).
 - Run in Albany April 5, 2009, not run in Geraldton at this stage
- Resources (“package”) will be made freely available to trainers in these areas for dissemination.
 - Packages made available to groups involved in implementation

Aim 3: In a sustainable way to remote and rural multi-professional audiences through

- Self run packages based on TOTR, with additional facilitator material, on Assessment and Appraisal and Clinical Teaching.
- Implementation and evaluation in two rural sites.
 - This component of the Fellowship was not completed as most groups did not feel this was a high priority and felt the . The focus was on developing videos to support the workshops (physiotherapy, nursing, vets)



Appendix 2

Summary of Evaluations

- Fremantle Nurses Clinical Teaching, Skills and Feedback and Assessment
- Fremantle Nurses Clinical Teaching, Skills
- Physiotherapy RPH Clinical Teaching
- Physiotherapy RPH Skills and Giving Feedback
- Physiotherapy SCGH Clinical Teaching
- Physiotherapy SCGH Skills and Giving Feedback
- Qld Orthopaedic Physiotherapy Screening Clinic and Skills in an Inter-professional setting
- BC Health Services Multi-professional Feedback and Assessment and Supporting Trainees
- Curtin University Clinical Teaching in an inter-professional setting
- Murdoch Vet School Clinical Teaching,
- Murdoch Vet School Skills
- Murdoch Vet School Feedback and Assessment



Teaching on the Run for Staff Development Nurses Fremantle Hospital & Health Service

Clinical Teaching, Teaching a Skill, Feedback & Assessment: June 2009

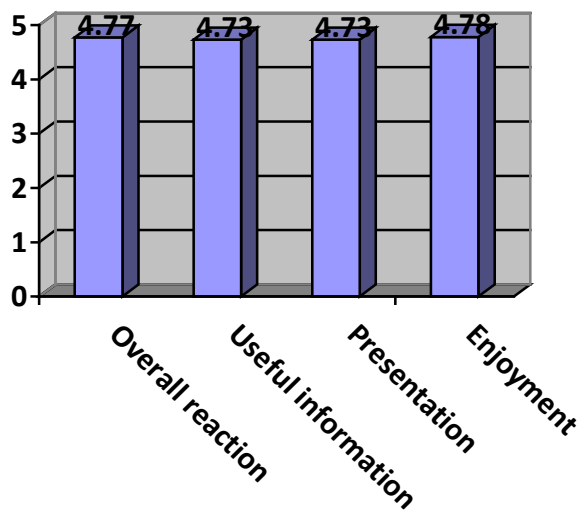
Facilitator: Margaret Potter

Participants: 27, completed forms: 27

1. Participants were asked to **rate aspects of the course** programme.

	Very Poor	Poor	Avg	Good	Excellent	No Comment
Overall reaction				6	20	1
Provided useful information				7	19	1
Presentation				5	21	1
Enjoyment				6	20	1

Mean Rating of Aspects of the Program

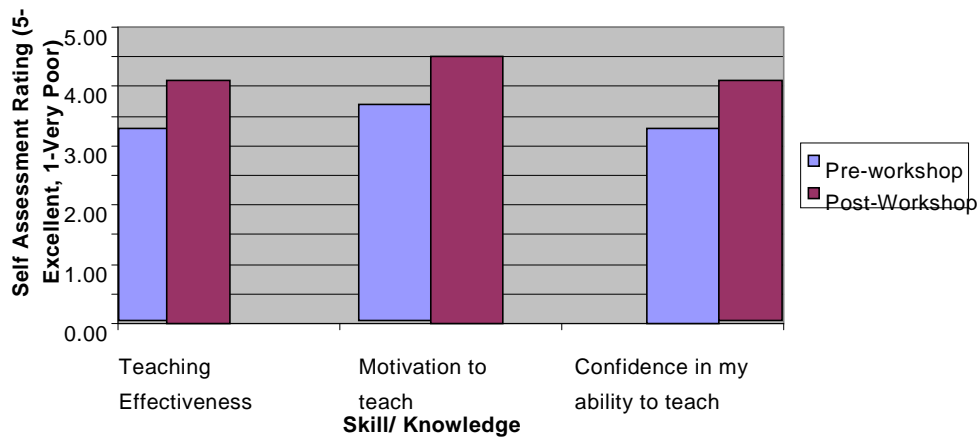


3. Pre and Post workshop knowledge - (1 very poor, 2 poor, 3 average, 4 good, 5 excellent).

	Pre-Workshop					Post-Workshop				
	1	2	3	4	5	1	2	3	4	5
Teaching Effectiveness		2	18	6				2	23	1
Motivation to teach		1	6	16	2				15	11
Confidence in my ability to teach		3	17	6				2	20	4



Average Prior and Post Workshop Skills/ Knowledge level



4. Rate workshop according to your role as a clinical teacher

	No Value	Of little value	Valuable	Very Valuable
Planning to teach using set, dialogue and closure		1	12	13
Giving feedback using the positive critique method			3	23
The 4-step approach for teaching a skill		2	8	16
Stages in skill acquisition – unconsciously incompetent to unconsciously competent			23	3
Distinguishing between summative and formative assessment		1	16	10
Discussing assessment scenarios			10	17

4. Was the time allocated for the course sufficient? Yes 25; No 1, No comment 1

5. What was the **most useful** aspect of the course?

- Extremely helpful for a person new to teaching especially from the confidence perspective
- 5 minute teaching sessions
- Feedback & Assessment information
- Interaction was enjoyable, especially in-depth discussion time



- Discussing various techniques of critique & assessment
- Journey of self-discovery regarding different approaches to teaching a skill
- Directness, honesty and openness with assessment
- Group discussions, scenarios, role plays, teaching presentations
- Margaret Potter's enthusiasm and directness
- All of it
- Provided a structured approach to teaching and preparation
- Practical based course – very useful for working on wards
- The positive critique method and planning to teach using set, dialogue and closure
- Clarity of presenter
- Discussing ways to deflect staff dumping problems on SDN – putting emphasis back on the learner
- Skill teaching
- Planning to teach information
- Hearing input from colleagues
- Reinforcing the message to make the best of what you have rather than focusing on what you don't
- Case studies
- Practical sessions throughout whole day was useful
- Pre-reading – for future reviewing
- Skill plan
- The Thursday am session was appropriate and useful

6. Other comments plus what **changes** would you make to the course?

- Extend to 2 days for increased discussion time
- Margaret Potter's passion and knowledge made for great learning
- Very beneficial
- Really enjoyable
- Provided inspiration for teaching sessions and skills teaching
- All SDNs need exposure to this training EARLY in their role
- Would be great if it was all in a manual for future reference
- Very impressed
- Didn't receive pre-reading – had to prepare during lunch break for skill which was off-putting and intimidated by pre-quiz because of this. I feel I was unprepared as I didn't know start time or what to wear
- The possibility to use these sessions in the preceptor programme
- Great workshop – thank you
- Uncomfortable without tables
- Far more valuable than the Cert4 from a practical point of view
- Margaret Potter kept me interested throughout, had a great sense of humour and excellent eye contact. She provided excellent advice and skills that will be useful as an SDN plus other positions
- More time for the assessment scenario



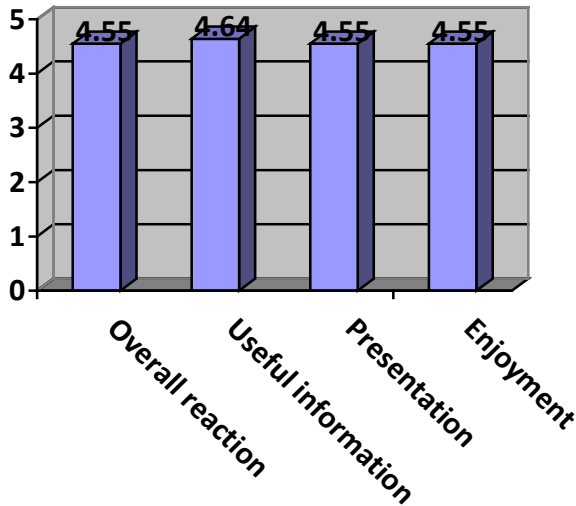
Teaching on the Run for Fremantle Nurses
Two Modules: Clinical Teaching and Teaching a Skill: Feb 2009

Facilitator: Margaret Potter
 Participants: 12, completed forms: 11

1. Participants were asked to **rate aspects of the course** programme.

Question	Very Poor	Poor	Average	Good	Excellent
Overall reaction				5	6
Provided useful information			1	2	8
Presentation			1	3	7
Enjoyment				5	6

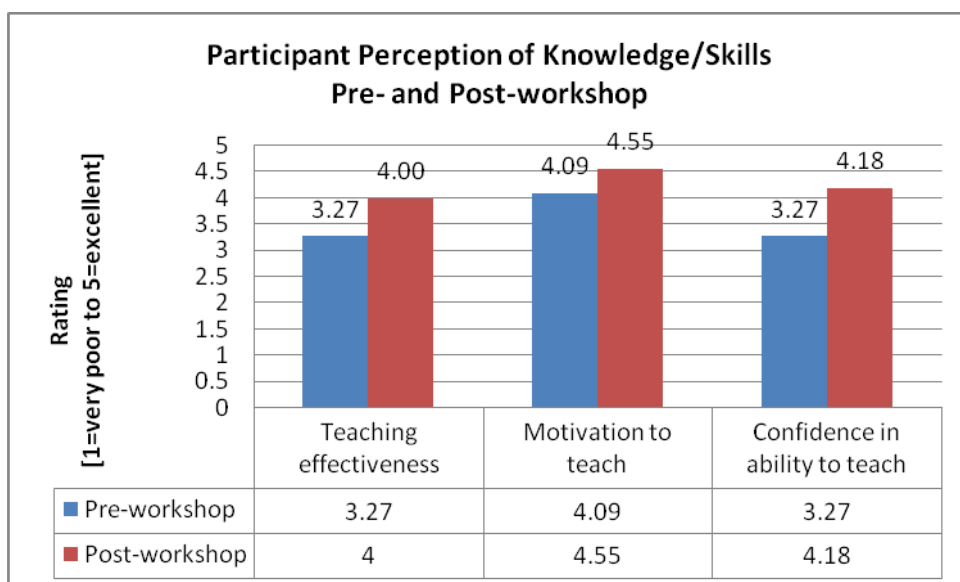
Mean Rating of Aspects of the Program



2. Pre and Post workshop knowledge - (1 very poor, 2 poor, 3 average, 4 good, 5 excellent).

	Pre-Workshop					Post-Workshop				
	1	2	3	4	5	1	2	3	4	5
Teaching Effectiveness		1	6	4				1	9	1
Motivation to teach			2	6	3				5	6
Confidence in my ability to teach		1	6	4					9	2





3. Rate workshop according to your role as a clinical teacher

	No Value	Little value	Valuable	Very Val
Planning to teach using set, dialogue and closure			8	3
Giving feedback using +ve critique			3	8
The 4-step approach for skills			4	7
Stages in skill acquisition –			8	3
Distinguishing between summative and formative assessment			8	3
Discussing assessment scenarios			4	7

4. Was the time allocated for the course sufficient? Yes 10, No 1

5. What was the most useful aspect of the course?

- All of it!
- The interactive presentations and critiquing as a group
- The 4-step approach
- The 5-minute presentations (4)
- Ideas in communicating/involving graduates to bring out the best in each scenario from their point of view ie “what do you think you did best?” etc
- Techniques to create interesting information sessions that are also effective – keep students engaged
- Interaction and the short teaching sessions
- Interaction with facilitator
- Ability to ask questions
- Presenters use of examples
- Set, dialogue and closure
- Feedback on teaching skills

6. Other comments plus what changes would you make to the course?



- This course should be done prior to Cert IV
- Would like information on how to do the other modules on teaching on the run
- Break day into two ½ days as a whole day was too long.



Teaching on the Run for Physiotherapists, Royal Perth Hospital Clinical Teaching: December 2008

Facilitator: Fiona Lake

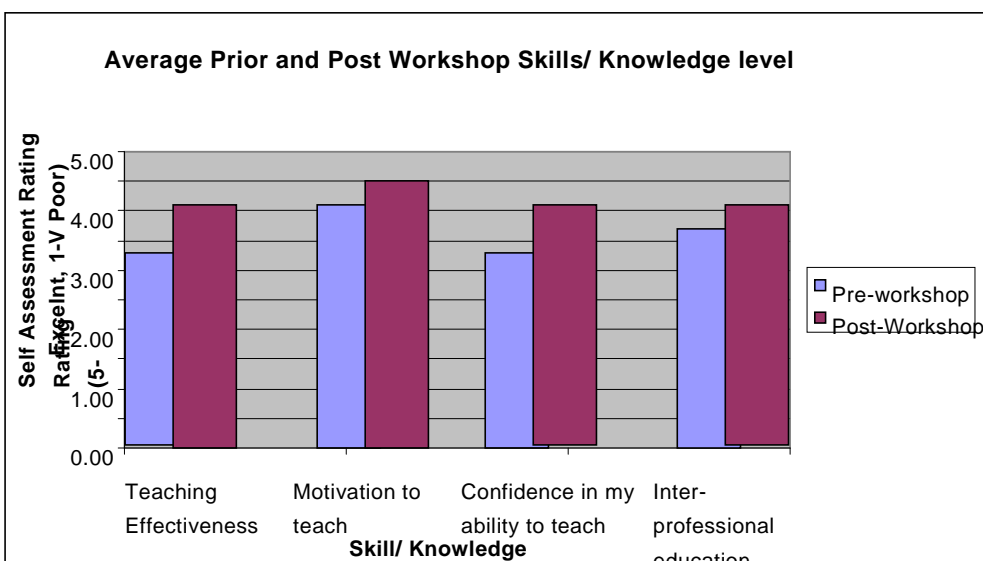
Participants: 20, completed forms: 13

1. Participants were asked to **rate aspects of the course** programme.

	V Poor	Poor	Average	Good	Excellent	NA
Overall reaction				7	6	
Provided information I can use on the job			1	9	3	
Presentation				7	6	
Enjoyment				9	4	

2. Pre and Post workshop knowledge (1 v poor, 2 poor, 3 average, 4 good, 5 excellent).

	Pre-Workshop					Post-Workshop				
	1	2	3	4	5	1	2	3	4	5
Teaching Effectiveness			9	4					12	1
Motivation to teach			4	7	2				8	5
Confidence in my ability to teach			2	6	5			2	8	3
Inter-professional education			2	5	5	1	1	4	7	1



3. Rate workshop according to your role as a clinical teacher

	Very valuable	Valuable	Of little value	No value
Planning to teach using set, dialogue and closure	3	10		
Giving feedback using the positive critique method	6	7		

4. Was the time allocated for the course sufficient? **Yes 13; No 0**

5. What was the **most useful** aspect of the course?

- Practical practise
- Self evaluation of own teaching
- Looking at ways to get more active involvement of students
- Practice sessions and feedback from group members
- Confidence in own self-evaluation
- Practice of 5 minute education
- Demonstration
- Emphasis on use of questions to probe on knowledge and understanding
- Evaluating performance of others
- Video demonstration
- Interactivity
- Confidence building
- Obtaining various ideas for different situations
- Comparing 3 videos and identifying differences between styles
- Individual practice in micro sessions

6. What **changes** would you make to the course?

- None
- Include time-management ideas with regards to teaching – students often take much longer to treat patients which can create problems for the teacher in completing other clinical responsibilities
- Strategies to use when dealing with someone in a senior position eg, senior registrar/consultant
- More time on feedback on individual teaching sessions and then a chance to try again
- Took too long to get information across



Teaching on the Run for Physiotherapists, Royal Perth Hospital Teaching a skill and giving feedback: December 2008

Facilitator: Fiona Lake

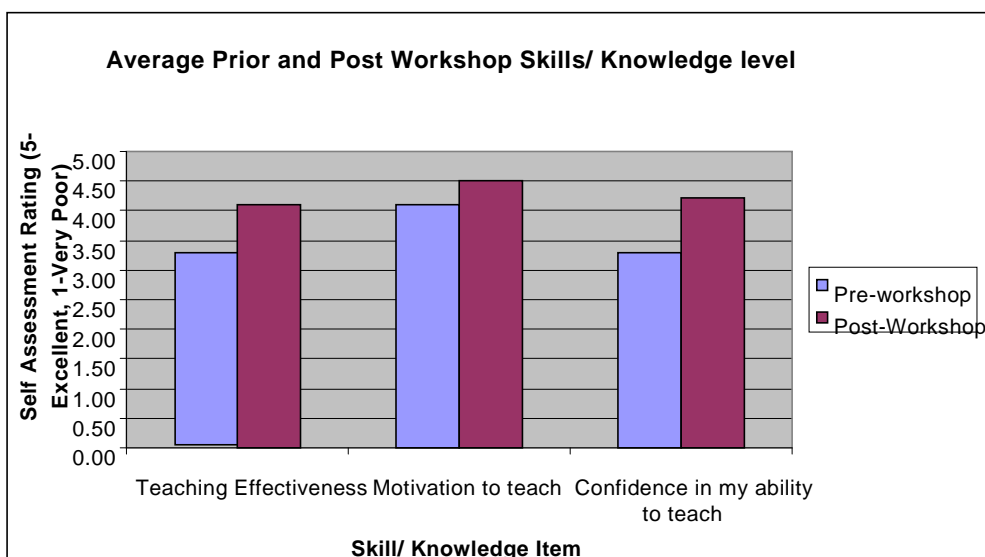
Participants: 20, completed forms: 16

1. Participants were asked to **rate aspects of the course** programme.

	V Poor	Poor	Average	Good	Excellent	NA
Overall reaction				10	6	
Provided information I can use on the job				6	10	
Presentation				6	10	
Enjoyment				8	8	

2. Pre and Post workshop knowledge - (1 very poor, 2 poor, 3 average, 4 good, 5 excellent).

	Pre-Workshop					Post-Workshop				
	1	2	3	4	5	1	2	3	4	5
Teaching Effectiveness			11	5					15	1
Motivation to teach			4	11	1				11	5
Confidence in my ability to teach		2	7	7				3	12	1



3. Rate workshop according to your role as a clinical teacher

	Very valuable	Valuable	Of little value	No value
The 4-step approach for teaching a skill	11	5		
The stages in skill acquisition from unconsciously incompetent to unconsciously competent	9	7		

4. Was the time allocated for the course sufficient? Yes 10; No 0.

5. What was the **most useful** aspect of the course?

- Practising teaching a skill
- Roleplay and feedback to the 'learner'
- Full group discussion re: techniques for feedback
- Ability to 'demonstrate' 4 step approach to teaching a practical skill and to do this in a small non-intimidating group of people
- Exchanges of other physios ideas
- Scenarios of giving feedback based on 'learner/patient' interactions
- Chance to speak about previous experiences and hearing other people's strategies
- Gaining confidence
- Useable structures
- Feedback regarding level of verbal instruction given
- Practical and case study

6. What **changes** would you make to the course?

- More roleplays for greater interactivity
- Put skill teaching at end of workshop as it is difficult to concentrate after skill teaching
- More time to answer questions
- Greater attention to giving feedback in difficult situations eg, when learner is resistant to feedback or disagrees with it
- More specialists to give feedback
- Examples of providing feedback to colleagues or inter disciplinary
- Would like to make it multi-disciplinary and attend another workshop
- Should be yearly
- Less verbal instruction/more demonstration
- More discussion on attitude issues – dealing with students who cannot take any feedback
- None



Teaching on the Run for Physiotherapists, Sir Charles Gairdner Hospital
Clinical Teaching: June 2008

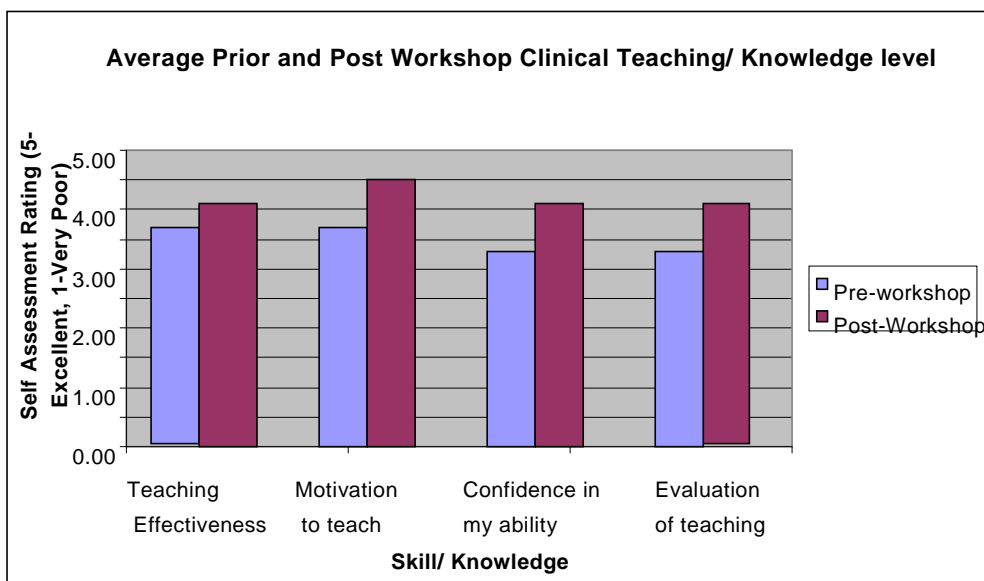
Facilitator: Margaret Fiona Lake
 Participants: 10, completed forms: 10

1. Participants were asked to **rate aspects of the course** programme.

	Very Poor	Poor	Average	Good	Excellent	No Comment
Overall reaction			2	5	3	
Provided information I can use on the job			1	8	1	
Presentation				4	6	
Enjoyment				6	4	

2. Pre and Post workshop knowledge (1 very poor, 2 poor, 3 average, 4 good, 5 excellent).

	Pre-Workshop					Post-Workshop				
	1	2	3	4	5	1	2	3	4	5
Teaching Effectiveness		1	4	5				1	8	1
Motivation to teach			3	6	1				7	3
Confidence in my ability to teach		2	5	3				3	7	
Evaluation of Teaching		2	4	1				3	6	1



3. Rate workshop according to your role as a clinical teacher

	Very valuable	Valuable	Of little value	No value
Planning to teach using set, dialogue and closure	6	3	1	
Giving feedback using the positive critique method	3	7		

4. Was the time allocated for the course sufficient? Yes 10; No 0

5. What was the **most useful** aspect of the course?

- Group discussion re: specific topics/current practice
- Small group presentations
- Interaction between participants
- Opportunity to talk and provide feedback
- Critiquing colleagues
- Changing the approach to teaching
- Receiving critique
- Viewing different styles of teaching

6. What **changes** would you make to the course?

- More discussion time
- Provision of tips that successful educators use
- More structure/guidance





Teaching on the Run for Physiotherapists, SCGH
Teaching a skill and giving feedback: June 2008

Facilitator: Fiona Lake

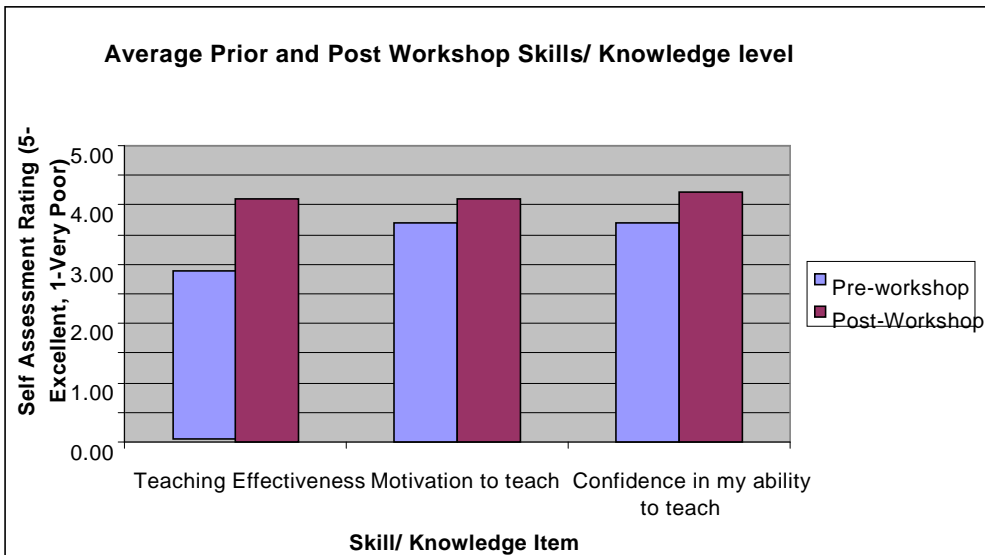
Participants: 10, completed forms: 10

1. Participants were asked to **rate aspects of the course** programme.

	Very Poor	Poor	Average	Good	Excellent	No Comment
Overall reaction				7	3	
Provided information I can use on the job			1	6	3	
Presentation				3	7	
Enjoyment				8	2	

2. Pre and Post workshop knowledge - (1 very poor, 2 poor, 3 average, 4 good, 5 excellent).

	Pre-Workshop					Post-Workshop				
	1	2	3	4	5	1	2	3	4	5
Teaching Effectiveness		2	5	3				2	6	2
Motivation to teach			4	6				1	8	1
Confidence in my ability to teach		3	2	5				1	7	2



3. Rate workshop according to your role as a clinical teacher

	Very valuable	Valuable	Of little value	No value
The 4-step approach for teaching a skill	10			
The stages in skill acquisition	3	6		

4. Was the time allocated for the course sufficient? Yes 10, No 0

5. What was the **most useful** aspect of the course?

- Small group work
- Role play feedback
- Opportunity to practise skills learned
- Practical advice on giving feedback
- Practising the 4-step approach in groups
- Feedback from colleagues about teaching effectiveness
- Breaking teaching into set steps
- How to give constructive feedback
- Methods of critique/feedback

6. What **changes** would you make to the course?

- Ergonomic changes – chairs, temp. etc.
- Smaller group size to facilitate discussion
- Finish on time



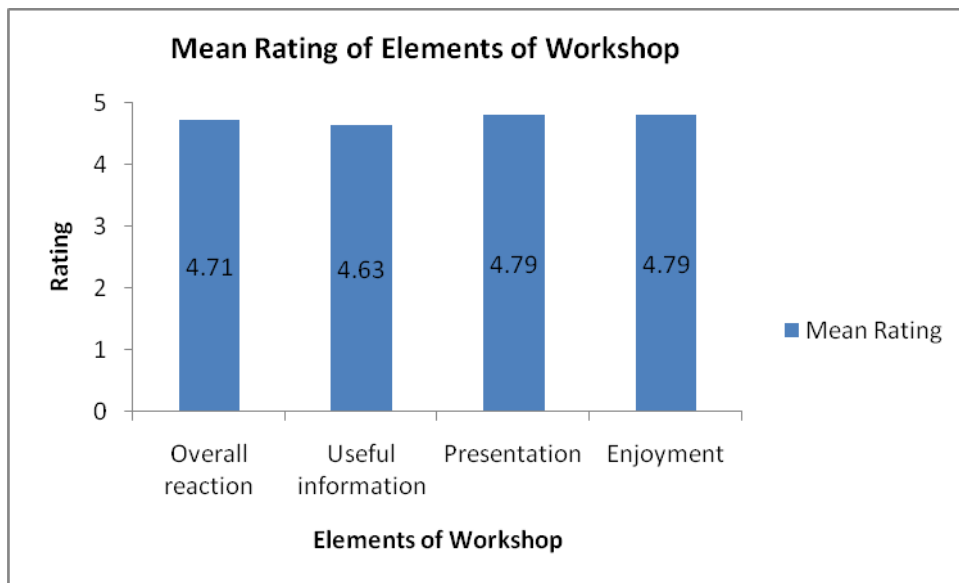
Teaching on the Run for Orthopaedic Physiotherapy Screening Clinic & Multidisciplinary Service Group, TPCB Brisbane Nov 2008

Clinical Teaching in an Inter-professional setting & Skills in an Inter-professional setting

Facilitator: Margaret Potter
 Participants: 30, completed forms: 24

1. Participants were asked to **rate aspects of the workshop.**

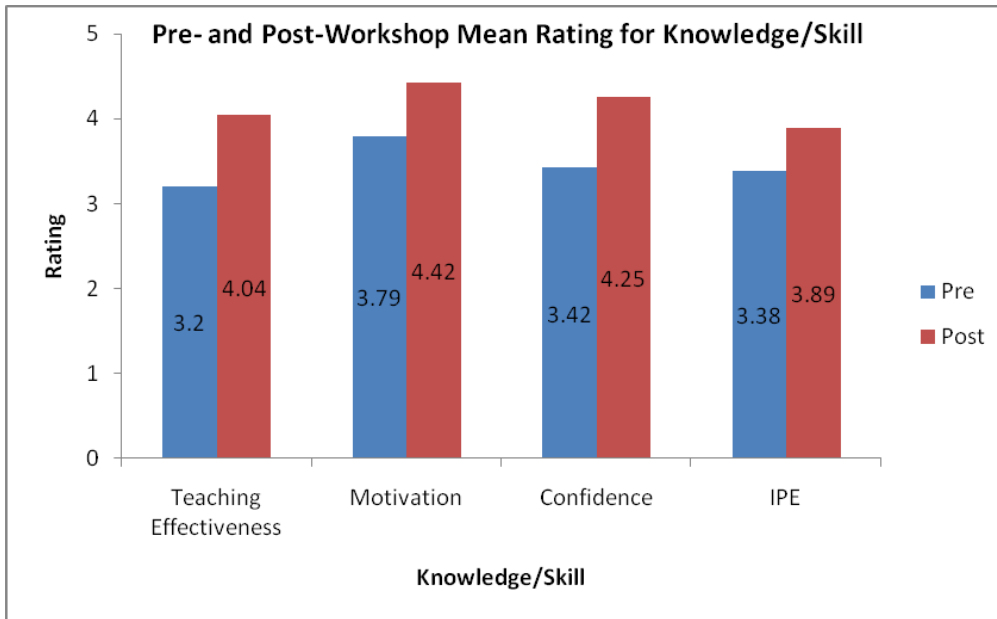
	Very Poor	Poor	Average	Good	Excellent
Overall reaction				7	17
Provided useful information			1	7	16
Presentation				5	19
Enjoyment				5	19



2. Pre and Post workshop knowledge (1 very poor, 2 poor, 3 average, 4 good, 5 excellent).

	Pre-Workshop					Post-Workshop				
	1	2	3	4	5	1	2	3	4	5
Teaching Effectiveness		1	17	6				1	21	2
Motivation to teach		2	3	15	4				14	10
Confidence in my ability to teach		2	9	12	1			1	16	7
Inter-professional education			15	9				4	19	1





3. Rate the following aspects of the workshop according to their value to your role as a clinical teacher.

	Very valuable	Valuable	Of little value	No value
Planning to teach using set, dialogue and closure	11	13		
Giving feedback (+ve critique)	22	2		
4-step approach (skills)	12	11	1	
Stages in skill acquisition	5	17	2	

4. Was the time allocated for the course sufficient? **Yes 21, No 3**

5. What was the **most useful** aspect of the course?

- Positive critique (6)
- Very practical based (5)
- Structuring feedback (4)
- Self-reflection of teaching skills (2)
- Role play providing feedback (2)
- Video of teacher-student feedback
- Teaching – how tight a 5 min time is
- Sharing of information, not just presentation
- Considering the process rather than the content first!
- Evaluating teaching styles
- The 4-step approach
- Benchmarking opportunity
- Giving the learner control
- Work we did in pairs and small groups
- Group activities and mixing up the people in the group
- Interaction with colleagues
- Networking
- Seeing other people teach and getting ideas from them
- Info re: adult learning
- Learning environment vs 'teaching'
- Different ways of looking at learning (take focus off the teacher)



- Good approach to teaching – important to engage student/learner early and give them opportunity to learn at their own speed
- There was not information overload – it was a good amount to integrate into practice
- The examples provided by Margaret
- Enjoyable and dynamic speaker, practical, efficient
- Enthusiasm, interest, passion of facilitator
- Great lecturer – good practical examples of way to help

6. What **changes** would you make to the course?

- Maybe requires full day – lots of good content, a little rushed at the end, maybe also due to large numbers in the group
- Would have been great to have two days
- Group a little too big. Would have been better with smaller group so could discuss problems in past teaching – specific examples of what to do
- Perhaps a smaller group would have been better
- More summary of small group tasks by facilitator, could have focused more on junior staff than students as this relates to OPSC
- More demonstrations of patient/therapist/supervisor interactions
- Feel the 2nd teaching task was of little value – fun but not as applicable. Think at this level we often have experience of teaching a task, so more brief about the process of 4-step approach and more on communication aspects of learning environment as in the last exercise eg interaction on interdisciplinary level
- Follow up workshop to integrate skills with further demonstration of problematic situations
- More examples of communication eg video of interviews and more communication techniques eg NLP
- Techniques to constructively use little time – still covering all aspects that require teaching (over period of time) – possibly another section of all TOTR
- More video footage of feedback types
- Nil – great course, great facilitator (2)
- No changes – Margaret is obviously very knowledgeable, entertaining and a great presenter. It was a very enjoyable day



Evaluation: BC Health Services January 2008
Feedback and Assessment: Supporting Trainees

Facilitator: Fiona Lake

Participants: 51 Completed evaluation forms: 33

1. Participants were asked to **rate aspects of the course** programme.

Question	Very Poor	Poor	Average	Good	Excellent	No Comment
Overall reaction		1	1	19	12	
Relevance to your setting			2	17	14	
Provided information I can use on the job		1	3	22	6	1
Presentation			2	19	12	
Enjoyment		1	4	13	14	1

2. Was the time allocated for the course sufficient? **Yes 31, No 1.**

3. **Relevance of the session** to your role as a clinical teacher.

	Very Relevant	Relevant	Little relevance	No relevance
Definition and discussions	14	18	1	
Giving immediate feedback	5	4		
Approach to problems	24	9		
Role play: Dealing with challenges	24	8	1	
Prevention of problems	20	12	1	

4. What was the **most useful** aspect of the course?

- Diversity of approaches to problems/issues
- Discussion
- Role playing
- Hearing personal experiences
- Feedback session and realising difficulty of generating conversation
- Clarifying roles as mentors
- Looking at strategies for different patterns of learners
- Multidisciplinary
- Good mix of presentation media formats
- Ideas for giving feedback and constructive criticism
- The review of case studies regarding feedback giving evidence based statistics to validate the method
- Examples given
- Applicable to day to day work

5. What **changes** would you make to the course?

- Allocate more time for:
 - Discussion



- Module learning
- Role play
- Could be an all day workshop
- Training on how to handle challenging scenarios
- Give more tips and strategies on providing feedback in a small timeframe, that is, on the run
- Greater explanation of role-playing scenarios
- Provide examples and strategies on methods of assessment, feedback and evaluation methodology
- Space for notes next to slide handouts
- Provide tips on how to juggle caseload and teaching
- Opportunity to swap role-playing partners
- More pre-reading detail on role playing

6. Would this programme be useful for supporting your clinical teachers/supervisors?

Yes	No
29	4

7. Should these workshops be for an inter-professional audience?

Yes	No	Uncommitted
29	3	1

Advantages:

- Common issues to for all students
- Different perspectives /experience/scenarios/interdisciplinary perspective
- Networking
- Consistency
- Education is education no matter the profession
- Increases self-awareness

Disadvantages:

- Difficult to relate to specific clinical issues
- Overwhelmed by one particular group
- Occasional irrelevance
- Different expectations
- More relevant role plays/content/issues to a particular discipline may be required
- More difficult to consolidate the role-playing

8. What other areas should workshops cover?

Clinical teaching with patients	13
Teaching skills	22
Small and large group sessions	5
Determining competence	22
Planning clinical attachments	7
Others	<ul style="list-style-type: none"> • Approaches to delivering feedback • Juggling caseload and teaching





Teaching on the Run for Murdoch Veterinarian School Skill: December 2008

Facilitator: Fiona Lake

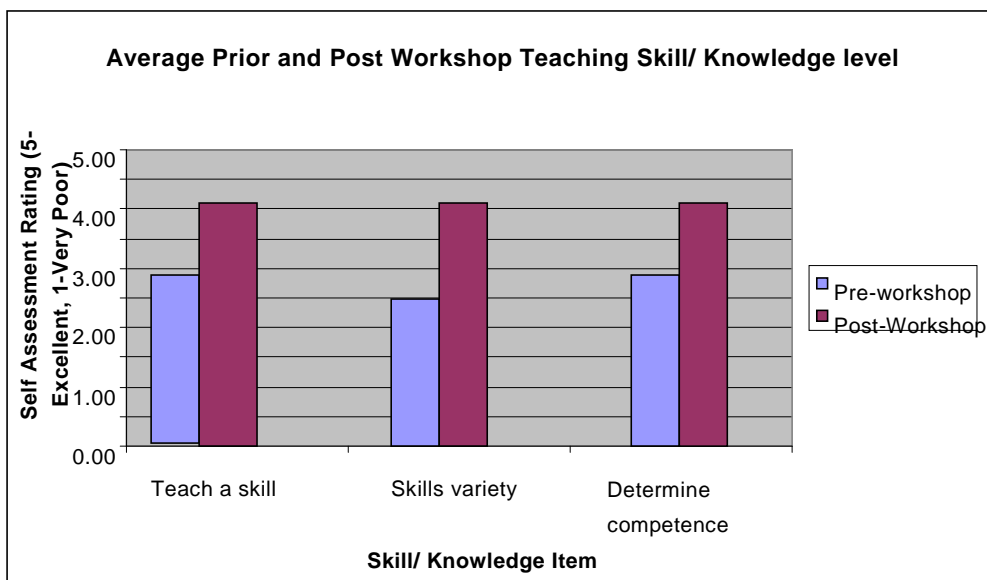
Participants: 17, completed forms: 15

1. Participants were asked to **rate aspects of the course** programme.

	Very Poor	Poor	Average	Good	Excellent	NA
Overall reaction				3	12	
Provided information I can use on the job				5	10	
Presentation				8	7	
Enjoyment				3	12	

2. Pre and Post workshop knowledge (1 very poor, 2 poor, 3 average, 4 good, 5 excellent).

	Pre-Workshop					Post-Workshop				
	1	2	3	4	5	1	2	3	4	5
Teach a skill		6	7	2				1	10	4
Various methods to teach skills	1	7	5	2				1	12	2
Determine competence	1	4	9	1		2			13	



3. Was the time allocated for the course sufficient? Yes 11; No 4

4. What was the **most useful** aspect of the course?

- The 4 step approach
- It highlighted the need for an intersectional teaching forum within the vet hospital



- Practice
- Realising that skill teaching doesn't necessarily mean one on one teaching
- Clear method explained and practised on skill teaching
- Learning different ways to teach
- Learning to stop and think
- Honest communication
- Interaction and idea exchange from other departments
- Looking at teaching/learning aspect of our work situation
- Fiona Lake is an accomplished facilitator - thank you

5. What **changes** would you make to the course?

- Extend workshop to 3/4 day and factor in a follow-up series
- Would have benefited from a full day workshop
- Rehearse in pairs rather than large group
- Look at other approaches in teaching a skill if the 4 step approach isn't effective/suitable
- Increase larger representation from "our specialty" with input from academic who ultimately is in charge of teaching
- None
- Make it more relevant to vets in clinical setting
- More specialisation eg; just vets or just nurses as it is different teaching something they have never done before to teaching something they have
- No changes – we just need more

6. Relevance of sessions to Clinical Teaching

Question	No relevance	Little relevance	Relevant	Very relevant
Defining a skill and a structured approach to teaching a skill		2		12
Practising the approach (teaching a non-medical skill)		12	2	11
Discussion competence		2	2	11

7. Would you be interested in further workshop participation?

Yes 15 No 0



Teaching on the Run for Murdoch Veterinarian School Feedback and Assessment: December 2008

Facilitator: Fiona Lake

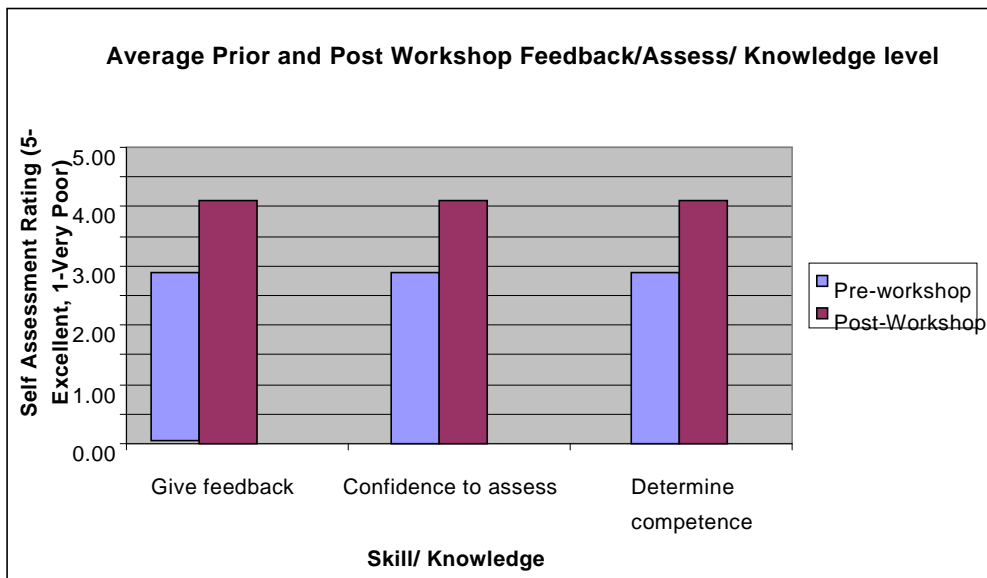
Participants: 17, completed forms: 15

1. Participants were asked to **rate aspects of the course** programme.

	Very Poor	Poor	Average	Good	Excellent	NA
Overall reaction			1	1	13	
Provided information I can use on the job				8	7	
Presentation				5	10	
Enjoyment			1	3	11	

2. Pre and Post workshop knowledge (1 very poor, 2 poor, 3 average, 4 good, 5 excellent).

	Pre-Workshop					Post-Workshop				
	1	2	3	4	5	1	2	3	4	5
Giving feedback	2	3	8	2				1	12	2
Confidence to assess	1	4	8	2			1	1	9	4
Determine competence	1	4	7	3				3	9	3



3. Was the time allocated for the course sufficient? Yes 14; No 1



4. What was the **most useful** aspect of the course?

- Opening up the opportunity to communicate problems and solutions
- Watching and interacting with other people who teach
- Practising giving feedback to others
- When I go back into the hospital it will make me stop and think about how we're teaching the students and how we can improve
- Learning and thinking about different ways to give feedback
- Learning to separate positive and negative feedback
- Learning to actually involve the student in self evaluation
- Importance of positive feedback
- Sharing ideas
- Relevance to clinical setting
- Ability to put this information into practise
- Demonstration step teaching method will cement it in my head
- Fiona Lake's anecdotes on her experience illustrated theories well
- Fiona Lake's ability to keep us focused
- Discussion
- Structuring approach

5. What **changes** would you make to the course?

- None
- More pre-reading/pre-planning projects before first week
- Make more relevant to vets
- Describe a method on how to assess tasks
- Use more student/teacher scenarios
- Involvement of academics
- Longer sessions

6. Relevance of sessions to Clinical Teaching

Question	No relevance	Little relevance	Relevant	Very relevant
Definitions and discussions		1	7	6
Determining competence			4	10
Giving immediate feedback		1	1	12

7. Would you be interested in further workshop participation?

Yes 15 No 0

Areas	#
Supporting students with difficulties	7
Assessment	9
Addressing learning styles and cultural differences of students	12
Problem Based Learning (PBL)	7
Tutorials and lectures	5
Others	Raw achievers, Reflection



8. Other Comments

- Thankyou for excellent workshops
- Very good course
- Great to allow digression and then steer back on course
- Great ideas
- We need more



Appendix 3.

Material Submitted

1. **CD with workshop material for**
 - a. **Nurses**
 - b. **Physiotherapy (includes video)**
 - c. **Veterinarians**
 - d. **Multi- and Inter-professional**
2. **DVD for nurses**
3. **DVD for veterinarians**





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