ACT Government | Canberra Health Services

Clinical Learning and Teaching Strategy

2023 – 2027

Endorsed by CHS Executive Committee
February 2023

Acknowledgement of Country

Canberra Health Services acknowledges the Ngunnawal people as traditional custodians of the ACT and recognise any other people or families with connection to the lands of the ACT and region. We acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.

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Registered Nurse

CHS CEO Message

Thank you for helping us 'lead the way' in the development of the first Clinical Learning and Teaching Strategy for Canberra Health Services. It has been developed following consultation with the clinical workforce, consumers and carers, community, peak bodies, unions and academic partners, capturing not only current issues for learning and teaching, but opportunities for change.

It is an ambitious Strategy, with several initiatives requiring time and effort that will need to be planned for and prioritised in a way that hasn't occurred before. As such, timing and feasibility of initiatives need to be considered alongside other CHS priorities, changes to health service funding, workforce makeup and models, and recruitment and retention initiatives. Not all initiatives can be implemented at once.

The Strategy will have a live implementation plan and actions developed again in partnership, which will provide a roadmap of our learning and teaching priorities and synchronise our learning and teaching needs with budget cycles.

We talk frequently of becoming a Learning Health System—this is a great place to start.

Dave Peffer
CEO Canberra Health Services

Background

Canberra Health Services (CHS) was formed in 2018 as a separate entity from ACT Health and includes the Canberra Hospital, University of Canberra Hospital, five walk-in-centres and seven community centres. CHS is focused on the delivery of high quality, effective, person-centred care. It provides acute, sub-acute, primary, and community-based health services to the Australian Capital Territory (ACT) and surrounding region.

CHS is known as an academic tertiary teaching health service, providing ongoing professional development, vocational, undergraduate, postgraduate and specialist placements, and training in medicine, nursing, midwifery, allied health professions and assistant roles across all service areas.

In 2020, CHS released its vision to 'Create exceptional health care together', underpinned by four strategic priorities. One of the four priorities is being 'a leading specialist provider' including being a leader in the key area of education.

To date there has not been a formal organisational wide strategy with a focus on clinical learning and teaching. The establishment of the Office of Research and Education at CHS creates an opportunity to refocus and re-prioritise clinical learning and teaching through development of an organisational wide Clinical Learning and Teaching Strategy (the Strategy).

Workforce Planning Context

To support clinical workforce recruitment and retention, there is a need to pay particular attention to what transformative learning and teaching can offer. Commitments and initiatives in this Strategy will support and reinforce CHS clinical workforce planning and initiatives including the Nursing and Midwifery Workforce Plan 2022 – 2023 and work underway for the Allied Health, Medicine and Aboriginal and Torres Strait Islander workforce, the draft CHS Leadership Strategy and the ACT Health Workforce Strategy 2023 – 2032. Over the next few years, CHS will embark on a journey of clinical learning and teaching reform. It is vital that changes are made to ensure the clinical workforce:

- have the necessary skills, experience and capability to provide real-time cutting-edge health care
- have the capability to move between roles and areas (role substitution and migration)
- can deliver evidence-informed, innovative teaching by clinicians who are skilled in adult learning
- can share learning and teaching opportunities across the ACT region.

Excellent learning and teaching environments can give a health service a competitive edge to attract and retain staff in the competitive job market.

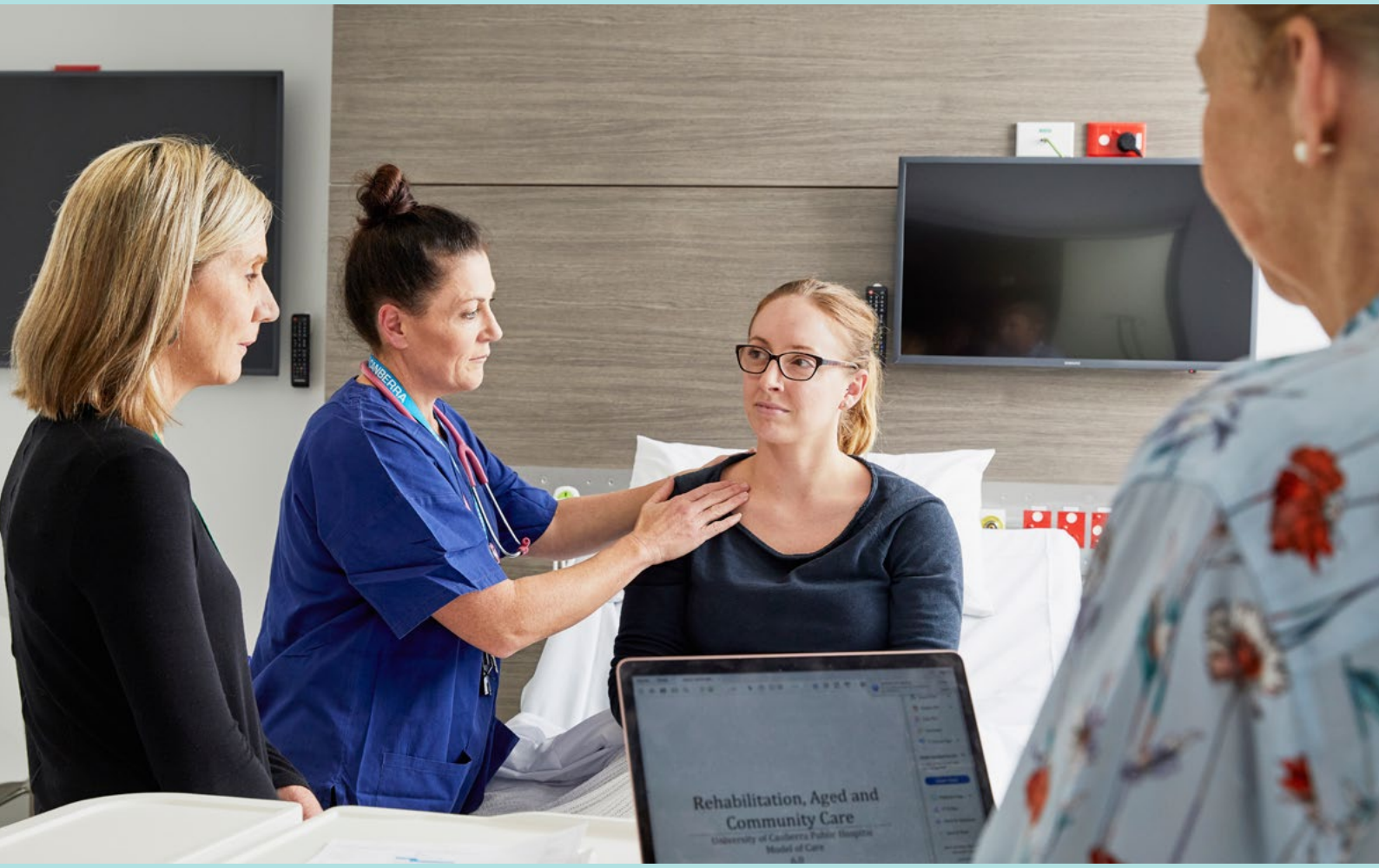
Purpose

The purpose of the Clinical Learning and Teaching Strategy is to identify opportunities to strengthen clinical learning and teaching governance including leadership, promote a learning and teaching culture, support clinical workforce recruitment and retention, strengthen and develop impactful relevant partnerships, and provide dedicated infrastructure and resourcing to ensure the CHS clinical workforce realise their full potential.

The Strategy will help move toward developing a Learning Health System with CHS committing to a culture of continuous improvement across all areas of the service.

Principles

The Strategy is underpinned by the principles that clinical learning and teaching activities will be inclusive, accessible, supportive, empowering, psychologically and culturally safe for all students and staff including those who identify as Aboriginal and Torres Strait Islander, LGBTIQ+, have a disability or are from other diverse backgrounds.[1] Cultural safety is underpinned by respect for cultural background, age, gender, sexual orientation, ethnicity and spirituality as fundamental to good healthcare, learning and teaching.[2]



Approach to developing the Clinical Learning and Teaching Strategy

Development of the Clinical Learning and Teaching Strategy

The Strategy was developed through a deep understanding of the status and potential challenges and opportunities for clinical learning and teaching across CHS. An initial draft was formulated following the environmental scan of publication outputs, stakeholder interviews, surveys and extensive clinical learning and teaching consultations.

The Strategy sets out the commitments for clinical learning and teaching across the broad professional groups of Medical, Nursing, Midwifery, and Allied Health. While each group has their own specific clinical learning and teaching needs and requirements, there are also overarching initiatives that will benefit all groups.

It is recognised that the scope of this Strategy excludes nonclinical staff who also have learning and teaching needs. This Strategy is the first step for CHS to transition to a Learning Health System, with the learning and teaching needs of the wider workforce to be identified and met in future work.

Governance

The development of the Strategy has been overseen by a Clinical Learning and Teaching Strategy Advisory Group at Appendix A. The Group's primary role was to guide the development of the Strategy and provide sound advice. Its advice covered, but was not limited to, initiatives that improved:

- learning and teaching culture
- learning and teaching leadership
- learning and teaching governance and processes
- environment for learning and teaching
- consumer and community involvement
- profile of evidence-based teaching
- clinician, academic, consumer and carer partnerships.

Approval

The governing body approving the Clinical Learning and Teaching Strategy 2023 – 2027 is the CHS Executive Committee, chaired by the CHS Chief Executive Officer.

Terminology

A range of terms may be used to describe clinical learning, teaching, training and education activities both across and within disciplines. The Strategy uses the terms 'learning and teaching' to be inclusive of discipline specific variations and interpretations. Likewise, the terms patient, client and consumer are often interchangeable. The term 'consumer' implies a more active role in health care decision making and should be interpreted in the Strategy to be inclusive of the terms client, patient and consumer.[3]

Care has been taken to distinguish between Reflective Practice Clinical Supervision and day-to-day point of care clinical supervision or oversight.

A glossary of terms is at Appendix B.


Jane
Jane
Registered Nurse

Clinical Learning and Teaching Strategy 2023 – 2027

Vision

Create an inclusive learning and teaching environment, which makes Canberra Health Services a great place to work and supports delivery of exceptional health care.

Goals

1. A culture of learning, teaching and development that inspires staff and students to deliver exceptional care and promotes clinical workforce recruitment and retention.
2. Learning and teaching programs that accommodate all parts of the learning and teaching cycle of each health care profession.
3. Effective, evidence-based, learning and teaching that is delivered by skilled and competent clinical teachers and support staff.
4. Excellence and innovation in learning and teaching that underpins and promotes our reputation as an academic tertiary teaching health service.
5. A learning and teaching environment that supports authentic collaboration with clinicians, consumers and carers, communities, academic and health service partners.

Strategic Commitments

1. Strengthen governance and processes to prioritise and enable learning and teaching.
2. Prepare and support the clinical workforce to work safely and effectively at the leading edge of their practice.
3. Develop and support the clinical workforce to deliver effective, innovative, evidence-based teaching and point of care clinical supervision.
4. Establish collaborative environments that maximise and enable effective and efficient learning and teaching.
5. Foster and strengthen strategic partnerships for learning and teaching with clinicians, consumers and carers, communities and academia.
6. Promote, share and celebrate learning and teaching.

Strategic Commitment 1

Strengthen governance and processes to prioritise and enable learning and teaching.

	Make it happen	Outcome
1.1	Active support for learning and teaching is provided by senior leaders at Canberra Health Services.	Oversight and accountability of learning and teaching by senior leaders.
1.2	Learning and teaching is a core strategic commitment in future CHS Strategic Plans.	Evidence that learning and teaching is appropriately and equitably resourced including infrastructure, across CHS.
1.3	Clarify and review the strategic roles and responsibilities for learning and teaching across CHS and ACT Health Directorate.	Strategic leadership roles and responsibilities to advance learning and teaching are clearly defined and coordinated across CHS and ACT Health Directorate and aligned to the Strategy.
1.4	Develop and support learning and teaching leadership roles to facilitate the implementation of the Learning and Teaching Strategy. • Strategic leadership learning and teaching roles for medicine, nursing, midwifery and allied health. • Strategic leadership learning and teaching role to embed consumer and carer engagement and resourcing in all aspects of learning and teaching.	Roles with responsibility to lead learning and teaching are embedded.
1.5	Incorporate learning and teaching into divisional governance, corporate and business plans, operational budgets and evaluation processes.	Learning and teaching is embedded into divisional governance including: • incorporating learning and teaching into divisional leadership agenda and plans • ensuring leadership roles for learning and teaching for each profession • budgeting annually for learning and teaching needs with reference to enterprise bargaining agreements • aligning and coordinate learning and teaching requests and offerings with organisational goals • evaluating learning and teaching to assess effectiveness and provide evidence for future funding decisions.

	Make it happen	Outcome
1.6	Identify and strengthen learning and teaching data collection, collation and presentation to inform decision making.	Learning and teaching data are available to monitor learning and teaching and are utilised in decision making.
1.7	Establish learning and teaching key outcome indicators at every level of the organisation.	Learning and teaching key outcome indicators are embedded within all Divisions and are aligned to the National Safety and Quality Health Service Standards.[4]
1.8	Strengthen the learning and teaching information and data currently provided in the CHS annual report.	Learning and teaching activity is reported accurately in the CHS Annual Report.
1.9	Develop and implement a process to centralise, communicate, monitor and report on learning and teaching risks for medical specialty accreditation bodies.	Learning and teaching risks for medical specialty accreditation are identified centrally, communicated and actioned across CHS to ensure continuity of accreditation.
1.10	Synchronise evaluation of CHS Clinical Learning and Teaching Strategy with the development of specific strategic workforce plans developed by CHS.	Workforce initiatives and the CHS Clinical Learning and Teaching Strategy are aligned.
1.11	Review mandatory training items in terms of impact on student, consumer, carer and clinical workforce outcomes, experience and wellbeing.	Mandatory training rationalised to be: • aligned to National Safety and Quality Health Service Standards[4] • role specific with clear impactful improvements to consumer, carer and clinical workforce outcomes and wellbeing.
1.12	Strengthen governance and processes for academic partnerships.	Governance structure established for academic partners and CHS to oversee and manage the learning and teaching interface between them.
1.13	Develop and integrate a formal governance process for planning teaching space in existing or new infrastructure in collaboration with academic and health service partners.	Governance structure established to ensure new or existing infrastructure planning will meet learning and teaching needs and clinical workforce accessibility requirements across CHS and its academic and health service partners.

Strategic Commitment 2

Prepare and support the clinical workforce to work safely and effectively at the leading edge of their practice.

	Make it happen	Outcome
2.1	Review student placement models in collaboration with the ACT Clinical Placement Office and academic partners, to develop, strengthen and implement a learning and teaching framework to support all work experience and student placements.	A learning and teaching framework is established for student placement models to: • provide positive experiences for students and the clinical workforce • promote recruitment and retention • achieve workforce planning outcomes and align with service expectations. Framework includes: • program governance • wellbeing support • key learning outcomes • curriculum development, delivery and assessment • coordination of supervision • provision of formal and informal learning opportunities • feedback and evaluation.
2.2	Develop, strengthen and implement a learning and teaching framework supporting all new graduates in their transition to practice. • Support the transition to the 2024 Australian Medical Council Prevocational Framework for Prevocational Graduate Years 1 and 2. • Harmonise and share Postgraduate Year 1 and 2 protected training curricula across Medical Officer Support, Credentialling, Employment and Training Unit, Director of Prevocational Training and Education, Emergency Departments at CHS and Calvary Public Hospital Bruce and regional referral hospitals. • Review and formalise a consistent program and support for all Nursing and Midwifery new graduates and staff new to acute/subacute practice across CHS. • Revise and formalise a graduate program for all Allied Health Professionals.	A learning and teaching framework is established for all new graduates and staff new to acute practice including: • program governance • wellbeing support • key learning outcomes • curriculum development, delivery and assessment • coordination of supervision • provision of formal and informal learning opportunities • feedback and evaluation.

	Make it happen	Outcome
2.3	Clinical orientation and induction programs are consistently provided within disciplines for all students and the clinical workforce.	Students and clinical workforce are enabled to practise safely in the clinical environment. • Delivery of orientation and induction is timely and adds value. • Embed feedback and evaluation.
2.4	Strengthen or establish formal shadowing and supernumerary opportunities for staff in new work areas across all disciplines with reference to enterprise bargaining agreements.	Clinical workforce is supported to work safely and confidently when transitioning to new work areas.
2.5	Provide clinical workforce with protected time to participate in learning.	Protected time for clinical workforce is determined, planned and monitored in conjunction with Managers, Supervisors and Directors.
2.6	All clinical staff have their learning and teaching needs identified and plans to achieve their goals.	Learning and teaching is embedded and monitored through performance plans.
2.7	Develop, implement and evaluate a learning and teaching framework for Unaccredited Medical Officers.	A learning and teaching framework is established for Unaccredited Medical Officers including: • program governance • wellbeing support • personalised key learning outcomes • curriculum development, delivery and assessment • coordination of supervision • provision of formal and informal learning opportunities • feedback and evaluation.
2.8	Develop, implement and evaluate a learning and teaching framework for International Medical Graduates.	A learning and teaching framework is established for International Medical Graduates including: • program governance • wellbeing support • personalised key learning outcomes • curriculum development, delivery and assessment • coordination of supervision • provision of formal and informal learning opportunities • feedback and evaluation.

	Make it happen	Outcome
2.9	Develop and promote learning and teaching pathways, aligned with workforce areas of need, to support the clinical workforce fully working to, and extending their scope of practice: • advanced and extended practice nurses and midwives • advanced and extended allied health practitioners • nurse practitioners.	A learning and teaching framework that supports learning needs to work to full scope of practice or upskill to advanced or extended scope of practice for Nurses, Midwives and Allied Health.
2.10	Support learning and teaching to provide the clinical workforce with the necessary skills to move between roles and areas (role substitution and migration). • Nursing and Midwifery • Allied Health.	Increased knowledge, professional development and confidence of the clinical workforce to work flexibly within their disciplines.
2.11	Develop and promote learning and teaching roadmaps to support the clinical workforce to develop as educators, clinical experts, leaders, managers and researchers.	Learning and teaching roadmaps are established to support career development in leadership, management, education and research including: • program governance • identifying, supporting and mentoring clinical workforce who have an interest in clinical teaching, leadership, management and research • key learning pathways • curriculum development, delivery and assessment • coordination of supervision • provision of formal and informal learning opportunities • feedback and evaluation.
2.12	Develop a plan and promote interprofessional learning opportunities for students and the clinical workforce across CHS. • Continue to support interprofessional student learning. • Develop interprofessional activities across all career levels. • Embed Reflective Practice Clinical Supervision. • Develop Interprofessional Educator support networks.	The clinical workforce provides consumer-centred, team-based care collaboratively and seamlessly with interprofessional colleagues.

Strategic Commitment 3

Develop and support the clinical workforce to deliver effective, innovative, evidence-based teaching and point of care clinical supervision.

	Make it happen	Outcome
3.1	Define roles and responsibilities and provide opportunities for the clinical workforce with responsibility for point of care supervision (clinical workforce and students).	Innovative and evidence-based point of care supervision is delivered across all levels of the clinical workforce and students.
3.2	Provide guidance and training opportunities to support innovative, evidence-based teaching appropriate to position.	Innovative and evidence-based teaching is delivered across all levels of the clinical workforce.
3.3	Setup clinical teaching peer review for clinical educators.	Encourage a culture of continuous improvement in the quality of clinical learning and teaching through increased participation in peer review.
3.4	Support clinical education qualification and supervisory credentialling attainment in collaboration with academic partners.	Increased number of staff with education qualifications to deliver evidence based clinical teaching and supervision.
3.5	Provide the clinical workforce with protected time to participate in teaching.	Protected time and staffing for clinical teaching is considered, determined, planned and monitored in conjunction with managers, supervisors and directors.
3.6	Recognise the potential impact of staff wellbeing and potential for burnout on clinical teaching capacity.	The health, safety and wellbeing of the clinical workforce is assessed and supported, to ensure ongoing consistency in learner experiences.
3.7	Develop and promote a toolbox for the clinical workforce to partner with consumers and carers in learning and clinical teaching activities.	Clinical workforce has the appropriate skills to partner with consumer and carers in learning and teaching activities using the principles of the CHS Partnering with Consumers Framework 2020 – 2023.
3.8	Review and develop cultural safety education roles across all areas of CHS.	All learning and teaching is culturally safe and informed by Aboriginal and Torres Strait Islander knowledge systems, and other cultural groups across Canberra.

Strategic Commitment 4

Establish collaborative environments that maximise and enable effective, innovative and efficient learning and teaching.

	Make it happen	Outcome
4.1	Develop, support and recommend implementation of fair and equitable ratios of clinical teachers for number of learners (by headcount) and complexity of area.	Ratios for clinical teachers and learners are equitable and appropriate for the learning needs of the clinical workforce.
4.2	Align qualification requirements and position descriptions for clinical teaching positions within disciplines.	Required and desirable qualifications and expertise for clinical teaching positions are consistent within disciplines.
4.3	A centralised, accessible 'one stop shop' with appropriate governance that assists with: • mentoring and scaffolding for ongoing clinical teaching scholarly activities, scholarships and innovation • guidance on learning and teaching for career progression and clinical specialisation • guidance on curriculum design, teaching, learning and assessment skills • evaluation methodology options and education scholarship advice • feedback to academic partners for course development so graduates have the necessary skills and knowledge to commence work • formalising processes for academic credit with partners and industry • liaison with other teams across CHS such as the simulation and research teams • consumer and carer engagements for learning and teaching activities across CHS • business cases for learning and teaching infrastructure.	An academic hub to develop and support key learning and teaching functions and innovation, is established.
4.4	Review and refresh current Grand Rounds and other similar models for innovation, accessibility, resourcing, and sustainability.	Positive learning and teaching experiences for the clinical workforce are harnessed through enhanced Grand Rounds models.
4.5	Review opportunities to innovate and integrate learning and teaching into everyday workflows.	Innovative learning and teaching are woven into daily work.
4.6	Provide and promote opportunities to attend external learning and teaching events and activities and streamline application processes.	The clinical workforce has greater opportunities to access external learning and teaching opportunities.

	Make it happen	Outcome
4.7	Review and provide access to general meeting and tutorial spaces for learning and teaching across CHS.	Equitable access to flexible, accessible general meeting spaces, equipped with necessary information and communication technology that can be booked online, is established. Spaces include: • small to large meeting rooms to hold different size groups • rooms for reflection, feedback and communication close to clinical space • amphitheatres that can cater to different sized groups.
4.8	Review and provide future access to specialised spaces for clinical simulation across CHS.	Future access to high and low fidelity simulation spaces and laboratories, equipped with necessary information and communication technology, capture and replay technology, that can be booked online, is planned and delivered. A variety of spaces that simulate typical resuscitation, ward, ambulatory and outpatient settings that have: • dedicated simulation control space • dedicated wet/dry preparation space • dedicated simulation storage space • dedicated tutorial rooms close by to observe and debrief simulation.
4.9	Establish a coordinated simulation delivery team with appropriate governance and resourcing to support logistics and provide access to specialist simulation workforce and their expertise.	Access to simulation experts is available to assist with professional development, interprofessional development, planning, preparing and running simulation and debriefing sessions.
4.10	Establish and support a dedicated multimedia space, training and online platform to record and access learning and teaching videos.	Build capacity to utilise, develop and virtually share learning and teaching resources across CHS.
4.11	Review existing learning and teaching infrastructure agreements and ensure all spaces across CHS are utilised equitably and to their fullest.	Provide equitable access to learning and teaching spaces and infrastructure across CHS.
4.12	Review plant and equipment needs to advance learning and teaching.	Access to appropriate learning and teaching equipment and technology is provided.
4.13	Review needs for information technology, software subscriptions and corporate membership of external learning and teaching platforms to advance learning and teaching.	Access to appropriate learning and teaching software and technology is provided.

Strategic Commitment 5

Foster and strengthen strategic partnerships for learning and teaching with clinicians, consumers and carers, communities and academia.

	Make it happen	Outcome
5.1	Determine the needs and establish joint clinical and academic appointments between academic partners and CHS.	Strengthened learning and teaching experiences and career progression opportunities through joint academic and clinical appointments.
5.2	Collaborate with academic partners to link their curricula to clinical workforce capability requirements and explore the co-design, development and delivery of new provisions.	Curricula is relevant and aligned to clinical workforce needs and capabilities.
5.3	Collaborate with academic partners to define roles and responsibilities and develop clinical student teaching and supervision capability across disciplines.	The clinical workforce has defined roles and requirements and the training to support student learning needs.
5.4	Collaborate with referring and referral health services to expand reciprocal learning and teaching opportunities and rotations for ongoing professional development.	Opportunities for learning and teaching rotations for staff within CHS and referring and referral health services are promoted, supported and provided.
5.5	Collaborate with partners to develop and promote a consumer and carer learning and teaching framework and toolbox.	Consumers and carers from a range of backgrounds and experiences have the appropriate skills to partner with CHS in all aspects of learning and teaching activities using the principles of the CHS Partnering with Consumers Framework 2020 – 2023.
5.6	Strengthen and explore learning and teaching partnerships with professional bodies, academic partners, and other local, national and international education providers and organisations.	Broader learning and teaching opportunities are promoted, supported and provided.
5.7	Establish and strengthen learning and teaching communities of practice.	Collective critical inquiry and reflection through communities of practice are promoted.
5.8	Establish partnerships to provide access to different simulation modalities, including cadaveric teaching.	Work with partners to establish future access to a range of simulation modalities and infrastructure to support learning and teaching.

Strategic Commitment 6

Promote, share and celebrate learning and teaching.

	Make it happen	Outcome
6.1	Redesign the internal online presence for learning and teaching at CHS.	Accessibility and branding of learning and teaching information is centralised and improved.
6.2	Identify and develop the most effective platform to share an interprofessional calendar of events and opportunities for learning and teaching across CHS.	Access to learning and teaching opportunities across CHS is maximised.
6.3	Identify and develop a communication method to promote in real time, when learning and teaching sessions are occurring across CHS.	Learning and teaching sessions are communicated across CHS, and the clinical workforce is released to attend.
6.4	Create an external online presence to promote CHS learning and teaching.	Promote CHS learning and teaching externally to support workforce and recruitment initiatives and improve visibility to the community.
6.5	Establish an organisational wide learning and teaching symposium to support innovative learning and teaching and scholarly activities.	Value, share, and showcase learning and teaching innovation and scholarly activities annually.
6.6	Establish CHS teaching awards and celebrate achievements.	Clinical teachers, learners and students are acknowledged and rewarded for excellence, innovation and integration into practice.


DefriesIndustries

Next steps

A separate implementation plan with actions will articulate the priority outcomes, longer-term goals and the details of how we will achieve the strategic commitments in the next 4 years. The implementation plan will be co-developed with representation from each of the broad professional groups and other key stakeholders and will be a living document that will be reviewed and updated yearly.

Conclusion

Learning and teaching empowers our staff to do their work better and contributes to making CHS a great place to work. This Strategy affirms that learning and teaching for clinical staff is prioritised and valued by CHS. The strategic commitments support and underpin the culture, workforce and wellbeing initiatives already underway. Engagement with consumers in clinical learning and teaching shifts the focus from provider to consumer outcomes, supporting provision of exceptional care. As beneficiaries of the health system, consumers play a transformative role in changing and shaping clinical learning and teaching for better outcomes.

Strengthening and building on academic and other professional partnerships enhances opportunities for the clinical workforce to be innovative and to integrate new methodologies, knowledge and educational research into practice.


AFT
BODYCRAFT
FACULTY OF
HEALTH
Sport and Exercise Science
UNIVERSITY OF
CANBERRA
Exercise Physiology &
Rehabilitation

Appendix A

Advisory Group for the development of CHS Clinical Learning and Teaching Strategy.

Prof. Imogen Mitchell	Chair: Executive Director, Research & Academic Partnerships, Canberra Health Services
Dr Grant Howard	Executive Director, Medical Services, Canberra Health Services
Dr Jo Morris	Executive Director, Division of Rehabilitation, Aged and Community Service, Canberra Health Services
Ms Kellie Lang	Acting Executive Director, Nursing and Midwifery and Patient Support Services, Canberra Health Services
Ms Kalena Smitham	Executive Group Manager, People and Culture, Canberra Health Services
Ms Katie McKenzie	Executive Director, Mental Health, Justice Health and Alcohol and Drug Services, Canberra Health Services
Mr Anthony Dombkins	Chief Nursing and Midwifery Officer, Office of Professional Leadership and Education, ACT Health Directorate
Dr Nathan Oates	VMO Anaesthetist, Director Prevocational Education and Training, South East Regional Hospital
A/Prof Alexandra Webb	Associate Professor, Deputy Director Medical School, College of Health and Medicine, Australian National University
Prof. Stuart Semple	Associate Dean, Education and Strategy, University of Canberra
Prof. Nick Brown	Allied Health Research, Director University of Canberra Clinical School
Prof. Ian Curran	Vice Dean, Education at Duke-NUS Medical School and Co-Director of Academic Medicine Education Institute, Duke-NUS Medical School
Ms Shivana Chandra	Research Officer, Health Care Consumers Association
Dr Nicole Jones de Rooy	Senior Project Officer Learning Organisation Office, Office of Research and Education, Canberra Health Services
Ms Judith Ingwersen	Senior Project Officer Learning Organisation Office, Office of Research and Education, Canberra Health Services
Dr Christopher Dickie	Senior Clinical Lead Medical, Learning Organisation, Office of Research and Education, Canberra Health Services

Appendix B

Glossary of terms

Clinical role[5]

Clinical roles often have face-to-face contact with patients for the purpose of diagnosis, treatment, and ongoing care. Some clinical professions are behind-the-scenes, such as laboratory professionals whose work supports diagnosis and treatment. Clinical roles often require registration, certification or licensing.

Non-clinical role[5]

Non-clinical work may support patient care, but the work does not provide direct diagnosis, treatment, or care for the patient. Examples include administrative roles, human resources, technicians and IT. Some non-clinical workers do interact with patients but do not actually provide medical care.

Clinical learning environment[6]

Used in the broadest sense of the word 'environment', to encapsulate the range of factors that impact on the learning experience.

Clinical education[5]

Used to broadly describe any role that contributes to the education or training of another person. Includes:

- clinical educators specifically employed to deliver education and training to staff
- clinicians who as part of their duties have direct responsibility as a supervisor, preceptor or mentor
- clinicians with incidental or opportunistic responsibility for education.

Interprofessional[6]

Refers to activities involving two or more professional groups.

Multi-disciplinary[6]

People from different disciplines working together, each drawing on their disciplinary knowledge.

Inter-disciplinary[6]

Integrating knowledge and methods from different disciplines, using a real synthesis of approaches.

These terms may be used interchangeably. Activities may include clinical case conferences, case presentations, grand rounds, seminars, simulation activities, patient consultations and support communication, biophysical skills and values-based care.

Support[5]

Defined as management, administrative, organisational or coordination responsibilities, as opposed to actual teaching or supervision. This includes managers with oversighting responsibility for educational activities or outcomes.

Learner[5]

"In a continuously learning and improving health care system, every participant is both a learner and a teacher."

Levels of Learners[7]

Student/vocational – learners enrolled in an accredited educational body undertaking applied or practical study leading to a qualification.

Student/undergraduate/professional entry – learners enrolled in a higher education course of study leading to initial qualification or registration to practice as a health professional.

Early graduate – An individual who has completed their entry-level professional qualification within the last one or two years.

Postgraduate – defined as learners enrolled in formal programs of study, usually undertaken to enable specialty practice

Continuing Professional Development learners – defined as staff of the organisation who are undertaking training as part of their continuing professional development

Comparison of types of supervision for nurses and midwives (may be adapted to other professions).[8]

	Point-of-care supervision			
	Clinical facilitation	**Buddying**	**Preceptoring**	**Clinical teaching**
Method of provision	Supervision and support of nursing and midwifery students during clinical placement Informal/formal Individual or group	Welcome and orientation to the new work environment Informal Individual	Clinical support for new staff during the transition to a new work environment Informal/formal Individual	Education on specific clinical and non-clinical skills Opportunistic Informal/formal Individual or group
Duration	Short–medium term	Short term (approximately first three months)	Short term (approximately three–six months)	Short term Episodic/planned
Feedback process	Feedback to student May include feedback to an education provider	Feedback to new staff member and NUM/MUM	Feedback to the preceptee and NUM/MUM	Feedback to the learner and NUM/MUM as required
Intended outcomes	Safe patient care during student learning Application of skills and knowledge to practice Feedback, guidance and encouragement to continue development Working towards competency attainment	Quicker integration into the work environment Interactions with NUM/MUM are more focused on key areas Increased opportunity for connection with other staff	Increased knowledge, clinical skills and application of theory to practice Safe clinical practice and supported transition to work environment Competency attainment	Increased knowledge, clinical skills and application of theory to practice Safe clinical practice Competency attainment
Examples	Observation of direct patient care and indirect care by RN/RM in accordance with student's level of training and experience Case discussion/review Debriefing	Orientation to physical work environment New staff member able to ask questions freely	Orientation to clinical procedures and processes Support to achieve learning goals Observation of competency and transition	Teaching opportunities: • direct patient care • at clinical handover • during ward rounds • education sessions

Facilitated professional development			Clinical supervision (reflective)
Peer review	**Coaching**	**Mentoring**	**Clinical supervision**
Evaluation of care by a colleague of a similar level of experience and position Informal/formal Individual or group	Development of specific skills and knowledge to attain identified goal Informal/formal Individual or group	Senior professional shares knowledge and expertise to nurture professional growth Informal/formal Individual – instigated by the mentoree	Reflection on work and professional issues Formal/structured Individual or group
Short–medium term (at regular intervals or in response to need)	Short term	Long term (frequency flexible according to need/availability)	Long term (monthly)
Feedback to peer(s) NUM/MUM awareness of peer review process	Feedback to coachee May include feedback to manager	Feedback to mentee Manager may be informed by mentee	Feedback to supervisee(s)
Quality and safe care Performance accountability and enhancement Professional development Measuring practice against professional standards of practice	Focused support in the attainment of goals Empowering and enabling Improved performance and wellbeing Development of future leaders	Extended support in the attainment of goals Further development of capacity and skills Sustained development of leaders	Improved clinical practice and professional development Exploring new ways of working or dealing with difficult situations More reflective, vibrant professional staff members
Review of medication errors and falls Auditing of files to improve documentation Case review Root cause analysis	Action Learning Sets Leadership development Clinical leadership programs including 'Take the Lead' (for managers)	Mentoring programs Development of managers and clinical leaders	Individual or group supervision with a trained supervisor Peer supervision

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