



EVALUATION AND RECOMMENDATIONS FROM THE AFPHM SUPERVISOR WORKSHOPS 2011

Prepared by: Susanne Engelhard, *Associate Director of Education, Training and Development*
Dr Lynne Madden, *Chair Faculty Education Committee*

Contributors: Dr Judy Straton, *Lead Fellow Assessment*
Dr Mike Ackland, *Lead Fellow Accreditation*

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The workshops were developed and implemented by the Associate Director of Education, Training and Development in association with the following Fellows:

Dr Lynne Madden (Chair Faculty Education Committee)
Dr Judy Straton (Lead Fellow Assessment)
Dr Mike Ackland (Lead Fellow Accreditation)
Dr Marie-Louise Stokes (Lead Fellow Physicians as Educators – 2010)
Dr Neil Parker (Lead Fellow Teaching and Learning)

Belinda O'Sullivan of BOS Consulting developed and delivered the module for learning contracts. Dr Robyn Lucas reviewed and provided comment on the draft report.

Members of the AFPHM Faculty Office contributed to the planning and execution of the workshops.

1 INTRODUCTION

Background

On 1 January 2010 the Australasian Faculty of Public Health Medicine began a transition to the new education program for advanced training. The changes have achieved a greater alignment between the learning and assessment processes and the work that trainees perform as specialists in Public Health Medicine. This has required a significant redesign of the delivery of both learning and assessment within the Advanced Training Program and this has occurred incrementally through a process of staged implementation that has spanned 3 years.

Effective communication with supervisors and trainees about these changes and new processes is essential. As part of this communication strategy supervisor workshops were planned to:

1. provide an overview of the development to date of the new Faculty Education Program
2. explain what the final program will look like and when we will achieve this
3. explain the staged introduction of the major components (the curriculum, the learning contracts and formative and summative assessments)
4. provide an indepth learning opportunity regarding the new tools to be used (in particular the use of the learning contract) and formative assessment (for example the oral presentation assessment tool)
5. explain the summative assessment process that occurs at the national level and how this is linked to what happens in the workplace

Development of the workshops

In the first half of 2011, the Faculty Education Committee (FEC) and the Faculty Office coordinated the delivery of eight workshops for supervisors around Australia. The workshop was developed by the Associate Director of Public Health Medicine Training and Development in close association with members of the FEC. The section on learning contracts was developed and delivered at some workshops by Belinda O'Sullivan, a private consultant responsible for leading the pilot and implementation of learning contracts for the Faculty Training Program. The aim of the workshops was to inform and update participants on the new education program, and to provide an opportunity to enhance practical skills required for supervision. A variety of delivery formats were used over the course of the workshop with a mixture of didactic sessions, exercises and discussions.

The first workshop was delivered as a pilot with the Regional Education Coordinators from each state, and all the members of the FEC. This was delivered in Sydney at the RACP offices on 1 February, 2011. Seven people were involved in the facilitation of the pilot workshop (two external consultants, one RACP staff member, and four members of the FEC). Participants provided detailed feedback on the structure, content and flow of the workshop. This information was used to reshape and refine (simplify) the workshop structure, which was then rolled out in the following seven workshops.

Delivery of the workshops

The seven workshops were offered to all current supervisors, new supervisors in 2011, and those interested in being a supervisor in the future. The workshops were offered as a full day workshop (9am-3.30pm). The final workshop was offered as a half day session at the RACP Congress in Darwin (2pm – 6pm).

The schedule for the workshops was:

- Sydney (pilot) – 1st February
- Melbourne – 28th February
- Adelaide – 1st March
- Perth – 3rd March
- Canberra – 8th March
- Brisbane – 10th March
- Sydney – 11th March
- Darwin – 25th May.

The facilitation of these workshops was shared among a small team including primarily the Associate Director of Education, Training and Development, the Chair of the FEC, the Lead Fellow Assessment, and the Lead Fellow Accreditation (the Project Team). The workshop comprised the following sessions:

- The roles and responsibilities of the AFPHM supervisor
- The AFPHM education program
- The AFPHM Curriculum
- The AFPHM assessment requirements, including workplace reports and oral presentations
- The AFPHM teaching and learning requirements, including the learning contract
- Giving effective feedback to trainees.

A total of 94 people participated across the eight workshops. A list of participant numbers and facilitators is included in Appendix 8.1. A copy of the workshop program, presentation slides, and the guide for facilitators are provided in Appendix 8.2, 8.3 and 8.4 respectively.

A workbook was prepared to support the delivery of the workshop. This contained a comprehensive set of handouts that were used as background materials and for exercises. A copy of the handouts that comprised the workbook are provided at Appendices 8.4-8.17 inclusive.

Evaluation

Each workshop was evaluated using both quantitative and qualitative methods. In addition the project team set aside time for reflection at the end of each workshop and made further refinements to the delivery in response to feedback from the participants.

2 CONTENT OF THE WORKSHOP

The workshop opened with participants being asked to rate themselves on a scale of one to ten according to their confidence in being a supervisor. This led into a session on **the roles and responsibilities of being a supervisor**, which explored how to establish and maintain an environment within the public health workplace that is supportive of learning. Central to this session was an exercise using a nominal group technique to explore with participants the following questions:

- What motives you to be a supervisor?
- What are the qualities that make for good supervision?

The observations made by participants are summarised in the following section of this report. This exercise stimulated a discussion about the structural, learning and emotional support that supervisors can provide to ensure a constructive workplace learning experience.

While the Faculty Training Program is a national training program most Fellows and Trainees are most aware of the progress of trainees within their own jurisdiction. Consequently the workshops allowed participants to gain a broader understanding of the **trainees distributed across the country**; descriptive statistics summarising the trends in training over time and the current national profile of trainees were presented.

The educational theory upon which the new education program is based is constructive alignment as described by Biggs and Tang^{1,2}. The foundation of delivery is the new competencies that capture what we expect trainees to be able to do by the end of their training. These are presented as part of the new **curriculum document**, where the competencies are formatted into Domains, Themes and Learning Objectives. The workshops provided an opportunity to launch and distribute copies and a short didactic session introduced Supervisors to the format of the new curriculum.

During the overview of **AFPHM assessment** the types of formative and summative assessments that have been developed were described, as well as the timelines for the introduction of new assessment tools. A particular focus was the Workplace Reports which have replaced the Bound Volume. Trainees are required to submit three Workplace Reports over the three year full-time period of training. Participants were introduced to the guidelines that describe what comprises an acceptable Workplace Report and the role of the supervisor in the submission of these was explored through interactive discussion.

Learning Contracts allow for transparency and clarity in what the trainee plans to achieve in a workplace. While learner centred they facilitate an external review of the projects and strategies to achieve the learning planned. While the trainee is responsible for completing the learning contract, the supervisor must provide support in the initial development, ongoing monitoring and final formative assessment of the contract. A short didactic session provided the participants with the background to and rationale for the introduction of learning

¹ Biggs, J and Tang C. (2007): Teaching for Quality Learning at University, (McGraw-Hill and Open University Press, Maidenhead)

² Biggs, J (2003): Aligning Teaching and Assessment to Curriculum Objectives, (Imaginative Curriculum Project, LTSN Generic Centre)

contracts, including a description of the initial pilot. A number of exercises were provided for the supervisors to complete as groups and this exercise built their understanding of what comprised a comprehensive learning contract, as well as allowing them to familiarise themselves with the new curriculum document.

Effective feedback assists people to reflect on their practice; knowing how to give feedback is an essential skill for supervision. However many people find giving feedback a challenge, consequently this session was included to allow people an opportunity to practice in pairs techniques for giving feedback.

The final session was another exercise that allowed supervisors to use the new **Oral Presentation Assessment Form**. Participants used the form to assess a recorded presentation on a light and amusing non-public health topic.

3 UNDERSTANDING THE ROLE OF THE SUPERVISOR

At the beginning of the workshop supervisors were asked to rate their confidence in being a supervisor and were asked about their understanding of their role and the support that they feel they need to fulfil the role. This information, which is summarised here, was collated and a qualitative analysis undertaken to identify the themes that emerged. This information will be used to inform future supervisor workshops and the development of a supervisor handbook.

What motivates people to be a supervisor?

Participants were asked to write down the main reasons why they like to be a supervisor. The main themes to arise are presented below in the order of frequency of comments:

1. Building workforce capacity for the next generation of public health practitioners
2. Personal professional development
3. Giving back to the system
4. Personal satisfaction
5. Supporting and guiding trainees
6. Enhancing the capacity of your workplace
7. Developing high quality public health practitioners and building the profession
8. Good supervision contributes to the health of the population
9. Transfer of specialised knowledge
10. To be involved with the Faculty and College
11. Building collaborative practice.

Below is a summary of the participants' responses under each theme. For further detail the participants' responses are presented at the end of the report in Appendix 8.20.

Theme 1: Building workforce capacity through the next generation of public health practitioners

Many people feel a responsibility to help train future public health physicians by passing on their knowledge and skills. They view this as a contribution to succession planning and maintaining the profession.

Theme 2: Personal professional development

Supervising trainees promotes the learning of the supervisor and keeps skills and knowledge current. Engaging with trainees who are 'very bright and eager' is a mechanism for continuing to learn oneself and to improve your own practice. One supervisor observed that they 'learn a lot from the exchange associated with supervision'; others 'like to be challenged'. Being a supervisor also provides opportunities to get involved in projects in new areas of practice and learn new things. A very practical outcome from offering supervision is that it allows you to accrue Continuing Professional Development points.

Theme 3: Giving back to the system

Many supervisors supervise because they want to give back to the system that trained them. They see it as a professional and personal responsibility to contribute to the development of trainees by transferring their knowledge. It is 'nice to give back'.

Theme 4: Personal satisfaction

Being a supervisor is an enjoyable and satisfying experience, it 'makes work life interesting'.

Theme 5: Supporting and guiding trainees

Supervisors support trainees through their learning and development and help them to succeed by identifying opportunities. By supporting the trainees they are also supporting the Training Program.

Theme 6: Enhancing the capacity of your workplace

Trainees enhance capacity of the workplace that they are located in and help with the workload. Trainees tend to bring ideas and energy and also a fresh perspective. In this way they contribute to the development of the organisations that host them. Both rural and Aboriginal community controlled posts felt that if physicians had the opportunity to access these positions while in training they would be more likely to choose to work in these areas in the long term which leads to better recruitment retention.

Theme 7: Developing high quality public health practitioners and building the profession

By assisting trainees to be good public health practitioners you help maintain and improve the standards of the profession. This also helps to build the profession and promote public health.

Theme 8: Good supervision contributes to the health of the population

The ultimate outcome is to develop a competent workforce to improve the health of the populations of Australia and New Zealand.

Theme 9: Transfer of specialised knowledge

Some supervisors perceived that they have skills and experience in areas that few people have and consequently they have an opportunity to supervise in that area and pass on their knowledge and experience. Others were concerned to ensure that there are enough supervisors to allow for a range of training opportunities for trainees.

Theme 10: To be involved with the Faculty and College

Being a supervisor is necessary to the functioning of the Faculty and promotes building a critical mass of public health. It allows people to form active links with the Faculty/College and is a way of giving back to the Faculty/College.

Theme 11: Building collaborative practice

Supervision increases your network of colleagues and enhances collaboration and partnerships.

Recommendation 1: The FEC consider ways to use these findings including:

- Inclusion in a supervisor handbook
- As part of marketing material to promote supervision to Fellows.

What qualities make for good supervision?

Participants were asked what they considered to be the qualities of good supervision. The participants recognised that supervision is a relationship between the supervisor and the trainee and consequently both are responsible for good supervision to occur. The main themes to arise across the workshops are presented below. The themes to emerge were:

1. Supervisor skills that enable supervision
2. Providing support to the trainee
3. Supervisor as a role model
4. Knowledge about the Training Program and Faculty requirements
5. Trainee skills that enable supervision.

What emerges is a description of a role that requires significant social maturity with many elements that can be learned and reinforced. Participants' responses are presented at the end of the report in Appendix 8.20.

Theme 1: Supervisor skills that enable supervision

A good supervisor makes time for supervision and makes themselves accessible and available to the trainee. Using their management skills they structure time for regular meetings and project planning.

They have good communication and people skills, in particular listening skills, are approachable and supportive and are able to identify problems and difficulties early. They are able to give effective feedback that is timely (prompt) about both the positive and the negative aspects of performance. Feedback is offered not only within structured meetings but also ad hoc to ensure timeliness of advice. Supervisors need to be honest, transparent and supportive of training.

As well as the technical development of trainees they are also interested in their personal development. A good supervisor demonstrates empathy for the trainee and understanding for the challenges of the role which in turn builds rapport and a relationship.

Supervisors ideally are enthusiastic, committed and personally invested in the role and they also have insight into their own strengths and weaknesses. They are also able to recognise the skills that the trainee brings to the workplace. They are able to apply situational leadership skills to tailor their approach to the needs of the trainee.

Theme 2: Providing support to the trainee

Good supervision provides the trainee with workplace opportunities that allow learning and professional development. Work projects are framed to allow the trainee to develop their skills and initiative rather than to overwhelm and demotivate them. Motivating trainees and providing knowledgeable guidance, identifying resources and ensuring the trainee is directed into useful channels were identified as roles for supervisors. A good supervisor is attentive to the detail of projects while being able to take a long view, a perspective of a project as a whole.

Supervisors with a broad experience and knowledge in public health and with sound analytical ability are able to create opportunities for learning. However the supervisor doesn't need to know everything relevant to all the competencies of the Training Program. Indeed being open about knowledge gaps was recognised as a positive quality.

Theme 3: Supervisor as a role model

Supervisors are a role model for trainees of professionalism, ethical behaviour and leadership in the workplace. They reflect and help the trainee to further develop their public health values. They model reflective practice and a good supervisor remembers to have a sense of humour.

Theme 4: Knowledge about the Training Program and Faculty requirements

Supervisors need to understand the Faculty Training Program and its requirements and the rationale behind the requirements. Supervisors have administrative and paperwork requirements to complete and some indicated that these can be a challenge at times.

This knowledge about the Training Program also informs in providing appropriate opportunities (projects that are linked to competency development) and in understanding the requirements and the timelines that the trainees need to meet. The supervisor can also help the trainee to manage the sometimes competing needs of the Faculty and the workplace.

Theme 5: Trainee skills that enable supervision

It was acknowledged that the Trainee also needs to be knowledgeable about the requirements of the Training Program and that there is an added burden of being a supervisor of a new trainee. The communication skills of the trainee were recognised as being important for the success of the supervision relationship. It was acknowledged that flexible trainees made it easier for the supervisor to encourage learning, challenge the trainee, encourage reflection, acknowledge progress and deliver a graded transfer of responsibility.

Recommendation 2: The FEC to consider ways to utilise these findings including:

- Inclusion in a supervisor handbook
- Inclusion in a trainee handbook
- As part of marketing material to promote supervision to Fellows
- To guide the development of future training resources for supervisors

The challenges of supervision

At the first workshop participants were asked to comment on what they considered to be the challenges of supervision. Issues raised included having sufficient time to be a supervisor and in particular in dealing with someone who is not performing or who appears unsuited to public health, '*very challenging to give effective feedback to trainees when they are underperforming*'. Some participants felt that in non-government organisations sometimes the context does not always fit well with supervision requirements. Participants also noted that it is not always easy to recruit medical staff.

Recommendation 3: In future supervisor training, gather feedback from participants on the challenges of supervision. This information could prove useful to plan future training sessions.

4 EVALUATION OF THE DELIVERY OF THE WORKSHOP

Participants completed the RACP standardised PREP AT Evaluation form at the end of each workshop. On this form, participants were asked to assess the workshops against nine criteria:

- Training was relevant to my needs
- Materials provided were helpful
- Content was well organised
- Questions were encouraged
- Instructions were clear and understandable
- There was time to practice new information
- Training met my expectations
- Length of training time was sufficient
- The facilitator and/or presentation was effective.

The scale offered five options to rate each criterion: Strongly Agree, Agree, Neither Agree or Disagree, Strongly Disagree, N/A.

Qualitative information was also gathered. Participants were asked to self rate on a scale of 1-10 (where 1 = very low confidence and 10 = very high levels of confidence), at both the beginning and at the end of the workshop, how confident they felt in supervising an AFPHM trainee.

Delivery of the workshop

Sixty-seven participants (including the pilot) completed the PREP AT evaluation form, a 71% response rate. There was an overwhelmingly positive response to the workshops, which is reflected in the results presented in Table 1. The majority of participants agreed or strongly agreed with each of the criteria.

Table 1. Responses provided by AFPHM supervisors regarding nine assessment criteria for 8 supervisor workshops delivered in across Australia in 2011.

Criteria	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
Training was relevant to my needs (ie Prep Overview, Specific tools, effective feedback)	41 (61%)	26 (39%)			
Materials provided were helpful	46 (69%)	18 (27%)	3 (4%)		
Content was well organised	39 (59%)	27(40%)	1 (1%)		
Questions were encouraged	45 (67%)	20 (30%)	2 (3%)		
Instructions were clear and understandable	37 (55%)	29 (44%)	1 (1%)		
There was time to practice new information	27 (40%)	32 (48%)	6 (9%)	2 (3%)	
Training met my expectations	35 (52%)	32 (48%)			

Length of training time was sufficient	29 (43%)	35 (53%)	1 (1%)	2 (3%)	
The facilitator and/or presentation was effective	40 (60%)	27 (40%)			

By the end of the workshop, did the participants feel more confident to be a supervisor?

As noted above, at the start of each workshop, participants were asked to rate themselves on a scale of 1 to 10 on how confident they felt to be an AFPHM supervisor *right now*. At the end of the workshop people were asked to rate themselves again. This self-ranking exercise allowed the Project Team and the participants to gain an immediate impression of the effectiveness of the workshop. The participants appeared to enjoy this exercise as it provided an opportunity to share their experience of supervision with other participants. It also energised the group early in the day by asking them to reflect with each other about their current feelings about their capacity to supervise a trainee. By asking each person to reflect it drew all the participants into the process. Repeating the exercise at the end of the day once again drew everyone into the process of reflection and expressing what they felt they had gained through the workshop. It was also an effective way to visually demonstrate to both participants and facilitators an improved sense of confidence of the group as a whole.

Initial rankings

At the start of the workshop participants expressed a range of levels of confidence across the whole span of the ranking, from very low levels of confidence through to very high levels, but most placed themselves at the lower end. The reasons for this span are summarised below.

Participants expressing low levels of confidence had usually not supervised before or were new supervisors. Participants who had either just completed training or had been a supervisor a long time ago both expressed uncertainty; participants are aware that the Faculty Training Program has changed ‘a lot’. Some participants had been mentors but not supervisors and are aware that the roles are very different. They expressed a desire to know about learning contracts, workplace reports, new assessments and the new curriculum.

Participants recognized that knowledge and experience of supervision gained in other settings was transferable; however they still felt that they needed to know the requirements of the Faculty Training Program to be confident. Supervisors of other trainees who learn in the workplace eg college trainees, medical students, NSW Public Health Officer Trainees and NZ trainees, as well as from academic environments for example Masters students, recognised that they had relevant experience as supervisors. People with experience in the general supervision of staff also acknowledged the value of this experience. An interesting observation is that people who were very confident also cited experience of supervising other groups of trainees, an observation that would be interesting to explore with supervisors. Alternatively people with knowledge of the Training Program but no experience or knowledge of supervision tended to rank themselves lower.

People who have supervised and found it challenging tended to rank themselves around the midpoint as did those with some knowledge of the Training Program but lower levels of experience as a supervisor.

As mentioned above people who were very confident were those who had supervised a lot and often had experience of supervising a range of different types of trainees including AFPHM trainees and of managing staff. However they wanted to understand the new

Faculty Education tools and learn about the new requirements, the new curriculum and forms.

Final rankings

All participants across all the workshops self rated their levels of confidence higher at the end of the workshop. The changes ranged from a couple of points up to 4 or 5 points in some cases (although it is hard to put actual numbers on this). A summary of the participant comments are provided below.

At the lower end of the scale some participants reported '*Feeling better about the process of being a supervisor, still unsure about the details*'.

The majority of participants expressed feeling moderately more confident having gained a better understanding of the processes and the tools and '*a much clearer understanding of the training requirements*'. Encouragingly they expressed '*feeling better about the knowledge*' and '*looking forward to putting it into practice*'. Some people who were able to confirm their knowledge and found this reassuring. Others expressed that they liked the standardised approach, that this was clearer and less open to interpretation, and '*promises a real attention to detail*'. One person offered that '*before it was confusing 'black magic*'.

A number of people expressed that they valued having support available '*I understand better, and also feel that there is the support that I can go to in the Faculty for specific things such as the learning contracts*'.

Generally people expressed being happier at the end of the workshop as it '*integrated the whole training program, the handbook is really helpful*'.

Those who expressed being much more confident valued having the theoretical basis for the changes explained and appreciated the '*ideas for trying things in a new context*'. These people tended to single out being much more confident in using the learning contract after the workshop.

Recommendation 4: Include the self-ranking exercise at the start and end of any future supervisor workshop.

Areas for further clarification

At the end of the workshop, participants were asked whether there were any areas that they felt needed further clarification. The following areas were raised:

- The 'art' of **supervision** was not explored enough. Participants asked for more exploration of what makes an effective supervisor beyond effectively applying the tools. Participants requested more advice for interceding with underperforming trainees and resolution of disputes between the supervisor and the trainee. One suggestion was providing a video example of giving feedback.
- Participants raised the challenge of co-supervision and asked "*What is the best way to structure co-supervision?*"
- Supervisors would like more information about the **assessment processes** and a number of queries were raised about the application of the oral presentation assessment which have been forwarded to the Assessment Subcommittee for consideration.

Regarding the final oral examination, some people requested that there be consultation on its future role. *'It seems very unclear as to what is happening with it into the future. Would like to have a voice in deciding whether to have an oral exam – have a consultation on this.'*

More information was sought about the **learning contracts**, and the cycle that they go through. There is some uncertainty about the difference between the Learning Contract and the Learning Contract Report. Participants asked what needed to be subsequently submitted. There is also uncertainty how to assess levels of competence.

Further information about what **forms** must be submitted to the Faculty was requested as well as how to adequately complete forms.

Participants asked after the **role of the mentor** – *'does that continue on the same?'* Participants confirmed that the role of the mentor was important and felt that it should be retained by the Training Program.

Clarification was sought on the role of the **Regional Committees**, especially with sign off of learning contracts. Supervisors wanted to know what their relationship was to the FEC and what the communication lines are?

Recommendation 5: The FEC to discuss a strategy to address the areas needing further clarification. This strategy could include (but is not limited to);

- Developing a Frequency Asked Questions for supervisors
- Clarifying the role of mentors in the training program
- Clarifying the role of a co-supervisor

Recommendation 6: Future supervisor training to provide a more in depth coverage of the following sessions:

- Assessment
- The Learning Contract
- Giving Effective Feedback

Recommendation 7: The Assessment sub-committee to discuss the issues raised in this section:

- More information on workplace reports, exam preparation, the training summary
- Process for consultation on the future of the oral exam
- Clarify the marking system for oral presentations

Did the workshop objectives meet the expectations of the participants?

When participants at the beginning of the workshop were given the chance to reflect on the objectives, they expressed a desire for practical sessions and information confirming that the changes to the training program are both evidence-based and are strengthening the program. They also asked for information about dual training and co-supervision.

At the end of the workshop, all the participants when asked whether they felt the objectives of the workshop were achieved responded **Yes**. Consequently the Project Team conclude that the objectives of the workshop met the expectations of most participants.

Recommendation 8: In future supervisor training, include a session covering some practical tips, tactics and techniques for being a supervisor

Recommendation 9: Develop a FAQ sheet for Supervisors that covers information about dual training options and co-supervision.

5 SUPPORTING SUPERVISORS

At the end of the workshop supervisors were asked what ongoing support would they like from the Faculty.

Firstly they raised that they would like to be able to **find information** more easily. They would also like ongoing communication with the Faculty and asked for a feedback loop between the supervisors and the FEC (suggestion was for teleconferences 2 times a year).

They also suggested establishing '*some kind of peer support for supervisors*'. Mechanisms for **providing support** were suggested and included: having supervisor mentors; a supervisor buddy system (a new supervisor with an experienced supervisor); a supervisor forum; and producing a supervisor handbook that includes worked examples of the various forms eg of a good learning contract.

Supervisors looked for support in completing **the learning contract** and asked also for access to other completed learning contracts.

People asked for **continuing training** and suggested that workshops should be held regularly, and should be held whenever there are substantial changes or new developments affecting the Training Program. Other formats for delivery suggested were half day, at the end of the Annual Scientific Meeting, by webinar, and by videoconference (at least 2 hours) and involving the regional committee. It was also suggested that the training should be compulsory for supervisors.

Workshops for helping trainees prepare for the final oral examination were also suggested '*A workshop before doing the Viva exams to train the people who are running the mock exams*'.

Recommendation 10: The FEC to discuss a strategy for supporting supervisors. This strategy should include (but is not limited to);

- Developing a supervisor handbook
- Introducing a regular communication forum between the FEC and Supervisors
- Introducing a peer support program for new supervisors

6 FINAL COMMENTS

At the end of the workshop, participants were asked if they wanted to provide any other comments or feedback.

Theme: Assessment

- Put the oral presentation marking form onto an A3 sheet (and folded) so that you do not have to turn over the sheet during the presentation to read the descriptions on the back
- The Trainee teleconferences in the lead up to the exam in 2010 were very valuable, especially as they started in April so they had access to this for much of the year. Were more valuable than the videoconferences
- The workplace reports are being sent to examiners with the names of the trainees still on it, they should be de-identified – can this issue be referred to the assessment sub-committee
- The oral presentation guidelines should be clarified to better describe the trainee and assessor responsibilities, including how the assessors should collate their feedback to give to trainee, and to clarify process requirements for identifying and requesting assessors.

Theme: Ongoing supervisor training

- Include some references/articles in the handout – put these on the website rather than printing
- Would be useful to know what the other topics are for videoconferences/national training days. Some people didn't know they could attend videoconferences.
- Communication training should be something we offer to supervisors and trainees
- If there is going to be a workshops around Australia in the future, it might be good to consider what else can be tacked on to it. It was very useful to have people come out and deliver this.
- It is invaluable, supervisors need to do this on a regular basis, for sustainability perhaps it could be combined with when trainees get together
- Next time we come together for a supervisor workshop/session can we cover with what is a supervisor to do for trainees in their last year, eg gap identification, or if a trainee does need remediation

Theme: Supervisor Resources

- The handbook is a good tool, would be good to convert this into a supervisor handbook
- The curriculum is a really useful tool, much easier than going to the website to get the competencies
- In the handbook, include a brief explanation of what PREP AT, and also how does the professional qualities curriculum fit in
- Give supervisors access to the portal so they can access for continuing professional development points, and also to see what the trainees have access to – they might be under my resources as well
- Include a key contacts page so people know who to contact
- An online roadmap of the progression through the training program – from the MPH level through the training program would be useful

Theme: Communication

- Supported the idea of having a 6 month teleconference linking FEC with supervisors. Also peer review lists can be good, or an email list?
- We support the idea to have a 6 monthly teleconference or web based activity for supervisors to connect with the FEC and the Faculty.

Theme: Trainee support

- Is the trainees café something our trainees can join?

- Collate a list of each of the training positions, including the STP roles, and which competencies they offer so that trainees who need to address gaps can have an idea of what roles there are out there
- Get feedback from trainees as to how they are finding the changes, do they feel that they are beneficial

Recommendation 11: The Assessment sub-committee to discuss the issues raised in this section:

- Format of the oral presentation marking form
- Maintaining trainee confidentiality of workplace reports during the marking process.

Recommendation 12: The FEC to discuss introducing regular supervisor training; consideration should be given to the following suggestions:

- ½ day vs full day format
- Videoconferencing
- Web based training modules
- Including a supervisor training session as part of Congress.

Recommendation 13: The FEC to discuss the feasibility of consulting with trainees in the future to gather data on their experiences with the new training program.

Recommendation 14: The FEC to consider general issues raised including:

- Developing online roadmap of the progression through the training program
- Exploring the feasibility of supervisors having access to the trainee's portal
- Ensuring supervisors are aware of the videoconference sessions on offer so they can also join if interested
- Consider opportunities to encourage supervisors to come together to share experiences, provide peer support and in general build a community of practice.

7 SUMMARY OF RECOMMENDATIONS

The workshops implemented across Australia benefited from the intensive involvement of three members of the Faculty Education Committee, the Associate Director Public Health Training and Development and others intimately involved in the development and delivery of the training program. Although it was not the main intent of the workshop, the workshops provided a natural opportunity for the participants and the representatives of the FEC to communicate face to face. This allowed the supervisors in the various locations the opportunity to express the issues they were concerned about.

A set of recommendations has been developed from the findings of the Evaluation to:

- ensure that future workshops build on the experience of the 2011 workshops,
- ensure that supervisors are provided with the support they need to provide high quality supervision to AFPHM trainees
- allow feedback between the workshop participants, the FEC and its subcommittees.

Recommendations

Understanding the role of the supervisor

'Why be a supervisor?'

1: The FEC consider ways to use these findings including:

- Inclusion in a Supervisor handbook
- As part of marketing material to promote supervision to Fellows.

What qualities make for good supervision?

2: The FEC to consider ways to utilise these findings including:

- Inclusion in a supervisor handbook
- Inclusion in the trainee handbook
- As part of marketing material to promote supervision to Fellows
- To guide the development of future training resources for supervisors.

The challenges of supervision

3: In future supervisor training, gather feedback from participants on the challenges of supervision. This information could prove useful for planning future training sessions.

Evaluation of the delivery of the workshop

4: Include the self-ranking exercise at the start and end of any future supervisor workshop.

Areas for further clarification

5: The FEC to discuss a strategy to address the areas needing further clarification. This strategy could include (but is not limited to);

- Developing a Frequency Asked Questions for supervisors
- Clarifying the role of mentors in the training program
- Clarifying the role of a co-supervisor

6: Future supervisor training to provide a more in-depth coverage of the following sessions:

- Assessment
- The Learning Contract
- Giving Effective Feedback

7: The Assessment Sub-committee to discuss the issues raised in this section:

- More information on workplace reports, exam preparation, the training summary
- Process for consultation on the future of the final oral examination

- Clarify the marking system for oral presentations

Did the workshop objectives meet the expectations of the participants

8: In future supervisor training, include a session covering some practical tips, tactics and techniques for being a supervisor

9: Develop a FAQ sheet for supervisors that covers information about dual training options and co-supervision.

Supporting Supervisors

10: The FEC to discuss a strategy for supporting supervisors. This strategy should include (but is not limited to);

- Developing a supervisor handbook
- Introducing a regular communication forum between the FEC and Supervisors
- Introducing a peer support program for new Supervisors

Final Comments

11: The Assessment sub-committee to discuss the issues raised in this section:

- Format of the oral presentation form
- Maintaining trainee confidentiality of workplace reports during the marking process.

12: The FEC to discuss introducing regular supervisor training, consideration should be given to the following suggestions:

- ½ day vs full day format
- Videoconferencing
- Web based training modules
- Including a supervisor training session as part of Congress.

13: The FEC to discuss the feasibility of consulting with trainees in the future to gather data on their experiences with the new training program.

14: The FEC to consider general issues raised including:

- Developing online roadmap of the progression through the training program
- Exploring the feasibility of supervisors having access to the trainee's portal
- Ensuring supervisors are aware of the videoconference sessions on offer so they can also join if interested
- Consider opportunities to encourage supervisors to come together to share experiences, provide peer support and in general build a community of practice.

Conclusion

The evaluation has demonstrated that the workshops met their objectives and were perceived by the participants as a valuable experience that would assist them in providing effective supervision. By offering the workshops in a concentrated period of time across the country it has provided an important opportunity to update and create a common understanding among the current group of regional supervisors about the development and implementation of the new Education Program. Additionally, the Project Team reported that the delivery of these workshops nationally brought positive benefits through providing an opportunity to engage in a meaningful way with regional Fellows.

8 ATTACHMENTS

Attachment 8.1

Workshop details

SUPERVISOR WORKSHOPS 2011

	Sydney – pilot Friday 1st February 2011	Melbourne Monday 28th February 2011	Adelaide Tuesday 1st March 2011	Perth Thursday 3rd March 2011
Participants	= 14	= 4 (8 started the day)	= 6	= 13 (including 1 staff)
Facilitating	Dr Lynne Madden Dr Marie-Louise Stokes Dr Judy Straton Ms Carmen Axisa Dr Elysebeth Leigh Ms Belinda O'Sullivan	Ms Susanne Engelhard Dr Mike Ackland Dr Lynne Madden	Ms Susanne Engelhard Dr Mike Ackland Dr Lynne Madden	Ms Susanne Engelhard Dr Judy Straton

	Canberra Tuesday 8th March 2011	Brisbane Thursday 10th March 2011	Sydney Friday 11 March 2011	Darwin Wednesday 25th May 2011
Participants	= 9	= 16 (including 1 staff)	= 6	= 13 (including 1 staff)
Facilitating	Ms Susanne Engelhard Dr Judy Straton Dr Mike Ackland	Ms Susanne Engelhard Dr Neil Parker Dr Judy Straton	Ms Susanne Engelhard Dr Mike Ackland Dr Lynne Madden Ms Belinda O'Sullivan	Ms Susanne Engelhard Dr Judy Straton Mike Ackland

Total number of people attending (and completing) the pilot and the other 7 workshops = 94. This figure includes 3 staff members but does not include the facilitators.

Attachment 8.2

Workshop program



AFPHM Supervisor Workshops 2011

9am – 3.30pm

Melbourne 28 Feb
Adelaide 1 March
Perth 3 March
Canberra 8 March
Brisbane 10 March
Sydney 11 March

PROGRAM

8.45am	Registration
9am	Welcome and introduction
9.10am	Supervision
9.30am	Overview of the AFPHM Education and Training Program
9.45am	The Advanced Training Curriculum
10.00am	Overview of the AFPHM Assessment
10.30am	Morning Tea
10.45am	Introducing Learning Contracts
12.30pm	Lunch
1.15pm	Giving Effective Feedback
2.15pm	The Oral presentation
3.15pm	Wrap up
3.30pm	Close

This is a recognised RACP MyCPD activity (3pt/hour of attendance)

Attachment 8.3

Workshop presentation slides



The Royal Australasian
College of Physicians

The AFPHM Supervisor Training Workshop

Melbourne 28 Feb
Adelaide 1 March
Perth 3 March
Canberra 8 March
Brisbane 10 March
Sydney 11 March
Darwin 25 May

Group activity

On a scale of 1 – 10, (one side of the room is a 1 = low confidence, the other side is a 10 – high confidence) stand up and move to where in the room best represents how confident you feel *right now* in supervising an AFPHM trainee.

Consider and discuss with the people around you:

What motivates you to be a supervisor? What are some of the challenges that you face or think you will face as a new supervisor?



The Royal Australasian
College of Physicians

Workshop Overview

- The roles and responsibilities of the AFPHM supervisor
- The AFPHM education & training program
- The AFPHM Curriculum
- The AFPHM assessment requirements, including workplace reports and oral presentations
- The AFPHM teaching and learning requirements, including the learning contract
- Giving effective feedback to trainees

Do you have other objectives you would like to cover?



The Roles and Responsibilities of being a Supervisor include:

- Being a role model for professional practice
- Supporting the Trainee's learning
- Working with the Trainee to develop their learning contract
- Providing timely and constructive feedback to the trainee
- Completing relevant organisational, reporting and administrative tasks

Any others you think are important?



Helpful links:

- AFPHM office
Email: afphm@racp.edu.au
Phone: 02 9256 9622
- The Advanced Training Curriculum
Website: <http://racp.edu.au/page/advanced-curricula>
- Training requirements
Website: <http://racp.edu.au/page/racp-faculties/australasian-faculty-of-public-health-medicine/education-and-training/>

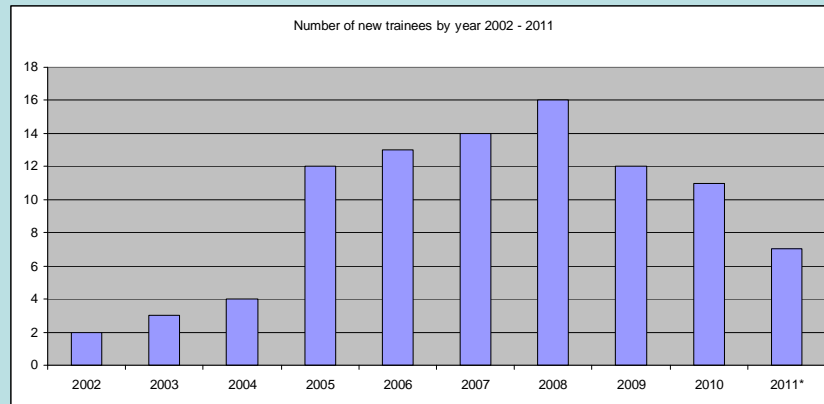


Our next session is...

An overview of the Education and Training Program



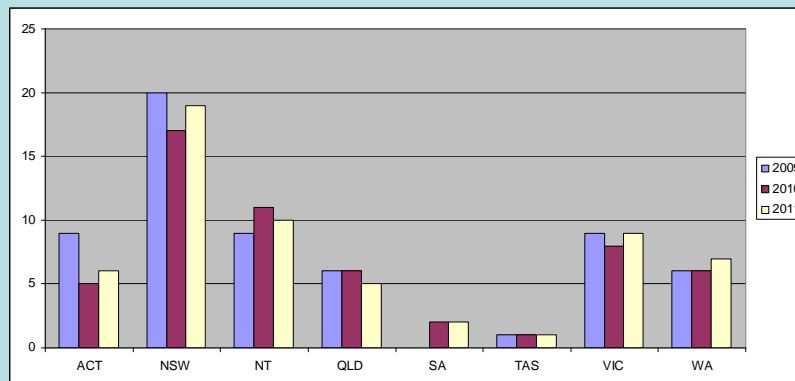
A snapshot of our trainees - new trainees -



* 2011 figure is year to date



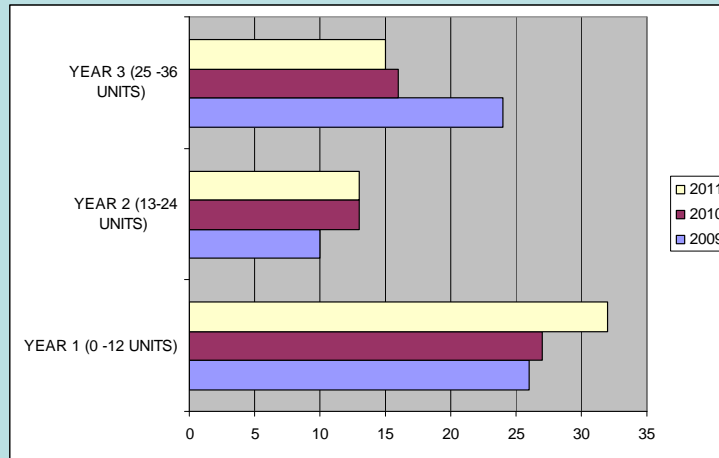
A snapshot of our trainees - their location -



- Total number is 60 Trainees (plus 3 OTPs = 63)
- Only includes those STP positions that have recruited (5 so far in NSW).



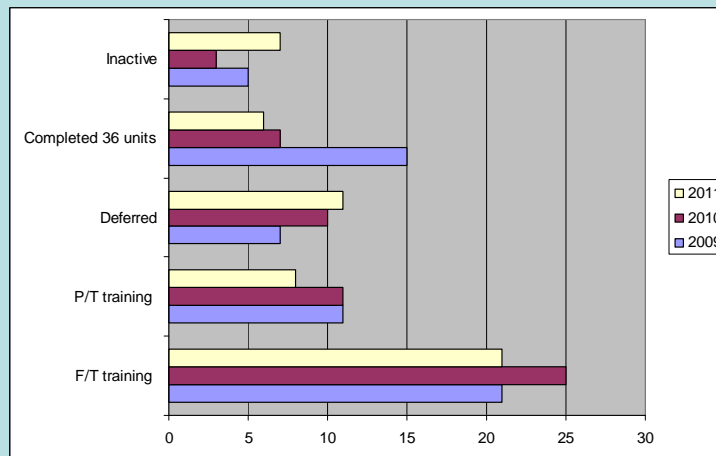
A snapshot of our trainees - their year of training -



- In 2011 there is a reduced burden of 3rd year trainees, however an increase in first year trainees



A snapshot of our trainees - their training status -



- increased number of deferred trainees (mainly maternity leave)
- reduced no. with 'completed units'





Achieving constructive alignment

Our achievements in 2010 and plans for 2011



Achievements in 2010 include:

- 2010 = first year of a 3 year training cycle, ensuring all competencies are covered in training activities
- Monthly videoconferences, 2 national training days and a series of exam teleconferences held in 2010
- Learning contracts piloted with a small group of trainees
- National Training Days were held in March. Based on feedback from previous year, all sessions in 2010 were interactive.
- Online Advanced Training Portal developed and live from April 2010

Achievements in 2010 continued...

- STP recruitment strategy – links established with MPH students
- John Snow Scholarship – links established with medical students
- Site accreditation process piloted with 24 STP sites



Plans for 2011 include:

- Supervisor training across Australia
- Development of Problem Based Learning exercises
- Implementation of Learning Contracts
- Review of assessment workshop
- The Oral Presentation becomes a summative assessment
- College-wide consultation process with Supervisors to determine a new supportive supervision structure
- Development of formative assessment tools



Our next session is...

The Advanced Training Curriculum



Why do we have a new curriculum?

- Pressure from external influences such as the AMC
- Consistent with modern adult education philosophies

What has changed?

- The content is the same as the AFPHM competency document
- The curriculum is a new format that is consistent across the RACP:
 - Domains
 - Themes
 - Learning Objectives



Domains (formerly called 'themes')

- The 'themes' from the Australasian Competencies for Public Health Medicine are now called Domains
 1. General professional practice
 2. Cultural competencies
 3. Information, research, evaluation
 4. Policy
 5. Health promotion and disease prevention and control
 6. Health sector advocacy, development and management
 7. Organisational management



Domains

- 'Policy' has been separated from 'Information, research, evaluation and policy', to become its own domain
- 'Health sector development and organisational management' has been renamed 'Health sector advocacy, development and management'

Themes

- The 15 'areas' from the Australasian Competencies for Public Health Medicine are now called 'themes'.
- There have been no major changes to these, except for the creation of one additional theme called 'Advocacy'





Learning Objectives

- The ‘competencies’ have been translated into ‘learning objectives’.
- There has been a reordering of the learning objectives so that those with competencies to be achieved at level 2 appear first in the list under each theme.

Elements of competence

- Finally, the detail for each competency has been listed as ‘elements of competence’ in dot-point form under each learning objective. Again, there has been no change to this content.

DOMAIN 1	GENERAL PROFESSIONAL PRACTICE	
Theme 1.1	Professional Development and Self-Management	
Learning Objective 1.1.1	Establish and maintain career direction and motivation	Level 2
Elements of competence		
<ul style="list-style-type: none"> • establish long-term career goals • develop an awareness of the role and legacy of public health • maintain personal resilience commitment and support (e.g. through engagement with colleagues and communities). 		
Learning Objective 1.1.2	Manage one’s own training and continuing professional development	Level 2
Elements of competence		
<ul style="list-style-type: none"> • understand training, continuing professional development (CPD) and recertification systems operating in Australia and New Zealand • critically assess one’s own personal limitations and development needs based on career goals and required competencies • learn from errors • obtain feedback about one’s effectiveness and implement active processes to maintain and improve performance • provide effective and timely reports of training and CPD activities to meet Faculty and Medical Council / Board requirements. 		

Our next session is...

Overview of the AFPHM Assessment



The New Assessment Scheme

- Linked to achievement of competencies
- Formative and summative assessment
- Emphasis on on-going workplace-based assessment
- Reduced emphasis on end of training assessment
- Aligned with developments in RACP Deanery



Formative and Summative Assessment

Formative assessment - decisions made *with the candidate* about what to learn and what areas need improvement I.e. used for providing feedback and guiding learning

Summative assessment - decisions made *for the candidate* about progress in the training program and about completion of the program I.e. used for making high stakes decisions

Note:

Formative assessment does not mean **optional** assessment



Methods of assessment

- **Written output** (workplace evidence)
 - Workplace reports
 - Other written reports e.g reflective commentaries*
- **Direct observation of performance**
 - Oral presentation
 - Multi-source feedback*
 - Observer ratings of other specific tasks e.g chairing a meeting*
- **Oral assessment**
 - Oral Examination at end of training

* *Still being developed*



Workplace Reports

Aim

- To demonstrate the Trainee's ability to undertake public health projects and produce high quality written work

Examples

- Report of a project where Trainee has taken a major role, e.g.
 - Outbreak investigation, analysis of routinely collected data, lit review for policy development, evaluation of public health policy
 - Trainee must be first author of the report
 - May be in the form of published paper in peer-reviewed journal (Trainee must be first author)

The role of the supervisor

- Assist Trainee to identify suitable reports for assessment
- Supervise the writing of the reports with appropriate feedback on content and quality of writing
- Verify to the Faculty the Trainee's contribution to the project and to the report



Oral Presentation

- Two over the course of training
- Summative from 2011
- Details later in the workshop
- **Supervisor's role**
 - Assist trainee to identify opportunity to present
 - Support in practice presentations - formative assessment/feedback



Oral examination

- Summative assessment
- At or near end of training
- Centrally organised: one hour interview format with two separate panels, each with 3 examiners
- Content: Key areas of public health as per advanced training curriculum

Plain Language	Australian health system
Environmental health	Indigenous health
Communicable disease	Health inequalities
Health promotion	Epidemiology
Policy development	Public Health Evidence
Evaluation	

- Timing of exam and opportunities for remediation being reviewed



Professional Development Portfolio (PDP)

- Collation of evidence of achievement of competencies
- Not an assessment method *per se*,
 - evidence in the portfolio to be used for formative assessment
- Contents will include
 - workplace reports
 - learning contracts and learning contract reports
 - Reflective commentary on competency attainment
 - Published papers and conference presentations
 - Outcome of relevant courses studied
- Status: specifications still being developed – implementation 2012
- Portfolio to be reviewed annually by a regional panel (formative)



Assessment by year of completion of training

Year of Completion of Training	Summative assessment	Formative Assessment
2010	<ul style="list-style-type: none"> •Three written workplace reports •Training summary •Final oral assessment 	Oral presentation
2011	<ul style="list-style-type: none"> •Three written workplace reports •Training summary •One oral presentation •Final oral assessment 	2011 Learning Contract
2012	<ul style="list-style-type: none"> •Three written workplace reports •Training summary •Two oral presentations (one completed in 2011, one in 2012) •Final oral assessment 	2012 - To be confirmed (e.g. Direct observation: Multi-source feedback (MSF), Case/Scenario-based discussion, Preparation of Professional Development Portfolio, Reflective Commentary, PQR)
onwards	<ul style="list-style-type: none"> •New assessment scheme <p>The Final structure will depend on development work in Interim Phase. Will include written reports, direct observation and oral assessment</p>	



SUMMARY OF ASSESSMENTS REQUIREMENTS FOR AFPHM

Type of Assessment	Number in Program	Number per year	Formative/Summative
1. WRITTEN OUTPUT			
Workplace Reports (Refer to: Guidelines for Workplace Reports 2010)	3 over period of training	unspecified	Summative Marked by assessors Centrally organised
Reflective Commentary	3	1 per year	First two to be formative Third to be summative
Professional Development Portfolio (Guidelines to be developed)	1	n/a	TBC
2. DIRECT OBSERVATION OF PERFORMANCE			
Public Health Assessment exercise (PHAX or DOFS)	3	1 each year	Formative Locally organised
Oral presentation assessment exercise	2 over period of training	unspecified	Formative 2010 Summative 2011 Locally organised
Multi-Source Feedback (MSF)	3	1 each year	Formative
Case/Scenario-based discussion	TBC	TBC (2 recommended)	TBC
3. ORAL ASSESSMENT			
Oral Examination	1	End of training	Summative Centrally Organised Assessed by appointed examiners panel
4. OTHER (T&L Tools)			
Professional Qualities Reflection (PQR)	TBC	TBC	Requirement, but not assessed
Learning Contract (equivalent to Learning Needs Analysis – LNA)	As necessary (at least 3)	1 minimum	Formative (judgement by Supervisor)



Recent Achievements

- Introduction of oral presentation as a summative assessment.
 - Assessor forms and guidelines developed
- Introduction of separate workplace reports (WPR) to replace Bound Volumes.
 - Guidelines and marking forms produced
 - Preliminary approval process trialled
 - Reports can now be submitted electronically
- Oral Exam 2010
 - 13 candidates – 85% pass rate
- Development, trial and implementation of Learning Contracts as formative assessment
- Preliminary work on reflective commentaries and PDPs



Plans for 2011:

- Review of Assessments Workshop (completed)
- Final development of Learning Contracts
- Finalise requirements for reflective commentaries
- Guideline development for Professional Development Portfolio
- Oral Presentation becomes a summative assessment
- Development of formative assessment tools aligned with RACP Education
 - Multi-Source Feedback
 - Direct Observation of Skills e.g chairing meeting
- Supervisor and assessor training



Our next session is...

Introducing the Learning Contracts



Introducing Learning Contracts

Background

- Learning & assessment tool used in other settings to:
 - provide the framework upon which to base formative assessment
 - help guide summative assessment, and
 - orientate learning to the intended training goals for the trainee, supervisor and training program management

Dec 2009	Jan 2010
The trainee application process was reviewed	Pilot of a new Faculty learning contract endorsed
Result =Lack of clarity and limited use in formative assessment	



Introducing Learning Contracts

Background *(Handout 7)*

Phase 1 May-Aug 2010	Phase 2 Nov 2010 –Jun 2011
Clarified the projects +++ for supervisors/ coordinators & administration	Test implementation learning Contract Reports where document used for formative sign off
Need to be timely	Address in phase 2
Did not describe all workplace activities	Address in phase 2



Process being piloted 2011 – *Handout 8*

Action	Timeline
<ol style="list-style-type: none"> 1. Trainee develops concept of workplace training opportunities in liaison with supervisor 2. Trainee drafts The Learning Contract 3. Review by supervisor and central personnel 4. Supervisor / trainee negotiate and sign 5. Submission to Faculty 	Within six weeks
<ol style="list-style-type: none"> 1. Faculty forwards to Regional Education Coordinator 	Within 6-7 weeks
<ol style="list-style-type: none"> 1. Learning contracts discussed at Committee level 2. Provide clear picture of all training happening in each state 	
<ol style="list-style-type: none"> 1. Trainee drafts Learning Contract Report / review and submission 	Within two weeks of completing a period of work / minimum annually



What does it look like? – Handout 9

The Learning Contract	The Learning Contract Report – Attached to LC
Identifying information	Retrospectively amend Learning Contract – changes tracked in and appended
Dates	Formative assessment – list evidence and level of competency worked at (elements of competence as guide)
Workplace learning activities and projects: their rationale, objectives, methods and expected outputs. Competencies working across	Reflection – replace supervisor's report
Signatures	Signatures



Supervisor role

When trainee comes to your workplace	When trainee has been in workplace some time
Find out past work history, baseline skills and interests	Monitor progress against the learning contract
Find out gaps in learning and learning objectives	Ensure workplace activities and projects remain feasible
Talk with trainee about specific projects/ activities and roles to meet these	Consider new workplace activities that will give exposure to other competencies
Discuss limitations within workplace	Review the Learning Contract Report
Review The Learning Contract	Liaise with Faculty and Committee concerning any issues concerning progression





Handout 9: Learning contracts

You are the trainee- draft it

- Using the description provided, outline your main roles activities and learning strategies

Handout 10: Learning contract

You are the supervisor – give feedback

- What improvements can the trainee make to improve clarity?
- What main competencies can you suggest will be covered by the work?

Handout 11: Learning Contract Report

You are the supervisor – give feedback

- What competency attainment is possible?
- Read project description and evidence

Our next session is...

Giving effective feedback





Feedback in medical education is:

“specific information about the comparison between a trainee’s observed performance and a standard, given with the intention to improve the trainee’s performance”

Its has the purpose to:

- Raise a trainee’s self-awareness about their performance and leaves them to choose their future actions
- It can reinforce good practice as well as be corrective



Feedback language tips to reduce defensiveness (refer handout)

1. FOCUS ON YOUR VIEWPOINT

Use I think rather than *we think* or *most people think*

2. BE LESS CONFRONTATIONAL


Ask what, when, where and how questions, rather than *why*

3. BE OPEN

Use and rather than *but*

4. AVOID BLAMING

Use you might consider, rather than *you should never/always*



Activity 1


In pairs, choose who will be the trainee and who be the supervisor for this exercise

Part 1: Supervisors are to imagine a common scenario where you will be likely to provide feedback to a trainee. Role Play giving feedback to the trainee where you use language that increases defensiveness in the trainee

After 2 mins trainees and supervisors swap roles.

Part 2: Now do the same exercise but this time use language that decreases defensiveness

Feedback to the group



The under-performing trainee

- Poor performance is a symptom not a diagnosis: need to identify the cause/s
- Potential contributors
 1. Competence
 2. Work environment
 3. Factors affecting trainee outside of work

Dealing with the under-performing trainee

- Meet and set clear expectations initially
- If significant concerns arise**
- discuss these early in a separate meeting
 - use plenty of examples
 - explore any background factors
 - plan remedial actions / timeframe
 - indicate what is going well
 - set a review meeting date
- Process and documentation are very important!
 - The AFPHM curriculum competencies may be helpful in explaining the deficits
 - Talk to a member of the Regional Committee early in the piece if you have significant concerns



Using reflection to improve performance

1. **SHARE AND DESCRIBE**
Seek a trainee's perceptions, and let a trainee describe their concerns.
Eg "do you have any concerns? Did it go as well as you hoped?"
2. **COMMENT AND PROBE**
Supervisor provides a view, asks trainees to reflect. *Eg "it was clearly difficult to do, anything you can think of to make it better next time?"*
3. **REFLECT AND REPLY**
Trainee responds with specific actions. *Eg "next time I could..."*
4. **ELABORATE AND CONFIRM**
Supervisor elaborates and checks for trainee's understanding
Eg. "yes that's a good point, another suggestion is..."





Activity 2

Form groups of 3. Choose who will be the trainee, the supervisor and an observer for this exercise

Refer to Handouts 14 & 15 for the scenarios.

Use the 4 steps of reflection to provide feedback to the trainee. 10 mins for this exercise

Feedback to the group from the perspective of the observer, the trainee, and the supervisor



Some helpful starters

- Is there another way you could have done this...
- It was particularly good when you did... because...
- Have you thought about trying...
- What do you think the problem might be...
- I really liked the way you...
- I would have liked to see... it would show...
- Do you have a reason for doing it that way...

M Bell 2005. Peer observations partnerships in Higher Education

Our next session is...

The oral presentation



The marking form – *refer to handouts*

- Content
- Delivery
- Visual aids
- Organisation
- Language
- Responses to questions and comments



Guidelines – *refer to handouts*

Assessor responsibility

- use the standard form to assess the trainee
- discuss the presentation with the trainee and provide feedback

Preparation for the assessment

- liaise with trainee about the date, time and location of the presentation
- ensure you are familiar with the instructions and assessment form
- agree with the co-assessor about which of you will provide feedback to the trainee

During the oral presentation

- Judge the presentation against the criteria listed on the back of the assessment form
- Provide ratings for each domain and give an overall rating of the trainee's oral presentation skills
- Write detailed comments on the trainee's strengths and areas for improvement



Activity – *seeing* the behaviours we need to name

Groups of 3

- Before the video is played agree which domain each person will observe
 - **Delivery**
 - **Visual aids**
 - **Organisation**
 - **Language**
 - **Questions and answers/Interaction with audience**

Focus as much as you can on how the speaker addresses that domain

- After the video ends discuss the 'competence' of the presenter in regard to each domain. Note your scores on the observation sheet
- Identify issues that arose in deciding competence
- As a whole group we will consider what was discussed and scored



Wrap up

- Do you feel the session objectives have been met?
- After today, are there other areas that need further clarification?
- From your perspective, what will be the easiest/hardest of the new tools to implement? What is the best way for the faculty to follow up with you in the future about your experience with using the new tools?
- What ongoing support would you like from the Faculty in fulfilling your role as a Supervisor?
- Any other comments or feedback on the workshops?



Final Group activity

On a scale of 1 – 10, (one side of the room is a 1 = low confidence, the other side is a 10 – high confidence) stand up and move to where in the room best represents how confident you feel **right now** in supervising an AFPHM trainee.

How does where you are standing compare to the start of the day?



Thank you for attending the AFPHM Supervisor Workshop

Please complete the Evaluation Form

We wish you a safe journey home



Attachment 8.4

Workshop facilitator guide

AFPHM SUPERVISOR WORKSHOP

PROGRAM GUIDE FOR FACILITATORS

Workshop Details:	PREP Advanced Training Supervisor Workshop AFPHM
Venue Details:	
Date/Time:	9.00 – 3.30 pm
Duration:	1 day
Facilitators:	

WORKSHOP OVERVIEW

1. Welcome and introduction
2. Supervision
3. Overview of the AFPHM Education and Training Program
4. The Advanced Training Curriculum
5. Overview of the AFPHM Assessment
6. Introducing Learning Contracts
7. Giving Effective Feedback
8. The Oral presentation
9. Wrap up / Close

Approx Length of Session	Session	Who	Details / Key Points	Resources
9.00 (10 min)	1. Welcome and introduction		<ul style="list-style-type: none"> • Introduce Session and Facilitators • Any ground rules • Sign attendance sheet for our records • <u>Icebreaker exercise</u>: Pick one side of the room as being a 1 – low confidence and the other side of the room being a 10. Invite people to stand up and ask people to move to where in the room they feel they rank themselves in their confidence in being an AFPHM supervisor. <u>Ask</u> them why they chose that particular number. • <u>Workshop objectives</u> : If people have any other objectives write them on the whiteboard or flip chart 	PPT Attendance Sheet Pens PPT
9.10am	2. Supervision		<ul style="list-style-type: none"> • The key tasks of the Supervisor in the new 	PPT

Approx Length of Session	Session	Who	Details / Key Points	Resources
(20 min)	<p><u>Session Objectives</u> Participants engaged in workshop, and provide feedback to the Faculty.</p> <p>Participants understand the role of the Supervisor</p>		<p>education and training program</p> <ul style="list-style-type: none"> • AsK: Are there any other roles and responsibilities that you think are important? • Where to find more information, including a link to the training processes, and RACP policies 	Whiteboard & markers
9.30am (15 min)	<p>3. Overview of the AFPHM Education and Training Program, including the Advanced Training Curriculum</p> <p><u>Session Objectives</u> Participants able to explain the components of their Advanced Training program,</p>		<ul style="list-style-type: none"> • Snapshot of our trainees • Overview of AFPHM Education & Training Program • Achievements in 2010 • Plans for 2011 	PPT
9.45 (15 min)	<p>4. The Advanced Training Curriculum</p> <p><u>Session Objectives</u> Participants able to be familiar with the layout of the curriculum, and its transition into this format</p>		<ul style="list-style-type: none"> • Why we have a new curriculum • Outline of the curriculum 	Hard copies of the Curriculum
10.00 (30mins)	<p>5. Overview of the AFPHM Assessment</p> <p><u>Session Objectives</u> Participants able to:</p> <ul style="list-style-type: none"> • explain the components of the assessment requirements • understand the role of the workplace reports • understand the role of formative vs summative assessments in the training program 		<ul style="list-style-type: none"> • Overview of AFPHM Assessment • Aim of the Workplace Reports • What is suitable to submit as a Workplace Report? • Trainee / Supervisor roles in the assessments 	<p>PPT</p> <p>handout photocopies of the Workplace report assessment form</p> <p>Handout photocopies of the presentation</p> <p>Handout 1 – assessment by year of completion</p> <p>Handout 2 – summary of assessments</p> <p>Handout 3 – Guidelines for workplace reports (also hold up the final version in colour)</p> <p>Handout 4 – Oral presentation</p>

Approx Length of Session	Session	Who	Details / Key Points	Resources
				assessment guidelines Handout 5 – Oral presentation assessment form
10.30am (15 mins)	Morning Tea			Coffee/Tea Fruit/Biscuits
10.45am (1 hr, 45 mins)	6. Introducing Learning Contracts <u>Session Objectives</u> Participants able to: <ul style="list-style-type: none"> ▪ apply the learning contract to advanced training in public health ▪ understand the role of the learning contract in formative assessment and the level of detail required for this purpose 		<ul style="list-style-type: none"> • Aim of the learning contract (LC), • Background and results of pilot • Trainee / Supervisor roles • <u>Activity 1: Small group discussion:</u> Stage 1 of a LC (trainee perspective) identify the main roles activities and learning strategies • <u>Feedback:</u> Ask each group to report back on their experience • <u>Summarise:</u> The key points raised by the groups • <u>Activity 2: Small group discussion:</u> Stage 1 of a LC (supervisor perspective) – suggest improvements the trainee could make to improve clarity of the LC for assessing competence levels. What main competencies can you suggest will be covered by the work? • <u>Feedback:</u> Ask each group to report back on any issues that arose • <u>Discuss:</u> What level of detail is needed in the initial LC so that competence can be assessed • <u>Activity 3: Small group discussion:</u> The Learning Contract Report (supervisor perspective) – decide on level of attainment by considering project description and evidence 	PPT Handout 6 = results of pilot Handout 7 – instructions Handout 8 Learning contract template Handout 9 – example of a mock project description for Activity 1 (trainee perspective) Handout 10 – for activity 2 (completed learning contract for comments) Handout 11 – for activity 3 on Final learning contract report

Approx Length of Session	Session	Who	Details / Key Points	Resources
			<ul style="list-style-type: none"> • <u>Feedback</u>: Ask each group to report back on any issues that arose • <u>Discuss</u>: Any issues that arose in determining competence attainment? • Conclusion: Key things to know when working with LCs 	
45 mins (12.30 start)	Lunch			Catering
1.15pm start (1 hr)	7. Giving Effective Feedback <u>Session Objectives</u> Participants able to: <ul style="list-style-type: none"> • appraise approaches to giving feedback and identify components of effective feedback. • recognise and deal with the under performing trainee 		<ul style="list-style-type: none"> • Why give feedback? <i>(Principles of effective feedback)</i> • Feedback language tips to reduce defensiveness (refer handout 13) Activity 1 – (refer handout 13) – practice language skills to reduce defensiveness, swap roles. The underperforming trainee – potential contributors <ul style="list-style-type: none"> • Using reflection to improve performance (refer handout 12) Activity 2 – use the scenarios to practise reflection. Role Play a Feedback session. Groups of 3. (Supervisor, Trainee, Observer). <ul style="list-style-type: none"> • <u>Feedback</u>: Ask each group to report back on any issues that arose 	Handout 12 – Giving feedback Handout 13 – Feedback summary Handout 14 Giving Feedback Role Play – Supervisor Handout 15 – Giving Feedback Role Play – Trainee

Approx Length of Session	Session	Who	Details / Key Points	Resources
2.15pm start (1 hr)	<p>8. The Oral presentation</p> <p><u>Session Objectives</u> Participants able to:</p> <ul style="list-style-type: none"> ▪ apply the oral presentation as an assessment tool ▪ help participant to identify non content cues. 		<p><i>Allow 5 7 minutes for reading and discussion of each form. Refer to slide and handouts to lead a short review of the content of the Rating Form – allow enough time for reading if this is the first time participants are seeing it.</i></p> <ul style="list-style-type: none"> • <i>About 20 30 minutes for activity_and discussion</i> <u>Small Group Activity</u> – <i>Seeing the behaviours we need to name.</i> In groups of 3, participants are each to focus on one of the non content criteria of the presentation, they select their domain before the video begins. After the video trios discuss and agree their rating/s. Play the video. • <u>Report back:</u> Each group reports their ratings and offers reasons/factors they used to arrive at it • <u>Discuss:</u> what issues arose in determining competence attainment on each of the domains. What behaviour would merit a higher rating? What would indicate a lower one? What would “unsatisfactory” look like on each of the domains? What does “satisfactory” look like? How close is this to a “superior” presentation? <p><i>About 10 15 minutes to comment on the two documents.</i> <u>Discussion of the form</u> – lead a short discussion on the use of the form. This is intended to be used in summative settings. How easy was it to use? What factors might make it harder to use? How does it help guide the observation process? What else would an observer need to know/ understand to be able to use it confidently? Do not offer ‘answers’ [you do not have to defend the form] invite participants to suggest solutions to problems and issues raised.</p>	CD – 2 comedians
3.15pm start (15 min)	<p>9. Wrap up / Close</p>		<ul style="list-style-type: none"> • Refer to objectives set at start of session • Cover any objectives on whiteboard that were added by the participants at start of workshop • <u>Ask:</u> Each of the questions on the Wrap Up slide, and record answers so that they can be collated onto a FAQ sheet 	<p>PPT Look at whiteboard</p> <p>Evaluation Form</p>

Approx Length of Session	Session	Who	Details / Key Points	Resources
			<ul style="list-style-type: none">• <u>Activity</u>: redo the icebreaker exercise from the beginning of the workshop and ask participants to comment on why/why not they chose that position compared to the morning• Summary and Evaluation (<i>ask participants to complete evaluation form</i>)• Thanks	

Venue / Technical Requirements:

Laptop, data projector, large screen (to project PPT and DVD), whiteboard, sound for DVD, signage, pens, whiteboard markers, and flip charts

Participants Pack to include:

Program

Print out of presentation

Handout 1 – Assessments by Year of completion of training

Handout 2 – Summary of assessment requirements for AFPHM

Handout 3 – Guidelines for workplace reports

Handout 4 – Marking form for workplace reports – this will not be ready in time to get printed so will be handed out on the day

Handout 5 Oral Presentation Guidelines

Handout 6 Oral presentation marking form

Handout 7 – The results of the Learning contract Pilot

Handout 8 – The Learning contract template

Handout 9 – Information and instructions for the Learning contract

Handout 10 Example of a mock project description

Handout 11– Example of a completed Learning contract

Handout 12 – Example of a Learning Contract Report

Handout 13 Giving Feedback

Handout 14 – Giving Feedback summary

Handout 15 Giving feedback role play supervisor

Handout 16 – Giving feedback role play trainee

Facilitators / Organisers Pack to include:

Facilitator Guide

Participants Packs

Powerpoint presentation

Oral presentation DVD

Oral Presentation detailed facilitators notes

Advanced Training Curriculum

Attendance sheets

Evaluation forms

- The pilot results (at a minimum the exec summary) (handout 1)
- The new lc template (handout 2)
- Information and Instructions (handout 3)
- Exercises (handouts 4, 5 and 6)

Notes for the Introduction to the workshop – 2 minutes

On behalf of the Faculty Education Committee and the Faculty Office I am delighted to extend a very warm welcome to you today.

I would like to open the day by acknowledging the traditional owners of the land on which we meet and of the elders past and present.

This is a very important occasion in the development of the new education and assessment programs for the Training Program of the Australasian Faculty of Public Health Medicine, work which began over 3 years ago and to which many people have contributed.

It is our responsibility as a collegial network of Fellows, supported by the Faculty office, the Deanery and other experts, to develop skilled public health physicians who are able to meet the demands of sustaining the health of Australians.

A robust Training Program is essential to achieving this.

While the work to build this new education and assessment program for the Training Program is not yet finished we are at a point where we can begin to roll-out current achievements across the country. This training will also allow us to engage with all the supervisors who are currently involved in the program. As regional coordinator you are an essential part of the success of the delivery of the Training Program and today you will be helping to refine and make clear this long awaited supervisor training.

It is with great pleasure therefore that I introduce x who is the Lead Fellow Physician as Educator for the Faculty and who will be chairing the day.

Attachment 8.5

Handout 1 - Assessment by year of completion

ASSESSMENT BY YEAR OF COMPLETION OF TRAINING

Year of Completion of Training	Summative assessment	Formative Assessment
2010	<ul style="list-style-type: none"> • Three written workplace reports • Training summary • Final oral assessment 	Oral presentation
2011	<ul style="list-style-type: none"> • Three written workplace reports • Training summary • One oral presentation • Final oral assessment 	During 2011 <ul style="list-style-type: none"> • Learning Contract
2012	<ul style="list-style-type: none"> • Three written workplace reports • Training summary • Two oral presentations (one completed in 2011, one in 2012) • Final oral assessment 	During 2011 and 2012 To be confirmed (e.g. <i>Direct observation: Multi-source feedback (MSF), mini-PHAX, Cas/Scenario-based discussion, Preparation of Professional Development Portfolio, Reflective Commentary, PQR</i>)
2013 onwards	- New assessment scheme Final structure will depend on development work in Interim Phase Will include written reports, direct observation and oral assessment	

Attachment 8.6

Handout 2 - Summary of assessments

SUMMARY OF ASSESSMENTS REQUIREMENTS FOR AFPHM

Type of Assessment	Number in Program	Number per year	Formative/Summative
1. WRITTEN OUTPUT			
Workplace Reports (Refer to: <i>Guidelines for Workplace Reports 2010</i>)	3 over period of training	unspecified	Summative Marked by assessors Centrally organised
Reflective Commentary	3	1 per year	First two to be formative Third to be summative
Professional Development Portfolio (Guidelines to be developed)	1	n/a	TBC
2. DIRECT OBSERVATION OF PERFORMANCE			
Public Health Assessment eXercise (PHAX or DOFS)	3	1 each year	Formative Locally organised
Oral presentation assessment exercise	2 over period of training	unspecified	Formative 2010 Summative 2011 Locally organised
Multi-Source Feedback (MSF)	3	1 each year	Formative
Case/Scenario-based discussion	TBC	TBC (2 recommended)	TBC
3. ORAL ASSESSMENT			
Oral Examination	1	End of training	Summative Centrally Organised Assessed by appointed examiners panel
4. OTHER (T&L Tools)			
Professional Qualities Reflection (PQR)	TBC	TBC	Requirement, but not assessed
Learning Contract (equivalent to Learning Needs Analysis – LNA)	As necessary (at least 3)	1 minimum	Formative (judgement by Supervisor)

Attachment 8.7

Handout 3 - Guidelines for workplace reports

Guidelines for Workplace Reports

Background

In 2010 the Bound Volume was abolished and replaced by separate pieces of workplace evidence, the Workplace Reports, which do not have to be submitted as a single Bound Volume at the end of training.

Candidates are able to submit reports that they have produced for their workplace, in the form in which they were produced. The reports do not need to be converted to BV format with its strict page limits and format. For 2011 only, candidates who have already prepared one or more of their BV technical reports may use them to meet this requirement.

The competencies associated with planning, executing and reporting on a piece of work in the workplace are essential for public health practice. A Workplace Report must meet the standard required by the Faculty; because a report has been accepted by the workplace does not automatically mean that it meets the standard. It is recognised that there are different types of Workplace Report and the marking forms are intended to give sufficient flexibility to markers to take this into account. Following feedback after the first year of operation, some modifications have been made to the marking forms in 2011, to reflect better the flexibility needed for different types of reports.

It is NOT the intention that reports should be forced into the format required for a research project. Whatever the subject or type of Workplace Report, there is a need to describe adequately the background and context of the work, to plan and execute and report on the work effectively and to discuss sensibly the findings and their implications. The ability to present reports in a clear, concise and organised way, with correct spelling and grammar, and to reference source material accurately, applies to all types of reports.

What is acceptable as a Workplace Report?

It is recognised that trainees are placed in a broad range of employment settings during their training, with different work opportunities, and so a range of Workplace Reports is acceptable.

What will be acceptable:

- "Report" where the candidate has taken a major role, for example
 - Outbreak investigation
 - Cluster investigation
 - Analysis of routinely collected data
 - Risk assessment
 - Literature review for policy development
 - Evaluation of public health policy
- Published paper from a peer reviewed journal (1st or 2nd author)*
- Policy proposal relevant to a population health initiative
- Grant application for a specific project
- Public health textbook chapter
- Other reports may be appropriate

A report may include additional material, presented in appendices, to demonstrate communication of the work and how it has had a public health impact. This material may be used as evidence for achievement of additional competencies but will not be marked as part of the WPR.

Examples of additional material include:

- Poster presentation/conference abstract/conference presentation?
- Ministerial submissions/briefs
- Responses to Senate questions/media questions
- Information packages/pamphlets
- Formal PowerPoint presentations
- Media article/release

Requirements for workplace reports

Trainees are required to submit **three** Workplace Reports over the period of training. Trainees should, in their choice of reports, aim to demonstrate the breadth of their training. The project should be one in which the trainee has played an essential role. It may be acceptable for two reports to be derived from a single large project provided that they reflect substantially different work.

The projects may be undertaken at any time during advanced AFPHM training, including any period after the candidate has completed their 36 units.

The trainee must be the **sole author** of at least one of the three Workplace Reports. It is recognised that this may present difficulty to some Trainees, but it is the only way in which a Trainee's own writing skills can be assessed. If you are not able to meet this requirement in the workplace, you will need to undertake a piece of work specifically for the assessment, such as a literature review for policy development.

At least one of the three Workplace Reports must demonstrate the capacity to analyse and report on **quantitative data**. Such a report could have as its subject a piece of epidemiological research, an evaluation study, a needs analysis, an outbreak investigation, or other work requiring collection and analysis of quantitative data. It is recommended that at least one report shows evidence of communication, eg risk communication, with the public.

No more than one of the three Workplace Reports may be a **peer reviewed publication**.

Overseas Trained Physicians are expected to complete the same assessment requirements as Advanced Trainees. It is expected that the workplace reports will be generated from their position while under supervision in Australia. If an OTP has difficulty in producing the required number of reports from their period of supervised practice, they can apply for inclusion of a piece of work carried out before their supervised practice commenced. No more than one such piece of work will be approved for submission.

Format of reports

Length: there is no strict length requirement for reports; however candidates are encouraged to keep reports concise.

Each report should have the *Approval Form for Submission of Workplace Reports (see below)* attached as a cover sheet.

The report should be submitted in the format that was required by the workplace, except that there is an additional requirement for an Abstract (see below).

Please note that it is NOT necessary to have your report in the same format as the marking scheme.

Approval process

To avoid confusion about the suitability of reports for assessment, there is a preliminary approval process. Trainees must submit to the Faculty Office a completed *Approval Form for Submission of Workplace Reports*, which includes

- a structured outline of the report
- a detailed statement of the candidate's contribution to the work
- a statement of any particular privacy or confidentiality issues with the report.
- supervisor verification of the Trainee's contribution

The information will be reviewed by the Assessment Sub committee, to confirm the suitability of a particular report for submission for assessment.

Submission processes and timing

Approval forms may be submitted at any time during the year, but must be submitted at least four (4) weeks before the deadline at which you intend to submit your report.

In each year, there are two deadlines for the submission of Workplace Reports. For 2011 they are: 1st April 2011 and 29th July 2011.

The reports should be submitted electronically to the Faculty Office via the Advanced Training Portal

Abstract

All Workplace Reports must be accompanied by a separate abstract of no more than 400 words. This applies even if the Workplace Report contains an abstract or executive summary. The abstract may be the same (in terms of content and format) as the outline provided on the approval form, provided it is updated as necessary. However, the abstract must be submitted as a separate document to your Workplace Report. It is insufficient to refer back to your Approval Form.

Assessment of reports

The criteria for marking the reports can be seen on the marking forms (attached). As noted earlier, they are intended to be flexible enough to cover a range of report types. It is not necessary to have your report in the same format as the marking scheme, although it would be expected that the five areas would be covered in any report.

1. Abstract
2. Background/Context/Rationale
3. Planning and Execution
4. Discussion/Conclusions/Implications for Public Health
5. Style/Presentation

Attachment 8.8

Handout 4 - Oral Presentation Guidelines

Attachment 8.9

Handout 5 - Oral Presentation Assessment Form

Attachment 8.10

Handout 6 - the results of the Learning Contract Pilot

Attachment 8.11

Handout 7 – The Learning Contract Information and instructions

Attachment 8.12

Handout 8 - The Learning Contract template

Attachment 8.13

Handout 9 - Mock contract (project description)

Attachment 8.14

Handout 10 - Mock contract (Learning contract)

Attachment 8.15

Handout 11 - Mock contract (Learning contract report)

Attachment 8.16

Handout 12 - Giving Feedback

Attachment 8.17

Handout 13 - Giving Feedback summary

Attachment 8.18

Handout 14 - Roleplay Giving Feedback (Supervisor)

Attachment 8.19

Handout 15 - Roleplay Giving Feedback (Trainee)

Attachment 8.20

Participant responses