EXECUTIVE SUMMARY

Supervisory training for clinical psychologists is often a pre-requisite for practitioners taking on their first graduate trainee and for seasoned practitioners who require refresher training as evidence for continuing professional development. This case study outlines some supervisory models available within the literature and discusses a blended learning model of supervisor training specifically tailored for seasoned clinical psychology supervisors – with the deliverable being an online course to supplement a face-to-face delivery of supervisory training. In managing the work, a project management methodology is journeyed through, and covers the main context of the case, the e-strategy employed, an overview of the technology used, and the content of both the online and face-to-face components. Success factors surrounding the processes used are discussed, and implications of transition phases are outlined. In implementing an online component of blended learning, such information may support other project managers who may wish to benefit from and replicate any of the processes and tools used.

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ORGANIZATION BACKGROUND

The National Health Service (NHS) Scotland employs approximately over 160,000 staff (ISD Scotland, 2012) who work across 14 regional NHS Boards, seven special NHS Boards and one public health body (Robson, 2011). Regional NHS Boards are responsible for the delivery of frontline health services, and special NHS Boards support these regional ones in the delivery of national specialist services – such as education and training. Such services are delivered on a cross-Scotland basis, which supports consistency of delivery, at a cost effective scale (NHS Education for Scotland, 2012a). Each health board reports to Scottish Ministers who are supported by the Scottish Government Health and Social Care Directorate.

NHS Education for Scotland (NES) is a special NHS Board, whose mission is “to provide educational solutions that support excellence in healthcare for the people of Scotland”. Aligning with this, the vision is “Quality education for a healthier Scotland” (NHS Education for Scotland, 2012a). NES also works in partnership with other NHS Boards by delivering education directly, or by funding learning opportunities, commissioning universities and colleges to offer courses, or simply by providing resources for workplace learning (Patch, 2011).

NES is funded by the Scottish Government Health Directorates (Patch, 2011) and supports the basic salaries of staff groups such as doctors, dentists, psychologists, pre-registration pharmacists and clinical scientists in postgraduate training. Other staff cohorts include practice education in the Nursing, Midwifery and Allied Health Professions (NMAHP) and the management of leadership and finance training. NES also pays for medical and dental Additional Costs of Teaching (ACT) to cover costs incurred by NHS Boards in training undergraduate students. Overall, this amounts to approximately 86% of the total budget (NHS Education for Scotland, 2012a, 2012b). The remainder includes a commitment to supporting education for all staff groups in NHS Scotland (e.g., includes administrative and clerical staff, optometrists, psychologists, remote and rural staff), the provision of knowledge management and e-Learning infrastructures, multi-disciplinary education, and the development of educational resources and materials in response to Scottish Government policy. Of particular note is the Scottish Government’s Healthcare Quality Strategy (2010), which is a key policy driver: it outlines three “Quality Ambitions” (safe, effective, and person centered care) which form the basis of “delivering the best quality healthcare to the people of Scotland” (Scottish Government, 2010, p. 7).