**Supplementary Information – Survey**

**Section A – Background Questions**

1. Organisation where you primarily work:
	* Queensland Health Hospital and Health Service
* Central Queensland
* Darling Downs
* South West
* Wide Bay
	+ PHN
* Darling Downs and West Moreton PHN
* Western Queensland PHN
* Central Queensland, Wide Bay and Sunshine Coast PHN
* Other private practice (please specify which PHN your practice is linked to)
1. Professional background (choices listed: medicine, nursing, midwifery, pharmacy and allied health (including: audiology, clinical measurements, exercise physiology, medical radiations, music therapy, nutrition and dietetics, occupational therapy, physiotherapy, podiatry, prosthetics and orthotics, psychology, social work and speech pathology), other (please specify)
2. How long have you been in your current role?
* Less than 6 months
* 7 – 12 months
* 1 to 2 years
* 2 to 10 years
* Over 10 years
1. How long have you been practicing in this profession?
* Less than 6 months
* 7 – 12 months
* 1 to 2 years
* 2 to 10 years
* Over 10 years
1. Have you supervised students on placements in your current role?
* Yes
* No
* Other (please specify)
1. Have you supervised students on placements in a previous role?
* Yes
* No
* Not applicable
1. How long have you been supervising students in this profession?
* Less than 6 months
* 7 – 12 months
* 1 to 2 years
* 2 to 10 years
* Over 10 years
1. How would you best describe your role in student supervision?
* New supervisor (supervised no more than one student)
* Experienced supervisor (supervised two or more students)
* I support student supervisors
* Line manager
* Other (please specify)
1. How many students have you supervised so far in the last 12 months? \_\_\_\_\_\_\_\_\_\_\_\_\_
2. Have you undertaken any training in student supervision?
* Yes
* No
* If yes, please provide the name of training and training provider
1. What model/s of student supervision have you provided previously? (tick all that apply)
* One student
* Two or more students
* Shared a student with another supervisor
* Other model/s (please specify)
1. What modes of student supervision have you provided previously? (tick all that apply)
* Face-to-face
* Telesupervision or distance supervision
* A combination of both
* Other (please specify)

**Section B - Questions about the student placement you facilitated during the COVID-19 pandemic (March 2020 onwards)**

1. Did the COVID-19 pandemic impact your work as a healthcare provider in anyway?
* Yes
* No
* I am not sure

If Yes, please provide more details on what those changes were (free text option)

1. What time period below was most disruptive for student placements in your work setting? (You can tick more than one category below if applicable)
* March 2020 to July 2020
* August 2020 to December 2020
* January 2021 to current
1. What time period below was least disruptive for student placements in your work setting? (You can tick more than one category below if applicable)
* March 2020 to July 2020
* August 2020 to December 2020
* January 2021 to current
1. Was your provision of clinical supervision to students on placement affected by the COVID-19 pandemic?
* Yes
* No

If yes, in what way/s? (free text option)

1. Were you meant to supervise a student, but the placement was cancelled due to COVID-19?
* Yes
* No
* Other (please explain)
1. If the student placement you were meant to have was cancelled due to COVID-19, was the cancellation due to factors at the
* University end
* Health service/ your work unit end
* Both University and Health service/work unit
* I am not sure
* Other (please specify)
1. Did you supervise a student on placement through the COVID-19 pandemic (March 2020 onwards)?
* Yes
* No (If no, go to Qn 34)

If yes, please provide the placement dates (free text option)

1. Was the student placement length varied because of the pandemic?
* Yes, it was made shorter
* Yes, it was made longer
* No
1. If you used telehealth in your service delivery, were students (on placement) involved in telehealth provision with clients?
* Yes
* No

If yes, please provide more info

If no, what were the barriers that impeded their participation in telehealth with clients?

1. Have you had to use technology in supervision (telesupervision) with your student/s as a result of the COVID-19 pandemic?
* Yes
* No

If yes, please specify which technology you use to undertake telesupervision (e.g., Teams, Zoom, Skype, phone etc.) (free text option)

1. If you used technology in student supervision provision, how would you rate your experience?
* Excellent
* Good
* Average
* Poor
1. High quality student placements are characterised by positive relationships, effective supervision, diverse and adequate learning opportunities and resources. Quality in student placements can be assessed formally through a student survey or by using a tool such as iQIPP or informally by checking in with the student.

Did you assess the quality of the student placement that you provided during the pandemic?

* Yes
* No

If yes, what method/s did you use to assess placement quality (free text option)

1. Was the student placement quality affected because of the pandemic?
* Yes
* No
* I don’t know
1. If you stated above that the placement quality was affected in some way because of the COVID-19 pandemic, please can you provide further details on how the placement quality was affected?

(free text response)

1. Do you think the student’s learning was affected in some way (either positively or negatively) because of the COVID-19 pandemic?
* Yes
* No

If yes, please provide more details (free text option)

1. Do you think the student’s placement experience (e.g., teamwork, socialisation) was affected in some way because of the COVID-19 pandemic?
* Yes
* No

If yes, please provide more details (free text option)

1. Did the student/s get to see enough clients during their placement as per usual practice?
* Yes
* No

If yes, please provide more details (free text option)

1. Did the student receive adequate clinical supervision from you (frequency, duration and quality) during their placement, as per usual practice?
* Yes
* No

If yes, please provide more details (free text option)

If no, what were the barriers that impeded adequate clinical supervision provision? (free text option)

1. If you stated above that the COVID-19 pandemic had an adverse impact on the student placement quality, learning and/or experience, do you believe this would impact the work-readiness of these students when they graduate?
* Yes
* No

If yes, please provide more details (free text option)

1. Did you trial a new student placement model as a result of COVID-19 (Eg. use of telehealth, having more than one supervisor etc.)
* Yes
* No

If yes, what model/s did you trial?

1. If you trialled a new model/s of student placement owing to the pandemic, do you intend to use this model going forward post-pandemic?
* Yes
* No

If you answered no, why not? (free text option)

Please provide further information on the model you used (free text option)

1. What supports (e.g, professional development, training, supervision etc.), if any, would assist you to continue with student placement provision in the post-pandemic period?
2. Do you have anything else you would like to add about your experience with student supervision provision through the COVID-19 pandemic? (free text option).