Clinical Supervision Resource Kit

The Overview:
This Kit at a Glance

NCETA

FLINDERS UNIVERSITY
ADELAIDE • AUSTRALIA

the overview: This Kit at a Glance

Acknowledgements

the overview

Foreword

The National Centre for Education and Training on Addiction at Flinders University (NCETA), Adelaide, Australia has focussed in recent years on ways to build the capacity of the workforce involved in dealing with alcohol and drug problems. We undertake a range of research and related activities under the umbrella heading of 'Workforce Development'. This Resource Kit on Clinical Supervision is an excellent example of some of our endeavours in AOD workforce development – other examples are detailed at the end of this document and copies of many can be downloaded from our website www.nceta.flinders.edu.au.

The concept for the Clinical Supervision Kit came from our growing awareness of the need to provide more support to the AOD workforce. It was increasingly evident, both from the literature and our own research, and from direct input from colleagues in the field, that what was often needed was not just more training via traditional courses (as important as these are!). What was also needed was a range of workplace strategies that would support and enhance the excellent work that was already being undertaken and that would facilitate the transfer or development of new skills. In many instances, this required changes in the way an AOD agency was able to support its employees.

For those working in a clinical capacity it also became increasingly apparent that there was little support available in terms of structured clinical supervision. Moreover, it was clear from anecdotal reports that obtaining such support could be challenging and at times down right difficult. It was evident that several things were needed simultaneously. Firstly, there was a need to increase the perception and understanding of the relevance and importance of clinical supervision. Secondly, the resources to make clinical supervision feasible were needed, but first a clear understanding of what quality clinical supervision was and how it might be provided in a resource limited field such as the AOD sector was the top priority. Finally, some clear Guidelines about what quality clinical supervision might look like and some assistance in training others to disseminate this information was also required.

In developing this Kit and in producing its component parts we have attempted to meet all the above needs. The Kit is a 'tool', in and of itself, through which we hope to raise awareness of the importance of clinical supervision. The Kit provides content on the theoretical and conceptual issues entailed in clinical supervision from the perspective of a potential supervisor, supervisee and the organisation/s in which they might work. The Kit also contains practical resources to assist each of the above players to implement their preferred mode of clinical supervision. Finally, it also offers a set of training materials, complete with demonstrated simulations of supervision with guided instruction notes, to assist wide scale distribution and implementation of this important workforce development strategy.

We hope you find this Kit a practical resource that may be of interest and value to you and your AOD organisations on various levels. We also hope that it serves as a tangible illustration of a workforce development resource that may assist to bring about some important structural and systemic changes. As always, NCETA is keen to hear of your views about his product and other materials and/or activities which we might develop to serve the needs of the AOD field.

Ann M Roche

Professor and Director

National Centre for Education and Training on Addiction

Flinders University

March 2005

Recommendations for Clinical Supervision in the AOD Field

1. All AOD organisations/agencies should provide clinical supervision to their practitioners as routine practice, given the evidence from the mental health field that clinical supervision reduces staff burn-out, increases job satisfaction and promotes quality practice.

2. Clinical supervisors should receive training in the process (e.g. contracting frequency/timing, timeframe and review, handling grievances/disputes) and content (e.g. core topics, issues and competencies to be covered) of supervision, as evidence indicates that it increases the quality of supervision. It is widely acknowledged that clinical supervisors must be:

   • open and trusting

   • non-judgemental

   • affable

   • highly accessible

   • up-to-date in their knowledge of evidence-based interventions

   • able to impart skills.

3. AOD organisations/agencies should incorporate policies and procedures for clinical supervision in their clinical guidelines, to ensure a shared understanding amongst all personnel as to the function, process and structure of supervision for staff.

4. A clear distinction should be made between *clinical* supervision and line management/supervision. Clinical supervision is focussed on developing the worker's clinical roles and performance. Line management/supervision, in contrast, is concerned with the evaluation and appraisal of all aspects of a worker's performance. Ideally, a clinical supervisor will not be the worker's line manager/supervisor, and for counselling staff there are advantages in having a clinical supervisor who is external to their agency and therefore independent of organisational processes and issues.

5. The exchange of information in supervision sessions follows the usual requirements for, and limits to, confidentiality that are observed in clinical practice. The supervisee must be informed as to the limits of confidentiality and the requirements of mandatory reporting at the outset of supervision.

6. Adequate time must be allocated to each supervision session to ensure all currently pressing issues for the clinician are addressed (less than one hour is unlikely to be sufficient). It is not possible to specify optimum frequency of supervision sessions as experienced clinicians are likely to require fewer sessions than the inexperienced, and workloads vary greatly. As a general guide, a full-time clinician is likely to require supervision at least monthly (given the challenging nature of alcohol and other drug work), and an inexperienced clinician will benefit from sessions at least fortnightly. Inexperienced clinicians will have a greater need for one-on-one individual supervision.

7. Clinical supervision should proceed according to a shared understanding (expressed in an informal contract) of the purpose, structure and mutual obligations of the organisation, the supervisee and the supervisor. Specific goals and tasks should be negotiated and outcomes monitored. Clinical supervision should be guided by principles of adult-learning, in which the supervisee determines the areas, tasks, and the pace at which their learning occurs (i.e. 'self-directed learning'). Learning should be active and couched within salient clinical contexts. Learning of specific clinical techniques via observation of clinical demonstrations (modelling) is effective, but care must be exercised that the supervisee does not attempt to mimic the supervisor's, or any other demonstrator's, style in its entirety at the expense of their natural style.

8. Many AOD workers may be apprehensive about clinical supervision when it is first introduced to their agency, fearing that their clinical competency may be challenged. Therefore, managers and supervisors must devote time and energy to providing a strong rationale for, and building belief in, clinical supervision.

9. Quality clinical supervision should:

    a. Increase the supervisee's ability to reflect and critically analyse their clinical practice (occasional observation by the supervisor of the supervisee's practice will be helpful)

    b. Develop the supervisee's knowledge of evidence-based 'best practice' in the AOD field and their understanding of theoretical perspectives

    c. Develop skills in delivering interventions via modelling and skill rehearsal

    d. Map further areas of professional development and career enhancement.

10. Professional boundaries in clinical supervision must be observed. Clinical supervision should never become therapy for the supervisee's personal issues. Whilst issues that impact on clinical performance can be identified and discussed, therapeutic remedies for those issues should occur elsewhere. Nor should the supervisee and supervisor develop or pursue a friendship or relationship beyond that which is appropriate within the supervision sessions.

11. When a poor 'match' between the supervisee and supervisor is hampering the supervisory process, both parties are at liberty, and should be advised, to terminate the arrangement. If clinician's have strong preferences for certain characteristics in supervisors (e.g. gender), then every attempt must be made to satisfy those preferences.

12. When one-on-one supervision cannot occur in person, other modes of delivery should be considered (e.g. electronically at a distance, group supervision).

13. Like many relationships, eventually a sense of diminishing returns may occur after a lengthy period of supervision. This should be openly acknowledged, and a new clinical supervisor sought that can further progress the supervisee's professional development.

14. Evaluation of the effectiveness of clinical supervision should occur within every agency, even if limited in scope. The process of evaluation should be determined when planning the supervision program.

the overview

vi

Contents

the overview

About the Clinical Supervision Resource Kit

The Resource Kit has been produced with a very broad target audience in mind; it is a resource for all those involved in planning, instigating, delivering, and receiving quality supervision programs in AOD workplaces.

The Target Audience

People who might benefit from The Resource Kit include:

- workers who have clients with drug or alcohol problems

- health professionals who want to specialise in drug and alcohol but have not received any formal education or training in the area

- experienced practitioners who are currently supervisors or intend to become a supervisor of clinicians who have AOD clients

- researchers who want to study clinical supervision and do not yet have the knowledge to understand its practical intricacies

- individuals in management roles (e.g., CEOs, managers) who would like to oversee the development and implementation of a supervision program in their workplace.

There may be others for whom The Resource Kit might also be relevant.

What will be the benefits of using The Resource Kit?

There is evidence that clinical supervision of mental health workers can reduce 'burn-out', increase job satisfaction, aid the retention of staff, and help to ensure the delivery of quality interventions. Dedicated clinical supervision (as distinct from line management/supervision) does not appear to occur as a norm across the AOD field.

The distinction between line-supervision and clinical supervision is stressed in The Resource Kit as it is crucial to the integrity of *clinical* supervision. Line-supervision is a managerial, hierarchal reporting process that is concerned with evaluation and appraisal of all aspects of a worker's performance, and may occasionally result in directives being issued to staff.

Clinical supervision, in contrast, is restricted to examining, in a collaborative and explorative manner, the practitioner's role, knowledge, attitudes, beliefs and skills, and the impact this has on clients. The clinical supervisor will usually be senior to the supervisee and more experienced, but does not exercise authority over the supervisee. Ideally, a line-manager/supervisor will not also act as a clinical supervisor.

The Components of the Kit

The Resource Kit is comprised of 4 components:
(also see diagram, Appendix I)

1. The Overview (this document)

2. Clinical Supervision: A Practical Guide for the AOD Field (book)

3. DVD Demonstration and Training Booklet

4. CD (containing e-copies of the above plus a set of 75 trainer's PowerPoint slides).

1. **The Overview: This Kit at a Glance (this document)**

    Provides an overview of The Resource Kit, and also includes:

    *   a sample one-day training program

    *   annotated links to other clinical supervision resources (Appendix II).

2. **Clinical Supervision: A Practical Guide for the AOD Field**

    'The Guide' is a comprehensive review of the clinical supervision literature as it pertains to generic counselling, with specific reference and extrapolation to the AOD field where possible. Practical

recommendations are made for both establishing a clinical supervision program and for conducting supervision sessions. Sample worksheets are provided for use in structuring supervision sessions at the back of The Guide. The Guide can also be found on the CD in this Kit and on the NCETA website (www.nceta.flinders.edu.au).

3.1 Clinical Supervision Training Demonstration on DVD

A 40-minute scripted demonstration of clinical supervision in 4 Acts which reveals key process and content issues. The demonstration forms the centrepiece of a one-day training program. The 4 Acts are:

Act 1: 'Paving the way for successful supervision'

Act 2: 'Key elements of supervision'

Act 3: 'Developing skills and confidence'

Act 4: 'Time for a change'

3.2 Training Demonstration Booklet

A supplement to the DVD, the Booklet contains:

- the rationale for, and summary of, each section ('Acts' 1-4) in the demonstration

- all of the Discussion Break Questions and Sample Responses that appear on screen in the DVD

- the sample one-day training program is repeated here

- principles of effective learning (a summary of the section 'Principles of Learning and Supervision' found in 'The Guide').

4. CD and PowerPoint Slides

All written materials contained in the kit are also included in an electronic format on a CD. Additionally, a set of 75 PowerPoint training slides (with appended notes for trainers) are located on the CD.

Where can I find all the bits & pieces?

	Printed Documents	CD	DVD
The Overview: This Kit at a Glance Provides an overview of the Resource Kit, and also includes: • a sample one-day training program • useful links to other clinical supervision resources	✓	✓	
The Guide to Clinical Supervision A comprehensive review of the clinical supervision literature as it pertains to the AOD field, with practical recommendations and sample worksheets for use in supervision.	✓	✓	
Sample Worksheets (see 'The Guide')	✓	✓	
Clinical Supervision Training Demonstration DVD A demonstration of clinical supervision that forms the centrepiece of a one-day training program.			✓
Training Demonstration Booklet (supplement to DVD) Provides training prompts to accompany the Clinical Supervision Demonstration, including a script synopsis, discussion questions and sample responses.	✓	✓	
Training Tool: PowerPoint Slides		✓	
Training Tool: Sample One-day Program (see 'The Guide' and the Training Demonstration Booklet)	✓	✓	
Recommended Links (see 'The Guide' and 'The Overview')	✓	✓	

How to use The Resource Kit

The Kit can be used in various, complementary ways. Potential uses include:

- the education and professional development of any interested individual; i.e. read and viewed alone in the first instance

- orientating a worker or supervisor to supervision

- assistance in structuring supervision sessions

- background briefing for a working group developing a supervision program

- structuring a clinical supervision training workshop/ program.

Therefore, any of the components of The Kit can be used in a stand-alone manner or as part of a comprehensive planning or training program.

How to use 'The Guide'

The Guide to Clinical Supervision is a document for people who want to have a role in a clinical supervision program to improve work practices with AOD clients. The Guide aims to help individuals to create, maintain and/or participate in a supervision program. Sufficient information is given to enable an AOD agency to enact a set of recommended Guidelines (these recommendations, pg IV–V, are largely based on evidence extrapolated from research on clinical supervision in the mental health field). The recommended Guidelines should be copied and distributed to all those using 'The Kit' and involved in clinical supervision.

Getting Started

It is suggested that all interested parties first read:

1. The set of recommendations regarding clinical supervision, found at the front of The Guide (and set out on pages IV – V)

2. *Part 1 of The Guide: "Background",* for an understanding of what is meant by clinical supervision, why it is so important, and how it relates to workforce and professional development.

Some parties may then wish to select sections of The Guide for priority reading if they have restricted time. The priority reading for various stakeholders is represented in the matrix below. *Ideally, all stakeholders will eventually find the time to read the entire Guide* (this would seem particularly important for program managers).

Take a moment now to examine the contents of The Guide and to identify which elements are most relevant to you and/or your organisation.

Priority Reading of 'The Guide'

	Clinical Supervisor	Worker (Supervisee)	Line Manager/ Supervisor	Program Manager/ Planner
Recommendations	✓	✓	✓	✓
Part 1: Background	✓	✓	✓	✓
Part 2: Section 1 The Supervisor	✓		✓	
Part 2: Section 2 The Supervisee	✓	✓	✓	
Part 2: Section 3 The Organisation			✓	✓
Part 3: Developing & Implementing a Program				✓
Sample Worksheets	✓	✓	✓	✓

A **clinical supervisor** will need to read:

- *Part 2: "The Supervisory Relationship": Section 1 "The Supervisor"* in which the following topics are discussed:

    ○ the main foci of supervision

    ○ features of a successful supervisor

    ○ belief building

    ○ the content of supervision

    ○ principles of learning and supervision

    ○ training and observation methods

    ○ group work

    ○ training effectiveness.

- *Part 2: "The Supervisory Relationship": Section 2 "The Supervisee"* outlines a number of key points that may help in developing a productive relationship with a supervisor. The topics covered in this section include:

    ○ what to expect

    ○ choosing a supervisor

    ○ belief building

    ○ planning supervision

    ○ training and observation methods

    ○ remote supervision.

These two sections provide a rounded perspective on supervisory roles and mutual obligations. A clinical supervisor is also advised to view the sample *Worksheets* that could be helpful in structuring supervision sessions.

A worker who is about to receive, or is already receiving, clinical supervision may find that *Part 2: "The Supervisory Relationship": Section 2 "The Supervisee"* (as above), along with the sample *Worksheets* that could be used for structuring supervision, will suffice initially.

A line manager/supervisor should read all of *Part 2*, and examine the sample Worksheets, so that they understand all the various aspects of clinical supervision. These sections can then help pave the way for workers under their supervision to be prepared for, and then to maximise the benefits of, clinical supervision.

A program manager/planner who is preparing to instigate, or improve, a clinical supervision program may wish to prioritise the reading of:

- *Part 2: "The Supervisory Relationship": Section 3 "The Organisation".* The topics in this section include:

    ○ benefits of and barriers to supervision

    ○ policy

- facilitators for programs

- barriers for programs.

- *Part 3: "Developing and Implementing a Program"* which covers:

  - the principles and processes of setting up a program

  - overcoming anxieties, misunderstandings and a reluctance to engage within the organisation

  - finding and cultivating supervisors

  - writing a policy

  - evaluating what has been put in place

  - forming partnerships.

- The Sample Worksheets

How to use the Training Tools

Sample one-day training program with PowerPoint Slides

A sample one-day training program is included below (a copy of the training program can also be found in the Training Booklet that supplements the DVD, and on the CD). The training is structured to impart sufficient information and skills to guide the development of a supervision program and to guide the general structure, process and content of supervision sessions. The training is highly interactive in nature, with small group exercises and skill rehearsals accompanying short lectures. This format will allow sufficient diversion from the set program to meet the needs of the participants (which will vary from one training program to the next), whilst still covering the basics. As noted above, the demonstration of clinical supervision (DVD) forms the centrepiece of this training.

PowerPoint slides are provided for the training, with accompanying notes for the facilitator. These slides closely follow the content of 'The Guide'. However, you may wish to add to or modify the slides to reflect your particular training needs (e.g. type of personnel attending; special characteristics of your workplace; amount of time allocated for training). Instructions on how to modify PowerPoint slides can be found at the rear of this document (Appendix III).

Sample Program for AOD Supervision (SV) Training

Session	Minutes	Topic	Mode of delivery
Session 1 (80 mins)	10	*Introduction*	Include participants' introductions and what they are hoping to achieve from the day's program.
	10	*Definition & Rationale*	Lecture
	15	"What would you want from clinical supervision as a counsellor?"	Individual exercise with feedback
	10	*Evidence of SV effectiveness*	Lecture
	20	*Key goals of supervision:* "For your org., specify 1. Key goals of SV 2. Barriers to achieving these goals"	Small group exercise with feedback to larger group
	15	*Policy & Workforce development context*	Lecture
Session 2 (75 mins)	20	*Principles of learning & SV*	Lecture
	15	"How do these principles fit with your needs?" "Any points/issues to add?" "Why?"	Small group exercise with feedback
	10	*Core contents of SV sessions* "What specific topic/issues should SV include to achieve counsellor competency?"	Individual exercise with feedback
	30	*Paving the way* Agenda setting Building belief Matching	Video demonstration of simulated session with discussion breaks

Continued over page…

…from previous page

Session 3 (100 mins)	30 (2 x 15)	Paving the way (cont.) Skill rehearsal	Participant role playing of agenda setting & belief-building (with feedback)
	30	*Training & Observation Methods* • Case review & analysis • Modelling • Co-facilitation	Video simulated session with discussion breaks Participant role playing of review & analysis with case-vignettes provided
	40 (2 x 20)		
Session 4 (90 mins)	20	*Alternative delivery modalities of SV*	Lecture & discussion of relative merits
	10	*Practical Tips for Running a SV Program* • Developing • Implementing • Evaluating Sketch an implementation plan (flow-chart) for SV in your workplace.	Lecture
	40		Group exercise including presentations to full group
	20	*Final open discussion & workshop evaluation*	
Breaks	90		
Total Duration 435 minutes	**435**	i.e. approx 9-15 am to 4-30 pm	

Clinical Supervision Demonstration (DVD with Supplementary Training Booklet)

The demonstration of an evolving clinical supervisory relationship is presented in 4 Acts (over a 2-year period).

Act 1: 'Paving the way for successful supervision': The supervisor and supervisee get to know each other and discuss the latter's expectations.

Act 2: 'Key elements of supervision': The characters discuss a mutually agreeable structure and process for the supervision sessions.

Act 3: 'Developing skills and confidence': Demonstrates critiquing of the supervisee's work (both reflective self-critique and constructive criticism from the supervisor), modelling of skills by the supervisor, and rehearsal of skills by the supervisee.

Act 4: 'Time for a change': Shows the characters discussing goals that have been achieved and the natural progression to conclusion of this particular supervisory relationship.

At the end of each Act, a discussion break occurs with questions for consideration by the viewer(s), followed by sample responses (the responses will not exhaust all possible answers). For example, the first question and sample response for the Discussion Break following Act 3 is as follows:

DISCUSSION BREAK:

> *How would you conceptualise the relationship that Rob (the supervisor) and Sue (the supervisee) now have?*

SAMPLE RESPONSES:

> *There is no 'right' answer to this question, but the relationship could now be conceived as one that has aspects of mentoring within the supervisory relationship. Sue appears to trust her supervisor to guide her conceptual and skill development. The supervisor is careful to work with Sue at her current level of development and to encourage a self-reflective process in which Sue identifies the areas requiring refinement.*

the overview

The Clinical Supervision Demonstration (DVD) and accompanying Training Booklet can be used for a range of purposes:

1. As part of a training program

2. As an educational tool within supervision

3. As part of an organisation's planning days

4. For managers/supervisors, program officers, clinicians and supervisors to informally view the demonstration.

1. As part of a training program

The demonstration is a carefully scripted portrayal of a supervisory relationship that was designed to be the centrepoint of clinical supervision training. All dialogue, the discussion breaks and sample responses link to the content of the training program outlined above. The demonstration is consistent with the structure, processes and learning

principles within supervision that are consistent with a skills-based, cognitive-behavioural approach to supervision (that to a large extent mirrors the relationships between clients and clinicians).

However, it is not intended that the demonstration be prescriptive, as participants in training will have varying theoretical orientations that will shape, to some degree, the content and style of their supervision (both as supervisors and supervisees). Nor should a trainer feel restricted to observing the timing of the discussion breaks (the DVD can be paused at any point or a segment replayed) or be limited to the questions posed in the breaks or the sample responses provided.

2. *As an educational tool within supervision*

    A supervisor could offer the demonstration to a supervisee as part of their orientation to clinical supervision, helping to raise belief in supervision, allay anxieties and provide a useful grounding in central principles. This would be particularly germane to group supervision.

3. *As part of an organisation's planning days*

    When an organisation has decided that they need to develop a policy and implement a program of clinical supervision, they could show this demonstration as a stimulating 'primer' to discussion of the core issues at a training day. This use should not supplant, but rather be complementary to, training for staff in clinical supervision, conducted by a clinician experienced in supervision and familiar with the training program.
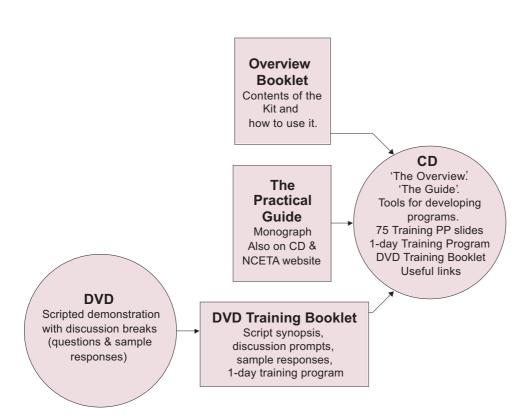
4. *For managers/supervisors, program officers, or clinicians informally viewing the demonstration*

    This demonstration has been designed to stand alone, allowing any interested parties to view it independently or with colleagues. Some agencies may recommend that their staff, particularly those new to clinical supervision, allocate time to a viewing.

the overview

Appendix I:

The Resource Kit components

Overview Booklet
Contents of the Kit and how to use it.

The Practical Guide
Monograph Also on CD & NCETA website

CD
'The Overview'.
'The Guide'.
Tools for developing programs.
75 Training PP slides
1-day Training Program
DVD Training Booklet
Useful links

DVD
Scripted demonstration with discussion breaks (questions & sample responses)

DVD Training Booklet
Script synopsis, discussion prompts, sample responses, 1-day training program

the overview

Appendix II:

Useful links to other clinical supervision resources

The prioritising of clinical supervision within the AOD field is relatively new. Hence there are a limited number of existing resources (some pertaining to disciplines such as mental health nursing rather than dedicated to the AOD field) that complement the content of this Kit. Some of these resources contain protocols and checklists (which could be used in conjunction with the Worksheets provided at the rear of The Guide) to help structure supervision.

Useful links are listed below. They can also be found after the Reference section in 'The Guide' and on the CD ROM.

1. Network of Alcohol & other Drugs Agencies (NADA)

    www.nada.org.au/training/
    WorkforceDevelopment_ResourceKit.
    pdf

    This is an excellent Workforce Development Resource Kit.

Chapter 3 (p27) "Professional Development Strategies" contains a section on clinical supervision and the related topic of mentoring. In a succinct format (largely checklists), recommendations are made for the framework and rules governing clinical supervision, good practice, finding supervisors, advertising for supervisors, interviewing supervisors and contracting.

2. Nth Queensland Branch of the Australian & New Zealand College of Mental Health Nurses

    www.nq-anzcmhn.org/superv.html

    This 2-3 page summary of essential issues relating to clinical supervision is very strong definitionally, particularly with regard to the essential nature of clinical supervision versus line management/ supervision, the mutual obligations

of participants, and the contractual processes involved (the latter section has been quoted in our Guide).

3. The College of Education: The University of Alabama

www.bamaed.ua.edu/~kcarmich/bce619/Models.html

This paper provides a succinct outline of various models of supervision (beyond the scope of 'The Guide') that are consistent with models of psychotherapy. It presupposes reasonably advanced knowledge of various theoretical orientations, and has a revision question attached.

4. Southern Coast Addiction Technology Transfer Center

www.scattc.org/pdf_upload/Beacon004.pdf

This short paper succinctly discusses some of the challenges of providing clinical supervision, especially for those organisations with limited resources in which line managers/supervisors will also be

providing clinical supervision. The paper contains a very useful table in which the differences between therapy, line management and clinical supervision are highlighted.

5. American Psychological Association

www.apa.org/books/4317045.html

Clinical Supervision: A Competency-Based Approach (Falender, C A; Shafranske, E P. APA, 2004) is a recently published, generic, text-book for training and supervising mental health practitioners.

Appendix III:

Modifying MSPowerPoint slides

If you have not used MSPowerPoint slides or are unsure about altering them, here is a brief description of what to do:

- locate the Topic(s) you wish to modify (on the Resource Kit CDROM)

- copy (using Windows Explorer) the file to your C: drive and rename

- open the slide(s) file(s) in PowerPoint.

To change the slide order in a topic:

- go to the 'View' menu and select 'Slide Sorter' or locate the diagram in the left-hand bottom image on the screen (this view will show all slides in the topic at once)

- click on (select) the slide(s) you want to move and drag it to the position you want them placed (hold the SHIFT key down if you wish to select more than one slide to move or cut)

- save.

To delete slides from a topic:

- as above, make each slide active and then press delete and save.

To add slides from another slide set:

- select slides from one slide set through the slide sorter. Copy (Ctrl C)

- open the slide set you want to use in 'View – Slide Sorter'

- paste the slide(s) (Ctrl V) into this slide set and rearrange if needed.

19

To change a slide:

- go to 'View – Slide' and click on what you want to change (colours and heading styles etc. can be changed from the master slide or altered using the Format menu).

Other Hints:

To obtain slide notes in hard copy:

- go to 'View – Notes Pages' read and select notes needed

- go to Print menu (in 'Print what' select Notes Pages) Make sure:

  ◦ the item black and white is ticked – this reverses the slide background to white and saves on ink

  ◦ the item, 'Scale to fit paper' is ticked – this enables Note Pages to be printed to A4 size.

To provide Slide Handouts (6, 3, or 2 to a page) to participants:

- go to Print menu (in 'Print what' select how you would like your slide handout displayed – i.e. they can be displayed as 2, 3 or 6 slides to a page)

- select the relevant option and ensure you also select the items 'black and white' and 'scale to fit paper' (to save on printing costs and increase readability)

- print.

Where there is more than one Notes Page per slide (hidden slides) some topics have notes that run on to another page. To print these:

- click on the box (right hand, lower corner which will be active) that says 'Print hidden slides'.

Notes

Notes