Effective Supervision
A Game of Two Halves

• This lecture: presentation of key information about clinical and educational supervision

• CEP workshop: time for discussion of some issues highlighted here
Learning objectives

By the end of this lecture you should be able to:

• Explain why all supervision, formal and informal, is important.
• Define the responsibilities of two formal supervisory roles: Named Clinical Supervisor and Named Educational Supervisor
• Describe how the NCS and NES fit into the bigger picture
• Explain what should happen during supervisor-trainee meetings
• Write a formal report about a trainee, such as an Educational Supervisor’s Structured Report (ESSR)
• Identify how to access further help and support in your area
Why is supervision so important?
Supervision enhances safety

• “Training is patient safety for the next 30 years”
• “Educational supervision is patient safety for the next 15 years”
• “Clinical supervision is patient safety now”

Prof Sir Peter Rubin, Chair of GMC, NES conference 2013
Supervision enhances learning

• “... a process in which practice is supported and challenged through discussion and reflection ... promoting safe and effective delivery of care”

Department of Health (1993)
What should ‘named’ supervisors do?
Over to you…

Take a few moments now:

• Think about the ‘Named Educational Supervisor’ and the ‘Named Clinical Supervisor’.

• What do you think their roles and responsibilities are? How much time do you think is permitted for each role when job planning? Note down what you come up with and where you are unsure.
Job Description (Lothian)

• ‘Named Educational Supervisor’
  • Responsible for overall supervision and management of trainee’s progress through training programme
  • Helps trainee plan training and achieve learning outcomes
  • Responsible for ‘Educational Agreement’ and bringing together evidence to form summative judgement at end of placement
• Writes Educational Supervisor’s Structured Report
Job Description (Lothian)

• ‘Named Clinical Supervisor’
  • Responsible for supervising trainee’s clinical work through specific placement
  • Provides constructive, developmental feedback during placement on regular, weekly basis
  • Provides review of trainee’s practice that contributes to Educational Supervisor’s Structured Report
GMC Recognition of Trainers

1. Safe, effective patient care
2. Establishing a learning environment
3. Teaching and facilitating learning
4. Enhancing learning through assessment
5. Supporting and monitoring progress
6. Guiding personal and professional development
7. Continuing development as an educator
Job Planning

1hr/trainee/week = 0.25 PA/week
max 4 trainees = max 1PA/week

8hrs/trainee/year
(2h sup/4 months + 2h ESSR)

Tariffs combine
Trainee Placements

RIE

Eg Surgery or Histopathology or Oncology

RIE WGH SJH Fife

Eg Anaesthesia

Block 1 Block 2 Block 3

Eg Foundation

August December April ARCP:ESSR July
A quick reminder of the bigger picture...
So what might supervision look like on the ground?
Educational Supervision

- Signpost trainee to induction
- Initial meeting as soon as possible
- Review meetings every 4 months
- Final meeting before ARCP

Example 12 month placement. Cycle actually a spiral as trainee moves ‘up’ into next placement.
Clinical Supervision

- **Initial meeting** as soon as possible
- **Review meetings** every week
- **Final meeting** before ARCP

Example 12 month placement.
Cycle actually a spiral as trainee moves ‘up’ into next placement.
Induction

“Every trainee starting a post or programme must be able to access a departmental induction...”

The Trainee Doctor, GMC, 2011(2)

... so whose job should this be?
Induction

After departmental induction trainees should know:

• how post fits within training programme and in relation to curriculum requirements
• duties and reporting arrangements
• supervision arrangements
• place in the team
• departmental policies or where to find them
• departmental structure, function and who’s who
Initial meeting

• Initial meeting with ES:
  • Get to know the trainee and tell them about the post
  • Look at the trainee’s curriculum with them
  • Formulate learning objectives together which will help them meet the learning outcomes in their curriculum; document these in PDP
  • Sign ‘Educational Agreement’

• Initial meeting with CS:
  • Get to know the trainee and tell them about the post
  • Look though their PDP and make some plans based on it
Review meetings

- Review meetings with ES:
  - Review **overall** progress
    - Look at progress towards learning outcomes
    - Discuss difficulties, clinical and non-clinical
    - Check on e-portfolio and evidence for ARCP

- Review meetings with CS:
  - Review **specifics** of progress and use time flexibly
    - Engage in constructive feedback dialogues
    - Support reflective thinking and practice in trainee
What if things aren’t going so well?
Range of Difficulties

• ‘Four Domains’  (Good Medical Practice, GMC, 2013) (3)
  • Knowledge, skills and performance
  • Safety and quality
  • Communication, partnership and teamwork
  • Maintaining trust

• Classification of Problems  (Doctors in Difficulty, NES, 2011) (4)
  • Personal conduct
  • Professional conduct
  • Professional competence/educational progression
Managing Difficulties

• Consider

  • Nature of concern?
  • Change from norm?
  • How serious?
  • Evidence and source?
  • Sufficient evidence for any action?
  • Progress affected?
  • How concern managed so far?
  • Trainee insight?
Managing Difficulties

- Who can help and who needs to know?
  - ES, CS, supervising doctor
  - TPD, NES, Royal College?
  - DME, Health Board?
  - GMC?
Final meetings

• Final meeting with CS:
  • Review placement
  • Write report, with trainee present, about how placement has gone. This will inform ‘ESSR’

• Final meeting with ES:
  • Check e-portfolio and evidence for ARCP
  • Pull together all documents, including CS report, in preparation for writing ESSR for ARCP

NB: The above is only a suggestion; some specialties have one final meeting with both ES and CS present.
Educational Supervisor’s Structured Report (ESSR)

• Report should:
  • Evidence trainee progress
  • Be based on honest, justifiable judgement
  • Not be the first time a concern comes to light
  • Be used with other evidence at ARCP
End of Training Year: ARCP

• **ARCP outcomes**
  • Categories 1-8
  • Majority ‘satisfactory to progress’ / complete
  • No category for ‘excellent’ so give feedback!
  • ‘Unsatisfactory to progress’ eg:
    • More support + review in 6 months
    • More support + more training time
    • Not permitted to complete
    • Insufficient evidence
Summary

• Take-home messages:
  • Supervision is fundamental, both for safe practice and for effective learning
  • ‘Named’ supervisors have specific roles which need to be job-planned
  • Contact with trainees should support them to identify, plan for, address and evaluate their learning through reflection on their practice
Learning objectives

So do you think you could now ...?

• Explain why all supervision, formal and informal, is important.
• Define the responsibilities of two formal supervisory roles: Named Clinical Supervisor and Named Educational Supervisor.
• Describe how the named CS and ES fit into the bigger picture.
• Explain what should happen in supervisor-trainee meetings.
• Write a formal report about a trainee, such as an Educational Supervisor’s Structured Report (ESSR).
• Identify how to access further help and support in your area.
And finally ...

• If you need more help, support or advice, please contact your:

  • Director of Medical Education
  • Associate Director of Medical Education
  • Foundation / Training Programme Director
References


References

   http://www.gmc-uk.org/guidance/good_medical_practice.asp

Effective Supervision

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