



THE UNIVERSITY
of EDINBURGH

Effective Supervision



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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



**Named
Clinical
Supervisor**

1. Safe, effective patient care
2. Establishing a learning environment
3. Teaching and facilitating learning
4. Enhancing learning through assessment



**Named
Educational
Supervisor**

5. Supporting and monitoring progress
6. Guiding personal and professional development
7. Continuing development as an educator



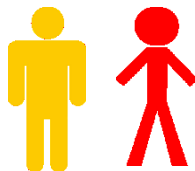
Job Planning



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



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



Tariffs combine





Named
Clinical
Supervisor

Trainee Placements



Named
Educational
Supervisor



Eg Surgery or Histopathology or Oncology



Eg Anaesthesia



or



or



or



Eg Foundation



August

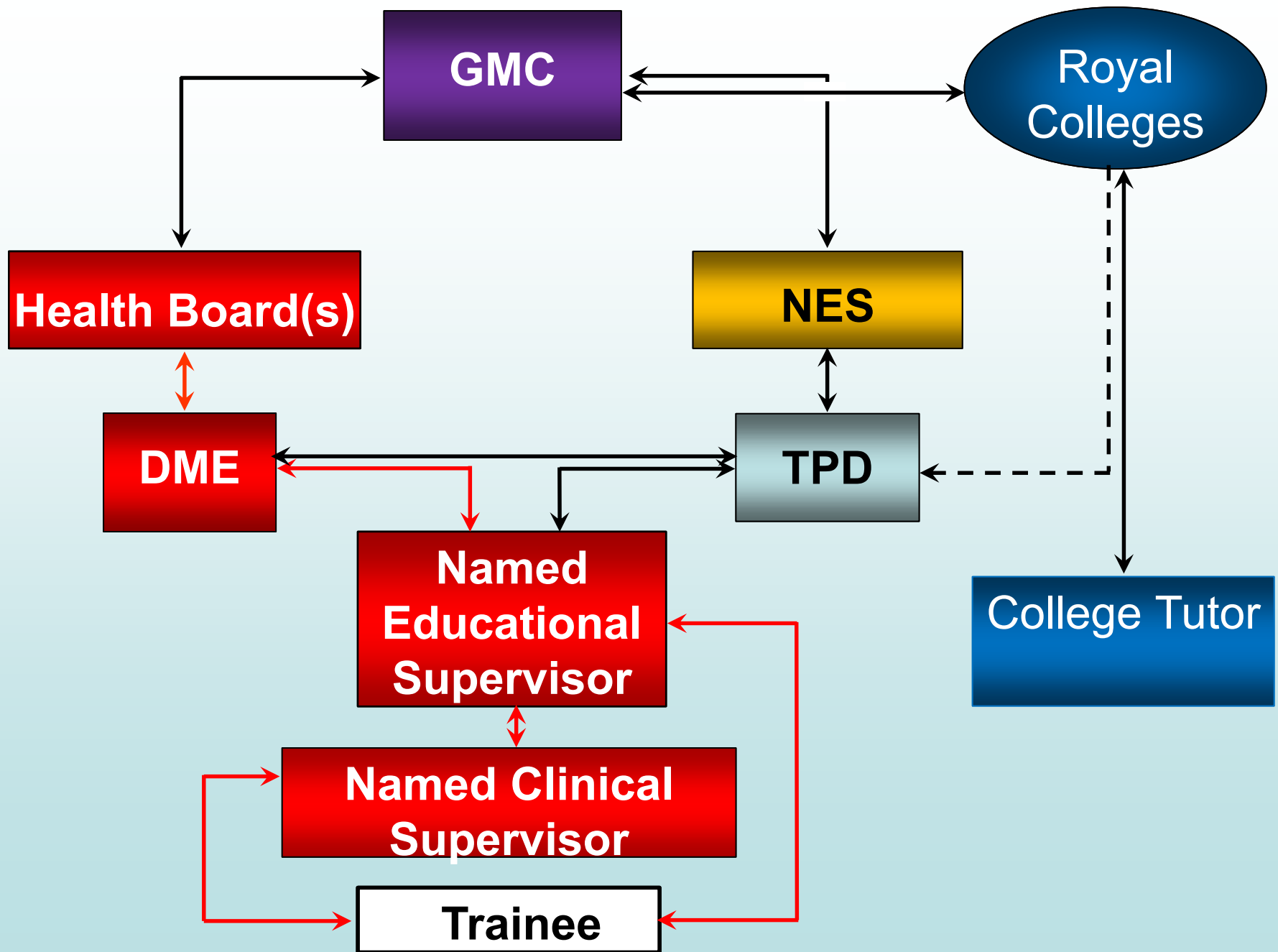
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ARCP:ESSR

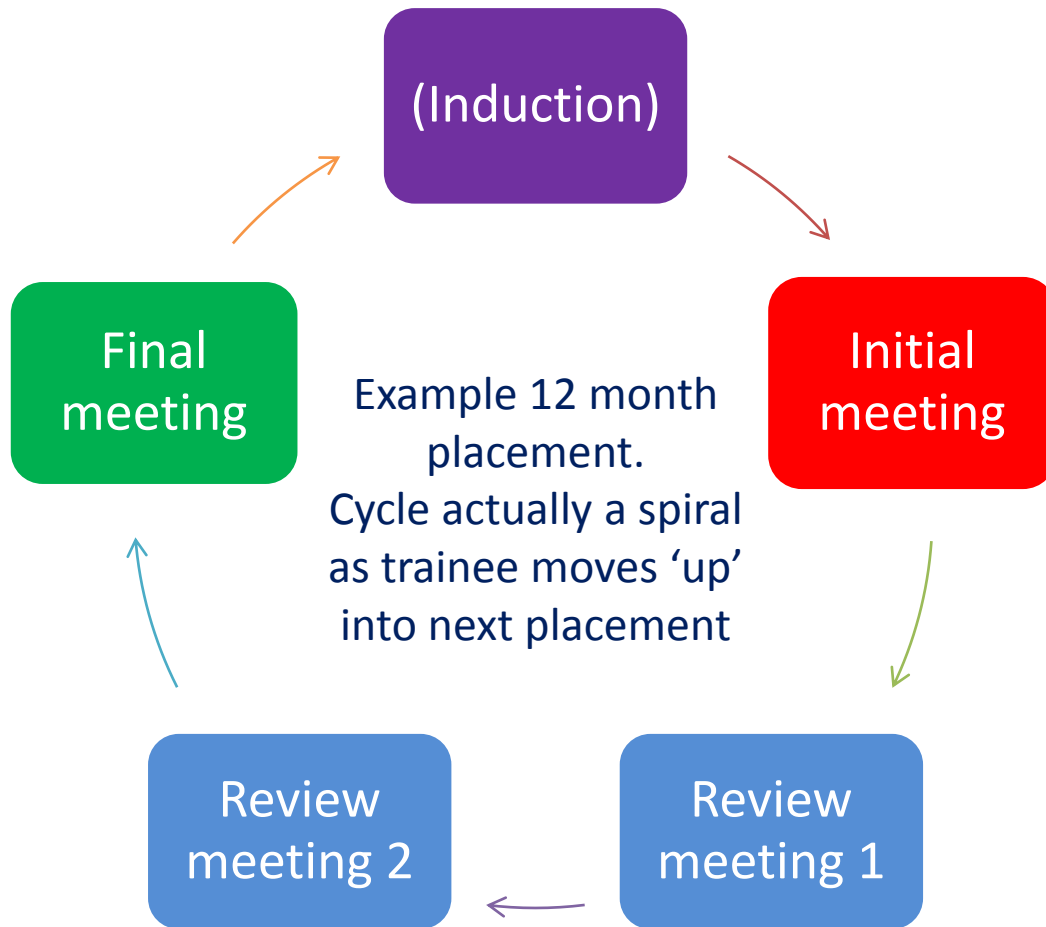
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A quick reminder of
the bigger picture...



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

Clinical Supervision



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

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 through 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

1. NHS Education for Scotland (2010). *The Gold Guide: Reference Guide for Postgraduate Specialty training in the UK*. 4th Edition.

<http://www.scotmt.scot.nhs.uk/media/7180/goldguide2010fourtheditionv07.pdf>

2. General Medical Council (2011). *The Trainee Doctor*.

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References

3. General Medical Council (2013). *Good Medical Practice*.

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4. NHS Education for Scotland (2011). *Postgraduate Medical Education in Scotland: Management of Trainee Doctors in Difficulty. Operational Guide*.

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