



# Enhancing Supervision for Postgraduate Doctors in Training

– Handbook

An illustration of a blue clipboard with a dark blue clip at the top. The clipboard has a light blue sheet of paper with the word "Contents" written in white. Below the title are several horizontal white lines representing a checklist. Three of these lines have a purple circle with a white checkmark to their right. A brown hand is shown at the bottom right, holding a blue pen and writing on one of the lines. The background features a grey top bar with white navigation arrows, and a blue and orange geometric shape at the bottom.

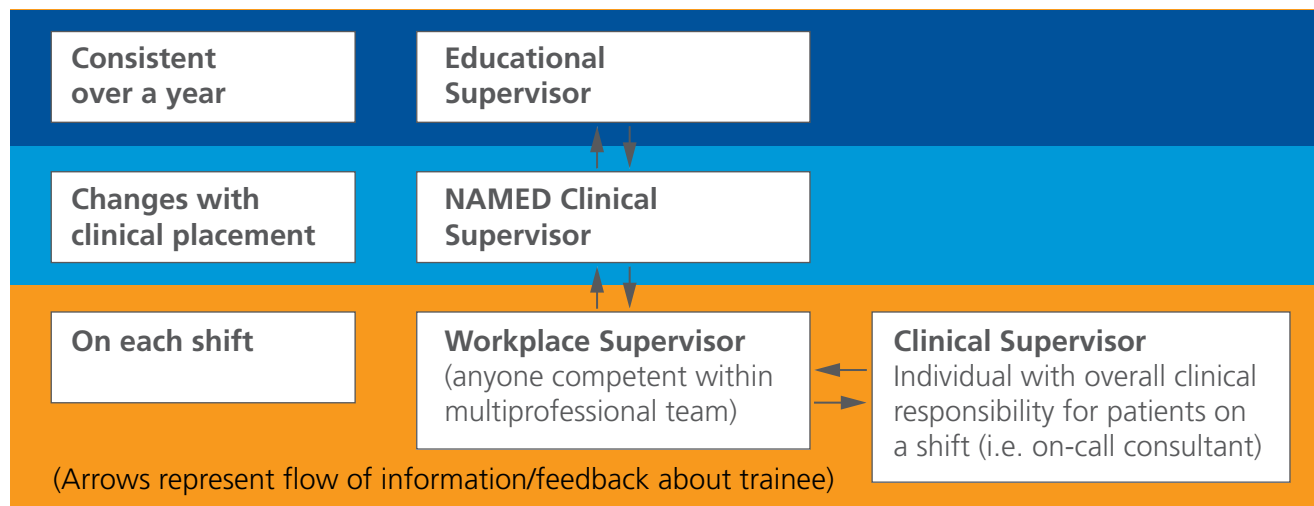
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# Supervision



In postgraduate medical education, there are four important roles in supervision.



### EDUCATIONAL SUPERVISOR – oversees your training and development

Your **Educational Supervisor (ES)** is there to support, guide and monitor your progress over a specified period of time (often a year). They often remain your ES as you move through different clinical placements. They may be based in a different department to you, but **must be available – this involves being both accessible and approachable.**



The Educational Supervisor – Trainee relationship is about mutual respect, trust and maintaining an adult to adult conversation. It's about getting to know a trainee as an individual and being there to discuss - in a safe and supportive environment - anything and everything related to being a doctor within the current and future NHS.

## Your Educational Supervisor



### EDUCATIONAL SUPPORT & MANAGEMENT

- Reviews and summarises evidence of trainee performance
- Produces Educational Supervisor Report for ARCP, revalidation and future recruitment
- Provides feedback to trainee and agrees action plans to address any issues identified

### SPECIFIC RESPONSIBILITIES



#### TRAINING / LEARNING AGREEMENT

- Ensures trainee understands educational obligations in agreement.
  - ARCP decision aid (eporfolio, WBAs, exams etc.)

- Provides trainee ARCP feedback, supports action planning



#### WORK SCHEDULE

- Agrees trainee work schedule considering personal and educational needs
- Reviews regularly against learning objectives, adjusting if required



#### EXCEPTION REPORTS

- Discusses and agrees necessary response
- Undertakes immediate review of work schedule if urgent safety concerns



#### STUDY LEAVE

- Discusses, reviews and approves mandatory/optional requests
- Directs trainees with aspirational requests to their TPCs



#### SUPPORTED RETURN TO TRAINING

- Prior to time out of training discusses arrangements
- Facilitates Supported Return To Training (SRTT) Programme

### YOUR ES...



- IS SPECIFICALLY TRAINED FOR ROLE AND MAINTAINS A RECORD OF CBD
- DISCUSSES ES ROLE AT THEIR ANNUAL APPRAISALS
- HAS A ZONE FOR TRAINEE IN THEIR JOB PLAN FOR EDUCATIONAL SUPERVISION
- ENGAGES WITH LOCAL/REGIONAL EDUCATIONAL BODIES

## Educational Supervision

What trainees want from an ES



### PERSONAL SUPPORT



### ACCESSABILITY



### IDEAL CHARACTERISTICS



'An ES who knows how things work'



'Two way feedback between ES and Trainee'

Be wiser about your supervisor - get the most from your educational supervision

Thoughts provided South London Trainee Representatives  
Collated by SLTN

## **NAMED Clinical Supervisor (NCS) - oversees your clinical experience on a placement**

This is a **named consultant** or GP working within the same department /GP practice during your placement who **oversees your clinical development on that placement**. They are the person to go to if you're worried that your placement isn't giving you the clinical experiences you need to achieve your competencies.

Your NCS is responsible for producing your end of placement report for ARCP. They may not often work directly with you, so will gather information about your performance from other members of the multidisciplinary team (workplace supervisors) which can be used in the end of placement sign-off.

The feedback to a NCS can be more formalised (typically for Foundation Year doctors) by creating a Placement Supervision Group (see below).

## **Clinical Supervisor – has overall responsibility for patients on a shift**

Every trainee must, at all times on any shift (daytime and out of hours), be responsible to a specific consultant or GP. This will usually be the on-call consultant for the specialty you are working within, who holds **overall clinical responsibility for the patients - or in GP settings including Out of Hours / Urgent Care Providers, a clearly identified GP**. You should always know the name of this person on each shift and how to contact them.

The consultant providing clinical supervision must be available to advise and assist you as appropriate – whether this means attending in person or giving advice over the phone.

If a consultant providing clinical supervision isn't immediately contactable (for example if they are scrubbed in theatre) they must nominate a deputy and tell the team who this is.

## **WORKPLACE SUPERVISOR – multiprofessional team member/s who supervise specific tasks**

Every doctor in training needs access to some degree of supervision while they are at work in the clinical environment.

The less experienced the trainee, the more supervision they will require. **Foundation doctors need direct physical access at all times – including out of hours work - to someone who can supervise any clinical task they need help with.**

A workplace supervisor can be **anyone within the multiprofessional team who is competent to carry out the task in question.**

So -

- A prescribing pharmacist can supervise a trainee doctor writing a drug chart
- An Emergency Nurse Practitioner can supervise a trainee doctor suturing a patient's wound
- A registrar can supervise a more junior trainee doctor assessing and managing an acutely unwell patient
- A senior nurse can supervise a trainee doctor managing a patient's catheter
- A Foundation Year 2 doctor can supervise a Foundation Year 1 doctor cannulating a patient

- A GP Out of Hours or Urgent Care Practitioner can supervise a trainee doctor consulting with a patient and referring to secondary care

These are just a few examples!

**Workplace supervisors have delegated authority from the Clinical Supervisor with overall patient responsibility** (usually the on-call consultant for the shift).

**Any member of the multiprofessional team who has a clinical concern must be made to feel able to contact the Clinical Supervisor directly if they feel their concerns are not being addressed adequately within the team.**

## PLACEMENT SUPERVISION GROUP

This type of supervision is strongly encouraged for Foundation Trainees.

A Foundation trainee's Named Clinical Supervisor can create a Placement Supervision Group (PSG) for a Foundation trainee. This group (a minimum of 3 people, representing different members of the multi-disciplinary team) works closely with the Foundation trainee, giving them informed, constructive feedback on their performance and letting their Named Clinical Supervisor know how they are progressing.





# Case Studies



## Case Studies in Good Supervision and Supportive Working Practices.

### 1. Lister House GP Practice: Multiprofessional learning

Lister House is a large inner-city training practice with more than 38,000 patients over four sites. We have a diverse multiprofessional clinical team with a wide range of skills. With such a large team and multiple sites, we have to work hard to maintain the team ethos we value. It is important for staff to feel that the practice is supportive of their development.

Each month the practice has a whole clinical team meeting, an educational meeting with outside speakers, and two small group meetings. There is also a fortnightly 'practice learning group' which is optional and open to all to discuss cases, ask questions and get support.

In addition to the sessions detailed above the trainees within the practice have timetabled debrief sessions after each surgery/clinic with an identified 'debrief leader' who they can also call on if needed during their surgery. There are weekly tutorials – some are individual, and some of which are interprofessional and some shared, and monthly assessment sessions. We want to promote collaborative working; learning together creates an open, supportive culture where people

feel comfortable asking questions and seeking support.

Timetabling all of the clinical supervision needed by trainees can be challenging, but the investment of time supports staff to develop in a safe environment and at a safe pace. It promotes clinical reasoning, application of their knowledge to day to day presentations, and supports their professional behaviours. We believe that this investment in our trainees enables them to more quickly become fully functioning, valued members of the team who experience job satisfaction.



## 2. Paediatric Family Project

### **Dr Stephanie Tolan, Paediatric Registrar, Queens Hospital Romford**

The Paediatric Family Project was established by the London School of Paediatrics to support new paediatric trainees through the challenges of starting a demanding medical job. It involves matching Speciality Training Year 1 doctors (the 'child') with a paediatric registrar (Speciality Training Years 4-8) as a 'parent'. Support is provided informally both inside and outside the work place for common difficulties including: dealing with child death, successfully mastering practical skills and managing an online portfolio.

Paediatric family 'parents' are provided with online mentor training, 'Top 10 Tips For New Parents' and receive regular email updates. Paediatric family members feel the project is particularly useful for developing mentoring skills, improving support for junior colleagues and developing a paediatric community.

This allows junior trainees to form relationships with senior trainees, promoting a more informal route of educational supervision for the junior trainees and giving senior trainees experience in mentoring.

### 3. Leicester Royal Infirmary: ACAT clinics (from 'never too busy to learn')

#### Dr Neeta Patel, Consultant in acute medicine

A recent survey found low morale amongst junior doctors in relation to workplace based assessments. As a result of this an ACAT/CBD/Min-CEX clinic was set up at the Leicester Royal Infirmary. Based in the Acute Medicine Ambulatory Clinic (GPAU) between 30-45 patients are seen during a normal working day. Junior Doctors were invited to selectively choose 5 patients from the 'take' based on their presenting complaint and then review them, with an aim of completing an ACAT at the end of this process.

The Consultant would give direct feedback to the doctor and subsequently complete an ACAT. At the time, it was the Consultant in charge of the clinic who would be involved with this assessment process. The junior doctor taking part in the assessment would be supernumerary and would attend on their clinic week, day off or after being given permission to be released off their base ward. It was ensured that they would only be involved in the clerking and assessing of the patient.

All subsequent non-urgent treatments and management plans would be handed over back to the core GPAU team; so that the doctor could be released from GPAU once they had completed



the assessment. The feedback from this process was highly positive. Junior doctors felt valued, as they were given one to one time with a Consultant purely for an assessment purpose. Selectively choosing patients, allowed them to curriculum map to competencies they had not yet achieved. And most importantly, being able to handover patients back to the core GPAU team; ensured they did not feel they were there for Service provision.

#### 4. Medical Oncology: Pre-clinic meetings

These consultant-led multi-professional meetings are conducted over 30-45 minutes for new and follow-up clinics. Particularly important in a highly out-patient focused speciality like oncology. All members of the team (clinical nurse specialists, clinical research fellows, trainees) are expected to contribute for a) training in a multi-professional environment where everyone's views are important and contribute to holistic management approach for the patient b) approaching patients confidently having prepped beforehand c) better patient care and continuity of care and information d) signposting to the evidence base which informs clinical decision making e) developing complex clinical reasoning by focusing on the more complex cases and engendering discussion. Trainees report that they value these meetings enormously for all of these reasons.



#### 5. Royal Bolton Hospital: Tandem Clerking

Medical assessment units (MAUs) are a valuable source of educational opportunities, but these are often not realised because of service pressures. We trialled a method of collaborative working, where junior and senior trainees work in 'tandem' to see new admissions. The roles are alternated throughout the shift with the aim of encouraging shared decisions, learning and feedback.

Junior doctors report seeing a larger number and wider variety of patients using tandem clerking, with more useful feedback and a greater chance of meeting learning objectives and completing assessments. Some respondents expressed concern over a lack of autonomy. Respondents stated they were less likely to spend time completing mundane and non-educational tasks. Tandem clerking is an innovative method to increase the educational aspects of the assessment unit, both in terms of feedback opportunities and exposure to a wider variety of patients. The technique is partly dependent on the enthusiasm and interest of both parties.

This work has been published and the abstract is available here <https://www.ncbi.nlm.nih.gov/pubmed/24219517>

## 6. Royal London Hospital A&E: Work-based assessment clinics

### Dr Tessa Davis, Paediatric Emergency Medicine Consultant

In a department which has many consultants working variable shifts, in different locations, trainees can find it a challenge to get all their assessments completed.

We addressed this issue by asking consultants to set aside time for 'assessment clinics' when they are available; the onus is on trainees to book into them.

The assessment clinic timetable is on a shared Google Doc which can be accessed by the whole department. Consultants add their own assessment clinic sessions according to their availability (during SPA time).

Trainees book themselves in to the clinic. Sessions are 30 minutes long, but trainees can book more than one session if they have additional cases to discuss.

At the allocated time, the consultant and trainee meet up and do a case-based discussion around whatever case the trainee has brought to the clinic. Forms can either be completed at the time, or completed a later by the consultant.

We have been running these clinics at the Royal London Hospital for the last six months., Trainee feedback reports that the trainees feel better supported to complete their assessments and find the clinics accessible and easy to arrange.



# Tips for Trainers



## Tips for Trainers: Educational Supervision.

### Tips for Trainers: Educational Supervision

1. Show interest in your trainee as an individual. The Educational Supervisor role is about supervising, talking, supporting and discussing - in a safe and supportive environment - anything and everything related to being a doctor within the current and future NHS. The Educational Supervisor – Trainee relationship is about mutual respect, trust and maintaining an adult to adult conversation.
2. Know your way around the e-portfolio system (and make sure you can access it) so you don't waste time during the meeting getting the computer and e-portfolio working. Equally don't make supervisor meetings all about ticking boxes – a chat over coffee can be just as valuable.
3. At the start of a post, ask your trainee for a copy of their CV. Review it before your first meeting to get an idea of their interests and career progress so far.
4. Use the first supervisor meeting to co-create a Personal Development Plan (PDP) with your trainee – this should cover their goals (educational, clinical and personal) during the placement. Each of you can keep a copy of this document that you can refer to in later meetings.  
  
Don't focus only on educational outcomes – part of their PDP could be to make sure they manage to take their allocated leave or to continue a hobby outside of work.
5. Encourage your trainee to complete written reflections throughout the placement on their e-portfolio. You can log in to check these between meetings; if a trainee has reflected on something that sounds particularly difficult this could be a trigger for you to suggest a phone call or face to face meeting.



6. If it is difficult to find the time to meet in person during the placement, send an email or text to check in on how your trainee is getting on, and whether they need anything from you. Keep lines of communication open – let your trainee know how is best to contact you if they need to discuss anything.
7. If your trainee has career aspirations that are outside of your specialty, support them in this and don't make negative comments about their intended career. Where possible, offer to facilitate a contact between the trainee and a senior in their intended speciality.
8. Consider having different departmental leads for common trainee issues (OOPE, parental leave, study leave funding applications, LTFT working etc) - this way there is a nominated 'expert' for trainees to approach depending on their issue.
9. Be familiar with the relevant training courses to ensure safe return to work after a period of time off, such as return to work 'boot camps', revalidation courses, communication courses, human factors etc.
10. Where appropriate, be open about sharing elements of your own career journey, difficulties you may have experienced in your own clinical practice and how you dealt with them – it will make you more accessible to your trainees and level the communication gradient.
11. Consider your trainee's protected characteristics and offer additional assistance to help them to reach their potential if they are within these groups. Give them the opportunity to:
  - Express their opinions confidently and constructively; in styles that are right for them.
  - Develop techniques to make sure their voice or opinion is heard and acted on.



- Empower them to communicate messages that may be perceived as unpopular or risky.
  - Give them permission to effectively challenging any inappropriate language or behaviour.
12. Remember your unconscious biases and endeavor to be open to your trainees needs and perspectives. Be inclusive and ensure all feel welcome and able to get involved with projects within the department.

If your trainee has career aspirations that are outside of your specialty, support them in this and don't make negative comments about their intended career.





## Tips for Trainers: Clinical / Workplace Supervision.

1. During handover, board rounds or huddles, identify which members of the multiprofessional team are available to provide supervision for other team members with particular clinical tasks
2. Ward rounds – designate one day a week as the trainee-led ward round. Supervise the trainees directly as they take the lead in making plans and managing patients; use this as a chance to complete workplace-based assessments
3. Set up an education WhatsApp group for sharing interesting articles or a ‘learning point of the day’ from the on-call team.
4. If you’re planning on doing a practical procedure or having a discussion with a patient that a trainee could observe, give them advance notice on when it will take place to give them a chance to complete any urgent jobs before they join you.

5. Ask your trainee before you begin a ward round, clinic or GP surgery / Out of Hours session what they would like to achieve by the end of the session; agree together how you can make this happen.
6. If you're attending an emergency with your trainee and the situation is appropriate, ask if they would like to lead the team while you observe.
7. Find a regular time slot during the week to hold a 'CBD (case based discussion) clinic' that trainees can book into to discuss cases.

Set up an education WhatsApp group for sharing interesting articles or a 'learning point of the day' from the on-call team.





# Tips for Trainees



## Tips for Trainees:

1. Organising Educational and Clinical Supervision meetings is a joint responsibility between you and your supervisor/s – if they haven't contacted you then be proactive and get in touch. You should have at least three meetings during the placement. In your first meeting, try and schedule your mid-point and end of post meetings.
2. Think about what you want to get out of the rotation before you meet your supervisor for the first time. If your career aspirations are outside of the speciality you are currently rotating into, think about which transferrable skills you could aim to develop during the placement and how to provide evidence of this.
3. Plan ahead for any courses or conferences you would like to attend – if possible during your first meeting, ask your Educational Supervisor to review any requests that aren't on the pre-approved list of courses.
4. Be proactive in clinics, ward rounds and theatre lists – tell your senior at the start of the session that you would like to complete an assessment and they are more likely to make time for you to do so.
5. If you struggle to write 'reflective' pieces, use a model like the Gibbs Reflective Cycle – description (what happened); feelings (what you were thinking or feeling); evaluation (what was good or bad about the experience); analysis (what sense can you make of the situation); conclusion (what else could you have done); action plan (if the situation happened again, what would you do)
6. Think about setting up a 'buddy' scheme within your team, pairing senior registrars with more junior trainees – this gives the registrars practice in supervision, while also increasing the opportunities for juniors to complete assessments







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