



EDUCATIONAL SUPERVISION

ANAESTHETISTS as EDUCATORS



**The Royal College
of Anaesthetists**



EDUCATIONAL SUPERVISION

Aims

This chapter will define and explain the role(s) of an Educational Supervisor and how one might provide effective support. It will outline the key processes involved in supervision including structuring face-to-face meetings and establishing a learning agreement.

Intended learning outcomes

By the end of this chapter you should have a better understanding of:

1. The principles of Educational supervision (TM_BK_06).
2. How to actively participate in your own Educational supervision (TM_HK_07).
3. How to develop your own learning targets and assess whether these have been met (TM_HK_08).
4. The difference between formative and summative assessment (TM_HK_08).
5. How to provide and receive verbal and written feedback based on Workplace Based Assessments (WPBA) (TM_HK_14).
6. The purpose and potential of developmental conversations (TM_HS_18).
7. The personal and professional needs of both yourself and others and how to signpost where that support can be found (TM_BK_06).

Activity

Basic – Consider how different types of supervision affect/impact on your professional practice. Reflect on the hierarchy of all those who you supervise and who supervise you. What would you see as the key elements of effective supervision?

Intermediate – Think about the last Educational conversation you had. Try to highlight how effective communication helped this process. What were the elements that hindered the conversation?

Higher – What is an Educational contract? Write down (and then achieve) five Educational outcomes for the next two months.

Overview

As soon as you become fully registered with the General Medical Council (GMC), part of your professional responsibilities will involve working with and supervising more junior doctors (GMC 2010).

A Supervisor is someone who oversees the performance and development of others; in the context of medicine, with a view to extending their professional skills and Clinical understanding (London Deanery 2011). However, like most skills, supervision expertise is not necessarily inherent and needs to be developed. Improvement comes with education, focused development and experience.

Reflection

Spend a moment thinking about how you have developed your teaching and supervision skill-set since qualifying as a doctor. What are the active versus the more passive processes?

Communication

Effective communication, using non-judgmental, constructive discussion, is an essential skill-set for both Supervisor *and* supervisee to acquire.

Task

Consider the phrases below. What do you understand by these terms?

- Constructive discussion
- Non-judgmental style

By communicating with clarity, and this includes seeking confirmation of understanding, we become more effective and reduce the frequency of errors arising from misunderstandings (Fernandez 2008). Clear and explicit instructions at the start of a meeting, module or learning event, and insight into the expected outcomes, will help to ensure there are no misunderstandings.

Establishing a relationship, based on trust and mutual respect, will help to reduce the tendency for the learner to perceive constructive feedback as a personal indictment; but rather as a way to encourage a culture of explicit feedback and self-reflection, based on the principle that changes in Clinical practice can lead to improved patient outcomes.

Task

Try to define, then compare and contrast the supervision types given below:

- Clinical supervision
- Educational supervision

Medical supervision

Educational and Clinical supervision are formalised, essential components of the supportive process that will facilitate a learner's progress through postgraduate medical education (MMC 2010). **Clinical supervision** has been defined as:

'An exchange between practising professionals to enable the development of professional skills'.

(White 2001)

Educational supervision has been defined as:

'The provision of guidance and feedback on matters of personal, professional and Educational development in the context of a trainee's experience of providing safe and appropriate patient care'.

(Kilminster 2007)

The GMC, through the Gold Guide (2010) offers practical guidance on these roles.

- **Clinical Supervisor:** A trainer who is selected and appropriately trained to be responsible for overseeing a specified trainee's Clinical work and provides constructive feedback during a training placement.

- **Educational Supervisor:** A trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specified trainee's Educational progress during a training placement or series of placements. The Educational Supervisor is responsible for the trainee's Educational Agreement.

(Some training schemes appoint an Educational Supervisor for each placement. The roles of Clinical and Educational Supervisor may then be merged).

The GMC stipulates a seven domain competency framework, originally published by the Academy of Medical Educators in '*A Framework for the Professional Development of Postgraduate Medical Supervisors*', to provide a structure for required standards (AoME 2010). The domains are:

1. *Ensuring safe and effective patient care through training*
2. *Establishing and maintaining an environment for learning*
3. *Teaching and facilitating learning*
4. *Enhancing learning through assessment*
5. *Supporting and monitoring Educational progress*
6. *Guiding personal and professional development*
7. *Continuing professional development as an educator*

Educational Supervisors are to meet all criteria and Clinical Supervisors will need to fulfil criteria 1, 2, 3, 4 & 7.

The GMC also highlights the distinction made between *named* Educational or Clinical Supervisors, and Supervisors of trainees for any given Clinical session, so called **Sessional Supervisors**. A Sessional Supervisor offers high quality learning in the workplace but unlike an Educational or Clinical Supervisor, does not require external/formal recognition or additional training to perform their role. The chapter on 'Teaching and learning in the workplace' further develops the key ideas surrounding Sessional Supervision.

Practicalities

With respect to anaesthesia, a Sessional Supervisor oversees a single learning event, such as a theatre list or clinic; a named Clinical Supervisor oversees a collection of linked learning events in a module or block and a named Educational Supervisor is responsible for the overall professional and personal development of a particular learner, during a hospital placement or group of placements. These three processes are linked together at the end of each year in the **Annual Review of Competency Progression** (ARCP) where the Educational Supervisor's 'Report' is added to a learner's training portfolio.

At the start of a training module an Educational Supervisor will review a learner's training to

date and then signpost the learning opportunities offered by the placement, modules and Clinical Supervisors. The meeting in the middle of a placement or module is a formative process that looks at what has been achieved so far and how to make the best of the time remaining.

At the end of a placement, an Educational Supervisor will help a learner to decide how to develop in the next phases of their training and will also offer an analysis of overall progress. The task of connecting sessions, modules and placements is made very much more straightforward if contemporaneous records are added to an organized and up to date training portfolio. This process is underpinned by recording all learning encounters, whether this is by completing the relevant workplace-based assessments, updating a logbook or writing a self-reflective piece.

The Educational Supervisor's Report offers information to help a trainee update their Personal Development Plan but it is also the link between the formative learning process, which happens during each placement, and the summative assessment which must be made at the end of each year of training, in the ARCP.

Other responsibilities

The definition of an Educational Supervisor given above (Kilminster 2007) suggests that *personal* and *professional* development is inter-connected with Educational development. A *successful* Educational Supervisor must also address these more pastoral elements if a placement or module is to be as valuable and productive as possible.

Educational conversations can often raise concerns about additional issues such as a trainee's career, particularly when the end of Specialty Training looms nearer. Discussions may include the need for further training, the current consultant job prospects or potential career aspirations.

Developmental conversations are part of the Educational Supervisor's role but care must be taken to distinguish these from other more specific support structures, such as counseling, coaching or mentoring. The generic skills, such as active listening, used in mentoring and coaching techniques can be extremely useful when applied to an educational conversation. However, if a trainee requires a different support structure, the role of the Educational Supervisor is to *signpost* where a trainee might receive the most appropriate help.

Barriers

Poor communication from both Supervisor and supervisee is often responsible for *ineffective* Educational supervision. A trainee may be wary of showing gaps in their training or areas of weakness, especially if a cultural, chronological or personality mismatch is perceived.

It is important for an Educational Supervisor to treat each trainee fairly and as an individual who feels listened to. This will cultivate a relationship built of trust and ensure lines of communication remain open. If the relationship between Supervisor and supervisee is unsuitable or breaks down, both parties need to know where to access a resolution. It may be that both individuals would benefit from reallocating the trainee and a Supervisor's services to someone else.

Educational conversation

A learner's needs change over the course of their training programme and their Educational conversations should evolve accordingly. At the start of training, a trainee may need more prescriptive **guidance** or generic **advice** on topics such as exams. As they near finishing, more individual and specific questions arise, for example, which sub-specialty career path to choose. Although an Educational Supervisor may have an opinion, on these occasions they should function more as a **sounding board**. By using probing questions, a Supervisor can unpick thought processes, facilitate the identification of possible options, and encourage an individual to think about their dilemma from new angles (Tomm 1988).

The seven Cs

Adapted from Launer (2006), the seven Cs illustrate how to successfully put supervision into practice.

Conversation - Effective conversations offer individuals the opportunity to rethink and reconstruct dilemmas and the ability to develop a new understanding of their problems.

Curiosity - This is the factor that advances *chitchat* into a more substantial exchange. A Supervisor must have an awareness of both the verbal and non-verbal elements of the conversation and adopt a neutral position. Probing questions are an attempt to understand the issues surrounding a particular dilemma from the trainee's perspective.

Context - Curiosity helps a Supervisor develop an understanding of a trainee's networks, their history, geography, beliefs and core values.

Complexity - Connections develop between people and events over time to create a *story*. Interest in how this story has evolved and the interactions between the key people will afford a clearer description of a situation, and help a Supervisor to understand the complexities contained within.

Creativity - Jointly helping to construct a new version of the story through the process of supervision will help both parties make better sense of the issues surrounding a problem.

Caution - The art of facilitating an Educational conversation is offering the appropriate level of challenge without being confrontational or seeming disinterested. Monitoring both

verbal and non-verbal responses to questions can help a Supervisor to gauge where they should probe deeper or enquire next.

Care - This encompasses both parties being respectful, considerate and attentive and ensuring supervision is carried out within an ethical framework.

Effective Supervision – a summary

There is evidence that:

- Supervision has a positive effect on patient outcomes and the lack of supervision is potentially harmful to patients
- Direct supervision can positively affect patient outcome and trainee development, particularly when combined with focused feedback
- Supervision seems to help trainees gain skills more rapidly
- Supervision has more effect when the trainee is less experienced; more complex cases may need more supervision
- Self supervision is not effective; input from a Supervisor is required
- The quality of the Supervisory relationship is extremely important. Especially important are continuity over time, supervisees control products of supervision (supervision may only be effective when this is the case) and that there is some reflection by both participants
- Trainees may try to manipulate the supervision process in ways which conflict with opportunities to learn and that may not be beneficial to patients
- Behavioural changes can occur relatively quickly as a result of supervision, whereas changes in thinking and attitude take longer. This is particularly important where there are relatively frequent changes of Supervisor
- Trainees are able to identify many gains from supervision

(Kilminster 2000)

Key thoughts

In essence, a Clinical Supervisor facilitates a formative process for a particular set of Clinical learning outcomes and an Educational Supervisor oversees a collection of these formative processes. With the addition of a summative judgment, this process constitutes effective training. These facilitative support processes are equally as valuable for the highly achieving trainee as they can be to a trainee who is struggling.

Supervision of trainees can take a variety of forms and not every valuable interaction has to be delivered by a Clinical or Educational Supervisor. However the GMC acknowledges the importance of these professional particular interactions and sets out clear guidance. They identify the necessary skill-set, advocate a robust appointment process and stipulate the need for appropriate training to enable these services to be delivered effectively.

Evidence of progression

Basic level

- Demonstrate that you have engaged with your own Educational supervision by addressing the objectives set out in your personal development plan and write a reflective paragraph on feedback you have received from a Clinical Supervisor.

Intermediate level

- Supervise a less experienced colleague in the Clinical environment. Have a developmental conversation afterwards that includes constructive feedback.
- Write a reflective piece. Try to focus on the elements of the conversation that enabled the interaction between you and your colleague.

Higher level

- After supervising a more junior colleague and offering feedback, ask for feedback yourself. Critique your supervision technique and then try to dissect out which areas of the feedback dialogue were most helpful.
- Ask a senior colleague to observe you while you supervise another. Ask this senior colleague for written feedback.

Further reading

GMC, 2012. The Trainee Doctor. From:
http://www.gmc-uk.org/The_Trainee_Doctor_0711.pdf_48905763.pdf.

MMC, 2010. A Guide to Postgraduate Specialty Training in the UK. The Gold Guide. From:
<http://www.mmc.nhs.uk/pdf/Gold%20Guide%202010%20Fourth%20Edition%20v08.pdf>.

References

- AoME (2010). A Framework for the Professional Development of Postgraduate Medical Supervisors London, Academy of Medical Educators.
- Deanery, L. (2011). "Supervision." E-learning, 2012, from: <http://www.faculty.londondeanery.ac.uk/e-learning/supervision/Clinical-and-Educational-supervision>.
- Fernandez, R., Kozlowski, S.W., Shapiro, M.J., Salas, E. (2008). "Toward a definition of teamwork in emergency medicine." *Academic Emergency Medicine* **15**(11): 1104-1112.
- GMC (2010). Good Medical Practice, General Medical Council.
- Kilminster, S., Cottrell, D., Grant, J., Jolly, B. (2007). "AMEE Guide No. 27: Effective Educational and Clinical supervision." *Medical teacher* **29**(1): 2-19.
- Launer, J. (2006). Supervision, Mentoring and Coaching: one-to-one learning encounter in medical education. Association of Medical Education. Edinburgh.
- MMC (2010). Gold Guide. MMCareers. London, DoH.
- Tomm, K. (1988). "Interventive interviewing: Part III. Intending to ask lineal, circular, strategic or reflexive questions? *Family Process* **27**: 1-15.
- White, E., Butterworth, T., Bishop, V., Carson, J., Jeacock, J., Clements, A. (2001). "Clinical supervision: insider reports of a private world." *Journal of Advanced Nursing* **28**(1): 185-192.

Appendix

Summaries of the **Effective** Named Clinical Supervisor and the **Effective** Named Educational Supervisor are given below. The number within the parentheses corresponds to the relevant Area (A1-7) of the 'Framework for Professional Development of Postgraduate Medical Supervisors', published by the Academy of Medical Educators and adopted by the GMC AoME (2010).

Effective Named Clinical Supervisors will:

- Understand their responsibilities for patient safety (A-1)
- Ensure no trainee is required to assume responsibility for or perform Clinical, operative or other techniques in which they have insufficient experience or expertise (A-2)
- Offer the level of supervision necessary to the competences and experience of the trainee and tailored for the individual trainee (A-2)
- Ensure that trainees only perform tasks without direct supervision when the Supervisor is satisfied that they are competent so to do; trainee and Supervisor should be aware of their direct responsibilities for the safety of patients in their care (A-2)
- Consider whether it is appropriate (particularly out of hours) to delegate the role of Clinical Supervisor to another senior member of the healthcare team. In these circumstances the individual must be clearly identified to both parties and understand the role of the Clinical Supervisor. The named Clinical Supervisor remains responsible and accountable overall for the care of the patient and the trainee (A-2)
- Be fully trained in the specific area of Clinical care (A-3)
- Be able to undertake, feedback and document appropriate assessments of these competencies (A-4)
- Understand their responsibility to maintain a dialogue with each trainee's Educational Supervisor (A-4)
- Be appropriately trained to teach, provide feedback and undertake competence assessment to trainees in the specialty (A-7)
- Be trained in equality and diversity, human rights best practice and information governance (A-7)

Effective Named Educational Supervisors will:

- Demonstrate all the qualities of an effective Clinical Supervisor (A-1-4, 7)
- Be adequately prepared for the role and have an understanding of adult Educational theory and practical Educational techniques (A-3)
- Provide and document regular non-judgmental feedback to each trainee so as to provide a clear record of their progress (A-4)
- Ensure the structured Educational Supervisor's Report is returned as part of a complete portfolio of evidence of curricular progression for the Annual Review of Competency Progression (A-5)
- Develop a learning agreement and Educational objectives with each trainee that must be mutually agreed. It is the point of reference for future appraisal (A-5)
- Be responsible for their Educational role to the training programme director and locally to the employee's lead for Postgraduate Medical Education (A-5)
- Understand their responsibility to maintain a dialogue with each trainee's Clinical Supervisor (A-5)
- Be responsible for ensuring that trainees whom they supervise maintain and develop their specialty learning portfolio in a timely manner (A-5)
- Be responsible for ensuring that trainees whom they supervise fully participate in the specialty assessment process, including its documentation (A-5)
- Provide regular appraisal opportunities which should take place at the beginning, middle and end of a placement (A-6)
- Contact the employer and Postgraduate Dean should the level of performance of a trainee give cause for concern (A-6)
- Be able to advise the trainee about access to career management (A-6)
- Be able to recognise when Mentoring, Coaching or Counseling might be valuable for both struggling trainees and those who are progressing well (A-6)
- Be trained to offer Educational supervision and undertake appraisal and feedback (A-7)
- Undertake training in the full range of competence assessment for specialty training (A-7)
- Be trained in equality and diversity, human rights best practice and information governance (A-7)

RCoA 2010 Syllabus Key

- TM_BK_06** Knows the roles and responsibilities of their Clinical and Educational Supervisors and understands whom to approach locally regarding training issues and concerns.
- TM_HK_07** Explains the roles and responsibilities of Clinical and Educational Supervisors and Consultant/SAS trainers.
- TM_HK_08** Understands the importance of assessing and evaluating learning and is able to distinguish between formative and summative assessment.
- TM_HK_14** Knows how to provide a level of Clinical supervision appropriate to the competence and experience of the trainee.
- TM_HS_18** Conduct developmental conversations as appropriate e.g. appraisal, supervision, mentoring.
- TM_HS_20** Provide appropriate career support, or refers trainee to an alternative effective source of career information.