

The Cappuccini Test – An audit of supervision

This is a simple 6-question audit designed to pick up issues relating to supervision of trainees and what I will call 'non-autonomous SAS grades' (hereinafter abbreviated to NASG). These are any non-consultant career grade doctors who do **not** fit the description in GPAS of "SAS anaesthetists that local governance arrangements have agreed in advance are able to work in those circumstances without consultant supervision".

The audit comprises the following steps.

Identify about 20 elective lists over a 2-3 week period that will be conducted by a trainee or NASG without direct, on-the-spot supervision. Attend the theatre during the list and ask the trainee/NASG:

- *Who is supervising you (name)?*
- *How would you get hold of them if you needed them now?*

Use the answer to the second question to attempt to contact the supervising consultant yourself. If you can't get hold of them, record this on the audit tool. If you do get hold of them, ask them:

- *Which lists (i.e. who) are you currently supervising?*
- *What surgical specialty are they doing now, do you know of any issues that they are concerned about?*
- *If they required your help, would you be able to attend?*

If you (or the person completing the audit), have any questions, please contact Emily Basra on 0207 092 1576 or salg@rcoa.ac.uk

Notes:

The following 'lessons' were identified following a pilot of the tool:

- Twenty lists is an indicative number only, if you are from a larger or smaller hospital, you may wish to audit more lists or less. Please

do space these out over a number of weeks (2-3 weeks is optimal, as stated above).

- The answer to Q2 may not be enough to contact the supervisor. This is an obvious potential weak point in the supervision process so needs to be explored by testing the answer to see if it actually works. For example, the answer may be to “bleep him”, but it turns out he’s not carrying a bleep, “call him on his mobile” but there’s no signal, or “go via switchboard” who actually have no idea how to find him.
- Experience suggests that some consultants might feel a little threatened by having a junior member of staff asking them what their supervisee is up to. Get someone to do the audit who is both robust and diplomatic!
- The real lessons from the findings arise from discussion at the audit meeting. In Nottingham, we picked up on several issues relating to better identification of ‘trouble-shooters’ on the electronic rota and inability to use devices dependent upon wifi or 3/4G in some areas of the hospital.
- For the moment, we suggest restricting this to office-hours elective lists. In the future, there is obvious scope for roll-out to emergency lists and out-of-hours cover (in which case a positive answer to Q4 might be along the lines of “I’m not sure exactly what they are doing but I am happy that they will work within their competency whilst on call and call me if they need to”).
- Finally, I hope that other specialties will develop their own Cappuccini Tests. It will be interesting to see how seriously consultant supervision of trainees is regarded across the board.

Thank you in advance for your help.

David Bogod
Council Member