

## CHAPTER 1

# How to be an educational supervisor

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The educational supervisor is not a new concept – it was established in 1987 – but the role has become far more prominent following the implementation of Modernising Medical Careers (MMC), which introduced shorter, more focussed, competency-based postgraduate training programmes. The importance of the role of educational supervisor is emphasised in the General Medical Council (GMC) publication ‘The New Doctor’ [1], produced in conjunction with the Postgraduate Medical Education and Training Board (PMETB). This focuses on the generic standards for training within the foundation years, a period of critical transition from medical student to doctor in which the educational supervisor can be pivotal in ensuring trainee survival and enjoyment as well as advising on career pathways. Equally difficult demands are made of educational supervisors responsible for trainees appointed to core training (CT) and specialty training (ST) posts in run-through training programmes, as well as those advising trainees in fixed-term specialty training appointments (FTSTA) after August 2007. The importance and relevance of educational supervision is enshrined in all specialty-specific competency-based curricula; for example, the Royal College of Anaesthetists states that every trainee must have an educational supervisor.

Educational supervision is not just about the educational aspects of postgraduate medical education; and if you are thinking this is not relevant, just ask yourself the following questions:

- Who took an interest in my welfare?
- Who helped uncover my hidden talent?
- Who has been a useful role model for me?
- Who helped me face and resolve a difficult situation in my personal or professional life?
- Who helped me acquire new vision or direction?

## **Supervision**

*Supervision* is a term that can lead to different interpretations. It does not mean someone looking over your shoulder all the time! Educational supervision incorporates both hierarchical and evaluative concepts and can be seen as having supportive, educational and administrative functions.

Under the umbrella of educational supervision, *clinical* supervision has been defined as ‘an exchange between practicing professionals to enable the development of professional skills’ [2]. The individuals involved are usually in different stages of training and these exchanges form an essential part of the journey from novice to expert.

Supervision in the clinical environment includes a clear demarcation of who is reporting to whom. This may involve a formal process or consist of an informal discussion over coffee. We all undertake clinical supervision to a greater or lesser extent during our normal working day in any situation where we come into contact with someone less experienced than ourselves. This provides part of the information gathered by the educational supervisor for discussion with the trainee. The educational supervisor takes the views of clinical supervisors and uses these to inform the support, development and assessment of the trainee’s performance.

Educational supervision may at times expand to take on a mentoring role in which a guidance and developmental conversation leads to a more wide-ranging discussion. In this context, the topics discussed should remain confidential unless permission to disclose them is given by the trainee.

## **The purpose of educational supervision**

Educational supervisors are gatekeepers whose role is to maintain standards of training to all levels of trainees in all specialities. To achieve this, the educational supervisors must understand the educational objectives of each period of training for which they have responsibility. They should ensure priority is given to the educational component of the post and that the trainee is not overloaded with inappropriate responsibilities or excessive clinical commitments. An effective educational supervisor should contribute to the development of professionalism and self-confidence in the trainee and to the reduction of work-related stress, especially for those in their initial years of training.

## **Becoming an educational supervisor**

There is no formal job description for an educational supervisor although the Faculty of Occupational Medicine does specify that educational supervisors must be on the GMC’s specialist register and be approved by their local specialist training committee [3]. The essential requirements are an interest in trainee education and development, an understanding of the appropriate

programmes, and readiness to commit time beyond that formally allocated as supporting professional activity (SPA) within the consultant job plan.

An individual does not need to have responsibility for training within a department in order to take on the role of educational supervisor. In small departments with less than 10 trainees it may be possible for the college tutor to act as educational supervisor for all the trainees but normal practice is for the educational supervisor to be an additional rung on the educational ladder, accountable to the college tutor. The Royal College of Anaesthetists' view is that educational supervisors should be career grade doctors, for example consultants, staff grades or associate specialists. Senior trainees, as part of their professional development, may be offered the opportunity to take on a supervisory role for a junior trainee but will require appropriate support and regular review by the college tutor [4].

In some specialties, educational supervisors are allocated to trainees by the training programme director or college tutor, which ensures that all trainees have an identified educational supervisor at the start of their post. However, the opportunity to change educational supervisor must be available should the partnership not prove constructive. Although practice varies between trusts, the trainee usually keeps the same educational supervisor for the duration of their attachment in that hospital.

Some deaneries offer generic training programmes for educational supervisors, which cover assessments in competency-based training programmes, appraisal skills, career guidance, teaching skills and mentoring, all facets of effective educational supervision. There is concern that there is no standard education or supervisory skills course available and that the majority of educational supervisors have had no formal educational training. The Mersey Deanery, reviewing the contribution of educational supervisors in the foundation years, found that 51% had not received any formal training [5].

It is essential for the educational supervisor to understand the educational objectives of the specific period of training for which he or she has responsibility. Trainees interviewed in their second-year foundation programme felt the recent changes in postgraduate medical training had left their educational supervisors unclear of what was required of an F2 trainee [6]. Neither trainee nor supervisor will benefit if both are working in the dark with no clear idea of where they are going.

Key skills of an educational supervisor include the ability to:

- Teach;
- Facilitate rather than direct;
- Challenge without being threatening;
- Provide career guidance and
- Mentor.

Educational supervisors fail in their role for a variety of reasons. This may be because they are rigid in their approach, they always offer minimal support or empathy, they are not interested in teaching or they are unable to encourage or praise and always highlight the trainee's deficiencies. One or

more of these may apply when a person does not enjoy the responsibility and challenges of being an educational supervisor but it is not necessary to exhibit all of these to get excused.

If the educational supervisor cannot engage with the trainee in a constructive manner, the training programme director or college tutor should be contacted as soon as possible to resolve the issue. It may be necessary to allocate an alternative supervisor. Educational supervisors should be allocated without any bias in ethnicity, sexual orientation or gender of the individuals concerned, but occasionally serious differences of opinion or personality clashes will occur. An open admission of a failing supervisory relationship is more constructive than leaving the trainee to flounder and get nowhere.

## **Educational supervisor responsibilities**

### **Meeting and appraisals**

The first meeting is very important and time should be set aside for this in a private office. The objectives of the meeting are to agree on the purpose and role of the relationship, to establish an understanding with the trainee and to agree future means of communication. The trainee should leave the meeting feeling supported and clear about expectations. The most sensible and well-established structure is to agree on a personal development plan (PDP) with some short- and long-term educational goals. The educational supervisor should establish a timetable for future meetings to review progress and respond to any underperformance.

The trainee's PDP should be amended and updated at each meeting. Effective feedback is an important component of these discussions and is aimed at raising confidence and motivating the trainee. The educational supervisor should confirm areas of strength and areas for development. These may relate to lack of clinical exposure, specific clinical skills or broader issues such as communication. Targets must be set and agreed, and both parties should sign a record of the meeting. If the trainee is keeping a log book of cases or procedures undertaken as part of a training portfolio, a regular review by the educational supervisor can be a positive start to a meeting. The data reviewed can also direct the trainee's PDP targets for the next few months.

### **Guidance on postgraduate examinations**

Examinations are an inevitable part of the educational supervisory discussion because in many specialties progress depends on passing royal college examinations by a certain point within the programme. The educational supervisor should know about local examination courses and the study leave budget, and be able to offer advice on appropriate regional and national revision courses for the failing trainee. If educational supervisors know their trainees well, they can direct them to the relevant support (Box 1.1).

**Box 1.1**

A trainee with appropriate knowledge but who continued to fail despite attending examination preparation courses was offered the opportunity of being video-assessed in order to analyse her presentation skills. This brought about a dramatic change in her body language and delivery in the oral examination and she passed the next sitting of the examination effortlessly. Her educational supervisor organised this session at the deanery with input from an educationalist and was able to maximise the use of this resource by knowing the trainee and her weaknesses.

Educational supervisors should also get involved in the local institution's examination preparation programme, for example teaching sessions, local courses and mock examinations.

There are huge personal and professional implications when a trainee keeps failing postgraduate examinations. It is a very public display of failure to progress. Educational supervisors will be aware of the pressure that working for examinations produces in such individuals. Putting time limits on essential educational targets increases the pressure on the trainee.

Educational supervisors need to know how many attempts trainees can have and what happens if they persistently fail an examination. Some colleges offer guidance interviews for failing trainees; the educational supervisor is the ideal person to accompany the trainee to these meetings, both for support and to ensure that suggestions from the panel are implemented. The Royal College of Anaesthetists report that if trainees attend a guidance interview alone they may feel unable to ask questions of the panel and may later have very limited recollection of the advice offered.

When a trainee is persistently failing postgraduate examinations it may fall to the educational supervisor to start the process of exploring other career options. This can be difficult, especially if the trainee has no insight into the reasons for his or her failure to progress; taking another colleague along to reinforce the message can be helpful.

**Career advice**

Predictions of staffing requirements in all specialties continue to be difficult, but an educational supervisor should have a feel for employment prospects now and in the future, especially in order to advise foundation programme trainees about CT posts versus run-through training programmes. Those in CT posts will need guidance when applying for entry to an ST programme, including reviewing their application form, giving realistic advice on the likelihood of success, advising them where to apply and ensuring they are considering other employment options if the ST programmes are extremely competitive.

Interview practice is valued and appreciated by all trainees regardless of the level of post being sought.

Although educational supervisors are unlikely to be experts on the constantly changing guidance on 'less than full-time training' (flexible training), they should know where to direct trainees for advice. Each deanery will have an identified person with responsibility for flexible training. The trainee will also need to meet with a specialty-specific advisor to explore details of how flexible training can be incorporated into a training programme. Although the majority of requests for flexible training are related to domestic commitments, it may be appropriate for an educational supervisor to suggest becoming a flexible trainee for a period of time if an individual's health precludes working full-time, such as a trainee with poorly controlled diabetes, an acute depressive illness or a recurrence of a chronic problem such as Crohn's disease or multiple sclerosis.

Arranging access to flexible training can enable a trainee to return to work much sooner than would otherwise be possible, although trainees must be working at least 50% of full-time hours, including on-call work, for their time to be counted towards a Certificate of Completion of Training (CCT). Educational supervisors play an essential role in enabling this type of flexible work and then monitoring and supporting the trainee once it has been established.

Locum doctors could benefit enormously from the advice, input and support of an educational supervisor. Every department should have a named and motivated person whose responsibility is managing the educational and developmental needs of any locum junior doctors based in their department.

The recent changes affecting International Medical Graduates' (IMG) access to training programmes in the UK have produced an isolated and worried cohort of trainees. Many have opted to take non-career grade posts from August 2007 when faced with uncertainty about the number of training posts, permit-free training and the changing status of the highly skilled migrant programme visa.

Educational supervisors cannot anticipate government policy on IMGs but the trust's human resources department or the deanery can help with employment queries. It is likely that large numbers of recently appointed and relatively junior non-career grade doctors will seek out educational supervisors for their personal development and support in the coming years.

## **Assessments**

Educational supervisors should be able to explain the ongoing assessment process for their specialty and the format the annual review takes. The educational supervisors must ensure that their trainees can produce the evidence for learning outcomes and competencies for that year of training. The trainees should make sure that all their paperwork is correct, and they should check in advance with their supervisor that there are no outstanding problems to be addressed and documented. The formal annual review

(Record of In-Training Assessment/RITA or Annual Review of Competence Progression/ARCP) is about reviewing a trainee's progress and ensuring that he or she has achieved that year's training goals. It is *not* about presenting the trainee with new concerns or evidence of failure that have not been explored with the trainee beforehand.

### **Dealing with the challenging trainee**

If the educational supervisor is made aware of an area of concern by a colleague then a meeting with the trainee should be arranged as soon as is possible. This may lead to a resolution of any potential conflict before events escalate. The same rule of an early meeting applies when the trainee's performance has been outstanding in a particular situation. Feedback should be given as soon as possible after the event in order to be effective (Box 1.2).

#### **Box 1.2**

A trainee felt that his concerns about his salary were not being dealt with quickly enough by the deanery. He took to phoning the personnel officer concerned on a regular basis and then started sending daily e-mails. Despite being asked to stop, he continued this behaviour, which was on the point of being logged as harassment by the deanery when the trainee's educational supervisor became involved. A discussion and explanation between the trainee and his educational supervisor on ways to resolve the conflict followed and became a useful management learning exercise for the trainee. The threat of a complaint about the trainee was diffused by a more constructive and conciliatory approach and a more realistic time frame agreed for reviewing his salary.

The challenging trainee is the trainee who takes up a disproportionate amount of the educational supervisor's time. This includes trainees with attitude problems, communication difficulties, unrealistic expectations or bullying tendencies, and extends to trainees with serious psychiatric disorders.

An extremely important role for the educational supervisor is to be part of the mechanism for identifying problems early and being able to put in place the support mechanisms to prevent any further deterioration. Challenging trainees frequently lack insight into their own problems in terms of professional behaviour and performance and are unlikely to spontaneously seek help. If the educational supervisor is made aware of any performance outside the acceptable limits of practice, they must arrange a prompt meeting with the trainee.

Challenging trainees can be identified in many ways, often obvious in retrospect. Some of the most common signs are a change in attitude at work,

deteriorating clinical performance, isolation from his or her peer group, increasing time off sick or turning up late for work. In the first instance the educational supervisor should set about information gathering, looking for signs and symptoms, along with any possible causes.

*It is vital to remember – ‘if it’s not written down, it did not happen’.* Serious concerns about a trainee from any quarter must be in writing and an ongoing log of accurate documentation when addressing the problem is essential. Any written statements should be shown to the trainee. The trainee’s recollection of what was proposed or agreed at the conclusion of a meeting may be completely different from that of the educational supervisor. Ensure that the trainee reads through the contemporaneous notes and signs them to show agreement on any action plan. If the trainee disagrees with any of the aspects of your synopsis, he or she should be allowed to add comments, again signed and dated.

If a conflict is expected then a colleague should be asked to join the meeting during which feedback is given. A second colleague can also be extremely useful if reservations about a trainee relate to only to one area of practice. For example, if the area of concern relates to work on the intensive care unit (ICU) then having a consultant colleague from that area to explain the feedback and put it into context can assist in resolving these issues (Box 1.3).

**Box 1.3**

Nurses on the intensive care unit (ICU) voiced their concerns about a junior doctor taking decisions without seeking senior advice. An initial meeting with the educational supervisor failed to resolve the matter as the trainee refused to acknowledge that there was a problem. A second meeting with an ICU consultant present produced a more focussed discussion around documented incidents. It became apparent that the trainee did not understand the importance of involving the whole team in patient care decisions and that this included the nursing staff as well as senior colleagues.

A useful starting point, which indicates whether a problem is going to be easily addressed or not, is to ask the trainee to reflect on what he or she thinks is going well and whether he or she is aware of any issues or areas where improvement is needed. Lack of insight is not a simple problem to resolve. However, if not tackled early it can cause isolation from the peer group, fragment the function of the team and ultimately limit the individual’s career progression.



Managing the challenging trainee requires time and commitment from both parties. The supervisor should endeavour to:

- Be supportive and non-judgmental;
- Try and maintain a positive outlook;
- Encourage a commitment to change;
- Try and identify common themes, for example communication skills and time management;
- Listen to the trainee;
- Consider 360° feedback if the trainee is not convinced that there is a problem;
- Direct the trainee towards suitable learning resources;
- Encourage reflection and
- Act as a role model by discussing his or her approach to a tricky situation.

After the discussion, there needs to be a specific agreed plan, with a target for assessment of progress. The trainee should be assured of confidentiality.

*The educational supervisor must remember at all times that any breach of information gathered under the auspices of a confidential meeting is catastrophic for both parties.*

Information should not be disclosed without prior permission of the trainee.

Personal experience suggests that at any time 1% of trainees may be in a disturbed state of mind, which may affect their ability to work, and another 5% will need additional support to prevent minor problems from escalating. This may be a recurrence of a previous problem, for example an acute exacerbation of a chronic depressive disorder, or a new, sudden loss of confidence in the workplace precipitated by an apparently minor event. A good prognostic sign is the trainee who seeks support early and is honest about his or her mental health.

The educational supervisor must be aware that any serious matter such as working under the influence of alcohol or drugs or undertaking work outside the trainee's sphere of competence, or any issue of patient safety, needs to be referred to higher authorities, for example the trust's human resources department and the deanery. This should be clearly explained to trainees so that they become part of any referral process. If trainees demonstrate their involvement in seeking assistance, those investigating an incident will view this as a positive response. The whole referral process can be a very difficult and emotionally draining experience for all involved.

A trainee who refuses to comply with recommended local resolution procedures following a serious incident or problem or after committing a criminal offence must be referred directly to the GMC [7].

Educational supervisors should not try to manage challenging trainees on their own. It is important that educational supervisors know where to seek advice and to whom a trainee should be referred. *Educational supervisors must be careful with trainees who have a psychiatric component to their problems.* The role of the educational supervisor is to facilitate the trainee in accessing appropriate support services, not to be the support service. It is very easy for an inexperienced and well-meaning educational supervisor to be completely overwhelmed and manipulated by a trainee.

## **Do educational supervisors make a difference?**

The importance of supervision in its broadest sense is referred to in successive reports of the Confidential Enquiry into Peri-Operative Death, which indicate that clinical supervision is associated with a positive effect on patient outcome whereas lack of supervision is harmful to patients [8]. The purpose of supervision is to improve patient care. In their review of supervision in clinical practice, Kilminster and Jolly conclude that the quality of the supervisory relationship is probably the single most important factor for effective supervision rather than the method of supervision used [9]. There is published work from the United States looking at the benefits of direct supervision of residents in terms of quality of care in five Harvard teaching hospitals [10], but there remains very little theoretical basis for current supervisory practice and hardly any research into the quality of medical educational supervision.

A postal questionnaire of 129 paediatric specialty registrars in the North Thames Deanery in 2005 found the most useful aspects of the educational supervisory role to be:

- Feedback on performance;
- Career advice and
- Objective setting.

However, aspects universally commented upon as poor included:

- Commitment;
- Lack of protected time to meet;
- The need to listen rather than talk and
- The need to encourage.

In this survey a number of consultants remained unaware of what was required from them as an educational supervisor and the trainees' conclusions were that only committed consultants should become educational supervisors, otherwise it becomes a process which is not valued by the trainees [11]. Some of these concerns are mirrored by the findings of a review from five postgraduate centres in the UK pertaining to preregistration house officers at the beginning and end of their preregistration year where lack of protected time and perceived inconsistent support from educational supervisors was highlighted [12]. In contrast, trainees from across the Mersey Deanery in their second-year foundation programme reported positively on their interactions with educational supervisors, the benefits of which included career advice, setting objectives and assessing educational needs [6].

## **Why become an educational supervisor?**

Every doctor in training should have an educational supervisor but not everyone is suitable to become one. Educational supervisors have to be interested in and want to be involved with supporting trainees. This can be a demanding, time-consuming and occasionally stressful responsibility.

The rewards are not immediate. However, watching a trainee succeed can be a positive experience for both the trainee and the supervisor and, in the longer term, a successful educational supervisor network raises the profile of a department and assists recruitment at all levels.

The postgraduate deans suggest that the role of educational supervisor should take the equivalent of 1 hour per trainee per week, this time being included within the existing consultant job plan under the umbrella of SPA. This may be insufficient in the face of more detailed trainee assessments being required of educational supervisors as part of competency-based training. There is no direct financial remuneration although the role of educational supervisor should be highlighted on a clinical excellence award form.

If being an educational supervisor inspires you, there are other educational roles to explore including college tutor, foundation or specialty programme director, regional adviser and other positions within your trust, college or specialist society (see further resources).

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