Essential Skills for Effective Educational Supervision

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Recent changes in workplace based medical education

- National changes to the NHS & impact on training
  - Health & Social Care Act
  - Health Education England

- Regional changes:
  - Health Education North West
  - Merger of the old Deaneries

- Trust changes in service & education delivery
  - Trafford etc
  - Service pressure

- Shape of training
  - What is it?
  - How, or will it be implemented?

- Changes in educational supervision
  - Revalidation & GMC standards

- GMC guidance for the training workplace environment

- Recent changes to WBAs & ePortfolio

- WBAs, writing the required reports & preparing for ARCPs
Health Education England

- Special Health Authority fully operational from 2013
  - Responsible for education, training & workforce planning for all HCPs
  - Responsive to clinical need
  - Managing the 13 LETBs
- Ours is HENW & for PGME:
  - North West Deanery
  - Mersey Deanery
    - *Currently in the process of merging*
    - *Large cost savings*
Devo Manc: What powers will the new Greater Manchester mayor have?

Greater Manchester's new mayor will control £1bn of public money. But the ultimate prize is much bigger

- Manchester to get elected mayor
- Osborne overcomes obstacles to pull off Manchester devolution deal
- Let's make local government self-financing
What training opportunities?
**Undergraduate degree**

- **FOUNDATION PROGRAMME**
  - Full registration at the point of graduation
  - Includes several 4-6-month placements in both acute and community settings.
  - Wide range of training opportunities provided across different specialty areas.

**Postgraduate medical training**

- **BROAD-BASED SPECIALTY TRAINING**
  - Clinical academic training:
    - Academic training focused on a particular research area combined with broad-based specialty training.
    - Doctors can move in and out of academic training at any point.
  - Specialties or areas of practice grouped by patient care themes, such as:
    - Women's health
    - Child health
    - Mental health
  - All doctors develop generic capabilities in key areas, including:
    - Patient safety
    - Communication with colleagues and patients
    - Teamwork, management, and leadership
    - Evaluation and clinical application of research
  - 2 years duration

**Professional practice**

- Optional year spent working in a related specialty or undertaking leadership or management work — this can be taken at any time during broad-based training.
  - Certificate of Specialty Training
  - With further opportunities to:
    - Maintain capabilities and develop practice through CPD
    - Enhance career and gain additional expertise through credentialing in special interest areas
    - Develop depth of knowledge by learning through experience and reflecting on their practice
    - Move into education, management, and leadership roles

**Rest of career**

- 4-6 years (depending on specialty requirements)
  - Within broad-based specialty training, doctors can:
    - Train across the breadth of specialties
    - Theme their training within particular patient groups at any point in the training
    - Change specialties by transferring competencies within or between groups of specialties
    - Combine specialty training with academic research
GMC standards for trainers

- Phased introduction from July 2013 - 2016
  - New supervisors require specific training
  - Existing supervisors must undertake annual education CPD and provide evidence for the GMC trainer domains in their portfolios

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
Who implements these standards?

- GMC set the standards (some LETB interpretation)
- LEP (the trust) have systems in place to accredit trainers & record evidence
- Deanery visits assess the process & sample 10% trainers evidence
  - CMFT March 2015:
    - Self report (all 65)
      - 41 (63%)
    - Audit evidence provided (20)
      - 11 (55%)
- General comments:
  - Work to do re: Knowledge & applicability of the standards….
  - Responses given the turnaround time quite good!
What is a clinical supervisor?

What is an educational supervisor?

Why are they different?
Clinical supervisor

- A named clinical supervisor is a trainer who is responsible for overseeing a specified trainee’s clinical work
- Provide feedback during that placement
- Responsible for patient safety
- Fully trained in specific area of clinical care
- Offers supervision tailored to needs of the trainee
- Ensures trainee is not expected to work beyond their competence
Educational supervisor

- A named educational supervisor is responsible for the overall supervision and management of a trainee’s trajectory of learning and educational progress.
- The educational supervisor helps the trainee to plan their training and achieve agreed learning outcomes.
- He or she is responsible for the educational agreement and for bringing together all relevant evidence to form a summative judgement at the end of the placement or series of placements.
Structure for Trainers: AoME Standards

1. Ensures safe and effective patient care through training (Clinical & Educational Supervisor)
2. Establishes and maintaining an environment for learning (Clinical & Educational Supervisor)
3. Teaches and facilitates learning (Clinical & Educational Supervisor)
4. Enhances learning through assessment (Clinical & Educational Supervisor)
5. Supports and monitors educational progress (Educational Supervisor)
6. Guides personal and professional development (Educational Supervisor)
7. Continuing professional development as an educator (Clinical & Educational Supervisor)
The Educational Supervision Timeline

- Know who you are expecting (Educational unit lead)
- Ensure New starters have Induction
- First Meeting (2-4 weeks)
  - Portofolio Review (beforehand)
  - Sign Agreements
  - **Review Induction and Mandatory training**
    - The Induction Passport / Medical Devices/ AnTT
    - Induction Portal
  - Review PDP
  - Define Goals and Assessments to be used
  - Curriculum Review (understand what they need to achieve)
  - ARCP decision Aid
  - Set Timetable and ensure colleagues aware
  - Ensure Time to Attend Training is provided
- Understand your time and SPA allocation
  - Weekly interaction?? / time to gain feedback from others
  - Document and provide a copy
The Educational Supervision Timeline

• Midpoint Review Structured Meeting
  • Progress to PDP / WBA’s
  • **Portfolio Engagement and Sampling**
    • Unmet educational needs / Opportunities
    • Review changes to any ARCP guides
    • Ensure Time allocated to attend training

• End of Attachment Review
  • Review PDP / WBA’s / MCR / MSF / Audit
  • Review of Incidents and compliments
  • Portfolio Review and Sampling

• Unplanned interactions
  • HLI’s
  • Untoward events
  • Praise and compliments
The Educational Supervision Timeline

- Preparation For ARCP’s (know when they are)
- Career Guidance / Next stage interviews (what do they need or have to do to progress)
- Educational Supervisors Report

Be Honest and Truth-full BUT Document and ensure more than one Source
JRCPTB: Recommendations 2014

- AoPs are Rubbish
- SLEs will continue to focus on constructive feedback and action plans
- The educational supervisor should report on the trainee's engagement with the curriculum and learning demonstrated through SLEs and other evidence. The report must also include a summary of feedback multiple consultant report (MCR) and multi-source feedback (MSF).
- Use of ARCP decision aids.
- The number of links to curriculum competencies for different SLEs will be limited and clearly defined.
- Trainees may link SLEs and other evidence to curriculum competencies in order to demonstrate engagement with and exploration of the curriculum.
- Supervisors should sample the evidence linked to competencies in the ePortfolio.
- Development checklists for group sign off of competencies, on the basis of the supervisor's deep knowledge of Trainee.
- Ten of the common competencies will not require linked evidence in the ePortfolio.
What is a good learning environment?

And how do we make our wards/clinics/theatres into this?
<table>
<thead>
<tr>
<th><strong>What makes for a Good Learning Environment?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Community</strong></td>
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<tr>
<td>Belonging to and being valued within the organisation</td>
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<tr>
<td>Celebrating success</td>
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<tr>
<td>Feeling a part of the whole</td>
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<tr>
<td><strong>Collegiality</strong></td>
</tr>
<tr>
<td>Colleagues who recognise your worth and support you</td>
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<tr>
<td>Multiprofessional, managers, effective leadership and followership</td>
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<tr>
<td>Role models</td>
</tr>
<tr>
<td>Fostering good manners</td>
</tr>
<tr>
<td><strong>Criticality</strong></td>
</tr>
<tr>
<td>It's alright to ask the dumb question</td>
</tr>
<tr>
<td>Improvisation, practice develops as we work</td>
</tr>
<tr>
<td>Professionals working like professionals</td>
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</tbody>
</table>
Learning Culture in the workplace
- Developing openness
- Involving whole team & patient
- Shared values & understanding
- Valuing & including trainees

Individual Trainee
- Friendly supportive relationship
- Appropriate clinical supervision
- Ensure named supervisor
- Maximise learning opportunities

Department Faculty Group
- Attend meetings
- Discuss trainees’ performance
- Consistency of approach
- CPD for educational role

Service Provision
- Proactively manage workload
- Ensure patient safety
- Allow trainee to take responsibility
- Teach & role-model efficiencies

Thanks to Shirley Remington
“We managed to resuscitate him, but he’s still very critical.”
WPBA : Workplace based Assessment

‘a systematic procedure for measuring a trainee’s progress’
GMC 2010

‘Consistent across entire training programme and which is blueprinted against, and supports, the approved curriculum’

Competence (can do)
Performance (does)
WPBA : The Rules

- Within the Clinical Environment
- No Compromise Safety and Quality Care
- Structure must be documented in the public domain
- Match the curriculum (areas of Good Medical Practice)
- Add unique information and build on previous knowledge, skills, attitudes, and behaviour
WBA: We admit it they are CR*P

• Widespread comments from trainees and supervisors that the WPBA system was a burdensome process, regarded by many as a tick box exercise, incapable of detecting poorly-performing trainees. Incorrect use to determine trainee progression was impairing the correct use of WPBAs as aids to learning.
To overcome poor Reliability:

- Multiple Assessments
- Multiple Assessors
- Triangulation
- To Build a Picture
WORKPLACE-BASED ASSESSMENT

• Assessment for learning (formative) = Supervised Learning Events
• Assessment of learning (summative) = Assessments of Progress
• Learning is at its most powerful when it is authentic (workplace)
• Valid but not always reliable assessor (subjective versus objective)
• Reliability when part of many
• Learning by doing, reviewing, reflection
MILLER’S PYRAMID

Professional authenticity

Knows

Shows how

Does

Where is the truth (the diagnosis??)

Behaviour

Cognition

But I am having a bad day

I’ll never see a case like that again

Miller (1990)

He always marks everyone Low
WHAT DO WE ASSESS?

Clinical knowledge and skills

Practical skills

Interpersonal skills and judgement

Professional behaviours

Case-based discussion (CBD)

Direct observation of procedures (DOPs)

Direct observations of non-clinical skills (DONCS)

360º appraisal (360)
Overview of WBA

- What the trainee actually does
- Competencies demonstrated ‘when ready’
- Assessment of developmental progression - guides decisions about future learning
- Recorded in an electronic portfolio
- Process is learner led - trainee has to ensure their e-portfolio covers the e-curriculum
WBA: The Trainee's Responsibility

- To build on previous assessments
- To set agenda based on need and opportunities
- To define their learning tools / methods
- To promote regular dialogue with supervisors
- Through reflection define self direct learning
- All assessments should be discussed with educational supervisor
- Provide feedback on learning environment
WBA: The Trainer's Responsibility

- Safety beats educational needs
- Job plan PA's and resources
- Cooperative structure which is trainee lead
- Awareness of standards to which trainee assessed
- To provide feedback via debriefing and document feedback
WPBA: Limitations

- WPBA does not assess knowledge directly
- Opportunistic
- Aspiration to excellence can be lost
- Requires engagement from educational supervisor
- Competitive behaviour
- Resource allocation time and renumeration
- Everyone wants to be nice
- Fear of consequences of negative comments (both sides)
“Can we do a Mini-CEX?”
“Of course, just send me a link”

“one of the most stubborn problems with workplace-based assessment is observation of trainees, or rather the absence of it”
Van Dreissen, Medical Teacher, 2013; 35: 569–574
## WORKPLACE-BASED ASSESSMENT

<table>
<thead>
<tr>
<th>WBA</th>
<th>Competencies</th>
<th>Examples of Assessors</th>
<th>Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mini-CEX</td>
<td>Communication with patient, physical examination, diagnosis, treatment plan</td>
<td>Educational/ Clinical Supervisors, senior trainee</td>
<td>Clinic, A&amp;E, ward, community</td>
</tr>
<tr>
<td>CBD</td>
<td>Clinical judgement, clinical management, reflective practice</td>
<td>Educational/ Clinical Supervisors, senior trainee</td>
<td>Multiple areas covered by a challenging case</td>
</tr>
<tr>
<td>DOPs</td>
<td>Technical skills, procedures and protocols.</td>
<td>Educational/ Clinical Supervisors, senior trainee multi professional team (MPT)</td>
<td>Clinic, A&amp;E, ward, theatre</td>
</tr>
<tr>
<td>Mini-PAT MSF TAB</td>
<td>Team-working, professional behaviour</td>
<td>Trainee’s MPT</td>
<td>Multiple areas covered by MPT</td>
</tr>
<tr>
<td>PBA/OSAT</td>
<td>Technical skills, procedures and protocols, theatre team-working</td>
<td>Consultant or ST5 + trainee</td>
<td>Clinic, A&amp;E, ward, theatre</td>
</tr>
</tbody>
</table>
WBA: The Trainer's Responsibility The Assessment

- **Review** that element of the trainee’s work
- **Evaluate** it against a reference framework that reflects the pre-set learning objectives and the level expected at that stage of learning
- Make a judgement and provide **feedback** to the trainee on that judgement "**word descriptors**"
- Agree with the trainee an **educational action plan** to build on that judgement with further learning
# FEEDBACK DOS AND DON’TS

<table>
<thead>
<tr>
<th><strong>Do</strong></th>
<th><strong>Don’t</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Do it close to the observation</td>
<td>Avoid inappropriate place/time</td>
</tr>
<tr>
<td>Describe the specific behaviour</td>
<td>Judge the person</td>
</tr>
<tr>
<td>Only comment on what you see</td>
<td>Generalise</td>
</tr>
<tr>
<td>Give examples of what was good and why</td>
<td>Break confidentiality</td>
</tr>
<tr>
<td>When identifying areas for improvement suggest alternatives</td>
<td>Be vague</td>
</tr>
<tr>
<td>Give follow-up actions for development</td>
<td>Avoid specifics</td>
</tr>
</tbody>
</table>
GIVING FEEDBACK – REFLECTION

• How do you think it went? (insight check)
• What went well?
• Examples of the good
• What could be improved/how?
• ‘I noticed…’
• ‘If you were doing it again…’ (ask/suggest)

Describe gap between current and desired performance

Agree a plan and how to get there
WHY DO WE ASSESS?

• Patient safety and standards of care
• To ensure we are training correctly
• To develop trainees and monitor progression link to ARCP
• Transparent Process / Blueprint (clear guidance to want is expected)
• **Early remedial action if required**
TRAINEES SHOULD BE ‘SAFER’

• Spread assessments through job
• As many assessors as possible
• Feedback as well as scores
• Evidence it all (follow-up actions)
• Reflect on what they do
What do you think of WBAs?

What have you found works well with WBAs?

What have you found does not work well with WBAs?
Personal development plan

• Keep it to a few objectives

• Objectives should be **SMART**
  Specific
  Measurable
  Agreed and achievable
  Realistic
  Time-bound

• Demonstrable (may be harder do SMART eg becoming a more effective team member)
Reports required

Multiple Consultants Report (MCR)

• To inform the educational supervisor's report

• Most specialties require 4 (0–6 incl. GIM)

• Required from 6 August 2014

Educational Supervisors Report

• Pivotal to the ARCP process and should refer to the MCRs and MSF

• Should report on engagement with the curriculum determined by sampling of evidence and competencies
Educational Supervisors Report

1. Overall assessment of trainee since last ARCP

2. Evidence of progression as expected at that point in training

3. Must have reviewed portfolio and know what is needed for that year of training to sign off that completed requirements

4. Flag up any areas of concern in training & also helps set goals for excellent trainees and identifies their development needs
## ARCP Preparation

### Trainee
- Complete the required assessments
- Self-assess competencies the curriculum items
- PDP for next year and revise CV
- Reflective pieces where required
- If relevant: CCT calculator

### Ed Supervisor
- Check assessments complete
- Complete MSF summary
- Complete supervisor’s report
- Sample 10-12 of the curriculum items in the eportfolio and assess the evidence linked & self-rating
- Review the previous ARCP recommendations and ensure that completion of suggested tasks is obvious
The ARCP – what do assessors check?

– Profile – where they are & what are they doing
– Progression – last ARCP outcome & PDP
– Curriculum requirements – are they met for that year?
– Assessment – as per the ARCP grid & curriculum
– Reflection – learning points
– Educational supervisors report & provide feedback on this
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• GMC guidance for the training workplace environment

• Tips for effective clinical & educational supervision

• WBAs, writing the required reports & preparing for ARCPs
Any further questions?

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