

Guidelines for Effective Supervision of Interns



Dr Lynn Hemmings
Principal Medical Education Advisor



FOREWORD

Providing appropriate supervision, feedback, support and guidance to an Intern is a vital role that Supervisors play, as the Intern negotiates the transition from student to independent competent professional.

Evidence suggests that when provided effectively, supervision not only improves trainees' performance, but also improves patient outcomes.¹

Junior doctors report benefits from effective supervision in terms of increased confidence, professional identity, therapeutic knowledge, critical thinking, and feeling valued and respected.²

Guidelines for Effective Supervision of Interns is a resource for supervisors of interns that is focussed on practical advice to improve the effectiveness and educational value of clinical supervision. There are a number of excellent resources on supervision so this guide is intended to provide a brief overview – supervisors are encouraged to access the additional resources that have been recommended throughout the text.

The booklet is presented in 5 sections:

1. The role of supervision;
2. Assessment and giving feedback;
3. Term assessments;
4. The underperforming Intern and developing an action plan;
5. Identifying and managing Interns with significant difficulties; and
6. The Intern in Distress.

We would welcome your feedback about this guide or any other aspect of Intern education and support.

Dr Lynn Hemmings
Principal Medical Education Advisor, PMCT
lynn.hemmings@ths.tas.gov.au

¹ Forsyth, 2009; Walton & Barraclough, 2013).

² Hore, Lancashire & Fassett, 2009

THE ROLE OF SUPERVISION

*The quality of the relationship between supervisor and trainee is probably the single most important factor for effective supervision.*³

Supervision of interns is a complex activity that includes the provision of monitoring, guidance and feedback on matters of personal, professional and educational development in the context of the doctor's care of patients. Effective supervisors have empathy, offer support, flexibility, interest in supervision, knowledge, and are respectful, focused and practical⁴.

There is evidence that good supervision reduces errors and improves patient care and that inadequate supervision is a contributing factor in critical incidents with poor patient outcomes.⁵

Three key elements of clinical supervision have been identified as:

1. **Clinical oversight** to lead, guide and support the intern to ensure patient safety;
2. **Clinical teaching** to enable Interns to develop the competence and knowledge required for responsible practice; and
3. **Intern management** to ensure that interns are safe and well in their work⁶

Rudland et al (2010) outline a number of tasks central to being an effective supervisor, including:

Initial:

- Clarifying roles and expectations that the supervisor and intern expect of each other. This may include discussion of a typical week and responsibilities, general orientation to the clinical environment, advice regarding unit protocols and key people;

Ongoing:

- Observing and gauging the intern's level of ability, learning needs, competence and confidence. This assists in establishing the intern's learning outcomes, plans and resources to meet these outcomes;
- Keeping a clinical oversight and ensuring patient safety through continual appraisal. The supervisor has a role in minimising risks for both the patient and the Intern;
- Creating a community of practice through promoting the value and importance of the contribution made by other individuals in the clinical team; and
- Providing formal and informal feedback and dealing promptly with underperformance. This role is critical to effective supervision and is discussed overleaf.

³ Kilminster and Jolly, 2000: 828

⁴ Kilminster and Jolly, 2000

⁵ Clinical Excellence Commission, 2010; Kilminster et al, 2007

⁶ HETI, 2013

Assessing interns and giving feedback means letting them know, in a timely and ongoing way, how they are performing. It allows experiences to be processed and also contributes to safe patient care. Feedback can assist self-reflection, raise self-awareness of strengths and weaknesses, and help doctors plan for future learning and practice.⁷

Most interns welcome the opportunity to discuss their strengths and areas for improvement. Medical students and interns report that feedback doesn't occur frequently enough and that it is not always conveyed effectively. In contrast, supervisors feel they give more feedback than learners claim to receive.⁸

Feedback may be formal or informal. *Formal* feedback is planned as part of appraisal and assessment and occurs episodically (e.g. at the middle and end of a term). It covers specific outcomes as required by the AMC and MBA. *Informal* feedback should be given on a regular basis through the term. Although informal feedback is often providing in response to specific events (e.g. managing a case or doing a procedure), Daelmans (2005) suggests that feedback should not be entirely reactive, and should be delivered in a proactive manner rather than being restricted to moments where it is unavoidable.

Approaches to feedback have moved from teacher-directed models to more interactive feedback models that incorporate self-assessment and shared problem solving. The latter approach allows learners to take an active role and responsibility for their on-going learning.⁹

BEST PRACTICE

When giving feedback, it is important to cover all areas of professional competence (knowledge, skills, communication, attitudes) and collect good data (from multiple people on multiple occasions) on which to base your feedback. Feedback should not skim across the surface.

To help make feedback effective it is important that it is:

- **Timely and frequent:** Feedback is best given regularly (preferably daily or weekly). Waiting until the end of a term is too late. If feedback relates to a specific incident it should be given as soon as possible after the event.
- **Specific:** Interns want the specifics, rather than a global 'overall, you are doing fine'. Vague or generalised praise or criticism is difficult to act upon. If the feedback is specific and clear the intern will know what they are doing well and what deficiencies need to be addressed.

⁷ Richardson, 2004

⁸ Vickery and Lake, 2005

⁹ Rudland et al, 2010

- **Constructive:** Part of the process of giving feedback is to provide solutions for areas of weakness. The positive critique, which looks at ‘what can be improved’ rather than ‘what is wrong’, encourages looking for solutions. Avoid dampening positive feedback by qualifying it with a negative statement (eg ‘I was very happy with your presentation, but.....’).
- **Given in an appropriate setting and at an appropriate time:** Positive feedback can be effective when highlighted in the presence of peers or patients. Constructive criticism, however, should be given in private where you will be undisturbed. Feedback should not be given when either the supervisor or intern is tired or emotionally charged.
- **Interactive:** An effective feedback session allows for dialogue between the supervisor and intern. Interns should be given the chance to comment on their performance, explanations of their performance, and the fairness of the feedback;
- **Documented:** areas of concern and strategies for improvement must be documented (the development of an IPAP is discussed later in this guide).

IMPACT OF FEEDBACK

Using regular feedback to encourage, enthuse and correct learning improves outcomes and helps to define goals. A survey of junior doctors on interactions with their supervisors showed that when feedback was an integral part of the solution it was more likely to be associated with a positive view of medicine as a career and Interns having confidence in themselves as doctors.¹⁰ ()

It is important to note that it is not just poorly performing doctors who want feedback — good doctors want to know how to be even better.

TAKE-HOME MESSAGE

Feedback should be:

- Both formal and informal;
- Given as a positive critique to encourage self-assessment, to emphasise the positive, and to help provide solutions for areas of weakness; and
- Specific and constructive, and done at the right time, in the right place.

Weblinks for information about giving feedback:

Vickery and Lake (2005)

<http://www.meddent.uwa.edu.au/teaching/on-the-run/tips/?a=99373>

HETI Superguide (2013)

<http://www.heti.nsw.gov.au/resources-library/superguide-a-guide-to-supervising-doctors/>

¹⁰ Paice et al, 2002

KEY MEETINGS DURING THE TERM

There are three key meetings during the intern term:

1. A meeting at the beginning of the term to review the term objectives, the intern's personal objectives, and your expectations of the intern's role;
2. The mid-term assessment to review the intern's performance, reflect on strengths and weaknesses and plan the future direction of the term. The mid-term assessment is a formative assessment to assist the intern's professional development; and
3. The end of term assessment which is similar to the mid-term assessment but provides a summative assessment that forms part of their record of achievement and for their progression to general registration.

TERM ASSESSMENT FORMS

The performance of interns in Tasmania is assessed using the AMC Intern Training Term Assessment Form (Appendix 1). This form is used to assess intern performance against the AMC Intern Outcome Standards. These Standards and other documents related to the AMC National Intern Framework are available at <http://www.amc.org.au/accreditation/prevoc-standards/national-internship-framework>

The assessment form is completed in the middle of the term and at the end of each term by the Intern Term Supervisor. It provides interns with feedback on their performance and supports the Medical Board decisions about satisfactory completion of internship and registration. The form has not been designed for recruitment purposes and should not be used for such purposes.

It is the intern's responsibility to get their term assessment form completed and to return the form to the Medical Education Advisor or Administrative Support Officer.

IMPROVING PERFORMANCE ACTION PLAN (IPAP)

Identification of performance issues needs to occur as early as possible within the term, firstly because addressing issues in a timely manner may prevent escalation of the problem, and secondly because patient safety issues are of paramount importance.

Where an Intern is rated at a 2 or below on the AMC Assessment form, or there is an area that requires remediation, an Improving Performance Action Plan (IPAP) is required (appendix 2).

The IPAP approach has a long history in performance management across a number of industries. Without this documentation, it is very difficult to justify any actions a supervisor wishes to take in relation to improving performance to satisfactory levels or deeming performance to be unsatisfactory.

Development of the IPAP should be done in consultation with the intern and should represent an agreement between the intern and the term supervisor on the remediation plan. It should clearly outline the deficiency, the actions or tasks that the intern needs to address, the date this should be achieved, the person responsible for overseeing the action/task and a review date. Progress towards the intended outcomes should be assessed by the review dates set in the IPAP. On review, the IPAP might need to be amended or extended or the performance issue may be referred to the Director of Medical Services (DMS).

The IPAP form can be downloaded from <http://www.amc.org.au/index.php/ar/psa>

COMMONLY USED STRATEGIES TO ADDRESS DEFICIENCIES

Often, simply providing an intern with feedback and simple strategies is sufficient to overcome deficiencies in performance. Strategies may include:

- A more thorough orientation to the term;
- Realigning the expectations of supervisor, registrar and intern;
- A quiet chat with the registrar or other medical staff about increased support and supervision;
- Ensuring the intern has a current term description and handbook;
- Discussion with a recent successful intern who can identify tips for success in the term, such as efficient practices or good uses of information technology;
- Frequent feedback on tasks including medical record charting, prescribing, discharge summaries and handover; and
- Action to correct knowledge deficits such as ensuring easy access to helpful tools, including handbooks, protocols and online resources.

Some interns will benefit from strategies involving targeted supervision, including:

- Direct assistance from the registrar with time management, such as prioritising of tasks;
- Prompting the intern to carry their patient list and details and relevant referral forms and prescribing guidelines with them;
- Prescribing reviews (usually with registrar), ECG reviews, chest CXR reviews; and,
- Assigning a mentor for the intern.

Interns may require a reduction in overtime or rostered hours, allocation to a specific term, or if patient safety is a concern, a supernumerary position. Early communication with the DMS and roster support is required in these situations.

Other support strategies may include:

- Communications and linguistic support;
- Psychological support or counselling;
- Referral to GP;
- Career counselling or assessment by an occupational psychologist.

SUPPORT FOR SUPERVISORS WHO IMPLEMENT AN IPAP

If an IPAP is required, the Director of Clinical Training (DCT) and/or the Medical Education Advisor (MEA) should be notified to assist in the process.

All interns on an IPAP require regular review with the DCT and/or MEA to ensure the IPAP interventions are taking place and are effective.

Referral to the DMS is essential if an Intern with performance issues cannot be managed successfully by the Supervisor with the cooperation of the intern, DCT and MEA.

It is generally agreed that about 10% of interns experience some difficulties during the prevocational years. Most problems, when appropriately identified and managed, can be resolved by the Supervisor, DCT and MEA working with the intern.¹¹

About 3%–5% of interns, however, may have ongoing difficulties, requiring further intervention or referral to the human resources manager in the health service.¹²

The following list is not all-inclusive but gives some of the common ways in which interns experiencing significant difficulties may present.

EARLY SIGNS OF INTERNS WITH SIGNIFICANT DIFFICULTIES

- The disappearing act: not answering pagers, disappearing between clinic and the ward, frequent lateness, excessive amounts of sick leave.
- Low work rate: slowness at procedures, clerking, completing letters and making decisions; coming early and staying late but still not getting a reasonable workload done.
- Ward rage: bursts of temper when decisions are questioned, shouting matches with colleagues or patients, real or imagined slights, disrespectful or dismissive speech and behaviour towards other health professionals.
- Rigidity: poor tolerance of ambiguity, inability to compromise, difficulty prioritising, inappropriate or vexatious complaints.
- Bypass syndrome: junior colleagues or nurses finding ways to avoid seeking their opinion or help.
- Career problems: uncertainty about career choice, disillusionment with medicine.
- Insight failure: rejection of constructive criticism, defensiveness, counter-challenge.

Adapted from Paice E. The role of education and training. In: Cox J, King J, Hutchinson A, editors. Understanding doctors' performance. Oxford: Radcliffe Publishing, 2006.

ASSESSING THE SEVERITY OF THE SITUATION

Flags for immediate action and referral:

- Patient safety (actual error or near miss with significant consequences for patient safety; repeated minor error or near miss);
- Intern safety (suicide risk or significant impairment); and
- Allegations of criminal conduct (e.g. assault) or professional misconduct.

¹¹ Vickery and Lake, 2005

¹² HETI, 2013

Some questions to ask yourself as supervisor:

- Has the intern's behaviour caused serious harm? (patient safety);
- Is the intern at risk? (intern safety); and
- Have allegations been raised that might represent a criminal act or misconduct? (sexual harassment, working while intoxicated).

SPEAKING WITH THE INTERN

Speaking with the intern early on is essential:

1. To act in accord with the principles of natural justice and procedural fairness;
2. To help you gather the information you need to make an assessment; and
3. To give the intern the opportunity to respond to and resolve the issue before it progresses any further. In many cases, speaking with the intern will be the most effective intervention that you will undertake in resolving the issue.

ENSURING NATURAL JUSTICE AND PROCEDURAL FAIRNESS:

- The intern has a right to know within a reasonable timeframe that a concern has been raised. Most matters should be raised within a day or so of the matter coming to your attention. Delaying the initial conversation with the intern for too long significantly affects the capacity to effectively resolve issues.
- The intern has a right to know the specific details, and if possible, who has raised the concern. For most matters this is reasonable and will enable you to have a meaningful conversation with the intern.
- The intern has a right to respond to any concerns raised and present their side of the story.
- For this reason they require as much detail as possible about the concerns raised.
- The person responsible for the assessment or investigation should not have reached any conclusions regarding causation or outcome before speaking with the intern and giving them an opportunity to explain their side of the story.
- The person responsible for the assessment or investigation should identify any potential conflicts of interest or sources of bias before commencing an assessment or investigation. Human Resources advice should be sought in cases where a conflict of interest is identified.

As highlighted previously in this resource, most situations involving interns will be of low level concern and may only require discussion between the term supervisor and the intern, with the assistance of the DCT/MEA as necessary. However, any risks to patient safety, risks to intern safety, or allegations of criminal conduct require immediate action and referral to the DMS.

THE DISTRESSED INTERN

The National Mental Health Survey of Doctors and Medical Students¹³ revealed that doctors report substantially higher rates of psychological distress and attempted suicide compared to both the Australian population and other Australian professionals. Of significant to the intern cohort, the survey found that young doctors appeared to be particularly vulnerable to poor mental health and high levels of stress.

Interns face multiple internal and external stressors. Some stress heightens performance, but prolonged stress may lead to distress, and prolonged distress may lead to impairment.

Supervisors who feel, or hear, that an intern is showing significant signs of stress/distress must contact the DCT/MEA or the DMS. This initial contact needs to be prompt and will attempt to assess the level of stress/distress, its impact on the intern, and possible contributing factors and strategies to address this. Early intervention is essential.

The role of the supervisor is not to be the treating doctor, formal counsellor or disciplinarian. In most instances of the intern in distress the DCT/MEA or DMS will refer the intern for further assessment and assistance.

In a crisis, help is available through:

THS Employee Assistance Program (EAP) - Converge International 1300 687 327

Lifeline – 13 11 14 (24 hour service/every day of the year).

AMA Peer Support Service – provides anonymous and confidential support by experienced doctors 1300 853 338 (8am to 10pm).

Beyond Blue – 1300 224 636 (24 hour service).

Further reading:

The beyondblue National Mental Health survey of doctors and medical students report can be found at https://www.beyondblue.org.au/docs/default-source/research-project-files/bl1132-report---nmhdmss-full-report_web

Victorian Doctor's Health Program www.vdhp.org.au

The student and junior doctor in distress: www.mja.com.au Med J Aust 2002;177 (Suppl) 1-32.

¹³ beyondblue, 2013

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