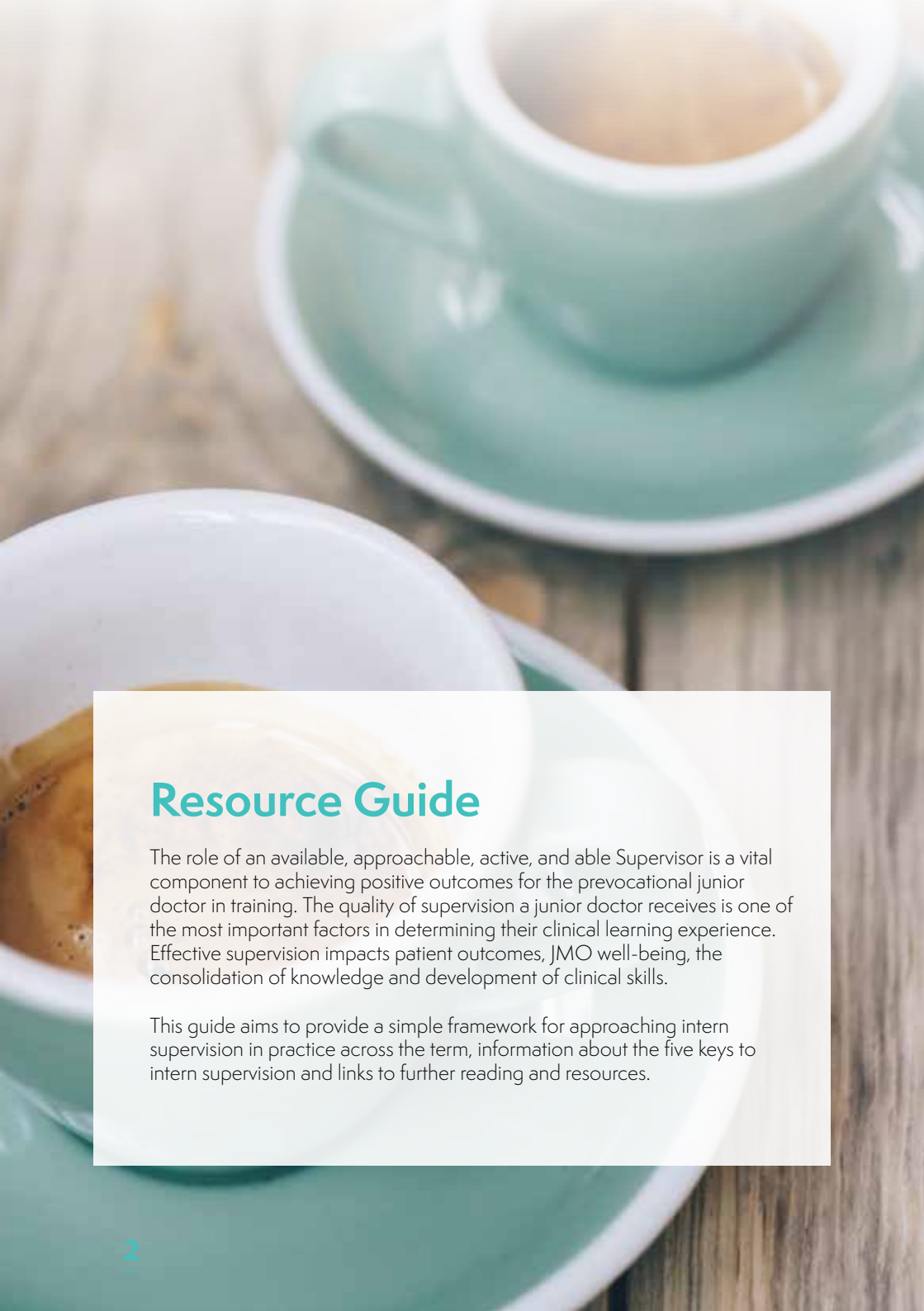




PMCT



Supervisor Resource Guide



Resource Guide

The role of an available, approachable, active, and able Supervisor is a vital component to achieving positive outcomes for the prevocational junior doctor in training. The quality of supervision a junior doctor receives is one of the most important factors in determining their clinical learning experience. Effective supervision impacts patient outcomes, JMO well-being, the consolidation of knowledge and development of clinical skills.

This guide aims to provide a simple framework for approaching intern supervision in practice across the term, information about the five keys to intern supervision and links to further reading and resources.

Ask Yourself These Questions

Do you have a plan for supervising across the term?

How can you allow time for supervision?

Do you understand and appreciate the impact of your role in supervising junior staff?



What are the barriers to effective supervision and how can you address them?

Have you clarified and articulated expectations around communication and duties?

Are you aware of the keys to effective supervision?

Keys to Good Supervision

Establish a Safe Learning Environment

Be aware of own and your trainee's reactive patterns and assumptions.

Target Expectations

Set clear performance targets/ expectations and document learning plan.

Manage Safety and Underperformance

Early detection of performance issues. Provide targeted feedback. (Tips on the page 5 of this document).

Make Time for Planning

Think ahead about your plan for supervision/communication across the term. Ensure that you schedule meetings and make the most of 'teaching moments' and communication touch points throughout the term.

Effective Role Modelling

Research shows that supervisors who model exemplary professional behaviour and skills, determine both the successful transfer of knowledge and skills and positively impact the development of their professional identity.

Barriers to Supervision...	Antidotes...
<p>Lack of time and busy work loads and flexibility due to competing priorities.</p> <p>Lack of time for meaningful reflection on practice.</p> <p>Absence of structure for touch points to provide regular communication and feedback.</p> <p>Contextual factors related to the clinical environment and work patterns.</p>	<p>You are always going to be too busy. Treat supervision as one of your priorities. If you proactively schedule self-planning, reflection, and your pre-determined catch up times with your trainee you are more likely to do it. You may need to adjust as required but hold each other to the action within a defined period over the week.</p>
<p>Cultural narratives that supervision and reflecting on practice is a low priority even "self-indulgent" and not the real work.</p>	<p>Consider the culture that you expect and desire from your teaching hospital. Moderate your language, behaviour, and conversation to promote the culture you desire.</p>
<p>No training in giving feedback especially about underperformance.</p>	<p>Keep feedback simple. Follow the tips and guidelines below. Pick a structured approach to follow – there are many good frameworks available. Remember if you are not confident in this yet, enrol your senior staff to support your development in this area.</p>
<p>Lack of clarity or shared understanding about the role or purpose of supervision. Unclear boundaries about the roles of the Intern and lack of clarity of expectations.</p>	<p>If unsure, seek clarification from the Director of Clinical Training and be explicit with respect to your expectations of the intern and boundaries. Refer to: Guidelines_for_Intern_Supervision.pdf (pmct.org.au)</p>
<p>Supervisor / supervisee not a personality fit, cultural differences.</p>	<p>Keep the relationship professional and focussed on achieving professional learning goals and objectives. Be self-aware of your unconscious bias.</p>
<p>Lack of trust</p>	<p>Trust is built slowly one interaction at a time. Maintaining psychological safety of your intern by creating a learning environment that is professional and related to the learning objectives.</p>

Supervision Timeframe

Timeframe	Plan	
First 1-2 Weeks	1. Ensure Intern orientated to the ward that includes: <ul style="list-style-type: none"> a. Any ward/ unit specific preferences, meetings and tips and tricks. b. Specific guidance around how to get help and communicate with the team, ask questions and where to find relevant information. c. Guidance on what they must report asap vs next ward round, what they are expected to do without checking and what to check with registrars before actioning. 	<input type="checkbox"/>
	2. Take the time needed to get to know your trainee. Find out if there is anything that you need to be aware of to support their learning. This is an opportunity to clarify target performance standards and expectations regarding roles.	<input type="checkbox"/>
	3. Develop a shared supervision plan for the term with agreed aims and objectives, timelines and expectations include establishing an understanding that through the term you will touch base for a quick debrief when difficult issues or good learning points arise.	<input type="checkbox"/>
	4. Encourage your trainee to document their term goals on a learning plan.	<input type="checkbox"/>

Timeframe	Plan	
Midterm Week 6	Provide constructive feedback to the intern:	
	1. Assess progress against term goals and targets against the Intern assessment domains intern-training-term-assessment-form-2014-09-24-colour.pdf (pmct.org.au)	<input type="checkbox"/>
	2. Emphasise what you have observed in relation to good clinical practice and professional identity.	<input type="checkbox"/>
	3. Identify gaps and deficits.	<input type="checkbox"/>
End of Term	4. Identify areas needing addressing.	<input type="checkbox"/>
	1. Document progress on the Intern Assessment form.	<input type="checkbox"/>
	2. Share constructive feedback with Intern about their performance across the term.	<input type="checkbox"/>
	3. Highlight transferable skills to focus on and develop for their next term rotation.	<input type="checkbox"/>

Ongoing weekly

- | | | | |
|--------------------------|--|--------------------------|---|
| <input type="checkbox"/> | 1. Day to Day Supervision - gauging the intern's level of ability, learning needs, competence, and confidence. | <input type="checkbox"/> | 3. Identify and address challenges as they arise, e.g., changing workload & specific capability gaps. |
| <input type="checkbox"/> | 2. Establish regular meeting and touch points with your Intern for communication feedback and reflection (this may include establishing an understanding that through the term you will touch base for a quick debrief when difficult issues or good learning points arise). | <input type="checkbox"/> | 4. Take advantage of any teaching opportunities and regular touch points throughout the term. |
| | | <input type="checkbox"/> | 5. Encourage case-based discussion allow time to ask question and clarify issues. |

Effective Feedback

Effective feedback is sharing information that is aimed at improving performance or effectiveness:

1. It can be heard by the receiver without the receiver becoming defensive.
2. Keeps the working relationship safe, open, healthy, and intact.
3. Validates the feedback process in future interactions.

Effective Feedback	Ineffective Feedback
Relates to a target performance and has a clear path for improvement	Is personally evaluating and judging
Is specific	Attacks the person rather than the issue or behaviour and does not relate to a clearly defined professional performance target
Is delivered as soon as is practical and appropriate	Is delayed, saved, and dumped on the trainee at an inappropriate time
Separates personal worth from the issue or behaviour	Undermines the worth or position of the receiver
Is solicited, desired or is part of an agreed development process	Feelings are concealed, denied, misrepresented or distorted
Is checked for relevance, accuracy, clarity, and intent	Is general or indirect; consequences are vague or unspecified
Refers to a behaviour change or issues that are under the receiver's control	Denies the receiver's worth
Considers the impact on the people involved; sender's and receiver's needs are both taken into account	Is not timely or psychologically safe and ignores appropriate process

FEEDBACK and TARGET PERFORMANCE

The purpose and value of feedback is ultimately to enable a learner to improve their performance. High-quality feedback is vital for helping junior doctors to improve. Quality target centred feedback is of great benefit to the individual. When planning supervision interventions that include providing feedback, it is always important clarify and articulate the performance metrics in a way the learner can engage with them to ahead of time.



Using this simple framework, we can help the learner uncover;

Where am I now (performance analysis)

Where am I heading (target performance)

How can I get closer to the target (action plan)

When supervisors are clear about the target performance and the metrics for assessment, the learner can understand what optimal performance looks like in the workplace context. Supervisor feedback can then be linked to the target performance.

It is good to remember we are aiming to support a learner to do the task or behaviour correctly.



Making the Most of Teaching Moments

The One Minute Preceptor

The one minute preceptor is a useful model for making the most of teaching moments in busy, time poor clinical settings. It provides an efficient and effective framework and practice to support learning conversations in clinical settings. The technique is simple and effective. More information can be found by following the links in the resource section of this document.

How does it work?

Get a Commitment	What do you think is going on? What would you like to do?
Probe for Evidence	What led you to that conclusion?
General Rules	When you see patients like this...
Positive Reinforcement	You presented that very clearly
Correct Mistakes	Next time I would ...

References

Rothwell, C., Kehoe, A., Farook, S., & Illing, J. (2019). The characteristics of effective clinical and peer supervision in the workplace: a rapid evidence review. *Newcastle University*.

Duncan, H., Daniel, C. W. (2019) The Clinical Learning Environment and Workplace-Based Assessment Frameworks, Strategies, and Implementation. *Paediatric clinics of North America*. <https://doi.org/10.1016/j.pcl.2019.03.010>

Further Reading available at:

See the Resources tab on the PMCT website

- The 'Set up to Fail' Syndrome- Harvard Business Review
- Basic Physician Training HETI Clinical Supervision Resources
- The Clinical Learning Environment and Workplace-Based Assessment Frameworks, Strategies, and Implementation
- National Clinical Supervision Competency Resource Guide
- The Master's Apprentice: How do Australian medical interns learn - A. Agnew, T. Sen Gupta, F. Quirk, R. Evans & S. Larkins
- WA Clinical Supervision of Junior Doctors Policy
- Supervision in Healthcare: A Critical Review of the Role, Function and Capacity for Training
- Review of Medical Intern Training
- NHS supervision of junior doctors
- Agnew, Allyson June (2019) Medical interns' learning in the 21st century. PhD Thesis, James Cook University
- Guide to involving junior doctors in clinical audit and quality improvement
- Getting the Best Out of the Intern Guide - Tips for Supervisors
- The characteristics of effective clinical and peer supervision in the workplace: a rapid evidence review
- Canberra Region Medical Education Council Education Resource Guide
- Implementing the National Clinical Supervision Competency Resource and the Clinical Supervision Skills Review Tool
- The One Minute Preceptor: Five Microskills for Clinical Teaching

<https://vicknowledgebank.net.au/resource-library/project/national-clinical-supervision-competency-resource-in-victoria/>

<https://www.heti.nsw.gov.au/education-and-training/courses-and-programs/basic-physician-training-in-nsw/clinical-supervision-resources/medical-superguide-interactive.PDF> (nsw.gov.au)

<https://www.emsworld.com/article/1223893/one-minute-preceptor-framework-clinical-education-field>

<https://canadiem.org/teaching-that-counts-the-one-minute-preceptor-model/>

<https://www.jpmedhc.org/action/showPdf?pii=S0891-5245%2816%2900006-7>



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PMCT thanks and acknowledges the contribution made by participants at the 2019 Clinical Supervisors Workshop to this guide.

Updated December 2022



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