

# WHY DO EDUCATION SUPERVISION?

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## INTRODUCTION

Major changes have taken place in medical training. The intake into medical school is now more than 50% female and this has major effects on training and on workforce planning. It has at last been realised that although junior doctors can be made to work more than 100 hours per week this is not safe practice and certainly does not create an environment for learning. The public will no longer accept junior doctors working such long hours and, furthermore, the public wants evidence that the doctors who are teaching them are well trained. The General Medical Council has therefore produced definitive guides both on pre-registration house officer (PRHO) training<sup>(1,2)</sup> and in draft form on senior house officer (SHO) training<sup>(3)</sup>.

This part of training is known as basic specialist training. The higher specialist training which takes place at Specialist Registrar level has been completely reorganised by the Calman Report<sup>(4)</sup>. Postgraduate Deans now hold 100% of PRHO's salaries and 50% of all other training grades' salaries<sup>(5,6)</sup>. There is now a major incentive for hospital trusts to recognise the importance of junior doctor training and at last medical education is starting to have a higher profile.

Despite all the changes, trainee doctors still have to choose which jobs to apply for and which jobs to accept. This study looks at all the different factors which can influence a trainee doctor's choice and suggests that of all these factors, good educational supervision is the most attractive feature of a post as we enter the new millennium.

## SUPERVISION IN THE CARING PROFESSIONS

Supervision in the caring professions has developed very considerably over the last 20 years. Evidence exists in nursing and in the professions allied to medicine that good educational supervision is a crucial part of the educational process<sup>(7,8,9,10)</sup>.

In medicine very little work has been done in developing the educational supervisor, the clinical supervisor or indeed anything to do with the supervision process<sup>(11,12)</sup>. The General Medical Council has for a long time recognised the need for educational supervisors regularly to review the house officers' programme and progress but this has rarely happened<sup>(2)</sup>.

The literature on supervision within the medical profession is very limited. Hawkins<sup>(13)</sup> wrote several articles on this subject but the relationship described is more that of trainee and trainer than mentor and supervisor. The trainee model is still very much that of the clinical apprentice model. Curtis

describes a mentoring programme for a paediatric residency<sup>(14)</sup> but this is more for pastoral care than for educational supervision. Similarly Calkins<sup>(15,16)</sup> and Dollase<sup>(17)</sup> describe perceptions of 'mentors and students' but these again relate more to pastoral care than to supervision or the educational process.

Hubbard<sup>(18)</sup> defines the relationship between teaching and learning, and issues related to supervision for trainees. It is not, however, until very recently that educational supervision has become a prominent part of any training package.

The Joint Centre of Medicine has put together a pack for the East Anglian Region<sup>(19)</sup>. The educational supervisor's role has been questioned by Savage<sup>(11)</sup>.

The experience of many Postgraduate Deans is that educational supervision is an area that is developing and that although there are some excellent educational supervisors this is generally not the rule.

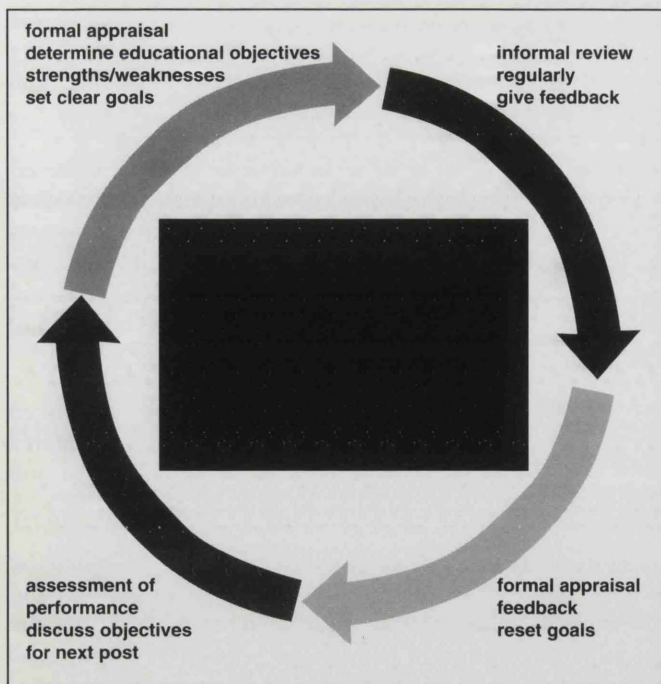
The General Medical Council's document *The New Doctor*<sup>(2)</sup>, in its appendices, clearly defines the educational supervisor's role and formally states that all consultants who wish to be the educational supervisors to house officers must have had appropriate training by the year 2000. Contrarily, nursing and professions allied to medicine are more proficient in developing the educational supervisor's role. This is described in health visiting<sup>(7,9)</sup> and in nursing<sup>(8)</sup>.

It seems strange to trainee doctors that they are expected to learn from experience. They learn to take part by practising on patients and they are astounded to find that they cannot help them because they have not been on the appropriate course and accredited for the skills. It does seem that if the public are to be properly protected much greater emphasis will have to be placed on the process of educational supervision and structured appraisal throughout the training years.

Many Postgraduate Deaneries are starting to develop their own processes of training for educational supervisors and as a result structured educational supervision for trainees will be regularised throughout the UK. The GMC and the Chief Medical Officer have recently approved documentation to provide structured assessment and appraisal for all house officers in the UK<sup>(20)</sup>.

## EDUCATIONAL REASONS FOR EDUCATIONAL SUPERVISION

From the diagram it can be seen that there are four phases to this educational supervision cycle.



*The four phases of the educational supervision cycle*

**1 The initial contracting meeting** This first appraisal should include discussion on:

- the trainee's previous experience
- the trainee's wants and needs (exams, research, audit etc)
- the trainee's likely career intentions
- the purpose of appraisal and assessment and review of a future timetable
- the expectation of what is to be achieved, and educational objectives the trainee will be reviewed against in the future.

**2 Constructive feedback.** This is a key part of the process and it is crucial to the professional development of the trainee. Vital points are:

- feedback must be specific (the trainee needs to know what went well/what didn't go well)
- it must be evidence-based (from observant behaviour)
- reference must be made to the agreed standards set at the initial contracting meeting
- feedback should only be on issues that can be changed and developed
- it should be a two-way process and the trainee's comments are important
- being sensitive and honest.

**3 Review meeting.** The areas covered at this meeting should be:

- the trainee's immediate concerns
- the trainee's progress on the objectives set at the first meeting
- the trainee's performance, motivation and commitment (remember to comment on the positive areas first before dealing with the negative ones)
- the educational objectives for the next two or three months should be agreed
- a date set for the next review meeting.

**4 Assessment.** The above parts of the educational supervision cycle are part of formative assessment and therefore confidential and private between the trainee and the trainer. The assessment at the end of the job is known as summative assessment. This assessment is usually poorly done and often involves ticking boxes or making a report. Where the standards set at the previous meetings have been clear, specific and measurable, then reliable assessments can be made. Unfortunately we usually set ambiguous, vague educational objectives and it is difficult to make assessment decisions.

It is important to remember that the key part of an assessment is to have clear criteria against which the trainee will be assessed and that the trainee is fully aware of these criteria.

## WHAT ARE TRAINEE DOCTORS LOOKING FOR WHEN APPLYING FOR A JOB?

There are two interesting bits of evidence the Postgraduate Deanery has collected which make an excellent case for providing good support and supervision for every trainee.

In the annual exit questionnaire for PRHOs (which has an 80% response rate) they are asked "What is the most important feature of an excellent pre-registration job?" (Table 1).

Feature	%
Good food	0
Good accommodation	1
Good teaching	6
Good colleagues	22
Good support & supervision	68
Plenty of sleep	0
Good reference	0
Good experience	2
Other	1
Total responses	

*Table 1*

This would seem to confirm that being part of a team and being well supervised are the key areas that house officers look for when applying for a post. If good colleagues means good support and supervision, and it would seem it does, then more than 80% of all PRHOs feel that this is the most important factor in choosing a post.

In order to try to assess this further, 52 house officers were formally interviewed during the year January 1998 onwards. During visits to hospital trusts by the Postgraduate Dean's department, house officers were interviewed on a one-to-one basis by the researcher. A carefully prepared checklist of questions (Table 2) was used.

The house officers were randomly chosen but half of them were from surgical jobs, and the other half from medical jobs. One medical house officer and one surgical house officer were chosen from each trust and overall 28 female and 24 male house officers were interviewed. A telephone call, prior to the Dean's visit, was made to these house officers and their consent to take part was obtained. No effort was made to choose on the basis of ethnicity.

Question 1 Are you enjoying your present job?
Question 2 Are you getting good overall supervision?
Question 3 Is this best from your senior house officer?
Question 4 Is this best from your registrar?
Question 5 Is this best from your consultant?
Question 6 Are you getting good support overall?
Question 7 Is this best from your colleagues? (other house officers)
Question 8 Is this best from the nursing staff?
Question 9 Is this best from your consultant?
Question 10 Is your teaching good overall?
Question 11 Is this best from your senior house officer?
Question 12 Is this best from your registrar?
Question 13 Is this best from your consultant?
Question 14 Have you had 3 formal meetings with your educational supervisor?
Question 15 During these meetings were your logbooks looked at?
Question 16 During these meetings did you discuss your attitudes to other patients, colleagues etc.?
Question 17 During these meetings did you discuss your knowledge?
Question 18 During these meetings did you discuss your practical skills?
Question 19 Would you recommend this job to a friend?

Two-thirds of the house officers interviewed were enjoying their job. This was made up of equal numbers of male and female interviewees. One third were not enjoying their job. Approximately two-thirds were receiving good supervision overall and in the main this supervision was coming particularly from their Senior House Officers. Registrars were not thought to be giving very much supervision and neither were consultants (33% and 42% overall). There was a suggestion that male house officers got better supervision (58% from their consultants) than females (29%).

Again, about two-thirds of the house officers felt they were getting good support overall, mainly from other PRHO and SHO colleagues. There was a major difference between the support female house officers received from nursing staff compared to male house officers, with female house officers feeling they got much less support (36% from females, 96% from males).

Teaching was thought to be good by only half of the doctors surveyed: when broken down they got good teaching from the SHOs but very much less satisfactory teaching from registrars and consultants.

When the duties of an educational supervisor were looked at in more detail, it was found that about half of the house officers were getting formal meetings with their consultants and that at these meetings about half were using logbooks and discussed clinical problems relating to knowledge and skills. There would appear to be few consultants prepared to discuss attitude problems.

After this personal interview the house officers were asked to rate from 1 to 10 what were the most important features from the questions shown in terms of making the job enjoyable.

Support and supervision from the SHO was thought to be by far the most important, followed closely by support and supervision from nursing staff. Supervision from the consultant came fourth and teaching from the SHO came fifth.

Clearly the importance of the consultant and registrar to the house officers is not considered to be as great as that of the relationship with the SHO.

These results do indicate that the doctor working most closely with the house officer is clearly going to have the most effect on whether the job is considered to be good or bad. An SHO can make or break the house officer post.

Clearly, although consultants are not considered to be as important as SHOs, they are the permanent fixture in the team and are responsible for the appointment of the SHO and the registrar. It would seem that there is good evidence here that the consultant who cares about his team, including PRHO, SHO and registrar, will attract good staff who will feel valued and well-supervised.

## SUMMARY

The learning agenda for trainee doctors is changing very rapidly. From this year onwards Manchester Medical School will be producing differently trained doctors who are used to collecting evidence of their learning needs and planning their training according to this. Appraisal and assessment is part of the Royal College agenda and the Postgraduate Dean's agenda.

It certainly takes time but the research evidence in other healthcare professions suggests that it has major rewards.

For consultants debating why they should change and why they should spend time in an already extraordinarily busy week appraising their trainees, there is increasingly persuasive evidence that it is smart to do this. Trainees who have clear ideas of what is expected of them are much more likely to perform well than those who just get on with the job without direction.

Finally, the evidence collected from the house officer surveys suggests that junior doctors really want good support and supervision and may well seek it out when applying for a job.

## RECOMMENDED READING

Several books have been written including

Hawkins & Sholet Supervision in the Helping Professions, Oxford University Press 1989

Houston Supervision and Counselling 1990

Butterworth & Faugier Clinical Supervision Chapman Hall 1992

Fish Quality Clinical Supervision in the Health Care Professions Butterworth Heinemann 1998

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