# Being a Better Educational Supervisor

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# Background

- 2007 ES for whole duration of training
- 2012 Tri-Partite Agreement
- 2015-present "ARCP for ES's" See poster.
- 2018 Trainer Agreement
- 2019 External Assessor Report specifically asks for:·

a) Is the Educational Supervisor providing a sufficiently detailed report which reflects accurately the training progress?

b) Are the supervisors providing quality feedback (WPBAs, appraisals) in sufficient quantity?

c) Is there a process in place to give feedback to the supervisor on their reports ?

d) Is there a process in place to give feedback to the supervisor about the SLEs, WPBA they have completed?

# Feedback

The ES should be the first step of Quality Assurance/Feedback for those supervisors who feed into the eventual ES report. Eg MCR and WPBA completers.

The ES should also act as first QA for trainee WPBA's and Portfolio record eg Reflective Practice quality and quantity

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# Secondary Care Specialty Training – D&E Medicine & GIM

## *StR Trainee Feedback on their ES's Performance*

**Trainee Name:** **Educational Supervisor's Name:**

***How do you rate your ES in their:***

•**Communication skills**:

Well below □ Below □ Borderline □ Meets □ Above □ Well above □ U/C □ Comments if any: .....

•**Attitude and Support to Me and of my training rights and responsibilities**:

Well below □ Below □ Borderline □ Meets □ Above □ Well above □ U/C □ Comments if any: .....

•**Reliability and Punctuality:**

Well below □ Below □ Borderline □ Meets □ Above □ Well above □ U/C □ Comments if any: .....

**Have D&E & GIM Curriculum competencies been updated this year?** Y □ N □

**Have Training meetings occurred this training year**: Induction (for ST3) Y□ N□ N/A □

Mid-point Review Y□ N□ Pre-ARCP ES Report Y□ N□ Post ARCP Review agreed Y□ N□

**Anything Especially Good in ES performance this training year?** .....

**Anything for ES to Develop over next training year?** .....

**Are you happy for your ES to continue in this role with you ?** Y□ N□ **If no, why not?**

.....

**Trainee signature:** ..... **Date:** .....

# The ES Report

PRE-MEET PREP

TRAINEE

ARCP DECISION GRID

PORTFOLIO OPEN

# PACT

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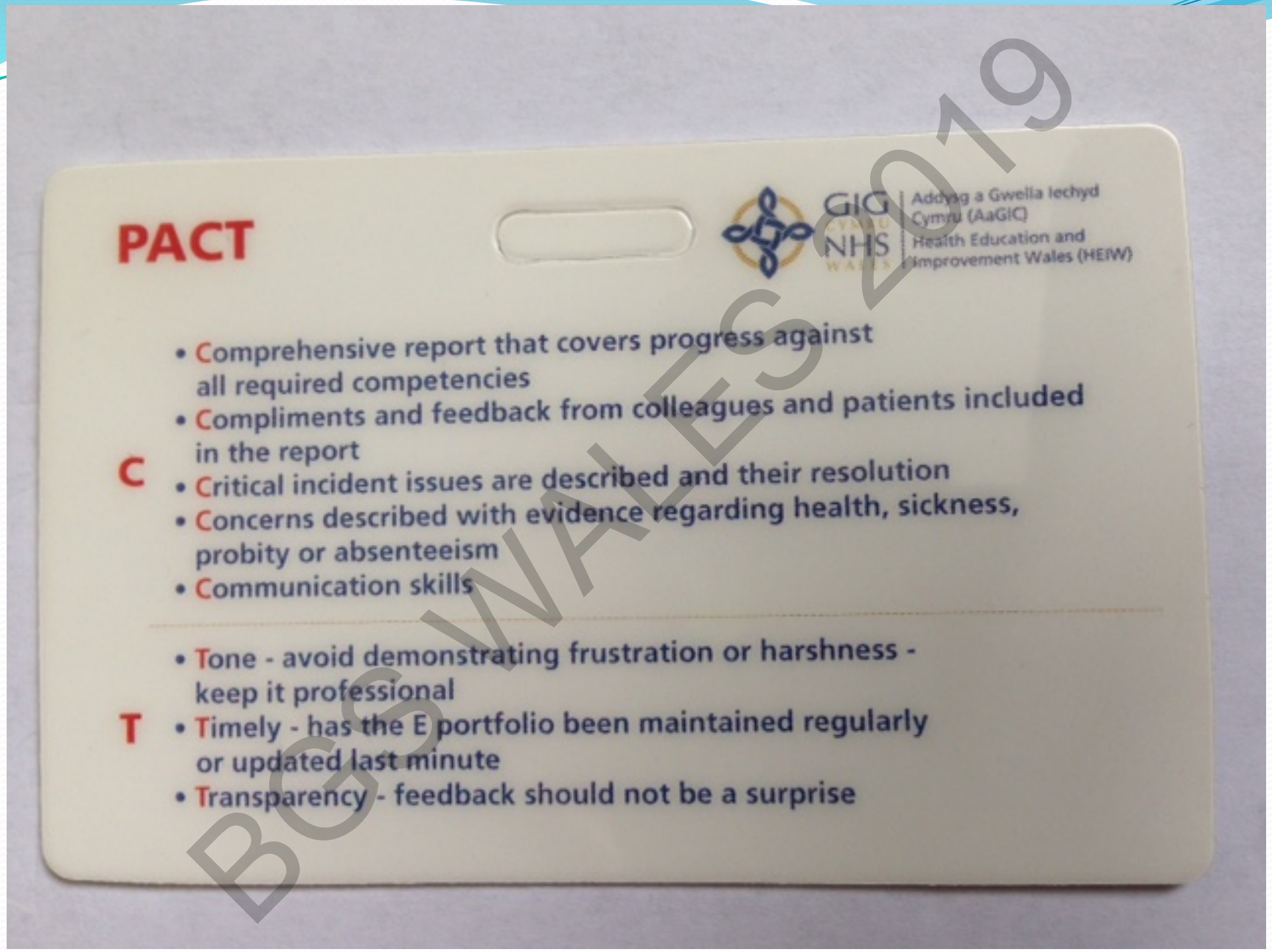
## An Aide Memoire for writing educational supervisor reports

**P**

- Precise descriptions that are sufficient to give the reader understanding of progress
- Positive as well as negative examples of strengths and areas for improvement
- Plan describes clear educational objectives with targets and deadlines

**A**

- Accurate and evidence based judgements referenced to E portfolio
- Advice given to trainee is referenced and dated to demonstrate support offered
- Alternatives are stated that were considered or made to support trainee
- Attitude of trainee and relationship with trainers and programme



# Pre-Meet Prep

- Start of training year and Mid-point review meetings
- ARCP decision Grid, Portfolio progress and previous ARCP report to inform year ahead goals.
- Trainee have all Grid targets complete
- Tip: Trainee Drop an email directly to your MCR reporters & Copy your ES into this
- ES: Follow this email up. “Dear Tom, I’m meeting with my trainee next Monday, Could you please complete the NCR request she’s sent you. Thank you”

# The difference between what's actually documented and what might have been better*.

- SLE"s
- MSF
- MCR's
- Honesty & Health
- Concerns
- ES recommendation

- *Anonymised and created from various ARCP's including examples outside Geriatrics.

The following numbers of supervised learning events have been undertaken during this period.

- Mini-CEX 4/6
  CbD 4/6
  ACAT 1/1
  Other 0
- Comment on the SLEs (mandatory): Actual comment
- "Mostly completed in a timely manner, some still to do. Quality OK but could be better in places. Timely completion of recommended actions encouraged"

# SLE's: Comment on number and timing of SLEs, appropriate links to competencies, common themes emerging from the feedback

What would have informed ARCP outcome more clearly if documented instead.

- "Both trainee and I were disappointed that the required number of WPBA SLE's was not completed in a timely manner. In addition These were all bunched into a short space of time and largely completed in the 3 weeks before we met. Neither were they appropriately linked to curriculum competencies making it difficult for both trainee and me to evidence base sign off of these. Recommended actions were often not completed or done in a poor manner eg Reflective practice completion on NICE guidelines review on anticoagulation in Head injury fallers was poor. Having said that, the quality of some of those completed was good eg RP completed on Tilt Table CBD. I've highlighted the positive feedback of some of these SLE's to Dr T today but also emphasised my disappointment in the rushed nature of these being completed at the last minute and poor completion of agreed outcomes. In mitigation, Dr T has told me that he has sent tickets out to assessors previously that have not been completed. In future, I have reminded him to alert his hospital site NCS to raise this directly with the assessors concerned in his base hospital. Or alternatively inform me in a much earlier manner so that I can intervene on his behalf. Dr T will once again aim to complete the outstanding WPBA's prior to his ARCP date but is aware that if not completed, he should expect an Outcome 5 as a minimum in his ARCP based on the Decision grid requirements."

# DOP's: Comment on number and timing of DOPs, range of procedures covered, any common themes emerging from the feedback.

- "Satisfactory syncope DOP's completed"

- A better description:
- "Dr T had the opportunity to attend and participate in 12 Syncope clinics this year while based at x hospital. He has satisfactorily completed and linked formative and summative DOPS for Tilt table testing, Carotid Sinus massage (including consent) and the Epley manoevre." Incidentally, He has expressed an interest in pursuing a longer term specialty interest in falls and syncope and is hoping to explore how he might pursue optional higher curriculum competencies in this at his post-ARCP meeting with you"

**Multi-Source Feedback (MSF)**

Has an MSF been completed with 12 or more responses with at least 3 consultant responses in this period?

Has an MSF been completed with 12 or more responses is a mandatory field YesRequired but not completed on scheduleNot required in this period

Comment on any concerns or areas of excellence identified and mix/ number of assessors (mandatory)

- Actual: "15 formal MSF responses received. Largely very good feedback. Minor issues only. Shared with trainee today"

- Better: "Prior to completing his mandatory MSF for this ST4 training year, Dr T had informed me at his Mid-point review that one of the GIM on-call consultants at xxx hospital had complained to his supervising consultant there, that he was "lazy and difficult to contact". Naturally Dr T was very upset by these comments as it transpired that he was in fact extremely busy looking after sick patients on an outlying ward at the time as the ward CRF had not turned up for their shift. I thus contacted his NCS at the time, Dr P, and together with her and Dr T we agreed on a range of MSF colleagues who would best provide a more balanced overview of the doctor's performance. The doctor sent out 18 requests in total and 15 were completed including 3 consultant colleagues. 13 of these reported excellent feedback. There was one report returned however, from a nursing colleague that reported that the doctor is sometimes "short and might even come across as being rude at times".
- There was also a comment from a secretarial colleague that she has little contact with him and prefers to direct queries through his StR colleague, Dr Y. Dr T was naturally disappointed with this feedback and whilst they well may be "outlier comments" he has reflected on the comments and looks forward to learning from the experience gained."

**Multiple Consultant Reports (MCR)**

Was the required number of MCRs completed in this period (refer to ARCP Decision Aid)?
Was the required number of MCRs completed in this period is a mandatory field NoYes
Comment on any concerns or areas of excellence raised, common themes emerging from the feedback and rating of trainee's overall performance (mandatory):

- Actual: "6 MCR reports received. "A superb Registrar" "He's great on the ward, gets on well with all" Some minor negative comments from GIM colleagues. See GIM report.

- Better: "Following up on earlier MSF comments and our mid-point review meeting, Dr T and I together with his NCS at xxx hospital agreed in February of this year on 6 MCR consultant colleagues to complete these. These included two Geriatrician colleagues supervising his day to day ward work as well as a Sessional Geriatrician supervising him at Syncope clinic. We also agreed on two senior Gen Med physician colleagues whom Dr T has done on calls with. Neither of these was the consultant who made the earlier comments about the trainee highlighted in my MSF comments. On reviewing these reports, there were many positive comments across the board. In particular the feedback from his ward consultants was excellent. I was concerned however to see comments from a GIM colleague who had obtained feedback from the night shift FP1 on how well supported she had felt in the shift. She had reported that she hardly saw her StR at all during the shift and that she depended on her CMT colleagues for help with 3 of the patients she had seen. I explored this in depth with Dr T today who again reported that it was a very busy shift and that she had asked her CMT to look after the FP1. We both reflected today on how her FP1 might have felt better supported such as proactively meeting with her during the shift as there is always time for this and even a few minutes to check and see how she was doing and how her CMT was supporting her could have made a big difference in her perception and feedback. We've reflected again today with Dr T today that on-calls can be the most pressurised part of time in training and that good performance and feedback here are crucial to satisfactory progression overall. I have also explained to him that I'll be sharing these comments in his separate GIM ES report which I will share with him."

# Reflection and study

- Actual: "Satisfactory" GIM EA London example 5 pieces of GIM RP completed over 5 years in a non-Geriatrics GIM specialty.

- What should have been documented: " Having met with Dr T today, I am disappointed with both the quality and quantity of reflective practice completed in GIM throughout his training and particularly in the past year (PYA year). For those pieces that were completed, in many instances there was largely a list of "topics covered" rather than any meaningful reflection on learning achieved. In mitigation, Dr T has stated that he is nervous about completing in depth reflective practice given some of the feedback he has had (as highlighted earlier) and the outcome of the Bawa-Garba case. I had an in-depth discussion today with trainee about the importance of quality reflective practice for lifelong appraisal and revalidation requirements which all doctors (including me) undertake throughout our careers. We both also noted that Dr RP Expert is planning an in depth training session at a future StR training day that Dr T plans to attend." He knows that he should expect the External Assessor to be concerned about his use of RP."

## Honesty and Health

Do you have any concerns about the trainee's honesty, probity and health?

- Example of good practice: “I have no concerns about Dr T’s honesty or probity. Whilst today’s meeting was positive in many respects, Dr T became tearful and upset that he might be perceived to be underperforming in any manner. I have done my best to support him but as we both explored today (and upon previous mid-point review), there are at least some trends that are of concern. Dr T also told me and that he is happy for me to document that he has been suffering with “stress”. I have not gone into details with Dr T today but we have agreed that a) He should make an appointment to see his GP or Occupational health Colleague at the earliest opportunity just to make sure there are no underlying health problems that might be affecting his performance
- b) That I will contact his TPD prior to His ARCP so as he can be proactive about any actions that might help trainee.”

Overall summary of performance – what has gone well and what needs development
You should use appraisals and reports of other supervisors to inform your comments, and you should record other feedback received if relevant to training or performance.
Overall summary of performance is a mandatory field

- Well below expectations
- Below expectations
- Meets expectations x (Actual)
- Above expectations
- Well above expectations

# Outcome

- Well below expectations
- Below expectations x
- Meets expectations
- Above expectations
- Well above expectations

## Concerns

### Do you have any concerns about this trainee?

- Do you have any concerns about this trainee? is a mandatory field No/Yes
  Comments:
- Good practice:

"In addition to the post-ARCP meeting I had with trainee last year and our mid-point review earlier this year, I have had various email and indirect contact with Dr T. Whilst there were some concerns evident at that time, it's apparent to me that for various reasons which the ARCP panel will want to explore further with Dr T, I have concerns about his overall performance. In fairness to Dr T, he has acknowledged today that he has not had as good a training year as he would have expected. We have highlighted the many positive things he has achieved though including passing his SCE exam well ahead of schedule which is a fantastic achievement. And a very well done to him on this. He is also planning on developing a sub-specialty interest in Falls and Syncope which he really enjoys and clearly has an aptitude for.

I've explained to Dr T, that were it just a missing WPBA or an isolated comment in his MSF that I would be recommending an Outcome 1 (or at worst an Outcome 5). Given the issues though around WPBA's, Reflective practice and MSF/MCR's it is difficult to report that he is "meeting expectations" at this time. I have advised him (albeit he disagrees with me) as "Many of those things aren't my fault" that he should not be surprised if the ARCP panel recommend an Outcome 2 with targeted training over the next 6 months. I have highlighted to him that such an Outcome (if it occurs) should be taken in a positive light as it is designed to help him to get back on track with his training"

# Conclusion

- It's easy to write a glowing ES report for a highly performing trainee
- It's easy to "sub-consciously collude" with an underperforming trainee to write a "least negative" report.
- It's hard to be "brutally honest"
- Trainees are appointed because we feel they are trainable.
- "Adverse" ARCP Outcomes is a misnomer. Outcome 2s and 3s are designed to help trainees maximise training potential. They are not punishment.
- Outcome 4s reserved only for those who are no longer felt to be trainable