

CLINICAL SUPERVISION TRAINING PRIMARY CARE

Developed in collaboration between Health Education England and NATH

By Sarah Partridge and Dr Rashbal Ghattaora



NOTTINGHAMSHIRE ALLIANCE TRAINING HUB

1

Welcome & Introductions

2

Who are you and why are you here?

#hello my name is...



3

3

Housekeeping



4

4

Ground rules

- Confidentiality
- Listen
- Respect
- Participate
- Punctuality



5

5

Aims of the session

- To enable participants to understand the requirements to be a Clinical Supervisor.



6

6

Learning Objectives

- To understand the definition of clinical supervision.
- To understand the link between educational theory and clinical supervision.
- To be able to plan a de-brief and tutorial.
- To be able to give constructive feedback and use appropriate models.
- To be aware of workplace based assessments and have the opportunity to practice an assessment.
- To identify and support colleagues in difficulty.

NOTTINGHAMSHIRE ALLIANCE TRAINING 7

7

Your aims and objectives

NOTTINGHAMSHIRE ALLIANCE TRAINING 8

8

Definition of clinical supervision

NOTTINGHAMSHIRE ALLIANCE TRAINING 9

9

Check your understanding

Are the following statements with regards to clinical supervision – TRUE or FALSE:

- 1) Allows professionals to develop personally and professionally
- 2) Should be cancelled if the workload is too high
- 3) Disclosed information may be shared outside sessions with members of your MDT
- 4) Can be done either 1:1 or as a group
- 5) Does not prevent stress or burnout

NOTTINGHAMSHIRE ALLIANCE TRAINING 10

10

Definition

'An opportunity for healthcare practitioners to reflect on and review their clinical practice, discuss individual cases in depth and identify changes or modifications to practice which are required to maintain professional and public safety. It provides an opportunity to identify training and continuing development need'

It is not

- ✗ line management
- ✗ performance management
- ✗ teaching or training sessions

NOTTINGHAMSHIRE ALLIANCE TRAINING 11

11

Benefits of good supervision

- Improved practice from confident clinicians
- Increased accountability and motivation
- A culture in which work, and patients, are valued
- Better teamwork
- Increased job satisfaction
- Enhance wellbeing and reduced sickness rates
- Improved recruitment and retention of staff

NOTTINGHAMSHIRE ALLIANCE TRAINING 12

12

Supervision Models

13

Models – 3 key components

- 1) Normative = accountability**
Supporting individuals in their ability and effectiveness in their clinical role.
- 2) Facilitative = CPD**
Through guided reflection, supports personal and professional development
- 3) Restorative = supportive**
Explores emotional response to work; providing support and motivation to help with self care and wellbeing.

NOTTINGHAMSHIRE ALLIANCE TRAINING

14

Suggested model by NHSE

Recommendation that a PCN considers supervision in the context of the two types:

<p>Clinical supervision</p> <ul style="list-style-type: none"> • Provided in the clinical setting • Purpose includes: <ul style="list-style-type: none"> • To offer debrief to ensure patient and practitioner safety • Undertaking work place based assessment • Reflecting and reviewing practice • Discussing individual cases • Supporting changes in practice where necessary • The frequency, structure and delivery of supervision and governance arrangements should be flexible • The clinical supervisor could be any appropriately trained and experienced clinician. 	<p>CPD Supervision</p> <ul style="list-style-type: none"> • Provided by the employer or line manager • This type of supervision is required to evidence maintained capabilities and continued professional development (CPD) • Provided on a regular basis (min one session per month by senior colleague) • Purpose includes: <ul style="list-style-type: none"> • Touching base • Discussing ways of working • Identifying any learning needs, opportunities and support • Reflection on incidents/learning events • Peer review
---	---

NOTTINGHAMSHIRE ALLIANCE TRAINING

15

Difference between Clinical and Educational supervisor

<p><i>The GMC definition of a Clinical Supervisor is:</i></p> <ul style="list-style-type: none"> • 'A trainer who is selected and appropriately trained to be responsible for overseeing a specified trainee's clinical work and providing constructive feedback during a training placement.' 	<p><i>The GMC definition of an Educational Supervisor is:</i></p> <ul style="list-style-type: none"> • 'A trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specified trainee's educational progress during a training placement or series of placements. The Educational Supervisor is responsible for the trainee's Educational Agreement.'
---	--

NOTTINGHAMSHIRE ALLIANCE TRAINING

16

Summary checklist

Good supervision requires:

- Regular protected meetings
- Named and trained supervisors
- Contracting - outlining responsibilities including confidentiality
- Preparation
- Record keeping

NOTTINGHAMSHIRE ALLIANCE TRAINING

17

Group Work

- What makes a good clinical supervisor?
- What makes a good trainee?
- Think about in terms of Knowledge; skills and attributes

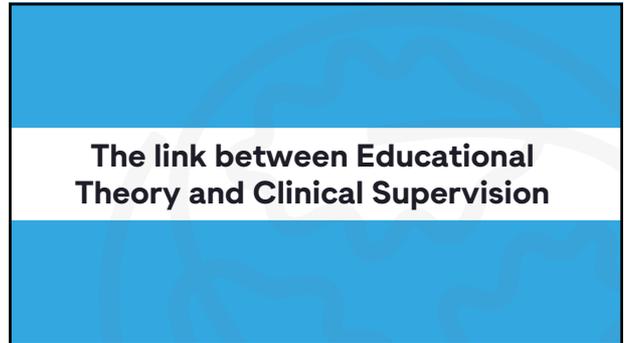


NOTTINGHAMSHIRE ALLIANCE TRAINING

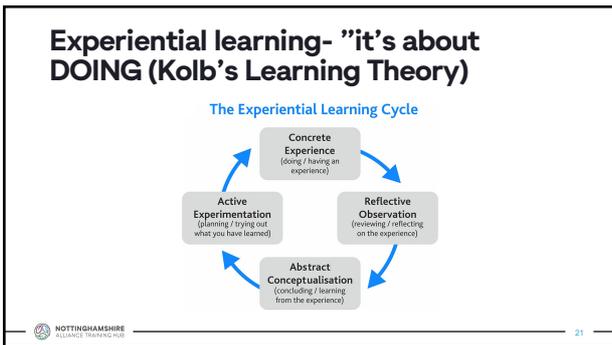
18



19



20

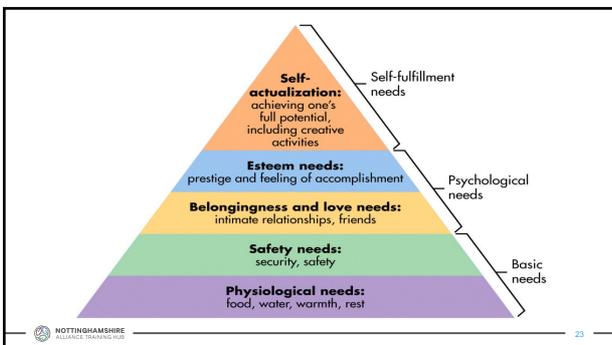


21

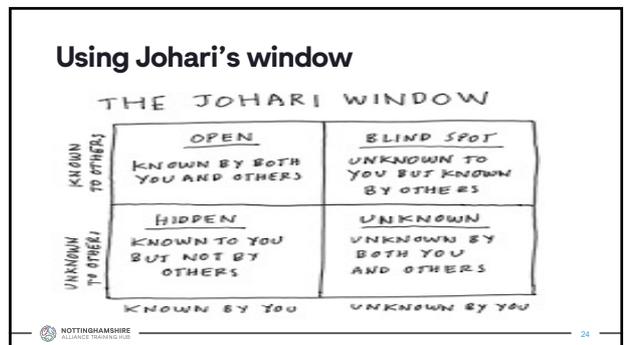
Situated Learning- it's about PARTICIPATION (Communities of practice COP)

- Participation
- Collaboration with members of a COP
- Legitimate peripheral participation
- Core tenet- learning occurs through social interaction
- "Discourse" or "talk" of the community

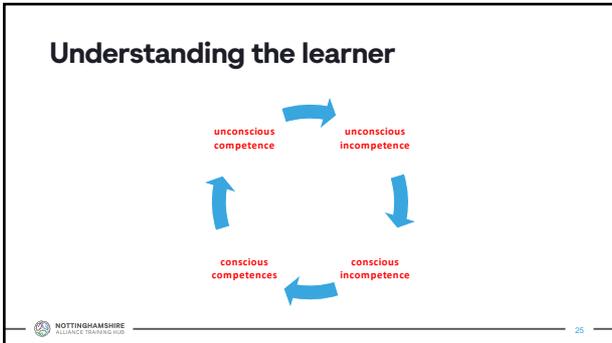
22



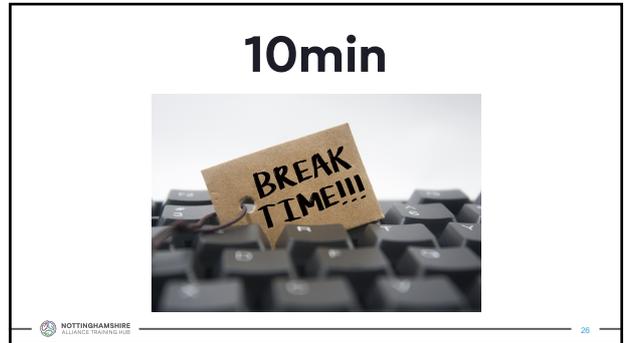
23



24



25



26



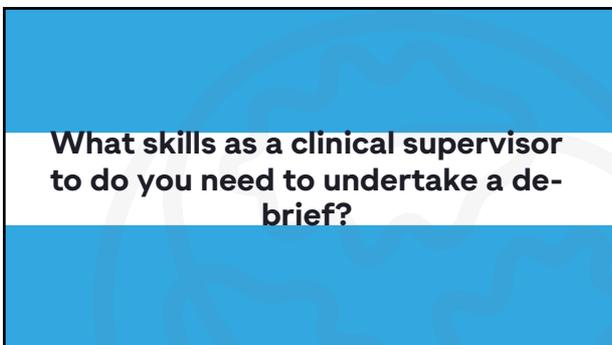
27

What is de-briefing?

- **Debriefing** is defined as a dialogue between two or more people; its goals are to discuss the actions and thought processes involved in a particular patient care situation, encourage reflection on those actions and thought processes, and incorporate improvement into future performance.

NOTTINGHAMSHIRE ALLIANCE TRAINING 28

28



29

Clinical supervisor skills

- Active listening
- Able to challenge and seek clarification.
- Able to pick up on verbal and non-verbal cues.
- Able to elicit ideas, thoughts, concerns, feelings.
- Able to negotiate an action plan with the learner on addressing learning needs

NOTTINGHAMSHIRE ALLIANCE TRAINING 30

30

How do we organise a de-brief?

- Nominate a named clinical supervisor for the day
- Ideally there should be some agreed blocked off time for the supervising clinician to undertake de-briefs
- De-brief's can vary from occurring after each patient to occurring at the end of the surgery. This will be determined by the clinical supervisor and based on the relative experience of the colleague being supervised.
- Average amount of time for a de-brief can vary between 15-30 minutes after each session.
- Can be individual or group based.

31

How to structure the discussion?

Explore the following areas:

- data gathering (includes history/examination)
- doing investigations (appropriate and justified)
- making a diagnosis (appropriate and/or includes a range of differential)
- clinical management plan & prescribing (including F/U & safety netting)
- communication skills (enough information gathered to explore I.C.E)
- working with colleagues (inhouse or requiring advice/referral)
- record keeping (succinct, relevant with appropriate red flags)

32

How to prioritise the cases for de-brief?

- Discuss in order of being seen.
- Discuss first, cases in which the learner has burning issues.
- Discuss all cases until you, as clinical supervisor, are **reassured from a patient safety and a clinical competency perspective.**



33

Outcomes of de-briefing?

- **PATIENT SAFETY FIRST!!!!**
- Encourage the learner to identify learning opportunities.
- Some **brief** teaching can occur but avoid a prolonged tutorial.
- Negotiate a plan with the learner, on how to address needs identified.
- Give feedback about performance or behaviour that leads to action to affirm or develop that performance or behaviour.
- Encourage reflective practice and lifelong learning,
- Focus on encouraging them to increase self-knowledge of their own strengths, weaknesses, and attitudes.

34

Some useful tools

One minute preceptor	SNAPPS
Summarise the case	Summarise the case
Get a commitment	Narrow the differential
'What do you think is going on?'	'What are the diagnostic possibilities here?'
Probe underlying understanding	Analyse the differential
'What led you to this conclusion?'	'Why is this diagnosis likely/unlikely?'
Reinforce what was done well	Probe the teacher
	'What question would you like to ask me?'
Teach general rules	Plan management
Correct errors	Select issue for self directed learning

35

Pit-falls of de-briefing

- Avoid the debrief becoming a **Chat**.
- **Challenge** appropriately
- What if the learner does not action what was agreed?
- Be aware, if something goes wrong, the learner and the clinical supervisor will **both** be scrutinised!!

36

Group Work: Planning a CPD session

- Describe the educational environment?
- Describe how you would select the topic?
- Describe how you would plan & deliver the session, taking into account educational theory?
- Design a lesson plan
- Describe how you would evaluate the session?



NOTTINGHAMSHIRE ALLIANCE TRAINING 37

37

Robert Gagne and the 9 Events of Instruction

- GAIN ATTENTION
- INFORM LEARNERS OF THE OBJECTIVES
- STIMULATE RECALL OF PRIOR LEARNING
- PRESENT THE STIMULUS
- PROVIDE LEARNING GUIDANCE
- ELICIT PERFORMANCE
- PROVIDE FEEDBACK
- ASSESS PERFORMANCE
- ENHANCE RETENTION AND TRANSFER

NOTTINGHAMSHIRE ALLIANCE TRAINING 38

38

Remember Retain, recall and recognize knowledge arrange, define, identify, indicate, label, list, memorize, recall, recite, recognize	Understand Translate and interpret knowledge compare, classify, describe, discuss, explain, give examples, interpret, paraphrase, predict, present, report, rewrite, summarize	Apply Apply knowledge to different situations calculate, complete, demonstrate, execute, illustrate, implement, modify, organize, practice, prepare, solve, show, use, write	Analyze Break down information to look at relationships categorize, contrast, compare, criticize, debate, differentiate, experiment, infer, investigate, outline, question, separate, test	Evaluate Make judgements based on evidence found attribute, argue, assess, check, compare, conclude, contrast, criticize, critique, defend, examine, justify, measure, recommend, support, reflect	Create Compile information to generate new solutions arrange, calculate, compose, construct, design, devise, devise, formulate, generate, hypothesize, plan, prepare, produce, propose, revise, summarize, synthesize
--	---	---	---	---	--

NOTTINGHAMSHIRE ALLIANCE TRAINING 39

39

Key tips

- Encourage the learner to identify the topic
- Have clear aims and learning objectives.
- Use Bloom's taxonomy.
- Make the method FUN!
- Don't forget evaluation!!

NOTTINGHAMSHIRE ALLIANCE TRAINING 40

40



45min

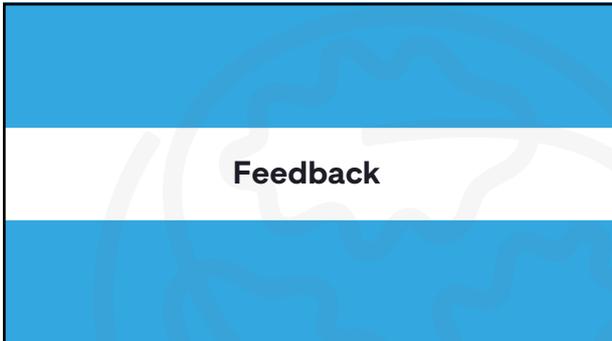
NOTTINGHAMSHIRE ALLIANCE TRAINING 41

41



NOTTINGHAMSHIRE ALLIANCE TRAINING 42

42



43

Group Work: Feedback

- Share your experience of either receiving or giving feedback.
- Focus on what was done well and what could have been done better.

The illustration shows two black silhouettes of human heads facing each other. Inside the heads are various symbols: gears, question marks, and a lightbulb, representing ideas, questions, and feedback. The background is a light blue gradient.

NOTTINGHAMSHIRE ALLIANCE TRAINING

44

THE PURPOSE OF FEEDBACK

- Recognise and build on strengths
- Identify development needs, gaps in Supporting Information
- Increase self awareness and motivation
- Identify goals that lead to improved performance and job satisfaction

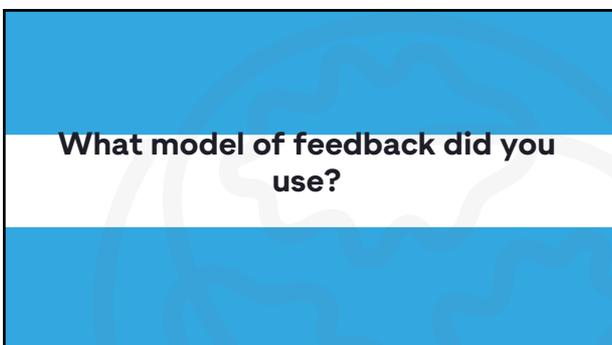
45

EFFECTIVE FEEDBACK

- Specific, sensitively delivered
- About the behaviour/supporting information, not the person
- Focussing on the consequences of the behaviour
- Delivered with a developmental outcome in mind
- Is accepted, understood, and can be acted upon

NOTTINGHAMSHIRE ALLIANCE TRAINING

46



47

Feedback Models

- Pendleton's Model
- Sandwich Model
- Silverman's Set-Go Model
- ALOBA Model

NOTTINGHAMSHIRE ALLIANCE TRAINING

48

Pendleton's

- Check learner wants and is ready for feedback.
- Let learner give comments/background Learner states what was done well.
- Observer(s) state what was done well.
- Learner states what could be improved (or done differently).
- Observer(s) state how it could be improved (or done differently).
- An action plan for improvement is made.

49

Silverman's SET-GO

- What the trainee **Saw**.
- What **E**lse they saw.
- What the trainee **T**hought at the time.
- Clarify the **G**oal.
- Explore **O**ffers of how to achieve the goal.

50

Sandwich

- First, the CS gives a positive comment
- Then the CS comments on an area that needs change and advises how to achieve it.
- The CS finishes with another positive comment.

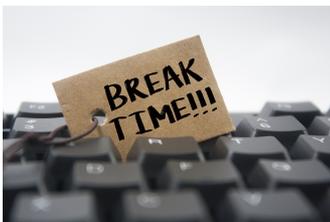
51

Agenda-led Outcome Based Feedback

- Start with the learner's agenda
- Always look at the outcome you are trying to achieve
- Encourage self-assessment and self problem-solving first
- Involve the whole group in problem-solving
- Use descriptive feedback to encourage a non-judgmental approach
- Provide balanced feedback
- Make offers and suggestions, provide alternatives
- Rehearse suggestions
- Be well-intentioned, valuing and supportive
- Structure and summarise learning so that a constructive endpoint is reached

52

15min



53

Learners in Difficulty

54

What could be early signs?



NOTTINGHAMSHIRE ALLIANCE TRAINING 55

55

Early signs.....

- The 'disappearing' act.
- Low clinical work rate.
- 'Surgery rage'.
- Rigidity.
- Bypass syndrome.
- Career problems.
- Insight failure.

NOTTINGHAMSHIRE ALLIANCE TRAINING 56

56

Underlying causes

- ?Educational
- ?Attitudinal
- ?Clinical
- ?Related to external factors (see later slide)

NOTTINGHAMSHIRE ALLIANCE TRAINING 57

57

External Factors

- **Health/Disability**
- **Family Issues**
Carers responsibilities
Illness
Relationships
- **Social**
Housing/Travel
Financial concerns
Cultural/Language

NOTTINGHAMSHIRE ALLIANCE TRAINING 58

58

Clinical causes

- Poor general level of knowledge
- Secondary care approach
- Inadequate examination techniques
- Big gaps in knowledge
- Poor problem solving skills

NOTTINGHAMSHIRE ALLIANCE TRAINING 59

59

Educational causes

- Specific learning difficulty
- No previous use of a portfolio
- Doesn't understand what we mean by reflection
- Not familiar with group learning
- Concepts of ICE and collaborative working are new
- Lack of engagement

NOTTINGHAMSHIRE ALLIANCE TRAINING 60

60

Attitudinal causes

- ✓ Too risk averse
- ▲ Too risk taking
- ⊕ Struggles with uncertainty
- ⊖ Arrogant
- ☹ Low confidence
- ⊖ Manipulative
- ⊖ External locus of control

NOTTINGHAMSHIRE ALLIANCE TRAINING 61

61

NOTTINGHAMSHIRE ALLIANCE TRAINING 62

62

Case scenario

- Jo is a clinical pharmacist who started 6 months ago. Her workload is split between 5 practices. A number of practice managers have noticed that Jo has been arriving late most days and has called in sick for a total of 15 days since starting. Staff at the respective practices have commented on Jo's abrupt attitude with both staff and patients. Some patients have requested not to see Jo again.
- How would you manage this situation?

NOTTINGHAMSHIRE ALLIANCE TRAINING 63

63

Case scenario

- Neemah is a newly qualified PA who has been working in your PCN for 6 months. He is based at 5 practices. Unfortunately Neemah received a complaint regarding an ill child that was not admitted. Following this, his surgeries have been running behind by about 1- 1.5 hours. Patients have complained about having to wait. He has started to arrive 45 min early and tends to be the last person to leave. He admits that he has started using the practice laptop at home most evenings and over the weekend to catch up on admin.
- How would you manage this situation?

NOTTINGHAMSHIRE ALLIANCE TRAINING 64

64

What should you do?

- Gather evidence; documentation is important!!!!
- Share concerns with the learner; avoid collusion.
- Share concerns and responsibility with line manager (e.g. lead employer).
- May also involve the learner's Educational Supervisor if applicable.
- Sign-post to appropriate support.

NOTTINGHAMSHIRE ALLIANCE TRAINING 65

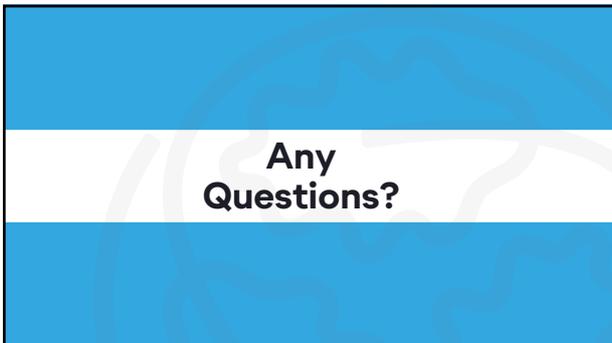
65

Support for Clinical Supervisors

- NATH Multi-Professional Support Unit.
- Quarterly clinical supervisor support sessions.
- Opportunities to continue professional development.
- Opportunities to discuss issues/challenges.
- Opportunities to network
- **BUILD pilot**

NOTTINGHAMSHIRE ALLIANCE TRAINING 66

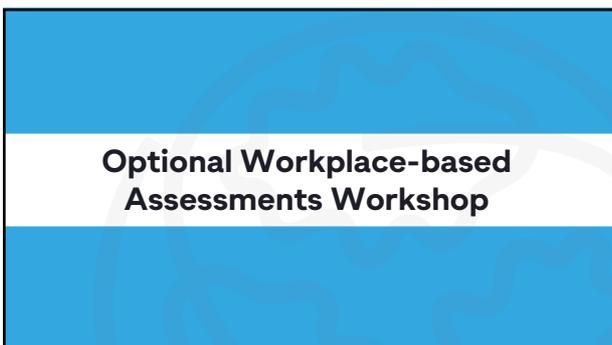
66



67



68



69

Why do we need workplace based assessment?

MILLER'S PRISM OF CLINICAL COMPETENCE (aka Miller's Pyramid)
it is only in the "does" triangle that the doctor truly performs!

Performance Integrated into Practice
eg through direct observation, workplace based assessment

Demonstration of Learning
eg via simulations, OSCEs

Interpretation/Application
eg through case presentations, essays, extended matching type MCQs

Fact Gathering
eg traditional true/false MCQs

DOES
SHOWS
KNOWS HOW
KNOWS

KNOWLEDGE
ATTITUDES
SKILLS

Expert
Professional Attitude
Novice

BEHAVIOUR
COGNITION

Based on work by Miller GE. The Assessment of Clinical Skills/Competence/Performance. Acad. Med. 1990; 65(9): 63-67
Adapted by Drs. R. Kinley & P. Burns, UK (Jan 2009)

NOTTINGHAMSHIRE HEALTH SERVICES

70

Types of workplace based assessments

- Review of a clinical case
- Observation of a consultation
- Observation of a practical procedure
- Feedback from colleagues and patients

NOTTINGHAMSHIRE HEALTH SERVICES

71

Examples of specific WPBA's

- *Case-based discussions (CbD)* – applicable to GPR, CP and PA's.
- *Clinical examination and procedural skills assessment record (CEPSAR)*- applicable to GPR,CP and PA's.
- *Multi-source Feedback (MSF)*- applicable to all
- *Patient Satisfaction Questionnaire (PSQ)*-applicable to all

NOTTINGHAMSHIRE HEALTH SERVICES

72

Clinical case reviews: Case-based discussions (CbD)

- Structured interviews
- Explore the professional judgements
- Assess performance against relevant capability/competency areas

73

Case-based discussions (CbD) format

- Exploratory discussion
- Making judgements
- Feedback
- Recommendations for development.

74

Case-based discussions (CbD)

- | | |
|---|---|
| <ul style="list-style-type: none"> • Tips for the trainee -Select a case with sufficient challenge and with links to relevant competencies. -Justify your reasoning and decision making. -Acknowledge areas of further learning and clarify how you plan to address them. | <ul style="list-style-type: none"> • Tips for the Supervisor Avoid: • Teaching "on the hoof" during exploratory discussion. • Making judgements before the discussion is completed. • Not giving feedback. • (Ensure questions from peers are relevant to the case.) |
|---|---|

75

Observation of consultations

Video or Audio recorded consultation or a F2F
Generates discussion and feedback
Highlight areas requiring further development.

76

Consultation Observation Tool (COT) format

- Learner obtains explicit consent from the patient.
- Time is set aside for both learner and CS to view the consultation together.
- The supervisor rates the evidence which they observe against COT criteria which covers data gathering; clinical Management & interpersonal skills (or another approved tool).
- The supervisor formulates a global judgement for the overall consultation and offers formal feedback.

77

Consultation Observation Tool (COT)

- | | |
|---|---|
| <ul style="list-style-type: none"> • Tips for the trainee -Select a case with sufficient complexity and with links some of the competencies. -Time-management -Self- reflect and identify areas of further learning and clarify how you plan to address them. | <ul style="list-style-type: none"> • Tips for the Supervisor Avoid: • Teaching "on the hoof" during exploratory discussion. • Making judgements before the recording/consultation is completed. • Not giving feedback. • Assess against valid COT criteria |
|---|---|

78

Practice Session for your to observe and assess a case

- Opportunity for you to review a consultation.
- Use the Clinical Observation assessment tool, pasted on 'chat' to assess the consultation.



NOTTINGHAMSHIRE ALLIANCE TRAINING 79

79

Observation of Procedures

- Examples include: Direct Observation of Procedural Skills (DOPS); and Clinical examination and procedural skills assessment record (CEPSAR).
- Direct Observation of Procedural Skills (DOPS) or Clinical examination and procedural skills assessment record (CEPSAR) is designed to provide feedback on procedural skills essential to the provision of good clinical care.

NOTTINGHAMSHIRE ALLIANCE TRAINING 80

80

Clinical examination and procedural skills assessment record (CEPSAR)

<ul style="list-style-type: none"> • Tips for trainees - Do some Mock sessions. - Be clear on what you wish to demonstrate. - Don't forget consent. 	<ul style="list-style-type: none"> • Tips for the Supervisor • Agree on clear goals and expectations in terms of skills, attributes and behaviours. • Calibrate- agree what is the minimum acceptable standard. • Consider feedback from patients. • Be cautious about signing off as 'competent'!
---	---

NOTTINGHAMSHIRE ALLIANCE TRAINING 81

81

Feedback surveys: Multi-source feedback/ Patient Satisfaction Questionnaire

<ul style="list-style-type: none"> • Tips for the trainee • Select a broad group of colleagues that you work with. With patients, ask the reception staff to select. • More important to reflect on the feedback and identifying any areas of need. • Don't take it personally, view it as a tool for learning. 	<ul style="list-style-type: none"> • Tips for the Supervisor • On discussing the results, ensure you relay the global feedback and discourage the trainee on focusing on isolated negative feedback. • Identify any trends • Agree any areas of further learning.
---	--

NOTTINGHAMSHIRE ALLIANCE TRAINING 82

82

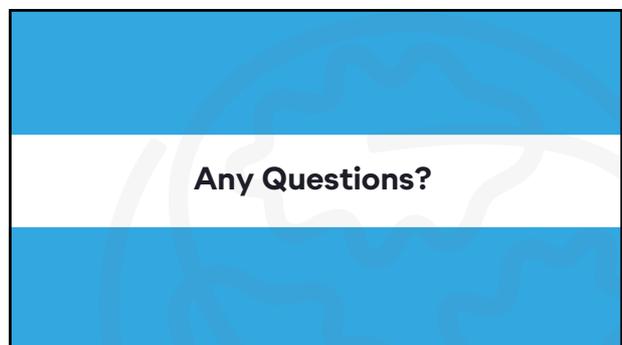
Summary checklist

Workplace Based Assessments:

- Plan early
- Be clear on the competency you wish to be assessed
- Be open to feedback
- View them as a tool for learning, we all have BLIND SPOTS!

NOTTINGHAMSHIRE ALLIANCE TRAINING 83

83



Any Questions?

84

 www.facebook.com/NottsAllianceTH	 Nottinghamshire Alliance Training Hub
 @NottsAlliance @NottsAllianceEd	 https://alliancetraininghub.eventbrite.co.uk
 https://www.youtube.com/channel/UC4Hv_ggS8-CeSD_IqRSk1Sww	 https://www.nottstraininghub.nhs.uk/
 https://www.instagram.com/nottsalliance/	 alliance_hub1@nhs.net

NOTTINGHAMSHIRE ALLIANCE TRAINING HUB 85

85

NOTTINGHAMSHIRE ALLIANCE TRAINING HUB 86

86

NOTTINGHAMSHIRE ALLIANCE TRAINING HUB 87

87