Clinical Supervisor Handbook

JAMES COOK UNIVERSITY AUSTRALIA

Townsville Hospital and Health Service

Mater Health Services North Queensland Limited

Clinical Supervisor Handbook
2nd Edition. 2019
Medical Education and Workforce Support, The Townsville Hospital and Health Service,
Townsville Clinical School, James Cook University
(Townsville Regional Training Hub)

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Introduction

Supervisors have a unique and crucial role in medical education and training. The 'apprenticeship' training model provides trainees (medical students to registrars) with the support of dedicated and experienced clinicians who work in the same or similar clinical settings.

The aim of this handbook is to offer you a practical framework to create a dynamic training environment within your departments and guide our trainees to become better medical officers. Aspects of supervision of medical training covered in this handbook include orientation, scope of practice and learning outcomes, assessment and giving feedback.

As the members and staff of the Townsville Health Knowledge Precinct; a collaboration between James Cook University (JCU) and The Townsville Hospital and Health Service (THHS), we welcome you to use this handbook as a guide in your day-to-day practice and contribute to the development of THHS as a sought-after location for medical training.

Best wishes from:

- Specialty Training Coordinators (Departmental Directors of Training and Training Leads)
- Director & Deputy Director of Clinical Training
- Clinical Dean
- Medical Education and Workforce Services
- JCU Townsville Clinical School (TTH and Mater Campuses) – including Regional Training Hub

Townsville Health Knowledge Precinct

The Townsville Hospital and Health Service (THHS) and James Cook University's (JCU) medical education and training strategy aims to attract good staff, provide comprehensive training and support and retain the best to build a medical workforce that is "fit for the future".

Under this strategy, the *THHS Medical Training Standards 2018* are key to ensuring and measuring the quality of training. Achieving minimum training standards is to ensure that workplace training develops highly skilled clinicians who deliver safe and effective healthcare to patients.

We value our trainees (medical students to registrars) and support them in learning the skills they need to succeed in their learning journey. Dedicated staff and clinicians are committed to clinical excellence, professional development and pastoral care.

The staff within the JCU Clinical School and Medical Education & Workforce Services support the medical training continuum from medical student clinical placement, prevocational training to specialist training programs. They support training programs within THHS and Mater Health Services as well as career information sessions, mentor sessions, careers series and any other education programs.

Contacts

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Clinical Supervision

Clinical supervision is the provision of guidance and feedback on matters of personal, professional and education developments in the context of the trainee's experience and providing safe and appropriate patient care.

Supervision can be considered to have at least three discrete functions: educational, supportive and administrative.

Clinical supervision is an essential part of being a great clinician and is a crucial aspect of each health professional's journey from first placement to retirement. Clinical supervision is a key priority for our health services and encompasses:

- Orientation
- Scope of Practice and Learning Outcomes
- Supervision of Practice
- Progress
- Feedback
- Patient Care

Role of Clinical Supervisors

The educational supervisor has been considered the most critical figure in ensuring the effectiveness of both undergraduate and postgraduate medical training. Appropriate supervision demonstrates evidence of commitment by educational supervisors to trainees.

Importance of Clinical Supervisors

Supervisors develop strong working relationships with their trainees and provide them with professional role modelling, teaching and mentoring. Supervisors facilitate a trainee's progress in gaining clinical experience and competence, and help to ensure that the trainee has the breadth of clinical experience to successfully undertake fellowship exams and be ready for unsupervised clinical practice.

Studies from Europe and the USA show that training in teaching skills results in positive changes in the teaching and supervisory behaviours of medical doctors and improves professional development among trainees. Additionally, when provided

effectively, supervision not only improves trainees' performance it also improves patient outcomes.[1]

Qualities of a great supervisor include:

1. Providing constructive feedback
2. Offering career advice
3. Helping set learning outcomes
4. Listening rather than talking
5. Accounting for trainees' individual needs; and
6. Being encouraging

Supervisor Support

Within the Townsville Hospital and Health Service and Mater Health Service, there are a range of services to assist you in your role as a supervisor. These services include:

- Junior Doctor Mentors: Doctors for Doctors Program - peer support for interns
- Specialty training coordinators Departmental Directors of Training and Training Leads
- The Director of Clinical Training (interns)
- The Deputy Director of Clinical Training (PGY2/3)
- The Medical Education and Workforce Services (MEWS) team and Medical Education Officers can direct you to the best person to address your queries or concerns
- The Clinical Dean
- Professor of Health Professional Education and JCU Academic Advisor and Postgraduate Courses Co-ordinator

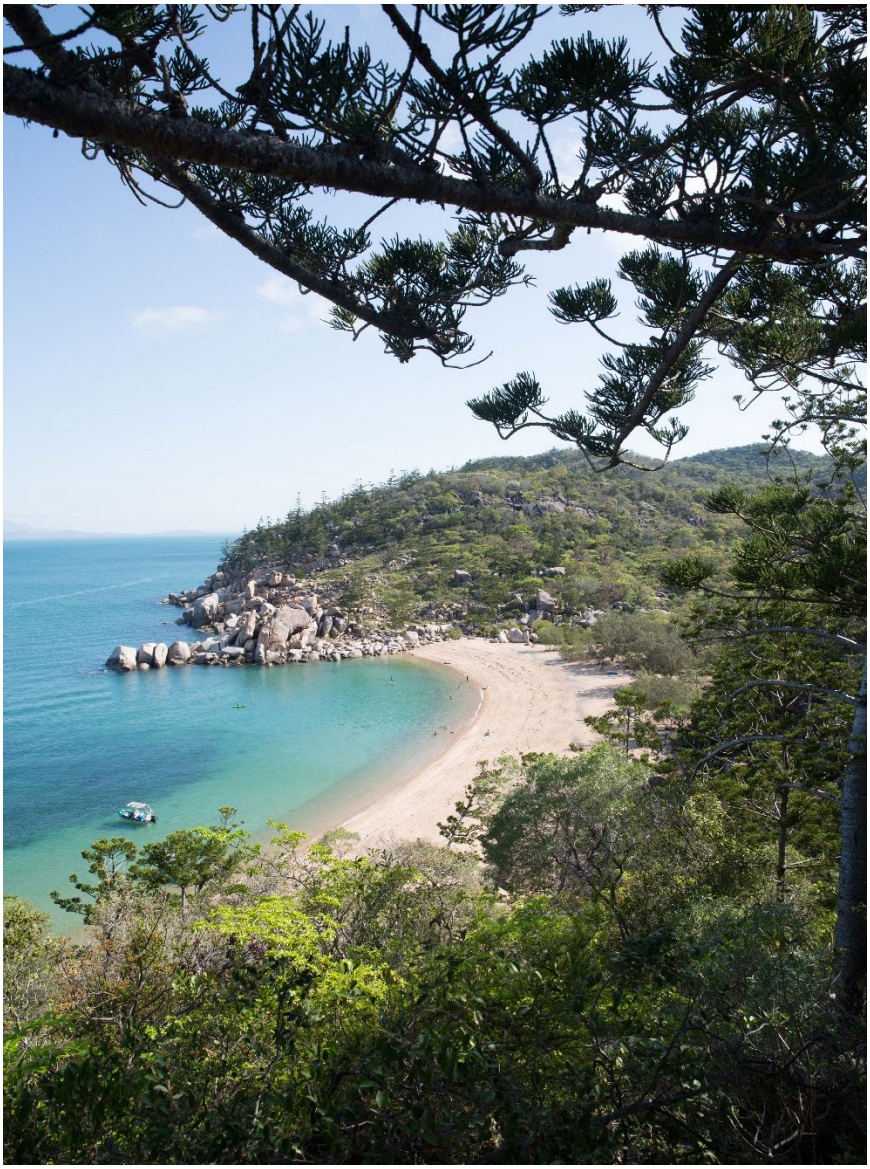
Other Courses

Queensland Health runs a program called "Step Up". This Leadership program is a three month state-wide program designed specifically for Registrars. Applications can be made via QHEPS or you can contact CLE@health.qld.gov.au.

[1] K Forsyth, Critical Importance of Effective Supervision in Post Graduate Medical Education, MJA 2009, 191:196-7

Other Resources

There are many resources available to support you in your clinical supervision. At the back of this guide are links to electronic resources. The Medical Education Officers holds copies of the handbook “Teaching on the Run” by Fiona Lake for your reference.



Orientation, Induction and Mandatory Training

Orientation of trainees and students is an important aspect of The Hospital's obligation so that positive learning environments with clearly articulated goals are established early and quickly.

Orientation has two main components: orientation to organisation and work unit induction.

Orientation

We orientate staff to our organisation to:

- Ensure a genuine welcome
- Enhance capability and competence
- Evaluate new trainee's knowledge and skills
- Improve patient safety
- Enhance organisational culture
- Meet accreditation standard

Orientation for medical students is delivered by JCU Clinical School under the guidance of the Clinical Dean in conjunction with Medical Education and Workforce Services (MEWS).

Orientation for Intern trainees is a one-week program in January each year that is delivered by MEWS.

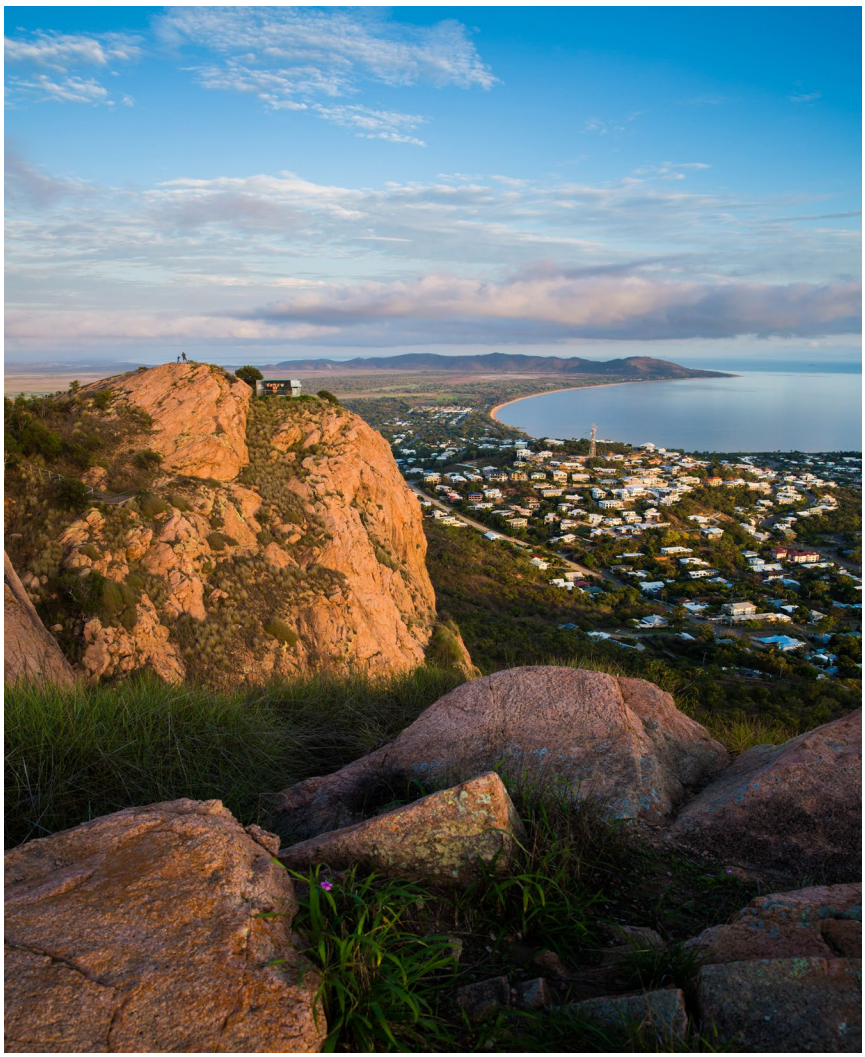
Orientation for other trainees including Registrars is a one-day program twice a year delivered by MEWS.

A suggested framework for orientation of trainees and students

1. Describe **places**, **personnel** and **processes** (3 P's)
2. Outline **roles and responsibilities** and negotiate trainee's **scope of practice**. It is important to use the standardised forms for recording the scope of practice for trainees. This is an ideal opportunity to discuss the importance of various aspects of clinical care and clinical governance including timely review of patients in emergency departments and wards, maintenance of medication charts and timely completion of discharge summaries.
3. Develop **Learning Plans:**
    - Negotiate learning outcomes with trainees and document
    - Ensure attendance at departmental forums or dedicated sessions for tutorials and CPD activities
    - Provide resources to achieve learning outcomes

- Maintain training portfolios for students, interns and RMO trainees for management of training progression documentation

4. Explain **assessment and feedback** processes.



Scope of Practice, Learning Outcomes, Assessment and Feedback

The scope of practice and learning outcomes are best discussed and documented with your trainees and students in the first week of commencement in the term/unit.

Scope of Practice

Scope of Practice defines the procedures, actions and processes that are allowed for trainees in their current clinical setting. It is dependent of factors including the type of work unit, supervisor's observations, the trainee's prior experience as well as the trainee's confidence and comfort level in performing tasks. In general, however, all procedures and processes are to be done with supervision initially and may be repeated unsupervised at the discretion of the supervisor.

What a trainee is ALLOWED to do will vary dependent on the area that they are working within.

Define the scope of practice for your trainee. Examine the way you are wording your scope of practice. An example of the first statement line could include: "I work in the practice of general paediatrics". (Other things to think about include: sending patients home on weekends, calling after-hours, writing patient notes, being able to perform a lumbar puncture and other procedures, and when they must be discussed with the senior clinician.) These need to be general guidelines only. The trainees have a responsibility to apply common sense. Supervisors cannot predict every single scenario.

Trainee scope of practice can also be defined in a group setting (can be generic at level) with individual scope set when required. The trainee scope of practice is continually monitored and reviewed by the trainee and supervisor. A scope of practice should be clearly outlined on the given form and returned by the beginning of the second week.

Supervisors need to educate trainees to ensure that they will not:

- Take on any procedure or process without a thorough understanding of the principles behind it and the significance of not doing it correctly
- Take on any procedure or process without discussing the procedure with their supervisor and if required, being shown how to do it
- Be forced into doing something which is unsafe

An ideal schedule of meeting and assessment are outlined in the table below.

Level	Length of Term	Supervision meetings and assessment			
Intern (PGY1)	10-12 weeks	Day 1	Week 3	Mid Term Assessment	End of Term Assessment *
Intern (PGY1)	5 weeks	Day 1	N/A	Mid Term Assessment	End of Term Assessment
PGY2	Variable	Day 1	Week 3	Mid Term Assessment	End of Term Assessment
PGY3	Variable	Day 1	Week 3	Mid Term Assessment	End of Term Assessment
PGY4	Variable	Day 1	Week 3	Mid Term Assessment	End of Term Assessment
Registrar	Variable	Day 1	As per college requirements		

** Some terms are 'half-terms' so end of term assessment may occur at varying times throughout a term*

Currently PGY2 and beyond are not required to meet at week 3. But with the new accreditation standards expected for PGY2 and beyond, same time frames may apply to these year levels.

NB-Scope of Practice Forms are available on the MEWS Intranet.

Learning Outcomes - what the outcomes should be

- Learning outcomes are usually developed at the same times as scope of practice is defined, based on the level of training and specific work unit with input from supervisors and trainees (learning outcomes need to be trainee centred and are negotiated between the supervisor and trainee)
- Learning outcomes are designed to guide the trainees in achieving desired or expected competencies at the end of the term. (E.g., the intern will be able to do a well-baby check independently at the end of the term)
- Outcomes need to cover knowledge, skills, communication and professional behaviour and need to be Specific, Measurable, Achievable, Relevant and Time bound (SMART)

Specific content that needs to be covered can be found in the Australian medical council guideline, Australian curriculum framework for junior doctors and college curriculum frameworks.

It is important to document clear learning outcomes

- Setting learning outcomes for the term will help with the assessment of the trainee
- Plan for follow up at mid-term and end of term. If any issues are identified as barriers to achieving the negotiated learning outcomes, a learning needs analysis is to be undertaken particularly for registrar trainees

Other tips: 2

Information on departmental forums, other dedicated sessions for tutorials and CPD activities, opportunities for learning at workplace (clinics, ward rounds and handover) and resources to achieve learning outcomes need to be included in the learning plan:

- Teaching should be at every opportunity rather than always scheduled
- Dedicated and regular supervision meetings are important for developing rapport and a healthy training relationship between supervisor and trainee
- Frequency of contact needs to be designed for trainees across the training continuum including deliberate, regular supervisor meetings

Medical Students

Broad principles of learning outcomes, communication skills, professional behaviours and professional qualities for medical students in clinical placement are based on learning outcomes from the JCU curriculum. Students are expected to take these to their supervisors, however the Clinical School will also email the handbooks to the supervisors annually. An overview of expectations for each of the clinical years is outlined below:

- Year 4: Gaining skills in history and examination, basic understanding of investigations, clinicopathological correlations
- Year 5: as in Year 4 plus management of common medical conditions
- Year 6: As in Years 4 and 5, plus functioning as student interns

Assessment Process

Assessment is making a judgement about someone's performance, using defined criteria. Assessment and feedback should be completed through direct

2 https://www.medicalboard.gov.au/documents/default.aspx?record=WD14%2F13262&dbid=AP&chksum=1bH9JwOqEte2u6KUM4nqrA%3D%3D

observation both formal and informal as well as feedback from other colleagues including nurses and allied health professionals.

In-training assessment. Judgments are based on observing trainee's performance. This can be based on:

- Outcomes (e.g., patient outcomes)
- Processes (e.g., how well trainees have carried out the task, communicated, assessed a patient and written notes)
- Volume (e.g., how many procedures)

What we need to judge is broad – covering clinical competence, communication and professional skills.

What to do?

1. *Be familiar with outcomes expected for trainees, the learning outcomes set for their levels and set expectations at the beginning of rotations.*
2. *Find assessable moments, assess multiple events to make assessment more authentic and reliable and involve multiple people (including direct observation and feedback from others).*
3. *Formal assessments:*
    a. *Formal assessments vary across the training continuum. Assessment for students, interns, RMO's and registrars are determined by JCU Curriculum, accreditation bodies for the Medical Board and colleges respectively.*
    b. *Mid-term and end of term assessments are important for documenting and referencing progress and performance.*
4. *Documentation: In addition to satisfying requirements of various training bodies, it is useful to have own documentation for personal reference and to avoid future issues.*

There is a feedback process for all PHO's which is managed by individual departments and is in line with informal and formal feedback processes.

Evaluation process

Appraisal is an education process jointly carried out by the trainer and the trainee to review progress and plan education needs of the individual. Progress on items not included in assessment forms such as personal progress, interests, coping with workload, study and family life should be discussed.

Evaluation is the trainee's judgement of the trainer or program.

Feedback

Providing feedback is an essential part of training. Most trainees welcome the opportunity to discuss their strengths and areas for improvement. It can be formal or informal.

Informal Feedback is given on an ongoing basis to improve day-to-day practice. It is important to give feedback on things performed well by trainees and students as well.

Formal Feedback is given as part of appraisal and assessment and occurs episodically. For example:

- Mid-term appraisal encourages the educational development of the trainee (formative)
- End of term assessment ensures the progression of competent doctors (summative)

Preparation for the feedback session:

Good feedback is given at the right time at the right place. It is specific, constructive, regular, structured and should relate to agreed upon learning outcomes.

- Setting:
  - Private and undisturbed
- Timing:
  - As scheduled for each trainee at the beginning of your role as their supervisor and as soon as possible if there has been a specific event
  - Let your trainee know that you will be providing feedback
  - Offer the trainee the change to have a support person
- Content:
  - Allow the trainee to comment first
  - Collect and collate as much information as possible from as many observers as possible
  - Refer to specific examples and offer specific advice/solutions
  - Be constructive, use positive critique to encourage self-assessment and emphasise the positive
- Consider:
  - Outside influences on a trainee
  - Prior learning
  - Background – especially non-English speaking backgrounds (NESB)

- Personal stressors – financial, relationship, illness, family (i.e., babies, blokes/birds, banks, blues, booze, bilingual)

- Escalation:
  - If your trainee is borderline or failing, involve senior help (year co-ordinator, DCT, DOTs, Specialty Department Leads) early and have them attend the feedback session

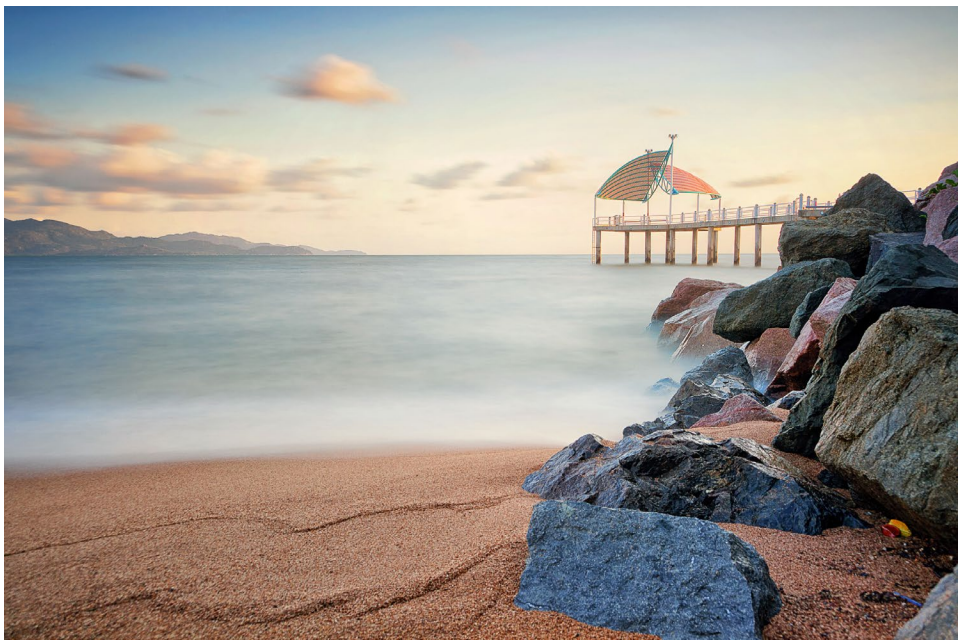
Positive critique

This approach avoids negative feedback, emphasises the positive and encourages self-reflection.

For example, trainee lists positive points, supervisor lists positive points, trainee lists areas for improvement and supervisor lists areas for improvement.

Please consider things that can interfere with objective assessments including:

- Individual supervisor traits – marking hard or marking easily "hawks and doves"
- "Halo" effect – if trainees do well in one area, tendency to assess them well in all areas, personality traits and language barriers
- Assessment long after the training period



Suggested script for feedback discussion:

In today's session we will discuss your mid/end of term.

It is an appraisal/assessment process, which means….

The feedback provided is a summary of observations by all of your supervisors/co-workers and is based on specific examples of your progress.

"What do you think has gone well so far this term?"

"In what area or areas could you do better?"

"Have you achieved your goals for this term so far?"

"Let's document a plan for you to continue to learn/meet those goals."

"Okay, let's fill in the form. I have noted your areas of strength and the areas you have identified you would like to work on. Please feel free to write in your own comments and then we'll both sign the form"

Resources

Link to / refer to Departmental teaching opportunities – MEWS Intranet

Link to / refer to QHEPS MEWS Calendar

HETI The Superguide: A Handbook for Supervising Doctors

ABC of Learning and Teaching in Medicine : Spencer: ABS of Learning: Clinical Environment ABC of Learning and Teaching in Medicine

Teaching on the run: Teaching in Ambulatory Care : Lake Totr: Teaching in Ambulatory Care Teaching on the Run Tips 14: Teaching in Ambulatory Care. Fiona R Lake and Alistair W, Vickery MJA Volume 185 Number 3, 7 August 2006

CEPS modules : CEPS Module 4 Teaching in a Clinical Setting (Available on iLearn)

Teaching on the run tips 5: teaching a skill : Fiona R Lake and Jeffrey M Hamdorf MJA, Volume 181 Number 6, 20 September 2004

Health Workforce Australia National Clinical Supervision Competency Resource

Qld Prevocational Medical Accreditation: Intern and Junior Doctors

Supervision of Patient Care

Approachable and available

Be empathetic, respectful and supportive of trainees needs. Trainees require timely access to you to discuss any problems related to patient care. Some specialty colleges will have detailed requirements of how a trainee is supervised while administering patient care. Refer to your relevant college guidelines.

Aware of the working environment

Supervision is more difficult when the trainee is working in circumstances in which they are isolated in patient care. For example, compare a ward setting where there is greater access to clinicians who can offer advice which is not available in an outpatient or community setting. You may need to take more time to ensure supervision of care is appropriate.

Direct observation

Those trainees who are observed and observe their seniors gain skills more rapidly. An example could allow the trainee to lead an interaction with patients on rounds or watch the trainee perform procedures.

- Identify situations where errors are common
- Examples include medication errors and issues with clumsy medication charts
- Create a culture of "positively learning from mistakes"

This involves identification errors, discussion of events without attributing blame and development of solutions to mitigate risk in the future.

Teaching in a Clinical Setting

"I wish I was better at clinical teaching"

"I wonder where I could get some ideas to help me"

- It is courteous to obtain at least a verbal consent from patients before commencing teaching sessions at bedside or in clinics. In many cases, involvement of patients in discussions may empower our patients rather than discussing over them. S**ome discussions are sensitive and are not suited to bedside teaching** and it is better to discuss them away from patients and other staff

- It is not appropriate to undermine other colleagues (medical, nursing, allied health) in front of patients and juniors

Consider the following:

- Plan, plan and plan your teaching session
- Have mini lectures already prepared to use
- Have a toolkit of resources for when you have time to teach (e.g. ECGs, vignettes)
- Look for opportunities to teach:
    - In clinics
    - In surgery
    - When patients are presented to you
    - When patients are referred to other staff
    - When reviewing documentation
    - On ward rounds
    - Do a little teaching every day

Top tips:

- Use the One Minute Preceptor Model:
    - Get a commitment
      "What do you think is causing the chest pain?"
    - Probe for supporting evidence
      "What lead you to that conclusion? How do you know?"
    - Teach one to three general rules/information
    - Provide positive reinforcement
    - Correct mistakes
- Role modelling
- Think aloud
- Teaching or themed ward-rounds
- Allocating tasks on ward rounds
- Split ward rounds
- Teaching around cases
- Resource box

Teaching Practical Skills

"I wish I was better at teaching practical skills"

- Consider the following: What do you want your trainees to learn?
- What do the trainees themselves want to learn?
- What is the best way to learn it?
- How can I facilitate that learning process?
- Do a little teaching every day

Top tip:

Consider the following steps and how they work in your clinical unit.

Step	Example
Preparation (Prepare the trainee, patient, and environment)	Orientation materials, include in learning outcomes, obtain patient consent
Conceptualisation (review indications and anatomy)	Review relevant guideline of policy/cover in didactic teaching
Visualisation (show procedure video in its entirety without interruption and repeated with your intermittent commentaries)	Cover in didactic teaching / watch video prior to trainee approaching clinical situation
Verbalisation (have trainee vocalise all the steps)	Checking with the trainee that they know all the steps prior to approaching clinical situation
Guided, supervised practice	Observing trainee's performance
Give immediate and specific post-procedure feedback	

Resources

Learning and Teaching in the clinical environment : Learning and Teaching in the Clinical Environment John Spencer BMJ volume 326 15 March 2003 BMJ.com

Qld Health Clinical guidelines and procedures

Information for Clinicians - Townsville Hospital and Health Service

Trainees in Difficulty

Research suggests that more than two thirds of junior doctors experience high levels of stress during their training. Psychometric testing incorporated in the 2013 AMA survey showed that 54 per cent of respondents were at risk of secondary trauma or compassion fatigue and 69 per cent were at risk of job burn-out.[3]

Early identification of a Trainee in difficulty and providing appropriate support and management is key to helping address the problem as effectively as possible.

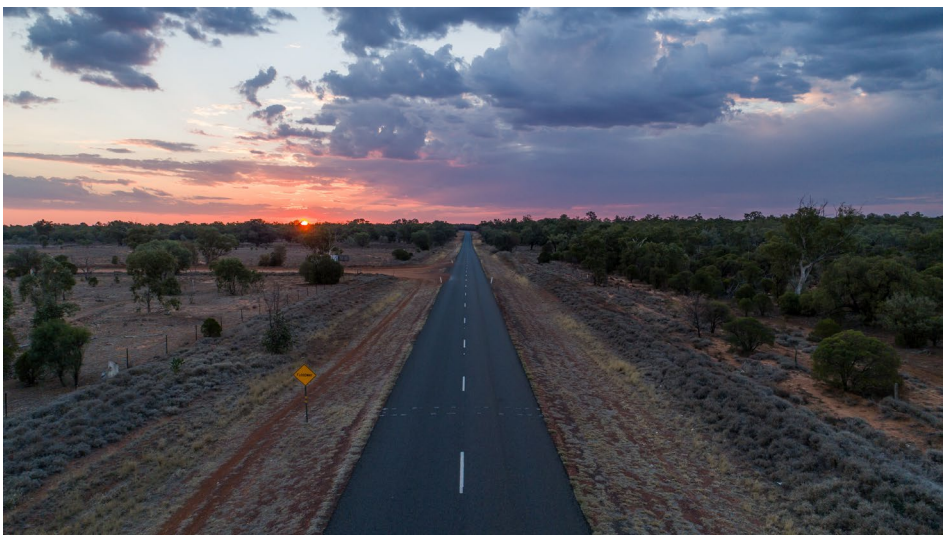
As supervisors, you decide:

- Whether there really is a problem or not
- If there is a problem, whether our role is to support and help the Trainee through a difficult time or whether this will perpetuate an ongoing problem
- Whether to seek external advice or intervention

Causes

Trying to clearly identify the problem can be challenging at times.

There are many factors that can contribute to a Trainee experiencing difficulty during their training. The learning environment as well as internal or personal factors need to be considered. Considering these prior to and during your discussions with your Trainee can be helpful in identifying the cause of the Trainee's difficulties.



[3] Australian Medical Association. AMA survey report on junior doctor health and wellbeing. Barton, ACT: AMA, 2008

External Factors	Internal Factors
The learning environment at work: ➢ Nature of the work (too challenging/not challenging enough) ➢ Extent to which the Trainee feels safe, supported, and included ➢ Quality and quantity of supervision ➢ Exam pressure **The learning environment at home**: ➢ Family commitments ➢ Financial stress ➢ Visa stress	➢ Physical or mental ill health ➢ Relationship stress ➢ Poor organisational or interpersonal skills ➢ Lack of confidence ➢ Critical incident stress ➢ Lack of insight ➢ Inability to receive and understand feedback ➢ Lack of professional ethics

Personal reasons that Trainees may have as a cause of their difficulties is the "Bs":

- ***Blues:*** ill health
- ***Booze:*** abuse of alcohol or other drugs
- ***Babies*****:** exhausted from parenting
- ***Birds/Blokes***: relationship stress
- ***Banks***: financial difficulties
- ***Bilingual***: language or cultural issues.

Identification and Prevention of Problems

A few measures early on can help prevent as well as identify and quickly resolve problems.

- Early and thorough assessment
- Regular feedback coupled with documented development planning and scheduled reviews
- Setting explicit expectations

Early signs of a trainee in difficulty

Some behaviours that may be noticeable are:

- **The disappearing act**: frequent lateness, excessive amounts of sick leave, excessive tiredness, and poor attendance at the half day release sessions.

- **Low work rate**: running late despite an appropriate workload; coming early and staying late but still not getting a reasonable workload done; not clearing/managing results box.
- **Anger**: bursts of temper if decisions are questioned, shouting matches with colleagues or patients, irritability, real or imagined slights, disrespectful or dismissive speech and behaviour towards patients or clinical colleagues.
- **Rigidity**: poor tolerance of uncertainty, inability to compromise, difficulty prioritising, inappropriate or vexatious complaints.
- **Bypass syndrome**: colleagues finding ways to avoid seeking their opinion or help.
- **Career problems**: difficulty with exams, uncertainty about career choice, disillusionment with medicine.
- **Insight failure**: rejection of constructive criticism, defensiveness, counter-challenge.

  *This section 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.

Indicators for immediate action and referral

- **Patient safety** (actual act or critical near miss)
- **Trainee safety** (suicide risk or significant impairment)
- **Allegations of criminal** (e.g., assault) or **professional misconduct**

For medical students, supervisors should notify the most senior local JCU staff member directly (via phone or email).

Supervisors should also consider their professional obligations and decide whether they should notify AHPRA and/or consult with their Medical Defence Organisation.

For THHS staff, DOTs/DCT and Heads of Medical Departments will be important contacts.

There may be times during a trainee's training when they encounter issues that require support or intervention relating to pastoral, professional or educational matters.

What to do?

Helping a trainee who has experienced difficulty has notable flow on effects such as:

- Optimising patient safety and care
- Reducing self-harm of doctors

It is normal to not want to deal with trainees who are experiencing issues and often consultants and registrars avoid addressing problems because they:

- Lack the skills to manage certain issues which can lead to exposing their own inadequacies;
- Fear reprisals against their judgement through legal action; and/or
- Have time constraints (dealing with issues as they arise can stretch resources)

A framework for approaching a trainee who you think may have a problem is to ask yourself the following questions:

- *Is there a problem and, if so, what is it?*
- *What are the underlying causes?*
- *What is the best way and who is the best person to manage the problem?*
- *What documentation is needed?*

The first step after outlining what you want to talk about is to have a **private discussion** with the trainee. This requires:

- Setting aside time in a confidential setting;
- Getting the trainee to speak first (following the process of positive critique);
- Defining the issues involved (are they important, measurable, reproducible?);
- Determining the cause;
- Agree on an action plan; and
- Monitoring outcomes and following up with frequent feedback.

The best way to help doctors in difficulty depends on the underlying problems.

The best way to help doctors in difficulty depends on the underlying problems.

Managing the Trainee in Difficulty

Management may range from support and mentoring to change of attachment and/or time off. Supervisors may also need to consider referral to a GP or psychiatrist. It is important to separate the roles of "therapist" and "supervisor" and ensure that appropriate referral occurs.

Low Level Concerns may require additional support in the form of targeted supervision. Trainees may need to clearly focus their Learning Plan, or to attain further training or skills in improving time management, for example, and so on.

Significant Concerns may require intervention and escalation. For major problems, the Director of Clinical Training (DCT) and speciality training coordinators can provide supervisors with support for prevocational and vocational trainees respectively. Early intervention, involving information gathering and discussion with the trainee is essential. For registrars, issues that cannot be managed locally must be referred to the relevant specialist college.

Documentation is essential, even if it remains confidential and may only be used if called upon later.

Resources

HETI Trainee in Difficulty - A Management Guide for Directors of Prevocational Education and Training

Qld Health Clinical guidelines and procedures

Fatigue Risk Management

MJA InSight Helping the Underperforming Trainee

RACP Trainee in Difficulty Support (TIDS) Policy

RANZCOG A Guide to Supporting Trainees in Difficulty

ANZCA Trainees with Problems

Supervision of Telehealth Models of Care (Tele-Supervision)

Principles of supervision of trainees on telehealth models of care are the same as face-to-face models.[4]

In contrast to face to face models, tele-supervision models allow for more frequent case based education and direct observation of performance since most telehealth models require a medical officer (in this case, our trainee) to facilitate a specialist clinic.

This facilitation means:

- Performance on history taking;
- Conducting a physical examination;
- Interpreting clinical sign and investigations; and
- Formulating a management plan

Communication skills are taught, assessed and feedback given much more frequently and in a timelier fashion under tele-supervision models. In tele-supervision, continuity and consistency will allow for effective relationships to develop between supervisors and trainees.

Before commencing clinic, it is ideal to ensure all the requirements are in place:

a) Check audio and video are working and make sure that your picture is in the middle of the screen and zoomed in
b) Ensure privacy
c) Explain to patient that certain discussions will take place during clinics for training purposes
d) Introduce and greet everyone at both ends
e) Establishing rapport: spend some time discussing family, home and other social matters to achieve this as if in face to face consultations.
f) Use eye contact and zoom in and out to pick on up on nonverbal cues

Effective transfer of information: Using visual aids such as imaging studies and drawing on white boards can relay information about a topic better than just providing an explanation alone.

[4] Miriam C, Robin R, Sabesan S, Remote supervision of medical training via videoconference in northern Australia: a qualitative study of the perspective of supervisors and trainees, BMJ open access 2015

Lectures and Tutorials

Tips for giving lectures

The lecture content should reflect the particular learning outcomes of a subject/year level of trainees and students, and should contain material that is both appropriate for and accessible to the year level of trainees and students as well as potentially being assessable.

Things to consider when writing your lecture

- Lectures should, wherever possible, be based around (de-identified) case scenarios
- Repetition of information that has been given to the same cohort of trainees and students in a previous year or elsewhere is best avoided.
- Wherever relevant, include specific learning points about Aboriginal and Torres Strait Island health issues and rural and remote issues.
- For PowerPoint slides:
    - Ideally 1 slide per minute
    - Use font size ≥20
    - Avoid busy slides
    - Include slides with pictures to keep them engaged
    - Aim to display no more than 30 slides/lecture (unless they are pictures, as these can be shown more quickly)
    - Final/summary slide should include take home messages including appropriate reference materials or guidelines

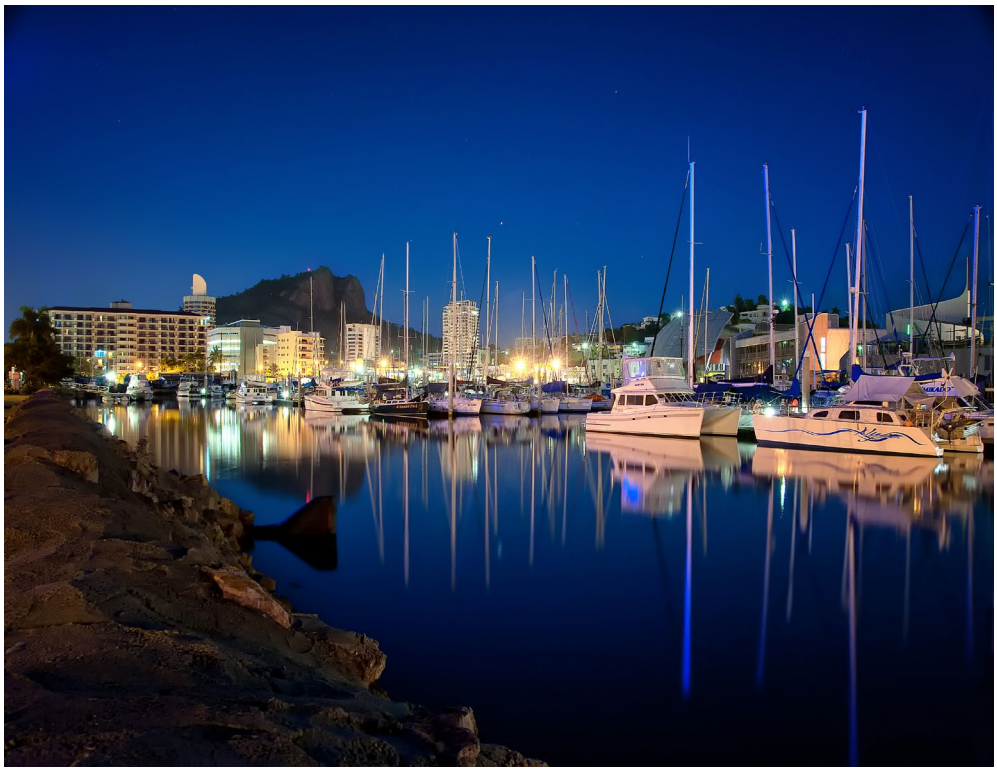
Lecture content:

- Introduction: outline learning outcomes and outline what you are going to cover, ensure content is at the year level of trainees and students
- Plan with clarity, interest and persuasion in mind i.e., What? How? Why? When? and Where?
- Concentrate on core content: try not to overload and ideally no more than 4-5 take home messages; plan to stop slides to emphasise key points
- Summary: this can be done at the end or at intervals through the lecture
- Q&A: use an interactive approach during or at the end of the lecture
- List any pre-reading or discussion materials in the student version of the lecture material

Video Linked Lecture

Inclusiveness in remote teaching

Since trainees and students posted at remote sites access many of our lectures via videoconferencing, lecturers should ensure remote sites are acknowledged and treated as part of the one audience group. One way to start the lecture is by zooming the lecture into “your head shot”, looking into the camera to make eye contact and asking remote sites one at a time ‘can you see me and hear me?’ and then welcoming the group.



Small Group Teaching

"I wish I was better at small group teaching…"

Consider the following:

- **Plan, plan and plan your teaching session**
- What do you want your trainees to learn?
- What do the trainees themselves want to learn?
- What is the best way to learn it?

  How can I facilitate that learning process?

Top tips:

If you are teaching to groups with different needs e.g., students, interns, trainees etc., try the following:

- Teach around a topic that is relevant to everyone
- Review basics if necessary and then lead onto more complex topics
- Ask closed/knowledge based questions of students, basic management of clinical findings of RMOs and controversial or challenging questions of senior trainees
- Also, try breaking the trainees into groups and encourage them to share their knowledge / teach one another

Think about their learning styles and your teaching styles: The VARK Questionnaire: How Do I Learn Best?

Resources for Supervisors

It is important to be aware of the wealth of resources for clinical supervisors. More recently, guides such as "The Superguide" produced by HETI is an excellent source of information.

HETI The Superguide: A Handbook for Supervising Doctors

HETI Trainee in Difficulty - A Management Guide for Directors of Prevocational Education and Training

"On the Wards" is a website designed as an educational resource for junior doctors. Clinical Supervisors may also find this a useful resource. On the Wards

Other useful resources and references:

Qld Health Clinical guidelines and procedures

ABC of Learning and Teaching in Medicine : Spencer: ABS of Learning: Clinical Environment ABC of Learning and Teaching in Medicine

Learning and Teaching in the clinical environment : Learning and Teaching in the Clinical Environment John Spencer BMJ volume 326 15 March 2003 BMJ.com

Teaching on the run: Teaching in Ambulatory Care : Lake Totr: Teaching in Ambulatory Care Teaching on the Run Tips 14: Teaching in Ambulatory Care. Fiona R Lake and Alistair W, Vickery MJA Volume 185 Number 3, 7 August 2006

CEPS modules : CEPS Module 4 Teaching in a Clinical Setting (Available on iLearn)

Teaching on the run tips 5: teaching a skill : Fiona R Lake and Jeffrey M Hamdorf MJA, Volume 181 Number 6, 20 September 2004

Health Workforce Australia National Clinical Supervision Competency Resource

Qld Prevocational Medical Accreditation: Intern and Junior Doctors

Information for Clinicians - Townsville Hospital and Health Service

Rural and Remote Clinical Support Unit

Fatigue Risk Management

Medical Council of New Zealand Supervision of Interns

JCU GP Training

ANZCA Anaesthetics Handbook for Training

RACP Basic Training Adult Internal Medicine and Paediatrics

RANZCP Psychiatry training

RANZCOG Obstetrics & Gynaecology training

ACEM Emergency Medicine Training

CICM Intensive Care Medicine Training

RACS Surgical Training

RANZCR Radiology Training

RACDS Oral Maxillofacial Surgery Training

RCPA Pathology Training

ACSEP Sport and Exercise Physicians Training

RANZCO Ophthalmology Training

ACD Dermatology Training

RACMA Medical Administration Training Program

Further Reading:

Teaching on the Run: Teaching Tips for Clinicians by Fiona Lake – Available from MEWS

Effective Supervision in Clinical Practice settings: a literature review. Med Educ 2000; 34:827-840

Mentoring – supporting doctors at work and play. Grainger C. BMJ Careers 2002 Jun29; 324:s203

BMJ (2003) has and ABC of learning series that has some valuable ideas for supervision, teaching and learning. Access this from CKN.

Lake: TOTR Effective Use of Questions MJA, Volume 182 Number 3, 7 February 2005 Teaching on the Run Tips 7: Effective Use of Questions Fiona R Lake, Alistair W Vickery and Gerard Ryan

Jaques: ABC of Learning – Small Group Teaching ABC of Learning and teaching in Medicine Teaching Small Groups. David Jaques BMJ Volume 326 1 March 2003 BMJ.com

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