

# Supervision: what the foundation year doctor needs to know

## Introduction

The foundation programme, introduced in the UK in August 2005, is a 2-year training programme that equips the medical graduate with all necessary clinical and professional skills required of a doctor in the NHS. Thus, on completion of foundation year training, a doctor will be ready to enter a speciality training programme. Self-directed learning is a key feature of the programme, but this process is facilitated and the foundation doctor is closely supported by the educational and clinical supervisors (*Figure 1*) through regular supervision.

Supervision is a forum that offers the supervisee a 'protected' and supportive environment for facilitated, in-depth reflection and learning. Although traditionally supervision has tended to focus only on clinical aspects (i.e. relating to patient management), for the foundation year doctor, equally important areas to address in supervision include training and competency assessments (workplace-based assessments), portfolio (logbook) building, career advice and pastoral issues. In other words, monitoring, supporting and assessing the overall professional and personal development of the foundation year doctor should be at the heart of supervision.

Although acknowledging that supervisors also have a crucial role in determining the quality and usefulness of supervision, this article views supervision from the

supervisee's perspective. It emphasizes the importance and usefulness of supervision for the foundation year trainee, provides suggestions about the possible format and content of supervision, and lists some tips for trainees on how to get the most out of their supervision. Although the focus of this article is the foundation year trainee, aspects of supervision discussed here may also be applicable to other trainees.

## Role of supervision and supervisors in foundation doctor-centred training

As is evident from *Figure 1*, the foundation doctor is at the centre of the entire programme and is closely supported by educational and clinical supervisors, who in turn are supported by foundation training programme directors, clinical tutors and directors of education. This programme is overseen by foundation schools and deaneries.

Every foundation year trainee will have a named educational supervisor and clinical supervisor for each placement (but the two could also be the same person) and there is overlap between the roles

and responsibilities of the educational and clinical supervisor. However, a crucial difference is that whereas the clinical supervisor is responsible for monitoring, supporting and assessing the trainee's day-to-day work, the educational supervisor is responsible for monitoring, supporting and assessing the trainee's educational programme and progress. A more detailed description of these roles is given below (Department of Health, 2007a).

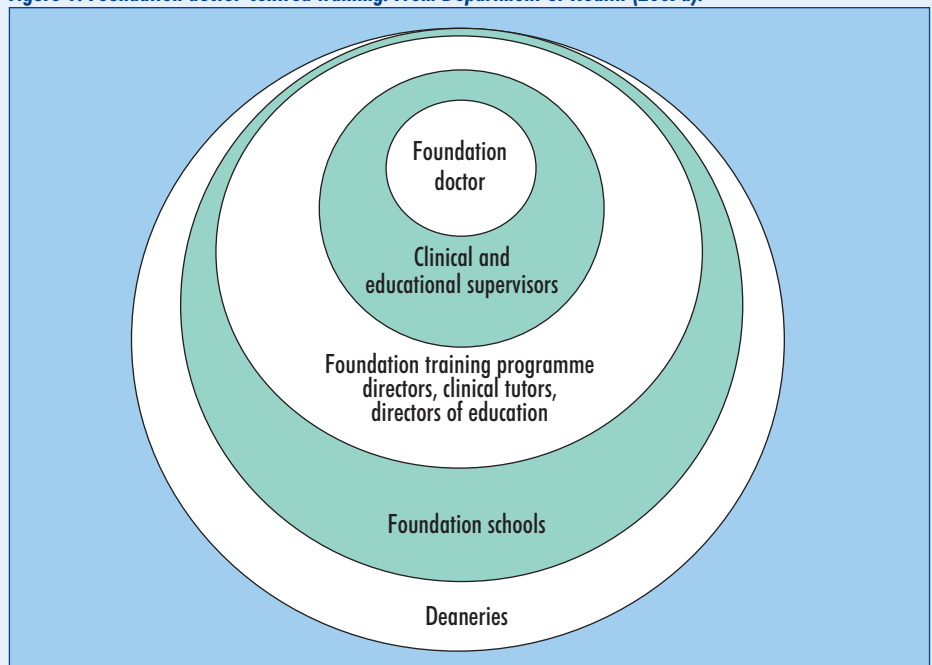
The clinical supervisor is responsible for:

- Supporting and supervising the trainee's day-to-day clinical practice
- Supporting the assessment process
- Ensuring the trainee is exposed to and learns from a range of clinical situations.

The educational supervisor is responsible for:

- Carrying out and collating regular assessments from other assessors
- Providing appropriate training opportunities towards gaining competencies
- Supporting the trainee through concerns about training.

**Figure 1. Foundation doctor-centred training. From Department of Health (2007a).**



**Dr Sanju George** is Consultant and Senior Research Fellow in Addiction Psychiatry, Birmingham and Solihull Mental Health NHS Foundation Trust, The Bridge Substance Misuse Service, Birmingham B37 7UR, **Dr Mohamed B Abdel-Maksoud** is Locum Appointment for Training ST4/5 in Addiction Psychiatry, Nottinghamshire Healthcare NHS Trust, Nottingham and **Dr Shahid Merali** is General Practice Trainee, West Midlands Deanery

Correspondence to: Dr S George

The educational supervisor is the one responsible for producing a formal report about the trainee's overall performance at the end of each year. He/she will rely mainly on the assessment forms completed by the trainee's clinical supervisor and other assessors, and will also go through the trainee's portfolio and review the presented evidence of competencies. Despite some overlap between the clinical and educational supervisor's roles, the educational supervisor is the one responsible for forming an overall opinion on the trainee's progression in training.

### Structure of supervision

It is difficult to be prescriptive about an ideal structure for supervision, as this can vary for different supervisee/supervisor pairs, and also depends on the individual supervisee's needs and learning objectives. However, Cottrell (1999) identified some key components that contribute to a clear supervisory structure: ground rules, timing, record keeping and liaison.

It is best to be clear about the ground rules as early in the supervisory 'relationship' as possible. These include mutual agreement on what is appropriate to discuss in supervision, sharing each other's expectations of supervision, agreeing confidentiality boundaries and outlining possible content of supervision. As early into the placement as possible, in conjunction with the supervisor, and in keeping with your own training needs and curriculum requirements (Department of Health, 2007b), set clear learning objectives for the placement. This could be supported by a timetabled plan as to how these will be monitored and reviewed in supervision.

At least 1 hour per week should be set aside for supervision and, as far as is practical, this time should be 'protected' from mobile phone or personnel interruptions. If possible, the venue and time of supervision should remain the same each week.

As mentioned earlier, there can be considerable overlap between the roles and responsibilities of the educational and clinical supervisor. Hence, the trainee should liaise as required with both supervisors and any other professional, to ensure that his/her overall training needs are met. Finally, the trainee should keep a record (at least a summary) of supervision sessions. This

could include key learning points and any matters that need ongoing review.

### Content of supervision

The exact content of supervision will vary in accordance with the trainee's learning needs, the nature of the placement and the supervisor. However, the following are key:

- Learning, from a day-to-day clinical work standpoint, encompasses theoretical and practical aspects of individual patient management. Trainees should be seeking guidance and clarification on applying theoretical knowledge into their day-to-day clinical practice incorporating evidence-based practice. Learning consists of acquiring knowledge, skills and behaviour appropriate to the level of training, as prescribed in the curriculum (see also *Good Medical Practice* from the General Medical Council (2006)).
- In supervision sessions trainees should, with the help of the supervisor, regularly monitor and review their own learning objectives, assess how far they have been met, and seek guidance on how 'gaps' can be filled.
- Supervision sessions could be used to address any gaps identified in the learning portfolio, and as the trainee progresses in training, continue to build the portfolio – this includes the Personal Development Plan and other educational arrangements (Department of Health, 2008)
- As foundation training is the stepping stone to becoming a specialist, trainees could seek career advice and guidance from their supervisors. Supervisors can be a resource to gain further insight into a speciality.
- A crucial, yet often overlooked component or purpose of supervision is personal guidance and support. Trainees can discuss such matters and seek advice, especially if they are affecting work. However, be aware of boundary and confidentiality issues when discussing or divulging personal matters.
- Lastly, supervision is also a useful forum for reflection – to be jointly done with the supervisor. This includes reflection on one's own learning processes and whether supervision itself is addressing all needs of the trainee.

### Tips on getting the most out of your supervision

- First, some basic etiquette of supervision: be punctual; always have your diary or organizer to hand; take a notebook into supervision; and make sure your mobile phone is switched off.
- Where possible, and in conjunction with the supervisor, identify a fixed, 'protected' time each week for supervision (e.g. after the ward round or the team meeting each week).
- Maintain clear professional boundaries with the supervisor at all times and respect the power differential that exists. Also, be aware of the limits of confidentiality.
- Do all you can not to miss supervision sessions. Try and be flexible with other work and non-work-related commitments.
- Although some see supervision as a shared responsibility between the supervisor and the supervisee (trainee doctor), in the authors' opinion, for maximum usefulness to the trainee, it should be trainee-led.
- In the first supervision session, at the very beginning of your placement, sit down with the supervisor and collaboratively agree on goals and learning objectives to be attained by the end of placement. Then discuss how these can be addressed, monitored and regularly reviewed in supervision. Draw on the supervisor's experience and knowledge but fine-tune it to your own learning and training requirements. Be flexible.
- At the beginning of each placement check with the supervisor(s) what and how many workplace-based assessments are to be completed during the placement. For example, you could use supervision sessions to complete workplace-based assessments and ask for feedback. It is also good practice to spread out workplace-based assessments throughout the placement rather than leave them all for completion at the last minute.
- Prepare for supervision – i.e. be clear about the agenda for each session. This could include patient management issues, matters relating to your own assessments, advice on audit or research, pastoral support or career guidance.

- Seek guidance from the supervisor to fill in and keep up-to-date your e-portfolio or logbook.
- Try and tap into your supervisor's strengths and interests. For example, if your supervisor is an excellent researcher or an expert in some other field, get advice and extra input on those matters. At all times, bear in mind your own learning and development needs, curriculum requirements and career aspirations.
- Request feedback on your own work and progression in training. Be ready to accept constructive criticism.
- Supervision sessions could also be used to prepare for case or audit presentations and job interviews.
- Always remember that for matters (be it patient-related or personal) that are urgent, do not wait until your next supervision session. Meet with your supervisor as soon as possible.

## Conclusions

This article has highlighted the importance and usefulness of supervision for the foundation year doctor. Although the structure and content of supervision may vary for each supervisee/supervisor pair, and according to the individual doctor's training needs, the ethos and purpose of supervision remain the same. Regular and effective supervision is crucial to the trainee's career progression and professional development, and for maximum benefits, supervision should be trainee-led. **BJHM**

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### KEY POINTS

- Supervision is key to effective learning.
- Supervision should be trainee-led.
- Areas to address in supervision include patient management, principles of *Good Medical Practice*, workplace-based assessments, portfolio building, career advice and pastoral support.