



Levels of Supervision

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WACP Training of Trainers workshop

Supervision of Resident Doctors –
Defining roles and responsibilities

10th April 2022

Presentation outline

- Introduction
- Levels of supervision
- Underpinning theories and data
- Summary implications
- Conclusion





Introduction



Introduction

- Postgraduate medical education (PGME) is that period of medical training following graduation from medical school and before a physician is thought competent for **independent practice**



- “Postgraduate medical education is a unique educational environment, with its emphasis on work-based learning, **clinical supervision** as a predominant method of training, performance-based assessment, and the challenge of simultaneously delivering education, training and service.”

- Steinert, 2011

Supervision

- A complex activity, occurring in a variety of settings, with various definitions, functions and modes of delivery
- One of the least researched and supported aspects of medical education and yet is central to the effective training of physicians



Supervision

- Essential aspects of supervision in PGME are:
 - It should ensure patient/client safety
 - Promote professional development



Definition

- “Supervision is the provision of guidance and feedback on matters of personal, professional and educational development in the context of a trainee’s experience of providing safe and appropriate patient care.”
 - Kilminster et al





Levels of supervision



1. Direct supervision

- Supervisor is physically present in the same room as the person being supervised, providing direct supervision
- E.g. in the echocardiography room



2. Immediately available supervision

- Supervisor is nearby and immediately available to come to the aid of the person being supervised
- E.g. physically within the hospital or other site of patient care and immediately available to provide direct supervision



3. Indirect supervision with direct supervision available

- Supervisor is **not** physically present within the hospital or other site of patient care but is immediately available by means of telephonic and/or electronic modalities and is available to provide direct supervision within a reasonable time
 - E.g. Call duty from your home



4. Oversight or Remote supervision

- Supervisor is available to provide review procedures/encounters with feedback provided after care is delivered
 - E.g discussing patients SR has rounded on





Underpinning Theories & Data

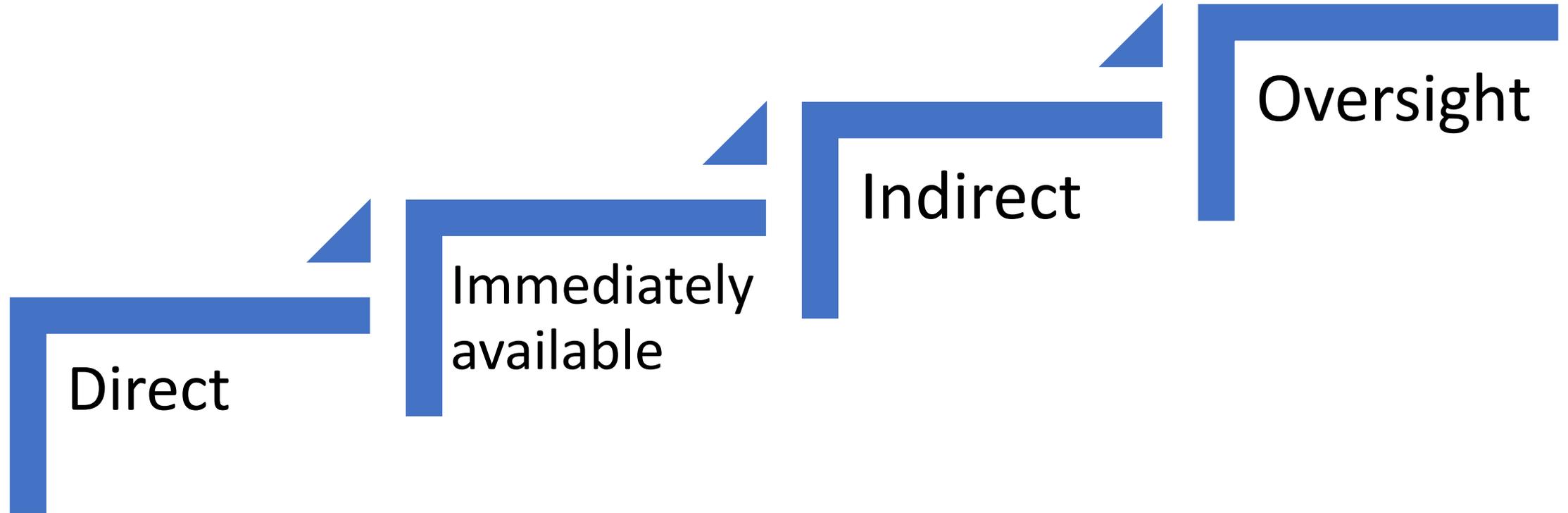


Traditional apprenticeship model

- “Process of progressively *independent* delivery of patient care by a trainee, associated with a *decreasing level of supervision* by clinical supervisors”



Assumption of apprenticeship model



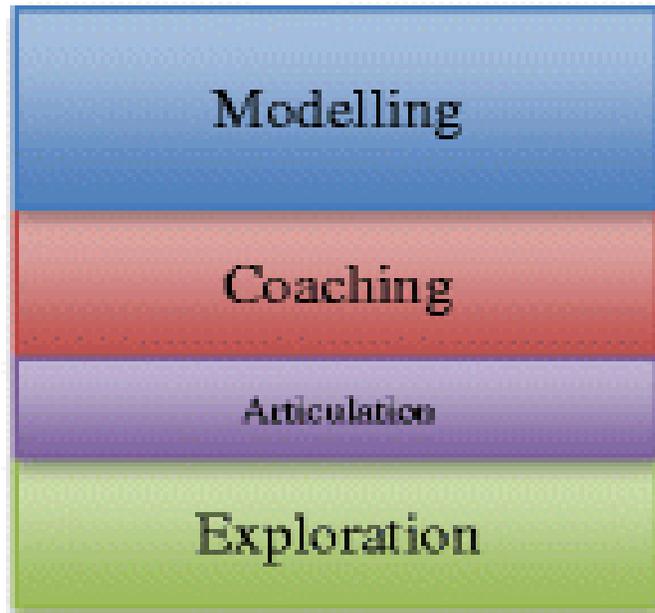
Cognitive Apprenticeship model

- Main hypothesis is that Clinical Supervision should be provided at all levels of residency training instead of phasing it out as independence at work progressively increases.
- Clinical supervisors should attune their teaching methods to residents' level of training, gradually increasing their **autonomy** without depriving them of opportunities to extend their expertise

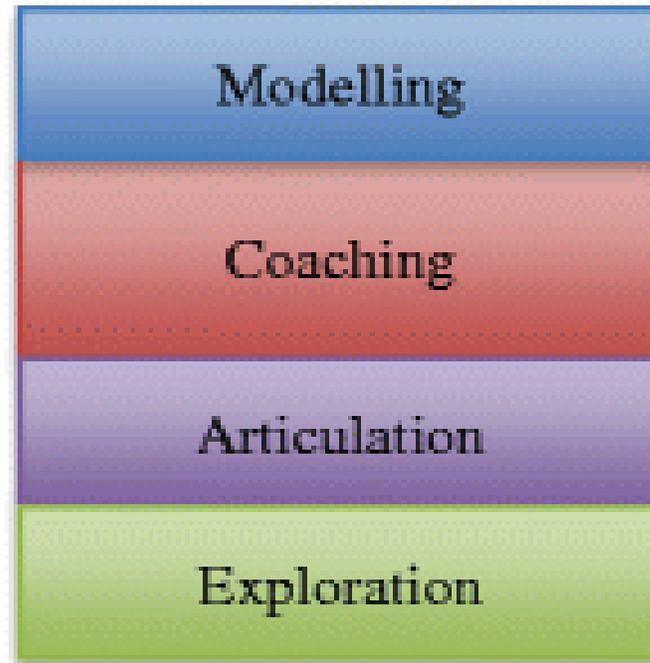


Cognitive Apprenticeship model applied

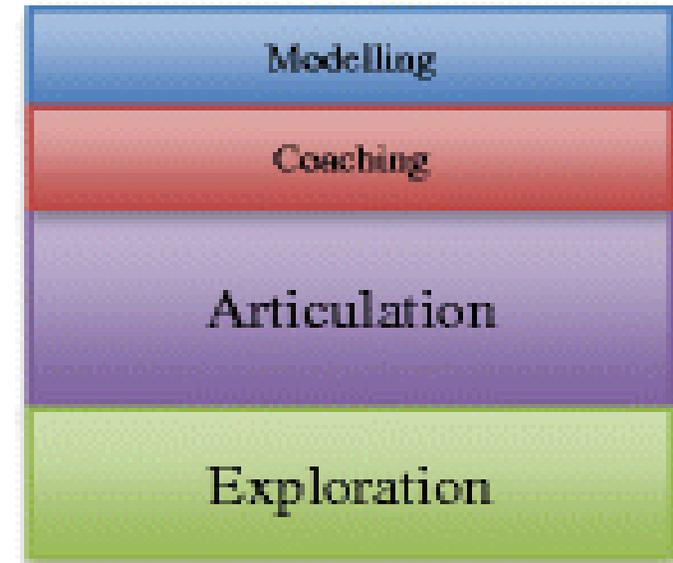
Junior



Intermediate



Senior



Safe learning environment



Models for supervision

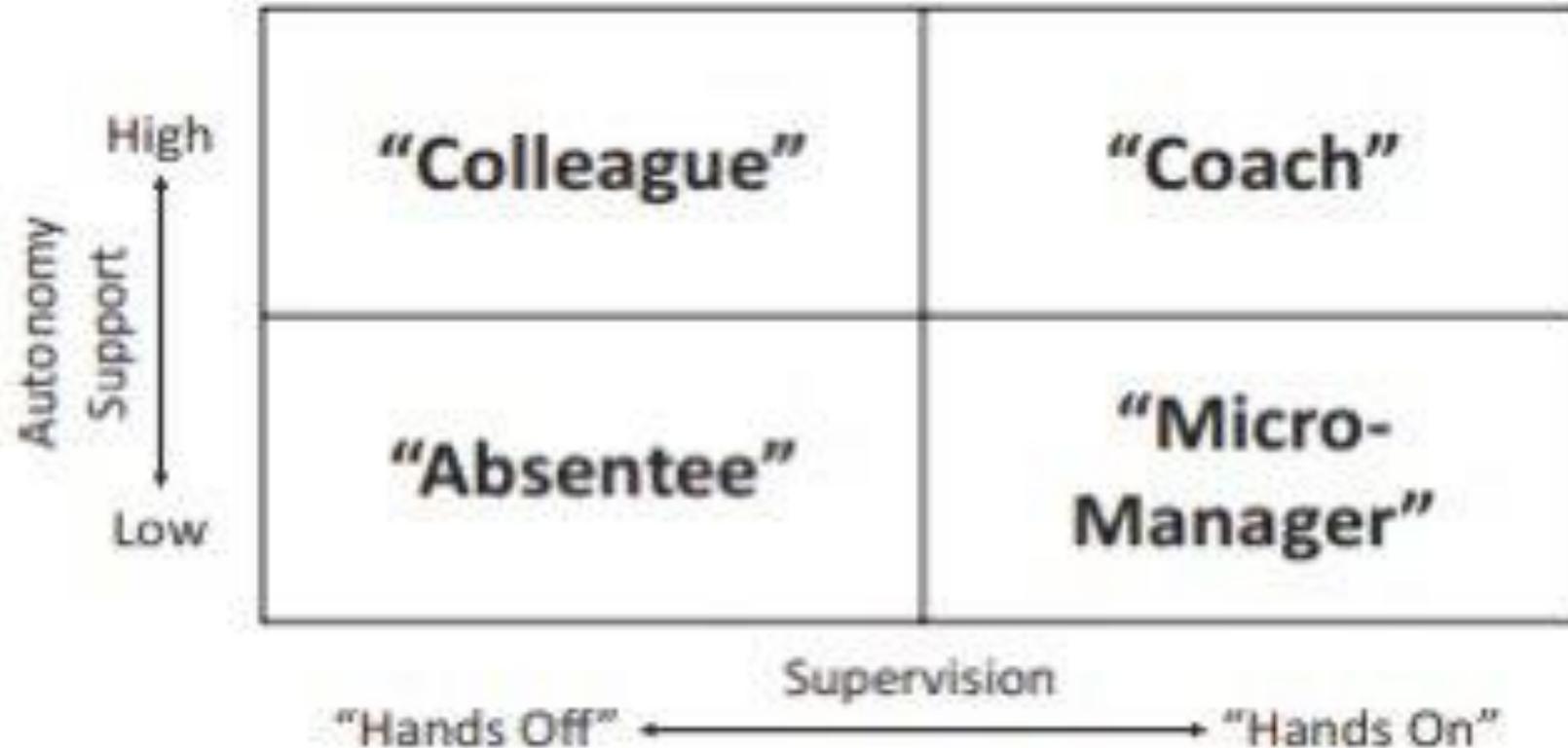


FIGURE 2 Framework for conceptualising autonomy support within the continuum of supervision from 'hands on' to 'hands off'

Empirical data on Clinical supervision

- Supervision has a positive effect on patient outcome and lack of supervision is harmful to patients.
- Direct supervision is very important and can positively affect patient outcome and trainee development, especially when combined with focused feedback.



Empirical data on levels of supervision

- Direct supervision seems to help trainees gain skills more rapidly.
- Quality of supervisory relationship strongly affects effectiveness of supervision.
 - Continuity over time in the supervisory relationship
 - Trainees having some control over the supervision
 - There is some reflection by both participants.
- Behavioural changes can occur relatively quickly as a result of supervision whilst changes in thinking and attitude take longer.
- Self-supervision is not effective; input from a supervisor is required.



Helpful supervisory behaviours

- Giving direct guidance on clinical work
- Linking theory and practice
- Engaging in joint problem-solving and offering feedback
- Reassurance and providing role models



Ineffective supervisory behaviours

- Rigidity
- Low empathy
- Failure to offer support
- Failure to follow supervisees' concerns
- Not teaching
- Being indirect and intolerant
- Emphasizing evaluation and negative aspects.





Summary Implications



Implications

- Direct supervision positively affects patient outcome and trainee development.
- Frequent constructive feedback is essential
- Supervision should be structured
- Supervision process should be informed by a ‘360-degree perspective’
 - Include patient feedback, inter-professional supervision and training, reviewing written work and records, formal appraisal meetings, results of examinations and formal assessments.



Conclusion





obrigado

Dank U

Merci

mahalo

Köszi

спасибо

Grazie

Thank
you

mauruuru

Takk

Gracias

Dziękuję

Děkuju

danke

Kiitos

References

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