The Foundation Programme
Malta

Handbook for Educational Supervisors

Train the trainers
2009
Handbook for Educational Supervisors

Train the trainers

2009

Compiled by Dr BT Langham, Trent Foundation School Director

Material reproduced with kind permission of the UK Foundation Programme Office.

Produced by the Foundation Programme Malta Office 2009
Course Aims and Outcomes – Educational Supervision

Malta Foundation Programme

This course aims to:

- Increase your awareness of your responsibilities in the role of Educational Supervisor
- Introduce key educational principles underlying good practice in educational supervision
- Improve core skills of your role such as negotiating learning needs and using feedback

Learner Outcomes

After attending this course you should be able to:

- Describe your role as an Educational Supervisor to doctors-in-training and colleagues
- Plan a series of educational supervision meetings for and with your doctors-in-training
- Justify the need to liaise with Clinical Supervisors and Clinical Tutors to improve flow of information and documentation on which effective educational supervision depends
- Facilitate the process of identifying, negotiating and review learning needs with doctors-in-training
- Describe the connections and distinctions between assessment and appraisal
- Improve the ability to use feedback to facilitate learning
- Explain the importance of increasing learner autonomy in the supervision process
The work of educational supervision has a pivotal role in supporting the quality learning of doctors-in-training. This is reflected in the guidelines of regulatory bodies such as the General Medical Council (GMC) in the UK, as well as in changes in medical education practices.

The Maltese foundation Programme is committed to recognising the importance of this role through direct support of Educational Supervisors.

This one-day course and accompanying handbook are part of a series of support programmes. They aim to help Educational Supervisors to understand their role and continue to develop the skills essential for effective supervision.

They are intended for preparing new and experienced Educational Supervisors who are involved primarily in supervising foundation Trainees, but also BST, HST and GP VTS trainees.
Being an Effective Educational Supervisor  
(and promoting effective educational supervision in the department)

Professor David Sowden, East Midlands Health Care Workforce Deanery, UK

The purpose of educational supervision is to help the trainee get the most they can from their post(s) and programme in order to achieve their career aims and maximise learning from all the opportunities available. In particular there should be emphasis on the opportunities available in ward rounds and other aspects of day to day clinical work\(^1\) such as outpatient clinics and operating theatre sessions.

While much of educational supervision can be informal, formal arrangements do need to be made for initial, mid post (where relevant e.g. 6 month, 4 month and 3 month posts but \textbf{not} 2 months posts) and final end of post interviews.

Time for these \textbf{must} be bleep-free and free from other interruptions; a good time is 4 p.m., when neither trainee nor consultant is on call for the night.

Endeavour to meet the trainee for the first supervising session within a few days of the post starting. Meeting weeks after they have started sends a poor message and can significantly limit utilisation of available educational opportunities.

Get to know each other a bit and understand what the trainee’s career aims are, what they have done previously in medicine and in their present programme and what they hope to achieve in this post.

This should lead to the setting of explicit educational objectives. These must be set by the trainee not the Educational Supervisor. The Supervisor should use questions to help the trainee set challenging but achievable objectives preferably with measurable outcomes. The list of objectives may be better written after the meeting and confirmed by both parties.

Follow up meetings should concern:

- Progress with written objectives and amendments of objectives as appropriate
- Feedback to trainee about his/her performance
- Feedback to consultant about the department and its training opportunities

Detailed feedback is greatly valued and rarely given. It is best if Educational Supervisors can find out from colleagues (nurses, consultants, BSTs and HSTs - in the form of 360\(^0\) assessment) what the trainee is doing well and what the trainee needs to work on. A good way to do this is to have regular meetings (of consultants/senior nurses) to discuss the progress of all trainees.

Share objectives. Some trainees/consultants have difficulty thinking them up.

Sometimes called Pendleton’s Rules, a good way of giving feedback could be:

1. Ask trainee what went well
2. Consultant then adds his/her views about what went well
3. Ask trainee what should have been done differently

---

\(^1\) Liberating Learning, COPMED, 2003, \url{www.copmed.org.uk/Publications/LiberatingLearning}
4. Consultant adds his/her views about what should have been done differently
5. End on an encouraging note
The role of the Educational Supervisor*

- To facilitate the learning of the trainee
- To act in a pastoral role if required
- To help develop the PLP
- To provide feedback
- To provide career advice
- To help the trainee access sources of help

What are the responsibilities of an Educational Supervisor?*

- All doctors in training must have a named supervisor
- They are responsible for ensuring that they are trained as defined in their educational contract
- They should provide:
  - Assessment of learning needs
  - Identifying learning objectives
  - Teaching
  - Appraising the trainee
  - Monitoring the progress of the trainee
  - Provide appropriate challenge to trainees views if appropriate

* We acknowledge the above as the work of Mr Peter Livesley, DPGME, Sherwood Forest Hospital Trust.
Continuous Cycle of Educational Supervision

Liaise with colleagues

Provide Feedback

Check Documentation

Previous Programme

Negotiate learning needs

Accredit achievement
Agree future learning needs

Agree learning objectives and criteria for success

Review progress

Ensure continuity of education

Provide Feedback

The work of Richard Bregazzi, Human Resource Solutions is gratefully acknowledged in the development of this model
Time Line for Meetings with Educational and Clinical Supervisors (4 month post cycle)

- **July**
  - Clinical Supervisor Induction meeting
    - Week 1
  - Educational Supervisor Personal development Plan
    - Week 2-3
  - Educational Supervisor End of Job review
    - 2 weeks before finish of post
  - Educational Supervisor Mid point review
    - (strongly recommended)

- **October**
  - Clinical supervisor feedback to Trainee and ES
    - 3 weeks before finish post
  - Complete 2 Mini Cex, 2 CbD, 2 DOPs and 1 Mini PAT
  - Educational Supervisor Personal development Plan
    - Week 2-3
  - Educational Supervisor Mid point review
    - (strongly recommended)

- **November**
  - Clinical Supervisor Induction meeting
    - Week 1
  - Educational Supervisor End of Job review
    - 2 weeks before finish of post
  - Educational Supervisor Mid point review
    - (strongly recommended)

- **February**
  - Clinical supervisor feedback to Trainee and ES
    - 3 weeks before finish post
  - Complete 2 Mini Cex, 2 CbD, 2 DOPs and 1 Mini PAT
  - Educational Supervisor Personal development Plan
    - Week 2-3
  - Educational Supervisor Mid point review
    - (strongly recommended)

- **March**
  - Clinical Supervisor Induction meeting
    - Week 1
  - Educational Supervisor End of Job review + final sign off
    - 2 weeks before finish of post
  - Educational Supervisor Mid point review
    - (strongly recommended)

- **June**
  - Clinical supervisor feedback to Trainee and ES
    - 3 weeks before finish post
  - Complete 2 Mini Cex, 2 CbD, 2 DOPs and 1 Mini PAT
  - Educational Supervisor Personal development Plan
    - Week 2-3
  - Educational Supervisor Mid point review
    - (strongly recommended)
Time Line for Meetings with Educational and Clinical Supervisors (6 month post cycle)

- **July**
  - Clinical Supervisor Induction meeting
    - Week 1
  - Educational Supervisor
    - Educational contract
    - Personal development Plan
      - Week 2-3
  - Educational Supervisor
    - Mid point review
      - (strongly recommended)

- **December**
  - Clinical Supervisor
    - Induction meeting
      - Week 1
  - Clinical supervisor feedback to Trainee and ES
    - 3 weeks before finish post

- **January**
  - Clinical Supervisor
    - Induction meeting
      - Week 1
  - Complete 3 Mini Cex, 32 Cbd, 3 DOPs and 1 Mini PAT

- **June**
  - Educational Supervisor
    - Mid point review
      - (strongly recommended)
  - Clinical supervisor feedback to Trainee and ES
    - 3 weeks before finish post
  - Educational Supervisor
    - End of Job review + final sign off
      - 2 weeks before finish of post
  - Educational Supervisor
    - End of Job review
  - Clinical supervisor feedback to Trainee and ES
    - 3 weeks before finish post

- **Educational Supervisor**
  - Mid point review
    - (strongly recommended)
Roles and Responsibilities  
(adapted from several relevant websites)

**Educational and Clinical Supervisors**  (Unit based, doctor-in-training assigned)

Every doctor-in-training should have a named Educational Supervisor who may or may not also be the Clinical Supervisor. The Educational Supervisor has direct responsibility for ensuring that the Foundation Trainee receives training to an agreed syllabus and standard during part or whole of a period of training at the end of a post/programme.

Their role includes:

- Assessing learning needs
- Identifying teaching objectives
- Undertaking teaching activities relevant to the specialty e.g. small group teaching,
- 1:1 teaching, practical skills teaching
- Appraise doctors-in-training using constructive feedback
- Monitor progress, performance and the post/programme

**Personal Learning Plans (PLPs)**

The purpose of a PLP is to help us:

1. Recognise what we need to learn and why it is important to us
2. Describe how we will learn this
3. Describe how we can confirm achievement of this learning
4. Describe the benefits for our patients and colleagues

- It is owned by the doctor-in-training, NOT by the Trust or the Educational Supervisor.
- It is a personal, confidential document, but doctors-in-training may choose to use parts of it as a public document in review, appraisal and assessment sessions with Educational Supervisors.
- It serves the purpose of planning learning and work round their educational needs, within the programme.
- It is informed by previous assessments and appraisals, the curriculum, service needs and personal career aspirations.
- It is written and adapted to the doctor-in-training’s personal style, provided that is legible by the Educational Supervisor.
• It forms the basis of the learning agreement, sometimes called the training agreement, which is signed off by the Training Programme Director and doctor-in-training and then sent to the Specialist Training Committee.

• It is used to assess progress throughout the programme and is regularly reviewed and updated.

• It helps the doctor-in-training take responsibility for maximising their learning opportunities within and beyond the service.

• It helps doctors-in-training to develop new ways of thinking and working.

• It also helps them identify the learning needed in order to change their practice.

• Contact with patients is an important source of experience and learning, but any event that promotes thinking, challenge or clarification can be included in the plan.

• It helps supervisors and doctors-in-training appreciate the wide range of experiences, personal, professional, clinical and non-clinical, that contribute to learning and development.

• The Educational Supervisor helps the doctor-in-training come to negotiated decisions about their learning plan.

• It is NOT to be used by the Educational Supervisor as an opportunity to give advice and answer all supervisees’ questions but rather to help THEM to find answers and increase their resourcefulness.

• It should engage the Educational Supervisor and the doctor-in-training in exploratory discussion, leading to the doctor-in-training taking informed decisions about their learning plans.
Feedback Framework

The purpose of feedback is to give people a chance to talk through recent experiences, in order to understand them better and learn from them in order to improve their practice. The role of the Educational Supervisor is to help individuals think about this with accurate self-evaluation of progress and to help them plan for future work and learning.

Here is a framework, based on developing the skills of SELF-EVALUATION, which you can adapt for this purpose:

<table>
<thead>
<tr>
<th>Stage</th>
<th>Purpose</th>
<th>Question/Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Doctor-in-training describes what’s going well</td>
<td>What’s going well? How’s your progress?</td>
</tr>
<tr>
<td>2</td>
<td>Supervisor adds more positive aspects of their recent work, with specific examples, from the reports etc.</td>
<td>I agree, you seem to… You’re better at… than last time we met</td>
</tr>
<tr>
<td>3</td>
<td>Doctor-in-training describes what he/she can do differently and how</td>
<td>I see that you… what’s caused this? How can you improve this aspect of your work?</td>
</tr>
<tr>
<td>4</td>
<td>Supervisor explores more comments/suggestions for alternative way of doing things</td>
<td>Yes, why don’t you try… You’re making good progress in… Try concentrating more on… When I…, I often…</td>
</tr>
</tbody>
</table>
**Tips for Giving Feedback More Effectively**

**Acknowledge the doctor-in-training’s effort and be supportive.** This way, a safe atmosphere is created for effective learning.

**Always leave the doctor-in-training with choices.** It is important the doctor-in-training makes their own choices and decisions, based on the feedback you give and the awareness you help them develop.

**Ask for feedback on how useful the discussion was.** Remember that this is a two-way process and you need to know how helpful your support is.

**Encourage self-evaluation.** First ask them what they thought of the ward round/their work so far etc.

**Explore alternatives.** If you offer negative comments, make sure you suggest what the person can do differently in the future.

**Finish the feedback session with a summary.** This will review the main points and a question like ‘So, what have we discussed?’

**Focus on specific behaviour which can be changed.** It might be an aspect of her/his communication skills with nurses or a specific surgical procedure. Do not use vague generalisations or focus on personality traits.

**Focus on the positive and the effects of what is going well.** Explain what you think is going well and what results you have seen, as well as areas for improvement.

**Give feedback regularly.** Remember that your role is not effectively carried out without regular, detailed, constructive feedback.

**Give the doctor-in-training thinking time.** If the doctor-in-training does not acknowledge that there is an issue to be worked on, invite her/him to go and think about it in preparation for another chat with you.

**Make sure you fulfil both of the roles below:**
- Supervisory — making sure that agreed standards are met/maintained.
- Developmental — helping the doctor-in-training learn and progress.

**Negotiate an action plan.** Work with the doctor-in-training on specific ways to deal with any issues that have arisen and monitor how effectively this action plan is used.

**Own your comments.** Do not begin with You are ...'. Use phrases like: 'I think that .../'My opinion is that ...'.

**Plan what you want to include in your feedback.** This is especially important if you only have two minutes between patients. It also helps the flow of the feedback.

**Take the ‘collaborative’ approach.** You are both working together to make her/him a better doctor – this often makes it easier to deal with the more ‘difficult issues’. Remind yourself that you are giving feedback to help their learning.

**Use descriptive language and open up discussion.** For example: ‘Your patient looked confused as you talked to her: did you notice that?’ is more helpful than ‘You didn't do that well’.
Tips for Receiving Feedback More Effectively

**Acknowledge the supervisor’s/colleague’s effort and thank him/her for the feedback.** You are both working together to make you a better doctor – this often makes it easier to deal with the more ‘difficult issues’. Remind yourself that you are getting feedback to help your progress.

**Ask for specific feedback that is not provided.** If an area of particular interest to you is not dealt with then bring it up yourself, and ask for it regularly.

**Check out with others.** Do not rely on one source of feedback.

**Decide on an action plan.** Negotiate with the consultant/colleague specific ways to deal with any issues that have arisen and monitor how effectively you are acting on this plan.

**Develop self-evaluation skills.** Remember that your own insight into your strengths, weaknesses and progress is the most valuable tool you have.

**Explore options with your supervisor.** Make use of the time. Think through an alternative with the help of your supervisor.

**Give feedback on how useful the discussion was.** Remember that this is a two-way process and you need to tell them how helpful their support is.

**Make sure you listen carefully and fully understand what is being said to you.** Before you respond it is helpful to repeat back what has been said in order to check that the communication has been clear and effective.
Educational Induction: Some Guidelines

- This is a very important meeting between the Educational Supervisor and the trainee. It sets the scene for a constructive relationship.

- **It is worth investing time in this meeting.**

- The aim of this meeting is to ensure that both the doctors-in-training and the Educational Supervisor are clear about their roles, responsibilities and preparation duties.

- This investment inspires confidence and facilitates good communication and feedback.

**Advice for this meeting**

Establish specific ground rules for:

- Working together
- Learning together
- Maximising learning opportunities
- Problem-solving the gaps identified in learning opportunities
- Working through periods of difficulty
- Clarify appraisal/assessment processes

<table>
<thead>
<tr>
<th>When</th>
<th>Which meeting</th>
<th>What to do</th>
<th>What to prepare</th>
<th>Who is responsible</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>First two weeks</td>
<td>Introductory meeting with ES</td>
<td>• Review past learning/ CV</td>
<td>• Job plan</td>
<td>Educational Supervisor</td>
<td>• Establish ground rules for working together</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Agree working patterns</td>
<td>• PLP</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Discuss all appraisal, PLP, assessment forms/criteria</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Review College documents</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Ensure that the doctor-in-training knows how to use the PLP</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Glossary of Terms

<table>
<thead>
<tr>
<th>Education Meetings:</th>
<th>The Educational Meetings referred to in this handbook and practised on this course will be a mixture of review, appraisal and assessment, based on need.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appraisal:</td>
<td>Appraisal is a confidential conversation with a colleague, for example a doctor-in-training, which builds up enough trust to identify and agree learning and development needs. The process is led by the doctor-in-training/appraisee. It aims to explore, not disguise.</td>
</tr>
<tr>
<td>Assessment:</td>
<td>This is a process of ascertaining whether targets from the doctor-in-training’s Personal Learning Plan and Learning Agreement have been met, and the prescribed assessments of the programme (Mini CEX,CbD,DOPs and Mini PAT) have been completed. This is done by reviewing the evidence, using it to measure progress against these targets and then making a decision about progress in competence and performance.</td>
</tr>
</tbody>
</table>
Appraisal

Appraisal is a confidential conversation with a colleague, for example a doctor-in-training, which builds up enough trust to identify and agree learning and development needs. The process is led by the doctor-in-training/appraisee. It aims to explore, not disguise.

The appraisal discussion typically covers a range of topics, including the following:

- Appraisee’s educational and training programme
- Career aspirations
- General progress and difficulties
- Learning opportunities
- Personal and professional welfare
- Service commitments
- Special interests
- Study leave
- A review of documentary evidence and achievement

Golden rules for appraisal:

- A date is agreed for the next appraisal or review meeting
- A summary of the discussion is agreed at the end
- Appropriate documentation is used throughout the process
- Both the appraiser and the appraisee prepare for the event i.e. self-review
- Limits of confidentiality are agreed, so agreed issues are recorded for more public use
- Regular feedback from Clinical Supervisors supports the appraisal process so that there are no surprises in the actual appraisal discussion and this feedback system is regularly reviewed
- Problems are identified and addressed early to avoid accumulation and so that opportunities to rectify and improve are taken up
- The appraisee has enough bleep free time and feels comfortable enough to review their own progress and feelings
- The appraisal takes place in a comfortable and private location
- The appraisee leads most of the discussion, prompted and supported by the appraiser
- The appraiser praises the appraisee appropriately
• The appraiser presents her/himself in an attitude of support
• The appraisee can give feedback on the usefulness of the discussion
• Discussion of strengths and concerns is balanced
• The meeting takes the form of exploring and mutual problem-solving
• The purpose of the appraisal meeting and both parties’ expectations are restated
• There is a balance between reviewing the past and preparing for the future
• Written records of the event are agreed by both appraiser and appraisee

**The specific responsibilities of the Educational Supervisor are:**

1. Agreeing the action plan for learning with the appraisee
2. Agreeing the date for the next appraisal/review meeting
3. Agreeing what is to be recorded
4. Ensuring adequate preparation for the meeting of both parties
5. Summarising and agreeing the outcomes of the appraisal meeting
Assessment

This is a process of ascertaining whether targets from the foundation Programme curriculum have been met. This is done by reviewing the evidence, using it to measure progress against these targets and then making a decision about progress in competence and performance.

There are commonly two types of evidence: direct and indirect.

Types of **direct** evidence of Foundation Trainee Competence
- Observation
- Direct discussion trainee

Types of **indirect** evidence of Trainee competence and performance (as an Educational Supervisor, you rely on Clinical Supervisors and Trainees to collect it for your use):
- E portfolio
- Self appraisal
- Reflective logs
- Mini CEX
- CbD
- DOPs
- Mini PAT (Multi source feedback)
- Other Clinical Supervisors’ reports, which are valid and reliable

Golden rules for assessment:
- Develop your own skills of professional judgement in using criteria and judging others’ assessments: do not rely on forms to do all the work for you!
- Remember that the responsibility to judge whether evidence presented to you is valid and reliable and sufficient lies with you as Educational Supervisor, with the support of the Foundation Training Programme Director. Documentary evidence may reflect on occasion, inaccurate assessment.
- Only make a professional judgement if you can justify it with evidence, either direct (provided by yourself) or indirect (what others have provided for you). This evidence should always be signed and dated.
The Professional Conversation
– or what takes place when we talk to each other about our work

- In PGME, formal educational programmes are provided for doctors-in-training. In practice, however, the richest context for learning is DURING service; in conversation with immediate colleagues, peers, other health professionals and, not least, patients themselves. This is when we can increase opportunities for learning.

- We should emphasise the importance of this talk so that more of us appreciate its value.

- These conversations are characterised by testing out theories in practice, gathering and using evidence, seeking clarifications and integrating them into future work, making connections and solving problems.

- It is through this discussion of experiences, doubts, problems, evidence, decisions and processes that the crucial skills of professional judgement are developed in teams of health professionals.

- In these conversations we can examine any differences between our espoused theories for working (what we think we should do/are doing) and our theories-in-use (what we actually do). We can get feedback so that we are not working ‘in the dark’.

- We would like to encourage Educational Supervisors to extend these conversations into their educational conversations with doctors-in-training. This way we can help learners explore, analyse and take risks in a way that enables them to find new ways of working and learning.

- It is NOT the aim of such conversations to provide ready-made solutions for the doctors-in-training or give advice too quickly. Rather, it is the role of the Educational Supervisor to guide learners to developing their own professional judgement about a wide range of issues connected with work.

Some exploring questions:

- Why did you think that happened?
- I saw you...Can you tell me more about why you did that?
- Why did you choose to do it that way?
- What made you come to that conclusion?
- What made it so difficult for you today?
- I notice that you checked out your plan with the SpR but not the PRHO. What was the reason for that?
- How would you like to do it differently next time?
- How can we ensure that (e.g. you spend more time working with X patients)?
- How can we make this easier for you?

Examples of professional conversations with an educational focus are:
- Appraisal
- Feedback
- Review
Ramsden: 6 Teaching Principles

1. The teaching is interesting and the rationale for learning is explored and is linked to the wider learning environment

2. Teachers are genuinely interested in their students and demonstrate concern and respect for their learning

3. Teachers are committed to giving helpful and constructive feedback

4. The teaching is organised around clear, transparent goals and at appropriate levels in order to provide intellectual challenge

5. Teachers foster learner independence, control of learning and active engagement

6. Teachers learn from working with their students and reflect on their teaching as a result of this

---

Attributes and Skills of Educational Supervisors

Attributes and skills as reported by the General Medical Council (UK), PMETB(UK) and collective wisdom:

- Demonstrate a strong commitment to the principles of ‘Good Medical Practice’
- An enthusiasm for the specialty
- A personal commitment to teaching and learning
- Sensitivity and responsiveness to the educational needs of doctors-in-training
- A capacity to promote development of the required professional attributes and values
- An understanding of the principles of education
- An understanding of research methods
- Practical teaching skills
- A willingness to develop as a doctor and as a teacher
- A commitment to audit and peer review of teaching
- The ability to appraise doctors-in-training and undertake assessment of progress
- Remain up to date with Continuous Professional Development as recommended by the appropriate College

Skills of Educational Supervisors

- Advise on appropriate learning opportunities and resources
- Assess using criteria and evidence
- Balance generic development as in GMC guidelines with specific development as recommended by the appropriate College
- Carry out appraisal
- Collaborate with administrative support staff
- Facilitate learning
- Gather evidence and information
- Give career guidance
- Give feedback
- Help develop a Personal Learning Plan\Personal Development Plan
- Help develop critical evaluation of practice, performance and progress
- Help maximise potential of doctors-in-training
• Help doctors-in-training receive feedback
• Liaise with clinical colleagues, Clinical Tutor and Postgraduate Dean
• Model educational values and principles
• Model the principles and practices of clinical governance
• Motivate doctors-in-training
• Negotiate learning needs
• Negotiate learning objectives
• Network
• Plan supervision events
• Problem-solve
• Reduce anxiety of learners
• Respond to doctors-in-difficulty
• Sign off doctors-in-training
• Teach evidence-based medicine
List of Acronyms

DGPME - Director of Postgraduate Medical Education
CPD - Continuous Professional Development
CS - Clinical Supervisor
CSC - Certificate of Satisfactory Completion
CT - Clinical Tutor
ES - Educational Supervisor
GMC - General Medical Council
GP - General Practice/Practitioner
PD - Postgraduate Dean
PDP - Personal Development Plan, also sometimes referred to as Personal Learning Plan
PGME - Postgraduate Medical Education
PLP - Personal Learning Plan, also sometimes referred to as Personal Development Plan
PRHO - Pre-Registration House Officer
RITA - Record of In-Training Assessment
SHO - Senior House Officer
SpR - Specialist Registrar
STA - Specialist Training Authority
STC - Specialty Training Committee
TPD - Training Programme Director
VTS - Vocational Training Scheme
VTS SHO - Vocational Training Scheme Senior House Officer
Appendix to Handbook for Educational Supervisors.

Appendix I - Extracts from Foundation Programme Portfolio.

- Programme timetable and documents
- Educational Agreement
- Induction Meeting
- Mid point review
- End of Placement review
- Personal Learning plan
- Self appraisal
- Reflective practice.
- Mini PAT example results
## Programme timetable and documents

The training programme follows a cycle that is repeated in each placement. All the documents from each placement will be presented to a panel of assessors for review.

<table>
<thead>
<tr>
<th>Foundation year</th>
<th>Doctor in training</th>
<th>Educational supervisor and learner</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First week in placement</strong></td>
<td>Review curriculum and complete. self-appraisal material.</td>
<td>• Educational agreement signed.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Summary of educational review completed.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Development plan completed.</td>
</tr>
<tr>
<td><strong>Thereafter</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Continue reflective practice and gathering evidence for competency assessment.</td>
<td></td>
</tr>
<tr>
<td><strong>Mid-point of placement</strong></td>
<td></td>
<td>• Portfolio reviewed.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Development plan amended.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Mid point review form completed.</td>
</tr>
<tr>
<td><strong>Thereafter</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Continue reflective practice and gathering evidence for competency assessment.</td>
<td></td>
</tr>
<tr>
<td><strong>Final week in placement</strong></td>
<td>End of self-evaluation of training.</td>
<td>• Progress reviewed.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Final placement review form completed.</td>
</tr>
<tr>
<td><strong>Mid-year review</strong></td>
<td></td>
<td>• Portfolio reviewed.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Progress discussed with educational supervisor.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Mid year review of progress form completed.</td>
</tr>
<tr>
<td><strong>Completion of year</strong></td>
<td></td>
<td>• F1 competency or FACD form completed.</td>
</tr>
</tbody>
</table>
Overview of meetings in each placement

A. Initial meeting with your educational supervisor

The educational supervisor is the consultant or general practitioner supervisor who will have overall responsibility for supervising all your placements during either F1 or F2 year, or both.

You should aim to meet with your educational supervisor at the beginning of each placement to review your progress and update your Personal Development Plan. It is your responsibility to arrange this meeting. The initial meeting with the educational supervisor will be your first chance to identify the opportunities presented by your F1 or F2 placements for helping you progress in your training.

The completed self-appraisal form will provide insight into which areas of the curriculum you feel either confident or uncertain. This may help to indicate the areas you need to concentrate on at the start of the placement.

The meeting should culminate in the agreement of a Personal Development Plan that sets out how you will approach your learning during the next placement and the year ahead. It should be an exploration of your progress in the Foundation Programme so far and determine what specifically needs to be learned in this placement and how it will occur. It may be recorded in the Personal Development Plan documentation provided in the portfolio, or a development of it as agreed with the educational supervisor.

Discussion should also touch on career management and guidance, and should consider what your initial needs may be, your possible career intentions, and what you want to get out of the Foundation Programme to help you understand your future career choices.

Both trainee and educational/clinical supervisors should complete and sign the educational agreement form (example on page 17).

B. The placement induction meeting

This should be conducted by the educational/clinical supervisors within one week of you taking up your placement (or as soon as possible). Where the educational and clinical supervisor is the same person, there need not be a separate meeting. It will consist of a review of your Personal Development Plan including the self-appraisal. It should focus on the opportunities that exist in the particular placement and how they will be tackled.

Both trainee and trainer should complete and sign the induction meeting form (example on page 24).

C. The mid-point review – not compulsory but strongly advised

This should be conducted by the educational/clinical supervisors approximately half way through the placement. It will briefly review progress to ensure your training is on course, that an appropriate number and range of assessments have been undertaken and that you have attended adequate educational opportunities.

The mid-point review is not mandatory but strongly encouraged, particularly if you or your supervisor have concerns. Both trainee and trainer should sign the mid-point review form provided (example on page 28).

D. The final review of each four-month placement

This should be conducted by the Educational/Clinical Supervisor, at the end of each four or six month placement. This review should examine the assessments undertaken and the reflective
practice recorded, and compare it against the objectives that you agreed in the Personal Development Plan at the beginning of the placement. Additionally you may want to revisit the self-appraisal form to see how your estimation of competence has developed.

This review may highlight concerns that have emerged, either through the placement, or where assessments have identified specific areas for development. The review form should outline what additional work and assessment are required to address shortcomings in performance during the next placement, including additional assessments where necessary to substantiate an improvement in performance. If significant concerns have been highlighted in the final review form, the Foundation Programme training director should be informed.

E. The mid-year review of progress

The mid-year review of progress is not mandatory but strongly advised to review satisfactory progression through the programme. This meeting is conducted by your educational supervisor who will review your portfolio and review your progress in the Foundation Programme. This is also an opportunity for discussions relating to your personal development and future career planning.
Educational Agreement

<table>
<thead>
<tr>
<th>Name</th>
<th>GMC No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Training period from | To:

Department

At the first meeting the foundation doctor and educational/clinical supervisor should read and sign the following educational agreement.

**The foundation doctor will:**
- Take an active part in ongoing supervision and subsequent appraisal including negotiating learning outcomes and the development of a Personal Development Plan (PDP).
- Endeavour to achieve learning outcomes by:
  - regularly reviewing their PDP
  - utilising the opportunities for learning provided in everyday practice
  - attending all prescribed teaching sessions
  - undertaking appropriate personal study
  - utilising locally provided educational resources such as libraries and skills centres
  - using designated study leave appropriately.
- Developing as a life long learner through
  - reflecting and building upon their learning experiences
  - identifying their learning needs
  - being involved in planning their education and training
  - evaluating their learning experiences.

**The educational/clinical supervisor will:**
- be available to, and take an active part in, the ongoing supervision and subsequent appraisal.
- process including negotiating educational outcomes in a Personal Development Plan.
- ensure that the negotiated outcomes are realistic, achievable and within the scope of available learning opportunities.
- ensure that the foundation doctors are made aware of sources of help and advice.
- promote a supportive climate for learning.
- ensure that an individual doctor’s commitments allow attendance at prescribed teaching sessions, are appropriate for their learning needs and offer an appropriate balance of education and service in their placements.

We have read and understood the requirements of our roles as set out above.

*Signed by foundation doctor*  *Signed by educational/clinical supervisor*

<table>
<thead>
<tr>
<th>Signature:</th>
<th>Signature:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name(print)</th>
<th>Name(print)</th>
</tr>
</thead>
</table>

| Date | Date |
## Induction meeting

Induction meeting (to take place within two weeks of starting the placement)

<table>
<thead>
<tr>
<th>Name</th>
<th>GMC No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Training period from</th>
<th>To:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Give a brief description of the placement: *for example general practice in rural setting; haematology in university teaching hospital*

<table>
<thead>
<tr>
<th>1. Are there any induction considerations to be taken into account? Such as duties of the placement(s), arrangements for clinical supervision, academic and welfare support, learning resources and facilities available.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Are there any specific competences the trainee has set out in their Personal Development Plan to develop during this placement?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. What learning methods will be used and how will these be assessed? <em>(See Section Four: Assessment of Competences)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Signed by foundation doctor**

Signature: 

Name (print): 

Date:

**Signed by educational/clinical supervisor**

Signature: 

Name (print): 

Date:
**Mid-point review**

The mid-point review is not mandatory but strongly encouraged, particularly if you or your supervisor have concerns.

<table>
<thead>
<tr>
<th>Name</th>
<th>GMC No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training period from</td>
<td>To:</td>
</tr>
<tr>
<td>Department</td>
<td></td>
</tr>
</tbody>
</table>

1. What evidence is there that the trainee is making progress in line with their Personal Development Plan (PDP)/induction meeting discussion (for example assessments)?

2. What areas still need to be addressed?

3. Has any assessment or aspect of performance highlighted any concerns which should be addressed within the PDP?

Further explanatory comments:

**Signed by foundation doctor**

Signature:  
Name(print):  
Date:

**Signed by educational/clinical supervisor**

Signature:  
Name(print):  
Date:
# End of placement final review

**Final review – to take place at least two weeks before end of placement**

<table>
<thead>
<tr>
<th>Name</th>
<th>GMC No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training period from</td>
<td>To:</td>
</tr>
<tr>
<td>Department</td>
<td></td>
</tr>
</tbody>
</table>

Please check that you have completed the following (delete as appropriate):

- Trainee’s Portfolio has been reviewed
- Induction meeting took place *Date:*
- Induction meeting was recorded
- Midpoint assessment took place *Date:*
- Midpoint assessment was recorded

Attendance records are available for Foundation Education Programmes in Trust and Department?

**Assessment of competence**

Has the trainee completed competence assessments in line with the *Curriculum* guidelines? (delete as appropriate)

- Mini CEX: Yes/No
- Case based Discussion: Yes/No
- DOPs: Yes/No
- Mini PAT: Yes/No

Has any assessment or aspect of performance highlighted areas of concern during the placement and how has this been addressed?

If these have not been addressed, please detail the specific action(s) to be taken in the next placement:

Are additional assessments required to substantiate improvement? If so, please specify:

**Signed by foundation doctor**

Signature:  
Name(print):  
Date:

**Signed by educational/clinical supervisor**

Signature:  
Name(print):  
Date:
Personal Development Plan (PDP)
Instructions to Foundation Trainee.

The Personal Development Plan (PDP) is your chance to set out what you expect to achieve during each placement and throughout the year. You should develop it with your supervisor and it should be updated as often as is necessary, accepting of course that you must be able to refer back to the goals that you set yourself at the beginning.

The template provided in the portfolio is a good example to start with, but if in agreement with your educational supervisor you want to develop or adapt the form, then you are encouraged to do so. Guidance on developing and using your PDP is available in the Rough Guide to the Foundation Programme, but a very simple explanation is set out here.

What do you need to learn?
The Foundation Programme Curriculum covers a very wide range of core skills, both clinical and non-clinical. Everyone will have their own strong and weak points and it is important to begin to identify what you should focus on initially. What you need to learn will change as you develop through the Foundation Programme and your experience grows, so your PDP should be updated as you make progress.

Similarly, although broad in nature, placements may offer different opportunities to gain Curriculum competences. As you consider the opportunities available to you in each placement, you should plan how you intend to make the most of them.

How was this identified?
As you progress through the Foundation Programme, self evaluation, reflective practice, multi-source feedback and direct assessment will all provide different perspectives on your performance and development. It is important to be aware of what information you are using when setting your learning needs, and to ensure you are not missing important feedback that may be available to you. For example, if all your learning needs originate from one feedback source it may be worth re-examining what other information is available to you.

How will this be addressed and by when?
Your plan should identify what you intend to do during the year or placement, how you will develop your learning and, most importantly, how and when you will be assessed. While reflective practice is extremely important, one of the key goals of the programme is to show, through your portfolio, a series of assessments that demonstrate development against the curriculum, and progression towards competence.
The Personal Development Plan

<table>
<thead>
<tr>
<th>Name</th>
<th>GMC No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational supervisor</td>
<td>Year</td>
</tr>
<tr>
<td>Placement</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>What specific development needs do I have?</th>
<th>How will these objectives be addressed?</th>
<th>Evaluation and outcome (show how you have achieved your objectives)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Completing your self-appraisal

The aims of the self-appraisal are:

i) To provide the means for reflection and evaluation of your current practice.

ii) To inform a discussion with your educational supervisor to help you both gain insight into your understanding of your current abilities.

This self-appraisal tool is designed to assess how confident you feel when asked to perform the tasks of a Foundation Programme doctor. The information given will help to identify your strengths as a doctor and will assist you, with the help of your educational/clinical supervisor, to agree what you need to learn. You may choose to revisit the self-appraisal throughout the programme.

This self-appraisal tool will be treated as confidential and will not be part of the formal assessment of your competence. The personal development plan that you produce will be based on this and will enable the planning of how you will learn what you need to know. This need not be confidential.

It is essential for your own development that you complete this form honestly, identifying the areas where you feel your weaknesses lie and how confident you feel about undertaking the tasks required of you at this time.

Instructions for completion of the self-appraisal tool:

- Look at the relevant section in the Foundation Programme Curriculum (for example section 4 ‘Syllabus and competences’ 1.0 Good clinical care; 1.1 History taking, examination and record keeping skills).

- Read the standards expected at F1/F2 level – do you understand what is expected of you? Have you had the opportunity to practise the skills? Do you feel ready to undertake the tasks?

- For each section of the curriculum headings on the form, tick the score that most reflects your feelings of confidence (for example demonstrates clear history taking and communication with patients).

- Be prepared to add comments on any areas that concern you, or for which you feel you are not ready or adequately prepared. Use examples from your experience to date, where appropriate.

- Take the completed document to your meeting with your educational/clinical supervisor for discussion.
### Self-appraisal of training

**Evaluating your learning experience**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>What did you find the most valuable learning experiences and how did they match your needs? What areas did you find the most challenging?</td>
<td></td>
</tr>
<tr>
<td>What feedback did you get from your supervisors to help you meet your objectives?</td>
<td></td>
</tr>
<tr>
<td>Has your placement differed from your expectations?</td>
<td></td>
</tr>
<tr>
<td>Has it changed your ideas or thoughts on a career direction? If so, how?</td>
<td></td>
</tr>
<tr>
<td>In light of your experiences, how will you adapt your PDP?</td>
<td></td>
</tr>
<tr>
<td>What (if any) study/formal education did you undertake during the Foundation Programme? What were some of the key things you got from the training?</td>
<td></td>
</tr>
</tbody>
</table>
Reflective practice

- Try to put time aside each day to reflect on the day’s learning opportunities and identify any further learning needs.
- You can use this template to record a variety of situations, including, for example, educational, clinical, ethical, legal, or personal experiences. Use the list of questions to aid your reflective writing.
- You can download a copy of this form from the CD, or from the website, www.mmc.nhs.uk.

<table>
<thead>
<tr>
<th>Name</th>
<th>GMC No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training period from</td>
<td>To:</td>
</tr>
<tr>
<td>Department</td>
<td></td>
</tr>
</tbody>
</table>

Describe interesting, difficult or uncomfortable experiences. Try to record both positive and negative elements.
1. What made the experience memorable?
2. How did it affect you?
3. How did it affect the patient?
4. How did it affect the team?
What did you learn from the experience and what (if anything) would you do differently next time?
Appendix 2 - Role Play Instructions and Scenarios

- Instructions for role play
- Scenario 1
- Scenario 2
- Scenario 3
**Role play instructions**

**Those who take on the roles**

Please ensure that you think through your role and behaviour and comments before the role play begins.

Only take part in this role play if it appeals to you, and you feel that it may help you gain another perspective!

**Observer**

If you are an observer then please make specific comments on what went well and suggestions for different approaches and solutions.

In case study 2 we would like you to use the feedback framework and the tips for feedback

**All**

All please be prepared to bring key points and concerns back to the plenary discussion
Case study 1

Negotiating Learning Needs with the PDP

Benjamin – Foundation year 2 Trainee

You feel that you are getting on fine in this job and you feel that you are learning quite a lot.

A nurse once told you that she thought you were a bit arrogant and you really would like to discuss this with your educational supervisor. You can’t really understand what’s going on.

Educational Supervisor

This Trainee came in with excellent reports on his knowledge of medicine.

You have reports and feedback which show that he is really enthusiastic, he has excellent knowledge, skills, is highly motivated and good with patients. You have already seen evidence of this yourself at induction events and ward rounds. You are keen to help him to develop in this way. There is one small issue that you would like to raise with him: you have heard from some of the nursing staff that he sometimes comes over as a bit arrogant and aggressive.

You have already had an introductory meeting where you have begun to establish a relationship, negotiated ground rules and both agreed the key opportunities for learning during his time in this placement.

Your aims are to:

- Ensure continuity from Benjamin’s previous programme and help him to maintain his good progress and enthusiasm.
- Begin to negotiate, agree and prioritise his learning needs using the PDP.
- Discuss the issue of how some of the nursing staff sometimes feel about him, although you are keen to keep this in perspective.

TASK:

Agree how to proceed and how to conduct the first appraisal meeting.

Begin by asking him to make one entry into his PDP BEFORE the appraisal meeting begins.

Do not provide all the answers!

Your job as an Educational Supervisor is to help him become a more self aware, independent learner and worker.
Case Study 2

Using Feedback and Reviewing Progress

Marco – Foundation Year 1 Trainee

You are happy in this job and feel that you are making quite good progress. You are really committed to Foundation Training and don’t mind putting in some extra effort to see lots of patients. You respect your Educational Supervisor because he has laid out clear expectations for you in this programme and given you regular feedback. He has also been really supportive when you went through a short period of difficulty at home when your baby was ill.

Educational Supervisor

You have been Marco’s Educational Supervisor for 3 months and it is now time for his mid-programme review before his second appraisal. You would like to review his progress against his learning objectives.

You have developed a positive relationship with Marco: he is popular with both patients and colleagues. You have had regular informal feedback with him and you are satisfied with his progress in most areas. However you have received job reviews from his Clinical Supervisor and informal feedback from nursing colleagues which continue to highlight a rather sloppy approach to completing patient records. Colleagues have difficulties reading his writing and patient records accurately. One month ago, you organised with him to shadow the HST on the team and learn from his good record keeping, but no improvement has yet been seen.

You want to find out more about how he is using the shadowing to help him learn.

TASK:

Find out more about why the shadowing experience did not help him improve in this specific area.

Carry out the review and feedback session making use of the feedback framework and the feedback tips (see pages14, 15 & 16 of the Handbook for Educational Supervisors).
Case Study 3

Reviewing Achievement and Agreeing Future Learning Needs

Anna – Senior House Officer

You are a third year SHO in Respiratory Medicine. You have good relationships with your colleagues, especially the SpR in the team and get on well with the patients. You really enjoy the work in ward rounds and get a lot out of the following through the patients as much as you can.

Although you appreciate that your supervisor is committed to helping you, it feels a bit difficult sometimes talking to him/her. You are still frustrated with your MRCP Part 1— you have failed it once already - and you would quite like to be left alone to get through your exams. Otherwise you are happy in your work and know that you are progressing quite well.

Your supervisor has arranged a final review session with you before you move on.

Educational/Clinical supervisor — Respiratory Medicine

You are Anna’s Clinical and Educational Supervisor

You are pleased with the following aspects of Anna’s work:

• Her relationship with the team, especially the SpR. She is a very popular team member.
• Her consultation skills with the patients.
• Her clinical work meets the standards for her level.
• Her commitment and interest in the ward rounds and her skills in following up patients – she goes out of her way to continue contact with them and takes an interest in them.

You are generally pleased with Anna’s work and know that she enjoys the ward rounds especially. She is very preoccupied with her exams at the moment and you sense that she is sometimes rather wary of you.

TASK:

Pay special attention to trying to make her feel more at ease

Review Anna’s achievement with her and agree her future learning needs, paying particular attention to helping her pass her MRCP Part 1.
Acknowledgements

We hope that you have found elements of this handbook and one-day course of use to support your work as an Educational Supervisor.

We would like to acknowledge the help of the East Midlands Healthcare Workforce Deanery (UK) in providing this resource and particularly Maggie Hunter in the Trainee support and guidance unit of the Deanery.

We would also like to acknowledge both East Midlands Healthcare Workforce Deanery and the UKFPO for permission to use the materials in this handbook.

This handbook has been compiled by Dr B T Langham, Trent Foundation School Director (East Midlands Healthcare Workforce Deanery) and Special Advisor to UKFPO.