

A Brief Guide to Clinical Supervision

NHS England (HEE) require Clinical Supervisors to be more involved in supporting and developing their GPSTs. Consultants or nominated middle grades should be documenting their CS meetings in Educators' Notes as well as the mandatory work based place assessments in their e-portfolio.

Clinical Evaluation Exercise (MINI-CEX)

Mini-CEX is simply an evaluation of a 15 minute snapshot of doctor/patient interaction within a secondary care setting (a witnessed consultation).

COTs - Consultation Observation Tool

Observed evaluation with formative and summative feedback on an actual consultation in General Practice (ST2 & ST3 only).

Audio COT

Observed telephone consultation analysed in a similar fashion to an ordinary COT.

Clinical Examination Procedural Skills (CEPS)

Designed to provide feedback on procedural skills essential to the provision of good clinical care.

Case Based Discussion (CBD)

Structured interview designed to explore professional judgement exercised in clinical cases which have been selected by the trainee and presented for evaluation.

The Multi-Source Feedback (MSF)

This tool is part and parcel of all junior doctor assessment and provides a sample of attitudes and opinions of colleagues on the clinical performance and professional behaviour of the trainee.

The Clinical Supervisors Report

The Clinical Supervisors Report (CSR) forms part of the evidence which is gathered through WPBA. The E-Portfolio has a section for the clinical supervisor to write a short structured report on the trainee at the end of each hospital post. This covers:

- The knowledge base relevant to the post
- Practical skills relevant to the post
- The professional competences

<https://www.rcgp.org.uk/training-exams/training/mrcgp-workplace-based-assessment-wpba/csr-for-mrcgp-workplace-based-assessment.aspx> for further information on completing clinical supervisors report.

Role and Responsibility of Named Clinical Supervisor

- Meet with the GP Trainee formally at the beginning of an attachment to discuss learning needs and outcomes to help the trainee to develop their PDP. Suitable outcomes in secondary care and curriculum statements are attached below to assist. Such learning outcomes would normally be targeted at General Practice although it was recognized there was also a need to learn to be able to perform at the proper level for service commitment in the specialty.
- Meet towards the end of the attachment but before ESRs are due (late November and May) to complete a Clinical Supervisors Report. It is accepted that the Clinical Supervisor may need to take soundings about the trainees performance from colleagues in the specialty to build a complete picture of the trainees performance.

- During the whole attachment read the trainees log entries on a regular basis, mark them as read and validate against the competencies. The trainee should be making 2 per week as a minimum. In the e-portfolio there are word descriptors to facilitate the decision about whether the competence relates to the log entry. (The clinical supervisor is NOT saying the trainee is competent by validating the log entry against a particular competence) It's important to continue this task right to the end of the attachment. The trainee does suffer if this is not done as it makes it very difficult for them or their educational supervisor to evidence opinions on their performance.
- It is helpful if the clinical supervisor has had the opportunity to assess the trainee during a MiniCEX or a CbD, however they do not have to do all of these, in some ways it's helpful if the trainee uses a variety of assessors as a broader picture is painted. The assessments cannot however be carried out by anyone below ST4 level. The trainees should complete 3 MiniCEX and 3 CbDs in each 6 month attachment as a minimum.

In an ideal world the clinical supervisor would meet with the trainee on a regular basis; weekly or every other week.

Job description for General Practice (GP) Specialty trainees' Named Clinical Supervisor Post Southend Hospital

The GMC define a Clinical Supervisor as:

“A trainer who is selected and appropriately trained to be responsible for overseeing a specified trainee's clinical work and providing constructive feedback during a training placement.”

Roles of a Named Clinical Supervisor (CS) for GP Specialty Trainees (GPSTs)

1. Facilitates the GPSTs in fully utilising their post in secondary care as a learning experience, focused towards the needs of working in primary care.
2. Enables trainees to learn by taking responsibility for patient management within the context of clinical governance and patient safety.
3. Ensures that clinical care is valued for its learning opportunities; learning and teaching must be integrated into service provision.
4. Undertakes clinical supervision of a trainee, giving regular, appropriate feedback according to the stage and level of training, experience and expected competence of the trainee.
5. Undertakes assessment of trainees (or delegates as appropriate) using the dedicated workplace based assessment tools.
6. Liaises with the appropriate Educational Supervisor over trainee progression as appropriate.

The mandatory responsibilities of this role for the GPSTs in Southend Hospital

7. The Named Clinical Supervisor must meet with the GPST.
8. The Named Clinical Supervisor is expected to meet with the GPST regularly throughout their attachment ideally at least fortnightly for 1 hour.
9. The Named Clinical Supervisor and GPST must meet towards the end of the attachment but before Educational Supervisors Reviews (ESRs) are due (late November and May) to complete a Clinical Supervisors report. It is accepted that the Named Clinical Supervisor may need to take soundings about the GPST's performance from colleagues in the specialty to build a complete picture of the trainee's performance.
10. During the whole attachment the Named Clinical Supervisor must read the GPST's log entries on a regular basis.
11. The Named Clinical Supervisor will mark the e-portfolio log entries as read and validate them against the competencies. The GPST should be making 2 entries per week as a minimum. In the e-portfolio there are word descriptors to facilitate the decision about whether the competence relates to the log entry. (The clinical supervisor is NOT saying

the trainee is competent by validating the log entry against a particular competence). It's important to continue this task right to the end of the attachment. The trainee does suffer if this is not done as it makes it very difficult for them or their Educational Supervisor to evidence opinions on their performance. It is expected that the Named Clinical Supervisor will read and comment on the e-portfolio entries at least once every two weeks.

12. All Named Clinical Supervisors will be expected to undergo regular appraisal, which must include an element of educational appraisal.
13. Faculty Group Meetings are held every month within the Med Ed Board meetings. Named Clinical Supervisors are encouraged to attend at least four of these meetings annually.
14. Training on the use of the e-portfolio can be provided. Contact the GP Admin office in the Education Centre for further information on this. The Training Programme Directors who have responsibility for the GPSTs can also be contacted via this office and are happy to discuss any difficulties the Clinical Supervisor is having in connection with their GPST.

Important web links:

Website link to FourteenFish e-Portfolio:

[Portfolio - FourteenFish](#)

15. Knowledge and Skills Required of a Clinical Supervisor (CS)

A CS will need to demonstrate that they have knowledge and skills in the following:

1. Equality, diversity and cultural awareness.
2. Core Knowledge and Skills, which includes:
 16. Workplace based ('on the job') teaching, including clinical skills teaching.
 17. To understand how adults learn best and the relevance of this to teaching.
 18. To understand how best to teach a clinical skill.
 19. To have some knowledge of a variety of teaching techniques.
 20. To understand the importance of evaluating teaching.

Workplace Based Assessments: WPBA

21. To understand the role, types and formative nature of workplace based assessments
22. Have an understanding of what is acceptable progress.
23. To understand the importance of appropriate feedback as part of WPBAs.
24. To identify the initial steps in managing trainees with problems.

Giving feedback to trainees of all abilities:

25. An understanding of some common frameworks for giving feedback.
26. Encourage reflection and self-assessment in learners.
27. Ability to identify and communicate what was done well and what could be done differently
28. Importance of giving positive and specific criticism.
29. Importance of encouraging learners to agree a plan of action.

E-portfolios:

30. An understanding of the use of an educational portfolio to support effective learning and development.
31. A working knowledge of portfolio(s) as relevant to general practice.

Communication/team working:

32. Understand the importance of timely and regular communication with trainees.
33. Have a working knowledge of reporting structures.
34. Is aware of the importance of role modeling and is a positive role model.

Ethics:

35. Respect for the learner and the process of learning.
36. Understanding of the principles of confidentiality in the educational environment.

37. Foster a safe environment in which learners can challenge and discuss issues.