#

# Planning exercise for developing schedule for enhanced supervision

## Introduction

This can be used by anyone planning a return to work but was particularly developed for trainees planning an enhanced supervision. It is best to complete this once you have gathered some details about your new job.

Think of this as a self-guided supervision, with a series of questions, aimed at helping you understand your needs so you can develop a truly bespoke plan for your enhanced supervision period.

Please use this in conjunction with:

* The trainee guide to enhanced supervision
* SuppoRTT worksheet (excel)
* SuppoRTT Funding guidance
* RTW-As sheet

We have left you some space at the end to list any questions so feel free to add them as you go.

## Enhanced supervision dates

**How many days back in the clinical environment do you envisage it will take before you feel happy to resume normal clinical duties and out of hours shifts**?

**Do you need more than 10 days? If so, could you use your remaining KIT/SPLIT/SRTT days to take additional days?** *(See ‘Funding guidance’ to check eligibility). If you think you’ll need longer or you’re unsure, talk to your TPD and/or SuppoRTT team early to find the best option for you.*

**Would you prefer to take your enhanced supervision in the weeks leading up to your intended start date or would you prefer an interval to consolidate and rest before your rotation begins?**

**Would it be beneficial to do a few days of shadowing earlier on, followed by a more involved period nearer to your start date?** *This can be especially helpful if you have been away for a prolonged time and you’re unsure whether you will need a longer transition phase or as a way of understanding the areas you need to focus on when preparing your return. (You could use KIT/SPLIT/SRTT days for these also)*

**Are there any factors limiting when you can take your enhanced supervision days?** *e.g childcare, holidays, appointments or other previous commitments etc.* **List the dates below and/or the dates you are available.** *Remember you do not have to take your days consecutively or on fixed days in the week during your enhanced supervision period.*

**Are there any barriers to you beginning enhanced supervision before your start date, if so, can you think of any ways to overcome these?** *We recommend you take your enhanced supervision before your intended rotation start date to facilitate you being supernumerary. Please read ‘The trainee guide to enhanced supervision’ for further guidance on exceptions.*

Hopefully, you now have a better idea of how many days you are going to take for enhanced supervision and when you might take them. You can add your available days to the ‘SuppoRTT worksheet’ to begin your provisional schedule.

## Induction & Mandatory training

This section is split into three, as each element is often handled by a different area and in a different way.

### Trust Induction

**Is there likely to be a trust induction when you start, or do you need to ask HR/medical staffing to arrange this for you?**

**What are the key parts of trust induction that you are required to attend virtually or face to face and cannot be satisfied with an e-learning module?** It’s useful to comply a list so you can check these off.

**Are there any elements that you need to complete before starting your enhanced supervision period or can you do trust induction at the start or shortly after your original rotation start date?**

*Is there a trust induction taking place in the months preceding your enhanced supervision dates that you could attend instead? If so, consider using your KIT/SPLIT/SRTT days towards this. (See ‘Funding guide’ if you are unsure)*

### Mandatory training

**Is there any virtual mandatory training that you have to or would be clinically useful to complete prior to or during your enhanced supervision?** e.g. IT training. Ask HR to set up access earlier for you either way.

Many trusts give allotted time in induction for completion of mandatory training or offer days in lieu if completed before your start date so consider whether it’s appropriate to ask for a day or half a day in lieu or using a KIT/SPLIT/SRTT day.

### Clinical induction

**Will there be a departmental/clinical induction scheduled for the beginning of your rotation?**

**Do you know what is usually timetabled for your departmental induction? Which elements would be useful for you to do at the start of your enhanced supervision period?** Incorporate these into your enhanced supervision timetable.

**Alternatively, is there a departmental induction taking place in the months preceding your enhanced supervision dates that you could attend instead?** If so, consider using your KIT/SPLIT/SRTT days (if eligible) towards this rather than using up your enhanced supervision days.

## Roles and responsibilities of your new post

**What different areas will you cover in your new role?** *e.g ward, day case, theatres, intensive care, AE, emergency assessment unit, labour ward, outpatient clinics, community clinics, GP surgery, home visits etc.*

**What different responsibilities will you have in your new post?** *e.g handovers, ward cover, leading ward round, ward round notes, night reviews, emergency admissions, acute reviews on the ward, trauma team, cardiac arrest team, elective theatre, emergency theatre, acute transfers, telephone referrals, MDT meetings, solo or supervised clinics, home visits, educator, supervisor etc*

## What clinical skills will you need?

* **Clinical management** (*emergency management of common or life-threatening scenarios, speciality specific areas)*

* **Clinical procedures** (*cannulation, phlebotomy, lumbar puncture, chest drains etc*)

* **Interpretation skills** (*Examination/ECG/radiographic images/EEG/ECHO etc.)*

* **Prescribing** (*electronic/outpatient/controlled drugs/TPN/antibiotic stewardship etc.)*

* **Resuscitation** (*airway skills, defibrillation, compressions*)

* **Highly specialised skills** (*operative, advanced airway, assisted deliveries etc.)*

* **Operating medical equipment** *(ventilators, pumps, defibrillator, pacing etc.)*

* **Communication** (*history taking, handover, telephone referral, breaking bad news etc*.)

* **Leadership** (*leading ward round, co-ordinating care, supervising junior team, MDT liaison etc.*)

* **Anything else?**

## Identifying areas of concern

**Consider which aspects of your new job are causing you most concern?** You can list them below or highlight/underline your notes above.

If you highlighted a lot of areas, try to categorise them using the definitions below so you can focus mainly on the essential and desired skills.

* **Essential skill/knowledge** – something you would be expected to be able to do at the start of this job unsupervised
* **Desired skill/knowledge** – a skill you would be expected to be able to do at the start of the job with some supervision initially
* **Developmental skill/knowledge** – a skill you would not be expected to have experience of before starting this job but need to gain competence in by the end of this job
* **Expert skill/knowledge** – a skill you would not be expected to have experience of before starting this job and hope to get the opportunity to learn in this job, but you are not expected to be competent in by the end of this job

## Supervision

Review the list you made above and identify any areas/skills where you may require supervision, using the categories below.

* **Direct supervision** – need direct supervision/observation to give advice if needed and ability to take over if required

* **Local supervision** – able to perform independently and/or with minimal peer support but supervisor accessible to attend/support if required

* **Remote supervision** – supervisor can be outside the hospital/distinctly different location but able to provide phone support and lower threshold to attend if support required.

Lastly, for the areas requiring supervision, consider who might be the best person to provide this support:

* Peer working in similar role/clinical area
* Senior nursing team/nurse specialists/ANP
* Senior colleagues
* Consultant oncall
* Colleague from affiliated speciality with required skills

## Return to workplace activities

Now you have a better idea of the areas you need to focus on, using the ‘Return to workplace activities sheet’, write a list of useful RTW activities. These will mainly be activities you can do in the workplace setting.

Review this list with your peer buddy and clinical/educational supervisor to identify the best times to do these RTW activities and suitable named supervisors, if required. You can input these on your ‘SuppoRTT worksheet’.

## Clinical knowledge update

You can also use this information to identify which courses and self-directed learning will be beneficial for you, using the ‘Return to training activities sheet’. These courses will usually be funded through KIT/SPLIT/SRTT days or study leave (see ‘Funding guidance’). With the explosion of e-resources especially video content, it is worth asking your trust if they will allocate 1 or 2 days to your self- directed learning. It’s not realistic to expect you to provide certificates for completion of self- directed learning but document them on your e-portfolio once you regain access.

## Out of hours work

**How is your role different out of hours and/or when you are ‘oncall’?**

**Which aspects of OOH/ oncall work are you most concerned about?**

**Can you experience the ‘oncall/emergency cover’ role during working hours when there is more support available?**

**Is it more useful to work a full shift or would a partial shift be sufficient?**

**Have you scheduled adequate rest between shifts as per national guidance?**

**Will you be adequately supervised during out of hour shifts?** We recommend shadowing a peer or working under direct/local supervision of a senior/consultant. Details of supervision should be included in your schedule when agreeing OOH shifts.

## Appraisal of progress

**Which methods would you be happy to use to appraise your progress?**

**[ ] Team feedback** collated & delivered by your supervisor

**[ ] Self-appraisal** of clinical skills - useful if focused primarily on the specific skills causing you concern before starting. You can use the list you’ve already generated above. Concentrate on your capability rather than how confident you feel.

**[ ] Reflective practice** to identify own development points

**[ ] WPBA/SLE** as a learning tool only, focused on your areas of concern e.g. feedback on handover, managing an emergency situation, discussion of a case.

It’s important to remember that by the end of your enhanced supervision period, you are expecting to a reach a level where you can give safe clinical care with supervision appropriate to your stage & previous experience. It will take longer to feel like you are functioning at the same level you were before your leave, but you will get there with time, support and a good dose of self-compassion.

## Questions

By now, you may feel as though you have generated more questions than answers, so think about who is best placed to answer those questions and pop them into an email or even better arrange a virtual call or meet up.

**HR/Medical staffing**

**Clinical/Educational supervisor**

**Peer buddy**

**SuppoRTT team**

**Your partner**

**Childcare provider**

## Using the ‘SuppoRTT Worksheet’

You can use your answers to start filling in the excel spreadsheet which we hope will help you develop your bespoke schedule, which you can later share with key people.

If you’re not a fan of a spreadsheet, feel free to use your own favourite tools (even pen & paper will do the trick)!