Purpose of the Handbook

Being an educational supervisor for a trainee at the very beginning of their specialty training is probably the most significant (and probably the most demanding) contribution anyone can make to Postgraduate Medical Education. Whilst a supervisor for a more senior trainee focuses largely on preparation for a likely consultant post, core training inducts trainees into being a psychiatrist, and the supervisor’s role in this is, quite simply, crucial. It calls on special approaches and a particular mindset. It is different from later training. This Handbook is set within that perspective.

More specifically, the purpose of this Handbook is:

- to emphasise the crucial role that educational supervisors can play in helping trainees get the most out of the new Wessex MRCPsych course
- to offer some suggestions as to how educational supervisors might do this.

In addition, the Handbook gives some background to the new course and explains some recent national developments concerning the role of supervisors.

To conserve space (and avoid repetition) links are made to other related publications about the new course which are accessible on the course website, and to national publications to which we will refer and which supervisors might find useful.

- The curriculum for Core Specialty Training published by the Royal College of Psychiatrists
  [http://www.rcpsych.ac.uk/training/curriculum2010.aspx](http://www.rcpsych.ac.uk/training/curriculum2010.aspx)
- The College syllabus on which the MRCPsych examination is based
  [http://www.rcpsych.ac.uk/PDF/Core_Feb09.pdf](http://www.rcpsych.ac.uk/PDF/Core_Feb09.pdf)  Appendix 1 p52
- The handbooks for each of the modules that make up the course.
  [www.hampshirepartnership.nhs.uk/postgraduate](http://www.hampshirepartnership.nhs.uk/postgraduate)
- Course Handbook for trainees
  [www.hampshirepartnership.nhs.uk/postgraduate](http://www.hampshirepartnership.nhs.uk/postgraduate)
- Handbook for facilitators
  [www.hampshirepartnership.nhs.uk/postgraduate](http://www.hampshirepartnership.nhs.uk/postgraduate)
Background

From September 2009 the Wessex MRCPsych course has been substantially revised. Full details of the course can be found on www.hampshirepartnership.nhs.uk/postgraduate

Basically, the new course aims to enable trainees in the first three years of their postgraduate education (now known as 'Core Training', or CT1-3):

- to practise psychiatry at the highest possible standard, safely and at a level that is appropriate to their year of training and to prepare them for further specialist training in the future
- to link together various elements of their work, such as their clinical practice, meetings with their educational supervisor, personal study, and revision for the MRCPsych examination
- to cover the College curriculum and examination syllabus
- to pass the MRCPsych examination
This Handbook has been written specifically for trainees’ Educational Supervisors.

Roles and terminology

There have been developments recently concerning the roles of, and the terminology relating to, Educational Supervision. The Postgraduate Medical Education Board (PMETB) and Modernising Medical Education (MMC) introduced a distinction (following the pattern in the Foundation Programme) between ‘clinical’ supervision and ‘educational’ supervision, and the Royal College of Psychiatrists, in its publication OP65 *Postgraduate Training in Psychiatry – Essential Information for Trainees and Trainers*, July 2008 (now superceded by OP69 *Specialist Training in Psychiatry*) [http://www.rcpsych.ac.uk/publications/collegereports/op/op69.aspx](http://www.rcpsych.ac.uk/publications/collegereports/op/op69.aspx) reflects this. Here are some of the published details.

**Educational Supervisor:**

An educational supervisor is a trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specified trainee’s educational progress during a training placement or series of placements. (*The Gold Guide 2009:22, MMC*)

An educational supervisor/tutor is a consultant, senior lecturer or professor appointed by a properly constituted advisory appointments committee. They are responsible for the educational supervision of one or more doctors in training who are employed in an approved training programme. The educational supervisor will need specific experience and training for the role. They will work with a small number of trainees (no more than five). (*OP65, 2008:16, MRCPsych*)

**Clinical Supervisor:**

Each trainee should have a named clinical supervisor for each placement. A clinical supervisor is 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. (*The Gold Guide, 2009:22, MMC*)

Clinical supervision must be provided at a level appropriate to the needs of the individual trainee. No trainee should be expected to work to a level beyond their competence and experience. The clinical supervisor/trainer works with the trainee not solely for the benefit of patients for whom they are jointly responsible but also to foster the professional development (e.g. clinical and personal skills) of the doctor in training. They work in close collaboration with the nominated educational supervisor. (*OP65, 2008:15, MRCPsych*)

However, both MMC and the MRCPsych acknowledge that:

Sometimes the educational supervisor will also be the clinical supervisor/trainer, as determined by explicit local arrangements. (*OP65, 2008:16, MRCPsych*)

Some training schemes appoint an Educational Supervisor for each placement. The roles of Clinical and Educational Supervisor may then be merged. (*The Gold Guide, 2009:22, MMC*)
For the purposes of this Handbook and in relation to the new Wessex MRCPsych course, it will be assumed that the roles of clinical and educational supervisor are indeed combined.

More importantly perhaps, the Royal College of Psychiatrists continue to emphasise that:

Psychiatry has for many years had the ‘one hour per week’ of personal supervision as a cornerstone of the delivery of teaching and learning for doctors in training. This has been, and continues to be, invaluable, enabling the development and assessment of clinical and personal skills under direct one-to-one supervision by an expert. New patterns of working and learning dictate a need to reaffirm the provision of this element of training as well as the wider elements of curriculum delivery, appraisal and assessment. (OP65, 2008:12, MRCPsych)

In addition, in order to carry out supervision effectively, all of the relevant national bodies insist that employers recognise these functions as an integral part of their overall and wider responsibility. This means in particular they must ensure that time is made available for supervision to be carried out and (importantly) that this is recognised in supervisors’ job plans and in job planning discussion. This, too, recognises the primary recommendation of the Tooke inquiry into some of the failures of the Modernising Medical Careers initiative that education, workforce and service matters are interdependent. Everyone working within the NHS must realise that there cannot be change to any one of these without it having an impact on (and the need to consider seriously) the other two.

Further details on all these developments can be found at:

www.mmcinquiry.org.uk/draft.htm
http://www.rcpsych.ac.uk/pdf/OP65x.pdf
Educational Supervisors and the new Wessex MRCPsych course

The aim here is not to go into minute detail about the role of education supervisors. That is dealt with fully in other ways. The national bodies agree that anyone supervising postgraduate trainees must be adequately and appropriately prepared for the role. The Wessex Deanery has introduced a policy of accreditation for new supervisors and re-accreditation for established ones. The Wessex School of Psychiatry offers courses specifically for its supervisors. Details of Wessex Deanery courses can be found at: http://www.nesc.nhs.uk/courses__conferences.aspx

There are some direct ways in which Educational Supervisors can help trainees on the new course, which we list below. There are, in addition, some indirect ways, which we deal with at the end.

Direct ways to help trainees with the new course

1. Know what the course entails. Find out more about the course (using the web links we have provided in this Handbook). In addition, ask your trainee! He or she will have had the course clearly explained at the first session, so when you hold your next weekly one-hour session, this can be high on the agenda. Of course there may still be some misunderstandings (on both sides!), so that meeting might come up with some ‘work-in-progress’.

2. Familiarise yourself with the trainee’s learning portfolio. One requirement for the Core Curriculum (against which the new course is mapped) is for trainees to use their learning portfolio. We suggest you find out as much as you can about how this works. You can access this yourself, and doing so will be invaluable for tracking your trainee’s progress (not least regarding the assessments they will be undertaking), and for you to prepare your ‘supervisor’s report’. This too can be on the agenda for your weekly meeting.

3. Ask your trainee what they are working on, and discuss how you might help them with that. From the first week your trainee will be immersed in the content of the course. As you get to know more about the new course you will realise that this is being handled rather differently from before. Trainees won’t be ‘given’ much content. They will have to work on it themselves. Each week they will, in their ‘learning set’, decide who will work on which particular areas of the topic they have been assigned for the module they will be taking at that time. (Appendix 1 is an example of the weekly work plan for a learning set which might explain this more clearly). You might raise this with your trainee during your supervision time and discuss how you might help. As will see from the example on the web link, you might be able to help your trainee with ‘content’ (particularly if the topic is in your area of expertise). Otherwise, you might be able to suggest to whom or where your trainee might go to find out more. Or you might suggest a relevant assessment that they might do at that time in relation to the topic and their part in learning about it.
4. Help your trainee write up what they are learning (and learning about) in their portfolio. This isn’t just a technical exercise for which it’s necessary to know how the portfolio works: it is a matter of helping trainees think about, and to put into writing, what they are learning. On the new course, there will be sessions on reflective writing. You might ask your trainee to talk with you about what they did on those sessions. Reflective writing can be difficult for some trainees: you and the trainee might usefully work on this together. Have a look at drafts of what the trainee writes, make suggestions as to what they might include, how they might express something differently (more explicitly, more appropriately).

5. Suggest literature that might help the trainee with the topic. You will know more about many of the topics the trainee is studying (not just in your specialist area). Trainees will welcome guidance on the basis of your expertise.

6. Help trainees link what they are learning with their current clinical work – and vice versa. This is the foundation of routine supervision – what good supervisors have always done.

**Indirect ways of helping trainees with the new course**

1. Attendance. The College has a minimum requirement for attendance at courses such as this. We hope you will encourage your trainee to attend everything. After all, the course comprises only 15 days per year (fortnightly attendance during ‘term’ times). That isn’t a huge commitment, and it ought to be possible for trainees to meet this.

2. Supporting your trainee where there are conflicting demands on their time. Trainees sometimes don’t attend courses because of clinical commitments. It’s important for them to realise that their educational programme (and what they need to do in relation to it) is part of their work as trainees. Clinical work is, of course, important too but it should not interfere with their educational commitments. Rotas need to be arranged accordingly. A trainee shouldn’t be ‘on nights’ immediately prior to a course day. No clinical ‘emergency’ should prevent a trainee attending the course. In a sense, the course day (Thursdays) should be treated as though it were a weekend. Other clinical staff – medical and nursing – must deal with those ‘emergencies’. Your support for a trainee in this will be highly significant in enabling them to attend the course. Ultimately, it is the trainee’s responsibility to sort these matters out but you might, at times, and particularly for trainees right at the start of their core training, need to be their advocate in resolving any difficulties that might arise.

3. Discussing with your trainee their career intentions. We have come to recognise that whilst some trainees make an early decision in their careers to become psychiatrists, others don’t do so for some years. Under the current procedures for specialty selection, career decisions need to be made early on. This might disadvantage some trainees in relation to the
specialty of psychiatry. Career discussions with your trainee can be very useful. These might include what particular area of psychiatry to move into, or even whether psychiatry is for them. Knowing how to deal with this (and who else you might call upon) can be very important.

4. Identifying early on that your trainee might be struggling (or otherwise in difficulty). You will know from the courses that are run in Wessex for educational supervisors that the Deanery has a strategy for ‘trainees in difficulty’. This strategy offers support at three levels: educational supervisors; Trust and Specialty; Deanery. It’s important for Educational Supervisors to know what the early signs are of ‘difficulty’ and who else there is that can help. (For more information visit the Deanery website at http://www.nesc.nhs.uk/Docs/Wess_Prof_Support_Strategy_updated_20090514.doc)

5. Maintain your own training records. This is important for you to have a record of what you have been working on with your trainee. This would include some notes on each of your supervisor sessions. From time to time you might add comments about your trainee’s progress from your point of view. This can be particularly valuable if your trainee is in difficulty (as is discussed at the Wessex Deanery Educational Supervisor courses). In addition, as we have mentioned already, Educational Supervisors will, in the future, need to be re-accredited. One feature of this will be a ‘supervisor’s portfolio’. Whilst this is currently being developed, other Deaneries (e.g. London) have such a portfolio in place (see the London Deanery website http://www.faculty.londondeanery.ac.uk/professional-development-framework-for-supervisors)
Help and support for Educational Supervisors

The Wessex leads for the development of the new course are Drs Vicky Banks and Ray Vieweg (contact details below) in collaboration with a development team.

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APPENDIX 1:

Module: Old Age Psychiatry (Part A of the Course)
Topic: MEMORY

Case vignette:
A 75 year old married man is referred by his GP to your out patient clinic with memory problems. Over the last 6 to 12 months he has been having difficulties remembering appointments and getting confused with times and dates. His wife has noticed a change and is very concerned as he is still driving his car and has got lost on several occasions. He has no past psychiatric history and is physically fit except for hypertension controlled with medication.

Background notes for all Learning Sets

Each Learning Set will be given a Task, and must decide what ‘research’ needs to be done between now and two weeks’ time in order to have an informed discussion within their group then. The task should be divided up appropriately between individual members of the group with the intention that each member ‘shares’ what they have prepared on returning in two weeks’ time. Each Learning Set will then decide how best to summarise its effort and an elected ‘group leader’ for the week will present the summarised findings to the larger year-group in a fortnight’s time.

How you divide the task up within your Learning Set is up to you. Each task will require a mix of ‘researching’ using textbooks, literature, online resources, clinical cases and conversations with colleagues and educational supervisors. It may be that some members of the group will be better placed than others to use particular resources depending on their current clinical work or previous experience. We hope that individuals will have the opportunity to use a variety of different approaches over the year and would encourage you to be as creative as you want in tackling your part of the task.

The case vignette is designed as a starting point to guide you through the task but we encourage you to use examples from your own clinical practice as well wherever possible. We recognise that the topic of the week can seem daunting at first, so you can if you want interpret it as narrowly or as broadly as you wish, depending on the experience of the people in your Group. You might refer to the College Curriculum to help guide you but it is ultimately for you to decide on the approach that will be of most value for your own learning.

It is really important that you record all of this in your portfolio, which is primary there to help you learn – when you write things down you see them more clearly (and perhaps understand them for the first time!). Your portfolio is also a visible record of your achievements. You can use it to show yourself what you have done and learnt, and you can show others too (i.e. it can be used as concrete evidence to assess your progress).
Prompts:

- Think about how you might divide up the task into specific areas.
- What are the important areas to be covered and how might each of these be ‘researched’ most effectively?
- Could some of the more common conditions be seen on your ward?
- Might there be an opportunity to do a Case Based Discussion or Mini-Ace as a starting or end point of your individual work?
- Do any members of the group have access to useful resources in their clinical setting? e.g. Memory Clinic
- Are there any differential diagnoses for this man that might present more frequently in the adult mental health setting?
- Could you relate these to any of your patients if you are working in this field?
- How might you use this task to prompt discussion with your educational supervisor?
- Can you identify any clinicians or members of the MDT that might be useful to talk to as part of researching this task? e.g. CPN, OT, Clinical Psychologist
- What other resources are available: textbooks, relevant literature, online information, u-tube video?

[The following task might be given to Group 1]

**Group 1 Task**

**What might the differential diagnoses be for this patient and what are the associated clinical features that would aid in diagnosis?**

[Below is what the members of Group 1 might decide would be their Work Plan for this Topic.]

**Work Plan for Group 1**

**Group member 1**: is currently working in Older Person’s Mental Health. Has a number of inpatients with dementia mainly Alzheimer’s Disease and Vascular Dementia.

**Agrees to** ‘research’ Alzheimer’s Disease and Vascular Dementia.

**Plan:-**

- Do some background reading on the subject from recommended textbooks
- In the course of his clinical duties will interview a patient with each condition and write up a clinical summary.
- In educational supervision will discuss the clinical features of each condition and do some further reading on areas highlighted.
- Following on from this will prepare a written piece, possibly a table, comparing and contrasting the clinical features of both to be shared with the group at next session.
**Group member 2:** is currently working in Adult Mental Health. Has recently seen a patient in the outpatient clinic with memory impairment and depression.

**Agrees to** do some book work on this topic

**Plan:**
- Do some background reading on functional mental illness and memory impairment.
- Do a CBD with educational supervisor on patient seen in clinic.
- Write a reflective piece on the topic following the CBD with the intention of sharing this with the group.

**Group member 3:** is currently working in Older Person’s Mental Health. Is due to do a Case Presentation at their local education session the following week, and was planning to present a case of Lewy Body Dementia.

**Agrees to** modify case presentation for the Group Task.

**Plan:**
- Drawing on the work done to prepare for this and additional information which may be gathered during the audience discussion will prepare a summary of relevant material for the group.
- In addition will do some further reading on dementia in Parkinson’s disease and fronto-temporal dementia and prepare a written summary.

**Group member 4:** is currently working in Adult Mental Health. Has no patients at present with memory impairment.

**Agrees to** do some book work

**Plan:**
- Do some background reading on the rarer forms of dementia such as Pick’s Disease, Huntingdon’s and CJD.
- Will discuss any issues raised in educational supervision.
- Will write a summary of clinical features to be shared with the group.

**Group member 5:** is currently working in Adult Mental Health. Has recently admitted a patient whilst on call with alcohol dependence and cognitive impairment.

**Agrees to** focus on current clinical experience and relate this to the topic

**Plan:**
- Will do a Mini-Ace with educational supervisor on this patient focusing on the assessment of memory.
- Do some background reading on alcoholic dementia and delirium
- Will prepare a short PowerPoint presentation on the clinical features of these conditions to share with the group.