

ST3-EDU-FELL-EPA4 – Education introductory supervisory skills

Area of practice	Medical education	EPA identification	ST3-EDU-FELL-EPA4	
Stage of training	Stage 3 – Advanced	Version	v0.3 (EC-approved 03/06/16)	
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.				
Title	Training to become an effective and competent supervisor.			
Description Maximum 150 words	The trainee should be able to understand the principles of effective supervision and demonstrate the abilities and attitudes required to become a competent supervisor in the future. At this level it is expected that the trainee will have engaged in formal educational workshops or seminars around adult education and supervision whilst concurrently using supervision with their own supervisor.			
Detailed description If needed	<p>As part of this EPA it is expected that the trainee will provide some form of supervision or mentorship to junior colleagues. This may be medical students, house officers or Stage 1 or Stage 2 psychiatry trainees. It is anticipated that both knowledge and hands-on practical skills will be demonstrated. Examples of how this could be done include a combination of the following:</p> <ul style="list-style-type: none"> • completing a formal online or face-to-face course on supervision • supervising a Stage 1 or Stage 2 trainee undertaking a standard Workplace-Based Assessment such as case-based discussion, Mini-Clinical Evaluation Exercise or Observed Clinical Activity and obtaining formal feedback after this from both the trainee and supervising consultant who would need to oversee this process • offering 4–6 weeks of supervision to a Stage 1 or Stage 2 trainee or medical student and obtaining formal feedback from them at the mid-point and at completion of supervision. 			
Fellowship competencies	ME		HA	
	COM	1	SCH	2
	COL	2, 3, 4	PROF	1, 2, 3
	MAN	1, 2		
Knowledge, skills and attitude required	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p>Ability to apply an adequate knowledge base</p>			

The following lists are neither exhaustive nor prescriptive.

- Has knowledge of the various characteristics that make a good supervisor.
- Understands the roles and responsibilities of a supervisor in the following domains (clinical, educational, leader, mentor and manager) and how these various roles may impact on the supervisory relationship.
- Understands the potential for tension in the dual responsibilities of the supervisor to the organisation (responsibility to ensure safe practice of the trainee and an adequate level of patient care) and to the trainee (to help with professional development and learning).
- Understands the purpose and benefits of supervision.
- Has knowledge of the different theories and principles of learning that can be applied to the practise of supervision.
- Understands the importance of reflection and feedback in supervision and demonstrates some knowledge of the different models for delivering feedback to a trainee.
- Has an awareness of the nature of transference and countertransference in the supervisor–trainee relationship.
- Has an awareness of the common causes of supervisor–trainee difficulties.
- Has an awareness of the red flag signs that a trainee may be in distress and an understanding of the pathways to support trainees in difficulty.
- Understands the purpose and process of managing underperformance.

Skills

- Is able to provide a clinical role model: being knowledgeable, competent, caring and professional.
- Adopts a supportive and constructive supervisory style, which may involve mentoring, caring, showing an interest and advising, but that can nevertheless address trainee difficulties and shortcomings.
- Understands the relevance of supervision for the trainees and assists them to formulate learning plans which are linked to the curriculum and take into account the clinical context.
- Demonstrates accurate descriptive and reflective skills in conducting supervision.
- Provides structured and appropriate feedback to help guide clinical care and help trainees to meet their learning goals.
- Maintains appropriate professional boundaries within the supervisory relationship.
- Demonstrates conflict resolution skills, with a specific focus on potential conflict resolution within supervision.
- Demonstrates the ability to create a supportive plan for trainees who fail to meet requirements of a rotation.
- Demonstrates an awareness of the supervisor’s own limits and boundaries.

Attitude

- Non-judgemental, respectful and supportive attitude.
- Committed to creating an open, reflective and positive environment for trainees.

	<ul style="list-style-type: none"> • Ethical, well boundaried, safe and professional practice. • Fosters enquiry, facilitates learning and promotes excellence in trainees. • Willing and able to accept feedback themselves and strives to evaluate and improve own performance as a supervisor.
Assessment method	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
Suggested assessment method details <i>(These include, but are not limited to, WBAs)</i>	<ul style="list-style-type: none"> • Professional presentation. • Feedback from a supervisee. • Direct Observation of Procedural Skills (DOPS).
References DAVYS A & BEDDOE L. Reflective learning model for supervision. In: <i>Best practice in professional supervision: a guide for the helping professions</i> . London: Jessica Kingsley Publishers, 2010. HEALTH WORKFORCE AUSTRALIA. <i>A framework of professional activities for supervisors</i> . Melbourne: RANZCP, 2014. Viewed 29 March 2016, < www.ranzcp.org/Files/PreFellowship/2012-Fellowship-Program/Clinical-supervision-support-project-framework.aspx >. LAKE FR. Teaching on the run tips: doctors as teachers. <i>Med J Aust</i> 2004; 180: 415–6. SCHUMACHER DJ, ENGLANDER R & CARRACCIO C. Developing the master learner: applying learning theory to the learner, the teacher, and the learning environment. <i>Acad Med</i> 2013; 88: 1635–45.	

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar