



Training workshops for supervisors of interns

Purpose

1. To report on the delivery of training for supervisors of interns for the period 1 July 2015 to 30 June 2016.

Background

2. Council commenced a review of prevocational medical training in 2011. It was recognised that high quality supervision and assessment were crucial to the success of the changes being made to prevocational medical training. Therefore a focus was placed on ensuring those providing supervision have the relevant skills to do so. A framework for training supervisors of interns was developed.
3. Health Workforce New Zealand (HWNZ) entered into an agreement with Council on 22 July 2014 for Council to provide training for supervisors of interns, to support supervisors to perform their role effectively. HWNZ provided funding for the delivery of training over two years. Nine workshops were to be delivered in the year commencing July 2014 and seven workshops in the year commencing July 2015.

Workshops

4. Council held 10 workshops in 2014, and a further 11 workshops in 2015 within the agreed funding. This is five workshops over and above that required in the contract.
5. Council contracted Connect Communications to co-facilitate the workshops with senior staff from Council. The objectives of the workshops are to assist supervisors to be able to:
 - Confidently identify and appropriately manage situations in which interns require support, including management of those who are struggling or performing poorly.
 - Understand and demonstrate different methods of providing feedback.
 - Understand and prioritise the supervisory role as strong and primary advocates of patient safety.
 - Understand the supervisory relationship, including handling authority and recognising one's own bias.
 - Confidently identify and manage the intern who may have health problems balancing the dual requirements of support and boundaries.
 - Understand Council's processes and requirements for supervision of interns.

Structure of the 2015 training workshops for supervisors of interns

6. The 2015 workshops were reduced from a full day to a half day session, as a result of feedback received from 2014 attendees. The first hour of the training session focused on Council requirements and use of ePort. The remainder of the session was facilitated by Connect Communications, and this focused on using supervision maps and models to

develop generic supervisory skills, in the context of prevocational training, specifically relating to providing ongoing feedback to the intern. The session included a moderation exercise related to completing the end assessment and exercises focused on how to approach the following key meetings:

- Beginning of clinical attachment meeting – orientation to the clinical attachment, setting expectations and discussing goals for the intern to put in their PDP for the attachment.
- Mid attachment meeting – providing feedback, reviewing the intern's progress with achieving goals in their PDP, and identifying areas for the intern to focus on for improvement for the rest of the attachment.
- End of clinical attachment meeting – providing feedback to the intern and completing both the formative and summative assessments. This included the concept of a marginal pass which allows an intern an opportunity to improve on the next attachment.

7. Analysis of the training workshops held for clinical supervisors of interns in 2014 was provided in the *Report for Health Workforce New Zealand: Training workshops for supervisors of interns* dated 31 March 2014.

Training for clinical supervisors of interns in 2015

8. The 2015 workshops were held in a variety of DHBs in an attempt to cover the broadest geographical distribution of clinical supervisors as possible. The following workshops were held:

- Rotorua Hospital (3 July).
- Taranaki Hospital (22 July).
- Hawkes Bay Hospital (23 July).
- Middlemore Hospital (24 July).
- Nelson Hospital (9 September).
- Wellington Hospital (10 September).
- Christchurch Hospital (23 September).
- Auckland City Hospital (25 September).
- Dunedin Hospital (12 November).
- Waitemata Hospital (20 November).

9. The 2015 workshops were attended by 317 supervisors, bringing the total attendees for both years to 522.

The table below is a breakdown of attendance by DHB for both years:

DHB	No. attended 2014	No. attended 2015	Total
Auckland DHB	17	19	36
Bay of Plenty DHB	30	8	38
Canterbury DHB	18	24	42
Capital and Coast DHB	12	16	28
Counties-Manukau DHB	11	26	37
Hawke's Bay DHB	2	17	19
Hutt Valley and Wairarapa DHB	17	8	25
Lakes DHB	11	15	26
MidCentral DHB	15	1	16
Nelson Marlborough DHB	3	25	28
Northland DHB	1	4	5
South Canterbury DHB	4	11	15
Southern DHB	12	29	41

Tairāwhiti DHB	2	6	8
Taranaki DHB	5	21	26
Waikato DHB	17	24	41
Waitemata DHB	17	33	50
West Coast DHB	0	5	5
Whanganui DHB	7	1	8
Other (General Practices – various)	4	24	28
Totals	205	317	522

Prevocational educational supervisor annual meetings

8. In addition to training for clinical supervisors, further training and support has been provided to prevocational educational supervisors. Three meetings with prevocational educational supervisors have been held between August and October 2015 with 70 attending.

Feedback from the 2015 workshops

9. At the end of each workshop, each participant was invited to provide feedback and asked to rate various aspects of the workshop. From the 317 who attended the 11 workshops, 264 evaluation forms were collated and analysed, a breakdown of the responses received is below:

How useful the participants found the workshop:				Total responses:
Excellent	Very useful	Somewhat useful	Not useful	
56	181	26	1	264
Overall evaluation of the workshop:				Total responses:
Excellent	Very good	Satisfactory	Poor	
59	178	26	1	264

The attendees were also asked how confident participants felt in applying the framework for assessment of interns following the training. The responses were:				Total responses:
Very confident	Confident	Somewhat confident	I need more guidance	
23	183	58	0	264

10. The participants were asked what they found most useful. There were some common themes and these are listed below:

- **Demonstration of ePort.**
Participants commented that the demonstration gave them a better understanding of the full functionality of the ePort, how to gain the most benefit from its use and provided an opportunity to discuss queries or concerns.
- **Learning new tactics and strategies for supervision.**
Attendees noted that the supervision maps and models would be useful tools when dealing with interns who were struggling and those who lack insight. Attendees found supervision and feedback methods demonstrated by the facilitators valuable and it would be beneficial to use these techniques when engaging with their interns.
- **Gaining an understanding of the requirements of Council.**

Clarification of roles and responsibilities as clinical supervisors and understanding the requirements of Council was reported as being very helpful.

- **Clarity around the use and impact of a marginal pass.**

This topic was noted as valuable as many supervisors were unsure about how to use a marginal pass. Participants commented that they felt more confident to mark an intern with a marginal outcome, and this would assist them in ensuring that interns who had key areas that needed improvement would not be passed from attachment to attachment as satisfactory. Supervisors who initially had viewed a marginal pass as a fail had a better understanding and felt better equipped to use this rating as an opportunity to encourage the intern to improve on the areas identified on the next clinical attachment.

- **Gaining understanding of the requirements of general registration.**

Participants found the overview of requirements useful as some were unclear about the specific requirements for an intern to gain general registration.

- **Networking with colleagues.**

Attendees valued the opportunity to meet with peers from other locations and specialties as it was a chance to share knowledge and experiences about supervision.

- **Structure and length of the training session.**

The new half day length of the training sessions received a positive response. It was appreciated that the sessions ran to time and the half day duration did not impact as much on clinical duties.

11. The participants were asked in what way they would consider refining the way in which they supervised. The main themes recognised were:

- **Dedicating time to supervision.**

Participants recognised the importance of allowing time to prepare for individual meetings with interns, and indicated they would place a greater focus on scheduling meetings with interns ahead of time, rather than trying to fit them in on the run.

- **Honest feedback.**

Many supervisors provided feedback indicating that the workshop had allowed them to reflect on their supervisory role and consider the importance of providing honest feedback, rather than seeing the assessment as a tick-box exercise.

- **Setting goals.**

Attendees reported their intention to encourage interns to set realistic and achievable goals at the meeting at the beginning of the attachment, and they would try to hold this meeting within the first two weeks of the attachment commencing.

- **Setting the standard at the start of the attachment.**

Attendees recognised the importance of making expectations clear at the beginning of the clinical attachment and indicated they would focus on this.

- **Applying a Socratic approach.**

Participants commented that they would utilise this approach in their role when initiating a conversation with an intern facing difficulties to help the intern to recognise what may be going wrong.

- **Utilising different feedback techniques.**

Attendees reported their intention to use different techniques and supervision models including the seven-eye model, IBIS and the CLEAR method.

- **Employing new transition phrases.**

Participants reported their intention to use phrases such as “Have you noticed...”, “I’ve noticed that...” and “On the other hand...” when having difficult discussions with interns.

12. The participants were also asked for suggestions on how to improve the workshop. The most common suggestion was a request for the issue of workplace bullying to be added as a topic to cover during the workshop. Other suggestions included combinations of wanting more time spent on ePort or more time spent practising the new supervisory skills.

Conclusion

13. The 11 workshops that were held in the 2015/2016 year were valued and well received by those who attended. It is clear that there is an ongoing demand for the workshops with frequent enquiries regarding increasing the number of training sessions delivered by Council. Those who attended, came away from the training session with increased confidence when engaging with their interns and felt encouraged to pass on their new knowledge to fellow colleagues. The overview of the ePort featured as the most beneficial topic when reviewing the feedback received.
14. Ninety eight percent of the attendees said they would recommend attending the workshop to their colleagues.
15. The high demand for these workshops has suggested that there is a need for ongoing support and training for those who supervise interns. It is recognised that a generic training programme would be useful for all doctors who supervise and could possibly cover both prevocational and vocational supervisory needs.

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