GP – Foundation Supervisor Course

The Foundation Programme in General Practice

Course Notes – for GP Supervisors of doctors during Foundation Training
Aims of Foundation placement in GP

The broad aim of the placement in General Practice is to give junior doctors an opportunity to experience primary care and to develop a rudimentary understanding of how the NHS works and an appreciation of how primary and secondary care work together for the benefit of patients.

The Foundation Programme is an outcome-based educational process.

It has defined competences to be achieved and a defined process of assessment with defined assessment tools.

By the end of the 3-4 month attachment in GP the Deanery expects that the Foundation doctor will have achieved the following seven broad outcomes:

Outcomes of the GP placement

1. Work effectively within the Primary Health Care team understanding the roles of each member of the team

2. Have a working knowledge of the role of the GP and to be able to work under supervision in that role

3. To have worked at the primary/secondary care interface in primary care and be able to identify good practice in referral and discharge of patients from hospital

4. To have undertaken supervised surgeries and identified management plans for the patients

5. To have identified personal learning needs from the working in General Practice and to have an up-dated personal development plan

6. To have completed a piece of work on a practice related topic

7. To have seen and treated patients with illnesses in their own homes and to understand the management issues related to this
Wessex Deanery School of General Practice

Teaching Methods for Supervisors of F2 during GP placements

Initial Plan

Introduction to the Practice

Template for a standard (ideal) week

Complete a Learning Needs Assessment

Agree an Honorary Educational Contract

Agree these with F2 (see Handbook) ....see Resources

Methods of teaching:

Role Model

Discussing Cases

Observing

- Teacher Observing F2
- Sitting in
- Shared consultations
- Dual headsets for telephone consultations
- Video/DVD
- F2 observing GP/nurses/manager/expert patient/peers

Showing

Telling (didactic)

Discussion (tutorial styles) who does what?

Going to find out (directed or self-directed)

- Project or Audit
- Case studies and follow up
- Presenting to colleagues
• Teaching (preparing to teach)
• Daily looking things up. BNF, GP Notebook, Dermis, etc
• Identify Gaps gap analysis or PUNs and DENs
• Addressing areas for teaching and Tutorial topics
• Arranging for F2 attendance at clinics, training sessions etc
• Referral letter
• Feedback from Patients (and PSQ)
• Feedback from the extended practice team
• Checking investigations, lab reports etc (?appropriate)
• Monitor Prescribing

Portfolio learning

• To reinforce person-centred learning

• A collection of evidence that is kept to demonstrate what learning is taking place

Feedback .......See section on feedback
GP Supervisors for Foundation Doctors

Principles of Feedback

Teachers bear a responsibility to assist those who they teach to actually learn. They should be aware that even body language such as a smiling, scoffing or appearing busy or distracted will all convey messages to the learner. Such careless and insensitive informal feedback can destroy the teaching relationship if the learner perceives a lack of interest in her/him as an individual. Remember that 55% of initial communication is via body language and only 7% occurs through what is actually said.

Colleagues may express an opinion that adult learners should be tough enough to take criticism on the chin. While this may be the case in a disciplinary situation it is not conducive to learning. Remember that we are all learners and that in most learning situations doctors learn to disguise their feelings; this does not mean that they are insensitive. We all hate being ridiculed or belittled and it is counter-productive.

Learning depends on motivation. (Maslow)

Gratification of Needs

1. Make Learning interesting
2. Relevant to learner
3. Give regular feedback to let them know how they are doing
4. Reinforce the positive not the negative
5. Give learner the responsibility for learning
6. Ensure Safe/comfortable environment for learning

Feedback is an essential component of maintaining motivation
Giving Feedback on patient history taking and examination requires Direct Observation. In order to be in a position to give Feedback you first need to be able to Observe and then to allow the learner to reflect upon what has occurred and the leaning points contained.

Adults need feedback –

a. Personal observation i.e. tying a shoelace – if it comes undone then attempts were unsuccessful.

b. For a more complex task it becomes necessary to enlist the help of someone more expert to describe and analyse the performance and offer remedial advice (Peyton.J.W.R 1998. Teaching & Learning in Medical Practice)

One view is that professional education is simply the identification of mistakes and that these need to be corrected. More enlightened tutors provide suggestions for improvement. One scheme is to;

- Ask the learner what went well
- Ask other learners what they think was done well
- Ask the learner how the performance could be improved
- Ask other learners what could be improved
- The tutor then sums up the points of good practice and makes suggestions for improvement. This approach has the merit of highlighting and rewarding what was done well and making positive suggestions. Only then does the tutor make positive suggestions for improvement.

This is a powerful method of critiquing a performance and the deliberate concentration on what went well should be seen as the meat of the discussion.

**Negative / Positive:** Ask an untrained learner how he/she performed and they will almost always concentrate on what they perceive to have done badly.

**Formative/Summative:** Formative feedback is what you do almost constantly in encouraging the learner’s development whereas summative feedback is designed solely to comment upon assessments of achievement. It is important to separate these concepts in your mind.

Feedback techniques should be effective in much the same way as Objectives that we set for ourselves or our learners need to be achievable.
Essential Principals of Feedback:

Feedback should be **SMART**

- **Specific**
- **Measurable & Meaningful**
- **Appropriate**
- **Relevant**
- **Timely**

And encourage **Reflection** by the learner

Who gives feedback and How?

- Patients
- Peers
- Supervisor

Two useful approaches to giving feedback in medical education are those commonly termed ‘Pendleton’s Rules’ and the Cambridge Calgary method (see later)

**Pendleton:** Development of a social skills approaches to learning have paid close attention to the feelings of the doctor in training (Pendleton et al- The Consultation an Approach to Learning and Teaching)

**Pendleton’s Seven tasks to be achieved in the consultation**

1. Define reason for patient's attendance (including the patient's ideas, concerns and expectations)
2. Consider other problems
3. Choose with the patient an appropriate action for each problem
4. Achieve a shared understanding of the problem with the patient
5. Involve the patient in the management and encourage him to accept appropriate responsibility
6. Use time and resources appropriately
7. Establish and maintain a relationship with the patient that helps to achieve the task

**Feedback** describes the situation when output from (or information about the result of) an event or phenomenon in the past will influence the same event/phenomenon in the present or future.
When an event is part of a chain of cause-and-effect that forms a circuit or loop, then the event is said to “feed back” into itself.

**In education**

Medical Teachers frequently state that their trainees expect to be spoon-fed. This may be because the Teacher has not considered how to create a self-directed culture of learning in the teacher/learner relationship. It is important to work to establish the concept of self-direction and work-place based learning opportunities right at the beginning of the first appointment in General Practice.

Young trainees will often look up to instructors as experts in the field and take to heart most of the things instructors say. Thus, it is believed that spending a fair amount of time and effort thinking about how to respond to students may be a worthwhile time investment. Sometimes the term “feedback” is used loosely or carelessly to refer to what is more accurately called reinforcement. Here are some general types of reinforcement that can be used in many types of learners’ assessment:

<table>
<thead>
<tr>
<th>Type</th>
<th>Example</th>
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<tbody>
<tr>
<td>Confirmation</td>
<td>Your answer was incorrect.</td>
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<tr>
<td>Corrective</td>
<td>Your answer was incorrect. The correct answer was Jefferson.</td>
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<tr>
<td>Explanatory</td>
<td>Your answer was incorrect because Carter was from Georgia; only Jefferson called Virginia home.</td>
</tr>
<tr>
<td>Diagnostic</td>
<td>Your answer was incorrect. Your choice of Carter suggests some extra instruction on the home states of past presidents might be helpful.</td>
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<tr>
<td>Elaborative</td>
<td>Your answer, Jefferson, was correct. The University of Virginia, a campus rich with Jeffersonian architecture and writings, is sometimes referred to as Thomas Jefferson's school.</td>
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(Adapted from Flemming and Levie)
## DO's and DON'Ts of Giving Feedback

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>Comments</th>
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<tr>
<td><strong>Dos</strong></td>
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<tr>
<td>Give it with Care</td>
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<td>Let the recipient invite it</td>
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<td>Encourage self - criticism</td>
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<td>Be specific</td>
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<td>Outline the positive</td>
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<td>Avoid evaluative judgements</td>
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<td>Make the feedback actionable</td>
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<td>Balance the positive and negative</td>
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<td>Balance the timing of the positives and negatives</td>
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<td>Choose the right time and place</td>
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<td>Don’ts</td>
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<td>Deny the other persons feelings</td>
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<td>Be vague</td>
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<td>Accuse</td>
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<td>Take for granted the person has understood</td>
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<td>Bring in third parties</td>
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<td>Be negative</td>
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<tr>
<td>Be destructive</td>
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<td>Be judgemental</td>
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<tr>
<td>Bring up behaviours that the person cannot help</td>
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<td>Be overly impressed</td>
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<tr>
<td>Be aggressive</td>
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Teaching Communication Skills


2. The Calgary-Cambridge approach to communication skills teaching

Pendleton’s rules are the most commonly used and the best known system for provision of structured feedback in a ‘safe’ environment. These were introduced to avoid the defensive and uncomfortable scenarios of medical teaching that concentrate on omissions and failures and thereby result in destructive rather than constructive learning experiences. This approach concentrates on reinforcing the positives.

The rules are based on a structured and specified order of feedback:

- Positive feedback first
- Self assessment first
- Trainer makes recommendations rather than just criticism

Rules for feedback:

- Clarify matters of fact
- Doctor…..What went well
- Trainer or Group…..What went well and how
- Doctor….What could be done differently and how
- Trainer or Group….What could be done differently and how

Problems:

- Artificial separation of good points from learning needs in interests of a safe environment
- Not spontaneous cannot deal with points as they crop up
- Doctor’s agenda discovered late in the process
- Inefficient spending a lot of time on the ‘good’ points and too little on the Learning need
- Recommendations are often perceived as ‘what was done badly’
**Calgary-Cambridge** explores the ‘how’ of communication skills teaching and encourages non-judgemental feedback in experiential teaching sessions using review of consultations. It uses descriptive feedback using an easy-to-remember plan: SET-GO

Feedback should be:

- Non-judgemental rather than evaluative
- Specific and not general
- Focus on behaviour not personality
- Sharing information
- Checked with recipient
- Well-intentioned

So, set the scene, and appreciate that this method is all about observation. The learner is encouraged to state what particular wants she/he has from this particular session. For example: ‘I want you to observe my methods of ending the consultation during today’s surgery so that I can improve this and pick up some new techniques’

The Learner and the GP Clinical Supervisor observe the surgery together (either real-time by sitting-in or pre-recorded on DVD). This is time-consuming but an ideal medium for SET-GO

**SET-GO**

1. what did the learner actually **See** happening….describe
2. what **Else** did the teacher see
3. What does the learner **think** about this?
4. What **Goals** can the learner now set (with help and support of teacher?)
5. what **Offers** can we make to achieve the goals (learner goes first)

The learner then summarises

The GP CS and the Learner discuss (referring back to the learner’s initial wants for the session….in our example we were looking at ending the consultation)

Learner writes up the learning experience in his/her portfolio if appropriate.
Wessex Deanery School of General Practice

Resources for Supervisors of F2 in GP

Available on the Wessex Deanery Website:

General information available on both the Foundation and the GP Schools website:
http://www.wessexdeanery.nhs.uk/foundation_school.aspx

Further specific information is available for both trainee and clinical supervisor on the F2 in GP web pages (including access to the Foundation Programme in General Practice Handbook)


A link to the current Supervisor application form:

Supervised Learning Events

The Assessment Tools must be used to record Supervised Learning Events (SLEs). Sample forms are included in the Foundation Programme Curriculum, (updated 2014). Clinical Supervisors should become familiar with these and also with the format of the Foundation doctor’s e-portfolio. The purpose of SLEs is to:

- Provide immediate feedback and suggest areas for improvement
- Highlight achievements and areas of excellence
- Demonstrate engagement in the educational process

The FP Curriculum provides details of the assessment tools and their frequency of use. The process is not arduous and the SLEs use four tools. These are:

a. Mini clinical evaluation exercise (mini-CEX).....six in FY2

b. Direct observation of procedural skills (minimum 3 but no maximum)

c. Case based discussion (CbD) (minimum Six during FY2 year)

d. Developing the clinical teacher (presentation at least one / year)

Team assessment of behaviour (TAB) is a Multi-source feedback designed to collate the feedback from a range of multi-professional colleagues. It is recommended that this should be carried out once each year in the final month of the first placement of the year. The F2 should agree 15 raters/assessors with the Ed Supervisor as detailed in the FP Curriculum.
End of Placement Reports

There are two end of placement reports, one by the Clinical Supervisor and another by the Educational Supervisor.

Clinical Supervisor Report:

Towards the end of the placement the F2 and the CS should meet to complete a summative assessment of the F2’s overall performance and progress during the placement. The report should comment specifically on:

- Any noteworthy aspects of the F2’s performance
- Any concerns regarding the doctor’s performance
- The F2’s participation in the agreed educational process
- Evidence of the F2’s personal & professional development as a result of feedback and reflection.

The Educational Supervisor’s role is to review the CS report along with all the evidence provided within the e-portfolio, together with any other information.

The responsibilities of trainers are detailed in Appendix B of the Foundation Programme Curriculum

Guidance on the Foundation Learning ePortfolio can be found via the following link. Section 4 contains guidance and examples of the Assessment tools:

http://www.foundationprogramme.nhs.uk/pages/home/key-documents#foundation-learning-portfolio

Curriculum for the foundation years in postgraduate education and training (DoH)

Link to current Foundation Programme curriculum and assessment PDF documents:

http://www.foundationprogramme.nhs.uk/pages/home/training-and-assessment
The Supervision Payment/Trainer's Grant

The level of the supervision payment is based on the available funding to the Wessex Deanery.

- You can if you have sufficient capacity in terms of space and resources have more than one F2 at any one time.
- If you share the rotation with another practice then payment will be split appropriately.
- For information on how to claim the supervision payment, please refer to the Practice Manager FY2 Checklist available on our website at: http://www.wessexdeanery.nhs.uk/foundation_school/f2_in_general_practice.aspx or at the end of this document.

Policy documents and Professional Guidance are regularly updated at:

- www.rcgp.org.uk
- http://www.foundationprogramme.nhs.uk/pages/home
- http://www.gmc-uk.org/
Practice Manager FY2 Checklist

2 months prior to commencement:

1. E-mail or telephone FY2 with welcome and introduction and offer of a visit to the practice to meet new colleagues ahead of their placement. Most will want to do this.

2. Confirm contact details to include:
   - Email (home and work)
   - Address
   - Tel numbers (home and mobile)
   - Any special needs, requirements or information (religious beliefs and practices, travel arrangements to and from work, commitments outside of work, what they like to be called etc). This sort of information is invaluable in our experience, and helps us to plan for their placement appropriately.
   - Provide them with contact details of their trainer if they do not already have this, including email and tel numbers.

3. Check with the FY2 the date of their latest enhanced CRB check, indemnity insurance arrangements and GMC certificate. Ask the FY2 to provide the documents (where relevant) for inspection on their first day at the Practice. (Take copies for their file on their first day, if appropriate)

1 month prior to commencement:

4. Prepare honorary contract for the FY2 using the standard template – see pages 20-23.

5. Prepare induction timetable for the first two weeks, we include sitting in with GPs and other clinicians in the first week of their placement and virtually all GP sessions in the second week. Check with the FY2 if there are any areas of particular interest or training needs and accommodate if this is possible and appropriate.

6. Once a standard timetable for the FY2 has been agreed (to include their half days, taking account of any On-call commitments and compulsory training) get the appointments for the FY2 set up on the clinical or appointment system at 30 minute intervals to start with.

7. Send electronic or paper copies of timetables, staff handbook (if you have one), prescribing formulary, copy of the honorary contract and FY2 Frequently asked questions to the FY2, reassure FY2 Doctor that all will be well, nothing to worry about and looking forward to having them working at the practice. Remind them about a visit to the practice if they have not already done so.
8. Prepare induction pack for the FY2 to include:

- Timetables
- Tel directories for internal and external contacts
- How to guides (clinical system processes, appointment system, using electronic protocols etc)
- Fire evacuation plan
- Floor plan of the building showing hazards, fire exits and extinguishers
- Copy of the honorary contract
- Prescribing formulary
- FAQs for FY2s
- We always give a welcome to the practice card to each new starter at the practice on their first day.

2 weeks prior to commencement:

9. Prepare and stock the FY2s room, including stationary, clinical consumables, paper, leaflets etc. Arrange nameplate for the door of their room. Update website with doctors details and duration of their placement. Prepare a sign for patients alerting them that the FY2 will be sitting in with doctors and other clinical staff for the induction period.

10. Ensure all staff are aware of the imminent arrival of the new FY2 doctor, in our practice they always forget so we keep reminding them!

11. Prepare access to all IT systems via passwords and logons including, clinical system, appointments, ICE requesting, radiology, scanning system, smart card set up (and remind them to bring it with them), hospital PAS, email, windows etc. We find it’s a good idea to check it all works as well by logging on as the FY2 and checking each system is usable (this can waste literally days trying to get it sorted out if you don’t).

12. Make contact with the FY2, 2-3 days before their placement just to touch base, reassure, reassure, reassure that all will be well and we are all looking forward to their arrival and working with them. Reaffirm to contact you with any troubles or difficulties or worries so that we can rectify with them.

On the day:

13. The morning should be blocked out for the trainer and the practice manager. We advise FY2s to arrive between 9 and 9.30 just to miss the crazy 8.30 rush.

14. Warm welcome, (it helps if the receptionists at least look like they are expected), PM gives tour of the premises, covering health and safety hazards, fire exits, extinguishers, panic alarm locations and procedure for responding to these.

15. Introduction to all staff as part of the above
16. GP Trainer or practice manager to go through the induction pack paperwork with the FY2

17. Show FY2 to their room and the location of all the essentials, ensure they know where they will be next i.e. going out on visits with a GP, and take them along and introduce them to the person they are working with that day.

18. Show them the staff room and cover places of local interest, good places to eat or find lunch etc

19. During the two week induction period, ensure adequate IT training on all clinical and appointment systems, we usually start with 2 x 2hr sessions, with how to guides for each item we cover, and then arranged follow ups as and when required. We also have staff available to problem solve IT and clinical system issues as and when required.

20. Check documentation and photocopy, and store in their personnel file.

Process for submitting claims for F2 Supervision payments

The current invoice template that must be used for submitting claims can be obtained by emailing the Foundation School Manager (currently Lisa McChrystal).

The GP F2 Supervision payment amount for 4 month placements can be confirmed by the Wessex Foundation School Team:

Payment queries should be sent to:
- lisa.mcchrystal@wessex.hee.nhs.uk
- natasha.patel@wessex.hee.nhs.uk
Completion of the Invoice

- Invoices must be submitted during the last month that you have the trainee in post with you.
- The deadline for invoice submission is 2 months after completion of the F2 trainee supervision period. Retrospective payments can no longer be considered.
- The invoice must have a reference number.
- Please submit the invoice on practice headed notepaper.
- Include the name of the F2 Supervisor.
- Include the name of the F2 doctor.
- Please state the placement date from / date to.
- Include payee and bank account details.

Please send the invoice directly to this address in Wakefield:

XXLIMCCHRYPSTAL
Health Education England
Wessex LETB
T73 Payables F485
Phoenix House, Topcliffe Lane
Wakefield,

WF3 1WE

Adapted from original work attributed original work by Jane Dawes and Joanna Robinson.
Exercises to prepare for the second part of the course

In preparation for Part two of the course please think about all that the group has discussed today and reflect on the Role of the Clinical Supervisor.

Please consider your role as a Supervisor and things that you will find useful in achieving your educational role.

1. Please spend an hour or two doing the Learning Styles personal assessment (Honey & Mumford)

We will be sharing our experiences at the next meeting, so please be prepared to discuss your thoughts, concerns and suggestions.

The following headings may provide a helpful template:

My role as Clinical Supervisor:

- Ed needs assessment
- Agree Learning Plan
- ‘Plugging the Gaps’
- Close supervision and monitor progress
- Supportive role
- Feedback
- Guiding
- Assessing

2. Timetable for F2 in GP

Please think about how you will organise an induction period for your F2 during the first week and then consider a flexible timetable for the duration of the F2 attachment at your Practice. Write your own specimen Time-tables to include all the activities that you would anticipate for your first FY2 in your Practice.

3. Familiarise yourself with The UK Foundation Programme Curriculum July 2012 (updated 2014)

For discussion next month during Part 2 of the course.
Personal Notes:

Comments and questions for Part two of the course.
## Contact details for your local area and Foundation Programme Director

<table>
<thead>
<tr>
<th>Patch Office</th>
<th>Dorset</th>
<th>Mid-Wessex</th>
<th>Portsmouth &amp; IOW</th>
<th>Southampton &amp; Jersey</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Areas covered / Foundation</strong></td>
<td>Bournemouth, Dorchester, Poole</td>
<td>Basingstoke, Salisbury, Winchester, Andover</td>
<td>Portsmouth, Isle of Wight</td>
<td>Southampton &amp; Jersey</td>
</tr>
<tr>
<td><strong>Website for GP area team</strong></td>
<td><a href="http://dorsetgpcentre.com">http://dorsetgpcentre.com</a></td>
<td><a href="http://mwgpe.co.uk">http://mwgpe.co.uk</a></td>
<td><a href="http://www.gpeducation-portsmouth.co.uk/home.html">http://www.gpeducation-portsmouth.co.uk/home.html</a></td>
<td><a href="http://www.gpeducation.org.uk/home">http://www.gpeducation.org.uk/home</a></td>
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<tr>
<td><strong>GP Associate Dean</strong></td>
<td>Dr Clare Wedderburn</td>
<td>Dr Heidi Penrose</td>
<td>Dr Rachel Elliott</td>
<td>Dr Johnny Lyon-Maris</td>
</tr>
<tr>
<td><strong>Telephone</strong></td>
<td>01202 962165</td>
<td>01962 827 506</td>
<td>023 9268 4977</td>
<td>02380 796751</td>
</tr>
<tr>
<td><strong>GP Programme Director for foundation</strong></td>
<td>Dr Emer Forde</td>
<td>Dr Siobhan Gill</td>
<td>Dr Bryony Sales (Lead Foundation GP PD)</td>
<td>Dr Rachel Owers</td>
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<tr>
<td><strong>Email</strong></td>
<td><a href="mailto:eforde@bournemouth.ac.uk">eforde@bournemouth.ac.uk</a></td>
<td><a href="mailto:sio_gill@yahoo.co.uk">sio_gill@yahoo.co.uk</a></td>
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With thanks to Dr Reg Ogbert for his input into the course and writing this handbook.