

## **FACULTY GUIDE**

# **The Workplace Learning Environment in Postgraduate Medical Training**

**October 2013**

**Appendices** – *all guidance published by NACT UK*

1. Who does what in PGME
2. Roles of Supervisors
3. Job Descriptions - Educational Supervisor, Specialty Tutor & DME
4. Best Practice Guidance for Ongoing Clinical Supervision
5. Managing Trainees in Difficulty – July 2012.
6. Terms of Reference of Department Faculty Group.
7. Serious Incident Analysis: A Practical Guide for Directors, PGME

***NACT UK: Supporting Excellence in Medical Education***

## The Culture in the Workplace

A doctor in both foundation and specialty training should be a valued member of their multi-professional team, and be responsible for providing high quality and safe clinical care to the patients, relatives and carers with whom they interface during the working day. To maximize the learning from these clinical encounters all members of the clinical team are involved, both individually and collectively, in observing performance, advising, teaching, giving feedback and encouraging discussion. The culture within the workplace environment is key to the safe and successful learning of all learners.

All doctors, nurses and allied health professionals have a professional duty to support and develop colleagues of their own and other professions, particularly students, less experienced staff and those new to the department. This role should be clarified and discussed in annual appraisal for all staff.

However there is a distinction which needs to be emphasized between the on-the-job continuing education and professional development of all healthcare staff and the specific learning needs of postgraduate medical trainees on structured training programmes. Local Education Providers (LEPs) have a contractual obligation and receive additional funding to provide education, clinical training and support for postgraduate doctors. This formal requirement should be understood by all departments with trainees, all members of faculty and shared with the multi-professional clinical team.

## The Faculty

The General Medical Council uses the term 'local faculty' to denote "*those involved in the delivery of postgraduate medical education locally*". This includes local foundation programme directors, directors of medical education, clinical tutors, GP trainers, college tutors, and others with specific roles in educational supervision and clinical supervision where this relates to training.

Members of faculty have a clearly defined role to which they have been formally appointed and for which they have received training.
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In general, trainees work within a specialty department for a group of consultants who supervise their postgraduate medical training. One consultant usually leads, organises and coordinates these educational activities – and is responsible for liaison with the hospital medical education infrastructure. This model, or simple variations on it, form the basis for the understanding of the rest of this document.

## **Specific Roles within Faculty** – see appendices for further details & job descriptions

Definitions of these various specific roles can be found in the NACT UK document “*Who Does What*” (Appendix 1) and in *The Trainee Doctor* published by the GMC.

Named Educational and Clinical Supervisors provide support for individual trainees.

Specialty / College Tutors provide postgraduate medical educational leadership within a department and are increasingly being known as Faculty Leads. They co-ordinate a variable number of trainees on several programmes, chair the Department Faculty Group (DFG) or equivalent and are responsible for the departmental learning environment working closely with the Clinical Directors / Leads.

Foundation Programme Directors & Directors of Medical Education provide educational leadership across a LEP or group of LEPs.

## **The “Extended” Faculty**

In the workplace every member of the clinical team, in which a doctor in training is working, has a role to support that learner; and so function as “extended faculty”. Trainees are also members of this “extended faculty” as they are key in supporting the learning of those more junior than themselves. It is the responsibility of the local faculty to ensure that all members of the “extended faculty” understand this educational role and feel supported by the named members of the local faculty eg. the Specialty/College tutors, educational supervisors etc.

The role of the “extended faculty” includes creating a supportive environment for learning, overseeing & evaluating everyone’s clinical practice and commenting appropriately to ensure the delivery of safe, high quality patient care.

**Clinical Supervision** is the minute-to-minute oversight of trainees in the workplace and is an activity that involves many different individuals during the course of any working day. It is an absolute requirement for safe patient care and all members of the clinical team must be aware of their role in these responsibilities, how to manage any concerns and how to provide feedback to both the trainee doctor and their named supervisor.

At all times there must be senior medical supervision by a named doctor to provide “**ongoing clinical supervision**” (sometimes referred to as the “sessional supervisor”) (see appendix 4 for NACT UK Best Practice Guidance).

Their role is to provide advice or attend as needed; the level of supervision is tailored to the individual trainee’s competence, confidence and experience.

## **The Learning Environment**

The rest of this document will discuss the requirements in the workplace for a good learning environment under the 4 main headings in Figure 1. These should apply to all members of the clinical team – though some will be more relevant to certain individuals. They are focused on the contractual requirements to support doctors in training, but the resultant Learning Environment will encourage professional development of all members of the clinical team.

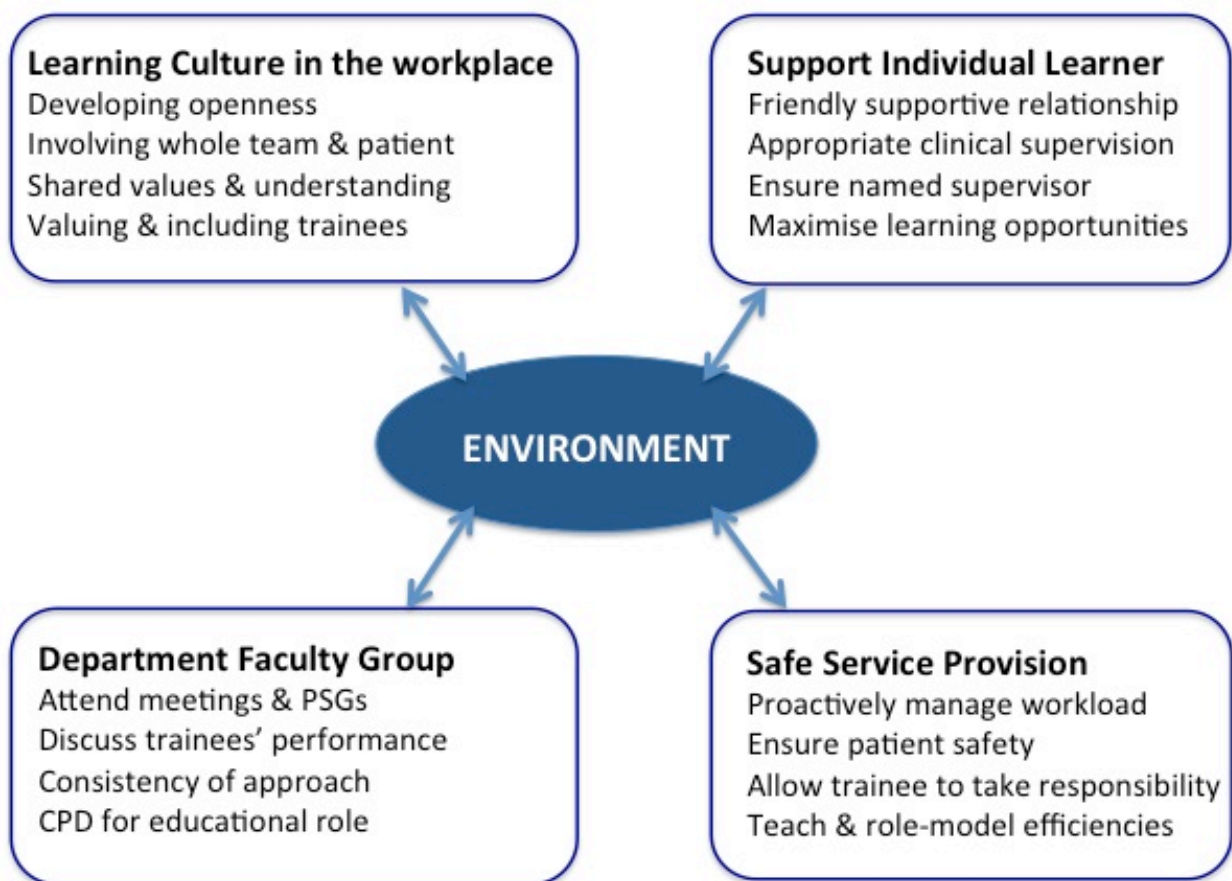


Figure 1: Defining the roles of faculty

## **Learning Culture in the Workplace**

Talking to trainees rotating between different departments & organisations reveals the impact of the workplace culture on their ability to learn. The process of growing and developing as a professional practitioner, and to achieve individual potential (self-actualisation), requires the trainee to feel safe, valued and have self-esteem (*Maslow*).

Faculty can influence this in several ways:-

### **Developing Openness**

- Encouraging & role-modelling professional behaviour
- Seeing, listening, observing & sensing what is going on in the team and responding appropriately
- Giving, receiving and seeking regular constructive feedback
- Safe to question, challenge and disagree

### **Involving whole team & patient**

- Knowledge of the roles of team members; willingness to help each other
- Understanding what being faculty means
- Explaining to patients their role in developing young doctors
- Involving patients, carers and relatives in the learning opportunity

### **Shared values and understanding**

- Acceptance and expectance of constructive critical feedback
- Mutual respect and trust; modeling equality and diversity; minimal hierarchy – *“No-one is too posh to wash” (hands or coffee cups!)*
- Being professional; putting patient first – acknowledging and discussing openly errors/incidents & sharing the learning
- Confidentiality, minimal gossip & open processes for obtaining faculty feedback on an individual trainee

### **Valuing & including trainees**

- The role of the trainee as practitioner – defining expectations of what should be done, levels of decision-making, coping with workload, developing resilience in busy NHS
- The role of the trainee as learner – it’s ok not to know
- Trainees are trainers too; principally by training junior doctors less experienced than themselves and offering educational opportunities to members of the other healthcare professions – we can all learn from sharing the trainees’ experiences
- Induction, sharing “how it is done round here”

## **Support Individual Learner**

Faculty have a responsibility to ensure that each individual trainee receives appropriate supervision, knows who to turn to for educational and clinical concerns and is supported by the clinical team. NACT document “Managing Trainees in Difficulty” (*appendix 5*) should be available to all “extended faculty”.

### **Friendly supportive relationship**

- Introductions at start of placement
- Start from premise of positivity and support
- Concern for individual welfare & physical environment – food, rest, personal space/locker etc
- Assist with required processes, procedures, IT passwords & programmes etc

### **Appropriate Clinical Supervision**

- Observe performance & feedback to assure patient safety
- Understand requirements of the relevant level of training & assessment
- Give regular feedback - in depth knowledge not required – comment on manner, professionalism, management of case / team, from patient / team perspective
- Be courageous - give constructive critical feedback immediately and agree action plan
- Know the name & contact details of the senior doctor available for support / advice
- Act as trainee advocate: involve other team members and call in senior help as necessary

### **Ensure Named Supervisor**

- Named Educational Supervisor (ES) known to trainee and to faculty. Named Clinical Supervisor (CS) if ES not in dept. Roles of Supervisor clear to all.
- Alternative sources of support known to trainee
- Pathway of communication from faculty to Supervisor (CS and/or ES) via Placement Supervision Group (PSG) and/or Department Faculty Group (DFG).
- 360 feedback principles understood – clarity about type and frequency of feedback, interpretation, what happens to collated feedback, place in portfolio, etc

### **Maximise Learning Opportunities**

- Utilize the multi-professional team e.g ward pharmacy for prescribing issues etc.
- Support with prioritization & delegation to ensure accesses learning events e.g. attendance in clinic etc.
- Find relevant trainee when learning opportunity arises
- Consider the learning needs of individual trainee
- Let go - be prepared to let the trainee take decisions, do practical tasks etc.

## **Department Faculty Group**

A clear communication strategy is required to keep all informed of their responsibilities, expectations and relevant developments. All departments with trainees should hold a Dept. Faculty Group (may be associated with other dept business meeting) led by the College / Specialty Tutor & attended by the Clinical Director/Specialty Lead (*see Appendix 6 for Terms of Reference*).

Although only those members of faculty with specific roles will attend it is their collective responsibility to share the key points with all members of their clinical team.

“Extended Faculty” may not be confined to a single department, specialty or profession and arrangements should be made to include them within the communication pathways.

With the increasing regulation and requirement for data it is essential that all departments have allocated educational administrative time and resources to assist faculty with necessary reports and supporting information. This is required for the collation of incidents, complaints etc (*see Appendix 7*), which are required for completion of the revised Annual Review of Competence Progression (ARCP) and the revalidation of trainees.

## **Faculty meetings & Placement Supervision Groups**

- Link service and training issues – service reconfiguration, rotas etc.
- Enhance quality of training – respond to trainee feedback, learn from other depts. devise action plans, create ideas
- Inform faculty of developments, expectations
- Discuss trainees to ensure appropriate clinical supervision to maximize professional development of all trainees & maintain safe service

## **Discuss trainees’ performance**

- Supervisor can provide individual trainee feedback and constructive comments
- Issues can be raised & addressed in timely constructive way during the placement and documented on End of Placement Report
- Involve trainees early when concerns are identified and devise agreed management plan
- Focus on non-clinical as well as clinical aspects of performance – non-medical faculty members and patients often more capable of commenting on aspects of professionalism

## **Consistency of Approach**

- Develop processes and guidelines to ensure consistency of both educational & clinical approach between individual faculty members
- Communicate with other trainers and Specialty / College Tutor around any issues e.g. managing trainee with specific issues or concerns (*see Appendix 7*).

## **Developing as a Trainer**

- Attend relevant meetings and discuss with colleagues to demonstrate CPD in educational role required for Revalidation.
- The College / Specialty Tutor should take the lead to develop all members of faculty
- Provide some supporting information e.g. logbook of interventions, curriculum mapping, teaching/supervision evaluation
- Seek feedback on educational role from colleagues & trainees

## **Safe Service Provision**

Trainees are employed to provide a clinical service and they learn from making decisions and taking responsibility – this is an essential part of postgraduate training. Trainees do not learn when they are “supernumerary”.

All members of faculty have a responsibility to allow and encourage trainees to take an active part in service provision whilst ensuring patient safety at all times. Faculty needs to demonstrate situational judgment & self-control and allow the trainee in graded steps to develop autonomy of decision making; judging when to allow the trainee to continue and when to intervene.

### **Proactively manage workload**

- Allow trainees to manage their own rota & take responsibility for ensuring cover
- Ensure trainees balance the clinical needs of the patients with their learning needs
- Faculty should consider alternative approaches to managing the service and enhancing the learning: making every moment matter.
- Trainees should appreciate the learning in all aspects of patient care – even if doing simple tasks

### **Ensure Patient Safety**

- Define parameters ahead of time – so expectations of what level of decisions the trainee is expected to make
- Find time to discuss issues after period of “independent” work to discuss moments of slight uncertainty and ensure learning takes place
- Depending on trainee seniority, faculty to allow trainee to manage complex situations and consider it a learning moment and resist intervening unless patient safety is concern risk
- Act as patient advocate and access senior support as necessary

### **Allow trainee to take responsibility**

- Articulate expectations of what is expected
- Provide regular feedback of what was good and how to improve
- Grade level of supervision according to individual

### **Teach & role-model efficiencies**

- Demonstrate and teach how to prioritise and use organisational skills to get through the workload
- Be focused and to the point in all communication
- Delegate tasks having set defined objectives of what to do and not do
- Involve all faculty team – let go – others can do it too
- Demonstrate the humanity of medicine

## **References**

1. Proposals for the organization of PGME at the provider level. NACT UK August 2007  
<http://www.nact.org.uk/display?itemfeedid=83413>
2. Time for Training. Prof Sir John Temple  
<http://www.mee.nhs.uk/PDF/14274%20Bookmark%20Web%20Version.pdfgbhm>