Teaching, Mentoring and Clinical Supervision

One in a series of curriculum statements produced by the Royal College of General Practitioners:

1 Being a General Practitioner
2 The General Practice Consultation
3 Personal and Professional Responsibilities
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15.9 Rheumatology and Conditions of the Musculoskeletal System (including Trauma)
15.10 Skin Problems

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Key messages

- Specialty registrars (GP) need guidance in developing their role as teachers, particularly in developing strategies for becoming learner-centred, encouraging learner autonomy and providing support.
- The skills involved in consulting with patients have striking similarities with the skills required for effective teaching, e.g. active listening, questioning and summarising are required to help reach a shared understanding of the problem or issue to be addressed.
- There are many opportunities for work-based teaching and learning in general practice.

Introduction

Rationale for this curriculum statement

General practice as a learning profession

General practice is a specialty that addresses the whole person. It requires its practitioners to practise reflectively, applying scientific knowledge, but in the context of individual lives and complex human systems. Reflective practice requires intellectual and emotional nourishment and an atmosphere of trust so that practitioners can reflect honestly with their colleagues on their own ways of working (including their mistakes) and engage in constant learning without feeling excessively vulnerable.

Activities such as clinical supervision and mentoring provide opportunities for GPs to examine their own professional practice safely and effectively, based on their work experience, in a way that is different (but complementary) to other forms of learning such as technical or factual learning.

Teaching medical students and junior doctors and sharing professional knowledge are core activities of medicine as an academic discipline, and are enshrined in the expositions of General Medical Council's *Good Medical Practice* produced for all the medical doctors in all specialties.[1] The section in *Good Medical Practice* on Teaching and Training states:

> *'You should be willing to contribute to the education of students or colleagues and if you have responsibilities for teaching you must develop the skills, attitudes and practices of a competent teacher. You must also make sure that students and junior colleagues are properly supervised.'*

UK health priorities

For over a decade, the Department of Health[2] has had an explicit commitment to promoting clinical supervision:

> *'It is central to the process of learning and to the expansion of the scope of practice and should be seen as the means for encouraging self-assessment and analytic and reflective skills.'*

More recently the value of mentoring has been stressed and proposals have been made for a considerable expansion in its availability.[3] NHS appraisal in its present form continues to remain rooted in a developmental philosophy close to that of mentoring and clinical supervision.

The government's strategy towards larger primary care centres replacing single-handed and small practices,[4] along with an increased range of primary care providers, will inevitably mean that more training and education takes place interprofessionally and in-house.

General practice placements in the Foundation Programme[5] and an expansion of the general practice component of specialty training for general practice are leading to a significant junior-doctor workforce in primary care. As more experienced learners in training practices, specialty registrars have the opportunity to contribute to the Foundation Programme's teaching but will need guidance on effective strategies for providing support and facilitating learning. Teaching and training are already regarded as core competences of the Foundation Programme; specialty registrars in the latter stages of training are ideally placed to deliver some of the teach-

ing, mentoring and clinical supervision required. As peers, they may have particular insights that are not shared by other groups and by participating in this way they may serve to improve their own performance as well as that of others.

A significant proportion of the undergraduate medical curriculum is now delivered in primary care, further adding to the need for a body of teachers and educators in primary care.

The Walport report[6] stresses the need for dedicated academic training programmes to be developed in collaboration between universities, local NHS trusts and deaneries. While the majority of these programmes will focus on research, it is envisaged that some 'will have educational training as their main focus'. Some of the planned programmes will be based in general practice and involve an extended GP training programme linked to an academic university department.

Learning Outcomes

The following learning objectives relate specifically to the area of teaching, mentoring and clinical supervision. The full range of generic competences is described in the *core* RCGP curriculum statement 1, *Being a General Practitioner*.

GPs should be able to:

- Understand how adults learn
- Demonstrate an awareness of the differing learning styles of individuals
- Demonstrate a learner-centred approach to teaching
- Conduct an educational needs analysis
- Design an educational programme appropriate to the identified needs of a learner
- Plan and structure a teaching episode appropriately for the learners concerned
- Demonstrate the ability to facilitate the learning of a small group
- Deliver a presentation clearly and effectively, identifying the needs of the audience, tailoring the presentation to those needs and encouraging active involvement
- Demonstrate the effective use of information management and technology in teaching
- Demonstrate the willingness and ability to ask for and learn from feedback on performance as a teacher
- Contribute positively to a culture of teaching and learning within the practice organisation
- Understand the benefits of interprofessional and multiprofessional learning
- Demonstrate the ability to give effective feedback to a colleague
- Understand the nature and purpose of mentoring and of clinical and educational supervision
- Recognise the relationship between these activities and reflective practice
- Identify the different forms that mentoring and clinical supervision (formal and informal) can take, and also the benefits and limitations of these
- Demonstrate the ability to ask for, organise, receive and also give forms of mentorship and supervision appropriate to each career stage.

Preparing specialty registrars (GP) for a teaching role: what sort of teacher?

Teaching encompasses a range of methods for facilitating learning. To help the development of new teachers, this complexity needs to be addressed within a supportive yet challenging environment.

Preparing specialty registrars for a teaching role is an exciting challenge, particularly as they will almost certainly imitate the methods used by their own teachers. Many will see the role of the teacher as that of expert, imparting information to learners in a predominantly didactic way, which is still a prevalent model in medical training. They will need to experience and try other models that are more suitable for teaching and learning in general practice.

Adult learning is most effective when it is clearly relevant to the reality of working life, relates theory to practical problem solving and encourages reflection.[7] All of these components need to be considered in preparing for teaching.

When vocational training for general practice was first introduced in the United Kingdom, the Royal College of General Practitioners published a book called *The Future General Practitioner*.[8] This extended the role of a teacher by going beyond the traditional method of passing on knowledge. Additional teaching methods were explored, in which the teacher was seen as a facilitator of learning, through questioning, promoting autonomy in the learner and encouraging self-discovery and reflective practice.

Table 1: Teaching methods and role of teacher

Teaching method	*Main process*	*Role of teacher*	*Relevant authors*
Didactic	Telling	Passing on knowledge	Discussed by many authors
Socratic	Questioning	Facilitating learning through awareness-raising questions	(Neighbour 1992)[9]
Heuristic	Encouraging discovery learning	Promoting learner autonomy and self-directed learning	(Kolb 1984)[10] (Knowles 1990)[11] (Brookfield 1986)[7]
Counselling	Exploring feelings and assumptions	Encouraging self-awareness, self-discovery and reflective practice through exploring feelings and examining assumptions by using discussion and judicious challenge	(Schon 1987)[12] (Heron 1990)[13] (Bolton 2001)[14]

Four main schools of teaching are summarised in Table 1 together with the role of the teacher and relevant authors. The Socratic approach involves helping the leaner to become aware of the limits of his or her knowledge or implicit values and beliefs through asking awareness-raising questions. Heuristic teaching methods aim to encourage discovery learning. This respects the autonomy of the learner, a key component of learning theory, in which learning from experience is promoted. Reflective practice fits well with counselling styles of teaching in which the teacher's role is to promote the exploration of feelings, self-discovery and the examination of implicit assumptions. Counselling interventions are particularly useful in mentorship and clinical supervision.

This broader view of education means that the process of preparing specialty registrars for a teaching role should extend beyond being able to give a factual presentation. The strong parallels between the practitioner–patient relationship and the teacher–learner relationship soon become obvious and this helps both with understanding and with motivation.

Preparation for teaching is an excellent form of continuing professional development because it influences attitudes and behaviour in the consulting room and thereby improves patient care. Educational skill and insight encourages doctors to see patients as both learners and teachers, improving shared understanding and therefore the quality of patient management. It also helps learners explore their own learning styles, making real and personal the link between teaching, the promotion of learning and the implicit assumptions of each learner.[15]

Further Reading

Examples of relevant texts and resources

Curriculum planning for adult learners

BROOKFIELD S. *Understanding and Facilitating Adult Learning: a comprehensive analysis of principles and effective practices* Milton Keynes: Open University Press, 1986

DENT J AND HARDEN R. *A Practical Guide for Medical Teachers* Edinburgh: Churchill Livingstone, 2001

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Teaching methods and learning styles

CHAMBERS R, MOHANNA K, WAKLEY G, *et al. Demonstrating Your Competence 1: healthcare teaching* Oxford: Radcliffe Medical Press, 2004

CHAMBERS R, WAKLEY G, IQBAL Z, *et al*J. *Prescription for Learning – techniques, games and activities* Oxford: Radcliffe Medical Press, 2003

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Mentoring, supervision and reflective practice

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Assessment

GRANT J. Learning needs assessment: assessing the need *BMJ* 2002; 324: 156–9

NORCINI J. Work based assessment *BMJ* 2003; 326: 753–5

ROLFE I AND MCPHERSON J. Formative assessment: how am I doing? *Lancet* 1995; 345: 837–9

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Smee S. Skill based assessment *BMJ* 2003; 326: 703–6
Tracey J, Arroll B, Barham P, *et al*. The validity of general practitioners' self-assessment of knowledge: a cross sectional study *BMJ* 1997; 315: 1426–8
Wass V, Van der Vleuten C, Shatzer J, *et al*. Assessment of clinical competence *Lancet* 2001; 357: 945–9

Web resources – a few examples

Learning and Teaching

Atherton JS (2005) *Learning and Teaching: about the site* [online] www.learningandteaching.info/learning/about.htm [accessed January 2007]
Excellent site covering many aspects of teaching and learning designed for teachers but very useful for specialty registrars and GP trainers.

The Royal College of General Practitioners

www.rcgp.org.uk/

A selection of deanery and local VTS websites of interest

Bradford VTS

www.bradfordvts.co.uk/
Lots of useful information about training.

gp-training.net

www.gp-training.net/training/
This is a very good website and has helpful notes on educational theory.

London Deanery

www.londondeanery.ac.uk/facultydevelopment
The London Deanery website hosts a series of open-access short modules covering core topics in clinical teaching and learning. They were developed by the London Deanery to inform and support the professional development of clinical teachers. On completion of a module, a certificate can be printed out for your own records.

Promoting Learning about Teaching, Mentoring and Clinical Supervision

Work-based learning in primary and secondary care

Mentorship and clinical supervision

Mentorship and clinical supervision help people to *apply* technical learning in specific real-life contexts as opposed to abstract ones. Although there is an overlap between the two, mentoring more commonly takes as its focus the 'wider picture' (i.e. how to function well in the workplace and professional network, and how to manage particular career stages), while clinical supervision usually takes a closer focus (i.e. the management of particular cases, encounters or professional relationships). However, both address the gap between theoretical learning and the 'swampy lowlands' of everyday practice.[16]

Case-analysis

Case-analysis helps to make learning relevant to the learner's immediate needs as a practitioner seeing patients and has long been recognised as a powerful teaching method. In random case-analysis, medical records are reviewed after a surgery session as a way of identifying and addressing learning needs, some of which may be unknown to the learner. Problem case-analysis addresses needs identified by the learner and uses similar methods to 'case-based discussion' within the foundation programme. Both methods will usually be conducted as a way of helping the learner's professional development, as part of formative assessment. Specialty registrars will need guidance on the use of questioning to help raise the learner's awareness of the limits of his or her knowledge and will need to be able to deal with emotional as well as cognitive issues arising from reviewing clinical encounters.

Sitting-in

Sitting-in with the learner can be used in a number of different ways for teaching. For example, the teacher can contribute usefully either during or just after a consultation, providing an opportunity for feedback and reflection that is closer in time to the clinical encounter than is usual with video analysis. Some teachers provide a brief written report following a sitting-in session that the learner can include in his or her learning portfolio and which can contribute to the record of training. Specialty registrars will need to be aware of different ways of teaching on the consultation, such as Pendleton's rules and the Cambridge–Calgary approach; these will help with the analysis of their own consultations as well as encouraging them to develop teaching skills to assist others.

Other opportunities

There are many other opportunities for work-based teaching, including providing help with audit, literature searching and critical reading.

Non-work-based learning

'There's nothing as practical as a good theory' wrote Kurt Lewin in 1935[17] and it is certainly possible to learn how to teach and supervise outside the working environment – up to a point.

Postgraduate certificates and masters degree programmes in medical education are provided by many universities across the UK. There is a number of web-based resources available (see above) and a vast education literature exists, examples of which are to be found in recommended reading. However, there is no substitute for the experience of teaching and all the theory in the world will not replace the excitement and stimulation of aiding a colleague to grow and develop.

Examples of Masters level courses in medical education

Institute of Education, University of London
MA Clinical Education
www.ioe.ac.uk/courses

University of Bedfordshire
Postgraduate Certificate, Diploma and Masters in Medical Education
www.beds.ac.uk/courses

University of Cardiff
Postgraduate Diploma and Masters in Medical Education
Available through distance learning.
www.cardiff.ac.uk/pgmde/medical_education/mscdip_me

University of Dundee (developed in cooperation with the RCGP)
Postgraduate Certificate, Diploma and Masters in Medical Education
Available through distance learning.
www.dundee.ac.uk/meded

University of Maastricht
Masters of Health Professions Education
Available through distance learning.
www.unimaas.nl

Learning with other healthcare professionals

Multiprofessional education and interprofessional education (IPE) need to be distinguished. In multiprofessional education, different professionals happen to attend together an educational event of mutual interest. By contrast, IPE involves an explicit examination of different roles. Although there have been few rigorous reviews of IPE, most participants feel positively about them, so long as sufficient time is given for the different professional groups to test their stereotypes about each other. Such stereotypes can easily become barriers in practice, particularly at times of change or stress within the health service. Interprofessional learning implies that professionals learn with, from and about each other, and in organisational terms this requires small-group learning rather than large-group didactic teaching. The shift is resource intensive, because it is so much easier and cheaper to organise a lecture with a multiprofessional audience. However, IPE has much greater power to produce deep learning that can transform organisations by supporting true collaborative practice.

There is a close connection between clinical supervision and multidisciplinary and IPE; supervision often depends for its effectiveness on *difference*, i.e. the world seen from a number of different perspectives according to gender, culture, life experience, etc., but also according to different professional backgrounds and training. Supervision activities (e.g. group supervision) and IPE can therefore be mutually enhancing.

Appendix

Supervisor, mentor or coach?[18]

No set of definitions can adequately capture every kind of circumstance. Language is constantly changing, and people using any term will have their own preferences regardless of any published guidelines.

Definitions

Clinical supervision: 'an exchange between practising professionals to enable the development of professional skills'.[19] This definition covers, or is an aspect of, a wide range of activities including everything from informal case discussions over coffee, to more formal arrangements of many kinds including specialty registrar tutorials.

Educational supervision: organised clinical supervision taking place in the context of recognised training, for example specialty registrar tutorials. As well as providing opportunities for support and development, the supervisor also has to assess the supervisee's performance and report on this to others so that they can judge if the person makes the grade for a particular qualification.

Remedial supervision: a form of clinical supervision that takes place when an agency such as the General Medical Council (GMC) has formally determined that there are concerns about someone's performance. The agency concerned has to have the authority to assess performance, describe any concerns and to require the supervision as a proposed remedy. Assessments and reports play a far bigger part in remedial supervision than in other forms of clinical supervision. The emphasis here is heavily on the normative aspect of supervision. It may therefore be useful to regard remedial supervision as a subset of educational supervision, where the context is one of prescribed re-training for re-assessment, rather than one of initial training undertaken voluntarily.

For obvious reasons, clients or colleagues may find the term remedial supervision stigmatising. Referring agencies and educators may therefore prefer to use softer formulations, for example 'educational supervision taking place in order to meet GMC requirements'.

Mentoring: regular guidance and support offered by a more experienced colleague. It is often wide ranging, covering not just clinical work but professional relationships and career plans. Although it should not be confused with counselling, life cycle issues such as marriage, parenthood or relocation will quite often come into the picture. It is best if the term mentoring is only used about confidential processes, where no one reports anything to anyone else, except by mutual consent.

Coaching: 'unlocking a person's potential to maximise their own performance'.[20] Here the emphasis is clearly on the formative aspect of the encounter. The relationship, like mentoring, is a voluntary and confidential one. Unlike mentoring, however, there may be a focus on a limited number of tasks or just one important task, for example leadership.

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