Standards for Educational Supervision
1 Introduction
The University of Buckingham aims to provide the highest possible quality of undergraduate medical education. A key part of this is the provision of extensive, tailored support to individual students so that they may maximise their potential. In Phase 1 of the course the students are mostly all together at the University, and known to a wide range of staff who help to monitor their progress and direct them swiftly to support if needed. In Phase 2 students are dispersed over many locations, and even though tuition is more individual, as students work directly with clinical teachers, it is also provided in an environment whose primary purpose is patient care, not education, which limits the attention students may receive. Students also move frequently between clinical teachers so that continuity of educational support is difficult to achieve.

The role of Educational Supervisor is crucial to maintaining the coherence of clinical education for each student and provides a major part of the support structure that enables the maintenance of the exceptional student support which we have defined as the unique selling point of our Medical School. Educational Supervisors are practising doctors who work in the discipline that the student is studying at the time, and who take individual responsibility for monitoring and supporting the progress of a student through a particular part of the course. They may teach the student for part of all of the time during that part of the course, but the educational supervisor role is separate to that and concerned with monitoring and supporting the progress of the student through whole of that part of the course.

Phase 2 of the course is raised in blocks that are seven weeks long. Each student has a different educational supervisor for each block. Each student also has a ‘personal tutor’ who provides pastoral and more general support over the whole of Phase 2. The roles of the educational supervisor and personal tutor are related and overlapping, but not the same.

- Educational supervisors help to ensure that a student makes good progress through a part of the course
- Personal tutors oversee the general progress of students and help them to make their way through the whole course.

In this document, like other documents from the Medical School the terminology of the General Medical Council ‘Standards for Medical Education’ applies. The use of the word ‘must’ means that an activity is obligatory and will be monitored. The use of the word ‘should’ means that educational supervisors will normally comply with the guidance but have discretion as to how they do so.

2 Appointment of educational supervisors
Normally, an educational supervisor will supervise two students in each block. Blocks must therefore identify and appoint two more educational supervisors than the usual number of pairs of students attending the block. This will allow flexibility for leave etc.

2.1 Person specification for educational supervisors
Educational supervisors must be senior doctors practising in a specialty cognate to the block, and working on the site that the block is delivered.

They must:

- Be consultants, general practitioners or senior staff grade doctors with permanent contracts. Senior trainees are not excluded so long as they can fulfil the role for at least one year.
• Either be trained as an educational supervisor in postgraduate medical education or have received training from the medical school for their role
• Have received specific induction in the medical school role through a training package delivered either face to face or on-line
• Have dedicated time in their job-plans for this role. 0.25 programmed activities is a suitable allocation in hospital medicine.
• Work to a job-plan that enables meetings to take place each week with students at reasonable times.
• Have a positive interest in medical education and the welfare and development of students.

2.2 Selection process for educational supervisors
Potential educational supervisors should be identified by the lead of each block and their details submitted to the Medical School for approval. Candidates will be judged against the person specification above and, if accepted, their training needs identified and met by the medical school. Basic training must be complete before an individual takes on the role. There will be liaison with LEPs to ensure appropriate representation of the role in job plans.

3 The structure of Phase 2
Phase two is a wholly clinical course lasting just over two years. It is made up of a series of blocks organised in two rotations.
The junior rotation consists of six, seven-week blocks plus one three-week student selected component. The core blocks are themed mainly around systems of the body:
  • Musculo-skeletal care
  • Cardio respiratory care
  • Gastrointestinal & metabolic care
  • Peri-operative care
  • Clinical Method
  • Mental Health Care

The senior rotation also consists of six, seven-week blocks plus one three-week student selected component. The core blocks are themed around systems of care:
  • Acute Care
  • Chronic and Elderly care
  • Cancer Care
  • Special senses
  • Child Health
  • Reproductive Health

Each core block consists of a structured set of attachments and activities intended to provide experience that will enable each student to achieve the defined outcomes of the block. Within the block students are timetabled in pairs through a wide range of ward-based teaching, clinic based teaching, learning in the operating department, observation of procedures, and informal learning in clinical situations, supported by a programme of lectures and workshops. The time spent with any individual clinical teacher may be small.
The whole learning is supported by a ‘workbook’ presented electronically which defines what the student should be doing and provides a means of recording defined tasks to demonstrate learning. These include:

**A record of cases that the student has seen.** Each block defines a number of ‘index cases’ which the students should have seen and learned from. They are expected to take histories and examine at least one patient from each index category and record that in a log. They must have taken part in and have a record of a ‘Case Based Discussion’ (CBD) in a standard format like that used in postgraduate education for at least two of the index cases.

**Evidence of competence in history taking and examination.** Students must record evidence of observed consultations with patients, including at least two ‘Mini-CEX’ observations.

**Evidence of competence in practical procedures.** Each block has a set of associated practical procedures which the student must get ‘signed off’ through a Direct Observation of Procedural skills (DOPS), again like that in postgraduate medicine.

**Evidence of competence in ordering investigations.** Students must have completed dummy order forms for a list of key investigations defined in the block and shown that they are able to order and interpret the main investigations relevant to the theme of the block.

**Evidence of competent prescribing** of a range of drugs defined for the block. Students must have completed correctly drug charts/prescriptions for the key drugs that relate to the block, and over the whole course for the range of drugs that they may need to prescribe as a foundation doctor.

**Evidence of engagement with learning opportunities in the block.** This may include observation of investigations etc, participation in hand-over and MDT, or other tasks defined in the workbook.

**Evidence of reflection.** Students must have recorded reflections on their activity and learning during the block.

To complete a block satisfactorily a student must:

- Attend with no unauthorised absences
- Complete the tasks defined above
- Complete any formative assessment that may be set in the block
- Behave in a professional manner throughout the block.

It is the task of the educational supervisor to meet with the student each week during the block to monitor their progress and help to ensure that all requirements for satisfactory completion of the block are met.

4  **The role of Educational Supervisor**

The educational supervisor must provide the glue that holds together the learning of their students in their block. They must meet individually with each student they are supervising for an average of at least 30 minutes each week of the block. These meetings must be used to monitor the progress of the student, identify areas that need to be addressed and facilitate the production of an action plan to ensure that they are. Meetings must be recorded electronically (see below) and the records will be monitored.

Ultimately, it is the responsibility of the student to complete each block satisfactorily. The role of the educational supervisor is to ensure that the student is aware of their responsibility and has an effective strategy to discharge it. Educational supervisors should also do what they can to deal with
any barriers which are not of the student’s making; so that we can demonstrate that the Medical School has made best efforts to help the student to meet their responsibilities.

At the end of the block the educational supervisor must provide a report on the student for the Medical School. If at any time during the block the supervisor has a concern about the progress, behaviour or health of the student then they must report it promptly to the Medical School so that action may be taken through the Medical School ‘concerns’ processes (see below).

We hope that each educational supervisor will have their own way of building effective relationships with their student, but we have suggested below the topics that should be considered at each of the scheduled meetings and the actions that the educational supervisor should take.

5 Schedule of meetings
Educational supervisors must meet with each of your supervisees individually in each week of the block, preferably towards the end of the week. It is anticipated that meeting will normally take place at lunchtime or the end of the day, but, whatever the times must be agreed with the student in advance and adhered to as far as possible. Should other duties intervene then meetings must be rescheduled as soon as possible, and must happen within three working days of the original scheduled time.

Meetings should normally last around 30 minutes.

It is recognised that educational supervisors will, on occasion be away on leave or sick. If that absence is for a week or less then the meeting with the student may be displaced to the early part of the following week (except of course for the last week in the block, when it may either be brought forward or undertaken by an alternate supervisor).

During absences of more than one week you must arrange cover from another of the educational supervisors in your block, who must meet with the student in your stead. You must brief the alternate about any particular issues with the student.

The meetings in each week of the block should address the issues identified below, but it is recognised that the individual circumstances of each student will need also to be discussed.

5.1 Week 1
The meeting in week 1 is crucial. It must take place and should happen as early in the week as possible. It must last at least 30 minutes. The purpose of this meeting is to establish a relationship with the student and to make sure that they are clear what is required of them in the block.

The educational supervisor should:

- Explore the student’s understanding of the outcomes expected for the block and the block structure, and make sure that they understand what is required of them.
- Remind the students of the tasks that they must complete during the block, and discuss with them an action plan to make sure that these tasks are completed in a timely manner and not left until the end of the block.
- Give general guidance as to how students may get the best out of the scheduled and student-led learning opportunities in the block by building relationships with an appropriate range of staff. Explain any special features of the particular clinical environments in which they will be working which might impact on their learning.
- Explore with the student their perceptions of their strengths and weaknesses as revealed by their experience in previous blocks or parts of the course, and suggest how their may address
any weaknesses as they progress through this block. Educational supervisors must inspect the report on the student from their previous educational supervisor, which the student must provide for you.

- Explore any anxieties the students may have about the block and suggest how they may manage them.
- Check that the student knows how to access support if they need it.
- Remind each student of their professional obligations to report any concerns they may have about patient safety during the block.
- Remind each student that they should report promptly any concerns they may have about the quality of their clinical education during the block.
- Ensure that the student knows how to contact the educational supervisor if they have concerns.
- If a student needs reasonable adjustments these will have been notified, and the educational supervisor should check with the student that they have been put in place. They must notify the block administrator if they have not, but it is not their responsibility to organise them.

Educational supervisors must record the outcome of the first meeting on the electronic form that the student will provide.

5.2 Weeks two and three

The purpose of these meetings is to ensure that the student is accessing the clinical education provided for the block, is making sound progress towards the outcomes of the block and is on course to complete the tasks that demonstrate those outcomes. These meetings must take place, and should last as long as necessary to establish whether there are any issues that need to be resolved.

The educational supervisor must:

- Check with the student that the educational opportunities that have been scheduled for them in the block timetable have actually happened. You must report promptly to the medical school any instances of failure to deliver scheduled teaching. Action will be taken through quality management processes to ensure that scheduled teaching is provided in future.
- Check the student’s perception of progress on the block and suggest ways that they may address any difficulties they are encountering.
- Check the progress of the student towards completing the tasks required for the block, including:
  - The range of cases that they are seeing and recording
  - Their experience of taking histories from and examining a range of patients in formal and informal settings, and any feedback from observation of those activities. Normally by week 3 they should have completed at least one Mini-CEX, and you should discuss the outcome of that with them.
  - Any case-based discussions that may have occurred. It is legitimate, and may well be appropriate for the educational supervisor to use time in one of their meetings to conduct one of the case-based discussions that the student is required to complete during the block.
  - The clinical procedures they must get signed off through DOPS
  - The range of investigations the students can request and interpret.
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- The drugs that they have learned how to prescribe and any issues they may have with prescribing.
- Check that the student is recording reflections on their learning in their e-portfolio.
- Discuss with the student any issues around professional behaviour and attitude that have come to light during the block. Any other than the most trivial must be reported to the Medical School through the ‘concerns process’.

These meetings must be recorded.

5.3 Week four

The meeting in week four should be more comprehensive than the previous two weeks, and be used for a mid-block evaluation of progress by the student and the construction of an action-plan to catch-up any slippage. As with previous weeks the educational supervisor must:

- Check with the student that the educational opportunities that have been scheduled for them in the block timetable have actually happened. The educational supervisor must report promptly to the medical school any instances of failure to deliver scheduled teaching. Action will be taken through quality management processes to ensure that scheduled teaching is provided in future.
- Check the student’s perception of progress on the block and suggest ways that they may address any difficulties they are encountering.
- Check the progress of the student towards completing the tasks required for the block, including:
  - The range of cases that they are seeing and recording. In some blocks the opportunities to see different cases vary over the block, so it may be necessary to suggest special arrangements to cover any major gaps.
  - Their experience of taking histories from and examining a range of patients in formal and informal settings, and any feedback from observation of those activities. Normally by week 4 students should have completed at least one Mini-CEX, and you should both discuss the outcome of that with them and their plans to ensure that a second is completed before week seven.
  - Any case-based discussions that may have occurred. If the student is having difficulty in finding clinical tutors to conduct CBD then the educational supervisor should schedule one of the meetings in weeks five or six to complete that task.
  - The clinical procedures they must get signed off through DOPS
  - The range of investigations the students can request and interpret.
  - The drugs that they have learned how to prescribe and any issues they may have with prescribing.
- Check that the student is recording reflections on their learning in their e-portfolio.
- Discuss with the student any issues around professional behaviour and attitude that have come to light during the block. Any other than the most trivial must be reported to the Medical School through the ‘concerns process’.

In addition the meeting must yield a clear action plan by the student to achieve the outcomes for the block, and any support that the educational supervisor may be able to provide to facilitate that plan. This meeting must be recorded.
5.4 **Weeks five and six**

The purpose of these meetings is to ensure that the student is accessing the clinical education provided for the block, is making sound progress towards the outcomes of the block and is on course to complete the tasks that demonstrate those outcomes. These meetings **must** take place, and **should** last as long as necessary to establish whether there are any issues that need to be resolved.

The educational supervisor **must**:

- Check with the student that the educational opportunities that have been scheduled for them in the block timetable have actually happened. The educational supervisor **must** report promptly to the medical school any instances of failure to deliver scheduled teaching. Action will be taken through quality management processes to ensure that scheduled teaching is provided in future.
- Check the student’s perception of progress on the block and suggest ways that they may address any difficulties they are encountering.
- Check the progress of the student towards completing the tasks required for the block, including:
  - The range of cases that they are seeing and recording
  - Their experience of taking histories from and examining a range of patients in formal and informal settings, and any feedback from observation of those activities. Normally by week 3 they should have completed at least one Mini-CEX, and you should discuss the outcome of that with them.
  - Any case-based discussions that may have occurred. It is legitimate, and may well be appropriate for the educational supervisor to use time in one of their meetings to conduct one of the case-based discussions that the student is required to complete during the block.
  - The clinical procedures they must get signed off through DOPS
  - The range of investigations the students can request and interpret.
  - The drugs that they have learned how to prescribe and any issues they may have with prescribing.
- Check that the student is recording reflections on their learning in their e-portfolio.
- Discuss with the student any issues around professional behaviour and attitude that have come to light during the block. Any other than the most trivial **must** be reported to the Medical School through the ‘concerns process’.

These meetings must be recorded.

5.5 **Week seven**

This meeting **must** take place, and is likely to take up to an hour. If the named educational supervisor is not available then they **must** nominate an alternate from the pool of educational supervisors for that block, and brief them appropriately.

The purpose of this meeting is to review the achievements of the student on the block and to complete the final block report form that constitutes the formative assessment for the block.

The educational supervisor **must**:

- Review with the student their perception of achievement of the outcomes defined for the block and identify any gaps that need to be addressed in future blocks or revision periods.
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- Review the range of ‘index cases’ that the student has seen. The student should have seen and reflected upon a substantial majority of the defined cases, and have good reasons for any gaps.
- Ensure that the student has undertaken at least two ‘Mini-CEX’ observations (or equivalent) during the block and recorded reflections on the outcome.
- Ensure that the student has completed at least two ‘Case-Based Discussions’ during the block and recorded reflections on the outcome.
- Check that the student has signed-off evidence of competence in the clinical procedures defined for the block.
- Check that the student has completed satisfactorily dummy requests for the key investigations defined by the block.
- Check that the student has completed satisfactorily dummy drug charts/prescriptions for a large majority of the key drugs defined for the block and has an action plan to fill any gaps in future blocks.
- Discuss with the student the results of any formative assessment undertaken in the block, and their action plan to address any deficiencies revealed by that assessment.
- Discuss with the student any issues of professional attitudes or behaviour that have become apparent during the block, and their reflections upon them. The educational supervisor must make a judgement as to whether the professional attitudes and behaviour of the student have been appropriate during the block, and report that judgement to the medical school in the end-of-block report.
- Reflect with the student upon an action plan for the next block, or in the case of blocks at the end of a rotation, preparations for the summative examinations that follow.

The educational supervisor should reflect with the student on the effectiveness of the educational supervision processes, and each should identify ways in which that process may be improved in the future.

6 The end-of-block report

The educational supervisor must complete the end of block report form electronically and ensure that this is returned to the medical school. The educational supervisor must make judgements that constitute the formative assessment for the block, and evidence of satisfactory achievement of the block by the student. The educational supervisor must record the following judgements:

6.1 Attendance

The Medical School will collect records of attendance for each student. Authorised absences must be approved through defined medical school processes. Clinical teachers and educational supervisors may not authorise absence for any reason. Educational supervisors will have sight of attendance records and must comment on them in their report. For the avoidance of doubt, satisfactory attendance is 100%. If the educational supervisor is aware of issues of punctuality then they should report that.

6.2 Completion of the block

The educational supervisor must make a judgement as to the extent to which the student has completed the activities defined for the block. The judgement should be made on the following scale:
Excellent: the student has completed as many of the activities of the block as are reasonably possible in the real world of clinical practice. Any gaps are explicable, and the student has either made best efforts to fill them or has a clear plan to fill them in later blocks. There is extensive evidence of reflection.

Satisfactory: the student has completed all mandatory elements, including Mini-CEX, CBD, sign-off of procedures, and a reasonable fraction of other activities with no major gaps. There is good evidence of reflection.

Borderline: the student has completed all mandatory elements, including Mini-CEX, CBD, sign-off of procedures, and more than half of the other activities, but could have made more effort to engage with the block and has gaps that must be filled in later blocks if they are to achieve the outcomes of the course as a whole. There is some evidence of reflection.

Unsatisfactory: the student has not completed one or more mandatory elements, and less than half of other activities, leaving a substantial task of catch-up in later blocks if they are to achieve the outcomes of the course as whole.

The report must provide qualitative evidence to support the judgement made, which must have been discussed with the student.

6.3 Formative assessments in the block
Most blocks will have some form of formative assessment, often a short written paper. The outcome of that assessment must be reported on the following scale:

Excellent: the student has achieved a very large majority of the outcomes tested by the assessment and has a very good level of knowledge and understanding that suggests they will achieve highly in subsequent summative assessment of that material.

Satisfactory: the student has achieved a good majority of the outcomes tested and has a level of knowledge and understanding that suggests they will succeed in subsequent summative assessment of that material.

Borderline: the student has achieved a bare majority of the outcomes tested by the assessment, and has a level of knowledge and understanding that puts them at risk of failure in subsequent summative assessment of that material.

Unsatisfactory: the student has achieved less than a majority of the outcomes tested by the assessment, and is at high risk of failure in subsequent summative assessment of that material.

6.4 Professionalism and behaviour
The educational supervisor must make a judgement on the professional behaviour and attitudes of the student during the block. This judgement will be based on their interactions with the student and any other information that may have obtained from colleagues or other students. All judgements should be supported by written evidence in the report.

Judgement must be on the following scale.

Exemplary: The student has demonstrated a high degree of professionalism in their attitudes and behaviour towards patients and colleagues. They have been assiduous and worked effectively as part of the broader team and are likely to become doctors who will have exceptional regard for the needs of patients and colleagues and always behave ethically and responsibly in clinical situations.

Professional: The student has demonstrated a sound degree of professionalism in their attitudes and behaviour towards patients and colleagues. They have been assiduous and have worked well
with others, and are likely to become doctors who will have appropriate regard for patients and colleagues and behave ethically and responsibly in clinical situations.

**Developing:** The student is showing that they in the process of understanding the requirements of professional life. They may have been somewhat less than assiduous, and had occasional mild lapses of professionalism, but still have a reasonable chance, with support of the medical school, of becoming doctors who have appropriate regard for patients and behave ethically and responsibly in clinical situations.

**Cause for concern:** The student has exhibited attitudes or behaviours during the block that raise concern about their capacity to develop into doctors who have an appropriate regard for patients and colleagues and behave ethically and responsibly in clinical situations.

A student who is judged as ‘cause for concern’ **must** have been reported to the medical school as soon as the concern became apparent during the block. Serious concerns may lead to immediate suspension of the student from the clinical environment whilst the matter is investigated and a judgement made of the need for action under ‘Fitness to Practise’ procedures.

### 7 Reporting concerns

Anyone who comes into contact with a student may raise a concern about that student, through the Medical School concerns process. The forms to do this are available to anyone through the medical school website. Educational supervisors are however in a prime position to be aware of concerns, and **must** raise them immediately with the medical school, even if they believe that others have already done so.

Concerns mat relate to:

**Progress on the course:** if the student is not engaging with the block, and/or it is becoming apparent that they are likely not to achieve the outcomes required then a concern should be raised as soon as this becomes apparent. These concerns are very likely to be part of a pattern that is being monitored and managed by the medical school and it is very important that the medical school knows about new concerns as soon as possible.

**Health:** if a student becomes unwell they have an obligation to report this to the medical school. If anyone, especially the educational supervisor, believes that a student has become unwell, especially if that might pose a risk to patient or the student, then they must report that immediately to the medical school.

**Conduct, attitudes and behaviour:** Educational supervisors **must** report to the medical school as soon as possible any evidence of unprofessional conduct, attitudes or behaviour by a student.

The ‘concerns form’ available on the medical school website must always be used, but in the case of serious concern then the educational supervisor must also contact the medical school by telephone so that action may be taken swiftly.

### 8 Quality management of educational supervision

The Medical School will monitor the provision of educational supervision against these standards and take appropriate action to deal with any situations in which the standards are not met.

Monitoring will include:

**Selection** of educational supervisors against person specification for the role.
Participation in training – educational supervisors who do not complete the training will not be allowed to continue in the role.

Monitoring of meetings – reports of meetings with students will be collated centrally by the Medical School. Educational supervisors who fail to complete at least 90% of meetings with their students will not be allowed to continue in the role.

End-of-block reports – the timeliness and quality of end-of-block reports will be monitored centrally. Incomplete or delayed reports will be investigated and appropriate additional training put in place.

Student reaction – students will be asked to comment on the effectiveness of their educational supervision and any concerns investigated.

Student outcomes – the Medical School reserves the right to analyse the examination performance of students by educational supervisor, but will recognise the multitude of factors that contribute to outcomes for any given student.

The Medical School is committed to working with its faculty of educational supervisors continually to enhance the quality of clinical education and will recognise their contribution through an appropriate title.
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