



Plan Trainees' Learning as an Educational Supervisor

Stephen Brigley

Training posts in primary care or hospital practice settings provide rich learning opportunities for trainees. Trainees will appreciate and benefit from support for their learning in the clinical setting, exposure to modern teaching methods and constructive feedback. Planning is very much at the heart of productive learning: both planning for single teaching episodes and planning on what should be achieved overall during an attachment.

Ideally, supervisory support for trainees should include others with expertise relevant to the learning outcomes (e.g., practice nurses, laboratory staff, radiologists).

Activate the trainees' interest in team development and continuing education by encouraging them to access resources from data bases, e.g. on the internet, and present topics to the team.

Elements of a learning plan

SMART outcomes

Specific

make them clearly defined and relevant.

Measurable

make sure they can be assessed, including observational methods, so that you can check whether the trainee has achieved the defined outcomes in the expected time.

Achievable

relate them to clinical experiences trainees are likely to gain exposure to, pitch them at an appropriate level and don't try to cover too many.

Realistic

things that are informed by the curriculum and met within service commitments.

Time limited

with increased time constraints on training, tasks need to be accomplished with a sensibly specified and agreed timeframe.

Outcomes may target learning opportunities across a wide range of clinical knowledge and skills, communication skills, ethics and professionalism that are relevant to being a doctor. They should not be solely dictated by the programme director and supervisor. The trainee's personal learning objectives, topics of particular interest and perceived areas of deficiency should also be accommodated.

Methods

Clinically based learning has to be supported by teaching and feedback. Trainees highly value supervisors who set time aside to provide formal teaching, adapt teaching to their needs and allow participation in joint problem solving and encourage trainees to make an input. Integration of the trainee's clinical experiences with formal teaching programmes and informal learning opportunities are also appreciated by trainees.

Assessment

On-the-spot feedback is vital: trainees should be prompted to reflect shortly after a clinical experience. Encouraging the trainee to self-assess can assist reflective thinking. Case-based discussions and debriefings after case presentations are excellent feedback opportunities.

Formal assessments of postgraduate training as mini-CEX, observational assessments, and multi-source feedback require understanding of the assessment method and criteria, and judgement of when is a suitable time to run the assessment. Joint discussion of assessment results has an important formative function when revising the trainee's learning plan.

Strategies that support planning

Induction

It is important to meet the trainee in the first week or two of the attachment to talk through and document the learning plan, and provide key information on the attachment covering:

- ▶ The trainee's clinical duties;
- ▶ Appraisal and assessment procedures in the training post;
- ▶ Administrative arrangements (rotas, key contact people, meetings);
- ▶ How the trainee should contribute to the formal teaching programme;
- ▶ Support with clinical duties and training that the trainee can expect from you and your colleagues.

Taking opportunities

Contacts with the trainee and teaching opportunities regularly arise with patients in general practice, clinics or ward rounds. These cases can be discussed in relation to outcomes set in the learning plan, with the aid of cases notes, discharge summaries, letters and drug charts. When coupled with constructive feedback, challenging patients offer powerful learning experiences, and useful material to include in the trainee's portfolio for the end-of-year review.

Sharing the work

Ideally, supervisory support for trainees should include others with expertise relevant to the learning outcomes (e.g., practice nurses, laboratory staff, radiologists). Activate the trainees' interest in team development and continuing education by encouraging them to access resources from data bases, e.g. on the internet, and present topics to the team.

Engage trainees in dialogue about the value of their training posts. It is helpful to know during and on completion of a post what they found useful for their training and professional development and what they felt could be improved

Formats

These vary from specialty to specialty, though there is a standard format for Foundation Training in the learning portfolio (www.foundationprogramme.nhs.uk). They all use the basic headings of outcomes, methods and assessment as a reference point for learning in a clinical attachment.

Further Information

Reed, V., Schifferdecker, K., Turco, M. (2012) *Motivating Learning and answering outcomes in continuing medical education*. Journal of Continuing Education in the Health Professions. v.32.4 pp. 287-294.

Challis, M. (2000) *Personal Learning Plans*. Medical Teacher. v.22.3 pp 225-236.

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