Educational supervision sessions between consultants and trainees

I. O. Azuonye

The weekly educational supervision sessions between consultant psychiatrists and their trainees have emerged as a central pillar of psychiatric training. The College has set out, in various Statements on Approval of Training Schemes for General Professional Training for the MRCPsych, what it expects of these sessions: they should happen weekly, be devoted entirely to the needs of the trainee, and be applied to the development of the trainee's clinical skills as opposed to academic knowledge.

I have recently undertaken a study of supervision on three rotational training schemes in London, in order to evaluate the consultants' and trainees' perception of supervision (compared with the College's expectations), and to assess the delivery of supervision. The purpose of this study was to determine if the College's expectations need to be revised and whether supervision can be improved.

The study

During October 1995, questionnaires were sent to the consultants and trainees on the Royal Free and Associated Hospitals Rotational Training Scheme, at Claybury Hospital (part of the North London Rotational Training Scheme), and at the psychiatric facilities of West London Healthcare NHS Trust. The responses were designed to be anonymous. The main items on the questionnaire explored the occurrence, frequency, content, form, benefits and drawbacks of supervision. Respondents were also invited to offer any additional personal comments they might have about any aspects of supervision. This report is based on the responses received by the end of November 1995.

Findings

Twenty-seven out of 64 consultants returned completed questionnaires, a response rate of 42.2%. One had no trainees. Of those who had both junior and senior trainees, 25% saw them equally, 25% had more time for the Senior Registrar, 42% had more time for the Junior Trainee and 8% did not state which trainees they saw more regularly.

Forty-one out of 79 trainees (51.9%) responded. Seventy-eight per cent had worked with the same consultants throughout, but 22% had had between two and six consultants.

The perceptions of consultants and trainees about the various issues were as follows (figures are percentages – consultants, trainees):

During the last training period, supervision sessions were generally held (100.0, 97.0), occurred only 1–4 times in the entire period (3.8, 14.6), monthly (3.8, 4.9), fortnightly (7.7, 9.7), weekly (80.8, 68.3), or more frequently than weekly (3.8, 0.0). In those instances in which the sessions were not weekly, this was because the consultant was too busy (25.0, 25.0), the trainee was too busy (0.0, 8.3), both were too busy (0.0, 33.3), personal circumstances interfered (25.0, 16.7), the consultant did not value supervision (0.0, 8.3), supervision was arranged 'as required' (25.0, 8.3) or the consultant did not know about supervision (25.0, 0.0).

The matters that took up the available supervision time were clinical (39.0, 49.1), academic (21.8, 23.8), administrative (10.9, 6.4), research (17.7, 9.4), personal problems (2.2, 3.0), a general social chat (3.8, 8.1) and career advice, examination practice and discussion of medical ethics (4.6, 0.2).

Regarding the form of the supervision sessions, consultants set topics in advance (22.7, 11.9), introduced topics during the sessions (18.2, 35.7), or trainees set topics in advance (27.3, 4.8) or introduced the topics during the sessions (31.8, 42.8), or the form of supervision was not stated (0.0, 4.8). Consultants and trainees contributed equally (53.8, 34.0) or unequally (46.2, 66.0) to the discussions.

Supervision was seen as having enhanced trainees' development greatly (38.5, 24.4), moderately (50.0, 46.3), only a little (7.7, 19.5) or not at all (0.0, 4.9). On the other hand, the lack of supervision sessions in some instances was seen as having damaged the trainees' development greatly (0.0, 50.0), moderately (0.0, 0.0), only a little (0.0, 0.0) or not at all (100.0, 50.0).

Thirty-one per cent of consultants and 51.4% of trainees (overall, 43.5%) felt that their

https://doi.org/10.1192/pb.21.3.154 Published online by Cambridge University Press

supervision sessions had been dominated by clinical matters causing anxiety to the firm at the time.

Comment

The benefits of supervision, as an educational process, are well described in the additional comments of the respondents. Internal weaknesses of the process are also identified, the most profound being the consultants' and trainees' lack of understanding of the purpose of supervision. It is not clear from the responses why respondents found the concept so difficult. A consultant also commented: "I believe supervisors have not had adequate training in supervision, and most of us learn it on the hop... Without this training, supervision is likely to be inconsistent and sometimes a waste of time".

The attitude of various consultants came under severe criticism from their trainees. One trainee commented "Although it is supported in concept or by name, supervision is thought to be a nuisance by consultants...". Indeed, several consultants stated that supervision was a nuisance. To quote: "...I suppose for poor educational supervisors [supervision] does set a minimum baseline standard; but I and a number of my consultant colleagues believe the College is becoming too prescriptive about training standards in general, with the risk that individual interests, ways of working and needs of trainees may be insufficiently taken into account".

Suggestions for improvement included the idea that the College should state more clearly the purpose of supervision; consultants should be offered training in supervision; there should be a set programme of discussion topics; sessions should be obligatory, and incorporated into the timetable; supervisor and supervisee should both contribute ideas about how the sessions are run; other commitments should not be allowed to impose upon supervision time; Senior Registrars' jobs should be reorganised to reduce clinical workload; what is discussed should be left entirely to the trainee; consultants should be asked to state in advance what they thought they would be able to contribute to the education of their trainees; the trainees' induction programme should include a discussion of supervision and advice to new trainees in case supervision is not forthcoming or appropriate, and consultants who offer no, poor quality or irregular supervision should have their trainer status rescinded.

Conclusion

There is, in general, a positive attitude to the supervision process; however the nature and purpose of educational supervision appear to be unclear to most consultants and trainees. This suggests that the concept needs revision, or restating so consultants and trainees understand what the College desires and expects. As the data also reveal that sessions were held weekly only 73.2% of the time, and that most of the available time (45.2%) was taken up with the discussion of clinical matters (described by some trainees as a continuation of the Ward round), even expectations clearly stated by the College are not fully met. In order to give the supervision process the high priority it deserves I would like to propose a Royal College of Psychiatrists' Special Task Force on Educational Supervision, whose remit would be to clarify the purpose and process of supervision.

Acknowledgement

I am grateful to those who took the time and trouble to complete the questionnaire. Copies may be obtained from the author.

Ikechukwu Obialo Azuonye, *Adult Mental Health Unit, Lambeth Healthcare (NHS) Trust, Landor Road, Stockwell, London SW9 8EA*

https://doi.org/10.1192/pb.21.3.154 Published online by Cambridge University Press