

The role of educational supervisors and their feedback in an undergraduate medical curriculum

C4ME SUPPLEMENT

AUTHOR INFORMATION

Isabelle Ray

Cardiff University School of Medicine

Dr John Green

Cardiff University School of Medicine

Dr Rhian Goodfellow

Cardiff University School of Medicine

Dr Emily Harrop

Cardiff University School of Medicine

Address for Correspondence:

Isabelle Ray
Cardiff University School of Medicine
The Cochrane Building
Heath Park, Cardiff
CF14 4YU
United Kingdom

Email: RayIE@cardiff.ac.uk

No conflicts of interest to declare

Accepted for publication: 18.11.20

Link to YouTube Video:

<https://www.youtube.com/watch?v=Vk5u992RfSM>

Background

In the UK, the General Medical Council formally approved Educational Supervisors (ESs) as postgraduate medical trainers in 2012. (1) ESs are trainers who provide guidance and feedback to trainees on professional, educational and personal matters. (1,2) Previous research has identified the desire for ESs to provide more constructive feedback. (3) Studies have also highlighted ES and trainee concerns, including negative attitudes towards educational supervision and how ES-trainee meetings are often time restricted. (3,4)

ESs are now included in some undergraduate medicine curricula. In Cardiff Medical School, students are currently allocated an ES for each clinical placement block starting from third year through to their final year of study. ESs support students throughout the placement block. They are asked to complete an ES report (ESR) collating evidence from the student's Supervised Learning Events (SLEs), including observed histories and examinations, in order to formulate a final feedback summary.

However, supervision is a component of medical education that is under-researched and under-supported, despite its undeniable importance in training. (2) Most research investigating educational supervision has been conducted in the postgraduate setting using both quantitative and qualitative methods. (3,4) There is little research studying educational supervision in undergraduate medical training.

Methods

The project aims were to investigate the perceptions of both Cardiff medical students and ESs on the ES role and the feedback that ESs provide. Therefore, a qualitative approach was adopted to explore participants' views on these topics, using focus groups (FGs) and semi-structured interviews. A literature review, quantitative analysis of 895 anonymised ESR forms and discussions with my supervisors helped to inform interview and FG questions. Student participants were recruited for FGs from the fourth- and fifth-year medical school cohorts, as they would have experienced at least one year of educational supervision. ES participants were recruited for interviews through the undergraduate department of one local health-board.

NVivo 11 software was used for data analysis. Initially, the data was coded deductively, using an a priori template, according to the project's aims considering the ES role and ES feedback. (5) The data was then thematically analysed where codes were developed inductively in order to reach the final themes. (6) 20% of the data was double coded by one of my supervisors to ensure rigorous analysis.

The School of Medicine's research and ethics committee approved the project's ethics. Participants were informed about the study, their participation and data management. Preparations were made in case participants became upset during data collection.

Results

The final themes considered both students' and ESs' opinions from two student FGs (n=15) and six ES interviews (n=6).

Four themes related to the ES role: educational guidance; pastoral support; time; and inconsistency. A key finding was that 14/15 students valued ES accessibility, who explained that this allows ESs to successfully provide educational and personal support. However, this is not always achieved. Students and ESs raised concerns with the short placement blocks, meaning there is limited time for ES-student relationships to develop. Additionally, four ESs and nine students described inconsistent and variable approaches to supervision, with feelings of uncertainty surrounding the role's requirements.

Three themes related to ES feedback: its perceived value; its formulation; and Multi-Source Feedback (MSF). Most student and ES participants believed the current ESR form to be a 'tick-box' exercise. ESs rely heavily on written feedback in students' SLEs, which is often lacking in content, as ESs do not regularly observe students clinically. This therefore impacts the feedback that ESs can give students, meaning their feedback is often non-specific, which students do not find useful for future learning.

Discussion

This study highlighted that undergraduate ESs are recognised as having a vital role in supporting students' learning and personal needs, with some ESs meeting student needs better than others. Guidance should be circulated regularly to ensure ESs are appropriately supported and understand the role's requirements.

Most participants commented on the lack of time for meetings given ESs' already busy work schedules. This finding is consistent with previous postgraduate research, which has also revealed that trainees find educational supervision meetings to be time constricted. (4,7) In 2020/21, one ES will be allocated to each third-year Cardiff student for the entirety of year three (with local clinical supervisors at each placement site) to improve supervisor continuity and relationship development.

Both students and ESs wanted opportunities for ESs to be given feedback. MSF successfully identifies postgraduate ESs' strengths and weaknesses. (8) Therefore, forms could be created for Cardiff students to complete which are then reviewed by the medical school to ensure current ESs consistently fulfil role requirements.

It is understood this project is the first to investigate student and ES opinions on components of educational supervision. Caution should be exercised interpreting the results given the inherent participant biases as all were volunteers. However, this project has provided an important insight into the undergraduate ES role and feedback, and how the Cardiff educational supervision system might be altered.

Lessons Learnt

It was a challenging yet rewarding experience to design and conduct my research project in a narrow timeframe. My literature search revealed a paucity of research investigating educational supervision in medical schools. Therefore, I initially struggled to formulate the interview and FG questions.

It was important to take a reflective approach to this project, as I am a medical student who has previously experienced educational supervision. I recognised I might possess sub-conscious views on this topic that could have impacted data collection and analysis. Consequently, I ensured to standardise my approach during data collection by using set question lists, reflecting on my thoughts during analysis and discussing arising themes with my supervisors to validate findings. (9,10)

I felt motivated to uncover participants' perceptions of the ES role and opinions on ES feedback in order to understand what they believe is currently done well and what might be improved. I believe using both ES and student participants provided balance to the final themes. This project has given me vital research experience and has allowed me to present suggestions for curriculum change concerning educational supervision to relevant members of Cardiff Medical School's faculty.

References

1. General Medical Council. Recognition and Approval of Trainers. London: GMC (UK); 2012 [accessed: 20 Mar 2020]. Available from: <https://www.gmc-uk.org/education/how-we-quality-assure/postgraduate-bodies/recognition-and-approval-of-trainers>.
2. Kilminster S, Cottrell D, Grant J, Jolly B. AMEE Guide No. 27: Effective educational and clinical supervision. *Medical Teacher*. 2007;29(1):2-19.
3. Patel P. An evaluation of the current patterns and practices of educational supervision in postgraduate medical education in the UK. *Perspectives on Medical Education*. 2016;5(4):205-14.
<https://dx.doi.org/10.1007/s40037-016-0280-6>
4. Castanelli DJ, Weller JM, Chander AR, Molloy EK, Bearman ML. A balancing act: The Supervisor of Training role in anaesthesia education. *Anaesthesia and Intensive Care*. 2019;47(4):349-56.
5. Fereday J, Muir-Cochrane E. Demonstrating rigor using thematic analysis: A hybrid approach of inductive and deductive coding and theme development. *International Journal of Qualitative Methods*. 2006;5(1):80-92.
6. Braun V, Clarke V. Using thematic analysis in psychology. *Qualitative Research in Psychology*. 2006;3(2):77-101.
7. Tasker F, Newbery N, Burr B, Goddard AF. Survey of core medical trainees in the United Kingdom 2013—inconsistencies in training experience and competing with service demands. *Clinical Medicine*. 2014;14(2):149.
8. O'Keeffe C, Swanwick T, Archer J, Smith D. Multi-source feedback for postgraduate medical educational supervisors: A qualitative analysis of free text responses. *Medical Education (Supplement)*. 2011;45(SUPPL. 2):56.
<http://dx.doi.org/10.1111/j.13652923.2011.04093>
9. Bell J. *Doing Your Research Project: A guide for first-time researchers*. Berkshire, England: McGraw-Hill Education (UK); 2014.
10. Barbour RS. Checklists for improving rigour in qualitative research: a case of the tail wagging the dog? *BMJ*. 2001;322(7294):1115-7.



The **British Student Doctor** is an open access journal, which means that all content is available without charge to the user or his/her institution. You are allowed to read, download, copy, distribute, print, search, or link to the full texts of the articles in this journal without asking prior permission from either the publisher or the author.

bsdj.org.uk



/thebsdj



@thebsdj



@thebsdj

Journal DOI

10.18573/issn.2514-3174

Issue DOI

10.18573/bsdj.v4i3



The **British Student Doctor** is published by **The Foundation for Medical Publishing**, a charitable incorporated organisation registered in England and Wales (Charity No. 1189006), and a subsidiary of the **The Academy of Medical Educators**.

This journal is licensed under a **Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License**. The copyright of all articles belongs to **The Foundation for Medical Publishing**, and a citation should be made when any article is quoted, used or referred to in another work.



Cardiff University Press

Gwasg Prifysgol Caerdydd

The **British Student Doctor** is an imprint of **Cardiff University Press**, an innovative open-access publisher of academic research, where 'open-access' means free for both readers and writers.

cardiffuniversitypress.org