



Teaching on the run tips 13: being a good supervisor — preventing problems

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Setting

You bump into a junior medical officer you know. She looks tired and harassed. She has been working long hours and spent much of the previous evening sorting out a sick patient without getting help from anyone. She felt she had made some mistakes. You wonder whether the JMO in your unit has ever been in the same situation.

Work in medicine has many stressors.^{1,2} Failing to cope well with these stressors can lead to emotional exhaustion and burnout.^{1,2} Junior medical officers (JMOs) who can't cope with stress make significantly more errors.³ This leads to increased costs as a result of JMO absenteeism and litigation by patients against hospitals because of suboptimal care.^{4,5} As outlined in “Tips 11”, the causes of poor performance may lie with the person, the system, or the supervisor.⁶ Supervision is often perceived to be inadequate by JMOs and lack of supervisors one of their greatest stressors.⁷

The concept of supervision is more global than clinicians providing episodes of help with patient care, teaching at ward rounds or performing at outpatient clinics or in operating rooms.⁸ It means planning to ensure that JMOs provide high-quality patient care all the time, that the term in a clinical service provides a good professional experience for them, and that potential problems are anticipated and prevented.⁸⁻¹⁰

What are the qualities of a good supervisor of JMOs?^{2,8-10}

A good supervisor:

- Ensures that he or she and the JMO are clear about their respective roles and responsibilities for the term, particularly with regard to patient care (see below).
- Informs the JMO how supervision will occur — that time will be set aside to observe the JMO's performance.
- Provides feedback in a positive way. Unless weaknesses are tackled in a clear, unambiguous way, JMOs won't get the message.
- Makes time to get to know the JMO as a person, as someone who has a life outside medicine as well. It can be interesting and impressive to learn what JMOs can do, along with letting them learn something of your own life.
- Recognises that there are power factors (eg, age, gender, sexuality, race) that may influence the relationship. If this causes a problem that can't be satisfactorily resolved, a different supervisor should be found for the JMO.

Another way of considering the qualities of a good supervisor is to examine the factors that are associated with a happy JMO (Box).

Supervising patient care⁸⁻¹¹

When it comes to supervising patient care, you should:

- Be available. Check that the JMO knows how to contact you at all times.

- Be approachable to discuss problems. Don't give JMOs a hard time — be empathetic, respectful, supportive, focused and practical.
- Be aware of the type of environment in which the JMO is working. Supervision is harder when JMOs work in circumstances in which they are isolated in patient care (eg, an outpatient or community setting) compared with the ward setting, where there may be a range of people who can offer advice. You may need to take more time to ensure care is appropriate.
- Directly observe the JMO carrying out patient care. For example, allow the JMO to lead the interaction with patients on rounds, set aside one clinic every 3 months in which you sit in with the JMO, or watch the JMO perform procedures. Those who are more often observed and observe their seniors gain skills more rapidly.
- Think where mistakes often occur in your unit and watch out for these (eg, check medication charts for prescribing errors, which are common).
- Handle any errors made with a no-blame approach, exploring all contributing factors and discussing how to prevent a similar problem next time. Turn the experience into a good learning opportunity.
- Recognise that errors often occur out of hours. Ensure that your unit has out-of-hours cover and that communication is good (not “Ring me when there is a problem” but “Feel free to ring me at any time”).

Ask your JMO, “Have you ever felt out of your depth and unable to get help?”

Impact of good supervision

Evidence shows that following these principles of good supervision has a positive impact on patient outcomes^{8,12} and JMO learning.² When there is more supervision, patient satisfaction is higher, there are less patient-reported problems with care, and lower death rates occur in areas such as surgery and anaesthesia. The effect is greater when the trainee is less experienced and the cases more complex.⁸ Good supervision reduces JMO stress and increases learning.² JMOs don't mind working long hours as long as they receive good support.⁸

Mentoring

Many of us have had mentors at various stages of our lives. Mentoring overlaps with supervision, but has some specific differ-

What makes a happy junior medical officer?^{2,4,5,7,8}

- Being supported, especially out of hours
- Being given responsibility for patient care
- Good teamwork
- Receiving feedback
- Having a supportive learning environment
- Being stimulated to learn
- Having a supervisor take a personal interest in him or her ◆

Take-home message

- Good supervision improves patient outcomes, reduces the stress on junior medical officers (JMOs) and increases JMO learning.
- A good supervisor clarifies what is expected of both parties and ensures good communication on training and personal issues.
- When supervising patient care, clinicians should ensure that JMOs feel supported and have someone to contact at all times. They should directly observe work and be on the lookout to prevent common JMO errors.
- A mentor is ideally not the supervisor or a person involved in assessment, but someone chosen by the JMO to mentor over a long period. ◆

ences.¹³ A mentor is someone who can confidentially discuss difficult issues and guide and encourage trainees in their career — usually over a long period, not just the 3–6 months of a standard clinical rotation. Ideally, the mentor should be chosen by the JMO and not be involved directly in supervision or assessment, allowing the mentor to stand aside and provide support.

Acknowledgements

We would like to thank the teachers and participants in Teaching on the Run courses for their input, and the Medical Training Review Panel, Australian Department of Health and Ageing, for funding support.

Competing interests

None identified.

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(Received 26 Jan 2006, accepted 5 Mar 2006)

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