



Clinical & Educational Supervision Handbook

Year 2-5 placements

2023-24





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1. Preface

Thank you for taking on the responsibility of being a clinical and/or an educational supervisor for our student doctors. You cannot underestimate the impact that you have in this position. We all remember our teachers; the role modelling and learning you will provide will shape the future doctor your student becomes, as your teachers did you. How you do this will be reflected in your teaching skills and your personal attributes as well represent the area of medicine that you are working in.

This guide is provided to give you a succinct overview of the expectations within the role. We hope you find it useful. It is supported by the material that can be found on our educator website: [Liverpool Educators Online - School of Medicine - University of Liverpool](#)

The School of Medicine is so grateful for the support you provide in educating the next generation of doctors.



Dr Dominic Johnson, Vice Dean- Clinical

2. The Rationale for a Clinical and Educational Supervision University Policy

2.1 Regulator requirements

The GMC in “Promoting Excellence: standards for medical education and training” and in its guidance “Clinical Placements for Medical Students” states that educational and clinical supervision is a fundamental part of the clinical training of medical students.

This is also echoed by NHS England in their [Tripartite Education Agreement](#)

“5.2 Placement providers should ensure that all learners have access to appropriately qualified and up to date educators/supervisors in line with professional body and Educator Provider requirements who can provide an appropriate level of support, supervision and assessment of competency.”

2.2 The importance of the roles

The University of Liverpool regards the role of Clinical and Education Supervision as a fundamental in developing the skills of our student doctors in a way that protects patient safety, supervision by senior clinicians is essential during clinical placements.

Clinical supervision - There is always a clinician responsible for a student doctor during any episode of patient contact (e.g. on the wards, in clinics and whilst undertaking any other patient contact)

Educational Supervision - a designated senior clinician has overall responsibility for an individual student doctor's progress on a placement. He/she will see the student doctor on a weekly basis, either individually or as a small group

3. Knowledge and Skills for Effective Supervision

Educational Supervisors need to be accredited as a supervisor and recognised as such by the GMC, or in the case of NCCG and ST doctors, be under the guidance of a nominated consultant. This will involve undertaking the basic supervision courses provided by most Trusts and quality assured by Health Education Northwest (HEENW). In addition, all supervisors must be trained in equality, diversity and cultural awareness.

4. The role of the Clinical Supervisor

Student doctors must always be supervised by a qualified clinical practitioner during any patient contact and they must be aware of who is acting as their clinical supervisor for each of these episodes of patient contact. If not physically present with the student doctor during all patient contact, it is important that they or their designated deputy, take the overall responsibility for their student doctors and are readily available within the clinical areas.

4.1 What is expected of the Clinical Supervisor:

1. To provide a safe and supportive clinical learning environment for student doctors within the context of clinical governance and patient safety
2. To provide overall supervision within the clinical areas and provide appropriate feedback according to the experience and year of the student doctor
3. To ensure that the student doctor acts within their appropriate level of knowledge and skill for the stage of the student doctor under supervision
4. To undertake appropriate work-based assessments e.g. e-portfolio requirements (Advice and guidance on this can be provided by contacting the E-Portfolio Team - see section 7)

5. To liaise with the Sub Dean, Educational Supervisor or other senior placement staff if you feel that there are any areas of concern with individual student doctors. Concern can be reported to the School's Wellbeing Team or by completing a [Measuring Professionalism Form](#)

5. The role of the Educational Supervisor (ES)

The Educational Supervisor (ES) will be an experienced doctor (Consultant, SAS, or ST within 2 years of CCT) in the specialty of the placement block. Where the ES is an ST, there should be a Consultant identified as having overall responsibility for the student to whom the ST can highlight any concerns and the ST must be trained in supervision and have clearly defined time for the role.

Within placements student doctors require an ES who is a trained specialist in the overall speciality of their placement. Where student doctors undertake more than one specialty placement block on a hospital site, it is expected that they will change ES as they change specialty. For placements such as Year 4 Surgery C, student doctors will change ES weekly over the four-week placement. However, for Year 3 Surgery B, the Orthopaedic ES will conduct the overall placement sign-off.

5.1 What is expected of you as an Educational Supervisor

1. Meet the student doctor(s) at agreed and specified times as specified below
2. Understand student doctor learning needs and agree their learning plan for the placement
3. Understand the requirements of the curriculum for your placement. (A School document outlining this has been shared with placement sites).
4. Act as an advocate for student doctors to support their access to appropriate clinical experiences
5. Understand and support your student doctors' progress with their workplace assessments, e-portfolio and workbooks. (Advice and guidance on the e-portfolio can be provided by contacting the E-Portfolio Team -see section 7)
6. Be familiar with School processes. Information can be found on [Liverpool Educators Online](#)
7. Liaise with those in contact with the student doctor to gain an overview of their progress and any areas that need support
8. Provide constructive feedback to student doctors
9. Act as a first point of contact for student doctors who have concerns over patient safety or concerns about individual teachers or departments. Advise student doctors of the concern processes and student doctors should also be advised to complete the [School's Sharing Concerns Form](#)

10. Report any concerns about individual student doctors initially to the Clinical Sub Dean/Undergraduate Lead and then informs the School's Wellbeing Team or completes a [Measuring Professionalism Form](#)
11. Participate in any quality visiting processes as required by completing the School ES survey in advance of the visit and attending necessary meetings
12. Be a positive ambassador for student doctors on behalf of the School of Medicine and the speciality and support their exploration of future careers
13. For years 2-4, be part of the process that provides each student doctor with at least 2 sessions weekly of consultant supervised experiential learning directly mapped to placement learning outcomes, as well as 2 hours of small group teaching
14. For year 5, be part of the process that provides student doctors with weekly consultant supervised experiential learning, related to cases specific to the placement. Ensure PFA student doctors are given an opportunity to present the cases they review in the clinical environment on a daily basis

5.2 Educational Supervision meetings on a weekly basis

Weekly one-to-one meetings should take approximately one hour to discuss the learning opportunities and objectives identified by the student doctor for Year 3 and 4.

For Year 2 and 5 student doctors, only the final meeting needs to be one-to-one, with other meetings being in groups.

If a student doctor does not respond to your communications or fails to attend an arranged meeting please contact the Clinical Sub Dean/Undergraduate Lead who will contact student doctors on your behalf. Failure to attend falls into the areas of concern recorded as a 'professionalism issue' and where recurrent may lead to a student doctor having to attend a progression meeting.

The placement supervision processes dovetail with the **University Academic Advisor** system to ensure that academic and clinical progress is co-ordinated and that issues can be resolved by timely advice and support.

Many student doctors experience some stresses and anxieties, particularly in the clinical years. Many of these problems can be addressed if the student doctor has the opportunity to talk and be listened to by their ES and Academic Advisor. The **Wellbeing Team at the School** are also available to provide support (wellbeing.mbchb@liverpool.ac.uk 0151 794 8756) or contact via the [Sharing Concerns Form](#). Appointments can be arranged via Zoom or face to face in Cedar House.

The School is happy for ES to arrange the best mechanism for ensuring weekly meetings, using Zoom, Microsoft Teams or another application that has been agreed with the School. If the student doctor and ES are at the same placement site, face-to-face meetings are encouraged.

5.3 The initial meeting at the start of placement

Prior to the student doctor arriving, the Clinical Sub Dean/Undergraduate Lead will inform you of any additional support your student doctors' may require. This is shared with placements as a Transfer of Information (TIO), the content of which is agreed by the student doctor. At the initial meeting you should:

- a) Confirm the student doctor has received an induction and placement timetable. Also check that the student doctor is aware of how to access support and report concerns
- b) Review the student doctors' placement objectives in their e-portfolio and discuss how these are to be achieved. Student doctors are expected to enter these objectives prior to the meeting
- c) Discuss the placement learning outcomes (see curriculum document in the student e-portfolio) and the e-portfolio evidence needed, noting any concerns the student doctor may have regarding specific speciality related clinical examination techniques and arranging support where required
- d) Also review any additional opportunities the student doctor is hoping to achieve and how these might be accessed
- e) Record your initial meeting in the student doctor's e-portfolio (see Technical Guide) For 1-week placements, only end of placement meetings need to be documented in the e-portfolio

5.4 Weekly meetings during placement

You will meet your student doctors' each week individually or in small groups. At each meeting you should:

- a) Discuss the student doctor's learning from their previous week, including the placement activities and teaching sessions they have attended
- b) Facilitate student doctor presentation and discussion of cases they have seen, encouraging reflection on key learning points.
- c) Discuss any challenging patient experiences or other student doctor concerns, providing support where required.
- d) Complete workplace-based assessment (WPBAs) e.g. CPADs (Case Presentations & Discussions- not applicable to year 5) and OEs (Observed Examinations- not applicable to all year 5 rotations), providing constructive feedback
- e) Review progress of other placement and e-portfolio objectives, and any barriers to achieving these
- f) Facilitate other discussions, educational activity and teaching as considered appropriate by the ES

- g) Discuss any concerns about individual student doctor's e.g. professionalism issues or concerns about their ability to complete their placement with the Clinical Sub Dean/ Undergraduate Lead.

5.5 Mid-Point Meeting (Year 5)

The midpoint meeting for year 5 is in the form of a group meeting of up to 4 student doctors, although can be one to one, if needed.

1. For the 4-week acute placements this should be towards the end of week 2 and may be conducted virtually or face to face
2. Mid-point meetings are not required for the shorter acute placements (Anaesthesia & Critical Care/ Psychiatry)
3. In the SAMP and PFA placements this should be towards the end of week 3 and you should meet with each student doctor individually

You will:

- a) Ensure that each student doctor reports on their activities and work diary for the previous week, including the number of sessions they have attended, and that they can articulate the learning achieved during the week.
- b) Discuss progress with portfolio objectives, completion of formal assessments such as DOPS and any barriers to achieving these e.g. catheterisation and where this is best achieved.
- c) Signpost student doctors to any key learning activities and where to access them e.g. departmental teaching, MDT, audit etc
- d) Discuss reflections on any challenging patient experiences or other student doctor concerns.
- e) Record this meeting in the e-portfolio, identifying whether the student doctor is on track to complete their placement, agreeing any actions which can be taken at a local level

5.6 End of Placement meeting

You will meet your student doctors' individually at the end of their placement. Prior to the meeting, you will discuss with colleagues their impressions of the student doctor and:

- a) Review the student doctor's progress over the entire placement in relation to the placement learning outcomes
- b) Review the content of the student doctor's e-portfolio for the placement, ensuring minimum requirements have been met, and identifying any areas for commendation. Check that a representative spread of work has been recorded over

the placement, rather than just at the end, and that WPBAs have been completed by appropriate clinicians of varying experience

- c) Complete an end of placement assessment (see E-Portfolio Technical Guide)
- d) Record an end of placement report that reflects the student doctor's progress over the placement, providing constructive feedback. Consider completing a [commendation form](#) for any demonstrations of excellence
- e) Discuss with the Clinical Sub Dean/Undergraduate Lead any student doctors' who are graded as a "fail", ensuring reasons are clearly documented in the e-portfolio. Also complete a [Measuring Professionalism Form](#) for any professionalism concerns

5.7 Y5 Acute Block placements - Enhanced CBL

In the Y5 Acute Medicine, Acute Surgery and Emergency Medicine rotations, groups of student doctors (based on placement site) are allocated specific case topics relating to the specialty. They are expected to identify a relevant case in the first week, and develop a presentation to deliver to peers, as a placement group, in week 4 of the block. The case allocations have been sent to Trust undergraduate teams, along with more detailed student guidance. Student doctors have access to this information via the specialty page on Canvas.

Educational Supervisors should:

- a) Help with the identification of the case in the first week
- b) Advise on interesting or important features to present
- c) Review student doctors' reflection on their learning from the case during the final meeting

5.8 SAMP Placements

In Year 5, student doctors undertake a SAMP project. The overall goal of a SAMP is to develop a deeper understanding of a clinical area and as a means of career discovery. It is also an opportunity for student doctors to explore the scientific basis of a speciality. A proportion of the learning objectives for each SAMP must be in the basic sciences. SAMP placements are a hybrid model with clinical activity and research. The SAMP placement must have a clinical component with an attachment to the relevant specialty where the SAMP is undertaken.

For their SAMP project, the student doctor should be asked to prepare a concise report (max 2500) words on one of:

- a) An up to date critical review of a clinically relevant best practice guideline.
- b) A critical discussion of a relevant clinical/legal/ethical dilemma.

- c) A critical discussion of an audit
- d) A report on student doctor's involvement in ongoing research. This can include continuation of RS4 projects.
- e) This must be the student doctors' own work and stand alone. For supervisors undertaking multiple SAMP students, they cannot share a project. **Each student doctor must complete their own unique piece of work.**

At the initial student doctor meeting, you should confirm the SAMP project to be completed and agree the timescale. **Please note:** all reviews / reports must be completed by student doctors **by the first 4 weeks** of the clinical SAMP placement and have been assessed and graded by the clinical supervisor by the end of week 5. Student doctors will then submit their report via Turnitin.

6. Time allocation for Educational Supervision

Educational supervision requires adequate time allocation for senior clinicians undertaking this role. This is estimated to be of the order of 0.25 PA per student per week. This is separate from time for teaching delivery, such as CBL/bedside teaching. The overall calculation will reflect group size, if this is 4 student doctors per supervisor then the following calculation for a four-week rotation provides an approximate guide:

Per Four Week Placement per 4 students

- Week 1 Initial one-to-one meeting 30 minutes per student doctor: 2 hours. For year five, this can be a group meeting (up to 4 student doctors).
- Weeks 2 and 3 one hour per week in groups of 4: 2 hours
- Week 4 Final one-to-one meetings one hour per student doctor- 1 hour per meeting plus one hour for preparation and completion of portfolio report: 8 hours
- Email correspondence, training, support of student doctors in difficulty, (one hour per student) 4 hours

TOTAL: 16 hours over 4 weeks / PA (4 hour sessions) per 4 student doctors 1 per week

Note: This allocation is needed during the time that student doctors are present within a placement and is not a commitment for the whole year. The actual time allocation can be annualised and is agreed between the individual clinician and their Trust.

Ahead of a quality visit to a Trust, the Quality Team will send out a survey to ES' with questions regarding time allocation for educational supervision and undergraduate education more broadly. Participation in this survey would be greatly appreciated by the School.

7 Key contacts

Title	Email	Role
E-Portfolio Team	eportfolio.mbchb@liverpool.ac.uk	All Educational Supervisors will require access to the student doctor's e-portfolio in order to complete the educational supervisor section and review the placement activity of their student doctors. If you need any technical help or support please contact the E-portfolio administrators
YEAR 2	yr2mbchb@liverpool.ac.uk	For queries related to year 2
YEAR 3	yr3mbchb@liverpool.ac.uk	For queries related to year 3
YEAR 4	yr4mbchb@liverpool.ac.uk	For queries related to year 4
YEAR 5	yr5mbchb@liverpool.ac.uk	For queries related to year 5
Student Progress Team	progress.mbchb@liverpool.ac.uk	For concerns related to student professionalism. The Progress Team responsible for managing the Measuring Professionalism Form
Wellbeing Team	wellbeing.mbchb@liverpool.ac.uk 0151 794 8756	For areas related to student support and wellbeing
Quality	Quality.mbchb@liverpool.ac.uk	For queries related to quality visits
Sharing Concerns Form	https://liverpool.onlinesurveys.ac.uk/sharing-concerns-form	To signpost to Student Doctors for sharing a concern with the School of Medicine.
Risk Team	risk.mbchb@liverpool.ac.uk	For queries relating to Sharing Concerns
Liverpool Educators Online	https://www.liverpool.ac.uk/medicine/liverpool-educators-online/	For information on School policies and the curriculum as well as CPD training events and resources

8 Supporting links

[Supporting guides on Liverpool Educators Online](#)

[Health Education England NHS Education Contract](#)