Clinical and Educational Supervisor Reports – tips and recommendations

Reporting should be carried out in person and an allowance of at least one hour should be given to each trainee.

Clinical Supervisor Report (CSR)

➢ All questions should be answered in full text (to allow cut and paste for ESR).
➢ All questions should indicate what the trainee does well, and also where they need to concentrate further development.
➢ Constructive criticism should therefore be a must for each section.
➢ There should be clear indications that the trainee is meeting all the clinical objectives for the special interest that maps to the curriculum, but also vital clinical skills that do not appear to be listed overtly (e.g. laser retinopexy).
➢ There should also be comments regarding general ophthalmic clinical skills and also emergency ophthalmology feedback (i.e. on call, surgical trauma, etc.).
➢ The CSR should be completed contemporaneously, not a long time after the trainee has completed the attachment.

Sources of information

- WpBAs
- Informal observations from supervision both in and out of hours
- Specific feedback from other staff
- Specific feedback from patients
- Trainee self-assessment
- Reflective practice

Key points

- All opinions must be based on and referenced to evidence, so give specific examples of behaviours
- All information to be included in report should have been fed back to trainee supportively, constructively, confidentially (if appropriate) and contemporaneously
- Comments should be made on progression during placement
- Comments should balance supportive with constructive
- Careful use of language
- Areas of concern including probity should be documented, even minor issues as these could be a repetitive problem if not highlighted early

Educational Supervisor Report (ESR)

The ESR should be completed with the trainee, going through the CSRs and the e-Portfolio. The trainee should be driving the process as they are familiar with their own portfolio. It should be completed 6 monthly.

- ➤ ES checks satisfactory progress with WpBAs for stage, including those for stages 4-7 if appropriate
- ➤ ES checks Personal Development Plan (PDP) and progress.
- ➤ ES gets feedback on previous 6 months and uses this information to direct the next 6 months, and also quality-assesses the 6-month block – can it be improved?
- ➤ ES checks surgical logbook – progress.
- ➤ ES checks audit/research/exam - progress.
- ➤ ES checks CSRs, cutting and pasting free text into the ESR, effectively summarising the CSRs and providing a quick reference for the Annual Review of Competence Progression (ARCP).
- ➤ ES and trainee reset or add to objectives for the forthcoming 6 months.
- ➤ ES looks to see evidence of spiral learning – have Suggestions for Development been addressed?
- ➤ ES ensures MSF was undertaken in a timely manner and results are discussed
- ➤ ES assesses progress overall for stage of training – trying to view progress for the year within whole of programme not as isolated events.

Sources of information
- – CSRs
- – WpBAs – who performed, progress, bunching, quality – Suggestions for Development
- – MSF
- – Exams, audit, teaching, research, leadership, service improvement, use of study leave
- – Reflective practice
- – Self-assessment
- – Progress against PDP
- – Sickness
- – Complaints/serious incidents/compliments
- – Feedback outside of formal reporting mechanisms (e.g. behaviour whilst on call) – must be objective and appropriately evidenced. Should have been fed back to trainee contemporaneously.

Key points

- – As for CSRs: evidence based, objective, specific, relevant and honest *(Good Medical Practice)* giving specific examples such as behviours
- – Ensure all appropriate evidence is included in ESR

Common pitfalls of CSR/ESR

- Leniency bias – fear of giving negative assessment
- Central tendency error – tend to average in absence of evidence
- Halo effect – allowing global judgement to affect comment on specific areas
- Overweighting – tendency to give undue weight to recent or more dramatic events
- Negativity – focussing excessively on negative aspects of performance
- Contrast errors – comparing with other trainees or self rather than objective standards
- Failure to take into account stage of training
- Failure to comment on progress
- Lack of care with language
- Failure to document probity concerns
- Lack of evidence
- Objectives not SMART

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