Supervisor Professional Development Program

Facilitators: Carolyn Edmonds and Dr David Everett

Monday, 16 May 2016
I would like to acknowledge the Custodians of the Land on which we meet today here in Adelaide - the Kaurna people and also acknowledge the Custodians of the lands on which our (other) State offices are situated.

I would like to pay respect to the Elders, both past and present, and extend that respect to other Aboriginal and Torres Strait Islander people who are present.
Tell us about you……

• Your work…
• Your teaching…
• Your challenges and strengths in teaching ‘at the bedside’
Outcomes

• Outline the challenges supervisors face in the healthcare setting
• Discuss the strategies supervisors can use to maximise teaching opportunities
• Evaluate personal attitudes, beliefs and behaviour and its influence on supervisory practice
• Assess workplace culture issues that can affect education experiences
• Alison and Spencer embark on the post take ward round…
The RACP wishes to advise that the physicians and trainees in this production are depicting characters for the purpose of filming this video.
Our case study....
Discussion

- Thoughts on how this went?...
Key points

- What is a 'good' bedside teacher? enthusiasm? skills? attitude?
- How do we balance our workload between teaching and assessment?
- Having a ‘teaching plan’
- Using questions to involve learners of different levels
- Giving feedback in real time
Activity 1 – ‘Socratic what?…’

1. Read “Socratic what?……” scenarios 1 and 2
2. Discuss these two scenarios
3. Consider the following questions:
   - What are the differences between how the RMO and GP approached the situation?
   - What did you think of the questioning techniques?
   - What suggestions do you have for improving the questions asked by the RMO and GP?
Our team a few days later......
Discussion

- *Thoughts on the second ward round?...*
Curriculum

- **Curriculum** the stated, intended, and formally offered and endorsed curriculum (e.g. the "this is what we do")

- **Informal curriculum** an unscripted, predominantly ad hoc and highly interpersonal form of teaching and learning that takes place among and between faculty and students

- **Hidden curriculum** a set of influences that function at the level of organisational structure and culture.
Key points

• More on teaching learners at different levels
• Involving the patient more in the teaching mission?
• Role modelling...
• Hidden curriculum and strong messages about ‘our tribe’
Activity 2 – role play

1. Review “Activity 2 – role play guide”
2. Form groups of three and nominate the following roles:
   - Supervisor (Alison)
   - Intern (Viet)
   - Observer
3. Role play the teaching scene at the bedside. Think about questions that can be used in the role play to improve the educational experience for the intern.
• Thoughts on questioning?...
• *The ward round ends in the tea room for some more relaxed teaching and learning...*
The tea room
Discussion

- *Thoughts on the tea room?...*
Key points

• Using 'downtime' for teaching?
• Dealing with underperformance
• Delegating teaching and feedback
• Registrars as teachers
• What did our actors think of the scenarios?...
Spencer on ‘The Dark Side’
"Alison on role modelling"
Mrs Jones has a further syncopal episode in the ward and fractures her hip…

How does the team deal with (and learn from) the adverse event?
An adverse event
Discussion

• *Thoughts on this scenario?...*
Key points

• Teaching and learning from adverse events - are we brave enough?
• Teaching in 'non medical expert' domains
• Role modelling negotiation
• Integration of professional and communication messages with 'clinical' ones
What did Alison think of the supervisor...
‘Alison on consultant teaching performance’

"Alison on consultant teaching performance"
“Alison on how to improve”
Summary
• What will you take away?