Working with your supervisor

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Who am I?

- Worked in occup med for nearly 49 years
- More than half this time as educator at Monash University
- Worked 18 years on AFOEM Assessment Committee
- Delivered the AFOEM training curriculum and training requirements for formative assessment, e.g. DOFS.
Why this session?

• From my work with supervisor development for the College
What’s your supervisor meant to do?

• Prime role is to help you think like an expert.
• They do this by acting as role model, giving feedback on your performance to assist your progress and, *to a limited extent*, pointing you toward resources for learning.
• If all you want to do is to cram enough facts to pass your AFOEM exam, your supervisor will be of limited use to you.
• If you want to learn to be a capable and respected occupational physician, then that’s where your supervisor will be of most assistance.
• And for your future, I ask you to remember this. Every patient, every client is a form of mini-exam.
Communicating with your supervisor

• Occup Med is an outpatient or community-based specialty. Your supervisor is not often geographically close.
• Much onus on you to initiate and sustain communication. Discuss this when you first meet.
• It’s not like a hospital where a supervisor is more readily to hand. So you’re more on your own. You have to grow up fast on ‘the streets of occup med.’
Assisting your supervisor.
Caring for your relationship.

- Supervisors are precious. Treat yours well. It’s a voluntary role.
- Set expectations early – yours and your supervisor’s
- Should include **three** particular expectations – regular, frank interaction, how feedback will be given and received, and the setting-up of formative assessments, e.g. DOFS, case-based discussion, mini-CEX.
- Do as many formative assessments as possible. You should initiate these.
- You don’t fail formative assessments. You may perform badly but that’s *not* a fail!
How to structure the feedback conversation

Where to next?

WRAP UP

GOAL

Where am I going?

REALITY

OPTIONS

What else can I do?

How am I going?
What if your supervisor doesn’t know ....?  

- No occup physician uses all their skills in routine practice. I’m a classic example.  
- So what if your supervisor isn’t particularly good at research or environmental issues?  
- You’ll need to look wider – but not behind your supervisor’s back.  
- Early on, ask your supervisor whether there are particular areas of the curriculum where you may need to do this.  
- And there may be points of, let’s say, toxicology that your supervisor doesn’t know. That’s OK. But don’t make it a “Gotcha” moment. Gotcha moments are not a good feel for the ‘Gotchee’.
What if you ‘fall out’ with your supervisor?

- Try to resolve it between you.
- If that doesn’t work, go to Regional Director of Physician Education with a clear, fair and factual description of the problem.
- DPE will talk with you both.
The exam

- The myth of pass-rates?
- The value of networks to help you prepare.
- Readiness: don’t fake it with your supervisor!
- The next session is designed for that.
- Useful handouts on ATM website