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EDWARD DAY AND NICK BROWN

The role of the educational supervisor

A questionnaire survey

AIMS AND METHODS

A postal questionnaire of all pre-membership psychiatric trainees in the West Midlands was used to investigate the role of the educational supervisor. The trainees were asked about their experience of educational supervision, and also asked to rank a number of possible roles for their supervisor in order of importance.

RESULTS

A response rate of 70% was achieved. Trainees rated regular appraisal and assessment of skills and deficits as the most important role of the educational supervisor, but had only experienced this in 55% of their training posts thus far. Less than half of the respondents had developed a written educational plan with their educational supervisors, and trainees rated this the least important task of good educational supervision.

CLINICAL IMPLICATIONS

The results of this survey inform the training agenda for trainers, and emphasise the need to equip consultants with the skills to appraise their trainee's educational development.

The time a trainee psychiatrist spends at the senior house officer grade is a period of intense learning from a number of different sources. One of the most important factors in this learning is the relationship with the educational supervisor, usually the consultant for whom the trainee is working. With the recent changes in medical education, attempts have been made to optimise the ability of the educational supervisors to do their jobs by drawing up guidelines. One such document has been produced by the Departments of Postgraduate Medical and Dental Education in the South and West. We were interested in exploring how closely the experience of trainees in psychiatry in the West Midlands fits this 'gold standard', with a view to producing suggestions to help the local consultants function as better educational supervisors.

The study

The organising tutors of the four main local rotational training schemes in psychiatry were contacted (Birmingham, Coventry & Warwick, North Staffordshire and Worcestershire), and each supplied a full list of senior house officers. A single-page questionnaire was designed using statements from the South and West guidelines and sent to each of these trainees, along with a prepaid return envelope and a covering letter. Replies were anonymous, and a second copy was sent six weeks later.

Each respondent was asked to indicate their gender and whether they had been working in psychiatry in the UK for more or less than 18 months. The questionnaire then gave 12 statements summarising the key facets of the ideal educational supervisor. The trainee was asked to study them and score each between zero and 10, where the number represented the level of agreement between each statement and their average experience thus far in training. Finally, respondents were asked to indicate which of the 12 statements they considered to be the six most important.

Findings

In total, 103 of the 147 senior house officers responded to the questionnaire (70%). The respondents were almost equally divided between males (n=53) and females (n=50), with 40 having worked less than 18 months in psychiatry in the UK. The average agreement ratings (between zero and 10) for each statement are listed in Table 1. The 12 statements were ranked in overall order of importance by assigning six points to a respondent's first choice statement, five to their second choice, and so on down to one point for their sixth choice. The overall rankings are listed in Table 2. There were no significant differences between the responses from male and female senior house officers. The only major difference between those in training for over 18 months and their less experienced counterparts was that the former gave lower 'achievement' scores for all of the 12 statements.

Trainees reported that only 44% of their educational supervisors had helped develop an individual written 'educational plan', but it was also clear that they considered this the least important of the supervisor's roles. In contrast, encouragement to attend formal teaching sessions and adequate provision for cover in the supervisor's absence were generally perceived to occur regularly (80% and 76% respectively), yet were also given low priorities by trainees (ranked tenth and eleventh most important).

Few trainees appear to receive career counselling and advice from their educational supervisors (60%), and this was not expected to be a crucial role (ranked ninth out of 12). Routine weekly contact was perceived to occur in over 70% of cases, but was surprisingly not highly valued, ranking eighth out of 12. However, regular appraisal and assessment of skills and deficits, combined with constructive criticism about clinical work were considered the two most important roles of an educational supervisor, but both occurred in less than 60% of jobs. Trainees only believed that just over 60% of their educational supervisors had an adequate knowledge of the senior house officer training requirements and

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Table 1. Average agreement ratings for each statement

Statement The Educational Supervisor . . .	Average agreement rating
A. Provides a personally supportive role	6.75
B. Acts as a 'critical friend' in giving constructive feedback	6.16
C. Has a good knowledge of the senior house officer training requirements and curriculum	6.26
D. Establishes a day to day working environment conducive to education	6.10
E. Helps develop and monitor an individual written 'educational plan'	4.37
F. Provides regular appraisal and assessment of skills and deficits	5.56
G. Provides constructive criticism about clinical work, allowing trainees to evaluate their own performance	5.90
H. Offers routine weekly contact	7.13
I. Encourages attendance at formal teaching sessions at the place of work	7.96
J. Provides career counselling as required	5.89
K. Is easy to contact at any time	7.68
L. Makes adequate provision for cover during his or her absence	7.56

Table 2. Statements ranked by perceived importance

	Total score
1. Provides regular appraisal and assessment of skills and deficits	274
2. Provides constructive criticism about clinical work, allowing trainees to evaluate their own performance	254
3. Provides a personally supportive role	243
4. Establishes a day to day working environment conducive to education	241
5. Has a good knowledge of the senior house officer training requirements and curriculum	224
6 Acts as a 'critical friend' in giving constructive feedback	214
7. Is easy to contact at any time	194
8. Offers routine weekly contact	142
9. Provides career counselling as required	74
10. Encourages attendance at formal teaching sessions at the place of work	69
11. Makes adequate provision for cover during his or her absence	64
12. Helps develop and monitor an individual written 'educational plan'	62

syllabus, but rated this less important than establishing a daily working environment conducive to education. Personal support from the educational supervisor was also considered important.

Discussion

This questionnaire study appears to indicate that trainee psychiatrists want regular assessment of their skills and constructive feedback from their educational supervisor, but that this only occurs in just over 50% of their jobs. They do not seem to perceive that the weekly hour-long supervision is necessarily achieving this, as few of the respondents rated this a key role of the supervisor. A similar study by Herriot *et al* in 1994 demonstrated that there was unanimous agreement among both consultants and trainees that every trainee should receive one hour of individual consultant supervision per week. Likewise, the *Handbook for Inceptors and Trainees in Psychiatry* (Royal College of Psychiatrists, 1995) states that a trainee may expect:

> "Individual supervision with consultant (educational supervisor) for one hour per week – not directly related to a discussion of immediate clinical problems"

The content of such a tutorial is not proscribed. Trainees felt that only 60% of their educational supervisors had an adequate knowledge of their curriculum, and it was therefore unlikely that these sessions were being used to teach specific examination-related topics. Instead, trainees would appear to value the chance to discuss clinical material and receive feedback on their management of cases. This may be expected to occur during routine weekly contact between trainee and consultant, but the weekly tutorial probably serves as a useful time to underpin this process. Regular and consistent feedback is rated as the key role of an educational supervisor, and the 'compulsory' hour-long tutorial may act as a safety net to ensure that this is not lost amid increasing service commitments. It is, therefore, of some concern that our respondents reported that they received regular weekly supervision in less than 75% of their training posts, although this figure is comparable with other studies (Kingsbury & Allsopp, 1994, Herriot *et al*, 1994).

With such value attached to constructive feedback on performance, emphasis must be placed on trainers to ensure that they are skilled in the process of appraising their trainee's progress, and that they can relay this appraisal effectively and clearly. Other commentators have also highlighted trainees' desire for regular and constructive feedback (King, 1999), the concerns of educational supervisors about their ability to give such feedback (Cottrell, 1999), and the need for appropriate training of supervisors (Katona, 1998). It is interesting that a written educational plan did not appear to be considered important by either supervisors or trainees. This may be because neither has any experience of formulating such a plan, or the possible benefits of its use in achieving goals and monitoring progress. Traditional medical education has perhaps avoided such tools, preferring informal verbal feedback backed up by an exam-orientated curriculum. However, trainees appear to be demanding appraisal rather than assessment. The *Guide to Specialist Registrar Training* (Department of Health, 1996) defines assessment as a process "to measure progress against defined criteria based on relevant curricula", whereas appraisal provides "a complementary or parallel approach focusing on the trainee and his or her personal and professional needs". An individual educational plan would form the basis of the appraisal process in that it would help set goals and monitor achievements within the context of a trainee's career

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development, rather than merely judging them against a list of criteria set by the Royal College of Psychiatrists.

The current drive towards evidence-based practice also has a bearing on these findings. The technique of setting well-defined clinical questions based on cases seen in practice may be the ideal model for trainees to develop both clinical skills and knowledge. Detailed familiarity with the training syllabus would not be essential for such a task, and the exercise would almost certainly benefit trainee, supervisor and patient alike. Once under way, a rolling programme of setting a question, searching for evidence, appraising the evidence and applying the findings should be relatively easy to maintain, and could give structure to a supervision programme (Sackett *et al*, 1997).

Encouragement to attend local teaching programmes and cover for supervisor's absence were not considered a high priority by respondents, possibly because they seemed to be happening regularly. It is also not surprising that trainees did not appear to receive or seek career counselling from their educational supervisors. It may be that a trainee would seek out other sources of advice, possibly from the local tutor, a 'mentor' figure or a doctor already practising the trainee's speciality of interest. We suspect that educational supervisors offer advice where they feel it is appropriate, but are prepared to refer their trainee on to others to supplement this.

In conclusion, the results of this survey clearly inform the training agenda for trainers. Herriot *et al* (1994) concluded that supervision needed to be:

> "timetabled and planned at the beginning of the post, with an agenda being set reflecting the individual trainee's previous experience, strengths, weaknesses and interests".

Our results suggest that this may not be enough. Similar research with higher specialist trainees in the North Thames Region has also emphasised the trainees' desire for their educational supervisors to focus on individual goals and professional development, while acknowledging the need for improved training (Riley, 1998). They have identified the key features that a training programme for educational supervisors should have, emphasising the need to work within time and funding constraints. It would seem important that such a programme is delivered in our region and across the country, particularly if a good experience of appraisal as a junior trainee leads to the development of a clear plan for continuing professional development and to even better educational supervision in the future. In the meantime, educational supervisors must be reminded of the need to offer a weekly hour-long session with their trainees as a minimum for delivering good quality support and guidance.

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References

COTTRELL, D. (1999) Supervision. *Advances in Psychiatric Treatment*, **5**, 83–88.

DEPARTMENT OF HEALTH (1996) *A Guide to Specialist Registrar Training*. London: Department of Health.

HERRIOT, P., BHUI, K. & LELLIOTT, P. (1994) Supervision of trainees. *Psychiatric Bulletin*, **18**, 474–476.

KATONA, C. (1998) Ensuring the skills of tomorrow's psychiatrists. *Psychiatric Bulletin*, **22**, 659–661.

KING, J. (1999) Giving feedback. *British Medical Journal*, **318**, 2–3.

KINGSBURY, S. & ALLSOPP, M. (1994) Direct consultant supervision of higher trainees in child and adolescent psychiatry. A survey of expectations and practice. *Psychiatric Bulletin*, **18**, 225–229.

ROYAL COLLEGE OF PSYCHIATRISTS (1995) *Handbook for Inceptors and Trainees in Psychiatry*. London: Royal College of Psychiatrists.

RILEY, W. (1998) Appraising appraisal. *British Medical Journal*, **316**, 2–3.

SACKETT, D., RICHARDSON, W., ROSENBERG, W., *et al* (1997) *Evidence-Based Medicine. How to Practice and Teach EBM*. London: Churchill Livingstone.

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Outcome of cosmetic surgery and 'DIY' surgery in patients with body dysmorphic disorder

AIMS AND METHOD

Little is known about the outcome of cosmetic surgery in patients with body dysmorphic disorder (BDD). Self-reported outcome was collected on 25 patients with BDD who at the time of psychiatric assessment had reported that they had had cosmetic surgery in the past.

RESULTS

Twenty-five patients with BDD had a total of 46 procedures. The worst outcome was found in those who had had rhinoplasty and those with repeated operations. Mammoplasty and pinnaplasty was associated with higher degrees of satisfaction. Nine patients with BDD, either in desperation at being turned down for cosmetic surgery or because they could not afford it, had performed their own 'DIY' surgery in which they attempted by their own hand to alter their appearance dramatically.

CLINICAL IMPLICATIONS

Cosmetic surgery cannot at present be recommended for patients with BDD. However, patients turned down for surgery or who cannot afford it, may try to alter their appearance by themselves. The study contains a selection bias of patients in favour of treatment failures in cosmetic surgery and prospective studies are required on BDD patients who obtain cosmetic surgery or dermatological treatment.

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