



Excellence in PA Supervision

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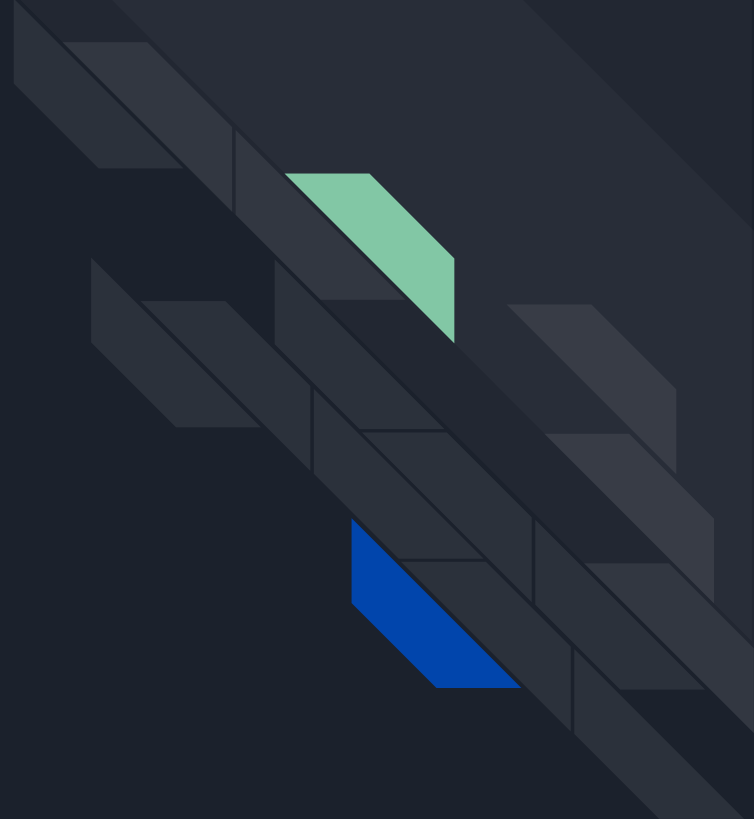


Disclaimers

- 1) I have received funding to deliver educational activities from Astellas and UCB pharmaceuticals but none in the last 12 months
- 2) I am a supervisor for a PA
- 3) I am PA supervisor of the year
- 4) I run a medical education podcast

I will draw comparisons in this presentation about a number of different animals and people - I do NOT mean to suggest that a PA or doctor is like any of these!!

Why do I need a supervisor?

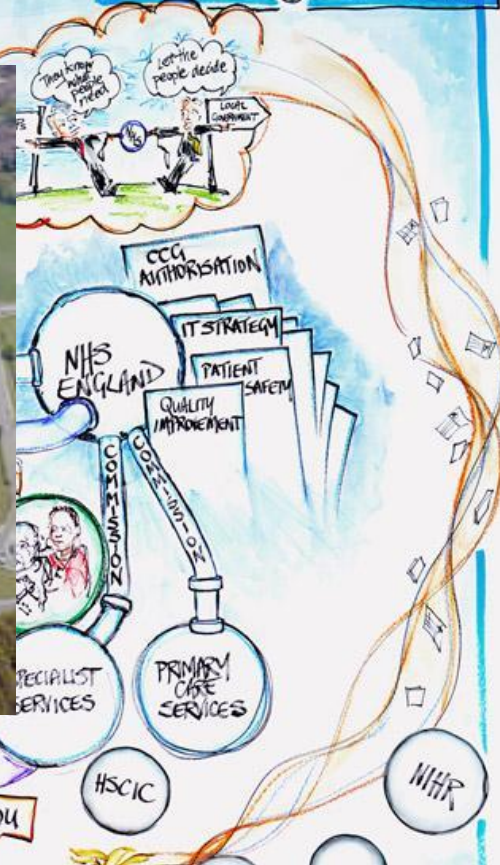


An alternative guide to the new NHS in England

www.kingsfund.org.uk/



The King's Fund



The landscape of modern healthcare

Complexity

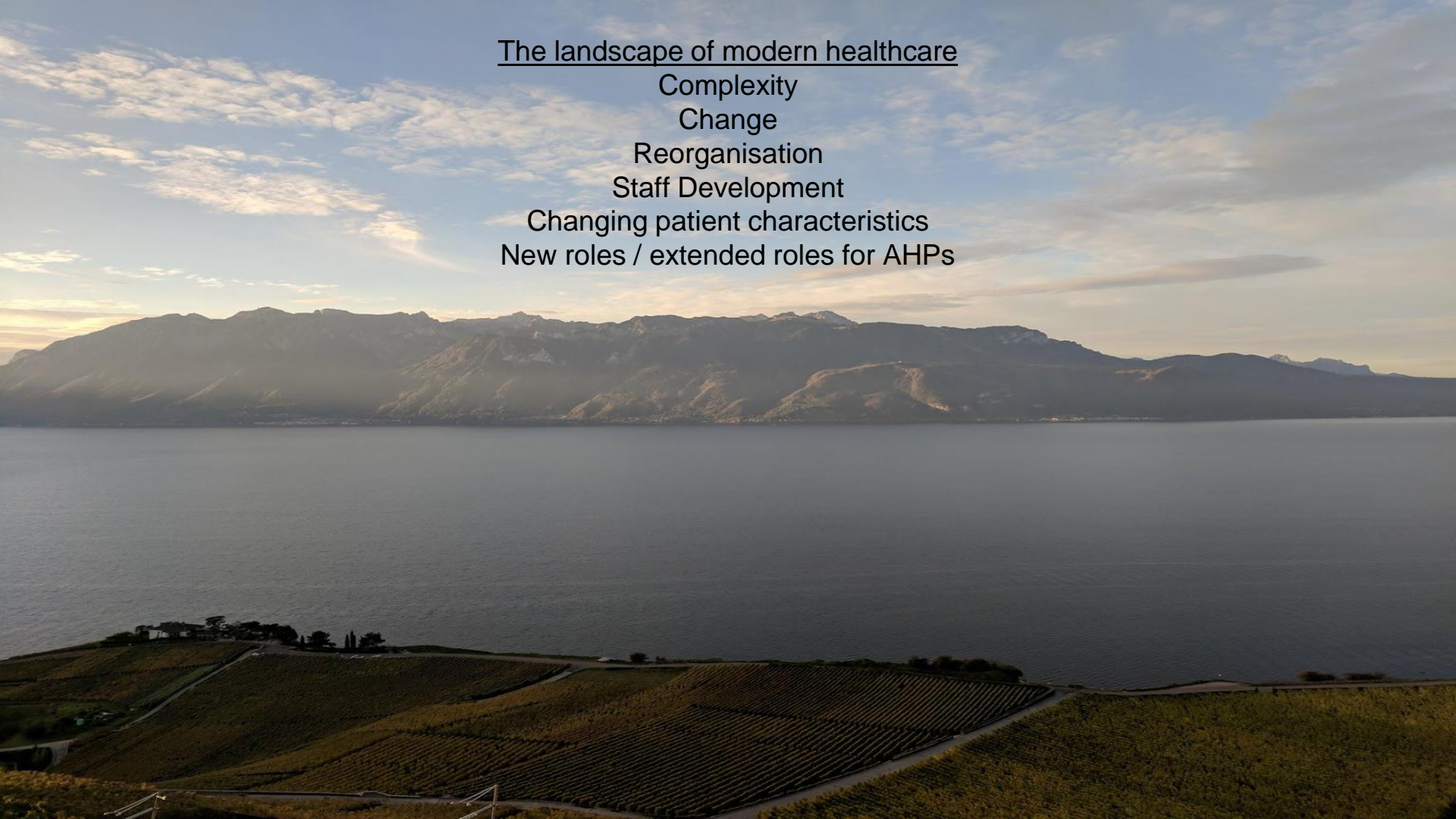
Change

Reorganisation

Staff Development

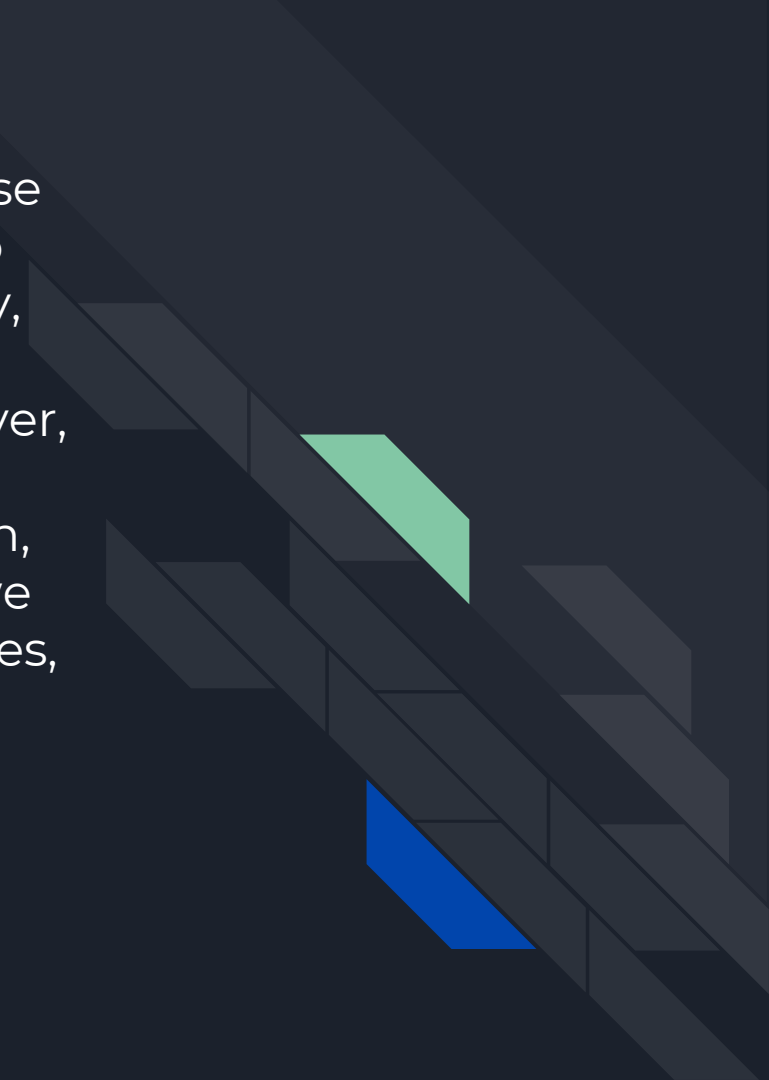
Changing patient characteristics

New roles / extended roles for AHPs

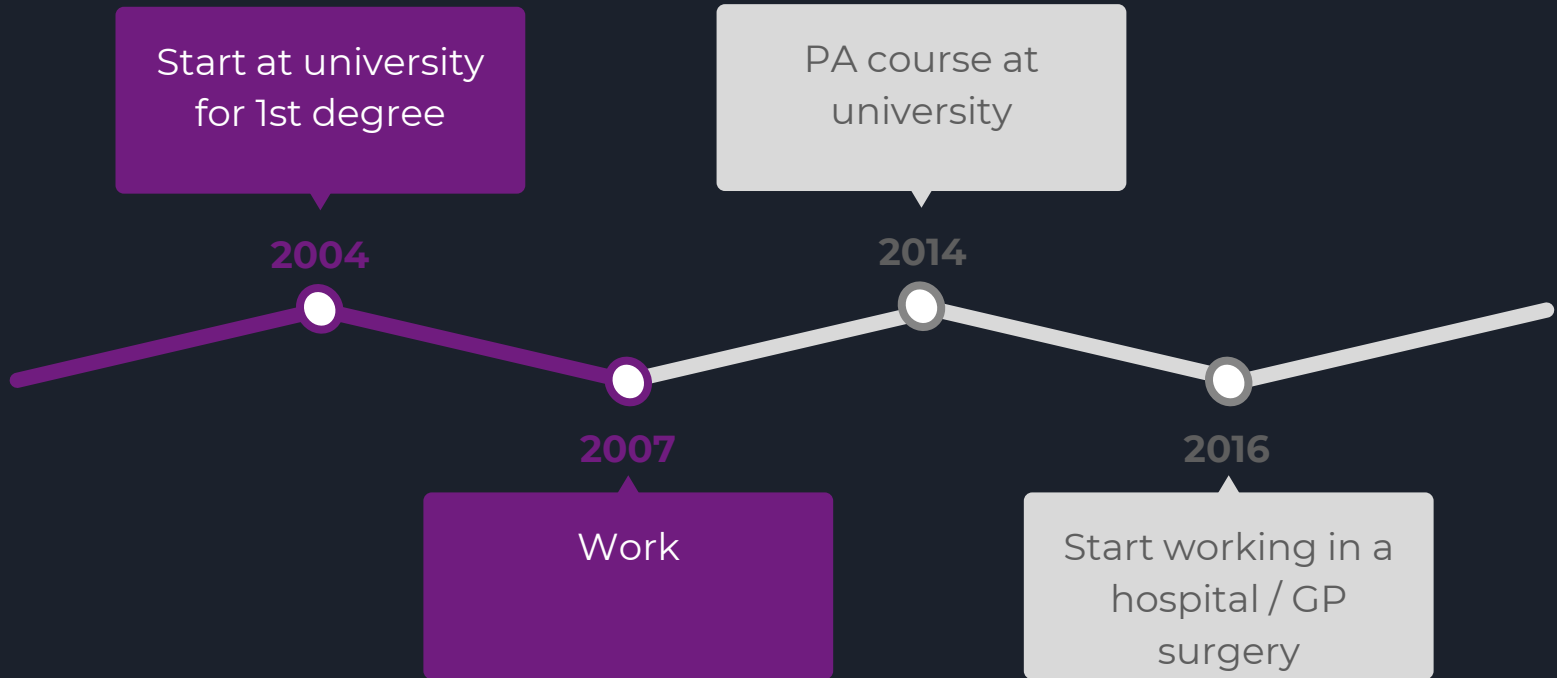


“As the world grows more complex, those in organizations want their workforce to be able to handle complexity, ambiguity, etc. Coping well with such issues is not simply a *skill* anyone can acquire, however, but a way of living in the world. These ways of living in the world are not inborn, but rather are developed over time as we increase our capacity to take perspectives, view authority in new ways, and see shades of grey where we once saw only black and white.”

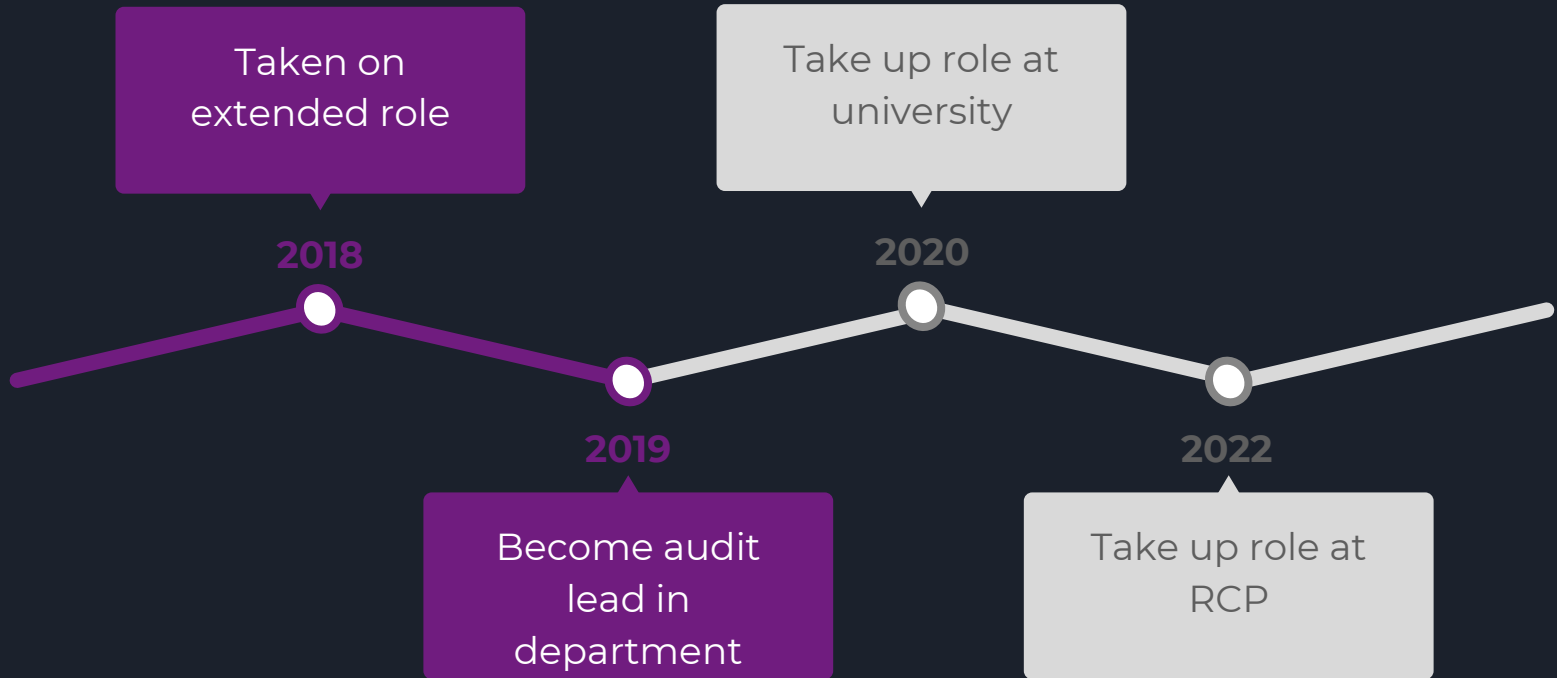
Jennifer Berger - NZCER



Transformative times



Transformative times



Transformative learning

Metomorphosis is taking place

Needs an external stimulation

Requires critical reflection on a 'disorienting dilemma'







VS

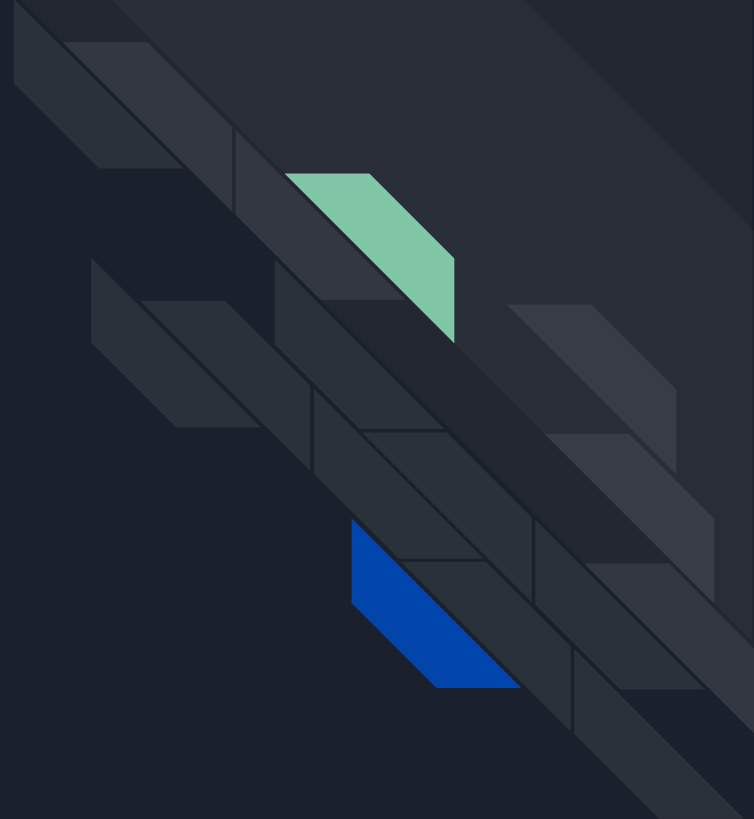




Why supervise?

- PA is described as a **dependent** practitioner and will **always** work under the supervision of a designated doctor.
- Their detailed **scope of practice** in a given setting is **circumscribed by that of the supervising doctor.**
- The PA will be employed as a member of the medical team in primary or secondary care and will have a clinical **supervisory relationship with a named doctor**, who will provide clinical guidance when appropriate.
- It is expected that the **supervisory relationship will mature over time**, and while the doctor will remain in overall control of the clinical management of patients, the need for directive supervision of the PA will diminish.

What is supervision?





'[Clinical] Supervision'

- A professional support activity
 - That is facilitative
 - That involves reflective thinking
 - That involves discussion about professional development, clinical issues and interpersonal issues encountered in the workplace.
- An ongoing, formal support process that involves a supervisor and a supervisee
- A structured and planned activity whereby learning goals are set and documented to assist with the skill development of the supervisee

What is clinical supervision?

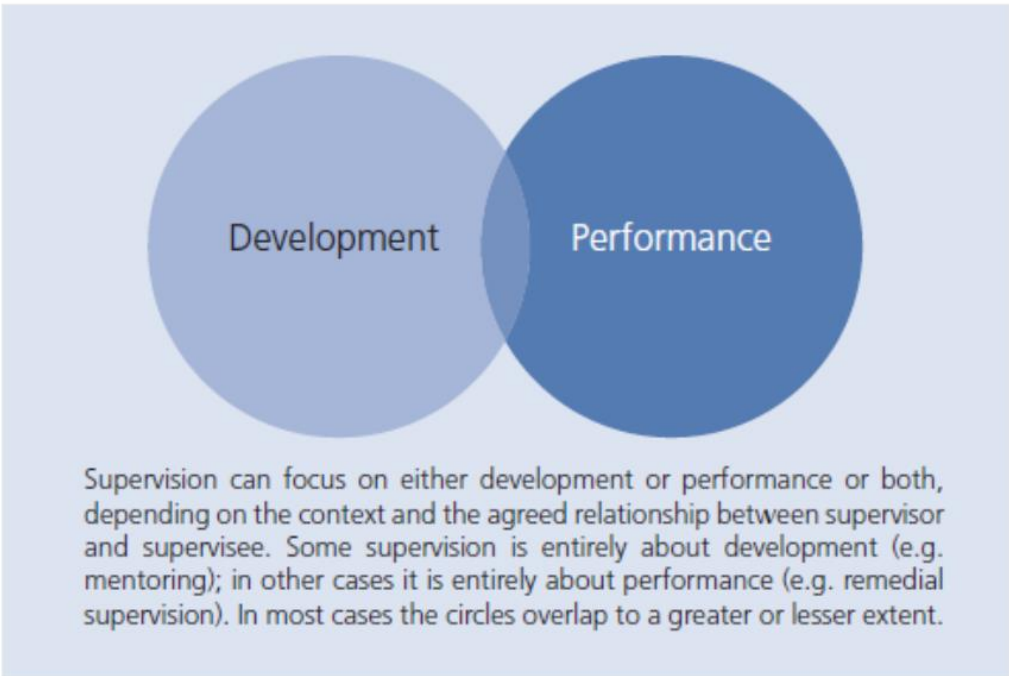
Face 1
Personal
Development



Face 2
Performance



- Personal development
- Career planning
- Goals



- Management
- Meeting targets
- Work performance
- Trust objectives

Figure 8.1 The two faces of supervision.



Professional Supervision (Morton-Cooper and Palmer)

As a **defence** against feelings of disorientation, disillusionment and burnout

As a defence for clarifying human **values**

As a way of defence **meaning** in our social relationships

As a means of providing **skill rehearsal** and access to appropriate **role models** in the workplace

As a device for **evaluating** and **disseminating** best practice healthcare

As a way of acquiring 'emotional literacy to deal constructively with our **emotions** in a mutually beneficial way

What does it mean to me?

01

Normative (administrative)

- Ensuring the supervisee's work stays within the organisational objectives

02

Formative (educational)

- Develop skills, understanding and abilities,
- Enabling the individual to reflect on his or her practice,
- Recognise strengths and weaknesses

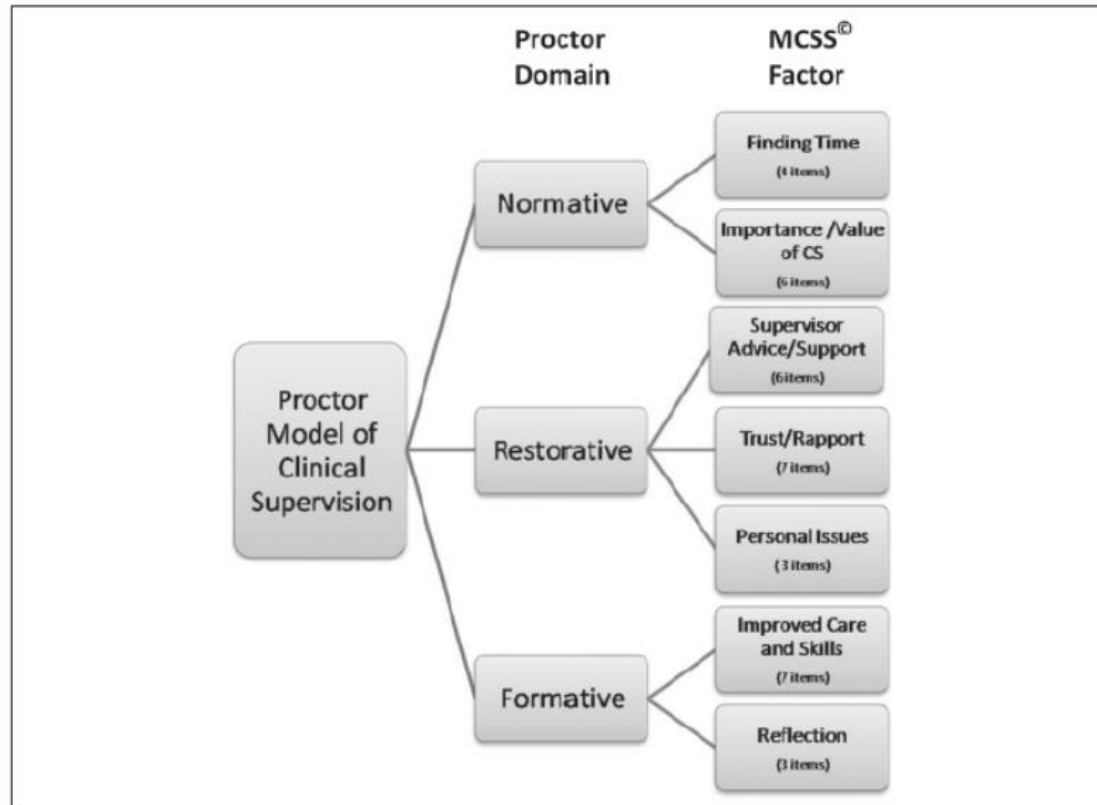
03

Restorative (supportive)

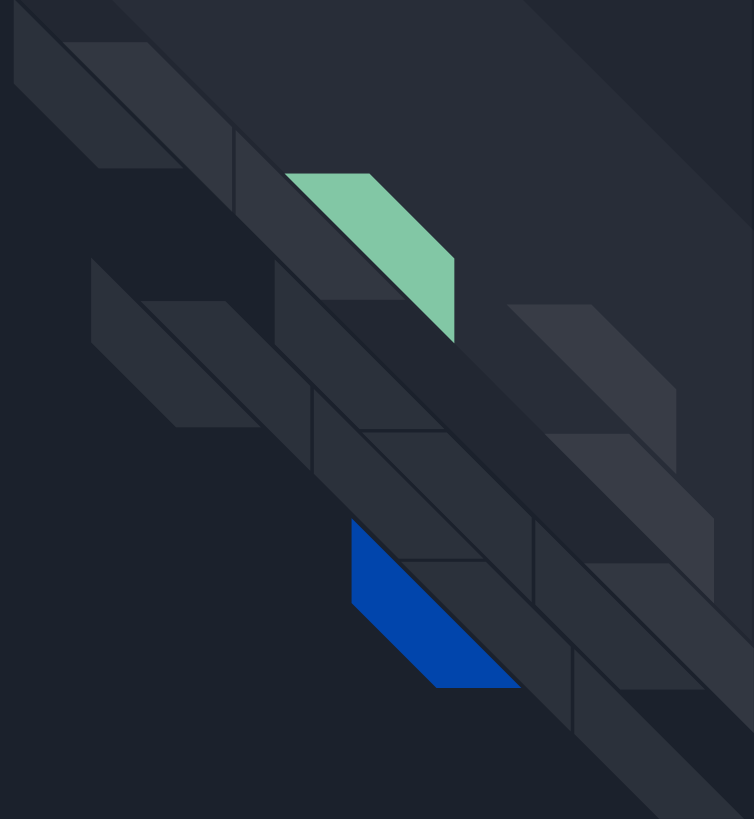
- Provide the supervisee with opportunities to explore and vent feelings and address emotional responses

Figure 1

Description of the factor structure of the Manchester Clinical Supervision Scale© in relation to the three domains of the Proctor Model of Clinical Supervision



What makes a good supervisor?





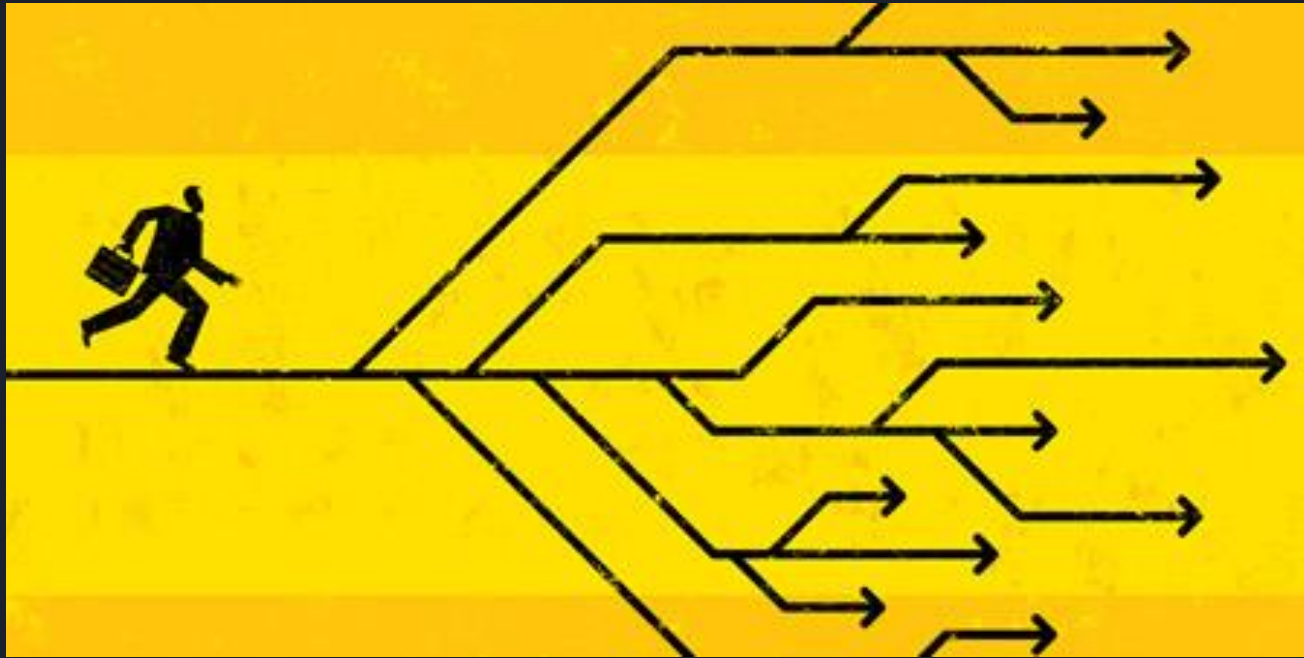



Think





Opportunities






Wants you to do
well / grow



Allows you to make mistakes

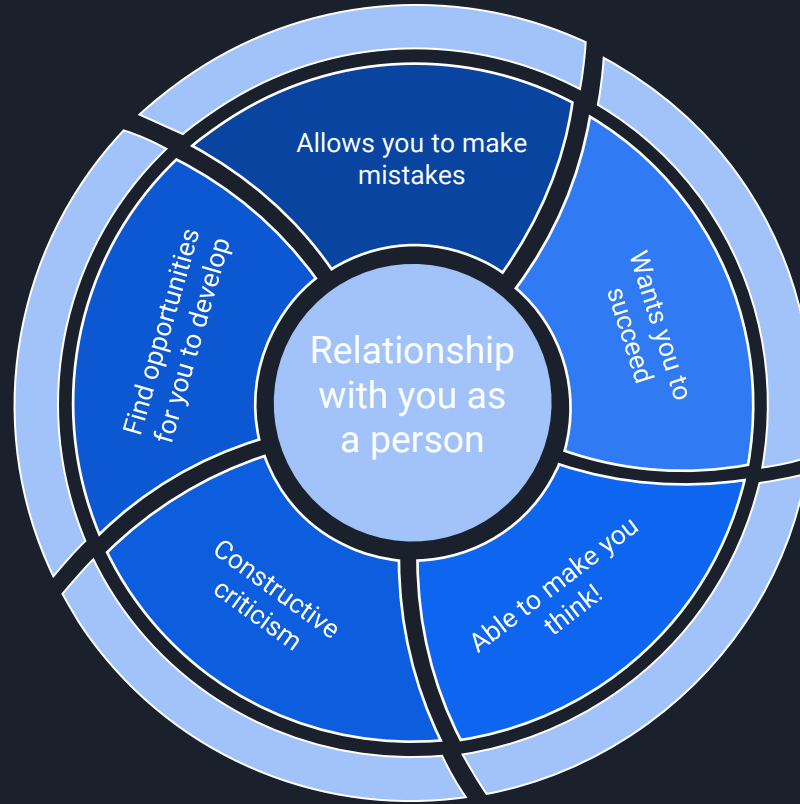




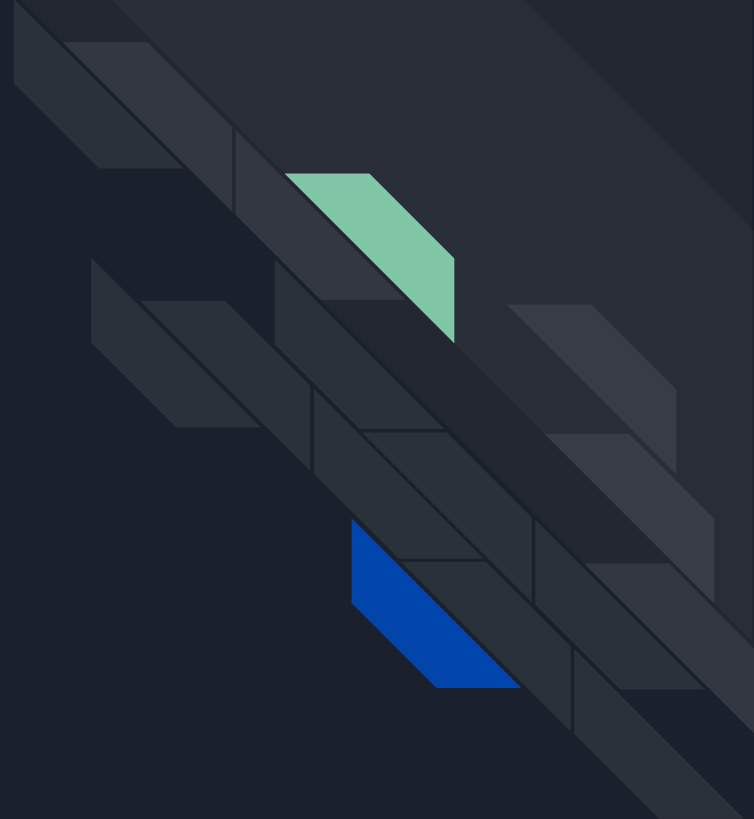
Trust leads to approachability
and open communications.

Scott Weiss

What makes a good supervisor? (for me)



How to manage your
supervisor...





How to manage your supervisor!

Understand them... take the time to get to know them - (they will be used to junior doctors moving every 4 months... point out early you are different)

Understand their motivation, their particular bugbears and address them... your supervisee relationship with them is easier if they like you!

Coffee

Cake



Manipulating your supervisor

Book meetings with them - be **proactive** - don't wait for them to come to you

Think about your meetings beforehand

Know yourself and **reflect** on what YOU need to focus on - go armed with this!

Have an idea as to what you might want on your **PDP** and take this to the meeting

Suggest **projects / audits** you WANT to do - they are very used to assigning things to people - make sure you are in this discussion

When the time is right ask about getting **involved** in more **managerial / leadership roles**



But... it's not entirely student centred...

“Student-centredness does not mean ‘satisfying’ the student, it means getting the relationship between the student and the teacher right – establishing a gift relationship between student and teacher, rather than a service client relationship.”

Glynis cousin



MDT

Education on Ageing

*Free, open access, education
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Thank you for your
time...

