

Appendix

EDUCATIONAL AGREEMENT

The purpose of this agreement is to help both clinical supervisor and GP trainee get the most out of each four-month clinical attachment. My research has shown that a successful educational relationship between trainee and supervisor needs to be based on the 'Five Rs':

1. Respect
2. Relationships
3. Relevance
4. Replay (feedback)
5. Realism.

This agreement should be read and signed by both GP trainee and clinical supervisor at the initial appraisal in each speciality and discussed at the interim and final appraisals. It needs to be used in conjunction with the GP curriculum learning objectives for the speciality found in the *GPKSS Hospital Speciality Training Handbook*. This can be found on the GPKSS Deanery website or Ashford/St Peters website (details below). Before the initial appraisal with the clinical supervisor, the GP trainee needs to have reviewed the suggested learning objectives for the speciality they will be going into so that they can plan their PDP with their clinical supervisor at the initial appraisal.

RESPECT

Our duty as a doctor is to look after patients and consider the needs of our colleagues. These should always take priority over individual needs. This will ensure professional integrity and respect from our patients and colleagues.

Supervisor Expectations of Trainee: e.g. punctuality, teamwork, asking for help, keeping e-portfolio up to date, access to trainee's e-portfolio.

Trainee Expectations of Supervisor: e.g. being available, coming to appraisals, doing assessments, helping trainee to identify learning from doing.

RELATIONSHIPS

An educational relationship between supervisor and trainee can only flourish through mutual respect, protected time to meet up and also knowing how to contact one another.

Clinical supervisor

GP trainees learn best within an apprentice/master framework. As their clinical supervisor you act as their role model during these four months. Within this relationship both clinical supervisor and GP trainee can learn from each other, using clinical experiences that are relevant to both specialities. Young doctors identify enthusiasm, compassion, openness, integrity and good relationships with patients as attributes they seek in their role models. They are also drawn to senior figures who embody responsibility and status.

Contact details of CS:

GP trainee

GP trainees learn best when their clinical supervisor acts as a *role model*. The relationship depends on shared clinical activity relevant to general practice and on constructive feedback from both clinical supervisor and trainee. The clinical supervisor values enthusiasm, integrity, professionalism, compassion and good team working skills in trainees.

Contact details of trainee:

Educational supervisor

Each GP trainee has a named educational supervisor who is their eventual GP trainer. The educational supervisor acts as their *mentor* for the three years of training. Their role is to support both the GP trainee and clinical supervisor. All educational supervisors are experienced local GPs who value contact with their hospital colleagues and are happy to answer any specific questions about GP training.

Contact details of ES:

Initial appraisal

At the initial appraisal it is important to discuss the expectations of both clinical supervisor and GP trainee for the four months. The GP trainee needs to show the clinical supervisor their learning objectives, which have been mapped to the GP curriculum using the *KSS Hospital Speciality Handbook* (on Ashford/St Peters website). The clinical supervisor then needs to help the GP trainee map their working timetable to these learning objectives and help the GP trainee produce a PDP. Putting down dates for interim and final appraisals, at this stage, helps to maintain the momentum to learn.

Date:

Interim appraisal

The clinical supervisor and GP trainee need to sit down formally to discuss progress with learning objectives and also discuss any issues that may have arisen.

Date: (pencil in at initial appraisal)

Final appraisal

The clinical supervisor should check that the GP trainee has achieved their learning objectives and done some workplace-based assessments and then fill in and discuss the clinical supervisors' report with the GP trainee.

Date: (pencil in at initial appraisal)

*Appraisal discussions between GP trainee and CS can be recorded on the trainee's eportfolio learning log under **professional conversation**.*

RELEVANCE

Relevance means that the trainee can recognise that their everyday work in the speciality is helping them to develop knowledge and skills congruent with a career as a GP. Any patient/colleague interaction in hospital is relevant as general practice is about patient's lives and helping them solve problems. Sometimes trainees need their clinical supervisor to help them recognise the relevance of their day to work to learning.

Workplace-based learning and assessment

GMC guidelines on GP training in hospital stress the importance of clinical experience relevant to general practice, for example, clinics and working within a multidisciplinary team. Therefore the GP trainee timetable, within a speciality, must include such experience.

Learning and assessment are workplace-based and operate well within the apprentice/master relationship that is underpinned by learning from doing. Learning needs to be opportunistic and pragmatic and congruent with the needs of trainee, supervisor and patient.

Suggested methods of learning (not exhaustive and suggestions welcome)

- Clinical supervisor and GP trainee working together in a clinic.
- GP trainee working effectively within the MDT.
- Clinical supervisor and GP trainee discussing hot topics during patient care, such as ward rounds, theatre work etc (both CS and GP trainee need to be constantly reflecting on practice).
- Clinical supervisor monitoring the GP trainee learning trajectory by doing CBDs and Mini CEXs as part of ongoing assessment.
- GP Trainees leading educational sessions for the whole team.
- GP trainees doing audit within the speciality.
- GP trainee helping to supervise junior colleagues as appropriate.

The clinical supervisors' report

By using shared learning experiences, the clinical supervisor is then well placed to comment on the GP trainee's educational development using the clinical supervisors' report. This should be filled in at the final appraisal. The educational supervisor values these comments and also appreciates the clinical supervisor taking time to fill in the report, as it helps to inform their mentoring role. It is helpful if a trainee allows the clinical supervisor access to their e-portfolio so that the clinical supervisor can make informed decisions about educational development.

I am happy for my clinical supervisor to have access to my e-portfolio and am willing to share my log in details with them.

YES/NO (trainee to circle their response)

REPLAY OR FEEDBACK

It is important that both supervisor and trainee give feedback to each other during the four-month attachment. Feedback should be non-judgemental and constructive. Below are two useful feedback frameworks.

Pendelton

- What went well?
- What could be done differently?
- How will things go next time?

ECO

- **E**motion, deal with that first (doing something wrong is upsetting but we all have been there).
- **C**ontent, what actually happened? What went well, what could have been done better?
- **O**utcome, how can we plan for things to go better next time?

REALISM

*Realism means being pragmatic about learning opportunities and considering the competing needs of service, patients and colleagues. In reality our duty as a doctor must always take precedence over individual learning needs **BUT** the trainee **MUST** learn as well. Discussing this dilemma with your CS and planning your timetable will help the trainee to get the best out of the post but also safeguard professionalism.*

Educational timetable

Please use the timetable template below to record suggested GP trainee timetable and map activity to specific learning outcomes (e.g. **learning outcome:** Management of common gynecological problems. **Activity:** gynecology clinic or trainee presentation to MDT. **Activity:** helping in theatre **learning outcome:** knowledge of operation to help inform patient in general practice). Please amend to suit individual contexts.

Time Monday Tuesday Wednesday Thursday Friday Saturday Sunday

AM							
Midday							
PM							
Evening							
Night							

Clinical supervisor signature

Date

GP trainee signature

RESOURCES

- Royal College of General Practitioners: www.rcgp.org.uk
- GP Training at Ashford/St Peters: www.ashfordstpeters.nhs.uk/gp-training
- The GP Curriculum: www.rcgp-curriculum.org.uk
- GPKSS Deanery: www.gpkss.ac.uk. Click on trainee resources, then GP specialty training curriculum.

This agreement is a living document and will grow in the light of feedback. If anyone has suggestions to develop this educational agreement please contact:

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