

Tensions in postgraduate training: Meaningful engagement or 'checkbox' supervision?

Jackson, Dawn; Davison, Ian

DOI:

[10.1111/medu.v54.11](https://doi.org/10.1111/medu.v54.11)

License:

Creative Commons: Attribution-NonCommercial (CC BY-NC)

Document Version

Publisher's PDF, also known as Version of record

Citation for published version (Harvard):

Jackson, D & Davison, I 2020, 'Tensions in postgraduate training: Meaningful engagement or 'checkbox' supervision?', *Medical Education*, vol. 54, no. 11, pp. 970-972. <https://doi.org/10.1111/medu.v54.11>

[Link to publication on Research at Birmingham portal](#)

General rights

Unless a licence is specified above, all rights (including copyright and moral rights) in this document are retained by the authors and/or the copyright holders. The express permission of the copyright holder must be obtained for any use of this material other than for purposes permitted by law.

- Users may freely distribute the URL that is used to identify this publication.
- Users may download and/or print one copy of the publication from the University of Birmingham research portal for the purpose of private study or non-commercial research.
- User may use extracts from the document in line with the concept of 'fair dealing' under the Copyright, Designs and Patents Act 1988 (?)
- Users may not further distribute the material nor use it for the purposes of commercial gain.

Where a licence is displayed above, please note the terms and conditions of the licence govern your use of this document.

When citing, please reference the published version.

Take down policy

While the University of Birmingham exercises care and attention in making items available there are rare occasions when an item has been uploaded in error or has been deemed to be commercially or otherwise sensitive.

If you believe that this is the case for this document, please contact UBIRA@lists.bham.ac.uk providing details and we will remove access to the work immediately and investigate.

COMMENTARIES

Tensions in postgraduate training: Meaningful engagement or 'tick-box' supervision?

Dawn Jackson¹  | Ian Davison² ¹Medical School, University of Birmingham, Birmingham, UK²School of Education, University of Birmingham, Birmingham, UK

Correspondence: Dawn Jackson, Admissions Office, Room 32B, Medical School, University of Birmingham, Edgbaston, Birmingham B15 2TT, UK.
Email: Dvjackson@doctors.org.uk

Engagement with workplace-based assessment (WBA) is the plea of the stakeholder: striving for meaningful educational dialogues and early detection of difficulty, and moving away from a tick-box 'gaming' approach to these assessments. However, ask postgraduate trainees about their last WBA encounter and it may come as no surprise that they believed their assessor failed to allocate adequate time to observe them or to provide quality feedback, and that they lacked sufficient awareness of the WBA requirements. Conversely, that same assessor may well express frustrations about trainees' last-minute endeavours to cram in the assessment before the deadline and their subsequent failure to display sufficient insight and engagement with the feedback given.

This caricature is somewhat provocative. However, in their hermeneutic review of the literature on workplace-based assessment, Prentice et al. consider the misuse of WBA and explore disengagement and the underpinning tensions in postgraduate education.¹ The summative use of WBA was considered to cause a shift of focus for trainees towards performance, undermining the educational aspects of the assessment and 'gaming' their approach.

In this commentary, we consider tensions highlighted by Prentice et al. that are also evident in postgraduate supervision, and suggest how trainees and their supervisors might incorporate meaningful dialogue and interaction within the training relationship.¹

The authors suggest that these threats to engagement relate to a complex interplay between the design of assessment tools themselves, users of the tools (trainees and their assessors) and the clinical and educational systems (or context) in which these programmes of workplace-based assessment are embedded. Meaningful educational alliances, akin to the therapist-counsellor alliance in psychology, have been connected to learners' engagement with feedback,

and offer an important avenue for exploration when considering disengagement and misuse of WBA.^{2,3} However, training relationships themselves also risk perfunctory, superficial and box-ticking approaches. Trainees and supervisors alike may view educational supervision as an administrative burden, rather than a desired and valuable process.⁴⁻⁶

training relationships themselves also risk perfunctory, superficial and box-ticking approaches

Bordin's 'working alliance'-based model of supervision, developed from the 'therapeutic alliance' model in psychology and counselling, offers a useful conceptualisation of a high-quality supervisory relationship.⁷ The model proposes three components: (a) mutual agreement (between supervisor and trainee) on the goals of supervision; (b) agreement on the tasks required to reach those goals; and (c) a strong emotional bond between them.^{3,7-9} Agreement of goals and tasks, central to the working alliance, has been cited as mediating the supervisor's dualistic roles of trainee development and assessment.¹⁰ However, meaningful engagement by trainees and their supervisors in the educational alliance is not without its challenges.

Tensions are ubiquitous in health care education, and not simply confined to the supervisor's roles.¹¹ There is a tendency within the medical profession to create narrow sets of uniform goals and expectations for how trainees are or 'ought' to be.¹² However,

This is an open access article under the terms of the Creative Commons Attribution-NonCommercial License, which permits use, distribution and reproduction in any medium, provided the original work is properly cited and is not used for commercial purposes.

© 2020 The Authors. *Medical Education* published by Association for the Study of Medical Education and John Wiley & Sons Ltd

trainees have a number of responsibilities, both professionally and in their home and family life, which lead to diverse interpretations of what their training should look like and how the supervisory relationship can support it.¹³ 'Agreement' on the goals and tasks of supervision requires interactions where the trainee's and supervisor's expectations are shared, navigated and negotiated. Guidance to facilitate supervisory discussions within postgraduate training is frequently framed to explore trainees' learning needs, reflect on their performance and develop action plans for development.¹⁴⁻¹⁶ However, probing beneath the surface to consider the factors and expectations that influence observed behaviours or values is generally not articulated within training guidance. We would suggest that dialogues between trainees and their supervisors need to move beyond the current frameworks used for educational supervision meetings. In the same way that WBA tools must be fit for purpose, the tools used for supervision planning meetings should facilitate dialogues that push for clarity from the trainee and supervisor on their expectations and goals for supervision, acknowledging the complexity of their roles and responsibilities (inside and outside training).

'Agreement' on the goals and tasks of supervision requires interactions where the trainee's and supervisor's expectations are shared, navigated and negotiated

... tools used for supervision planning meetings should facilitate dialogues that push for clarity from the trainee and supervisor on their expectations

An additional consideration relates to Bordin's concept of 'bond'. This has been linked to knowing and liking one another, and overlaps with notions of trust and safety within the supervisory relationship.⁷ Trainees need to be able to count on (or trust) their supervisor to provide the support they require.¹⁶ However, when this is in doubt, distrust and suspicion arise.² As outlined by Prentice et al., facilitating longitudinal relationships can be part of the answer, but these also require knowing trainees as individuals and inviting their voice to shape their training.¹

It has been argued that it is the trainee's, rather than the supervisor's, appraisal of the quality of the alliance that is particularly important. Trainees' multifaceted judgement of supervisors' commitment to the alliance, their credibility as a clinician and role model and their inclusion of the trainees' perspective may influence their engagement with supervision.^{3,9} Of course, the provision of support from supervisors can be perceived to be in tension with their assessment and monitoring roles: if trainees don't trust them, they won't be open about their vulnerabilities and difficulties.

In the UK, the processes of educational supervision were formalised in the early 2000s to facilitate high-quality support of postgraduate trainees.¹⁸ This includes regulation of clinical supervisors, who must provide evidence of ongoing quality supervision and relevant continuing professional development.⁴ However, quality supervision is in tension with high clinical workloads and insufficient time. There is a risk that the precious time available for supervisory relationships is used to demonstrate evidence of supervision (or tick the boxes) rather than to strive for meaningful and quality educational alliances. Consequently, medical education becomes less personal.¹⁹ This tension requires acknowledgement by educators and exploration by researchers to facilitate cultures where quality supervisory relationships are valued and facilitated.

There is a risk that the precious time available for supervisory relationships is used to demonstrate evidence of supervision (or tick the boxes)

As highlighted by Prentice et al., the tensions inherent in the use of WBAs must be acknowledged and resolved. Similarly, the tensions pervasive in a complex educational landscape must be articulated and understood by trainees and their supervisors, or the usefulness and purpose of the supervisory relationship may be devalued.^{1,18} The pursuit of clarity, safety and agreement in supervision may go some way to facilitate meaningful engagement.²⁰

the tensions pervasive in a complex educational landscape must be articulated and understood by trainees and their supervisors

ORCID

Dawn Jackson  <https://orcid.org/0000-0002-3198-5987>

Ian Davison  <https://orcid.org/0000-0001-9711-0561>

REFERENCES

1. Prentice S, Benson J, Kirkpatrick E, Schuwirth L. Workplace-based assessments in postgraduate medical education: A hermeneutic review. *Medical Education*. 2020;54(11):981-992.
2. Wearne S. Effective feedback and the educational alliance. *Med Educ*. 2016;50:891-892.
3. Telio S, Regehr G, Ajjawi R. Feedback and the educational alliance: examining credibility judgements and their consequences. *Med Educ*. 2016;50:933-942.
4. General Medical Council. *Recognition and Approval of Trainers*. London: General Medical Council, UK; 2019. <https://www.gmc-uk.org/education/how-we-quality-assure/local-education-providers/recognition-and-approval-of-trainers> Accessed September 16, 2019.
5. Lloyd B, Becker D. Paediatric specialist registrars' views of educational supervision and how it can be improved: a questionnaire study. *J R Soc Med*. 2007;100:375-378.
6. Foulkes J, Scallan S, Weaver R. Educational supervision for GP trainees: time to take stock? *Educ Prim Care*. 2013;24:90-92.
7. Bordin ES. A working alliance based model of supervision. *Counsell Psychol*. 1983;11:35-42.
8. Ladany N, Inman AG. Training and supervision. In: Altmaier E, Hanson JC, eds. *Oxford Handbook of Counselling*. New York, NY: Oxford University Press; 2012:179-208.
9. Telio S, Ajjawi R, Regehr G. The, "Educational Alliance" as a framework for reconceptualizing feedback in medical education. *Acad Med*. 2015;90:609-614.
10. Launer J. Supervision, mentoring and coaching. In: Swanwick T, ed. *Understanding Medical Education: Evidence, Theory and Practice*. Chichester, UK: Wiley-Blackwell; 2010:111-123.
11. Reitz R, Simmons PD, Runyan C, Hodgson J, Carter-Henry S. Multiple role relationships in healthcare education. *Fam Syst Health*. 2013;31:96.
12. Bennett D, Solomon Y, Bergin C, Horgan M, Dornan T. Possibility and agency in Figured Worlds: becoming a 'good doctor'. *Med Educ*. 2017;51:248-257.
13. Johnston JL, Reid H. Who we are: exploring identity formation in primary care contexts. *Educ Prim Care*. 2019;30:246-247.
14. COPMed. *A Reference Guide for Postgraduate Specialty Training in the UK (Gold Guide)*, 7th edn. UK: Conference of Postgraduate Medical Deans of the United Kingdom; 2018.
15. Joint Royal Colleges of Physicians Training Board. *Rough Guide to Internal Medicine Training: Guidance for Training Programme Directors, Supervisors and Trainees*. London, UK: Joint Royal Colleges of Physicians Training Board; 2019.
16. Kilminster SM, Cottrell D. Educational supervision. In: Walsh K, ed. *Oxford Textbook of Medical Education*. Oxford, UK: Oxford University Press; 2013:257-264.
17. Sagasser M, Kramer A, Fluit C, et al. Self-entrustment: how trainees' self-regulated learning supports participation in the workplace. *Adv Health Sci Educ*. 2017;22:931-949.
18. Patel P. An evaluation of the current patterns and practices of educational supervision in postgraduate medical education in the UK. *Perspect Med Educ*. 2016;5:205-214.
19. Dornan T, Osler, Flexner, apprenticeship and 'the new medical education'. *J R Soc Med*. 2005;98:91-95.
20. Jackson D, Davison I, Adams R, Edordu A, Picton A. A systematic review of supervisory relationships in general practitioner training. *Med Educ*. 2019;53:874-885.

DOI: 10.1111/medu.14342

Medical trainees as job crafters: Looking at identity formation through another lens

Naike Bochatay¹  | Sandrijn van Schaik¹ | Bridget O'Brien²

¹Department of Pediatrics, University of California San Francisco, San Francisco, California

²Department of Medicine, University of California San Francisco, San Francisco, California

Correspondence: Naike Bochatay, UCSF Division of Pediatric Critical Care, 550 16th Street, Floor 5, San Francisco, CA 94143, USA

Email: naike.bochatay@ucsf.edu

As medical trainees progress through their education, they experience multiple transitions to new roles with increasing autonomy and decreasing supervision. These transitions contribute to trainees' formation of identities as physicians.^{1,2} Two articles in this issue of *Medical Education* provide rich accounts of trainees' transitions at different stages of medical education. The article by Brown et al addresses the transition to graduate medical education,³ and the article by Gordon et al focuses on the transition from graduate medical education to independent practice.⁴ While reading these articles, we

noticed two intertwined processes that appear to be shared in these transitions: (a) supervisors grant trainees greater autonomy as they gain experience and, by doing so, tacitly offer them a new identity; and (b) trainees exercise agency in response—accepting the new identity, retaining a previous identity or remaining in liminal stages between identities. These descriptions of trainees' agency reminded us of 'job crafting', a theoretical approach described in the organisational psychology literature. Job crafting helps examine how individuals make sense of their experiences of work and define the meaning