

REMOTE SUPERVISION AND HOW IT WORKS IN GP

Dr Manjiri Bodhe
Head of GP School
TV and Wessex
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Remote supervision

- ▶ What is remote supervision?
- ▶ It would mean clinical or educational supervision not in the same place as the doctor in training
- ▶ It has really come about mainly over COVID and the pandemic but you could say any conversation around supervision which wasn't done face to face, so phone, video or email
- ▶ Phone and email conversations around supervision were likely taking place pre covid

Remote supervision contd

- ▶ It has become relevant more over COVID due to the self imposed lockdown and initially in GP all patient interactions for a short period of time back in 2020 were on the phone or through video consultations.
- ▶ This has now changed and over 60% of consultations , more in some cases are face to face
- ▶ However phone and video consultations have become much more common

Why remote?

- ▶ This extended to doctors in training, initially when face to face between colleagues also not allowed, and then when people become ill , or had to isolate if family members ill but weren't ill themselves and due to shielding.
- ▶ Realising they can work remotely and their supervisors can see their notes and then do a debrief remotely via Teams for example.

Remote supervision/working or both

- ▶ Need to understand if supervisor remote, trainee remote or both
- ▶ Are the consultations also remote
- ▶ Then need to figure out if trainer remote, trainee in house, trainee remote, supervisor in house and both remote?
- ▶ How to work the supervision for watching videos/real time consultations and debriefs

Contd.

- ▶ I think the area easiest to cover would be assessments so COTs/CBD/miniCex , debriefing on videos recorded on fourteen fish as this all requires information to be submitted before hand
- ▶ Tricky areas are real life consultations needing remote supervision-how to manage this in real life
- ▶ Can get 3 way video consultations, teams meetings for 3 way consultations.

Assessing initial ability

- ▶ Can take trainee around practice remotely with camera and teams
- ▶ Initial tutorial to assess
- ▶ Honey and Mumford learning styles questionnaire
- ▶ Role plays, can be done on teams
- ▶ Shared surgeries-can use 3 way video consultations and has worked well for patients relatives and GP for example

Ongoing supervision issues

- ▶ If trainee progressing well sometimes this works, however nothing can replace real life supervision, the corridor conversations, team coffee meetings with discussions
- ▶ Can work well for maybe monthly ES mentoring sessions
- ▶ If one person ill
- ▶ Short placements with blend of virtual and face to face learning

Finally

- ▶ Feedback from trainers from those completely remote in initial pandemic and shielding
- ▶ Difficult to do full remote supervision
- ▶ Don't get a feel for person
- ▶ Safety issues around clinical areas
- ▶ Useful for some areas but not as full time remote
- ▶ Trainees also felt didn't give them real life experience. No formal feedback as not enough numbers

QUESTIONS?