

# Trainees' Perspective on the Best use of Supervision-Hour in Psychiatry Training - A Qualitative Study

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## Aims and Hypothesis

This study aims to identify the techniques to improve the quality of the weekly one to one supervision for Psychiatry trainees.

## Background

Psychiatry trainees in the UK are meant to receive an hour of weekly one to one supervision with their supervising consultants. Although this model has been in practice for a long time, there are huge variations in the delivery of this hourly supervision. Also, there is a lack of understanding around the best use of supervision time which is crucial for the personal and professional development of doctors in training.

## Methods

An open-ended online questionnaire was prepared using principles of critical incident technique and distributed among psychiatry trainees working in various deaneries within the UK. The participants were asked to describe an example of a good and a bad supervision experience they had encountered during their training. In addition, participants were also requested to make suggestions to improve the supervision experience. All qualitative data was analysed using the thematic analysis approach, to identify common themes.

*"I felt safe sharing my insecurities about my clinical/ professional knowledge and received constructive criticism"*

*"It is effective when the supervision is trainee led, when the session involves focussing on parting ideas to better career progression"*

*"Useful in context of apprenticeship model. Allows for reflective learning. Space to discuss all aspects of the work. Space to discuss any issues outside of the clinical work. Helps reduce anxiety of working alone and having to make complex decisions early in our career"*

## Results

A total of 53 trainees working in various deaneries across England and Wales, responded to the questionnaire. The respondents were at different level of training in psychiatry from CT1-ST6 level.

The supervision hour was reported to be useful for clinical case discussions, reflection on difficult cases and situations, pastoral support and wider issues relating to personal and professional development. Trainees appreciated a holistic scope for supervision rather than a narrow discussion of management of cases.

Trainees reported that the supervision hour should be trainee-led and tailored according to their unique learning needs. Participants also saw supervision hour as a safe space where they can receive constructive criticism and feedback on their performance. At times, trust and genuineness was appreciated, as well as the use of an informal tone by the supervisor. An effective supervision leads to trainees feeling valued.

*"When it (supervision) has included time for both clinical questions and/or checking through my reports alongside competing WPBAs, but also time for reflections and/or allowing a space to discuss personal matters that may be affecting work"*

*"My consultant told me from the beginning that I will decide what the meeting will be about so I normally have a few topics or things I wish to discuss. And my consultant does address each and every one of them"*

*"Feeling listened to but also given ideas to reflect on and to improve my practice. Felt challenged but not in a nasty way. Left learning something. Felt like my wellbeing was important"*

## Conclusions

Trainees acknowledged that the supervision hour is an effective tool in psychiatry training. Trainees should get regular, protected and uninterrupted time with consultants for weekly supervisions. Both trainees and trainers need to develop a better understanding of how this supervision experience could be improved and tailored to the individual learning needs of the trainee.



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