GPSA
GENERAL PRACTICE SUPERVISORS AUSTRALIA

FAQ
FREQUENTLY ASKED QUESTIONS

Identifying and supporting supervisors in difficulty

GP supervisors 'wear many hats' while training the next generation of family doctors. While rewarding, this can also provide challenges which need to be supported and carefully managed to prevent a supervisor falling into difficulty.

The good news is there are ways to look after supervisors while providing a quality learning experience for registrars and best practice patient care.

What are the 'many hats' worn by supervisors?

While rewarding, the supervisor role is complex, diverse and challenging. A supervisor needs to be a clinical educator, mentor, employer, assessor, pastoral carer, role model, cultural and mentor/facilitator.

In addition, the supervisor needs to meet three domains of supervision:

1. Clinical supervision – prepare and plan structured teaching; facilitate learning; problem solve; and communication.
2. Safety and quality in clinical experience.
3. Organisation – integration of supervision and learning activities in clinical practice – organisational skills and time management.

With such high expectations of the supervisor, I am concerned I don't have the time or skills to be a supervisor 'superhero'. How can I meet all the criteria without falling into difficulty?

While RACGP and ACRRM standards of supervision have a lot of criteria, the good news is that supervisors DON'T need to be a superhero! They can – and should – share the workload and responsibility. This will improve a registrar's experience and learning in your practice, prevent you or a colleague falling into difficulty and ensure best practice patient care.

Who identifies the supervisor in difficulty?

A supervisor may identify themselves as being in difficulty and should seek support before the problem escalates. Others who can identify the supervisor in difficulty include:

- The registrar
- Other supervisor
- Other practice member
- External clinical teaching visitors (ECTV)
- Training adviser
- Regional medical educators
- Supervisor liaison officer (SLO)
- Another registrar
- Registrar liaison officer (RLO)

How can I identify a supervisor in difficulty?

Whether it is yourself, or a supervising peer there are a number of early warning signs which indicate a supervisor is at risk or already in difficulty. Remember, these behaviours also apply to your registrar and other members in your practice,

There is a spectrum of behaviours to consider, but some examples may include: cranky; bad language; unapproachable; not engaging or avoiding the registrar and other people; arriving late; angry; not organised; being 'fed up' or overwhelmed with the attitude of a difficult registrar; mistakenly believing a registrar is difficult.

More specifically, the spectrum of behaviours is divided into three areas.

1. Ineffective supervision
2. Disruptive behaviours
3. Notifiable conduct

GPSA
GENERAL PRACTICE SUPERVISORS AUSTRALIA

FAQ
FREQUENTLY ASKED QUESTIONS

What are some examples of ineffective supervision?

- **Poor supervisor-registrar alliance** – rigid, critical, distant or distracted supervisor; not interested in registrar; often irritated or annoyed; not having a sense of their own shortcomings; treating the registrar as a student rather than a colleague.
- **Unsafe learning environment** – feeling there is no sense of safety to reveal a registrar's doubts or fears about the level of competency; feeling threatened, or retaliating if a registrar knows more about something in one area; often blaming a registrar if they are not adhering to guidelines.
- **Unsupportive environment** – not being available or accessible; ignoring the need to offer emotional support in the new environment of general practice; putting service delivery above education.
- **Lack or poor quality teachin**g – lack of supervision; structured teaching or no feedback; perception of what the supervisor thinks is teaching varying to the registrar's perception; a rigid teaching structure due to fixed views about what needs to be taught; not encouraging independent learning.
- **Poor feedback** – it is vital a supervisor provides their registrar with constructive, respectful and timely feedback in the appropriate setting.

What are disruptive behaviours which may identify a supervisor in difficulty?

Any behaviour where there is inappropriate conduct in word or action that interferes with, or has the potential to interfere with, quality care delivery. It may be active behaviour such as being grumpy or difficult to deal with, or it may be passive behaviour such as choosing not to do things in a way that interferes.

Disruptive behaviours include:

- UNETHICAL OR QUESTIONABLE PRACTICES – for example, inappropriate labels, unprofessional comments, or involving the registrar in conflicting dynamics in their work environment.
- BULLYING – repeated, unreasonable behaviour towards a worker that has a negative impact on the victim and creates a risk to health and safety. See GPSA guide Bullying and Harassment: Pursuing Zero Tolerance in General Practice at http://gpsupervisorsaustralia.org.au/guides/
- HARASSMENT – unwanted, unwelcome or uninvited behaviour that makes a person feel humiliated, intimidated or offended on grounds of their race, age, gender, sexual orientation, disability or socio-economic background etc. Harassment can be a single incident of unwanted conduct.

If bullying is subjective and harassment can be a one-off incident, how can I not mistakenly identify a supervisor as being in difficulty?

Constructive supervision and legitimate performance management is not bullying or harassment. A supervisor who gives negative feedback in the correct manner, is not demonstrating they are in difficulty but simply doing their job as a manager.

What are some examples of notifiable conduct which may be indicators of a supervisor in difficulty?

All health professionals in a general practice, from nurse to doctor and trainee through to supervisor, are mandated to report notifiable conduct in the clinic. Notifiable conduct includes:

- Practising while intoxicated.
- Sexual misconduct.
- Physician impairment placing public at risk.
- Significant departure from a professional standards placing public at risk.

GPSA
GENERAL PRACTICE SUPERVISORS AUSTRALIA

FAQ

FREQUENTLY ASKED QUESTIONS

What are the challenges in identifying and/or managing difficult supervisor behaviour?

There are many challenges to identifying and managing a GP supervisor in difficulty. In a GPSA poll, supervisors agreed on some of the following examples:

- The consequences for the person who mentions or addresses their concerns about a supervisor's behaviour.
- Denial or defensiveness from the supervisor in difficulty.
- Difficulty in addressing a supervisor in difficulty if they are the person's employer.

CHALLENGES OF IDENTIFYING AND MANAGING SUPERVISOR IN DIFFICULTY	
Unrecognised behaviour	• Ill equipped to recognise the behaviours. • Perception that it is the registrar who is the problem/at risk. • Structured feedback is adequate to identify problems. • No longitudinal feedback data available or analysis of feedback is not timely. • Create excuses for colleague's initial bad behaviours. • Independence is valued – loathe to evaluate or confront a colleague.
Late recognition of longstanding behaviour	• Ill equipped to recognise the disruptive behaviours. • The issues are consciously ignore: too time consuming and difficult to deal with; policies are vague on expectations and lack clear protocols; fears of personal or professional repercussions; saying something will make matters worse. • Recognition of possible underlying problems and greater latitude is given. • Don't want to be responsible for additional stress or distress. • Don't want to 'trash' a colleague's reputation. • Power differential and perception registrar won't be believed. • Minor issues are dealt with informally.
Belief the behaviour is acceptable or even helpful	Some of these behaviours may be due to a transgenerational legacy. • Supervisors believe their approach is the best way for learning. • Supervisors (especially young supervisors) can't wait to "dish it out". • Registrar needs to learn to deal with it because it happens in the real world. • Workplace lauds or rewards the behaviour. • The perception, or the reality, is that little or nothing has been done in the past, so nothing can be done.

GPSA
GENERAL PRACTICE SUPERVISORS AUSTRALIA

FAQ

FREQUENTLY ASKED QUESTIONS

Support and/or tolerance for the behaviour	• Often there is support or at least tolerance of the behaviours • Collusion because the registrar/organisation might be worse off – the practice offers good experience; there is a need for training practices/posts; training benefits for the registrar staying. • The supervisor is a good clinician. • Easier to learn from other people or in other ways. • Limited time in the practice so it is easier "to put up with".
Systems	• Lack of support at practice level. • Workload commitments within practice. • Dysfunctional work environment. • Complexity of balancing roles • Lack of broader support and networking. • Limited or poor supervision training.
Educational knowledge and skills	• Effective supervisor isn't the same as being a good clinician; effective supervisor does not equal general competencies of a teacher. • Poor demarcation of multiple roles. • Larger focus on workforce. • Inadequate skills and/or support, especially for challenging registrars.

What impact can personal issues have on effective supervision?

Statistics show that doctors have higher psychological stress compared to the general population and other health professionals. Burnout is also high among doctors. Personal issues which may help identify a supervisor is in difficulty include:

- Stress, burnout, mental illness.
- Victim of disruptive behaviour.
- Physical illness.
- Family stressors.
- Alcohol and drug dependency.

GPSA
GENERAL PRACTICE SUPERVISORS AUSTRALIA

FAQ

FREQUENTLY ASKED QUESTIONS

What measures need to be taken to help a supervisor in difficulty?

There are two measures that need to be implemented: preventative and proactive.

- **Preventative** measures will protect a supervisor from falling into difficulty.
- **Be proactive** by recognising and acting on early warning signs.

PREVENTATIVE MEASURES TO PROTECT SUPERVISORS	
Clear expectations	• Clear responsibilities, expectations, clear lines of accountability – colleges; RTOs; practice. • Personal clarity of roles – identify and manage potential or actual role conflicts. • Clear, publicised policies or Code of Conduct – all levels including practice; zero tolerance; safe reporting procedures; informal and formal strategies.
Motivation choice	A GP who willingly volunteers to be a GP supervisor, or a practice allowing registrar to choose their supervisor will provide foundations for an effective, rewarding supervisor-registrar alliance.
Shared responsibility	While it is the supervisor's responsibility to provide formal teaching, assessments and feedback, all members of the practice should contribute to a high quality learning experience for the registrar. The supervisor should not feel, or be expected, to be a superhero!
	In the case of a challenging registrar, shared responsibility is particularly supportive for the supervisor.
Support - networks	In addition to informal and formal support from all levels within the practice for the supervisor, other supportive networks should include: • Local supervisor network. • RTO network support (supervisor liaison officer, medical educators, directors of training). • GPSA.
Self care	• Active well-considered, achievable, concrete, self-care plan. • Own GP. • Supervision-of-supervision - Engage with external clinical supervisors. - Create or join supervision-of-supervision support groups. - Welcome or encourage peer supervision-of-supervision. - Take part in balint groups. • More information: - Self-care guide Keeping the Doctor Alive http://www.racgp.org.au/publications/ordering/tools - GP Support Program RACGP. - Doctor's Help Advisory Service.

GPSA
GENERAL PRACTICE SUPERVISORS AUSTRALIA

FREQUENTLY ASKED QUESTIONS

Supervisor training	• Training in supervision skills. For example, how to maintain and manage threats to supervisor-registrar alliance; effectively giving feedback, appraisals and assessments; counselling skills; and effective teaching strategies. • Education in disruptive behaviours at all organisational levels. • Early recognition of warning signs - Training in 'crucial conversation' skills – a structured approach to addressing concerns early.
Effective supervision strategies	• Educational alliance (supervisor-registrar), such as being flexible and allowing registrars to raise issues, being respectful, open, and honest with self-reflection. • Structured orientation and planning (can be shared). • Learner-centred approach where the learner is responsible for learning and supervisor responsible for facilitating feedback. • Feedback (can be shared) – should be timely and constructive. • Support (can be shared). • Effective teaching (can be shared).

Recognise early warning signs and take early action to prevent an issue, which may seem quite minor, escalating into a major problem.

Early warning signs include:

- The "disappearing" act
- Change in work ethic
- Unjustifiable anger
- Emotional
- Rigidity
- Bypass syndrome
- Career problems
- Blames others
- Insight failure
- Lack of engagement
- Poor engagement in supervisor-registrar alliance
- Inappropriate attitudes
- Complaints

GPSA
GENERAL PRACTICE SUPERVISORS AUSTRALIA

FAQ

FREQUENTLY ASKED QUESTIONS

What management approach should I take to address the issue of a supervisor in difficulty?

There are two response strategies – personal and organisational.

PERSONAL RESPONSE STRATEGIES	ORGANISATIONAL RESPONSE STRATEGIES
• Crucial conversation • Enlist the support of a colleague • Document ongoing significant behaviour • Seek advice from an individual at a higher level • Report recurring or serious behaviours • Offer support to colleagues who are targets	• Formal reporting process • Evaluation and initial review (fact gathering • Progressive approach to intervention (dependent on severity, continuation of or escalations of behaviour • Follow-up • Resolution • Documentation • Support for all involved

The management approach should be tiered, progressive and dictated by the behaviour trigger.

SEVERITY OF BEHAVIOUR	INTERVENTION STRATEGY
Level 1 Low severity **Level 2** Continuing behaviours Moderate severity **Level 3** Persistent or escalating Medium to high severity **Level 4** Critical Notifiable	• Crucial conversation (informal) on behalf of the GP registrar • Crucial conversation (informal) • Crucial conversation (informal) with SLO • Formal meeting • Formal meeting with RTO representative • Professional development • Coaching and mentoring • Referral to a support or assistance program • Assessment of contributing factors • Counselling • Clinical assessment and interventions • Mediation • Behaviour – focused training • Temporary withdrawal as GP supervisor • Report to RACGP/ACRRM • Withdrawal of practice of training program • Work restrictions • Report to AHPRA • Legal action

GPSA
GENERAL PRACTICE SUPERVISORS AUSTRALIA

FAQ

FREQUENTLY ASKED QUESTIONS

Who can support me with information about identifying and managing a supervisor at risk?

- Colleagues
- SLO
- GPSA
- RTO
- Doctor's Health Advisory service http://dhas.org.au/resources/resources-for-general-practitioners.html
- GP Support program (RACGP) http://www.racgp.org.au/yourracgp/membership/offers/wellbeing/ (available to members only)

Does this resource need to be updated? Contact GPSA: P: 03 5440 9077, E: ceo@gpsupervisorsaustralia.org.au, W: gpsupervisorsaustralia.org.au
GPSA is supported by funding from the Australian Government under the Australian General Practice Training Program