From trainee to trainer: how to succeed as a new supervisor

BY SUZANNE DUNK AND NICHOLAS BOXALL

One day you're operating, you're an ST7 registrar in your last few weeks before CCT, your consultant is in the corner or coffee room supervising at whatever level they deem necessary. Just a few short weeks later, you're the 'Day 1 Consultant' you've been training to be, you're finally taking the lead having ticked off all the boxes on the curriculum. But despite still finding it odd you're no longer the registrar, someone else has turned up for your list who is the registrar, and they require training.

It is already a time of so much change; in role, often in hospital, sometimes in a different region of the country and, in addition, now there is the challenge of trying to be a good trainer. It is as if you have just passed your driving test and, instead of enjoying the freedom of driving, you are now the instructor.

You know the theories on how to teach and train, you've completed the mandatory training courses on this, you've been teaching foundation and core trainee doctors as a senior registrar, but this cannot fully prepare you for all the challenges and the difference you feel when it's your name above the bed.

One of the challenges faced is wanting to operate yourself: you want to do all the operating because we all love operating. But so does the trainee, and they are there to be trained and it's part of your job. Some procedures they might be competent to do with minimal supervision and you don't need to even wash your hands, but that does not mean you won't be itching to do so. How much you 'give away' will depend on your personality, your own level of competence, what the procedure is (maybe something that should be considered in subspecialty choice) and how well you know your trainee and their competence, and hopefully it will gradually get easier with time.

There are ways to make this easier though, if you get the opportunity to pick the cases for your first few lists choose things within your competence levels, not on the edge, and then psychologically you have much more headspace for teaching. Don't let the waiting list coordinators book you a list of patients with an average age of 85 and stones the size of golf balls in your first month!

It is important to think of the positives that you may bring as a trainer though. You know the curriculum inside out, you can empathise with the challenges of training, and as someone who is 'near peer', may be perceived as more approachable.

There are steps you can take to make sure you are in the best position to start as a consultant trainer, whilst allowing for the mental challenges of the change in role.

1: Update ISCP

The time has finally come – you no longer need to pay for the Intercollegiate Surgical Curriculum Programme (ISCP)! You can now change yourself from trainee to trainer by emailing them. However, all your information from training will then not be easily accessible. If there is anything you think would be worthwhile keeping hold of, then download it. Particularly your last Annual Review of Competency Progression (ARCP).

ISCP does have some good features for trainers too. It is possible to send out feedback forms to your trainees on your performance as a trainer, which can then be used in your appraisal and be good evidence for any educational roles you may take on in the future.

2: Update eLogbook

Likewise, eLogbook also requires updating from trainee to consultant status. This then allows different options considering that you are now the supervisor not the supervisee.

3: Get recognised as a trainer by the GMC

To become an Approved Educational Supervisor (AES), you should be recognised by the General Medical Council (GMC) as an approved trainer. Many trusts will have an in-house educational supervisor course; upon completion of this, the GMC can be informed and update your profile on GMC Online.

4: Job planning

If you do take on extra roles such as AES (or lead clinical supervisor), it is important you are remunerated appropriately in job planning. Depending on your Trust's policies, 0.25 PAs are typically allocated per trainee as an AES.

5: Know the trainees and their curriculum

To be a good trainer you need to know a bit about your trainees: their training grades, experience, ambitions, learning styles and what makes them tick. With more senior trainees, it is important to consider their special interest modules too. Changes in the curriculum occasionally happen and it is important to be aware of any updates. In addition, remember it is not just the urology curriculum you need to be aware of, but also the foundation and core curriculums.

AUTHORS

Suzanne Dunk,
Consultant Urological Surgeon, Shrewsbury and Telford Hospital NHS Trust, UK.

Nicholas Boxall,
Consultant Urologist, Sheffield Teaching Hospitals NHS Foundation Trust, UK.

SECTION EDITOR

Kelly Ong,
ST3 in North Central & East London.
kelly.ong@nhs.net