



Sector Partnership for Optical  
Knowledge and Education

## Project 4

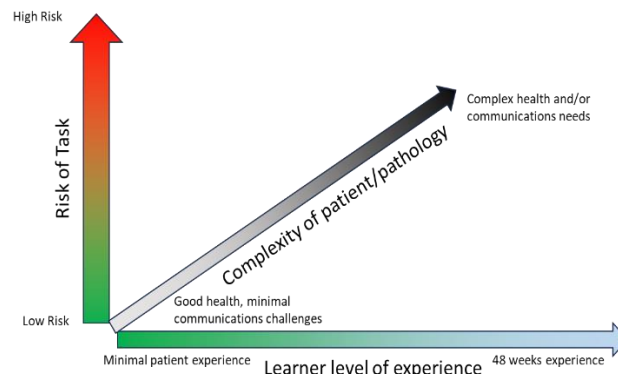
# Supervision Guidance

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practitioner. A diagrammatic representation of the factors underlying these judgements, in line with GOC standards, is provided in Figure 2 below.



**Figure 2: Dimensions of delegation**

Ultimately, these considerations (task, patient and learner stage) will underpin the supervisory workload that any one registrant can undertake. However, some worked examples of levels of supervision and supervisory workload are also provided (boxed sections) for clarity.

## Principles of supervision

Practical experience of undertaking new tasks and skills is a pre-requisite to developing the tacit knowledge and skills required for safe and effective practice in optical professionals. This principle provides the rationale for the GOC requirements for patient-facing experience in the optical professions. However, effective supervision is required to ensure that;

- patient-facing learning experiences are safe, for both patients and learners<sup>1</sup>
- experiential learning is successful in reinforcing appropriate (and identifying and eliminating inappropriate) behaviours and skills
- efficient experiential learning is maximised through repetition coupled with guided reflective practice
- the learner is able to progress to undertaking tasks of increasing complexity and risk
- the learner transitions successfully to independent practice

Success requires sufficient time and appropriate facilities for both learner and supervisor that, in workplace settings, may be in competition with immediate business needs. There is therefore significant pressure to ensure that efficiency of supervision and learning is maximised, without compromising safety. However, it is widely postulated that businesses operating a learning organisation culture, benefit from improved productivity and staff retention that typically more than repays the time and resources invested, and thus a positive supervisory experience can be of direct value in a commercial environment.

<sup>1</sup> The word “learner” is used throughout as a generic term to denote any person undergoing experiential learning

## Clinical Settings

### Educational Settings

It is vital that learners are enabled to learn optical skills and undertake them safely, as they gain competence. The risks of this can be reduced by enabling practice of techniques using models and simulation, the objective is always to be able to transfer that learning to human volunteers, patient actors, colleagues and eventually patients.

Supervision of learners who are undertaking tasks for the first time, and until the skills become sufficiently rehearsed to be presented consistently, naturally requires more attention from qualified supervisors experienced in the technique being used and equipped to transfer their own expertise to the learner. The level of supervision required for particular activities should be determined, documented and regularly reviewed by using an appropriate risk assessment. For example, communications skills practice might only require checks to ensure that feedback and reflection for improvement occurs, whereas use of a slit lamp will necessarily require extensive explanation, demonstration, and active supervision whilst the patient, or simulated patient, undergoes the procedure being learnt. Classes should be structured such that the numbers of qualified staff available are sufficient for each learner to be able to undertake sufficient repetitions of an activity, interspersed with periods of feedback and reflections, to consolidate the skills required. Efficiency of delivery can be increased by grouping learners and developing a 'production line' approach to transit through higher and lower risk learning activities. However, there should always be capacity for the highest risk activities to include adequate supervision to ensure patient safety, with some reserve time or staffing available to address inevitable delays to seamless progression of the whole group of learners through any particular planned session.

### Observational Experiential Learning

Early interactions between learners and patients may also take place in a variety of clinical settings, typically with a focus on observational activities, developing an understanding of the environment in and operations of a variety of potential future workplace settings. Face-to-face interaction with optical professionals as well as their patients or clients is an important part of developing learners' identity with becoming a registered professional. It is expected that learners will only undertake low risk activities (e.g., observing practitioners and talking to patients) during these early experiences, and that the complexity and level of associated risk will increase in the higher levels of the course.

### Work-based Clinical learning

It is anticipated that the more complex skills undertaken during workplace learning will tend to be in the latter years of the course and that these will be focused on deploying the clinical skills taught in an academic environment, on real patients in the workplace. Workplace settings may include high street multiple or independent practices, hospital eye services, private optical hospitals, domiciliary services and more, and each will have different benefits, constraints and risk profiles to be accounted for.

It is likely that the workplace will be the location in which the learner consolidates, documents and may be assessed on the achievement of many of the [GOC outcomes at the Shows how and Does levels](#), as described in Miller's pyramid. The supervisory team plays a key role in ensuring timely progression towards this as well as managing risk of learners' patient facing activities. They must also have the means to collaborate effectively with University course team members in relation to documenting and supporting learner progress against the GOC outcomes, as well as (through risk management) towards independent practice.

## Roles

### Academic Clinical Placement Tutor<sup>2</sup>

All learners who are undertaking extended periods of workplace clinical practice should have an identified contact within the course team who is responsible for monitoring their progression and supporting them in engaging with University processes as the need arises. It is essential that the time required to undertake this role is recognised in academic provider workload allocation models.

### Practice Educational Lead<sup>2</sup>

Each learner should have an identified lead supervisor within their workplace (although not necessarily based wholly in the same practice location) who oversees their progression and takes responsibility for determining what levels of supervision are required for workplace activities, adjusting this as the learner develops in capability and competency and able to undertake more tasks safely and independently. It is expected that this is documented such that the learner, supervisory team members and provider course team members are all aware of the current stage of development of any specific learner, and thus can ensure that all tasks are undertaken with the appropriate level of supervision.

The Practice Educational Lead should have;

- a scope of practice that encompasses the learner's needs
- significant relevant experience in practice as a registered optical professional as evidenced by;
  - recent experience of supervision to successful registration
  - or**
  - a portfolio of evidence showing contribution to supervision of learners at all stages of the process (e.g., through acting as a Practice Task Supervisor across the full range of tasks)
  - or**
  - in the absence of these, an experienced Practice Educational Lead who has agreed to provide peer support and mentoring
- undertaken training (or have documented recent relevant experience) in;
  - leadership and management of the supervisory team
  - planning workplace learning
  - effective oversight of supervision
  - coaching and mentoring
  - legal responsibilities of supervision
  - the risk framework being used
  - the GOC outcomes and assessment regime that they are supporting the learner towards
- undertaken education-relevant CPD in the most recent CPD cycle (on an ongoing basis)
- current registration with the GOC
- access to professional development resources for the learner's profession, for example through current membership (or associate membership) of the learner's professional body (College of Optometrists or ABDO)
- appropriate indemnity insurance

They must also have sufficient time allocated, free from other duties, to;

- review and approve learner logbooks and e-portfolios including learner, practice task supervisor and patient reflections

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<sup>2</sup> This role title and those that follow are provided in an attempt to capture the meaning of the role. It is recognised that stakeholder organisations are likely to have their own, equally valid, titles in use for equivalent roles.

- work with the learner on reflecting on their experiences
- document and adjust the learner's risk status
- ensure that the learner has the facilities and supervision necessary to make good progress
- arrange support for the learner in preparation for assessment and in any areas where progress is not satisfactory
- ensure the learner and supervisory team have clarity about rostering and sign off arrangements, such that all involved know who is responsible for oversight of any learner activity

### Practice Task Supervisor<sup>2</sup>

In order to gain the most benefit from the range of professionals who may be present in any one setting, it is expected that learners may have multiple Practice Task Supervisors, although it is possible that all supervisory activities including the Practice Educational Lead could be vested in just one person.

Practice Task Supervisors do not need the same levels of experience as the Practice Educational Lead, and may be newly qualified, and/or from different professions, provided that they only supervise within the scope of practice of their profession. Only those who are Practice Task Supervisors can confirm sessions in a learner's logbook, and/or make recommendations to the Practice Educational Lead for adjustments to risk levels.

It should be noted that all tasks that can only be undertaken by registered professionals must still be validated and confirmed in the learner's log and practice record by a Practice Task Supervisor, even when the learner is judged to have achieved the upper limits of independence. Some higher risk tasks and patient interactions must always be checked before the patient leaves the practice. These will be clearly specified in the risk framework that is in use.

Practice Task Supervisors should have:

- undertaken training (or have documented recent relevant experience) in;
  - coaching and mentoring
  - legal responsibilities of supervision
  - the risk framework being used, the GOC outcomes and assessment regime that they are supporting the learner towards
- undertaken education relevant CPD in the most recent CPD cycle
- current registration with the GOC
- access to resources for the learner's profession, for example through current membership (or associate membership) of the learner's professional body (College of Optometrists or ABDO)
- appropriate indemnity insurance

They must also have sufficient time allocated, free from other duties, to;

- provide direct supervision for higher risk activities
- take responsibility for overseeing learners undertaking lower risk activities
- help the learner to document and reflect on their experiences
- verify learner records and provide their own reflections on learner achievements, providing points for commendation and improvement
- recommend adjustments to the learner's risk statuses
- ensure that the learner is supported and supervised in their consolidation of knowledge, behaviours and skills

### Worked example – Practice Educational Lead

Workplace educational leadership and oversight of the learner's progress is delivered by a practitioner, who spends at least 50% of their week in clinical practice, to maintain their skills and currency.

The learner typically needs around two hours per week, until they have had around 24 weeks experience in practice after which, if they are progressing successfully, they will increase in independence and should only require one hour per week. Due to the nature of workplace learning, it is likely that most supervision activity will be in short bursts on an ad hoc basis (e.g., during handovers), rather than longer scheduled sessions, and supervisory hours will be cumulative across one or more weeks.

It is possible that some of the educational activities subsumed in the two hours a week may be delegated (e.g., to a Practice Task Supervisor). However, it is essential that the Practice Educational Lead maintains an overview of the learner's overall progress and communicates this appropriately. The learner should be clear on what actions they need to take to maintain progress.

Under this model, the Practice Educational Lead can realistically manage no more than eight learners at any one time (scaled for part time workers). If the Practice Educational Lead is also undertaking direct supervision of clinical tasks the maximum may have to be reduced accordingly.

### Worked example – Task Supervisor

Task Supervisors may be drawn from across the multi-professional team to support the learner in developing their clinical skills safely. Task Supervisors may be newly qualified, but will have had some training to develop their coaching and mentoring skills, and only supervise within their own scope of practice.

It is expected that at least 15 hours, across an average week, of learner time in the workplace will be undertaking and receiving feedback on activities that are higher risk and require relatively close supervision. This will typically decrease to 10 hours per week when they have around 16 weeks of experience, after which there should be a continuing gradient towards independence and indirect supervision.

Learners close to completion of the required patient-facing experience will still require 1-2 hours per week of development and feedback from the supervisory team to hone their skills, particularly in areas where judgment and decision-making are in the light of incomplete or complex information. Supervisory hours can be distributed across multiple Task Supervisors but no individual would normally spend more time on supervision than on personal practice, to ensure currency of knowledge and skills.

It is likely that most supervision activity will be in short bursts on an ad hoc basis (e.g., during handovers), rather than longer scheduled sessions, and supervisory hours will be cumulative across one or more weeks.



## Bibliography

- CIPD. (2020). *Creating learning cultures: assessing the evidence*. London: Chartered Institute of Personnel and Development.
- Gibbs, R. (2020). *Forbes.com*. Retrieved 04 20, 2023, from <https://www.forbes.com/sites/forbescoachescouncil/2020/06/05/four-positive-effects-of-fostering-a-learning-organization/?sh=108db3c92b09>
- Odor, H. (2018). A Literature Review on Organizational Learning and Learning Organizations. *International Journal of Economics & Management Sciences*, 07.
- Rutland, Z. G. (2017). Experiential learning in informal educational settings. *International Review of Education* 63, 1-8.