# Multiprofessional Faculty Development - Supervision

# What is supervision?

If ‘vision’ implies seeing, the word ‘supervision’ can be read as over-seeing, looking over someone’s shoulder to check on them; and also ‘super’ in the sense of outstanding or special, helping someone to extend their professional skills and understanding. Both of these aspects will be relevant to varying degrees in supervision, depending on the context. It can be helpful to think about supervision both in terms of development (which is related to ongoing professional learning) and performance (which is related to clinical governance and standard setting).

**Thinking points**

- With reference to the diagram above, think about some different contexts in which supervision can occur, e.g. peer supervision, teaching and training, multidisciplinary team meetings, remedial supervision.
- In which part of the diagram do these supervisory conversations take place?
- Although many aspects of supervision are common across all contexts, in the clinical setting it is useful to tease out some of the specific aspects; not least because of an emerging distinction being made in medical education between the two closely related and overlapping activities of clinical and educational supervision.

# Principles of supervision

The following underlying principles are the same for all forms of supervision.

- Be clear about why there is a need for supervision and who has asked for it.
- Set a time frame for the supervision session; even a few minutes of focused time can be worthwhile.
- Protect the time and space where possible and appropriate; try to ensure there will be no interruptions and that there is privacy.
- Ensure that there is confidentiality; this means working in a place where the supervision cannot be overheard, and sharing identifiable personal details of patients only with those people who really need to know.
- Think about the seating arrangement; how the chairs are arranged, who sits where and on what kind of chair conveys messages about status and power.
- Be transparent about the extent to which the supervision is about development or performance; this may need to be renegotiated or stated during the session.

See Teachers' toolkit: Principles underpinning effective supervision for more information on this.

# Clinical and educational supervision

## Clinical supervision

The term ‘clinical supervision’ is sometimes used in the sense of the everyday supervision of a trainee’s performance. Clinical supervision according to ‘The Gold Guide’ to specialty training (Department of Health, 2007) involves being available, looking over the shoulder of the trainee, teaching on the job with developmental conversations, regular feedback and the provision of a rapid response to issues as they arise.

All trainees must have a named clinical supervisor for each post (although there may be contextual differences between specialties), who should be able to tailor the level of supervision to the competence, confidence and experience of their trainee. We can, however, use the term in a much wider sense to include all professional conversations at many different levels of practice.

Clinical supervision is increasingly being carried out as an aspect of personal and professional development in both primary and secondary care. It is an aspect of lifelong learning with potential benefits for both supervisor and supervisee.

Clinical supervision has been defined as ‘An exchange between practising professional to enable the development of professional skills’ (Butterworth, 2001). Within the context of primary care Burton and Launer (2003) define clinical supervision as ‘facilitated learning in relation to live practical issues.’ However, Clark et al. (2006) suggest a wide definition that includes a variety of one-to-one professional encounters including mentoring and coaching.

## Educational supervision

Educational supervision has been defined as ‘The provision of guidance and feedback on matters of personal, professional and educational development in the context of a trainee’s experience of providing safe and appropriate patient care’ (Kilminster et al., 2007, p. 2). All doctors are now required to have educational supervision across their whole training period, from qualification to specialist certification (Department of Health, 2007).

Educational supervision involves the teaching of specific skills and competencies, helping the learner to develop self-sufficiency in the ongoing acquirement of skills and knowledge. Educational supervision sometimes includes an element of assessment and may require the provision of pastoral care for some students or trainees. It is important that the educational supervisor flags up any concerns at an early stage (see also the Managing Poor Performance module).

## Mentoring, coaching and appraisal

Mentoring, coaching and appraisal can all be viewed as specific examples of supervision in the sense that they all involve some of the similar interpersonal skills required in one-to-one conversations. The Appraisal e-learning module focuses specifically on appraisal in the educational setting.

Mentoring is guidance and support offered by a more experienced colleague. There is also co-mentoring, where colleagues meet to offer mutual support and help to each other. This might include such activities as ‘action learning sets’.

Coaching is a form of supervision aimed at unlocking someone’s potential to maximise their performance (Whitmore, 1996), whereas appraisal can be described as a process aimed at developing a person’s professional performance, potential and ideas about career development (Peyton, 2000). Skills for carrying out

appraisal are closely related to those for supervision.

# What is supervision for?

Supervision can be used to address many aspects of work in medical and healthcare education. In the day-to-day clinical context, educational supervision necessarily includes some aspects of clinical supervision because issues discussed by the educational supervisor and trainee/student often include aspects relating to clinical practice. Although educational supervision may cover some of the technical aspects of the work, clinical supervision is the place where a wider range of issues around specific patients or dilemmas tend to be raised and addressed.

Most supervision addresses three domains:

- cases
- contexts (such as workplace teams or professional networks)
- careers.

The role of the educational supervisor is clearer in some of these domains than others. Supervision conversations should aim to move back and forth between these three domains.

**Thinking point**

- As you read the next section think of examples from your own practice that fit these categories. You may wish to jot some of these down using the ‘reflections area’.

## Benefits of supervision

Both clinical and educational supervision develop and use the same skills used in consultations:

- respect

- thoughtfulness
- complexity
- empowerment
- use of open questions
- being non-judgemental.

There is evidence from studies related to nursing (e.g. Begat et al., 1997; Butterworth et al., 1996; Cutliffe et al., 2001) that good clinical supervision improves morale and job satisfaction and may prevent stress and burnout.

It may be an example of the Inverse Care Law (Hart, 1971) that those practitioners who are the most isolated and deprived are the least likely to receive any supervision. In other words, doctors who are least able to reflect on their work, either because they work alone or because their psychological skills are less well developed, are the very practitioners who may most benefit from the opportunity to have supervision.

It would seem to be common sense that looking after practitioners can help them to look after patients. However, the difficulty of designing appropriate studies that can take into account the many variables involved and the problem of defining measurable outcomes means that there is little evidence available to support this assertion.

Supervision helps to promote reflective practice and contributes to professional development. In many professions (such as psychotherapy and social work) practitioners at all stages of their careers are required to have ongoing professional supervision.

Doctors and other health professionals are increasingly required to demonstrate evidence of reflective practice and/or clinical supervision as part of professional revalidation.

# Cases, contexts and careers

## Cases

Clinical supervision can be helpful in cases where there is no easy answer, for example:

- where there are ethical issues
- where decision making is complex because of the interaction of clinical/social and psychological factors
- when it is unclear how to proceed with or stop investigations or treatment
- where the clinician is dealing with angry, distressed, unlikeable patients or their families
- in handling complaints or significant events
- where patients present with somatisation, conditions where there is no clear diagnosis or patients who attend frequently.

The educational supervisor needs to be able to take account of clinical cases as part of their work with student or trainee, and also know to whom the learner can be referred to discuss specific clinical issues that may require more technical or expert knowledge. It may be that the learner identifies particular educational needs through working with certain patients, families or colleagues, and these can be addressed through the learning contract. The educational supervisor can also advise on areas suitable for assessment or where further practice or experience is needed.

## Contexts

Clinical scenarios depend on the place in which they occur, the players involved and the interactions between these people. It is also important to think about the reason for carrying out the supervision: who has asked for it and for what purpose? Some examples of the importance of thinking about context are:

- where there are professional or inter-professional rivalries
- where there are communication problems
- where there are difficulties in teamwork
- where there are issues about roles and boundaries
- where clinicians may have different expectations from patients and their families
- when problems seem to revolve around issues such as power, money or politics.

Here, the role of the educational supervisor involves understanding of the various contexts in which the supervisee is working, and offering support in terms of how needs relate to learning, professional development and being able to meet identified objectives. The educational supervisor may also be able to mediate or discuss issues with other colleagues (with the agreement of the learner) in order to help meet the supervisee’s learning needs.

Again, the supervisor may also provide support in terms of ensuring that the contexts in which the trainee or student is working are appropriate for meeting specified educational objectives and assessment needs.

## Careers

Supervision conversations can often raise issues about careers, for example:

- the need for further training
- conditions at work
- job prospects and career aspirations, including retirement

- ideas about how to manage and delegate work.

This is where the role of the educational supervisor is much clearer and where the educational supervision role is key. One of the main tasks in educational supervision is to support the learner on their 'learning journey'. Each supervisee's 'journey', although having elements in common with that of other students or trainees, will be unique to that person. The supervisor therefore needs to understand the strengths, areas for improvement/development and aspirations of each supervisee in order to provide effective and timely supervision.

See the Setting Learning Objectives, Assessing Educational Needs and Appraisal modules for more information and ideas about these aspects.

# The use of questions

Through the process of supervision the supervisee is given the opportunity to reconstruct their view of a particular issue or difficulty. This is achieved by the supervisor asking them questions to try to help them see things from different perspectives and in different contexts.

To help people come to conclusions and solutions under their own steam, the supervisor may wish to refrain from giving any advice until towards the end of the supervision conversation. However, this does not mean that they should not tell a supervisee what to do, especially within an urgent clinical setting.

## Some useful general questions to ask in supervision

- What would you like to happen/what do you want?
- How will you know if this piece of supervision has been helpful to you?
- What do I need to know about…?
- What do you see as the main issues/your chief dilemma?
- What do you think are the main contexts influencing this situation?
- How do you understand…?
- What explanations do you have?
- How would you describe…?
- How would x view you/what is going on?
- What would x say?
- Has there been a situation like this before?
- When x does this what does y do/how would y react?
- What you have said made me curious about…
- How would a PCT manager/the GMC/a lawyer regard this?
- If you looked at this from a ‘patient safety’ perspective what thoughts would you have?
- What are the differences in beliefs/understandings/approaches between…?
- What do you think would need to happen?
- What would happen if you tried…?
- Where do you think things will be in…(time)?
- What will happen if nothing changes?

**Thinking points**

Here are some other situations that might be encountered in educational supervision.

- Trainee is insistent on a career direction you think is inappropriate.
- Student/trainee failing an assessment.
- First supervision meeting.
- Final supervision meeting.
- Trainee/student/colleague about whom someone has complained (patient or colleague).
- Trainee/student/colleague in personal difficulty, e.g. with depression or burnout, or with a family member who is very sick.

What sort of questions might be helpful to encourage the supervisee to tak a reflective approach to move towards change and professional development?

# Constraints and barriers

For both supervisors and trainees/students there are many constraints that can impede the supervision process.

In some situations, such as the role of an educational supervisor responsible for trainees, the role is very clearly defined, it fits within a clinical and educational structure, and the outcomes and activities are clearly established. Here the educational supervisor needs to make themselves aware of the requirements of the role and the expectations and support available at local level.

In other contexts, such as where clinicians are responsible for medical students or other learners, the 'supervision' role can be much looser. It is important for clinicians to clarify the expectations from both the learners and the organisation responsible for learners (this may be medical schools or other organisations) as these may differ between organisations and with the level of student/trainee.

In the same way that nurses and other health professionals are becoming increasingly involved in assessment and other formal learning activities with medical students and trainees, as healthcare workers' roles are extended and changed, doctors may well be required to supervise non-medical staff.

The list below summarises some of the other constraints to effective supervision.

- Time.
- Worries about the possible enormity of the problem; opening a 'can of worms' or 'Pandora's box'.
- Need for appropriate training to carry out supervision.
- Embedded cultural attitudes: for some clinicians there is a tradition of working alone, taking individual responsibility, low priority for money or training.
- Fear of showing areas of weakness or need.
- Anxiety about professional revalidation.
- Attitudes about 'policing' the profession.
- Personality mismatches between supervisor and supervisee.

**Thinking point**

- What constraints to effective supervision have you come across in your own work situation? How could these constraints be addressed?

# A question-based approach to supervision

One of the aims of clinical supervision is to help people to find new versions of a clinical situation or work-related scenario that has become stuck. This may be achieved by asking questions that invite change. The following approach seems to produce the most helpful outcomes.

- Do not give advice unless absolutely necessary.
- Do not offer solutions until absolutely necessary.
- Do not make interpretations of people's behaviour or motives.

Educational supervision may sometimes require a more directive and guidance-based approach than this open approach. Tomm (1988) suggests asking different kinds of question which can help people think from new angles. These techniques and ways of asking questions have been formulated into some core concepts, the seven Cs (adapted from Launer, 2006b), which illustrate how to put supervision into practice. These are summarised below with reference to both educational and clinical supervision.

## The seven Cs

1. **Conversations** – This implies that the conversation itself is the working tool. Effective conversations don't just describe people's view of reality, they create new understanding of it through the opportunity for people to rethink and reconstruct their stories.

2. **Curiosity** – This is the factor that changes chat into a more substantial conversation. It is used to develop the story about patients, colleagues and oneself. It involves paying close attention to both verbal and non-verbal language. It includes curiosity about the supervisor's own responses; feeling of criticism, boredom, anxiety, etc. An important feature linked to curiosity is taking a position of neutrality. This concept is similar to that of being non-judgemental, but taking a neutral stance allows us to acknowledge our own position as well as becoming curious about the different positions others might take, including the position of no change.

3. **Contexts** – This develops an understanding of the person's networks, their sense of culture, faith, beliefs, community, values, history and geography, and how these may impinge on the case presented. An important context is that of how power is understood (see below). Who holds the power and how is this seen by others? Who is asking for supervision and for what purpose? Understanding the different contexts of all the people or organisations involved is key to developing effective clinical supervision conversations and making them come alive.

4. **Complexity** – This involves thinking about things in a non-linear fashion, getting away from fixed ideas of cause and effect. It is a way of becoming more interested in interactions between people and the kind of patterns that develop between people and events over time to produce a richer description of the story.

5. **Creativity** – This means finding a way to create a story or account of reality that makes better sense for people than the one they are going through. To do this involves using oneself, intuition and sensitivity to fine-tune the conversation. It also implies the creative process of jointly constructing a new version of the story through the process of supervision.

6. **Caution** – This consists of looking for cues from the client to monitor their responses. It involves working on the cusp between affirmation and perturbation in order to get an appropriate level of challenge without being confrontational and without being too bland. Sometimes it may be appropriate to give straightforward advice (although you need to be aware of its limitations).

7. **Care** – This encompasses being respectful, considerate and attentive to patients, supervisee and yourself. It means ensuring that the work is carried out within an ethical framework.

# Power relationships

We cannot get away from the differences between us as supervisor and supervisee. Some of these differences can be used in a positive way to help each individual challenge their thinking and assumptions, and they can promote creativity.

It can be useful to think about differences between the supervisor and the supervisee and how these may affect the way that power is understood. This may allow some things to be spoken about and may constrain or prevent other areas from being addressed. It may highlight areas that could be taken for granted, but which it may be helpful to focus on. Sometimes just thinking about these issues yourself is enough; at other times it may be helpful to clarify possible concerns from the outset with the other person.

Even an experienced supervisor may not be aware of certain things that are important to a supervisee in helping them to develop as a learner. Power can impact on the supervisee to make them behave in a very defensive way. This can have the effect of paralysing their ability to think and, out of fear or excessive respect, they may accept ideas the supervisor imposes on them. It can also affect the supervisor, who may feel particularly challenged or de-skilled by certain supervisees.

If either supervisor or supervisee feels there is a ‘clash’ between them, so that the supervision process is not working successfully, they need to know where to go for help in managing this. It may be the case that either or both of them would develop a more helpful working relationship with a different person.

**Thinking points**

- What kinds of difference between clinicians could be important in thinking about power? What can be done to address these issues?

- Differences you might have thought about include age, gender, culture, sexuality, full-time or part-time work, seniority, qualifications, disability, speech accent, parenthood.

# To sum up

Supervision is a professional conversation that may take place informally over a snatched coffee break or during a quick chat in a colleagues' office, or formally in designated teaching sessions/tutorials or team meetings. To maximise the chances of the supervision being helpful you should pay attention to the following points.

- Be clear about the context of the supervision; who is asking for supervision and for what purpose?
- Be clear about your role and the supervisee's needs in terms of development and performance.
- Think about what can realistically be achieved in the time available.
- Be aware of issues of professional confidentiality, clinical governance and ethics.
- Be thoughtful about power differences between you and the supervisee.
- Know who you can go to to get supervision for yourself.
- Supervision is a part of lifelong learning and does not stop when you finish being a student or trainee.
- Good supervision can contribute to job satisfaction and reflective practice, and can improve patient care.

## Congratulations

You have now reached the end of the module. Provided you have entered something into your log you can now print your certificate. To generate your certificate please go to 'my area' and click on 'complete' in the course status column. Please note, you will not be able to print your certificate unless you have entered something in your 'reflections area'.

Please now take a moment to evaluate the course and enter your comments below.

# Further Information

This module was written by Helen Halpern, GP trainer and external tutor in clinical supervision at the Tavistock Clinic and for the London Deanery, and Judy Mckimm, Visiting Professor of Healthcare Education and Leadership, Bedfordshire & Hertfordshire Postgraduate Medical School. The module relates to areas 1, 2, 3, 5 and 6 of the Professional Development Framework for Supervisors in the London Deanery.

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# Teachers Toolkit

Principles underpinning effective supervision

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# Course Glossary

Aim

An aim in educational terms, is a brief statement of intent, indicating the scope and range of intended learning outcomes that the educational episode has been structured to address.

Appraisal

A positive and ongoing process to provide feedback on performance, review progress and plan action. The appraisal interview or discussion is a key part of the process where strengths and areas for improvement are summarized and agreed and a formal development plan is made.

Assessment

Assessment is the term used to indicate an appraisal of students' performance. Typical formal assessments in medicine include written examinations, Multiple choice questionnaires (MCQ), observations of clinical or communication skills, Objective Structured Clinical Examinations (OSCEs) and Multi-Source Feedback (MSF). Assessments may be summative (where the marks gained contribute to a formal grade or award) or formative (where the focus is on providing feedback for ongoing development).

Class

Class refers to hierarchical differences between individuals or groups in societies or cultures . Factors that determine class may vary widely from one society to another. However, economic disadvantage and barriers to access servces are major issues within class discrimination.

Coaching

A one-to-one task-focussed conversation or series of conversations to help develop professional potential.

Competencies

In assessment terms competencies refer to a set of professional abilities that includes elements of knowledge, skill, attitudes and experience.Competencies are similar to objectives and outcomes in that they provide a means of specifying attributes in relation to the ultimate intended performance that the competencies underpin (Grant, 2007, p 21). The use of competencies has been widespread in practical vocational subjects such as healthcare, management and engineering. Competence based curricula can be used as a basis for learning and teaching, for assessment and to help ensure professional accountability. Programmes for professions such as medicine usually include specific practical competences and the integration of more complex skills, knowledge and behaviours.

Disability

The definition of disability outlined by the Disability Discrimination Act 1995 covers anyone with an impairment which has a substantial and long-term (at least 12 months) effect on their ability to carry out day-to-day activities such as mobility, speech, hearing or eyesight, memory or ability to concentrate, learning or understand, continence. The definition also includes long-term illnesses such as HIV, cancer and multiple sclerosis, from the point of diagnosis.

Learning objectives

Grant describes learning objectives as "the specific knowledge, skills and attitudes that the student will display at the end of (a) course" (p20, 2007). The earliest (and very pervasive) objectives models of education were linked to behaviourist theories and 'transmission' models of learning, emphasizing measurable, observable behavioural achievements that can be clearly and rigorously assessed. Later models considered problem solving or expressive outcomes as being more flexible than behavioral objectives.

Lifelong learning

Lifelong education is a form of learning that often takes place through distance learning, e-learning or continuing education. It also includes postgraduate programmes for those who want to improve their qualification, bring their skills up to date or retrain for a new line of work. The concept of lifelong learning is underpinned by the idea that scientific and technological change means that learning has to continue throughout life if people are to keep their knowledge current. It is also an approach to learning that emphasises that learning is something that continues throughout life, in many domains

and is not simply related to work. (adapted from Wikipedia, http://en.wikipedia.org/wiki/Lifelong_learning)

Mentoring

A formal or informal system whereby a more experienced or senior colleague provides guidance, advice, support and a sounding board for a colleague around issues concerned with professional development.

Sexuality

This term refers to the general preference of people. It is an alternative term for 'sexual orientation' and is the term currently used.

Supervision

Usually a formal one-to-one relationship, focussed around professional conversations to help the supervisee develop reflective professional practice, learning and skills with the aim of improving patient care.

# Self-Assessment Activities

Select one or more of the activities below to develop your skills in supervision.

If you are registered on the site, you can write up your reflections in the reflections area. Click on the my area link at the top of the page to access your personal pages. Please note you must be logged in to do this.

## 1. Get some supervision of your supervision

Choose a piece of supervision that you found quite challenging. Find a colleague who is prepared to debrief you about this. Ask your colleague to help you think about the supervision using the following guidelines.

- They can only ask you questions.
- They should make each question follow on from your response to the previous question.
- They should not give you any advice.

## 2. Think about power

Next time you give or receive supervision try to identify the possible power differences between you and the other person. Note down some ideas about how you think these may affect the supervision. What might they make it easier to focus on and what might be constrained by them? How easy is it to talk about this and do you think that paying attention to these factors makes a difference?

## 3. Work on how to be aware of and use your own prejudices

We all have opinions and take positions about the things we hear. The next time you find yourself wanting to state your view or feeling strongly about something when you are giving supervision, flag this up for yourself so that you are aware of it.

Try to remain curious about your responses. Can you remain non-judgemental and turn your opinions into questions to ask the other person? You may find it helpful to practise this with a colleague who can help you identify your strong opinions and assumptions and reformulate these into questions with you. By doing this you can help the supervisee come to conclusions that are more likely to have a better personal fit and be acceptable to them.