

# Supervision

**Supervision has been defined in many ways, but is essentially a conversation between professionals aimed at promoting learning, reflective practice and improving patient safety and the quality of patient care.**

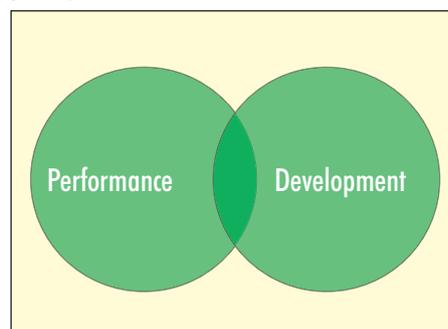
This article discusses the principles of supervision and the role of educational and clinical supervisors in supporting students, trainees and colleagues in a range of contexts. It also suggests how you might apply these principles to your own practice as a clinical teacher, and how you might further develop your supervision skills.

## 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. Supervision supports professional learning and development, but also relates to monitoring and improving performance as part of effective clinical governance and standard setting.

In medical education, a distinction is often made between the two closely related activities of clinical and educational supervision (Figure 1).

**Figure 1. Domains of supervision. From Launer (2006a).**



**Dr Helen Halpern** is Primary Care Tutor, GP Trainer and Tutor in Clinical Supervision at the Tavistock Clinic, London Deanery, London and **Professor Judy McKimm** is Visiting Professor of Healthcare Education and Leadership, Faculty of Health and Social Sciences, University of Bedfordshire, Luton LU1 3JU

Correspondence to: Professor J McKimm

## Educational supervision

Educational supervision is '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). All doctors are required to have educational supervision across their whole training period (Department of Health, 2007) aimed at helping learners to develop self-sufficiency in acquiring skills and knowledge through meetings, observation of practice, assessments and the provision of pastoral care. It is important that the educational supervisor flags up any concerns at an early stage.

## Clinical supervision

Clinical supervision relates to the everyday supervision of a trainee's performance. It involves being available, looking over the shoulder of the trainee and teaching on-the-job with developmental conversations, regular feedback and the provision of a rapid response to issues as they arise (Department of Health, 2007). All trainees must have a named clinical supervisor for each post who should tailor the level of supervision to the competence, confidence and experience of the trainee.

Clinical supervision is a core aspect of personal and professional development and lifelong learning, helping practising professionals develop complex skills in the context of real practical issues and situations which may include a variety of one-to-one professional encounters such as mentoring and coaching (Butterworth et al, 1996; Burton and Launer, 2003; Clark et al, 2006).

In the day-to-day clinical context, educational supervision necessarily includes some aspects of clinical supervision because issues discussed by the educational supervisor and supervisee often include aspects relating to clinical practice. Although educational supervision may cover some technical aspects of work, clinical supervision is the place where a wider range of issues around specific patients or dilemmas tends to be raised and addressed.

## Mentoring, coaching and appraisal

Mentoring, coaching and appraisal are specific examples of supervision and involve a similar range of interpersonal and conversational skills:

- Mentoring is guidance and support provided by a more experienced colleague or through co-mentoring where colleagues meet to offer mutual support
- Coaching is a form of supervision aimed at unlocking someone's potential to maximize his/her performance (Launer 2006a)
- Appraisal is a formal process aimed at developing a person's professional performance, potential and ideas about career development (Peyton, 2000).

## Benefits of supervision

Effective supervision uses the same skills as those applied in consultations with patients: respect, thoughtfulness, complexity, empowerment, use of open questions and being non-judgmental. Nursing studies indicate that good clinical supervision improves morale and job satisfaction and may prevent stress and burnout (Butterworth et al, 1996; Begat et al, 1997; Cutcliffe et al, 2001). In many emotionally demanding professions (such as psychotherapy and social work) practitioners at all stages of their careers are required to have ongoing professional supervision. Supervision also helps to promote reflective practice and contributes to professional development. In health care, professionals are increasingly required to demonstrate evidence of reflective practice as part of professional revalidation.

It is 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.

## Preparing the ground

There are a number of underpinning principles for good supervisory practice:

1. Be clear about why there is a need for supervision and who has asked for it
2. Set a time frame for the supervision session – even a few minutes of focussed time can be worthwhile
3. Protect the time and space and ensure that professional confidentiality is maintained
4. Arrange seating to facilitate a conversation between peers
5. Clarify the extent to which the supervision is about development or performance.

## Cases, contexts and careers

Most supervision conversations address the three inter-related domains of cases, contexts and careers. The role of the supervisor is clearer in some of these domains than others.

### Cases

Clinical supervision can be particularly helpful in cases which involve:

- Ethical issues such as when it is unclear how to proceed with or stop investigations or treatment
- Complex decision-making because of the interaction of clinical, social and psychological factors
- Dealing with angry, distressed, unlikeable patients or their families
- Handling complaints or significant events
- Patients presenting with somatization, conditions where there is no clear diagnosis or patients who attend frequently.

Educational supervisors also need to be able to discuss clinical cases and know to whom the learner can be referred to discuss clinical issues that may require more expert knowledge. Discussing clinical cases may highlight patterns of behaviours through which educational needs are revealed which can be included in the learning contract. You might also advise on areas suitable for assessment or further practice or experience.

### Contexts

Clinical scenarios depend on the place in which they occur, the players involved and the interactions between these people. Issues relating to contexts might include:

- Professional or interprofessional difficulties
- Communication problems
- Difficulties in teamwork
- Conflicts about roles or boundaries
- Differing expectations about care
- Power, authority, money or politics.

Educational supervisors need to understand the supervisee's work contexts as they relate to his/her learning needs, educational objectives and professional development. With the agreement of your supervisee, you may be required to mediate or discuss issues with others.

### Careers

Supervision conversations can often raise issues about careers, including further training needs, work conditions, job prospects and career aspirations (including retirement), and how to manage and delegate work.

Educational supervision is key to this process and your role is to support learners on their 'learning journey' which, although having elements in common with that of other students or trainees, is unique to that person. Understanding the strengths, areas for development and aspirations of your supervisees will facilitate effective and timely supervision.

## Constraints and challenges

Some supervision roles, such as educational supervision of trainees, have clearly defined outcomes and activities within established clinical and educational structures. Here you need to familiarize yourself with the obligations of the role and support available. The 'supervision' role may be looser in other contexts, such as where clinicians are responsible for medical students, health-care students or professional colleagues. Here, you need to clarify expectations from learners and the organizations responsible for them as these may differ between organizations and with the level of the supervisee.

Other challenges include personal differences between supervisors and supervisees, based on age, gender, culture, sexuality, work or career patterns, seniority, qualifications, disability, speech, accent or domestic commitments. Sometimes differences can be used positively to help each challenge thinking and assumptions and promote creativity; at other times differ-

ences may lead to an unhelpful power imbalance which may constrain the supervision relationship. Active consideration of such issues can help you decide whether these should be discussed with your supervisee.

Power can impact on the supervisee to make him/her behave defensively and paralyse his/her ability to think; out of fear or excessive respect, supervisees may then simply accept your ideas without question. Sometimes you may feel particularly challenged, frustrated or de-skilled by certain supervisees. Although this does not happen frequently, if either of you feel that there is a 'clash' and that the supervision process is not working successfully, it is important to know where to seek help and advice. Ultimately, each of you may have a more helpful working relationship with a different person.

More general constraints to effective supervision include:

- Lack of time
- Worries about the possible enormity of the problem – opening a 'can of worms'
- Need for appropriate training to carry out supervision
- Embedded cultural attitudes: for some clinicians there is a tradition of working alone, taking individual responsibility, or training and supervision being given a low priority
- Fear of showing areas of weakness or need
- Anxiety about professional revalidation
- Attitudes about 'policing' the profession.

## A narrative-based approach to supervision: the seven Cs

One aim of supervision is to help people to find new versions of a situation which has become stuck by asking questions which invite change. Palazzoli Selvini et al (1980) suggest that supervisors should not give advice, offer solutions or make interpretations. Educational supervision may, however, require a more directive approach such as asking questions which help people think from new angles (Tomm, 1988). These techniques, and ways of asking questions, have been formulated into core concepts (the 'seven Cs', adapted from Launer, 2006b), which illustrate how to put supervision into practice.

## Conversations

Here the conversation itself is seen as the working tool. Effective conversations do not simply describe people's view of reality, they create new understanding of it through the opportunity for people to rethink and reconstruct their stories.

## Curiosity

Curiosity changes chat into a more substantial conversation in which the story about patients, colleagues and oneself is developed. Supervisors need to pay close attention to verbal and non-verbal language used, and their own responses and feelings (such as criticism, boredom or anxiety). It is important to consciously take a neutral and non-judgmental stance which allows us become curious about different positions others might take, including the position of no change.

## Contexts

This includes the person's networks, his/her sense of culture, faith, beliefs, community, values, history and geography and how these may impinge on the conversation. An important context is that of how power is understood. Who holds the power and how is this seen by others? Who is asking for supervision and for what purpose? The context helps the conversation come alive.

## Complexity

This involves thinking about things in a non-linear way, getting away from fixed ideas of cause and effect, thinking about the interactions between people and the kind of patterns which develop between people and events over time to produce a richer description of the story.

## Creativity

Creativity means finding a way to create a story or account of reality which 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.

## Caution

This consists of looking for cues from the supervisee to monitor his/her responses. It involves working on the cusp between

affirmation and perturbation in order to challenge appropriately without being confrontational or too bland. Sometimes it is appropriate to give straightforward advice (although you need to be aware of its limitations).

## Care

Being respectful, considerate and attentive to patients, your supervisee and yourself is important, as is ensuring that supervision and clinical activities are carried out ethically.

## The supervision process

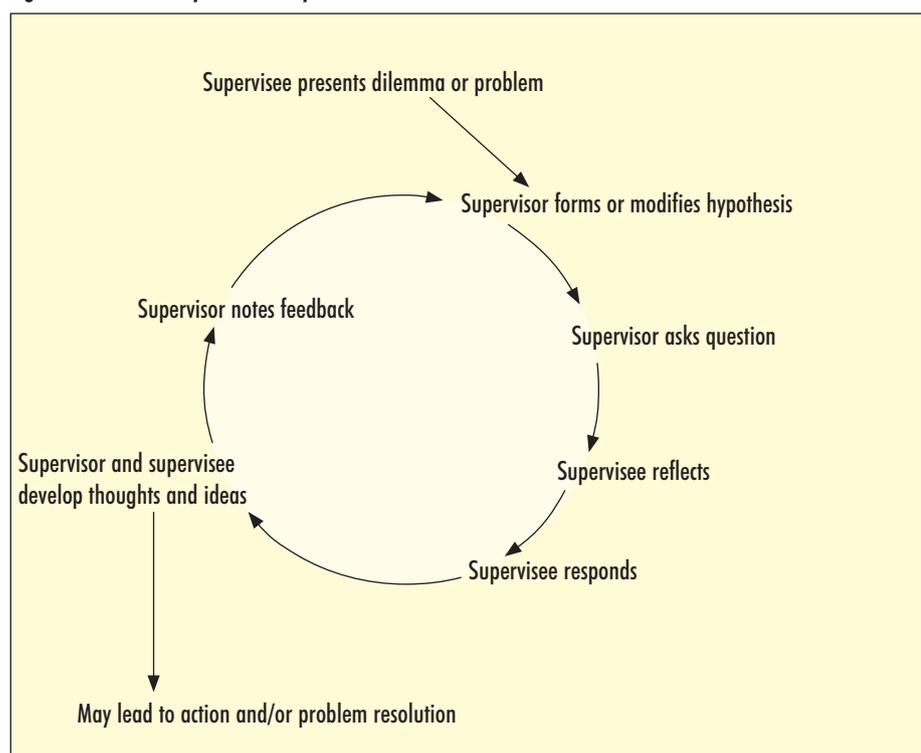
The process of supervision gives an opportunity for supervisees to reconstruct their view of a particular situation or issue through the supervisor asking questions to try to help them see things from different perspectives. This is part of an iterative process (Figure 2) which might take place within one session or over a period of time.

In order to help people come to their own conclusions and solutions it is often better to withhold advice until towards the end of the conversation. This does not mean that you 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 or 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 or 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 or what is going on?
- What would x say?
- Has there been a situation like this before?
- When x does this what does y do or how would y react?
- What you have said made me curious about...
- How would a primary care trust manager, the General Medical Council or 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 or approaches between...?

Figure 2. The circular process of supervision.



- 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?

**Conclusions**

Supervision is essential in promoting professional development and ensuring effective clinical performance. These ‘professional conversations’ may take place informally over a snatched coffee break or popping in to a colleague’s room, or formally in designated teaching sessions, tutorials or team meetings. Supervision is based on the core principles of mutual respect, a good working relationship and developing an open and honest conversa-

tion centred around the supervisee’s educational and professional needs. **BJHM**

*Conflict of interest: Tim Swanwick is the Faculty Development Lead for the London Deanery and Judy McKimm was commissioned by the London Deanery to lead on the development of the suite of e-learning modules from which these articles have been derived.*

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**London Deanery**

This series of articles for clinical teachers was originally commissioned as a suite of e-learning modules for the London Deanery. Both the series and e-learning modules were designed and edited by Judy McKimm and Tim Swanwick.

The London Deanery e-learning modules for clinical teachers are open access and available at [www.londondeanery.ac.uk/facultydevelopment](http://www.londondeanery.ac.uk/facultydevelopment). Each module takes 30–60 minutes to complete and proof of completion is available in the form of a printed certificate.

**KEY POINTS**

- Be clear about the context of supervision, the supervisor’s 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, power differences and ethics.
- Know who to go to in order to get personal supervision.
- Supervision is a part of lifelong learning and does not stop at the end of training.
- Good supervision contributes to job satisfaction, reflective practice and stress reduction, and improves patient care.

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