

REFRESHMENT

# Supervision: an issue for supervisors and supervisees

Jill Munro Wickham

**Jill Munro Wickham** is a senior lecturer in physiotherapy and a CPD coordinator in the Faculty of Health and Life Science at York St John University. During her time at York St John, she has collaborated with the Open University on the Foundation Degree in Healthcare Practice for assistant practitioners, and has worked with partner organisations to develop a module to enhance 14–19 Diploma progression into higher education. She is currently engaged in educational action research exploring how her practice influences the transitional stages of physiotherapy students.

**Correspondence** Jill Wickham, Faculty of Health and Life Science, York St John University, Lord Mayor's Walk, York YO31 7EX, UK. Email: j.wickham@yorksja.ac.uk

## SUMMARY

Supervision, both managerial and clinical, is integral to all areas of practice in health and social care and arguably constitutes the most important aspect of our work. Through supervision, we demonstrate our own suitability and can offer others support in identifying strategies for improvement. It is surprising that many healthcare organisations either do not have a supervision policy or do little to monitor the effectiveness of the supervisory process. The aim of this brief article is to offer a starting point for thought, discussion and reading to motivate and encourage readers to improve their own supervisory practice as supervisor and supervisee.

## DECLARATION OF INTEREST

J. M. W. is employed by the Faculty of Health and Life Science at York St John University, which offers a portfolio of CPD, including a bespoke service.

clinical supervision does not explicitly feature in these guidelines. However, in a position statement, the College makes it clear that engagement in supervision is assumed if all staff, including consultants, are to perform at a professional and legal level: 'High-quality supervision and performance reviews underpin the delivery of high-quality patient services and act as assurance for patients, carers and the employing organisation' (Cope 2010: p. 2). Supervision provides a structured learning situation for supervisor and supervisee to demonstrate and give evidence of CPD. Group peer supervision offers a valuable way of ensuring that the CPD criteria of peer group activity are met. It is important to reflect on the supervisory experience and incorporate the learning achieved into practice.

Kilminster *et al* (2007) offer an excellent framework for supervision, stating that supervision must be offered in context, that supervisors and supervisees must work together with the aim of positively affecting patient outcome and supervisee development, and that the process should be structured, with regular timetabled meetings that provide constructive feedback. Macdonald (2002) identified problems associated with supervision, including role conflicts, uncertainty about boundaries, lack of supervisory training and lack of effective feedback. It is not unexpected that researchers identify problems: any developmental process will be associated with difficulties, and it is the critical exploration of these difficulties that allows us to become better practitioners. Planning supervision to make the process methodical will minimise risk of problems. To begin the process, ask yourself the following questions – in answering them, you will gather sufficient information to enable you to consider how to improve your supervisory practice:

- Is there a local supervision policy?
- Am I able to have a say in selecting my supervisor/supervisee?
- Will we use a model of supervision? If so, have both parties agreed on this model?
- How long will the relationship last? How many sessions and of what length?

There are many definitions of supervision. Bernard & Goodyear (2008: p. 8) describe it as:

'an intervention provided by a more senior member of a profession to a more junior member or members of that same profession. This relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the more junior person(s), monitoring the quality of professional services offered to the clients, she, he, or they see, and serving as a gatekeeper for those who are to enter the particular profession.'

Although this definition can be helpful, its use of the word senior means that it excludes peer supervision, on either a one-to-one or a group basis. The General Medical Council (2012) tells clinicians that 'good medical practice requires doctors to keep their knowledge and skills up to date throughout their working life and to maintain and improve their performance'. Supervision within the context of continuing professional development (CPD) is an outcome-measurable way of demonstrating development. The Royal College of Psychiatrists offers clear guidelines for CPD beyond postgraduate training (Royal College of Psychiatrists 2010, 2012) but, surprisingly,

- Will the contract between supervisor and supervisee include a strategy to resolve any difficulties?
- How will the meetings be recorded?
- Whose responsibility is the setting of an agenda for the meetings? Will the agenda include any preparatory reading?
- What tools will be appropriate? For example, a model of reflection and a learning styles tool.
- How will the supervisor and supervisee measure the outcomes of supervision in order to demonstrate its impact on the service?

## References

Bernard JM, Goodyear RK (2008) *Fundamentals of Clinical Supervision*. Pearson.

Cope D (2010) *Supervision for Career-Grade Psychiatrists in Managed Settings* (Position Statement PS2/2010). Royal College of Psychiatrists.

General Medical Council (2012) Continuing professional development. GMC ([http://www.gmc-uk.org/education/continuing\\_professional\\_development.asp](http://www.gmc-uk.org/education/continuing_professional_development.asp)).

Kilminster S, Cottrell D, Grant J, et al (2007) AMEE Guide No. 27: effective educational and clinical supervision. *Medical Teacher* **29**: 2–19.

Macdonald J (2002) Clinical supervision: a review of underlying concepts and developments. *Australian and New Zealand Journal of Psychiatry* **36**: 92–8.

Royal College of Psychiatrists (2010) *Good Psychiatric Practice: Continuing Professional Development (2nd edn)* (College Report CR157). Royal College of Psychiatrists (<http://www.rcpsych.ac.uk/publications/collegereports/cr/cr157.aspx>).

Royal College of Psychiatrists (2012) Core principles of learning. Royal College of Psychiatrists (<http://www.rcpsych.ac.uk/training/cpdandvalidation/cpdpolicy.aspx>).