Maximising learning through effective supervision

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Abstract

This article targets supervisors and their important role in maximising learning of novice practitioners. The article draws on current research to highlight the importance of clinical supervision and the roles and tasks of the supervisor. Some of the challenges of supervision and how the supervisor can be supported are also discussed. The article has a pragmatic and practical focus to assist the supervisor in one of the most important, challenging but rewarding educational roles.

Experience alone is not enough for learning to occur.[1] Supervision is also important in allowing experiences to be processed and in guiding learning. In the clinical setting this also ensures safe patient care. Good supervision should result in: better patient outcomes;[2,3] improved patient satisfaction;[4] better trainee performance;[5] and greater retention of the trainee in the area of practice.[6]

This paper uses Kilminster's definition of supervision:

> The provision of guidance and feedback on matters of personal, professional and educational development in the context of the trainee's experience of providing safe and appropriate patient care.[7]

Good supervision supports and guides the trainee through the necessary socialisation and development of professional identity.[8] It makes sense of their learning by developing skills to access and contextualise professional knowledge, and helps develop clinical reasoning and the honing of peer communication/consultation skills. The novice in this case may be an undergraduate student, or a pre-vocational/vocational trainee, in the hospital or community setting, especially where an apprenticeship model of learning is adopted.[9]

For this article the term trainee will be used and will articulate some of the supervisor's generic key roles and tasks, poses some challenges (Table 1) and offers approaches for developing and enhancing the skills of a 'good clinical supervisor'.

The roles of a good supervisor

The good supervisor has a number of key roles. They should:

Demonstrate clinical performance—The supervisor should be a clinically competent experienced practitioner.[7,10] They should be familiar with the clinical environment and processes within it, who can instil in trainees a degree of confidence regarding their abilities and opinions whilst still being aware of and open about areas requiring further development. Although learning can be trainee-identified and directed it is beneficial for supervisors to demonstrate skills.[11] Trainees learn from demonstrated professional action irrespective of the intent of the action.[12]

Reilly[13] stresses the importance of WALK (Box 1) starting with the emphasis on hands-on care (the physical examination).

Table 1. Roles and tasks of the clinical supervisor and the challenges to supervision

Roles of clinical supervisor	Tasks of clinical supervisor	Challenges to supervision
• Demonstrate clinical performance • Facilitate learning • Lead and manage • Develop problem-solving skills • Assess • Communicate effectively • Demonstrate reflective practice	• Clarify roles and expectation • Manages uncertainty • Motivates • Observe and gauge needs and ability • Clinical oversight • Pastoral • Giving feedback and de-brief • Thinking aloud • Utilise the community of practice • Feedback constructively on performance • Deal promptly with underperformance • Thinking aloud • Facilitate and model reflection and self-evaluation	• Work environment • Inflexibility • Time • Multiple trainees • Loss of enthusiasm • Trainees with poor insight or confidence issues • Work environment • Relationship • Relationship • Experience of supervisor • Time • Relationship • Trainees with poor insight or confidence issues • Maintenance

Box 1. WALK

> *Wear gloves [role model hands on care]*
> *Adapt enthusiastically*
> *Link learning to caring*
> *Kindle kindness*

Role modelling has been shown to be highly influential in developing professional and skills acquisition but a supervisor need not always be seen as competent in **all** matters. This expectation can be paralysing for a supervisor and risks sending the wrong message to trainees. Instead, a supervisor should be confident enough to acknowledge his or her own deficits and demonstrate how he/she goes about filling them. Supervisors do not need to know everything to be effective.

Facilitate learning—A supervisor should be confident in teaching skills[14] while at the same time focusing on the role as a motivator. A good supervisor should use motivation to foster autonomy, recognition of limits, pursuit of excellence and reflection on learning.[7,15] Effective learning is 'contagious' and thus effective supervisors share their enthusiasm, show enjoyment in their work; are open minded, consider other options, and are humanitarian thereby inspiring trust and respect.[16,17]

Lead and manage—A good supervisor creates a supportive clinical environment that is conducive to learning. Harmonious working relationships enhance trainee morale and job satisfaction. The supervisor can support trainees by advocating for support for learning, appropriate work conditions, and addressing unrealistic expectations both of trainees and the institution.

Learning support may include helping trainees to understand the learning requirements (both educational and organisational), assisting with examination preparation, and career advice. These more pastoral support functions contribute to a constructive climate that maximises learning but may blur into the mentorship role.[18]

Develop problem solving skills—Developing problem-solving requires selecting tasks appropriate to each trainee's level and ability, providing hints and scaffolding to help the trainee tackle more difficult situations, evaluating engagement in new activities and diagnosing problems along the way. This role should gradually become superfluous as each trainee regulates his or her own performance and development. Self-regulation can be engendered by asking the trainee to identify tasks and areas that require development; critique their own engagement and performance; involve others, including peers, in giving feedback; and plan future tasks.

Assess—Supervisors need to be cognisant of the delegated authority and assessment functions inherent in the supervisor role, e.g. College, employer, regulatory and professional obligations. Supervisors are often required to make multiple formative and summative assessments.

Communicate effectively—Good communication requires demonstrating good interpersonal skills.[7] The supervisor should be approachable, empathic, genuine, open, and flexible, demonstrating sensitivity to individual differences (e.g. gender, race, and ethnicity) and recognising possible differential power factors.[19]

The supervisor should ask questions that help clarify clinical decision-making and consultation/referral skills, listen to the trainee's talk, encourage reflection, and critically review cases with the trainee. One of the most important characteristics of a supervisor is the ability to make trainees feel comfortable enough to raise and discuss his/her limitations and clinical concerns.[20,21]

The ability of the supervisor to express what he/she is thinking (thinking aloud), allows the trainee to appreciate the supervisor's mode of thinking, and encourages discourse, creating opportunities for learning and relationship building. Reilly[13] stresses the importance of TALK (box 2).

Box 2. TALK

*T*hink out loud
*A*ctivate the learner
*L*isten smart
*K*eep it simple

Facilitate and model reflection and self-evaluation—Reflection is a crucial mechanism that helps to develop insight and gauge needs. Reflection can occur: after the process (a retrospective activity known as *'on-action'*), as you are doing it *('in-action')*, and/or while thinking about what might happen (anticipatory, reflecting *'for-action')*.[22] It is an essential skill of both the supervisor and trainees and should be continually role modelled by the supervisor. Ask the trainee (when appropriate):

- What are you doing and why?

- What did you do/what happened and why?

- What could have been done differently?

- What do you think the outcome would be taking a different course of action, and why?

The process of being a good supervisor—the tasks

Supervision can be seen as a long-term function that requires planned management and support of a trainee alongside day-to-day or minute-to-minute on-the-job supervision. Both macro and micro components are important, requiring fulfilment of a variety of tasks and relying on regular meetings.

Clarify roles and expectations—The first action in supervision is to clarify the roles and outcomes the supervisor and trainee expect of each other.[19,23] The outcomes need to be set by the trainee in consultation with the supervisor. Some of the outcomes may be set by external regulatory bodies (such as colleges or medical councils).

Initial discussions should include:

- Job description with a typical week timetable and responsibilities.

- General orientation to the clinical environment especially if the environment is new to the trainee.

- Advice regarding local protocols, where things are.

- Advice regarding the key people, the roles of others in the team and significant strengths of team members from whom support may be given.

Overall it is important to show confidence in the trainee's ability to fulfil that role, and actively endorse their presence and involvement. This legitimises the novice's position as a member of the practice community, encouraging engagement and participation, and lays the foundation for establishing the needs of the trainee, while helping to set the scene and making the trainee feel "invited" to learn.[23] As the trainee gains experience and becomes more competent, the relationship between the supervisor and trainee will change to a monitoring and eventually a collegial role.

Observe and gauge ability—Once the outcomes are set the supervisor must continually gauge the trainee's level of ability, learning needs, competence and confidence.[7] At the outset, the supervisor should gauge the trainee's readiness and motivation (competence level) to engage with the learning objectives of the attachment, and help the trainee to establish individual learning needs and develop outcomes, plans and resources to meet these outcomes. *'Just in time'* learning can be

encouraged where attempts to learn a specific aspect is only under taken when the learning is required.[24,25]

Keep a clinical oversight and ensure patient safety—Continual appraisal of the learning required is needed, especially regarding patient safety. Where patient care is involved, the trainee should know how to contact the supervisor at all times.[19]

Clinical oversight is required and has been defined into three areas; *Routine, Responsive* and *Backstage*.[26] 'Routine' includes those explicit discussions between the supervisor and trainee about patients and patient care. 'Responsive' oversight occurs in response to trainee or patient issues that arise, and 'backstage' oversight is the supervisor checking performance, often unbeknown to the trainee. The trainee's responsibility for patient safety in concert with a lack of confidence in performing some clinical tasks is often very distressing for a trainee.[27] Competence in a skill does not always mean the trainee is able to act independently.[28] The supervisor has a role in minimising risks for both patient and trainee. There is a careful balance to be achieved—over-emphasis on patient safety can jeopardise learning opportunities for trainees as they are given too little responsibility.[29] Under-emphasis on patient safety can provide many learning opportunities but be disadvantageous for the patient.

Feedback and de-brief—Giving feedback can assist self-reflection and development of insight. During observed practice, feedback helps learners to recognise their strengths and weaknesses, encourages self-reflection, increases self-awareness and insight, and helps plan future learning.[30]

Approaches to feedback have moved from teacher-directed models to more interactive feedback models which incorporate self-assessment and shared problem solving, empowering trainees to take responsibility for on-going learning and self-regulation, and move control from the supervisor to the trainee.[31,32] Starting with the trainee's own assessment ensures that the teacher understands the learner's clinical reasoning processes, level of self-awareness, and insight. Overly self-critical trainees can be encouraged to see their own strengths and helped to build self-confidence; where trainees appear unaware of their failings, supervisors can focus on areas for improvement.

De-briefing takes a broader perspective than feedback and includes all elements that may have influenced interactions or outcomes, including those outside the trainee's control. Although de-briefing can be driven by either trainee or supervisor, a supervisor-initiated de-briefing meeting a couple of weeks into the supervision period is useful. De-briefing should include reflective practice and includes actively thinking about how the trainee is progressing and any emotions involved *(reaction phase)*, discussing what has happened *(analysis phase)*, and distilling key learning points to inform future action *(summary phase)*.[33] De-briefing with good judgment suggests the role of a supervisor as a 'cognitive detective' with the supervisor considering any mistakes made as 'puzzles' to be solved.[34] De-briefing should be at regular intervals or convened at the request of trainee and should always plan for the next session.[24]

Cultivate communities of practice—In both undergraduate and postgraduate settings, allocation of a sole dedicated supervisor is still the prevalent model, but the team's importance in supervising, to support the trainee and ensure patient safety, cannot be underestimated. The good supervisor recognises the importance of

operating within the community of practice and the contribution made by other individuals and the team.[23,35] Team supervision enables a sharing of experiences to support the trainee.[36]

Even if other members of the team are not involved in appraisal, the supervisor should at least promote the value and importance of the team, and the trainee's membership of it.[16,37]

Deal promptly with underperformance—Often the hardest part of the supervisor's role, this is crucial. Performance deficits may be identified through formal assessment or informal observation and can include input from the team. The timing and degree of the supervisor's response will depend on the risk posed to the patient.

Challenges to good supervision

Challenge of the work environment—A recent survey of senior clinicians in New Zealand listed "time" as the largest obstacle to better teaching.[38] Healthcare providers may not appreciate the importance of supervision, support the process and allocate the resources and time required. A cohesive policy across all the key stakeholders involved and a New Zealand national strategy that includes recognition and support of the role of the supervisor at all levels of student/trainee development would be desirable.

Challenge of multiple trainees—In some clinical environments supervisors may oversee patient care by medical students, house officers and registrars simultaneously. Thus, the supervisor must be aware of expectations at each stage of training and how these might be met. An associated challenge is to ensure trainees get sufficient supervised experience, without overburdening patients or other junior team members. Supervision in this sense may involve having an overview of the department/unit and 1:1 supervision.

Challenging trainees—Poor progression by a trainee may not be the result of poor supervision. Trainees will develop at different rates. Failure to develop may be due to poor cognitive or skill ability, ethical approach and/or other factors which may be outside the control of supervisor and trainee.[39] A good supervisor acknowledges that success depends primarily on the trainee, and has the perspective not to take it too personally when a trainee fails to develop.

Trainees who lack insight and have unrealistic views of their own abilities can be very difficult to help. Supervisors should ensure continual feedback indicating the expected measure of performance and strategies for improvement.

Personal challenges—The distinction between a mentor and supervisor is important with the supervisor having a potential assessment role, where as the mentor may not.[18]

The role of the supervisor as an assessor, making comments on performance, can be a source of tension for some supervisors.[40,41] The wish to maintain a positive relationship with a trainee may conflict with submitting poor marks in assessment that may lead to potential failure of the trainee.

Supporting the supervisor

An understanding of the supervision process, including interpersonal dynamics such as power differentials, can assist the effectiveness of the supervisor. Development as a supervisor might come from attending workshops; peer discussions; observation and/or reading relevant literature especially those giving good practical tips.[19,42]

Opportunities for training through supervisor workshops/courses are also variable although attending courses, particularly by junior supervisors, may be beneficial.

'On-the-job' peer review/mentoring for both junior and established supervisors may also be advantageous and requires trust and respect and a commitment to active engagement in the areas identified for improvement.

Evaluation by the trainees of the supervisor is always advantageous and with good relationships this should be an ongoing two way process. However, the power differential between the trainee and supervisor may sometimes hinder honest appraisal by the trainee so there is benefit from the occasional formal evaluation where anonymity is maintained (especially difficult given the intimate relationship between trainee and supervisor).

Good support documentation should be provided to support the role of the supervisor.[43] Regulatory bodies, medical council and professional colleges frequently have written advice and/or courses.[44,45]

Summary and recommendations

The roles and tasks of the supervisor may be perceived as complex and numerous. It is recommended that the roles be developed over time whilst maintaining the key tasks, especially clinical oversight. Moreover, where feasible, it is proposed that more than one person be involved in providing clinical supervision, each member of the team playing to their respective strengths and weaknesses to support the trainee.

The training of tomorrow's doctors depends on the skills and commitment of today's supervisors and it is recommended that this crucial role is appropriately acknowledged by key stakeholders through identification and protection of time and training.

Whilst potentially involving some challenges, the importance and value of supervision is unquestionable and can also be exceptionally rewarding.

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