

Position of Supervision in Healthcare and in Practical Training of Students of Healthcare Programs

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Abstract

Introduction: This paper deals with the use of supervision in healthcare and in the studies and clinical placement of future healthcare professionals.

Objective: To present the results of foreign studies evaluating the benefit of supervision in healthcare and to introduce supervision models used in the supervision of students' clinical placement.

Method: This paper is based on bibliographic searches and the author's personal experience.

Results: Supervision in healthcare is more widely used abroad than in the Czech Republic, while its definition is very diverse. The results of foreign studies reveal the benefit of supervision consisting both in the support of the supervised staff and students and in their professional development. The paper also briefly describes three models of supervision during clinical placement.

Conclusion: Supervision in healthcare has a potential that has not yet been appreciated in the Czech Republic. The article opens to a discussion the results of foreign studies and the author's experience with supervision in the area of health and social work.

Keywords: clinical placement, healthcare, supervision

Introduction

Supervision is a tool intended to support employees in the performance of their profession. Its strength consists in the process of dialogue as it allows the personnel to understand themselves and their behaviour or perception in the context of their professional role. It is an opportunity for development, seeking explanations and understanding of one's own failures and uncertainties where one would only hardly search for them by oneself (Michková, 2008). Along with other mechanisms, it participates in securing and improving the quality of work and services provided and it defends the patient's interests (Hanáková, 2006).

As a method of work deliberately focused on supporting and developing the quality of work, supervision becomes increasingly more applied in the Czech environment (Michková, 2009, 2016). Among the helping professions, it has been a widely applied tool in psychotherapy for a long time. In the latest ten years it has gained a stable position in social work and now slowly enters also into schooling and education area. In healthcare, however, it is being applied rather marginally in the Czech Republic. Therefore, the present paper is focused specifically on the application of supervision in healthcare and in the preparation of future healthcare professionals. The following text presents the results of foreign studies evaluating the benefits of supervision in healthcare and introduces the various models of supervision in students' clinical placement (not exclusively) in healthcare.

Objective

The objective of the present paper is to present the results of foreign studies evaluating the benefits of supervision in healthcare and to introduce the various models of supervision applied in students' clinical placement.

Methodology

With respect to the practical approach of this paper we used information from continuous searches for foreign studies relating to supervision in healthcare and students' clinical placement, and from a desk research and our own experience in supervision.

Results

Even in the Anglo-Saxon environment, where supervision has been in use longer and has deeper roots than in the Czech Republic, its form for the purposes of application in healthcare went through a long process of evolution. On the one hand, professional and personal growth had to be differentiated first, i.e. boundaries between supervision and therapy had to be defined (Yegdich, 1999); on the other hand, the content of the term supervision was close to mentoring as it was conceived as a form of long-term guidance of younger personnel by their senior and more experienced colleague (Milne, 2007). An interconnection between the elements of supervision and mentoring can also be observed for instance in British obstetrics (Gillman, 2015).

The differences in the concept and definition of supervision were studied for instance by Milne (2007), who elaborated a systematic overview of studies focussing on supervision in helping professions and provided his own "universal" definition of supervision based on logical synthesis: Supervision is a relationship-based form of education and professional training, which regulates, supports, develops and evaluates the work performance of the supervised person. Its basic methods are corrective feedback, drill and joint formulation of goals.

Along with the progressive interconnection of health and social care, for instance in the UK, also the perception of supervision as a term is changing. In its methodological manual, the Care Quality Commission (independent institution regulating the provision of health and social care in England) defines supervision as a process supporting, affirming and developing professional knowledge, skills and values of individuals and teams (Care Quality Commission, 2013). The same document also specifies the objectives of supervision in health and social care: reflecting one's own practice, in-depth analysis of the various cases, supporting change in professional activity and monitoring employee's needs for development. The process characteristics of such supervision are identical with the concept generally adopted in the Czech Republic.

In the Czech environment, supervision has a prevailingly supportive character and is provided by external supervisor. Considering healthcare, we should note that this concept, prevailing in the Czech Republic, is not the only one. Kadushin and Harkness (2014) report that for instance in the USA, 85% of supervisors work in the area of social work on internal supervisor positions, where the character of supervision is more administrative.

In 2001, a group of authors in the UK executed a study focused on evaluating the effectiveness of supervision and informal support in nurses (Teasdale, Brocklehurst, & Thom, 2001). The study compared nurses working under supervision with those not using

supervision. The study implied that supervised nurses use both supervision and an informal supportive network for sharing their work-related topics. No significant connection was found between supervision and the prevention of burnout syndrome. Supervised nurses, however, tend to assess the management of organization (as supportive regular employees) more positively and to assess themselves higher in terms of coping with the demands of their profession. At the same time, they find that they have better access to support than nurses not using supervision. The study also shows that these positive impacts of supervision are more distinctive in younger nurses with less experience. Therefore, in case of limited resources available in the organization, authors recommend to provide supervision preferably to junior nurses.

Another study focuses on the benefits of supervision from the perspective of supervised nurses. Nurses perceive supervision meetings as room for them to stop and to share emotions and experience, which helps them cope with their professional role. Supervision is considered a supportive instrument while developing interpersonal skills and sensibility in nursing practice (Lindhahl & Norberg, 2002).

A qualitative study by S. Dilworth et al. addressed the description of the mechanism used in supervision to foster changes in healthcare professionals' practice. The authors were wondering if and how supervision affects change in the attitudes and behaviours of employees providing psychological and social support to adult patients with carcinoma. A considerable change was identified in the area of speech/language used by the employees in interventions and communication with patients (Dilworth, Higgins, Parker, Kelly, & Turner, 2014).

The topic of supervision in healthcare is closely related to supervision in students' clinical placement as part of their studies for healthcare qualifications. Holmlund, Lindgren and Athlin, (2010) from a Swedish university addressed this area in a detailed manner as he observed during a long-term project, amongst other subjects, also the importance of supervision and topics introduced into supervision by students of a bachelor nursery study program. In field practice in the fourth and sixth semester students take part in group supervision meetings. The supervision group is closed, consisting of 5 to 8 members, with a constant supervisor (out of teachers with supervision education), and there are a total of nine meetings during the clinical placement. Supervision meetings always last 1.5 hrs and have the same structure.

Holmlund et al. (2010) subdivided students' statements into 3 categories: "satisfaction by the fact that we are together", "new understanding and insight", "indecision and discomfort". The first two categories were closely related – supervision was perceived as a platform for a common reflection that supports learning. A small portion of the students expressed negative feelings concerning the participation in the supervised group, felt uncomfortable or unpleasant and did not wish to take part in the group work. The study addressed neither the evolution of these characteristics over time nor their correlation to other factors.

Holmlund et al. (2010) categorized the topics transferred into supervision (see Tab. 1) and monitored the frequency of occurrence of the various categories in time. The first three subcategories specified in the table only occurred during the first part of the clinical placement (three initial supervision meetings) and, contrariwise, the three final categories in the table only occurred during the second half of the students' field practice. The original focus on oneself, one's own concerns and safety gradually shifted to focus on executing the professional role.

Tab. 1 Categorization of supervision topics of nursery students' (Holmlund, Lindgren, & Athlin, 2010)

Category	Sub-category	Concretization
Myself in student role	I feel unprotected and vulnerable	Feeling of dependent and helpless; expecting support and help from employees
	“Observer” topic	I feel like I am only an observer, unable to influence the situation; frustration
	Feelings of failure	Confrontation with own mistake, inciting insecurity and fear
	Setting boundaries	Vicinity vs. distance, personal vs. professional, dealing with patients of the same age, ...
Encountering a challenging job	Demanding patients	Contact with an incurably ill patient, patient with psycho-social issues, communication specifics, ...
	Unexpected situations	Encountering unexpected/dramatic situations, strongly affecting the student (e.g. rapid change of the patient's health condition)
	Existential concerns	Caused for instance by encountering death (presence during dying); causes anxiety and brings up questions about sense
	Ethical ambiguities	Considering what is right; seeking one's own arguments and values
	Cultural clashes	Meeting patients from different socio-cultural environment, where proven approaches fail and values are in conflict
I am becoming a nurse	Assuming responsibility	I (already) feel responsibility, but cannot act (yet) x I act although I am not yet formally competent to do so
	Looking ahead	Focusing on one's own professional role in the future (expectations, readiness to adopt it vs. concerns about insufficient readiness)

The opportunity to use supervision for sharing experience and doubts experienced in the course of professional training raises stress resistance and readiness to cope with unexpected and difficult situations (Arvidsson, Skarsater, Ojervall, & Fridlund, 2008).

Working in all healthcare professions requires competence to work in a multidisciplinary team. Theoretical instruction gives students indispensable knowledge for such interdisciplinary cooperation and supervision enables their interconnection with the first experience in team work during clinical placement. Thus, it supports the creation of professional identity including solidarity with the team and respect of other members and their roles (Klein, 2015). The preparation for work in a multidisciplinary team develops, among other things, the students' ability to formulate their thoughts and to take part in team discussions, which ultimately leads to better cooperation, understanding of roles and mutual respect in the team but also to better work with documentation (Pollard, Miers, & Rickaby, 2012).

Discussion

Supervision is an integral part of professional training in health and social work not only at the Faculty of Health Studies, University of Pardubice, but also elsewhere in the Czech Republic. However, in other healthcare professions, it is an exception. Health and social work, as a specialization of social work, gratefully adopts social-work education standards (Association of Educators in Social Work, 2014) that clearly regulate the position of supervision in the education of future social workers.

The principle of supervision applied in health and social work and/or social work could, with certain modifications, be also applied in supervision in other healthcare professions. The present paper provides three models of supervision for further discussion: process-oriented

supervision, case supervision modified for students' clinical placement and supervision based on task-oriented approach.

Process-oriented supervision. This supervision is focused on past-oriented reflection on activities executed during clinical placement and is significantly supportive. It supports students' ability to reflect on and to assess their work activities, which is an important factor that increases stress resistance (Arvidsson et al., 2008). It addresses supervision-related subjects as students bring them up during their clinical placement and, although participation in supervision is compulsory, bringing up one's own topics is voluntary.

Case supervision, modified for students' clinical placement. Under this model, supervision addresses various "cases", i.e. student's interaction with the client in his/her specific situation and reflection on such situations. During the practical training, every student presents at least once his/her "case"; students may pre-schedule their specific dates/schedules. In this regard, the supervision is rather more directive and puts students under higher pressure.

Supervision based on a task-oriented approach. The task-oriented approach is one of the approaches of social work, whose principle is the creation of a systematic framework for mastering various practical problems in the client's life in the form of brief, time-limited and clearly structured cooperation. This approach is based on defining a series of activities necessary for achieving a concrete and practical objective; their fulfilment will result in a resolution or at least a partial progress towards resolving the client's issue. A task is a crucial point of this approach. The author of this approach, W. Reid, subsequently used it to create an expert framework for social work students' clinical placement; the student's and supervisor's objective is to develop student's practical skills and to achieve the set goals (Caspi & Reid, 1998). The approach is characterized by clearly formulating goals and by focusing on their achievement, and makes high demands on the student's activity.

All the three models specified above are utilized in practice and modified according to the needs and capacities of various educators. They put varying demands on time, the supervisor, cooperation with various workplaces and on the structuring of clinical placement and instruction as a whole.

Conclusion

Supervision during clinical placement of students studying to become a health care professional is, in my opinion, still an undervalued tool in the Czech Republic. It certainly puts great demands on educators from the personal and the organizational viewpoint. On the other hand, it provides fair benefits in the form of more effective learning and graduates' better preparedness for starting their practical careers. Well-proven models can be provided by educators in the area of social work. Also, supervision of healthcare professionals is a significant tool of their support and education in relation to daily practice, and thus deserves more attention.

Bibliography

Arvidsson, B., Skarsater, I., Oijervall, J., & Fridlund, B. (2008). Process-oriented group supervision implemented during nursing education: nurses' conceptions 1 year after their nursing degree. *Journal of Nursing Management*, 16 (7), 868–875.

- Association of Educators in Social Work. (2014). *Minimální standardy ve vzdělávání v sociální práci*. Available at <http://www.asvsp.org/standardy/>
- Care Quality Commission (2013). *Supporting information and guidance: Supporting effective clinical supervision*. Available at https://www.cqc.org.uk/sites/default/files/documents/20130625_800734_v1_00_supporting_information-effective_clinical_supervision_for_publication.pdf
- Caspi, J., & Reid, W. J. (1998). The task-centered model for field instruction: An innovative approach. *Journal of Social Work Education*, 34 (1), 55–70.
- Dilworth, S., Higgins, I., Parker, V., Kelly, B., & Turner, J. (2014). Examining clinical supervision as a mechanism for changes in practice: a research protocol. *Journal of Advanced Nursing*, 70 (2), 421–430.
- Gillman, J. L. (2015). *Re-framing midwifery supervision: a discussion paper*. Available at <https://www.rcm.org.uk/sites/default/files/Re-framing%20supervision%20paper%20for%20discussion%20final%2023%203%202015.pdf>
- Hanáková, A. (2006). *Supervize a etika sociální práce*. Paper presented at the *Medzinárodná konferencia doktorandov odborov Psychológia a Sociálna práca*, Nitra, Slovakia.
- Holmlund, K., Lindgren, B., & Athlin, E. (2010). Group supervision for nursing students during their clinical placements: its content and meaning. *Journal of Nursing Management*, 18 (6), 678–688.
- Kadushin, A., & Harkness, D. (2014). *Supervision in Social Work*. New York: Columbia University Press.
- Klein, E. (2015). Supervision of social work interns as members of a multidisciplinary team. *Research on Social Work Practice*, 25 (6), 697–701.
- Lindahl, B., & Norberg, A. (2002). Clinical group supervision in an intensive care unit: a space for relief, and for sharing emotions and experiences of care. *Journal of Clinical Nursing*, 11 (6), 809–818.
- Michková, A. (2008). *Supervize*. České Budějovice: Jihočeská univerzita v Českých Budějovicích, Zdravotně sociální fakulta.
- Michková, A. (2009). *Supervize v sociální práci v České republice* (dissertation thesis). České Budějovice: Jihočeská univerzita v Českých Budějovicích. Available at <https://theses.cz/id/ce8u2a/>
- Michková, A. (2016). *Místo supervize ve zdravotně sociální práci*. Paper presented at the Humanitas conference, Jihlava.
- Milne, D. (2007). An empirical definition of clinical supervision. *British Journal of Clinical Psychology*, 46 (4), 437–447.
- Pollard, K. C., Miers, M. E., & Rickaby, C. (2012). "Oh why didn't I take more notice?" Professionals' views and perceptions of pre-qualifying preparation for interprofessional working in practice. *Journal of Interprofessional Care*, 26 (5), 355–361.
- Teasdale, K., Brocklehurst, N., & Thom, N. (2001). Clinical supervision and support for nurses: an evaluation study. *Journal of Advanced Nursing*, 33 (2), 216–224.
- Yegdich, T. (1999). Lost in the crucible of supportive clinical supervision: supervision is not therapy. *Journal of Advanced Nursing*, 29 (5), 1265–1275.

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