

SUPERVISION IN PSYCHIATRY

Report of the European Board of Psychiatry

Introduction

In psychiatry, the term 'supervision' can have different meanings. There is the day-to-day *clinical* supervision of staff by senior doctors which takes place, for example, in ward-rounds or team discussions. The senior doctor offers guidance, is responsible for maintaining clinical standards and carries specific medico-legal responsibilities. There is also *educational* supervision, where much of the content may be clinically related, but in which the focus is different. It should be noted that, while the term 'supervision' can also refer to the overseeing of psychotherapy or research undertaken by trainees, these activities are outside the scope of this document.

In *educational* supervision, the aims include

- Providing training in specific clinical skills
- Evaluating the trainee's progress
- Providing professional mentoring
- Offering personal support and guidance (where appropriate)

There is potential conflict in these various aims and both the trainer and the trainee should be aware of this. Indeed, it could be appropriate for the teaching and evaluative roles to be taken by one individual and the mentoring and counselling (sometimes known as the 'tutor' role) by another. Trainers undertaking any of these roles usually require training in order to deal with these issues effectively.

The responsibilities of the supervisor

The supervisor is clearly the 'ambassador' for psychiatry with a responsibility for encouraging the trainee's interest. A variety of skills are required. These include an ability to set and monitor standards and, following evaluation, to give constructive (both positive and negative) feedback. The supervisor should always respect the trainee's autonomy whether dealing with clinical or more rarely personal problems. S/he may also be required to act as an advocate for the trainee in terms of professional development.

Supervisors require skills in assisting trainees plan for their educational needs and to structure supervision time appropriately. In particular, advance consideration may be needed concerning common problems inherent in the training process and how best the supervisor can help meet remedial training needs. Supervisors need to ensure training meetings are uninterrupted and held in an atmosphere of mutual trust. Both participants need to be sensitive to such matters as the use of defensive strategies to avoid discussion of real areas of concern.

Time allocation

To undertake all these responsibilities, the supervisor should ensure that s/he and the trainee are protected from clinical and managerial tasks during the time allocated for supervision. At least one hour time-tabled each week seems necessary for this task. This 'protected hour' should be within the normal working day. Supervision is preferably 'one-to-one' but joint discussion with two or three trainees may be appropriate for some sessions.

The structure and context of supervision

Notwithstanding the importance of the 'protected hour', there are several other contexts in which supervision will take place. These include

- The supervisor observing the trainee at clinical work (e.g. interviewing patients or during team discussions) and providing immediate feedback
- The trainee observing the supervisor at work
- Visits where these are part of the supervisor's routine clinical work

The protected hour

For the 'protected hour' it is probably best to establish a structure. The supervisor and trainee should plan and agree the content and ground rules for their meetings in advance in order for the trainee to have confidence in the process and legitimate expectations of its outcome. The trainee's confidentiality must be maintained except where patient safety is at risk. The supervisor has two roles. S/he will both appraise the trainee (that is to give informal and constructive feedback) and formally assess the trainee's performance. This may be a difficult balance to achieve. Dealing constructively with poorly performing trainees presents particular problems.

Trainees are usually good judges of their own training needs and shortcomings. Supervision sessions will need to have clear learning objectives set in advance which are realistic and achievable. These learning objectives will need to be linked to the trainee's current needs in clinical and associated work as well as examination preparation. They should reflect the degree of clinical sophistication and experience of the trainee. In addition to meeting learning objectives within supervision sessions, part of the process of supervision is to discuss and set learning objectives which will be met outwith supervision.

Experience suggests that a written record of supervision sessions, including their timing and content, the concerns felt by trainee or supervisor, and a summary of the clinical cases discussed, is useful both for trainees and supervisors. Such a record can form part of a 'trainee logbook'.

The content of supervision

The range of potential topics for supervision is obviously wide. It includes:

- Discussion of clinical cases
- Exploration of the implications of the doctor/patient relationship
- Teaching intervention techniques in psychotherapy
- Review of trainee's written case-notes and correspondence
- Critical review of scientific literature
- Supplementing teaching on a particular topic
- Planning and monitoring the trainee's research or audit projects
- Practising examination technique
- Career guidance
- Feedback, both formal and informal
- Management/administrative/organisational issues

Conclusion

In summary, educational supervision should be seen as an essential element in psychiatric training and assessed as part of the quality assurance monitoring of training schemes. Regular protected time

should be set aside for it, clear and pre-planned learning objectives are required and a record of content should be kept. The majority of the discussion ought to be led by the trainee and relate to the training agenda rather than service need. For supervisors, providing supervision requires considerable skill and motivation. In order to acquire the skills to provide supervision, supervisors require training and support as aspects of their own continuing professional development.

Membership of the Working Group

Prof C Katona (Chair) UK

Dr V Buwalda (Netherlands)

Prof M Gómez-Beneyto (Spain)

DR S Iveziæ (Croatia)

Dr V Martin (Belgium)

Dr D Mihai (Romania)

Dr E Palová (Slovakia)

Prof A Rabavilas (Greece)

Prof W Schudel (Netherlands)

Dr J Strachan (UK)

Prof S Ziherl (Slovenia)