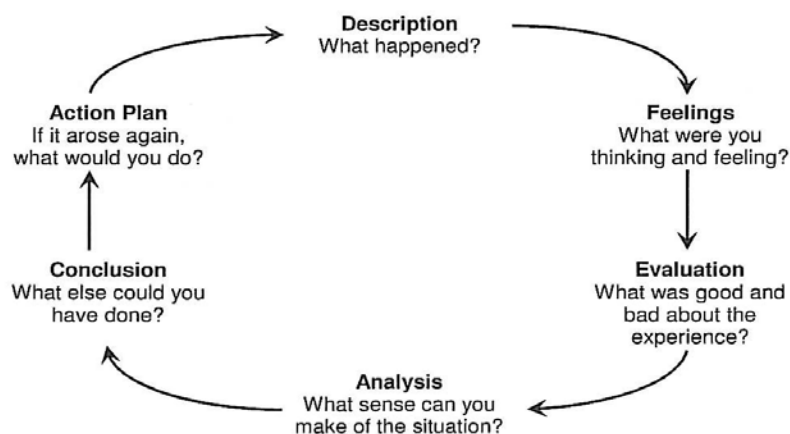


Skills of Supervision

Reflection / Reflective Practice

Reflection is the skill of learning from one's experience and practice. There are many models of reflection – one such model comes from Gibbs (1988)/HETI 2012:

Gibbs' model of reflection (1988)



(Gibbs 1988)

Access further information on Gibbs model in the HETI Superguide.

HETI – Health Education & Training Institute (April 2012). **The Superguide: a handbook for supervising allied health professionals**. 2nd Edition. www.heti.nsw.gov.au

Establishing rapport and building trust

Some simple ways to establish rapport are:

- Establish an informal and friendly communication style.
- Be respectful and honest.
- Keep your word/follow through on your actions.
- Value and prioritise supervision.
- Be aware of the power balance in the relationship.
- Avoid being confrontational.
- Don't place blame.

If the supervisee feels that they are not in a safe place, they will withdraw from the process, be unwilling to reflect on their practice or express their doubts, worries or anxieties and no learning will take place.

Empathy

Empathy involves the awareness of and understanding of other's feelings, needs, perceptions and concerns. (Ref: Tony Morrison, Staff Supervision in Social Care, Making a real difference for staff and service users. 3rd edition Pavilion 2005.)

Do you remember what it was like to be a more junior clinician? A good supervisor uses insight and understanding to support supervisees.

Showing respect for the supervisee and others promotes positive working relationships. This should occur regardless of individual differences and levels of experience.

Empathy fuels connection, understanding and trust.

Reference

The Superguide: a handbook for supervising allied health professionals. April 2012, 2nd Edition, HETI – Health Education & Training Institute. www.heti.nsw.gov.au

Giving and receiving feedback

Feedback is an essential component of supervision and must be clear so that the supervisee is aware of their strengths and weaknesses and how they can improve. (Kilminster & Jolly, 2000)

To give effective feedback it needs to be:

Timely: give feedback as close as possible to the event. However, pick a good moment for feedback (not when you or the supervisee is exhausted, distracted or upset.) Feedback on performance should be a frequent feature of your relationship with your supervisee.

Be specific: Vague or generalized praise or criticism is difficult to act upon. Be specific and the supervisee will know what to do. Adopt a straightforward manner, be clear and give examples where possible.

Be constructive: - Focus on the positive. Avoid dampening positive feedback by qualifying it with a negative statement (“You did well in choosing the correct intervention for Mrs. Smith, but...”.) For constructive criticism, talk in terms of what can be improved, rather than what is wrong. Ask the supervisee for a self assessment of their performance. Try to provide feedback in the form of solutions and advice. At the same time, if the supervisee makes an error, feedback needs to be clear.

Be in the appropriate setting: Positive feedback can be effective when given in the presence of peers or patients. Negative feedback (constructive criticism) should be given in private and undisturbed setting.

Use attentive listening: Supervisees should be given the chance to comment on the fairness of the feedback and to provide explanations for their performance. A feedback session should be a dialogue between two people.

(Cohen 2005; Lake & Ryan, 2008)

Reference HETI, 2012

The Superguide: a handbook for supervising allied health professionals. April 2012, 2nd Edition, HETI – Health Education & Training Institute. www.heti.nsw.gov.au

When giving feedback successfully, encourage the supervisee to:

- Volunteer their own ideas and opinions
- Discuss challenges and express emotions safely
- Recognise their performance strengths and development areas
- Discuss their job performance objectively
- Accepting suggestions and future planning

Reference – Personal Development Planning – Guidelines & Workbook, Office for Health Management 2004.

Problem solving

There is a need to develop the ability to critically reflect on your own practice. This includes identifying the strengths and weaknesses of a particular situation/case, determining actions required to improve / solve an issue. This could involve the development or enhancement of skills and clinical reasoning skills to ensure the delivery of safe and high quality service.

Problem solving allows the development of self awareness and facilitates changes in professional behaviour. It can occur in day to day clinical practice, triggered by a challenging clinical encounter or in anticipation of having to manage a complex situation. It is imperative that exploration of the problem/situation is conducted in a supportive environment to allow individuals to freely share information that promotes learning.

If this does not happen, the quality service delivery we all aspire to can be negatively impacted upon.

Reference : HETI, 2012

The Superguide: a handbook for supervising allied health professionals. April 2012, 2nd Edition, HETI – Health Education & Training Institute. www.heti.nsw.gov.au

Active listening

Active listening means knowing what they others have said and have meant to say – reading between the lines. Most importantly, it means leaving people comfortable that they have had their say.

The problem is that we all listen well only when we want to or have to. Most of us need to learn how to listen when we don't want to. Listening does not mean you accept or agree with the person – it just means listening.

Reference – Personal Development Planning – Guidelines & Workbook, Office for Health Management 2004

Dealing with ambivalence

Depending on the supervisee's previous experiences of supervision they may bring with them a degree of ambivalence. They may have a fear of being judged, made a Scape goat or regarded as being incompetent.

Some of the ways of dealing with these anxieties is to acknowledge them; they are common, natural feelings. By validating feelings in this way we are acknowledging them as a normal aspect of the work and we are giving permission to openly acknowledge the emotional effect of the work we do.