Supervisors’ views about their trainees and supervision

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Objectives: Supervision is central to psychiatry training, yet it has been poorly defined and has attracted little research attention. In this study we explore supervisors’ perceptions of their role. This paper is the second of two, with the first exploring trainees’ perceptions of supervisors and supervision.

Methods: Using qualitative methods, 21 supervisors were interviewed, and the data subjected to thematic analysis.

Results: Participants identified a number of aspects characteristic of the role of supervisor. There was some confusion, however, about the role, and some disparity between supervisors around what can be reasonably expected by a trainee in supervision.

Conclusions: Supervisors need a clear definition of their role and responsibilities, and should be monitored and mentored. This is particularly important, given the central role that supervisors are expected to perform at College level.

Key words: medical education, psychiatry, supervision, supervisor, trainee, training.

The role of supervisor using the master–apprenticeship model is accepted as central to psychiatry, medicine and the wider health professions. Despite this, supervision has not attracted a great deal of research attention. Currently, there is no widely accepted, definitive definition of the supervisor role, although in the relatively sparse literature, authors have put forward general, non-specific views about what they believe the supervisor’s role may comprise. In this qualitative study, we asked a group of supervisors responsible for trainee psychiatrists to define their role.

METHOD

The method for this study has been described in our companion paper on trainee psychiatrists’ views of supervision. Interviews were semi-structured and began with the prompt, “Can you tell me about your thoughts on trainee psychiatrists’ supervision and assessment?” This was followed with focused prompts where appropriate, including open-ended questioning about the supervisor–trainee relationship and the perceived role of the supervisor.

RESULTS

Of the 30 supervisors eligible for inclusion in the study, 21 were interviewed. Two refused to participate (not interested, too busy), two could not be contacted, one was on leave, three had moved interstate, and one could not find a suitable time. Supervisors’ experience in the role ranged from 1 year to over 23 years. While five supervisors requested that their interviews be noted and not tape-recorded, there were no obvious differences between noted and taped interviews.
The role of the supervisor

Supervisors were asked to articulate their views about what their role comprised. Supervisors’ roles can be divided into educative, supportive and managerial. The educative role is essentially that of teacher. The supportive role involves examining and managing the effects of training upon the learner. The managerial role refers to quality control and ensuring that work practices are appropriate and fall within expected standards. It should be noted that these arbitrary divisions might often overlap.

In terms of the educative role, supervisors identified the following as important: teaching ethical standards, helping trainees understand socio-political, historical, cultural and cross-sectional perspectives, encouraging the reading of literature in the humanities, assisting in the development of a sense of professional identity, and providing an adequate theoretical base. Also seen as important was facilitating the trainee’s development as a psychiatrist, helping them develop their clinical skills, assisting with exam preparation, and helping trainees present in a clear, succinct and ‘proper’ way. Supervisors thought that good supervision should include looking at clinical notes and assessing writing skills, reviewing cases, having the trainee watch the supervisor interview patients, correcting faults that are observed, and exploring ‘profound’ aspects of training that go past the basics. Subcontracting out to another supervisor if the supervisor cannot help with something, and the completion of assessment forms were aspects of the role that were also considered to be important. The characteristics of a good supervisor were being a ‘teacher’, a ‘role model’ and ‘the master in their apprenticeship’. Being someone independent of the local training director and the RANZCP was noted as important.

Several supervisors were clear that being responsible for the trainees’ examination performance, passing judgement on trainees’ abilities (i.e. assessment), and dictating what will be in supervision are not part of the role of supervisor.

Supervisors expressed their views on the supportive role as: being approachable and supportive, a ‘safe’ person to unburden conflict with nursing or other staff, and being paternalistic, especially in the early years of training. Also discussed were listening to feedback trainees have for the supervisor, asking the trainees what their needs are, knowing when they are having difficulties on the ward, establishing and maintaining appropriate boundaries, and providing support when patients are difficult or threatening. Supervisors described a good supervisor as a ‘mentor’, a ‘guide’, a ‘professional friend’, a ‘comrade’ and an ‘ally’.

Aspects of supervision identified as inappropriate to this supportive role were also discussed. These were: listening to trainees’ personal problems, and telling a trainee they should stop training or are unsuitable for the profession.

Managerial aspects of the clinical supervisor’s role that were identified by the supervisors were: setting limits on the amount of clinical work a trainee may engage in, watching the trainee interview patients, discussing patients’ mental state, history, prognosis and management, ensuring the trainee delivers orthodox patient care, observing and working with the trainee on the ward, ‘keeping an eye’ on the trainee to ensure they ‘are on the right path’, and ensuring the trainee talks with social workers and psychologists on the team.

Some supervisors hesitated when asked to describe their role. Several stated that they did not know what their role was and needed clarification about this, while others spoke at length about their role, with some concluding that it was ‘complicated’.

Supervisors’ concerns about trainees

Some supervisors expressed concern about their trainees, including concern about trainees’ ideas about what supervision should entail. A predominant theme was supervisors’ concerns that trainees use them to help with examination preparation, and do not want more ‘profound’ discussions about the profession. Other concerns included an inability to be assertive in telling the supervisor what they need, wanting to take a passive role in supervision, being oversensitive to feedback, being unrealistic and half-hearted about the preparation needed for examinations, or avoiding sitting the examinations. Also discussed was some trainees’ lack of empathy for patients, and the issue of trainees needing psychiatric treatment or choosing psychiatry because of their own personal problems.

DISCUSSION

The role of supervisor is a complex one, requiring many skills. The supervisors in this study identified a number of roles they fill and skills they utilize. While this is informative, so too are other aspects of supervision that they do not consider as part of their role, along with the problems they face in supervising trainee psychiatrists.

Supervisors clearly see the role of teacher as central to supervision. However, they make delineations between being a teacher who helps prepare for examinations and failing and passing them, which is viewed as the trainee’s responsibility. This is a reasonable boundary that the majority of educators would accept, but one which trainees may need to understand. However, some supervisors do not wish to pass comment on a trainee’s performance or ability, which is usually considered an important role expectation. Furthermore, the role of teacher also involves providing structure to teaching sessions. That some supervisors are unwilling to carry out these tasks is important.
It raises two questions: do supervisors need comprehensive training to fulfil their roles, and are there some individuals who perhaps should not be asked to supervise? Kilminster et al., strongly recommend that some people should not be asked to be supervisors.6 One way of helping supervisors manage difficulties and discuss their role responsibilities, including their motivations in acting in the role, might be by establishing a formal mentoring system, particularly for novice supervisors.

Most supervisors saw mentoring trainees as part of their role. However, some expressed discomfort or rejected the role of having to listen to trainees’ personal problems – as opposed to work problems – as not being part of their function. This is an issue of boundaries in the trainee–supervisor relationship that involves the question of at what point is a problem ‘work related’ or ‘personal’. The boundaries can become blurred when a personal problem, such as a relationship breakdown, impacts upon professional life. How does a supervisor decide? And what should they do if the problem is a personal one? Likewise, if a trainee is not considered suitable to pursue a career in psychiatry, it could be reasonably expected that a mentor – that is, the supervisor – would approach this with them in a sensitive way, and discuss options and solutions. However, not all supervisors considered this to be their responsibility. The important question of training for supervisors again arises. Similarly, trainees need to know what problems and questions can be validly taken to their supervisory sessions, and which need to be discussed elsewhere.

When asked about the role of supervisor, not all interviewees were able to define exactly what it is they do or are expected to do. This is a fundamental problem. To be competent in a role, an individual must be aware of the basics of the role. This study goes some way toward identifying what is currently happening within the role. In conjunction with trainees’ perceptions of the role of an excellent and less than ideal supervisor (reported in our companion paper),8 supervisors should be provided with clear role requirements, including what they are expected to do and what can be considered optional. Burke et al., discussing psychiatric trainees, state that:

“It is important for supervisors to be aware that, for the majority of trainees, supervision is not a clear or well understood process, and there is often considerable anxiety about how to approach it and how to relate to the supervisor.” (p. 113)10

From the findings of this study, it would appear that the same sentiment applies to many supervisors. Given the importance of the supervisor’s role, we believe that the RANZCP needs to provide supervisors and trainees with a clear and succinct role definition for supervision. Supervisors’ performance should be monitored. A mentoring scheme for supervisors would also be a useful addition, particularly for newly qualified supervisors.

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