# The Contribution of Work-based Supervision to Interprofessional Learning on a Masters Programme in Community Mental Health

**By**

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## ABSTRACT

This paper explores the contribution of work-based supervision to an education programme in mental health from the perspectives of supervisors and supervisees. It attempts to clarify the supervisory role by looking at the literature together with supervisors reported learning and development needs.

Supervisors responded positively to a development programme established to help them support their learners. Quantitative data revealed differences between professional groups in respect of their exposure to interprofessional supervision and individual rather than group supervision is more likely to be delivered in the workplace which may limit opportunities for interprofessional learning transfer.

Feedback from supervisors and supervisees shows consensus that supervision sessions focusing on academic work are rated of highest priority. This poses a challenge for programme providers to develop assignment methods that require workers to be change agents in their practice whilst also demonstrating academic standards.



Key Words: Work-based
Supervision
Interprofessional education
Mental Health

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## INTRODUCTION

Higher education institutions have been increasingly drawn into the modernisation agenda in mental health DOH (1998), NHS (1999) through the provision of post-qualifying education and training opportunities to address the changing needs of the mental health workforce Brooker et al (2000). A recent systematic review of such training Bailey et al (in press) has highlighted a number of barriers to the implementation in practice of specialist knowledge and skills gained on such programmes. One way to address this issue is through supervision in the workplace to support the transfer of learning Evans (1999), Brown and Bourne (1996). This is particularly important on post-qualifying programmes where experienced practitioners report, organisational constraints to the implementation of new skills Barnes et al (2000), Carpenter et al (2000).

Investigations into the role of supervision as a potential aid to interprofessional learning on evaluated, post qualifying mental health training programmes are absent from the literature Bailey et al (ibid). For this reason the current study sought to explore the experience of providing interprofessional supervision to workers from different disciplinary backgrounds undertaking a masters level programme in Community Mental Health.

### The Community Mental Health (CMH) Programme

Participants on the MA in Community Mental Health are recruited from a range of professional backgrounds in health and social care including people who are currently using mental health services provided they have a paid or voluntary role. Places are allocated to participants who have a supervisor in the work place to assist them transfer their learning from the one-day per week taught sessions to their practice. Supervisors are expected to have prior experience and to have completed recognised post registration training themselves. They can supervise one or more supervisees from the same or different professional backgrounds. Supervision sessions can be offered as one-to-one or on a group basis.

To assist them in their role an eight-day course is provided for supervisors run each year, in parallel with the course for the practitioners. To reflect the fact that supervisors may be supporting workers from different disciplines the sessions are delivered using a range of methods designed to promote interprofessional learning Barr et al (1999).

### Objectives of the Study

The supervisors' programme was established over a short time period with no opportunity to pilot the sessions. Therefore there was a need to explore how their experience of supervising participants on this particular course compared with other programmes. This dictated the need for a formative approach to an internal evaluation.

The objectives of the study were to:

- Explore supervisors' perceived training needs prior to them attending the course and obtain their reactions to the training they received to clarify their role on the MA in Community Mental Health

- Elicit feedback from supervisors and their supervisees about the type, frequency and focus of supervision sessions. Of particular interest was how the interprofessional focus of the CMH programme might influence the delivery of one-to-one or group supervision as a means of reinforcing change in interprofessional working in the work setting.

- Investigate the extent to which supervisors were supervising workers from different disciplinary backgrounds as an indicator of the degree to which interprofessional support was being provided.

**METHODS**

A combination of qualitative and quantitative methods were utilised. A review of the academic literature on supervision was undertaken by searching the following electronic databases: Assia, BIDS, British Educational index, Cinahl, EMBAS, Eric, International Bibliography of the Social Sciences, Medline, PsychLIT and Sociofile. The search strategy employed is set out in Table 1 below.

**Table 1: Search Strategy**

| |
|---|
| #1 INTERPROFESSIONAL* or INTERDISCIPLINARY* or MULIDISCIPLINARY* or MULTIPROFESSIONAL* |
| #2 SUPERVISION |
| #3 INTERPROFESSIONAL* EDUCATION |
| #4 INTERPROFESSIONAL* TRAINING |
| #5 CLINICAL SUPERVISION |
| #6 INTERPROFESSIONAL* SUPERVISION and EDUCATION |
| #7 INTERPROFESSIONAL* SUPERVISION and TRAINING |

A pre-course questionnaire was circulated to all supervisors asking for information about relevant experience and any previous supervisory training. Questions allowed supervisors to comment on their confidence and skill in delivering elements of the supervisory role including: giving feedback, formulating a learning contract, being able to run individual and group supervision sessions, giving advice re: academic assignments (including portfolios of evidence) and assessing competent practice in the work place. An open question gave supervisors the opportunity to say what they wanted to gain from the training on offer.

Evaluation forms were completed by supervisees and their supervisees at the end of each year of the MA programme. Data about the frequency, duration and type of supervision and whether this was provided on an individual or group basis were collected. Respondents were also asked about the foci of supervision sessions and how important they rated these. This allowed for a comparison between the views of

the course participants and their supervisors. Supervisors were asked specifically to rate on a five-point scale (1= not useful 5= most useful) the topic areas covered during their training.

## FINDINGS

### Clarifying the Supervisory Role

The literature review yielded piecemeal evidence of the existence of a supervisory role to support interprofessional learning not least because traditionally supervision is unidisciplinary. Particularly in the health field supervision is commonly referred to as "clinical" Bishop (1998), Bond and Holland (1998), Butterworth et al (1998) stemming from its origins within the disciplines of counselling, psychotherapy and more recently nursing. However the literature revealed a lack of consensus about the relevance of 'clinical supervision' in mental health nursing Simms (1993) and Kipping (1998). This suggests that the supervisors' role on an interprofessional programme accessed by mental health nurses amongst other disciplines may also be significantly different to supervising traditional psychotherapy or counselling encounters.

The CMH programme focuses on the rights and recovery of people with lived experience of mental health problems. This involves practitioners in a "being with" rather than "doing to" approach Hinselwood (1998) and requires supervisors to think about their role differently to providing clinical supervision not least because of its perceived relationship with the medical model and the emphasis on technical aspects of care delivery Bond and Holland (1998). As an alternative "work based supervision" suggests that which is tailored to a range of mental health settings and can be provided by any discipline including people with lived experience of using services.

An aim of the CMH programme was that learners would change their practice in line with contemporary models of mental health care which involves implementing new skills in interprofessional working and interventions such as Cognitive Behaviour Therapy (CBT) and family work Social Services Inspectorate (1994) and the Sainsbury Centre (1997). It was expected that 'work-based' supervisors would enable workers to be change agents, both in their learning and practice. This is supported by Georgenson (1982) who identifies the need for supervision to maximise opportunities from learning gained on "off the job" courses for bringing about changes in effectiveness at work. In some forward thinking organisations it was hoped that supervisors might be able to link change at the practitioner level to more significant changes within the organisation, referred to as the "link pin" function of supervision Plunkett (1996: 16). One way that CMH supervisors could achieve this would be to bring workers together from this and other skills based programmes in family work and CBT taking place throughout the region, to discuss cases and practice issues as a step towards developing a network of skilled practitioners.

The Department of Health's 1993 definition of supervision came closer to the vision of the 'work-based' supervisory role held by the programme providers i.e. "a formal process of professional support and learning which enables practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance consumer protection and the safety of care in complex situations". Also that supervision would be "central to the process of learning and to the expansion of the

scope of practice and should be seen as the means of encouraging self-assessment and analysis and reflective skills." (p:15)

Thirty-one supervisors returned the pre-course questionnaire revealing that all had supervised learners previously with 94% reporting five or more years of experience. This tended to have been on professional programmes where supervisees were qualifying to become nurses or social workers and where supervisors were involved in a pass or fail assessment of their learners' competence to practice. This previous experience, whilst relevant, differed from the Department of Health's definition of work-based supervision identified above.

The perceived learning needs and areas of competence of the 31 supervisors reflected that they were aware to some extent of the differing emphasis in their role on this programme compared with previously. Just over half of the group said they would like to know more about the theory underpinning adult learning and almost half reported a need for further guidance about how to respond to different learning styles in supervision. Just under half also said they required more information to understand the theory of the skills based approaches, whilst 55% said they would need further guidance to be able to supervise workers to use these techniques in practice.

Reflecting the level of previous experience of the respondents, all bar one (who did not answer the question) said they were able to give structured and constructive feedback. Similarly more than three quarters felt they could assess competence in the workplace and give advice to learners about how to promote antidiscriminatory practice. Whilst 71% of supervisors expressed their competence in assisting learners compile a portfolio of evidence of practice this fell to 55% who felt they could give advice about academic assignments suggesting that the learners previously supervised may not have been following programmes at a masters level. (See Table 1 below)

**Table 1: Supervisors Reported Learning Needs and Areas of Competence**

| Elements of the Supervisory Role | Self-Reported to be Competent | Further Guidance and information needed |
|---|---|---|
| Giving structured and constructive feedback | 30 | |
| Running individual and group supervision sessions | 28 | |
| Giving advice and practical guidance on how to promote antidiscriminatory practice | 26 | 5 |
| Assessing competent practice in the work place | 24 | 5 |
| Formulating a learning contract with supervisee | 23 | 8 |
| Giving advise to supervisee re: putting together a portfolio of evidence | 22 | 9 |
| Giving advice re: academic assignments | 17 | 14 |
| Responding to different learning styles in supervision | 16 | 15 |
| Understanding the theory of CBT and family Interventions | 15 | 15 |
| Understanding the theory re: adult learning | 13 | 18 |

| | | |
|---|---|---|
| Being able to supervise others to use CBT and family interventions | 13 | 17 |
| Running group supervision sessions | 2 | 6 |

A further insight into how supervisors interpreted their role was obtained from their responses about what they wanted to gain from the supervisors training course. Eight saw the programme as contributing to their own personal and professional development by providing opportunities for reflection and exploration of new ideas and perspectives. Related to this 8 also said that they hoped the programme would refresh and update the knowledge and skills they had acquired previously.

Five supervisors wanted practical suggestions about how to deliver the supervisory role more effectively, particularly with regard to structuring supervision sessions and using appraisal and assessment skills. Three respondents mentioned specifically the need to explore new models for supervision including learning styles.

Almost a third of the supervisors (n=10) wanted to know more about the CMH programme on which their learners had embarked and their role within it. Linked with this 8 identified the need to be able to support their learners' development and 3 expressed a wish to assist learners make a positive change in the workplace. Four supervisors wanted an opportunity to network with others undertaking the role and share their experience.

These findings suggest a degree of congruence between the programme providers views of the work-based supervisory role as emerging from the literature and the expectations held by the supervisors themselves.

**Feedback About the Experience of Supervision**

*Individual or Group Supervision*

Twenty-eight supervisors reported feeling competent to deliver both individual and group supervision on the pre-course questionnaires. Hawkins and Shohet (1999) point out the benefits of group supervision including: peer support, opportunities to practice skills learned on the programme and economical use of supervisors' time all of which were deemed relevant to the type of supervision the CMH programme was trying to promote.

Group as opposed to individual supervision could further reinforce learning transfer for CMH participants by reflecting the therapeutic context in which some learners were working, for example running groups to help users with mental health problems cope with hearing voices or manage their medication. In some Trusts several members from the same team were learners on the programme. It was thus important to allow supervisors the opportunity to develop an approach that supported the team's inter-related work life (Scaife 2001).

Of the 24 supervisors who completed questionnaires either at the end of years 1 or 2 of the learners' programme all reported providing individual supervision compared with only 9 who said they provided it to a group. Forty-six participants on the CMH programme responded about their experience using a similar questionnaire, 27 from year one and 19 from year 2. Of the first year learners 89% reported that they received individual supervision and 56% said they received it as a group. By the second year of

the course these numbers appeared to have dropped with 58% of learners saying they received individual and 32% group supervision.

Based on these reports it might be hypothesised that year one learners being new to the programme are deemed to need more support and guidance in the workplace which declines as the course progresses. Despite discussions with supervisors about the benefits of group supervision as means of reinforcing learning transfer from the course to the workplace 25 participants from both years of the programme, representing all mental health disciplines said they received no group supervision. Also of concern was that six learners reported receiving no supervision although 5 said they were linked into supervision groups specifically set up within their organisations to support the development of behavioural family therapy skills. Of these 6 participants 4 were Occupational Therapists (OTs), 1 a psychiatrist and 1 a psychologist. Three commented that work based supervision in their organisations should have been given a higher priority but that there was a lack of suitably experienced or interested colleagues willing to take on the role.

*Frequency and Duration of Supervision Sessions*

Although the majority of studies in the academic literature omitted to evaluate these variables Newell and Gournay (1994), White (1994) and Brooker et al (1996) the post course evaluation forms for supervisors and supervises asked for this information. This reflected the literature on supervision that its availability should be tailored to learners' needs whilst being provided on a regular and planned basis, if it is to be effective Bond and Holland (1998).

Figures 1 and 2 relate to CMH participants' reports of the frequency of supervision showing that regular individual supervision is reported by all disciplines except psychology and psychiatry. As expected the duration of these sessions varied from one hour minimum to two hours maximum. Of the 8 supervisors who reported offering group supervision these sessions tended to be slightly longer in duration suggesting supervisors are attempting to be flexible in their approach whilst providing sufficient time for their learners.

**Figure 1: Frequency of One to One Supervision Reported by Participants According to Discipline**

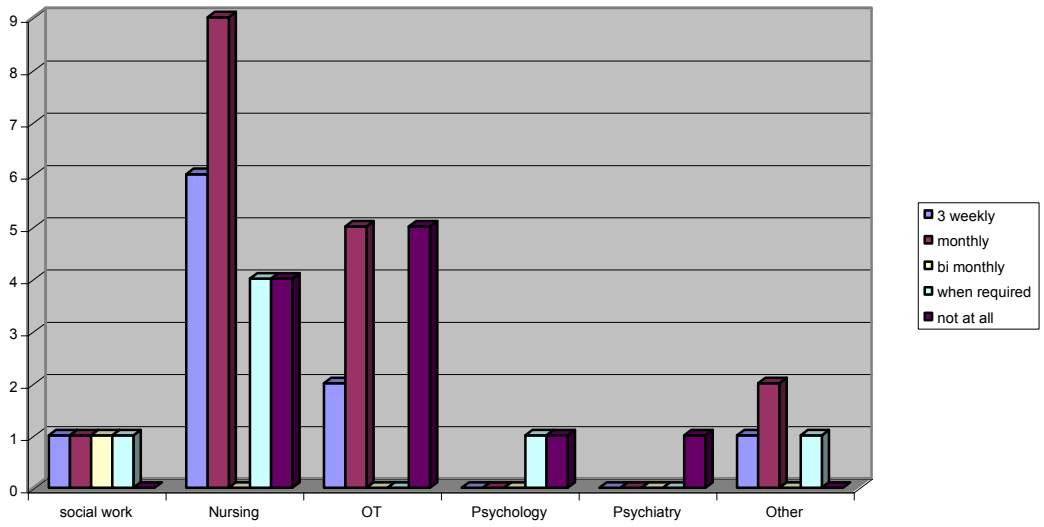
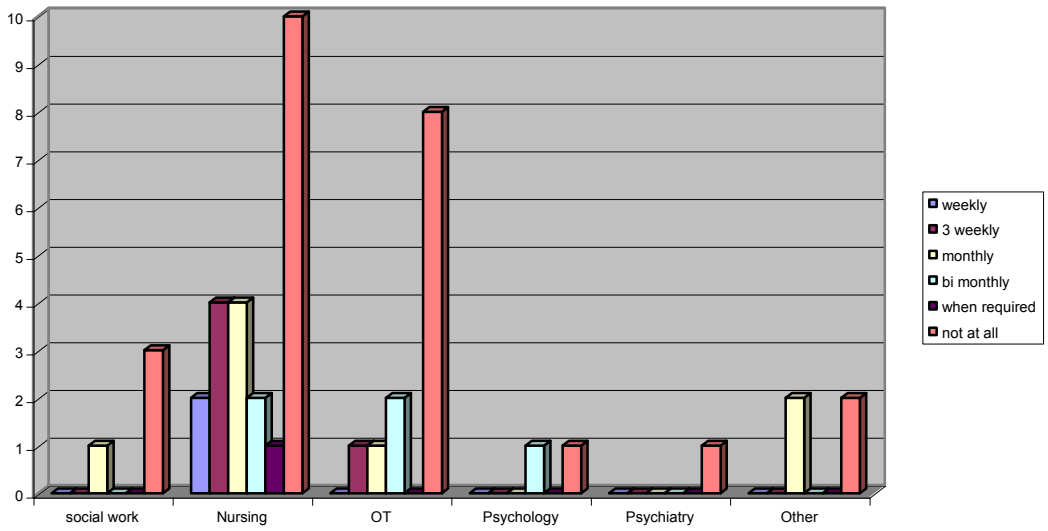



**Figure 2: Frequency of Group Supervision Reported by Participants According to Discipline**




The duration of supervision sessions (see Table 2 below) as reported by CMH participants reinforce supervisors' reports that individual supervision sessions are more likely to last for either for about an hour whilst longer 2-hour sessions tend to be reserved for group supervision. They also support the findings above that more year 1 learners report receiving supervision than their year 2 counterparts.

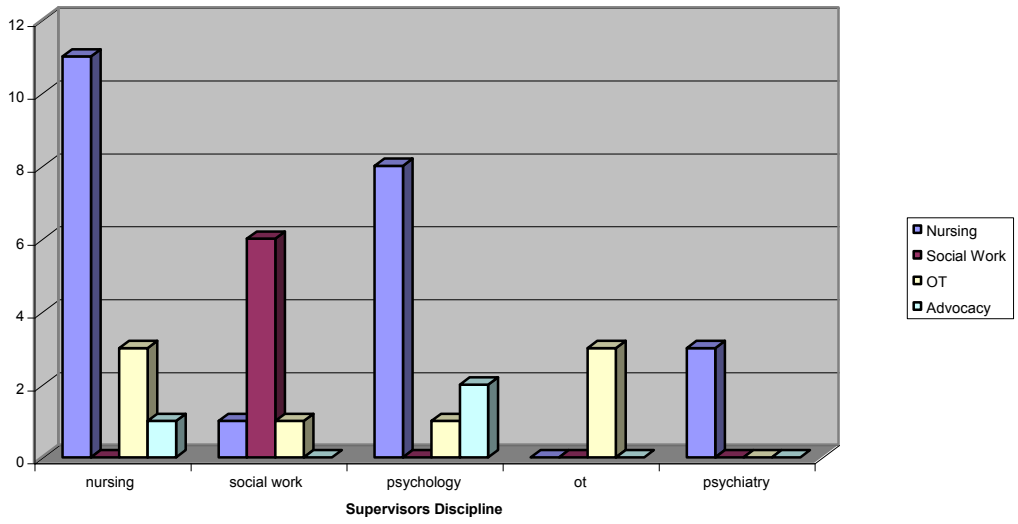
**Table 2: Duration of Individual and Group Supervision Sessions as Reported by Participants**

| | Year One | | Year Two | |
|---|---|---|---|---|
| Duration | Individual | Group | Individual | Group |
| Hourly | 9 | 5 | 7 | 2 |
| 1.5 Hours | 8 | 6 | 3 | 3 |
| 2 hours | | 4 | 1 | 1 |

*Interprofessional Work-based Supervision*

The post course evaluation form provided information about interprofessional supervision as a tool for helping learning transfer. That several supervisors saw this as a positive opportunity is reflected in Figure 3 which shows that supervisors from the disciplines of nursing, social work and psychology offered supervision to learners from 3 different disciplinary backgrounds. This contrasts with the UKCC's position statement in 1986 that only in exceptional circumstances would a nurse be supervised by someone other than a nurse or health visitor and reflects the development of multidisciplinary mental health services over the last decade. However further investigation is needed into how the learners perceived supervision received from a colleague of another discipline as in Jones and Bennett's (1999) study 65% of the nurses interviewed questioned its value.

**Figure 3: Relationship Between Supervisor's Discipline and Discipline of Supervisees**




Interprofessional supervision also varied between disciplines. Figure 3 also shows that OT's acting as supervisors report supervising only OT colleagues whilst psychiatrists are supervising nurses. The latter generated some discussion in the supervisors' sessions where it was felt such a supervisory relationship could lead to difficulties emerging depending on the psychiatrists' approach to multidisciplinary working. As psychiatrists were perceived to hold the power within mental health teams one supervisor commented that it *"might be difficult for the nurse being supervised to move from a handmaiden role to a thinking role".* Another felt that *"if the psychiatrist demonstrates poor practice in respect of interdisciplinary working this could lead to angry discussion"*. Both types of issues were felt to impact negatively on nurses' learning opportunities.

However another supervisor said that if colleagues could get beyond the professional stereotypes *"peoples real thoughts and ideas come out as individual people who do reflect on what they do"*. This was felt to be a positive step towards transferring interdisciplinary learning into practice.

Not all supervisors directly managed their learners especially if providing interprofessional supervision. Some saw this as a positive opportunity for taking a developmental approach to improving practice rather then being governed by management decisions about caseload size. Others articulated that a lack of line management responsibility often meant that plans made in supervision to pursue opportunities for learning transfer were undermined by unrealistic targets and no allowance for the day each week spent on the CMH programme.

For some learners being supervised by their manager was a positive experience especially where managers where able to exploit the "link pin" function of supervision referred to earlier Plunkett (ibid). In these instances managers were able to promote change in the teams and individual practitioner's workloads to provide real opportunities for changing their practice in line with the CMH programme. Particular features that were felt to contribute to such a positive supervisory experience were reported to be "trust" the "managers personality" and the establishment of a "therapeutic relationship" between the manager and the learner. This was likened to the relationship learners were being encouraged to develop with mental health service users through the CMH programme.

*The Supervisors Sessions*

At the end of the first year of the supervisors' programme 24 completed evaluation forms about the sessions they had attended. In accordance with individual development needs supervisors differed in their opinions about which sessions were most useful as shown in Table 3.

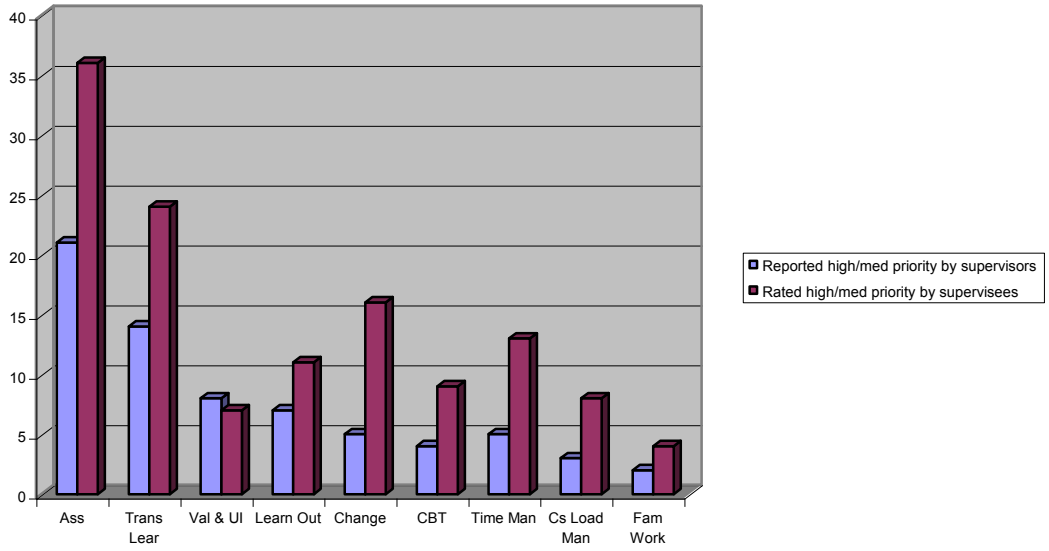
**Table 3: What supervisors found most useful about the training Programme offered**

| Focus of Session | Rated Most Useful (4 or 5) by Supervisors |
|---|---|
| Generating Evidence for Portfolios | 10 |
| Giving Feedback | 9 |
| Adult Learning Styles | 8 |
| Learning Contracts | 7 |
| Assessment methods and assignments | 6 |
| Working with Barriers to Change | 6 |
| Understanding Competence | 5 |
| Developing the Supervision Curriculum | 5 |
| Understanding Organisational Change | 5 |

Despite 71% of supervisors reporting pre-course, their competence in assisting learners compile a portfolio of evidence 10 responding afterwards said they had found sessions on this topic useful. Similarly 9 had valued the guidance on giving feedback, another area where all bar one of the 31 pre course respondents had expressed their confidence to do this. These findings could be accounted for by different supervisors completing the questionnaires pre and post course. Another explanation might be that despite their initial perceptions of their abilities the inputs on these areas had provided supervisors with additional learning.

Supervisors and supervisees were asked to prioritise the focus of the supervisory sessions. Figure 4 shows consensus that sessions, which focused on giving support with assignments were accorded highest priority, followed by the transfer of learning into practice. Bringing about change was accorded a high/medium priority by over one third of learners. Time management was also reported as a priority by over a quarter of participants although supervisors were less in agreement about the importance of these two areas.

**Figure 4: Focus of Supervision Sessions as Rated by Supervisors and Supervisees**




Key to Figure 4

| | |
|---|---|
| Ass | Assignments |
| Trans Lear | Transfer Learning into Practice |
| Val & UI | Values and User Involvement |
| Learn Out | Learning Outcomes of the Modules |
| Change | Bringing about change |
| CBT | CBT Interventions |
| Time Man | Time Management |
| Cs Load Man | Case Load Management |
| Fam Work | Family Work |

Learners were asked whether aspects of the supervisory role had been demonstrated in accordance with suggestions from the literature on good practice. Feedback revealed similar experiences across years 1 and 2 of the programme with work-based supervisors providing a networking role (see Table 5 below). However findings suggested that year 1 learners were much more likely than those in year 2 to have a learning contract, setting out expectations regarding the supervisory relationship Driscoll (1999). This could be due to year 1 learners being perceived as needing a more structured approach. Another explanation might be that supervisors having welcomed the input on learning contracts during their sessions started to implement them more systematically as they began supervising new learners.

**Table 5: Learners Reports of Whether Specific Elements of the Work-based supervisory role had been demonstrated in practice**

| | Year One | Year Two |
|---|---|---|
| A jointly agreed learning contract with your supervisor | 17 | 5 |
| Linked into supervision groups in your Trust for Behavioural Family Therapy | 14 | 14 |
| Opportunities to share learning with peers on the course or other workers who are doing Cognitive Behavioural interventions | 11 | 11 |

# DISCUSSION

The purpose of this study was to begin to explore the contribution work-based supervision could make to support learners on a master's level interprofessional training programme.

The findings although limited by small numbers and a lack of generalisability suggest that despite significant experience of supervising learners previously, supervisors valued a planned programme that combined input about the specific course on which their learners were embarked, including the methods of assessment and the supervisory role within it, with an opportunity for networking and sharing experience.

Prior to attending the course supervisors reported that they had a level of awareness that their role on this interprofessional programme was likely to differ from previous supervisory encounters. This was supported by the literature review that identified the lack of 'fit' between traditional unidisciplinary supervision provided on psychotherapy or counselling programmes and the needs of professionals such as mental health nurses.

Where programmes expose participants to interprofessional learning methods work based supervision has the potential to reinforce learning transfer to practice. This is more likely to occur where supervisors adopt the 'link pin' function of supervision Plunkett (ibid) to enable learners access other interprofessional learning opportunities available in the organisations. Other important opportunities arise where supervisors have management responsibilities that allow them to create a climate for change Georgenson (ibid). Also important is where managers are able to establish a trusting, therapeutic relationship with their supervisee in addition to their mainstream management role. Interprofessional learning may be further supported where supervisors support supervisees from more than one discipline although this seems to be more available to some occupational groups than others and can be hampered by power relationships and interprofessional stereotypes. However further information needs to be elicited from learners on interprofessional programmes about value of being supervised by member of a different discipline in respect of achieving learning outcomes.

The importance of work-based supervision in assisting supervisees with their academic work was identified by both learners and their supervisors. This apparent contribution of work based supervision to support academic performance over and above bringing about change in practice seems disconcerting, although perhaps not surprising as learners on the MA programme were keen to do well. Nevertheless this

contribution can be seen to relate to Department of Health's definition of supervision that emerged as particularly relevant from the literature review in that assignments provide a means of encouraging self-assessment, analysis and reflective skills and supervision on this programme was seen as central to their achievement. This challenges course providers to think carefully about how to retain a balance between meeting the academic standards of the higher education institution whilst continually seeking assessment methods that require workers to be change agents in their practice.

Questionnaires revealed that some disciplines are more likely than others to receive regular supervision with individual rather than group supervision being more readily available. This has the potential to limit opportunities for interprofessional learning at the expense of meeting individuals' development needs. Although in the minority on this programme, where learners reported receiving no supervision, this was viewed as a disappointment and perhaps a reflection of the organisations' lack of commitment. Whilst work-based supervision seems to be deemed important for new learners further work is needed to evaluate the impact of the supervision tailoring off particularly as on many post qualifying programmes the academic requirements present more of a challenge as the course progresses.

As a result of this preliminary exploration of the supervisory role a more in-depth evaluation of the supervisors development programme is underway focusing upon the work based supervisory role in assisting learners' skill development in interprofessional and evidence based practice. The curriculum of the supervisors programme is being evaluated further in an attempt to ensure that work based supervisors are being better equipped to support learners on the CMH programme bring about real improvements in mental health practice.

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