

High quality supervision results in enhanced acquisition of trainee knowledge, skills and professional attitudes

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Most of the work looking into the effects of supervision on trainees focuses on clinical psychologists, psychotherapists, teachers and nurses rather than the medical profession. One study looking at teachers demonstrated that focused feedback from the supervisor resulted in an immediate increase in levels of performance, although these effects dissipated quickly (Smith, Kerr, & Meek 1993). Another study looking at psychotherapists (Holloway & Neufeldt 1995) also demonstrated that skills were acquired quickly, but was unable to compare the efficacy of this supervision to other training methods. One study of trainee psychologists identified that gains to the trainee from supervision included strengthened confidence, refined professional identity, increased therapeutic perception, positive anticipation and strengthened supervisory alliance (Worthen & McNeill 1996). However this study was extremely small, involving only eight trainees and asking them to describe a recent good supervision experience.

An Australian study (Xavier, Shepherd, & Goldstein 2007) provided supervision and education to 20 psycho-oncology staff by videoconferencing and found a significant increase in self-reported confidence in managing cancer pain and psychological distress following the course of monthly sessions. Evaluation was at the level of self-reported confidence and there was no control group.

Within mental health nursing, a quasi experimental study design (Bradshaw, Butterworth, & Mairs 2007) focused on a psychosocial intervention education programme, comparing outcomes for the intervention group, receiving workplace clinical supervision, with a previous cohort, with similar baseline characteristics. The students in the intervention group had significantly greater knowledge of psychological interventions than the control group. Limitations of the study included small size (n = 23), the retrospective comparison design, which does not exclude the involvement of other factors in delivering the education, and non-equivalent study groups.

One of the few studies looking at supervision of doctors in training (Osborn, Sargent, & Williams 1993) demonstrated that those who were more closely supervised gained skills more rapidly than those with less supervision. However, there were other factors in this US study, which focused on paediatric residents in three differing clinic settings, which could have influenced how rapidly skills were acquired for this group of trainees, such as seeing more patients than the other groups and seeing a broader range of patients.

Reaction to training, level one of the Kirkpatrick hierarchy (Kirkpatrick 1998), is clearly the simplest to assess. A UK questionnaire and interview study (Jolly & Macdonald 1989), prior to Modernising Medical Careers reforms, took the views of graduates on undergraduate curriculum and house year revealed that whilst a majority were satisfied with training there were a number of important areas in which trainees believed more supervision would be helpful. The authors called for clearer definition of the purpose of the pre-registration year, and articulation with the undergraduate years. Sommers et al. (1994) observation of US medical students accounts of their beliefs and strategies suggest that defensiveness, and the need to be seen as competent performers, may reduce learning opportunities. This implies the need for supervisory skills to overcome this obstacle to learning.

In North West London Lloyd and Becker (2007) specifically sought the views of paediatric specialist registrars on "educational supervision". Their mean score on a 1 – 100 Likert scale was 57, with 37% giving a score of less than 50, implying that they found educational supervision closer to being completely unhelpful than highly valuable. The most valued aspects were feedback on performance, career advice, objective setting and pastoral support. Areas not performed so well were commitment, protected time, listening rather than talking, and being encouraging.

Therefore whilst there is some evidence available to support the belief that high quality supervision is beneficial for trainees, it is scarce and not of the highest calibre and further studies are definitely required.

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