Clinical supervision in advanced training in child and adolescent psychiatry: a reflective practice model

Christine Senediak and Michael Bowden

Objective: This paper aims to provide a model for supervision in advanced training in child and adolescent psychiatry that is in keeping with adult learning principles and that gives supervisors a framework that allows fulfilment of their multiple roles. Guidelines to develop reflective practice in trainees, thus enhancing clinical competence and life-long learning, are presented.

Conclusions: Reflective practice in supervision encourages the development of competence in trainees. This model is especially relevant for training in child and adolescent psychiatry, but can also be applied to other subspecialty training areas.

Key words: child and adolescent psychiatry, clinical supervision, professional competence, psychiatry training, reflective practice.

The main aim of supervision of clinical work in psychiatry training is to develop competent trainees and therefore to enhance clinical care. Second, supervision encourages trainees towards independence and ongoing development of skills and knowledge, developing a commitment to life-long learning. Third, it seeks to provide a secure environment for trainees to develop their own personal style and clinical confidence.

The current Royal Australian and New Zealand College of Psychiatrists (RANZCP) by-laws give a central role to the supervisor in both the training process and the assessment of trainees' competence, especially in the advanced training years. For example, satisfactory completion of learning goals and the development of consultancy, leadership and management skills are all assessed by supervisors.

The evaluative role of supervisors can clash with teaching and supportive roles. Although there is argument against this view, this is an important issue that must be dealt with if these roles are to be handled effectively. The proposed model, described below, encourages the development of reflective practice skills in trainees. Continuously addressing these skills during supervision allows the supervisor to examine how the trainee is developing in this area, allowing both formative and summative assessments to occur in a supportive way. Frank discussion of this potential conflict at the beginning of the supervisory relationship, and attention to it as it arises during supervision, will minimize its effects.

There is an increasing emphasis on adult learning principles as psychiatry training progresses, especially during advanced training, yet few psychiatrists have been trained in these principles, with the risk that the apprenticeship model may be less successful than hoped. The RANZCP
by-laws are detailed and require many forms to be completed, which is experienced by some trainees as overly prescriptive and not conducive to adult learning principles, presenting a challenge to supervisors aiming to foster competence and independence in trainees. This problem can be addressed by encouraging trainees to reflect on their own learning needs and using the by-laws as a useful framework for ensuring completeness of training.

Advanced training in child and adolescent psychiatry (ATCAP) presents specific issues for trainees. New trainees often feel that their skills in relating to and assessing children and adolescents are inadequate. Assessing a family presents particular difficulties, given the complexities of attending to and engaging multiple people simultaneously. Working in a multidisciplinary team, so central to child and family mental health work, can require a significant adjustment on the part of both trainees and allied health workers. Some trainees, whose previous experience may have emphasized a narrower medical model of practice, may feel threatened by this structure.14–16 Systemic pathology in families can be easily reflected in treating teams,17,18 adding to the difficulty. These specific issues often result in trainees feeling anxious and requesting more direction from supervisors, rather than developing their own reflective skills. ATCAP trainees are likely to experience four or more supervisors during their advanced training, highlighting the need for clear and consistent guidelines to promote the attainment of goals in each rotation.1,19,20

Developing a reflective practice model for supervision, as well as in day-to-day interactions between trainees and psychiatrists in clinical work, is one way of addressing these aims and potential difficulties.1,3,4 In this model, trainees are encouraged to critique their theoretical understanding and clinical practice during supervision sessions.21 Reflectivity requires trainees to tolerate some uncertainties inherent in ongoing case formulation, while generating and testing hypotheses, which helps to develop creativity in their clinical skills.22,23 Trainees focus on their actions, feelings and thoughts in relation to clinical experiences24 with the supervisor encouraging reflection rather than providing immediate answers or advice.

In addition to education and modelling in supervision, reflectivity helps trainees consider the wide range of theoretical, systemic, organizational and clinical perspectives specific to each presentation.25–27 By employing reflectivity at the very early stages of supervision, trainees learn to identify their own learning goals, encouraging life-long learning and a capacity for self-care. Supervisors have multiple roles in this process, including role model, advisor, teacher and evaluator.4 To fulfil these roles effectively, a clear framework and specific training are required.

This model can easily be incorporated into RANZCP supervisor training workshops and further development of these skills can be attained by supervisors discussing the model in their RANZCP-required peer review groups. Supervisor training should include specific exploration of the possible tensions in the role, while also assisting supervisors in the assessment component of the relationship.

In the authors’ experience, this model is particularly useful in the situation of supervising ATCAP trainees due to the problems inherent in this training described above. It is also applicable to psychiatry training in general, especially in the advanced training years when there is greater emphasis on adult learning principles.

THE REFLECTIVE PRACTICE MODEL

Creating a working alliance

Following clear guidelines in establishing the supervisory relationship will greatly enhance the quality and process of supervision. Supervision requires the negotiation of a mutually acceptable contract, which recognizes the power difference between supervisor and trainee and related responsibilities.5 It also needs to be congruent with trainees’ developmental understanding and skills level to minimize possible structural and interpersonal problems that may occur in supervision.19 This requires an explicit framework and method to initiate, implement and evaluate the processes and outcomes of supervision, in line with RANZCP guidelines.28

Table 1 provides examples of specific questions as a guide for discussion in the first supervision meeting between the supervisor and trainee. This meeting is intended to set the ground rules of supervision. Questions are aimed at negotiating responsibilities for the supervisor and trainee, how clinical issues and case presentations will be discussed, how feedback is best structured and tailored to the developmental stage of the trainee and how clinical performance will be monitored and assessed. Specifically addressing issues around the supportive as well as evaluative role of the supervisor is essential at this stage to provide as supportive an environment as possible that will also allow the supervisor to assess the trainee’s competence. The supervisor and trainee negotiate the format and goals of supervision during the current rotation, allowing the identification and articulation of best practice. Clear negotiation of the working alliance is required at the beginning of supervision and is regularly reviewed during the placement. A summary of the specific goals for the supervisory placement can be recorded and revisited on review and at completion of the training rotation, along with an examination of the trainee’s College logbook. This can be taken to the
next supervisory placement to inform planning for the following rotation. At each new rotation, the process is repeated with new ground rules negotiated, so building on past experience. The interview takes about 1 hour to complete.

Supervision diary
A useful way to monitor progress and encourage reflective practice is through the use of a supervision diary. This is a summary of any clinical dilemmas or issues arising during the course of the trainee’s work and recorded contemporaneously, to discuss at supervision. The diary teaches trainees to notice all aspects of their clinical work and reflect on how these influence their practice. For example, feeling intimidated by a senior staff member, becoming embroiled in systemic difficulties or being emotionally touched by a distressed child can uncover underlying issues that might need to be addressed in the safety of supervision.

The diary creates a process record of any issues that arise as they occur, providing comprehensive coverage of material for discussion and allowing a micro-examination of diagnostic assessment and treatment skills in supervision. It allows the trainee to develop skills in critical self reflection on their experience and personal development. Core themes presented over the course of a rotation can be reviewed and then further developed. Significant areas of omission, which suggest possible avoidance of problem areas, can also become obvious through this process, allowing constructive discussion. Consequently, the development of themes over the entire period of advanced training can be usefully employed by both supervisor and trainee to enhance the training experience and to assist the trainee in developing longer term reflective skills.

Reflective practice skills in supervision
Table 2 provides examples of reflective questions to encourage trainees to explore clinical dilemmas and management options. Reflective questioning in
boundaries and responsibilities, which ultimately promote the development of a good working relationship between supervisor and trainee. Reflective practice within a competency-based supervision framework helps trainees to learn to develop critical thinking and evaluation skills, further promoting the necessary skills of consultancy when training is complete. Although developed primarily for use in advanced training in child and adolescent psychiatry, it is also applicable to training more widely in psychiatry. Adoption of this model, and training supervisors in its use, will fulfil the training aims of the RANZCP and is also of value in developing the reflective practice skills that are essential for life-long learning and effective practice in child and adolescent psychiatry.

CONCLUSION

This paper provides an overview of the practice of clinical supervision in advanced training in child and adolescent psychiatry using a reflective practice model. The model is competency-based with a focus on skill development. Most importantly, it allows for a structured framework for supervised practice which can be further supplemented during changing rotational placements throughout the advanced training years.

Applying the recommendations at each change of rotation encourages negotiation of clear supervision boundaries and responsibilities, which ultimately promotes the development of a good working relationship between supervisor and trainee. Reflective practice within a competency-based supervision framework helps trainees to learn to develop critical thinking and evaluation skills, further promoting the necessary skills of consultancy when training is complete. Although developed primarily for use in advanced training in child and adolescent psychiatry, it is also applicable to training more widely in psychiatry. Adoption of this model, and training supervisors in its use, will fulfil the training aims of the RANZCP and is also of value in developing the reflective practice skills that are essential for life-long learning and effective practice in child and adolescent psychiatry.

REFERENCES


Table 2: Examples of reflective questions

<table>
<thead>
<tr>
<th>Question</th>
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<tbody>
<tr>
<td>1. Can you describe the event(s), clinical issue, case?</td>
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<td>2. Can you clearly state your question about this event/clinical issue?</td>
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<td>3. What were you thinking at the time?</td>
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<td>4. What were you feeling? How do you understand those feelings now?</td>
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<td>5. Consider your own actions during this portion of the session.</td>
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<td>6. Consider the interaction between you and the patient. What were the</td>
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<td>results of your actions?</td>
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<td>7. What was the emotional flavour of the interactions? Was it similar to</td>
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<td>or different from your usual experience with this client and other clients?</td>
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<td>8. To what degree do you understand this interaction as similar to the</td>
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<td>patient’s interactions in other relationships?</td>
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<td>9. What theories do you use to understand what is going on?</td>
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<td>10. What past professional or personal experiences affect your</td>
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<td>understanding?</td>
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<td>11. How else might you interpret the event and interaction in the</td>
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<td>session?</td>
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<tr>
<td>12. How might you test out the various alternatives?</td>
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<tr>
<td>13. How will the patient’s responses inform what you do next?</td>
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supervision is dependent on the limitations of the immediate situation, but should be considered at some part of each supervisory encounter. It helps trainees to understand both the strengths and limitations of their practice and encourages creative lateral thinking for assessment, formulation and goal-setting for treatment. After reflective exploration has occurred, the supervisor can decide whether to pursue the trainee’s own line of thinking further or to introduce a more educative/teaching perspective to add to the picture. Trainees who believe that they have been able to successfully problem solve a clinical dilemma are more likely to be able to apply new ways of working with patients.


