Role of supervision
Supervision is essential to the training of future clinicians. Clinical supervision is central to the learning process and to the range of practice. It creates opportunities for developing self evaluation as well as analytical and reflective skills in practicum students (Jones, 2006; UK Department of Health, 2003, in Wagner, Keane, McLeod, & Bishop, 2008).

The supervision process is critical to professional practice learning, and integral to training programs for health care professionals. It links theory learned in the academic setting with practice. Although this linkage is already established during theoretical training, it is reinforced by experience in the clinical setting.

Definitions of supervision and practicum
We propose a definition of clinical supervision that combines the key elements of this process as described by a number of authors. Clinical supervision consists of an ongoing interpersonal relationship, in which one person is designated to facilitate the development of the other person's clinical skills (Loganbill et al., in Driscoll, 2010). Specifically, it is a process of professional support and learning, provided by an experienced clinician, that allows the student to develop the knowledge and clinical skills of the profession and to assume the professional responsibilities inherent in the practice (Jones, 2006; UK Department of Health, 2003, in Wagner, Keane, McLeod, & Bishop, 2008).

The word “supervision” means looking over. We can readily imagine the person supervising looking over the shoulder of the person being supervised in order to guide the work (Boutet, & Rousseau 2002, p. 10).

The practicum is a component of the utmost importance in the learning process: it completes the program’s theoretical training. Although students have acquired knowledge in the classroom and skills in the laboratory, the practicum allows them to apply what they have learned in a real life setting and to develop their skills so that they can intervene effectively in a clinical setting. Thus the practicum allows students to acquire the practical knowledge, abilities and attitudes they need to practise their profession. It is a place for discussions in which students build their professional identity and develop their knowledge (knowing what, knowing how, knowing how to be) in an actual practice setting. Thus the practicum is a setting where practical knowledge is constructed and where supervisors provide guidance to students so that they acquire the skills they will need in their future roles as clinicians (adapted from Des Lierres, Blouin, Boutin, Côté, Forest, & Martin, 2003; Correa Molina, & Gervais, 2008).

Purpose of the practicum
Clinical supervision is a formal, confidential process that allows students to discuss their clinical experience and professional practice with an experienced supervisor who has been trained to guide their learning in a clinical setting. It involves discussions between the supervisor and individual students in order to stimulate the development of their professional skills and abilities (Driscoll, 2007).
In addition to initiating students into their profession, the purpose of the practicum is to ensure:

- acquisition of the ability to intervene professionally, which requires that students take concrete action with clients;
- learning continuity, based on previous experience;
- guidance for students to ensure that they link theory with the situations they encounter in the practice context;
- support for students when they encounter difficulties.

As well, the practicum is designed to foster:

- practice analysis;
- autonomy and initiative;
- familiarization with the clinical setting and the various client types;
- integration of the theoretical concepts acquired in the academic setting;
- knowledge of one’s own values, strengths and limitations in the practice setting.

(Boutet, & Pharand, 2008; Correa Molina, & Gervais, 2008; Elliot, in Henderson, 2006; Villeneuve, 1994)

**Supervisor training**

Supervision is a learning opportunity that benefits not only students but also supervisors (Baird, 2005; Lockwood-Rayermann, 2003). According to literature, supervisors can benefit from engaging in a clinical supervision process in a number of ways:

- support;
- less isolation;
- less stress;
- less burnout;
- work satisfaction.

(Butterworth et al., Cheate, Hale, Hyrkas, Severinsson & Borgenhammar Teasdale et al., in Driscoll, 2007; Milne, in Wagner, Keane, McLeod, & Bishop, 2008)

Clinical supervision also allows supervisors to develop new abilities and to reflect on their practice while enhancing their professional identity. As well, clinical supervision provides an opportunity to hire and retain professionals (Boutin, & Camaraire, 2001; Grover, Sellars, Strong et al., Tate et al., Weaver, in Driscoll, 2007; Davey et al., in National Council for the Professional Development of Nursing and Midwifery, 2008; Lockwood-Rayermann, 2003).

One function of clinical education coordinators is to support supervisors in their educational role with students. Student supervision workshops on various topics are available throughout the year. They allow clinicians to learn about the curriculum, acquire practical tools and tips, and update and share their knowledge about supervision.

The following site – www.health.uottawa.ca/sr/ce/index.htm - provides information on ways to improve your skills as a supervisor, as well as strategies for facilitating your work with students in all areas of supervision.

The following pages provide an overview of what you will find on this site. For each topic, links to further information are also provided.
To get off on the right foot as a supervisor, it is important first to learn about certain basic principles and to agree on shared terminology for the various components of supervision.

In supervision, instructors perform three main functions: administration, education and support. Depending on the clinical situation, they also play five roles in relation to students.


You will also find additional useful information on topics including the importance of supervision, the responsibilities of practicum students and the stages of supervision, as well as many helpful supervision tools including the formulation of learning objectives, a knowledge inventory, and an observation checklist.

Supervision implies that a relationship of trust develops between the supervisor and the student. The relationship established between the two parties is complex, and the quality of this relationship depends on a number of factors.

The qualities of the supervisor, the motivation and skills of the student, the values of both parties, communication and culture are all factors that influence the relationship of trust.

You will find a document on the characteristics students seek in supervisors, as well as information on relationships of power on the University of Ottawa’s website at www.health.uottawa.ca/sr/ce/index.htm. You will find additional useful information on the following sites: www.mcgill.ca/hssaccess/two/supervision, www.practiceeducation.ca and www.preceptor.ca.

You will also find additional useful information on topics including motivation and skills, learning principles, communication, cultural diversity and relationships of power.
It is important to be familiar with our learning style and those of our students if we are to adapt our teaching and to promote students’ learning of professional practice.

Learning to adapt our style to the task and encouraging our students to adopt learning styles other than their own, calls for basic knowledge about each learning style.


You will find additional useful information on topics including the Kolb cycle and how to encourage students to adopt different learning styles.

Evaluation consists of measuring what has been learned by students in terms of knowledge, abilities and attitudes, and measuring the difference between results and objectives. Performance evaluation must be based on sound principles if it is to be fair and to situate students in their learning process.

Since feedback is the ideal means of communication in both training evaluation and summative evaluation, in organizing and giving feedback, a number of points must be kept in mind.

On the University of Ottawa’s website at www.health.uottawa.ca/sr/ce/index.htm, you will find a document on the nine points to cover when giving feedback. You will find additional useful information on the following sites: www.mcgill.ca/hssaccess/two/supervision, www.practiceeducation.ca and www.preceptor.ca.

You will find additional useful information on topics including the purposes, bases and types of performance evaluation, and how to express and give feedback.

Conflict is inevitable. It is part of all relationships between individuals working together. If we have a better understanding of the factors contributing to conflict and its effects on each party, we are in a better position to intervene earlier and to implement more effective intervention strategies.

The way conflict is managed determines whether the conflict will have negative or positive effects on our relationships.


You will also find additional useful information on topics including the causes of conflict, a conflict resolution map, the concepts of interests, positions, effects and transformation, and conflict management styles.
Clinical reasoning consists of making use of all of one’s knowledge, cognition and metacognition, in order to make enlightened decisions and solve clinical problems.

You will find a document on ways to stimulate the development of clinical reasoning in students on the University of Ottawa’s website at www.health.uottawa.ca/sr/ce/index.htm. You will find additional useful information on the following sites: www.practiceeducation.ca and www.preceptor.ca.

You will also find additional useful information on topics including definitions of basic concepts, various clinical reasoning models, types of reasoning, and various additional strategies for fostering clinical reasoning.

Acquiring a basic knowledge of research and the ability to ensure that clinical practice is evidence based is of the utmost importance in effectively accompanying students.

Most authors agree in identifying and developing five essential components (or steps) to ensure that clinical practice is evidence based: formulating a clinical question, seeking the best scientific evidence, critically assessing the scientific evidence, applying the scientific results to practice, and evaluating the process of the four previous steps.

You will find a document on ways to develop an evidence based clinical practice on the University of Ottawa’s website at www.health.uottawa.ca/sr/ce/index.htm. You will find additional useful information on the following site: www.preceptor.ca.

You will also find additional useful information on how to integrate the five steps in ensuring that clinical practice is evidence based, as well as helpful tools such as a document entitled “Les démarches effectuées PAS à PAS dans les bases de données” [step-by-step operations in data bases] and templates for critically assessing scientific articles.
Bibliography


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